

Centering childbirth coping strategies back to women

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A proposed framework by La Trobe University's Judith Lumley Center, in the School of Nursing and Midwifery, is challenging traditional categorizations of coping strategies in a bid to promote autonomy and

create empowering childbirth experiences that are aligned to women's individual preferences and values.

It comes amid growing concerns about birth trauma and maternity care experiences that were highlighted in the final report of the New South Wales Parliamentary Inquiry into Birth Trauma, handed down in late May.

The [new research](#) published in *Midwifery*, examined the current pharmacological and non-pharmacological grouping of [strategies](#), with the findings suggesting a shift towards a more holistic approach where medication is viewed as one of several supportive tools for coping during childbirth.

Dr. Laura Whitburn, senior researcher and study lead, with long term collaborator and senior researcher Dr. Lester Jones and lead author Janine Shifman, a physiotherapist and birth doula, have proposed reframing coping strategies as "intrinsic" and "extrinsic" to better reflect [women's](#) perspectives and shift the focus away from medical interventions.

Intrinsic strategies are those that can be self-generated by women, while extrinsic strategies require the use of equipment or the help of someone else.

"The current framing immediately assumes that pharmacology is going to be the main solution in helping a woman when she feels she is not coping," Dr. Laura Whitburn said.

"We know that for some women, pharmacological pain relief is important and effective, however by introducing the concepts of intrinsic and extrinsic, we're turning the focus back to women and their sense of autonomy throughout the process."

The study surveyed 56 women in late pregnancy, between February and May 2021, having their first baby at Mercy Hospital for Women: one of Victoria's largest tertiary maternity hospitals.

Thinking about labor pain as productive and purposeful pain, feeling safe and supported, and preparing a range of coping strategies to help manage, were identified as three factors most important to women.

"People may assume that pain relief or having their pain under control during labor is a priority but, in fact, it wasn't explicitly listed among the most important factors to women," Dr. Whitburn said. "What mattered was feeling supported and safe, thinking positively about the process, and feeling well prepared."

The most common intrinsic strategies identified by respondents included breathing techniques, generating a positive mindset, as well as movement and keeping active.

"Thinking positively, reminder that we are not alone in the experience, excitement of meeting my baby,"—study participant.

"Mindset, staying calm. Understanding that it's a completely natural and normal process. I just have to let my body do what it knows how to do and get my mind out of the way,"—study participant.

Extrinsic strategies, such as using a bath or shower, the use of a TENS machine or having [physical contact](#) from support people or a known support person, were recorded as the most common among respondents.

"Relying on my partner and knowing he will be my spokesperson if I can't cope well. Trusting that I'm in a safe space, surrounded by experts who can help if things go wrong,"—study participant.

All women in the study planned to use a combination of intrinsic and extrinsic strategies, acknowledging that coping with labor would, at various points, involve both self-trust and autonomy, as well as external support.

"The intention is not to reject or stigmatize the use of pharmacological options, such as an epidural, but to present them as one component of a suite of extrinsic options available," Janine said.

"We recognize a range of extrinsic options may help to re-center a woman's focus and enable her to re-engage with the intrinsic strategies as her labor progresses."

It is hoped that reframing coping strategies will encourage health care providers to prioritize women's autonomy and enhance their birthing experience, rather than being framed by medical intervention.

"We're hoping this will change the conversation and mindset from 'you're not coping anymore, so let me take over' to 'you're not coping anymore, so let's support you with what you need to get you back on track,'" Janine said.

More information: Janine Shifman et al, Novel grouping of planned coping strategies for managing the intensity of labour: A survey study of Australian nulliparous women, *Midwifery* (2024). DOI: [10.1016/j.midw.2024.104055](https://doi.org/10.1016/j.midw.2024.104055)

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