The modern woman is task-oriented. We live in a world that places demands on our competence, attention and efficiency. We use technology, tap into our communities and plumb the depths of our reserves to navigate an often hyper-masculinized world while retaining our most vital feminine powers.

The power that fundamentally defines our exemption from this contemporary lifestyle trajectory is baby making. This primal empowerment forms the bedrock of a woman’s most untouchable
gifts. We have lost sight of this fact, however, and have allowed our inner compass to be co-opted. It’s certainly no wonder that, after nine months of hypermedicalized pregnancy “management” (often following months to years of assisted reproductive technologies), birth is considered another task to complete on the to-do list.

As a type-A taskmaster myself, I understand the lure of a predictable and painless depositing of your newborn after the long and fear-punctuated journey of pregnancy. I’m here to tell you, however, what your obstetrician won’t.

Labor is a physiologic process that recruits neurochemical, endocrine and immune systems into a dance that we barely have the tools to conceptualize.

When we meddle with this, when we attempt to standardize it, we put women and their babies at grave risk—physically, psychologically and even spiritually. We rob women of an opportunity for psychospiritual transcendence.

As a science-minded medical doctor, I don’t wield this phrase with ease. The process of conception, gestation and birth cannot, however, be reduced to daily activities and routine life occurrences. There is something built into our consciousness that makes room for its own expansion around these life transitions.

The process of bodily separation—separating a woman from her newborn—involves a passage through a space of trance-like awareness. I can only describe it as the sensation of floating and grounding, simultaneously. It is an experience that demands we move out of the space of our mind and into a space of sensation without judgment. It is being present, truly present, to behold a glimpse of what we are capable of as mammals and, most important, as human females.

In this way, a natural birth is an opportunity for redefinition and reconnection to one’s core self. It is the way women were intended to pass through the gates of motherhood, to the next chapter of their actualization.

If you buy the potential significance of these considerations, you might want to know what
represents your greatest obstacle and impediment in achieving this life milestone. You might be surprised to learn that it is epidural anesthesia. This discussion is meant to shine a light on elective epidurals—that “Why not? Who wants to feel crazy intense pain?” choice that two-thirds of women (and up to 90 percent in some hospitals) opt for every day. In my opinion, the epidural intervention is the most reprehensible intervention of all, because of its largely dismissed risk profile and because of its auspicious position in a cascade of interventions—unnecessary, ill-conceived and rife with unintended consequences, including death.

If we can empower women to question the validity of this procedure, then they can retain the right to preserve the integrity of their birth experiences.

What’s the Big Deal?

A 60 percent rise in C-sections since 1996 is prompting the American College of Obstetricians and Gynecologists to fidget self-consciously in their white coats. A study revealing the prolongation of the second stage of labor, thanks to epidurals, has been influential in identifying the iatrogenesis—doctor-caused harm—at the root of the cesarean problem.

It appears that, thanks to an antiquated but still sanctioned construct—Friedman’s curve, an outdated graphical representation of rates of progression—the hospital clock starts ticking loudly upon a mother’s arrival, and the alarm goes off after three hours of second-stage labor with an epidural. At this non-evidence-based juncture, interventions such as IV fluids, continuous monitoring, food and drink restriction, and immobilization conspire to invite Pitocin, forceps, vacuum, episiotomy and surgery into the delivery room.

Obstetrics is vulnerable to practicing consensus medicine—habitual practice that is not predicated on sound science. Meta-analysis has demonstrated that only 30 percent of current obstetrical recommendations are based on quality data. What are the rest based on—fear-mongering and personal opinion? Let’s look at what the evidence suggests about the risks of epidurals, considering that up to 41 percent of women never properly consented for this intervention.

Epidurals are offered with a plethora of accoutrements, including catheters for involuntary urination, blood pressure monitoring and IV fluids for changes to vascular physiology, and continuous fetal monitoring because of risk of decreased oxygen flow to the baby.
The changes to natural labor progression are compounded by risk of fever in the mother that leads to further separation of mother and baby after birth, secondary to testing and assessment for infection. This separation represents an impediment to the shared adaptation to early postpartum life and may predispose both mom and baby to psychiatric pathology through early epigenetic influences on gene expression.

This separation may also interfere with the establishment of breastfeeding. In this way, epidurals may be directly and indirectly responsible for breastfeeding struggles. Breastfeeding appears to prevent the onset of postpartum depression if it is established within three months, in addition to being a continual source of immunologically essential information trafficked from mom to baby.

**Drugged Up**

Epidurals are a delivery method for narcotic painkillers that have largely unpredictable effects on the birthing woman and pass through the placenta to the baby. Evidence indicates that risks to the baby include reduced tone, poor feeding, jaundice, withdrawal and sensorimotor impairment.

Physiologic risks to the mother include acute and persistent problems such as numbness, tingling, dizziness, respiratory paralysis, cardiac arrest, nerve injury, abscess and death. A description of these considerations was explored by Alyssa Benedict, M.P.H., in issue 39 of *Patterns to Family Wellness*.

**Hurrying Up**

When epidurals lengthen the second stage of labor, Pitocin, a synthetic mimic of the brain hormone oxytocin, is delivered to augment the process. Because Pitocin does not cross the blood-brain barrier, it does not stimulate endorphin release. It also interferes with feedback loops suppressing natural oxytocin production and hyperstimulates the uterus without appropriate relaxation between contractions. The significance of this is just being revealed, and may even reach to risk factors for autism.

**Cutting Up**
The increased risk of C-section in the wake of epidural anesthesia is easily explained by relaxation of pelvic muscles that detach a woman from the instinctive guiding forces of an uninhibited labor; by the baby’s increased distress secondary to narcotic exposure and malposition; by the recruitment of Pitocin, which causes uterine and therefore fetal distress; and fetal monitoring which, while superficially reassuring, results in increased interventions (multiplying the C-section rate two to three times) without improved outcomes.

Your doctor may fail to mention that a surgical birth brings with it these risk considerations: protracted recovery, infection (including necrotizing fasciitis), organ damage, adhesions, hemorrhage, embolism, hysterectomy, wound dehiscence, early infant separation, and higher risk of respiratory problems for baby, as well as an exponentially increased risk of placenta accreta, a potentially lethal complication of surgical birth that contributes to a 3.6-fold increase in maternal death after cesarean relative to vaginal birth.

Of primary interest to clinicians who appreciate the role of the gut microbiome in child and adult health, abdicating a vaginal transfer of beneficial bacteria may set the stage for chronic disease, including a 20 percent increased risk of obesity.

Opting Out of Epidural Anesthesia

What are the best ways to help your body, mind and spirit align for this tumultuous but empowering journey?

**Movement**: Staying active during pregnancy is optimal mind-body medicine. Yoga, home-based routines and swimming in unchlorinated water are excellent choices, at least three times weekly.

**Chiropractic**: With advanced perinatal training, holistic chiropractors are critical experts in proper alignment and nerve-system support to facilitate a physiologic birth.

**Acupuncture**: Applied before and even during labor, acupuncture can gently and effectively facilitate a healthy labor and delivery. According to a Cochrane Review, acupuncture and hypnosis meet evidence-based efficacy criteria for pain management in labor.
**Controlled Breathing/Meditation**: Perhaps the most important tool for a new mother, learning to engage the relaxation response in pregnancy will help you to know what it feels like to be present in the labor experience, to go inward, quiet your mind, and release fear. Hypnobabies and Hypnobirthing are well-regarded methodologies.

**Diet**: The physical experience of labor and delivery is best supported by stocking the shelves up front for a healthy hormonal response with minimization of inflammation and maximization of nutrient density. Eat sustainable, organic meat, fish, eggs and veggies, including root vegetables and squash, fruit, nuts and seeds. Leverage the complexity of food-based information to promote optimal gene expression in that growing baby, and support a healthy delivery and postpartum experience.

**Doula**: Preparation for labor, and support for mother and spouse, have been traditionally left in the hands of a woman’s most doting partner, a doula. No woman should birth in a hospital without this advocate. Evidence supports a doula’s ability to help you achieve an intervention-free birth.

While my most heart-filling e-mails every day are from my homebirthing patients, I aim to sit in a place of true advocacy for the women whom I treat and advise. I believe in informed consent, and I observe that this is not occurring in hospitals today. Explore resources that will expose you to the known risks and popularized benefits, so that you are making your own decision with your eyes wide open.

As most women who have experienced natural birth would attest, just when you think you can’t do it and your mind demands surrender, you meet your baby, and the world stands still in a moment of unparalleled beauty and wonder.
Wolf in Sheep's Clothing: The Potential Dangers of Epidural Anesthesia

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