

Getting Pushy

The final question on the final exam for the Obstetrics I class I teach at our local midwifery school is this: A mother is in labor and has reached full dilation. It seems the contractions have slowed almost to a stop, and the mother appears to be almost resting—what is happening and what should you do? After a full year of classes, a few students still answer, “Dystocia—get her up and moving.” Or, “Apply oxytocics.” Or, “Tell her it’s time to push.” To my relief, the rest will give the correct answer: “Mother is in the interim phase; all is normal, and when she is ready and the baby descends, she will push.”

Midwifery education often trains future midwives to look for and be experts in spotting problems, so they can prevent and treat them over learning to really know and honor what is normal. In the rushed nervousness of the final exam, one may first assume the scenario is a problem—but this is part of my point. We’ve become pushy about when women should push. It’s been ingrained in our training, and in childbirth preparation classes, too.

We tell pregnant women, “...then you’ll reach 10 cm and you’re ready to push.” And push and push and push! We seem to have stopped wondering why we do it like this.

“You’re 10 cm—do you feel like pushing? Feeling a little pushy? Let me know...give it a try...”

In many hospitals, medical staff still use the Kristeller maneuver to help labor along, having a nurse or doctor press down as hard as they can on the uterine fundus to “bring the baby down.” Midwives and doulas coax in a kind way. We sternly and steadily coach women to push pushpush! And they will push for hours—frustrated, exhausted, strong.

According to Michel Odent, women have a “fetal ejection reflex” in which the baby and the mom move labor when they are ready. I have found, in over 30 years of assisting childbirth, that sometimes a woman will dilate fully, then have contractions and not experience the “urge to push” for up to a few hours. And when she does, the baby crowns in a matter of just a few contractions, whether or not the mother was “pushing.” What’s happening?

I think that when we agreed upon the stages of labor we forgot a stage or two in between. Stage 2.5, say, which midwife Whapio Diane Bartlett, in her workshops, eloquently identifies as “the quietude”—that phase of inner resting and integration for both mother and baby that happens after fully dilating and before descending. Some mothers and babies require very little time for this, while others—especially larger babies, those in compound or posterior positions and first-time mothers need a little time to prepare for the next moves and find

their way.

— Alison Bastien