

**childbirth
without
fear**

To the memory of
Joseph B De Lee, AM, MD
Late Professor of Obstetrics and Gynaecology,
Emeritus, University of Chicago, USA
this book is dedicated

For his kindly interest in my work and
for his personal friendliness and appreciation
I shall always be sincerely grateful

GRANTLY DICK-READ

Born in Britain in 1890, Grantly Dick-Read studied at Cambridge and at the London Hospital. He soon realised that there was something inherently wrong with the traditional methods of delivering babies, with their emphasis on intervention and the extensive use of anaesthetics.

The publication of *Childbirth without Fear* caused widespread controversy, but, encouraged by many women who had given birth using the 'Dick-Read method', Grantly Dick-Read dedicated his life to promoting natural childbirth.

In 1954 he conducted an extensive tour investigating childbirth practices of African tribes, which he described in his book *No Time for Fear*.

Grantly Dick-Read died in 1959.

MICHEL ODENT

Michel Odent is best known as the obstetrician who introduced the concepts of birthing pools and home-like birthing rooms. He has published 11 books in 21 languages and recently written a trilogy of books, *The Scientification of Love*, *The Farmer and the Obstetrician*, and *The Caesarean*.

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THE PRINCIPLES AND PRACTICE OF NATURAL CHILDBIRTH

GRANTLY DICK-READ



CONTENTS

<i>Publisher's Introduction</i>	vi
<i>Foreword by Michel Odent</i>	vii
<i>Introduction by Grantly Dick-Read</i>	xiii
CHILDBIRTH WITHOUT FEAR	
1 The Science of Obstetrics	3
2 Motherhood from Many Points of View	11
3 A Philosophy of Childbirth	28
4 Anatomy and Physiology	47
5 The Pain of Labour	63
6 Factors Predisposing to Low Threshold of Pain Interpretation	79
7 Fear	92
8 Imagery and the Conditioning of the Mind	115
9 The Fear of Childbirth	128
10 The Retreat of Fear	168
11 Diet in Pregnancy	206
12 The Phenomena of Labour	226
13 The Relief of Pain in Labour	265
14 Hypnosis in Childbirth as a Means of Pain Relief	309
15 The Conduct of Labour	318
16 Childbirth in Emergency	365
17 Breast-feeding and Rooming-in	377
18 The Husband and Childbirth	419
19 Antenatal Education	444
20 Preparation for Labour	489
21 Antenatal Schools of Instruction and Their Organisation	529
22 In Conclusion	540
APPENDIX	
<i>Preface to the Fourth Edition</i>	568
<i>Preface to the First Edition</i>	577

PUBLISHER'S INTRODUCTION

This edition of *Childbirth without Fear* is true to the fourth, and last, edition Grandy Dick-Read completed in June 1959, the month of his death.

Grandy Dick-Read first published his revolutionary views on childbirth in 1933 as *Natural Childbirth*. He later expanded this work and in 1942, under the title *Revelations of Childbirth*, it became the first version of the book you now have before you.

Since the author's death, heavily edited versions of *Childbirth without Fear* have been produced which often bear little resemblance to Dick-Read's original work. We hope this original and unabridged edition will introduce a new generation of parents and health professionals to his work.

FOREWORD

MICHEL ODENT

At a time when we are learning so much about the cocktail of ‘love hormones’ a woman releases when giving birth, a 21st-century edition of this historic – even legendary – book must be warmly welcomed. Today it is urgently important to rediscover the basic needs of labouring women. Grantly Dick-Read, as an experienced practitioner and as an excellent observer, had realised that the focus should be on the need for women in labour to feel secure. He would be fascinated by the way modern physiologists can confirm and interpret his findings. They are now in a position to explain how adrenaline (an emergency hormone released in particular when there is a possible danger) and oxytocin (the hormone necessary to produce uterine contractions) are antagonistic.

All mammals, including humans, share the same basic needs when they give birth. In a wild environment a female mammal cannot give birth while there is a predator around. Thanks to a release of adrenaline – associated with fear – she can fight or flee.

She will give birth later, when her adrenaline level has dropped; that is, when the danger has gone and she feels secure.

If this book by Grantly Dick-Read had been more profoundly discussed and better digested when it was first published, there would have been a different history of childbirth. Understanding and interpreting the need to feel secure when giving birth leads us to refer to the most common strategies used through the ages by women all over the world in order to satisfy their needs. They have always had a tendency to give birth close to their mother or close to an experienced mother or grandmother with whom they could feel safe. This is the root of midwifery. A midwife is originally a mother figure. In an ideal world, our mother is the prototype of the person with whom one can feel secure, with no feeling of being observed or judged. It is probable that if the basic needs of labouring women had been well interpreted half a century ago, the authentic midwife would not have been transformed into an anonymous member of a medical team anxious to follow strict standardised protocols.

Had lessons been learnt from Grantly Dick-Read, theoreticians of the 1960s and 1970s would have been more careful before establishing new doctrines, particularly those relating to the participation of the

baby's father. As it became increasingly common for births to take place in large hospitals, that some women should want to keep their husbands or partners with them was an understandable way to try to adapt to these absolutely new and artificial situations. It was not a reason to promote as the norm the mental picture of the couple giving birth. More than once Dick-Read emphasised that fear is highly contagious. He also found it normal for a man to be in a state of anxiety when his wife is giving birth: 'That a man should be anxious whilst his wife is in labour is only right and quite reasonable. I was found reading the daily paper, apparently calmly, when my first child arrived, except that the paper was upside down! ... Such an emotional state is communicated to the wife ...'

Had lessons been learnt from Grantly Dick-Read, the epidemic of malpractice suits and its consequences might have been prevented. More people would have anticipated that to sue practitioners involved in childbirth could create an atmosphere of fear in the birthing places. In fact, the main effect of this altered atmosphere has been to make the births more difficult – therefore more dangerous – and to induce the shift towards defensive medicine.

Today the history of childbirth is at a turning point. Most women have babies without relying on the release of their natural hormones. Many have a caesarean and most of those who give birth by the vaginal route use drugs. These pharmacological substitutes block the release of the natural hormones, but they do not have their behavioural effects. For example, when a labouring woman cannot release her natural oxytocin, she is given a drip of synthetic oxytocin, which inhibits the release of this hormone from her pituitary gland. This intravenous injection will be effective at stimulating uterine contractions, but the drug will not reach the brain: it will not have the effects of a 'hormone of love' And even if, by chance, a woman has given birth to her baby without any intervention and without any drug, there is a high probability that she will be given an injection of synthetic oxytocin for the delivery of the placenta. In other words, her release of 'love hormone' will be blocked just after the birth of the baby. The history of childbirth is in an unprecedented situation. The question must be raised in terms of civilisation: how will our civilisations evolve after several generations of women giving birth without releasing a flow of 'love hormones'?

FOREWORD

There are reasons for optimism – if the vital urgency of changing childbirth is recognised inside and outside specialised circles, if we learn to think long term and if we learn to think in terms of civilisation.

Let us hope that a resurgence of the common sense of an experienced and wise practitioner will contribute to induce a necessary positive step in the history of childbirth.

INTRODUCTION

GRANTLY DICK-READ

Reproduction of the species is one of the primary factors in nature; it is essential to the survival of all higher forms of life. The mention of the word 'motherhood' creates an atmosphere of reverence. Men, consciously and subconsciously, react with all the male instincts of preservation and protection when in its presence. A woman with child, or with her child, is beyond the law of conflict. Injury to mothers and their young is the basest form of cruelty. Tenderness is an emotion primarily designed by nature to protect the defenceless; it is an emotion only experienced by many men when in the presence of women.

Woman herself, however, is involved in a more complicated series of reactions. She knows that physically, physiologically and psychologically she is adapted primarily for the perfection of womanhood, which is, according to the law of nature, reproduction. All that is most beautiful in her life is associated with the emotions leading up to this ultimate function. Are there any joys in the life of the average woman comparable to

the everincreasing intensity of pleasurable feelings that are experienced during the successive phases of mating! We speak of it as being 'in love'; 'betrothal'; marriage; early married life; and finally, motherhood. The average woman associates all that is beautiful in her life with this series of events.

But, unfortunately, in the final perfection of these joys a large majority remember only the pain and anguish and even terror that they were called upon to endure at the birth of their first child. That is indeed a paradox. We have to ask ourselves the questions: does nature inveigle woman along the course of its essential purpose by bringing her first into contact with the irresistible demands of all that is beautiful? Is she led on and on from one joy to another by some force which intends to make her pay eventually the price of pain before she can achieve her objective? If this is in keeping with the law of nature, what can be its purpose? For generations, childbirth has been accepted as a dangerous and painful experience. Is woman expected to arrive at her perfection by the exhibition of beauty on the one hand and suffering on the other?

It is not suggested for one moment that by waving a magic wand over the heads of the community all children will suddenly be

born according to the perfect law; but I hope that these pages will contain sufficient evidence to show that this is no dream, and that today there are methods of escorting women through pregnancy and parturition which will give these results.

From time to time pestilence and war sweep through nations, robbing them of much that is best in their stock. If we are to survive as a people, and as an empire, we must constantly be alert to improve our stock. The structure of society can only be erected upon the foundations of biological facts. The law of survival must remain the cornerstone of the temple of culture, however immense its scale or elaborate its external decoration. That law embodies only two principles: reproduction and maintenance.

The intricacies of maintenance of the species and in particular the freedom-loving peoples of the human race are revolutionising the thought and action of the world. Motherhood demands to be raised to its rightful position of pre-eminence in the affairs of state.

This book is presented, therefore, as an elementary step in the crusade to destroy some of the crudely medieval practices and beliefs that tarnish this glorious calling. Had the quiet strength and indomitable

purpose of the natural forces of reproduction been heard in the councils of statesmen the world over, war amongst nations would have been stifled by stern emotional reactions which direct the human mind to fundamental truth and a greater understanding of the omnipotent but unseen forces of the universe.

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CHAPTER I

THE SCIENCE OF OBSTETRICS

Before we embark upon this rather hazardous voyage – the description of a new approach to obstetrics – it may be well to outline briefly certain facts relating to childbirth during the later stages of civilisation.

There is a tendency in these days, when publication in the Press familiarises the man in the street with the most dramatic exploits in the laboratory, to accept each new discovery as ‘the last word’. So wonderful do the revelations of science appear that the idea of introducing simplicity as a means of unearthing the even greater revelations of nature is not well received. But let us consider the position today compared with a hundred years ago, and with a thousand years ago. It will then become obvious that there is no reason to suppose that we have done any more in our time than add to our knowledge of childbirth. There is certainly no cause to consider that knowledge perfect.

Humanity has existed for a vast number of years. It is believed that the Neanderthal

race lasted for more than two hundred thousand years. There is further evidence that men have lived and died in Europe for over a hundred thousand years. If we accept the Darwinian theory of evolution, the change from man-like apes to man himself is difficult to assign to any given period; but the essential fact remains that the function of reproduction of these species has not altered so far as the fundamental anatomical and physiological machinery is concerned. We still read that the pain of childbearing always has been the heritage of women because nothing in our modern teaching has enabled us to prevent it. It is believed because it has existed. Science of today can relieve women of their suffering, but only in recent years have the causes of pain in childbirth been explained. This has made it possible to prevent and avoid the unbearable discomfort of parturition. It is not without interest that the more civilised the people, the more the pain of labour appears to become intensified.

Since merciful relief of suffering is one of the greatest duties that physicians can perform, it has been easier to utilise the pain-relieving discoveries of science than to investigate its complicated causes. There can be no more horrible stigma upon civilisation than the history of childbirth.

This is not a reference only to the unavoidable pains which accompany pathological states in reproduction, but to the most normal and natural parturition. The higher the civilisation of a country the more generally is pain accepted as a symptom of childbirth.

Efforts, of course, have been made to relieve this pain for many centuries. Old writings suggest that herbs and potions were used to relieve women in labour. Witchcraft was resorted to often very successfully. Three thousand years before Christ, the priests among the Egyptians were called to women in labour. In fact it may be said with some accuracy that amongst the most primitive people of which any record exists, help, according to the customs of the time, was given to women in labour. In the Book of Genesis, third chapter, sixteenth verse, 'The Lord God said to Eve - "I will greatly multiply thy sorrow and thy conception; in sorrow thou shalt bring forth children."' This translation of the holy book to the effect that a woman, because of her sin, was condemned to a multitude of sorrows and pains, particularly in the conception, bearing and bringing up of her children, has had a very considerable influence among Christian communities.

Even as late as the middle of the nineteenth century this was quoted by clerical and medical authorities as justification for opposition to any active relief of the sufferings of women in labour. In the fifth century before Christ, the great Hippocrates endeavoured to organise and instruct midwives. Their attentions bore little resemblance to those which are expected of midwives today, but according to their ideas of assistance so they practised.

In the second century after Christ, Soranus of Ephesus practised midwifery; it is recorded that he not only denied the power of spirits and superstitions, but that he actually considered the feelings of the woman herself (Howard Haggard, *Devils, Drugs and Doctors*, Heinemann, 1929).

In the Middle Ages, however, women appear to have been deserted once more. In many countries it was a crime for men to attend women in labour until the sixteenth century. Less than three hundred years ago, physicians commenced the practice of midwifery in Europe. It was not until the nineteenth century that the foundations of our present knowledge were laid. We must, therefore, realise how young and how immature is the science of obstetrics. Until the middle of the nineteenth century there

was no anaesthesia; it had not been discovered. Until 1866 there was no knowledge of asepsis. It is difficult for people to visualise the state of affairs when limbs were amputated, abdomens opened, and caesarean sections performed without any anaesthesia and with an almost sure supervention of sepsis which gave rise to a high percentage of mortality in the simplest of operations.

In 1847, Simpson first used anaesthesia. On April 7th, 1853, John Snow anaesthetised Queen Victoria when Prince Leopold was born. For the use of anaesthetics for this purpose, Simpson was harshly criticised by the church. To prevent pain during childbirth, he was told, was contrary to religion and the express command of the scriptures; he had no right 'to rob God of the deep, earnest cries' of women in childbirth! But anaesthesia had come to stay. A year later, in 1854, Florence Nightingale was the first woman to make widely known that cleanliness and fresh air were fundamental necessities of nursing. It was largely because of her work during the Crimean War that the standard of both the training and the practice of nursing was raised. The gin-drinking reprobates who were found in great numbers both in hospitals and among midwives began to disappear. With their exodus, childbed fever less frequently

occurred in midwives' cases. In the Maternity Hospital in Vienna, medical students' cases showed an average over a period of six years of ninety-nine deaths per thousand from puerperal fever. Semmelweis, who was physician at the hospital at the time (1858), believed the cause to be due to something arising within the hospital, and made his students wash their hands in a solution of chloride of lime. In one year the death rate in his wards tumbled from 18 per cent to 3 per cent, and soon after to 1 per cent. This success necessitated his facing opposition and hostility from those around him. But his work was done; he had laid a great foundation stone of safer childbirth. Although he did not fully understand the significance of the infection he realised that it was the physicians themselves who caused the deaths of their patients by transmitting it.

Probably all of us pause to think sometimes of how much harm we do in our efforts to do good; how much trouble we cause when conscientiously endeavouring to prevent it.

In 1866, Lister brought us the knowledge of antiseptics, which he continued to employ in spite of the opposition and ridicule of his colleagues.

So, gradually, truth has been discovered; the safety of women has been the object of

investigation with results that would have been unbelievable when the mothers and grandmothers of many of us were born. But how short a time we have had – less than a hundred years, and man has been reproducing his kind for several thousands of years. Now that many of the troubles and dangers have been overcome we must move on, not only to save more lives, but actually bring happiness to replace the agony of fear. We must bring a fuller life to women who are called upon to reproduce our species. The joy of new life must be the vision of motherhood, instead of the fear of death that has clouded it since civilisation developed.

It will be easier, therefore, in reading the succeeding chapters, to realise that they represent an effort to improve, an effort to construct new ways and means, not simply to destroy those which have done good service in the course of progress. Therefore, where there is obvious truth in this teaching, let it be augmented; and if any obvious fallacy is unmasked, assist in its burial.

When I wrote these words in 1940, my wildest and most ambitious hopes would not have allowed me to visualise what has actually happened in twelve years. No fallacies have been unmasked and no burial

of a single tenet has taken place. This theory has not been found wanting and no criticism has been justified by experience. Vast numbers of women have found comfort and safety in this approach to childbirth. The sordid melancholy of prospective motherhood has been replaced by fearless and impatient longing for the moment of life's most satisfying achievement. No longer do the trembling hands of women stretch out to seek deliverance from the sorrows of death that compassed them. The science of obstetrics is on a new and higher plane. Motherhood offers all women who have the will and the courage to accept the holiest and happiest estate that can be attained by human beings. That we, as obstetricians, can help and guide them, is our greatest privilege, for with each succeeding generation we may establish the foundations of a new race of men with a clear vision of the future, that holds a practical philosophy and a purpose worthy of fulfilment.