



CHALLENGING THE NORM: EXPLORING THE EVIDENCE FOR PHYSIOLOGICAL PLATEAUS DURING BIRTH

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Recently, I have begun to question pretty much everything that I have been taught about healthy childbirth. This has mostly been due to the realisation that what is regarded as 'normal' or 'healthy' during labour and birth is not well-defined and is constantly in flux. For example, throughout past decades researchers across the globe have revisited time and again the exact point at which labour 'starts', how long labour 'takes' and what is considered 'good practice' when supporting women and families during this process. This constant revision of previous knowledge illustrates how we, as a profession, are continuing to learn by challenging existing beliefs, gathering new evidence and proposing novel theories of the world and the life it contains.

We are all part of this knowledge-generating journey and sometimes, if we keep an open mind and observe closely, what we find can knock at the very foundations of our knowledge and practice.

What knocked me right off my rails, and quite enjoyably so, was observing a phenomenon that every single midwifery textbook, lecturer and practice placement taught me did not exist.

When it comes to birthing, many of us were taught to expect a continuous and somewhat linear progress of labour, where a woman's contractions would basically increase in frequency and intensity, whilst the cervix dilates gradually until the baby is born. This mainstream theory of 'normal labour progress' greatly affects our clinical decision making, where we might be quick to diagnose pathology and initiate augmentation if a woman is labelled as 'failing to progress' along the lines of this model.

However, for centuries midwives and obstetricians have reported phenomena during natural labour where progress appears to slow or stall, or even reverse, but is interpreted as perfectly healthy and normal.¹ This appears to be squarely at odds with our contemporary understanding of normal labour progress and has inspired me to devote a couple of years to exploring phenomena of slowing labour, which for lack of a better word I call plateaus.

Two years ago, I quit my previous job at a midwifery school, relocated from Germany to Australia, and enrolled in a doctoral research program that allows me to dive deeply into a topic that never ceases to fascinate me: healthy childbirth.

Like everyone who is embarking on research, I have brought my own set of beliefs, preconceptions and ideas along this journey. Some of these are very personal and many derive from my formative years as a midwifery student, and as a new midwife. As I reflect on my beliefs (to protect my research from unintentional bias), I continue to review more and more textbook knowledge that I never questioned before in a more sceptical and critical manner.

To provide just one example of this, in 2007, somewhere in rural Germany, I was taught that cervical dilation was a one-way road. I became convinced that in the absence of complications, the cervix would continue to dilate until the baby could pass through and be born. I did not question this; why would I? Four years later, I found myself working in a high-risk labour ward of a not-so-rural 8000-birth-per-annum hospital. There, I witnessed on a few occasions that consecutive vaginal examinations revealed smaller cervical dilation values than previous examinations. This was always interpreted as a 'glitch', as an error in the previous exam. I did not question this either. A year later I personally experienced this 'glitch' during the birth of my first son. After having assessed myself as 4cm dilated, only one hour later my midwife congratulated me on being "1cm dilated already, well done!". This left me slightly confused. I started to wonder. I wondered whether I had made a mistake. I wondered whether the midwife had made a mistake. However, I didn't wonder whether there might be a mistake in how I had been taught and socialised.

Four years later, I accidentally stumbled across a piece of research presenting quite matter-of-factly how the cervix may occasionally close down during labour instead of opening up.^{2,3} Say what? Yes, I am aware that in our current belief system this statement amounts to heresy and I was sceptical at first. Yet, much of this scepticism



had to make way as I chose to keep my mind wide open and consider what kinds of knowledge we might have 'lost' throughout the past centuries, and what kinds of knowledge we are yet to 'discover'.

This is only one example of phenomena that midwives report that seems to be at odds with mainstream paradigms of labour progress. The area that I am currently focused on in my research is related to this, as I explore midwives' reports of healthy plateaus during labour.

Some of the more widely known plateaus include the latent phase during second stage or the so-called rest-and-be-thankful stage, but there might be many more and less accepted phenomena that midwives observe.^{4,5}

I have begun to realise that there are many different ways of looking at the same thing. Ten midwives from ten different walks of life would likely have ten fairly different perceptions of what constitutes as healthy, normal, problematic, important, or necessary during labour and birth. Personally, the number of interventional births that

I have witnessed is infinitely larger than the number of undisturbed births I have had the honour of attending, leaving me painfully aware of how this shaped my own experiences and beliefs. However, I think that some aspects of birthing are not as simple and unidimensional as my midwifery training and socialisation have led me to believe.

My dream is that we, as a profession, form a much better understanding of the natural pattern of labour and birth, and that we humbly learn how to distinguish pathological slowdowns from physiological plateaus. I hope that this will help us to protect normal childbirth from undue medical intervention and to support women and families to achieve beautiful, enjoyable and healthy births.

I am curious to hear about your thoughts and experiences of healthy labour patterns as I continue to learn about this topic. Please consider reaching out via email or visiting my research project website childbirthresearch.com to learn more about this research or to participate in this study.

References

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