Letter from the Editor

Lamaze Method versus Philosophy

Abstract

Lamaze childbirth is no longer a method; rather, it is childbirth based on a philosophy that is articulate and incorporates many methods. A new Lamaze International position paper addresses teaching the Lamaze Philosophy.

***Journal of Perinatal Education, 11*(1), vi–vii;** *Lamaze, childbirth, philosophy.*

Seven years ago, Lamaze International first published the "Lamaze Philosophy of Birth." Committees of members, faculty, and the board derived the philosophy from considerable work and dialogue. From that time forward, Lamaze childbirth ceased to be a *method* and became a *philosophy.*

The reader may ask why it makes any difference whether or not Lamaze is a method versus a philosophy. One might think of a method as precise rules for accomplishing something. Years ago, we had Elisabeth Bing's book, *Six Practical Lessons for an Easier Childbirth* (1967), which clearly laid out a way of breathing and teaching relaxation, pushing, etc. At that time, a precise method was important as this childbirth method was introduced to the obstetric care community. As newcomers to the field of perinatal health care, it was important that childbirth educators speak with a united voice and, thus, present a united method.

Over time, many new factors were added to the birthing scene. New published research provides an evidence-base for supporting birth (see JPE Vol. 10, No. 4). Childbirth educators and care providers have experimented with a variety of relaxation and supportive strategies. For example, relaxation is now considered more likely to be a low-hormone arousal state accomplished while being active, walking, or climbing into a tub, as opposed to lying passively and limply in bed.

The tenets of a philosophy are more enduring over time, as compared to the rules of a method. When birthing strategies change, the method must change and, invariably, variations will occur in how advanced-practice childbirth educators wish to change. A Lamaze philosophy addresses the important underlying aspects of childbirth preparation. These philosophical tenets allow for variation in breathing techniques, variation in relaxation techniques, the addition of new techniques, and the deletion of obsolete techniques. They articulate a coherent philosophy of Lamaze childbirth that describes our common beliefs and forms the basis for a variety of complementary methods.

When our underlying beliefs about birth are clear, perinatal educators and care providers are freer to provide true choice options to childbearing women. Informed choice options and preferences have always been the hallmark of Lamaze childbirth. As an example, I once watched a laboring woman sit on a bedside commode and, with each contraction, soak a washcloth in water and wring it out over her head—certainly not a method item taught in class, but it worked for her. We can readily say this woman had a Lamaze childbirth in a way that *she* chose, which is compatible with the Lamaze Philosophy.

The new Lamaze International position paper, "Lamaze in the 21st Century" (see pp. x-xii), is a large step forward in articulating what is really

important to Lamaze childbirth. Deborah Amis, RN, BSN, CD(DONA), LCCE, FACCE, deserves credit for putting to paper the initial draft and directing a group through an endless number of revisions. Enjoy reading the newest Lamaze International position paper and enjoy being able to articulate clearly about Lamaze childbirth. Congratulations to Debby and her team for a job well done.

—Sharron S. Humenick, RN, PhD, LCCE, FAAN

Reference

Bing, E. (1967). *Six practical lessons for an easier childbirth*. New York: Grosset & Dunlap, Inc.

Letter to the Editor

I am writing in response to Carol Van Der Woude's commentary about her renewed joy for her work once she moved from a nursing role in a hospital to assisting on a team at home births. (Editor's note: Please see JPE Volume 10, Number 3, pp. 34–37.) It is clear from her story that the change was enormously revitalizing. I am concerned, however, that readers may be left with a mistaken impression about home birth after they read Table 1 in the article.

The first of the "Eleven Home Birth Principles for Safe Birth" states, "A trained doctor must be completely in charge of the birth." Numerous well-controlled research studies published in reputable, peer-reviewed journals support the fact that midwives have an impressive record of safety (not to mention client satisfaction) in home births. In fact, Dr. Eisenstein, the author of the eleven principles, has several midwives on his staff at Homefirst® Health Services [in Illinois]. As independent providers, they would be in charge of any normal birth they attend.

As a midwife, childbirth educator, and mother of two babies born at home (the second was 10 lbs., 4 oz.), I truly hope the readers of JPE will be given some clarification of this aspect of home birth.

—Susan Brockmann, MPH, LCCE, CM

Editor's Response

Thank you, Susan Brockmann, for reading closely and catching that "principle." While the author was citing a list made by an individual position, you have done well to respond to his words. They are not consistent with the evidence and they do not represent the views of Lamaze International or *The Journal of Perinatal Education*.

—Sharron S. Humenick, RN, PhD, LCCE, FAAN

Another Letter to the Editor

Dear Sharron,

I want to thank you for and congratulate you on the very special edition of JPE focusing on evidence-based practice [*Journal of Perinatatal Education, 10*(4)]. Certainly that congratulations and gratitude speak what is in the hearts of many readers. You have provided us with an example of what seeing, believing, volunteering, and collaborating can do. Together, JPE readers can believe in the collaborative work of Lamaze International, the Coalition for Improving Maternity Services (CIMS), Baby Friendly, and the Alliance for Transforming the Lives of Children (aTLC) and acknowledge that it takes all of us to launch families. With reflection, each reader could decide what she could further do in her corner of the world to increase the collaborative "might." I believe that if each reader will reflect, choose a collaborative action, and step out in faith that we will reach the critical mass necessary to make the Lamaze birth philosophy, CIMS Ten Steps of the Mother-Friendly Childbirth Initiative, BabyFriendly, and aTLC evidence-based practices reality for all families versus just a few. I invite readers to join each other in holding that vision.

Sincerely,
Carol Davis, RN, BSN, LCCE, FACCE
Chair, CIMS Designation Committee