Birth and a Vision: Lamaze Childbirth Education in Kenya, East Africa

Jennifer I. Carroll, BA, LCCE, CD (DONA)

Abstract

JENNIFER CARROLL currently lives in Nairobi, Kenya, where she works on a volunteer basis to develop Lamaze Certified Childbirth Education programs with The Nairobi Hospital, Aga Khan Hospital, Nairobi, and Aga Khan Hospital, Mombasa.

Lamaze Certified Childbirth Education was an unknown entity in Kenya, East Africa, just a few years ago. Today, programs are firmly established in two leading private hospitals in Nairobi and gaining credibility in the region's medical community. Prepared childbirth is finding its place in the lives of the rapidly urbanizing African society. Implementation of Lamaze techniques in antenatal programs serving women outside the private sector is taking place as Kenyan midwives work toward their certification as Lamaze Certified Childbirth Educators.

Journal of Perinatal Education, 13(3), 27–30; Africa, cross-cultural implementation, childbirth education.

DOI: 10.1624/105812404X1743

November 1992
Nairobi, Kenya

“Dada! Kuja! Ninakufa!” [“Sister! Come! I’m dying!”]

I will never forget hearing this young African mother calling for help as the intensity of her labor contractions began to overwhelm her. I was one of the eight mothers in labor that night at The Nairobi Hospital in Nairobi, Kenya.

Separated only by the curtains hanging between us, each mother’s experience was shared by the other mothers in the room. Something in my internal thoughts and emotions compelled me to respond to this mother’s cry for help, “Breathe in...breathe out! Try to relax! Don’t be afraid! You are going to be okay!” Other mothers in the room joined me in speaking words of encouragement and direction to this mother in distress. I remember lying there in my

Birth and a Vision: Lamaze Childbirth Education in Kenya, East Africa

hospital bed and thinking, “Someone needs to teach childbirth education classes in Nairobi.”

Our family moved to Kenya in 1984 to work with the Africa Inland Mission International, a nondenominational Christian missionary organization. During my birth experience related above, we lived in a rural part of Kenya about an hour’s drive north of Nairobi. This was my third pregnancy, my second in Africa.

Having just completed my 26th week of pregnancy, I began to experience preterm labor. My husband hastily removed the seats from a borrowed van so that I could lie down on a mattress as we sped to Nairobi. A German midwife volunteered to make the hour-long trip with us, in case the labor continued to progress. We knew that our baby’s chances for survival would be greatly increased if we could reach Nairobi where intensive care could be provided.

Little did I know that, in addition to the safe birth of another precious daughter several weeks later, this experience would be the starting point for one of the most exciting and fulfilling adventures of my life.

Traditionally, women in Kenya have given birth at home. In this predominately rural culture, birth is a meaning-laden event not only for a woman and her extended family but also for the entire community. Children are viewed as a blessing, a gift from God. A pregnant woman is supported by older women in the community and cared for by what is now called a traditional birth attendant (TBA). While the value of TBAs

Lamaze triplets at The Nairobi Hospital class reunion.

has sometimes been debated, they continue to play a vital role in the birth experience for most women in rural African communities. In a country with 40% unemployment, a depressed economy, and widespread poverty, medical care is often unaffordable or simply unavailable—another reason why many women in rural, African communities turn to TBAs for assistance in labor and birth at home.

Urbanization continues to have a significant impact on many Kenyan women. Nairobi’s population of over 2.5 million is increasing rapidly, and women make up a large part of the workforce. Many women no longer have access to traditional support structures during their childbearing years. Women in the urban setting often feel alone and unprepared for the birth experience.

Due to urbanization, many Kenyan women no longer have access to traditional support structures during their childbearing years.

My belief system is influenced by Ecclesiastes 3:1, “There is an appointed time for everything.” This fits with my experiences, which support that the time for new options in childbirth education has come to Kenya. After receiving my certification from Lamaze

Hand-carved, traditional birthing stool.

Lamaze family at The Nairobi Hospital class reunion.

International in 2000, I began to offer Lamaze classes in my home in Nairobi. The number of couples wanting to attend classes quickly exceeded the capacity of our living room. My family, while wonderfully supportive, found that having our home packed with pregnant women and their partners interfered with normal evening activities.

The need for space prompted me to approach the matron (nursing director) at The Nairobi Hospital with a proposal for a pilot Lamaze Certified Childbirth Education course. I offered my services on a volunteer basis, requesting only that my expenses be reimbursed from the fees charged by the hospital for the course. The proposal was accepted and classes began.

Our first course included two African Kenyan couples, one Asian Kenyan couple, and one European couple. The diversity was delightful and fascinating! The second course doubled in size and was equally diverse. Subsequent courses have continued to increase in size. We now offer classes two evenings every week and attempt to limit each class to 12 couples.

During this time, I was also given an introduction to the nursing director at the Aga Khan Hospital in Nairobi. She expressed a desire to develop a Lamaze Certified Childbirth Education program for the Aga Khan Hospital. A similar proposal was presented to the Aga Khan Hospital's chief executive officer, medical director, and nursing director. This proposal was accepted and classes began.

The Lamaze Certified Childbirth Education program at Aga Khan Hospital continues to grow successfully and has even had a significant impact on the clinical practice in the hospital's antenatal midwives' clinic that monthly serves hundreds of women. Along with the general antenatal instruction given by the midwives, expectant mothers are taught coping strategies for dealing with labor. Positioning, breathing patterns, and the value of a support partner are discussed. The midwives have been especially excited with the positive result they have seen using the pelvic-tilt exercise. A significant number of breech-position babies have rotated to the cephalic position following the use of this exercise, thus avoiding a cesarean section.

Most of Kenya's local OB/GYNs had never heard of Lamaze Certified Childbirth Education. Support was earned and maintained by providing professional excellence and commitment to client care and by demonstrating the value of Lamaze Certified Childbirth Education for both expectant parents and health-care providers. Parents find the information, comfort strategies, confidence, and security they gain during the course essential to a positive birth experience. Health-care providers describe Lamaze parents as prepared, relaxed, positive, and easier to communicate with than those who have not participated in Lamaze Certified Childbirth Education.

Additionally, while working with a broad variety of ethnic groups—including African, Asian (Indian), American, European, and Australian groups—the Lamaze International curriculum has been able to bear the weight of cross-cultural implementation.

While working with a broad variety of ethnic groups, the Lamaze International curriculum has been able to bear the weight of cross-cultural implementation.

Initially, both The Nairobi Hospital and Aga Khan Hospital, Nairobi, assigned midwives to observe classes with the intention of training national staff to teach Lamaze Childbirth Education classes. Continuous administrative support and interdepartmental teamwork have played a critical role in the success of the program.

Jennifer Carroll (standing, far left), Mary Lou Moore (seated, left), and Pamela Shrock (seated, right) with class members at Nairobi Lamaze training seminar, September 2001.

Traditionally, male involvement in the birth experience has not been embraced in Kenyan society. However, Kenyan couples have shown a readiness to re-examine this cultural norm. I have found Kenyan fathers/partners to be enthusiastic and committed to involvement in the birth experience. They actively participate in classes and are often eager to share their perspective on the birth experience at class reunions.

Early in 2001, as class sizes continued to grow, the need for more Lamaze-trained childbirth educators became evident. I could no longer keep up with the opportunities and demands of the programs. I contacted Dr. Mary Lou Moore and Dr. Pamela Shrock, both faculty members of Lamaze International, and asked if they would consider traveling to Nairobi to help train Kenyan midwives to teach Lamaze classes. They expressed enthusiastic interest in the project.

I prepared a proposal for both The Nairobi Hospital and Aga Khan Hospital, Nairobi, suggesting joint participation in a two-week training seminar. Four midwives from each hospital would participate in the program, and Drs. Moore and Shrock would present guest lectures for staff and physicians. To my delight and amazement, the proposal was approved unanimously by both hospitals and plans for a joint seminar began.

Dr. Moore and Dr. Shrock arrived at the Jomo Kenyatta International Airport at 8:30 a.m. on Tuesday,

September 11, 2001, the day of the terrorist attacks on the World Trade Center and the Pentagon. Little did we know this date would forever be etched in our hearts and minds for the significance of its events in the history of our world. As world events took shape around us, Dr. Moore and Dr. Shrock courageously continued with the planned agenda. Their efforts did not escape the notice of our largely Muslim community at the Aga Khan Hospital, Nairobi, or by other Kenyans in the hospital communities. We received many words of condolence, both publicly and privately.

The midwives were enthusiastic and invested in the seminar. They enjoyed the teaching styles of Drs. Moore and Shrock. I will always remember the midwives' response to the fact that Dr. Moore had grandchildren and had come all the way to Kenya to teach. Dr. Shrock elicited gales of laughter when she climbed on top of a table so that everyone could see her demonstrate proper posture. Together, Dr. Moore and Dr. Shrock provided a wealth of new information and were a source of inspiration to all who participated.

In October 2002, Aga Khan Hospital, Nairobi, opened the first combination labor-and-delivery rooms in East Africa—an exciting addition to maternity services in Nairobi. The new equipment and birthing rooms are well suited to the implementation of Lamaze International philosophies and techniques. Women have space to move around, shower, and try varied positions during their labor and birth experiences. The Nairobi Hospital is in the planning stages to provide similar facilities for its clients.

Aga Khan Hospital, Mombasa, has also expressed interest in developing a Lamaze Certified Childbirth Education program. Located on the shores of the Indian Ocean, Aga Khan Hospital, Mombasa, serves Kenya's second largest city with a population of approximately 1 million people. A pilot Lamaze International program for Aga Khan Hospital, Mombasa, is scheduled early in the year 2004.

I have always experienced and seen birth as a miracle...whether it be the birth of a baby, bringing unspeakable joy to its parents, or the birth of a program which enhances the life of another. Early-pregnancy classes and early-parenting classes are new programs we envision for Kenya as we look at further educational development. We wait with great anticipation for what lies ahead.