The Journey of an Early Lamaze Childbirth Educator

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ABSTRACT

The author, who accomplished the majority of her work as a childbirth educator while based in Tampa, Florida, journals the experience of being an early pioneer in promoting Lamaze childbirth in the United States, beginning in the 1960s. Many aspects of her story are common to the stories of other childbirth educators who also pioneered the childbirth movement in the United States during the same time frame. This history is presented for its potential usefulness to those who continue to work to advance the Lamaze International goal of promoting normal birth.

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BEGINNING IN THE 1960s

I was an early advocate of the Psychoprophylactic Method (PPM) or, as it became known, the “Lamaze method,” and now the “Lamaze Philosophy of Birth.” My journey with childbirth education is an example of the movement’s progress throughout the United States. Documenting this journey may be useful to those who continue to advance the mission of Lamaze International to promote normal birth. It may also encourage others to document their journey.

The Lamaze method of childbirth and approach to childbirth education was originally known as the PPM. In order to promote PPM, the American Society for Psychoprophylaxis, Inc. (ASPO) was founded in 1960 by Elisabeth Bing, RPT, and others in New York City. Ms. Bing had learned the method from Marjorie Karmel, who was trained by Dr. Fernand Lamaze while she was in France preparing

for the birth of her first child. Upon Ms. Karmel’s return to the United States, pregnant again, she met Elisabeth Bing, who assisted with preparation for her second birth, using the PPM. From this meeting, the two women and others collaborated and, thus, ASPO was created. It subsequently became ASPO/Lamaze and is currently Lamaze International.

When I was pregnant with my first child in 1960, a friend and I read the book, *Thank You, Dr. Lamaze*, by Marjorie Karmel (1959). Because no Lamaze classes were being offered in the United States at that time, we taught ourselves from the description discussed in the book. We were attracted to the Lamaze approach because it educated us about the processes of labor and delivery and described breathing and relaxation techniques for use in labor. It also discussed ways to deal and cooperate with the second stage of labor by using effective pushing techniques. The method’s goal was

For more information on Lamaze International’s view on normal birth, download Lamaze International’s position paper, “Lamaze for the 21st Century” (www.lamaze.org/about/documents/Lamaze21stCentury.pdf) or call toll free to receive a copy (800-368-4404).

to prepare women to remain awake and aware and to participate in their labor and birth. My friend and I were able to accomplish these goals in the birth of our children at a time when most women in the United States were asleep, heavily medicated, or numbed with a regional block such as saddle anesthesia.

In the early 1960s, ASPO began offering teacher-training courses that led to certification. Soon, certified instructors taught childbirth education classes in a few areas of the country. Women were attracted to the goals of prepared childbirth, and Lamaze classes began spreading to an ever-increasing part of the nation.

My experience was typical of many Lamaze advocates who moved to new areas of the country where PPM classes were not yet established. In 1962, after the birth of my second child (also using the Lamaze approach), my family and I moved to Houston, Texas, where I visited an OB/GYN physician for follow-up care. He had heard of the PPM and was interested in having me prepare his patients for their births. I inquired of ASPO about becoming a certified instructor and was accepted as a teacher candidate. During my four-year stay in Houston, I became increasingly involved with ASPO. For added support, teachers like me—located in areas where few Lamaze classes were offered—maintained close ties with ASPO's national office in New York City. I informed others in Houston about the growth and development of Lamaze. Interest began to grow in that region and among professionals and pregnant women around the country. In 1966, I became an ASPO-certified teacher who offered classes to one physician's patients. Soon, other physicians referred their patients to my classes, hospitals in the area became more supportive, and individual women contacted me to enroll in my classes.

It is interesting to contemplate why Lamaze expanded rapidly in the 1960s and 1970s and was so well received by expectant parents. Prior to childbirth preparation classes, for most women, childbirth was viewed as something they had to “get through” as best they could. Traditionally, they were given medication to remove them psychologically, emotionally, and physically from labor and birth. Classes such as those offered by the Red Cross informed expectant women about some aspects of birthing, but did not actually prepare them to make choices or actively participate. Women had been essentially uninvolved in the birth process and were given very few choices about the nature

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of their obstetric care. However, this changed as women became more educated about birth.

As further examples of an instructor beginning in a new community, my family and I moved from Houston to Tucson, Arizona, in 1966 and then to Brockport, New York, in 1968. In each new location, no childbirth education classes were yet available, even though the spread of Lamaze was taking place in many areas of the country. However, many people in these new locations became aware of the concept of prepared childbirth. Thus, both professionals and expectant couples quickly responded to and attended my classes once it became known that I was an ASPO-certified teacher.

THE 1970s

In 1970, my family and I moved to Tampa, Florida. Again, no childbirth education classes were being offered in the Tampa Bay Area. I contacted people in the community to inform them about Lamaze and myself as an ASPO-certified teacher, just as I had done in our previous locations. The following are some examples of the community contacts I made. I spoke with La Leche League leaders, nursing faculty at Hillsborough Community College's (HCC's) Gordon Keller School of Nursing (at that time, the only nursing school in the area), staff at the Hillsborough County Cooperative Extension Service, a lay midwife in the community, hospital personnel working in obstetrics, physicians, and parents. In the beginning, the response was cautious. A local newspaper carried stories about my classes, which at first took place in my home and then at the Jewish community center. These are examples of the type of activities that ASPO pioneers repeated across the country. Each community presented its unique challenges; however, the concept of childbirth education was one whose time had come.

Thus, from 1970 to 1980, Lamaze childbirth experienced a great amount of growth in the nation, in Florida, and in Tampa, where I was involved. Nationally, ASPO was flourishing with teacher-training classes, certification of teachers, and the establishment of childbirth classes in many communities. ASPO was becoming recognized as a credible organization, and professional conferences were taking place throughout the country. I became the ASPO

Teacher Certification Coordinator of the Southwest Region of Florida and a certification exam grader for the organization's national Teacher Certification Program. I expanded my childbirth education contacts as I traveled to different areas in Florida and North Carolina, meeting teacher candidates and certified ASPO instructors. Similarly, volunteer work with ASPO provided opportunities for regional or national leadership activities for a number of young women who were following Elisabeth Bing's footsteps in promoting the PPM.

During this time frame, several activities in Tampa reflected typical events throughout the nation. In 1974, HCC and the Association of Women's Health, Obstetrics, and Neonatal Nursing (AWHONN)—which, at the time, was known as the Nurses Association of the American College of Obstetrics and Gynecology (NAACOG)—co-sponsored a program for professionals interested in obstetrics and new trends in childbirth education. Elisabeth Bing, RPT, served as the program's major speaker. Also in 1974, HCC's Community Services Department began a Lamaze program, and I taught childbirth preparation classes at the college. Eventually, in response to the public demand for more classes, additional certified teachers were hired. The college continued to offer classes under the direction of Mary Rodriguez, coordinator of HCC's Leisure Program, until the early 1990s. Thus, in the 1970s, growing evidence revealed that childbirth education was becoming accepted by the mainstream of maternity care.

As previously mentioned, during the early 1970s, expectant parents in Tampa were influenced by trends in childbirth throughout the nation and by reading about birth in other communities. The radical social changes of the 1960s impacted the nation's culture in many different areas. Women began and continued to assert their rights in many arenas. This especially included expectant mothers who wanted to be in control of their bodies and to have choices in childbirth. They challenged established ways of doing things, especially in areas regarding birth. Consequently, an increasingly diverse population of expectant women and couples attended Tampa Bay Area childbirth education classes—from “flower people” living in communes in Tampa's outlying areas to more conservative couples who attended classes with the goal of remaining awake for the birth.

As women began to experience more control over what happened to them during labor and

birth, they increasingly wanted more birthing options. They wanted not only to remain awake and aware, but also to be active participants in the birth of their babies. They also wanted their partners (usually, the expectant fathers) to be educated so they would know how to provide support in labor and birth. In many settings, women could not count on anyone else being prepared to support them through a normal, nonmedicated birth. In order to accomplish these goals, couples were enthusiastic about taking Lamaze classes and were pressing hospitals to provide their desired needs.

This birth advocacy did not always proceed smoothly. For example, early on, unlike hospitals in Tampa, Mease Hospital in Dunedin (a community located west of Tampa) allowed prepared fathers into the delivery room, and thus couples went to physicians who delivered at that hospital so they could be together for the birth. Couples also wrote letters to local hospitals and newspapers, stating their needs. Eventually, Dunedin physicians said they could no longer accommodate the high number of Tampa couples who were coming to their facility. Expectant couples from Tampa became alarmed. They expressed their concerns to the doctors and, ultimately, Dunedin physicians again accepted couples from Tampa.

In another example, a local Tampa landmark event occurred in 1974, when Women's Hospital opened its doors across the street from St. Joseph's Hospital. Tampa couples were now able to choose one or the other hospital for their births. Doctors who attended births at both facilities often needed to cross the street to care for their patients at both hospitals. Eventually, the resultant competition led to couples being given more birth options.

The terms “deliver” and “delivery room” were consistently used during those times. Today, birth advocates prefer to speak of women “giving birth” rather than “being delivered” because of the passivity implied by the latter term.

LATE 1970s

In the late 1970s, couples nationally became increasingly active in getting the births they wanted. Prepared couples often asked for more than what was being offered in labor and birthing units at local hospitals. Couples threatened to boycott hospitals. Some fathers said they would “chain themselves to the delivery table” so that they could be present for the birth of their baby. In fact, at least one father's

photograph, showing him handcuffed to the table, was published in a Tampa area newspaper. At last, prepared fathers were widely permitted in the labor room, but only if the woman was his wife and he had attended classes; otherwise, the father's attendance in the delivery room was typically not permitted.

Similar advances took place throughout the Tampa area. An obstetric nurse at St. Joseph's Hospital applied for ASPO certification and trained with the teachers at HCC. The hospital's nursing staff became more supportive of prepared childbirth when one of their own colleagues taught classes. The hospital at MacDill Air Force Base supported allowing fathers in the delivery room, and their certified nurse-midwives referred many couples to HCC's childbirth education classes.

Parents continually wanted more options for their childbirth experiences, such as pillows for head support and the absence of straps on their wrists during birth. Women wanted to nurse their babies in the delivery room and to have postpartum rooming-in opportunities. At that time, common methods for pain relief included heavy doses of Demerol for labor and saddle blocks for birth. Prepared women wanted, if possible, to minimize medications for pain relief in labor and birth by employing techniques learned in their childbirth preparation classes. It was the beginning of an era of consumer advocacy in health care, which to this day continues to be related to many health issues.

Simultaneous with the childbirth movement, La Leche League continued to teach and influence parents in its classes on breastfeeding, and parents responded positively with support and referrals from professionals. Support groups such as Compassionate Friends and SIDS (Sudden Infant Death Syndrome) for bereaved parents were starting to flourish. Infant death became an issue, and childbirth educators began to expand their awareness and teaching as they incorporated topics that had not been included in traditional childbirth classes. Subsequently, parents and professionals became more aware of the importance of peer support and mutual help.

PROFESSIONAL DEVELOPMENT

The childbirth movement continued to grow and flourish across the nation. Following are examples of professional advancement activities I witnessed in Tampa that were typical of activities in many communities. In 1979, the certified ASPO teacher

at St. Joseph's Hospital joined with others to develop a continuing childbirth education program sponsored by the facility's Nursing Service and Continuing Education departments. They presented a program entitled "Lamaze and the OB Nurse," which included educators from HCC. That same year, Tampa General Hospital's OB department approved HCC's childbirth preparation classes, making it possible for fathers to be allowed in the hospital's delivery room. Meanwhile, Women's Hospital boasted increasing numbers of couples enrolled in the facility's childbirth education classes. Certified nurse-midwives at Mease Hospital worked with physicians in their practices, delivering babies in birthing rooms and encouraging "bonding" between parents and their babies by allowing them to spend time together after birth. Thus, some Tampa-area couples continued to commute to Mease Hospital in order to have the kind of birth they wanted.

A significant event occurred when local Lamaze teachers realized they needed to work for agreed-upon goals. The Tampa Bay Association of Lamaze, which included a parents' division, was formed in 1979. Childbirth educators met once a month in Tampa. One luncheon meeting was held at St. Joseph's Hospital, and another was hosted by Women's Hospital. The head nurses from both hospitals attended, making these meetings especially significant because the hospitals competitively served the same obstetric community.

Also during the late 1970s, Women's Hospital offered an array of childbirth education classes. HCC's classes also became more diverse and included topics that addressed prenatal fitness, nutrition, and good health habits during pregnancy. The Hillsborough County Public School Adult Education program sponsored free childbirth education classes in 1979. I became certified as an adult educator with the State of Florida and taught in this program. It was the beginning of an expanded program for expectant parents throughout the country and the provision of classes for low-income families and others.

SAFE BIRTHING ALTERNATIVES

As always, outside events influenced the Tampa community. Local expectant parents became more aware of issues in childbirth and made

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more demands for the practices they felt were right for themselves during birth. For example, the issue of safe alternatives in birthing also made headway in the late 1970s. Homebirths were desired and sought out in many parts of the country. In Tampa, Skippy King, a midwife, supported and worked towards such options in birthing. The National Association of Parents and Professionals for Safe Alternatives in Childbirth (NAPSAC) held a conference in Nashville, Tennessee, in 1979. It included a visit to “The Farm,” a well-known commune where Ina May Gaskin, a midwife, commanded (and continues to command) respect for her methods of birthing practices. Attending that conference was one of the highlights of my career as a childbirth educator. Other attendees included certified nurse-midwives, lay midwives, Physicians for Home Birth, childbirth educators, medical students, and parents. The name of the conference—“The Five Standards of Safe Childbearing: Good Nutrition, Skillful Midwifery, Natural Childbirth, Home Birth, and Breastfeeding”—was based on the title of a book by David Stewart, PhD, and Lee Stewart, CCE (now in its fourth edition, 1998). At that time, NAPSAC was a controversial organization, and members had to give permission for their names to appear on the group’s national membership list.

In 1978, Gail and Tom Brewer, MD, traveled to Daytona Beach for a “Nutrition during Pregnancy” workshop. Tom Brewer was a physician who promoted good nutrition during pregnancy and said that adequate protein intake could help avoid and treat toxemia, a controversial idea at the time.

THE 1980s

The 1980s was a period in which a new dimension of cooperation emerged, bringing together educators and other individuals involved in birthing. In 1981, Sandy Thomas and others in Tampa started Consumer Advocates for Freedom in Birth (CAFB) to articulate “the voices of our professional conscience and [to be] an inspiration for parents and professionals alike in clarifying and aiming for common goals.” In the same year, the first annual “Prenatal Fair”—cosponsored by HCC’s Community Services Division and the West Central Florida Chapter of the March of Dimes—was held at the Tampa Bay Mall. Many agencies participated.

The fair, a free event, demonstrated another example of the coming together of various community organizations and services aimed at enhancing birth. It was an annual event for a number of years.

In 1982, CAFB sponsored a lecture and workshop at the University of Tampa, titled “Childbirth: Awareness-Information-Rights-Responsibility,” with Suzanne Arms, author of *Immaculate Deception: A New Look at Women and Childbirth in America* (1975). This controversial book encouraged both lay and professional communities to seek more options than were customarily available.

Also in 1982 in Tampa, Sydnie Arnold and Ciedi Garcia started the organization NAISSANCE, whose purpose was to bring together women of similar interests and enable them to communicate about issues related to birth. Soon after its inception, NAISSANCE affiliated with the International Childbirth Education Association (ICEA).

That same year, Kay Perrin, a registered nurse in the Tampa Bay Area, began teaching the Bradley Method in childbirth education classes and offered RAPPIN, a program for pregnant teens. Sandy Thomas (one of the founders of CAFB) and Kay Perrin volunteered their time teaching classes to pregnant teens at Alpha House. George Washington School’s Program for Pregnant Teens welcomed classes in childbirth preparation during the school day. Volunteers, myself included, taught the classes. The Ruskin Migrant and Community Health Center started its own birthing program with certified nurse midwives assisting their clients in birthing rooms at Tampa General Hospital. Dee Jeffers, RN, designed and implemented childbirth education initiatives for this program, in which I participated until funding was discontinued two years later.

Another significant change in Tampa’s birthing community occurred when St. Joseph’s Hospital announced the closing of its OB unit. Henceforth, all hospital-based birthing services in the area would be available only at Women’s Hospital, across the street from St. Joseph’s Hospital. Today, as a result of a merger, Women’s Hospital is called St. Joseph’s Women’s Hospital.

In 1982, the Children’s Home sponsored a community meeting, “Expectant Mothers: Services, Needs, and Networks.” Approximately 50 people attended. With the intention of establishing a community-wide coalition to deal with common concerns and goals, the meeting generated a compilation of services regarding the area’s birthing and parenting endeavors.

The Coalition of Florida Childbirth Educators (CFCE) was founded in 1983 by Dee Jeffers, RN. Its purpose was primarily to provide continuing education in the field of childbirth and to promote family-centered maternity care throughout Florida. That summer, a CFCE conference was held in Orlando, and another, in 1984, was held in Tampa. The conferences included an exhibition of *The Birth Project* by nationally known feminist artist Judy Chicago. The coalition produced a directory in 1984, proclaiming its goal statement, “Meeting the Challenge of the ’80s.” Its membership included childbirth educators throughout Florida. A third CFCE conference was held in Orlando in 1985.

The same year introduced a number of other initiatives supporting maternity care in the Tampa area. The University of South Florida’s Division of Continuing Education sponsored the first in a series of conferences titled “Birthing in Our Community: Exploring Options, Issues, and Trends.” Kay Perrin formed The Diana Group, a resource center offering a variety of services to women and families. Cindy Novick, PhD, and Judy Zaritt, RN, founded the Bay Area Cesarean Awareness Network, which provided information on cesarean birth and support for vaginal birth after cesarean (VBAC). A year later, in 1986, Carrollwood Birthing Services offered alternatives in maternity care and was staffed by certified nurse-midwives. Thus, the 1980s witnessed continuing widespread birth-advocacy work in Florida and the offering of new, creative services.

In the 1980s, Tampa-area physicians’ offices offered classes in prepared childbirth. For example, from 1983 to 1988, I taught classes at Carrollwood Obstetrics and Gynecology, a medical practice that included several physicians. I also offered a program at the same facility called “Education and Support Enhance the Childbearing Year” (EASE). This program included a range of classes focusing on issues from early pregnancy through postpartum. Additionally, Carrollwood Obstetrics and Gynecology hosted a mothers’ support group, “Meet Other Mothers” (MOMS), for all women in the community.

PERINATAL SERVICES IN THE 1990s AND BEYOND

Important services continue to be offered in the Tampa community in addition to well-established childbirth education classes. Local branches of the March of Dimes and the National Perinatal Associ-

ation remain dedicated to improving birth outcomes and promoting the well-being of mothers and babies. The Child Abuse Council sponsors many treatment and prevention programs in the Tampa Bay Area, such as the Baby Bungalow, an early childhood resource center for parents and children from birth to age 5 years. Another local program, Healthy Start, offers an in-home visitation program for pregnant women and children also from birth to age 5 years. A Lamaze-accredited Childbirth Educator Program was opened by Elaine Zwelling at the University of South Florida and continues to this day.

BUILDING ON A CHILDBIRTH EDUCATOR BACKGROUND

In the mid-1980s, my career shifted when I returned to college and earned an undergraduate degree in social work and a master’s degree in counselor education at the University of South Florida. I subsequently obtained licensure as a mental health counselor (LMHC). Today, like many of the pioneer Lamaze educators, I no longer teach birth preparation; however, my interests in birthing issues continue, and my private practice as a psychotherapist includes working with birth-related problems (e.g., postpartum depression, miscarriage, newborn loss, and infertility). I maintain membership in organizations such as Lamaze International and the National Perinatal Association, and I usually attend their national conferences, as do many of my peers. For a number of us, childbirth education has become a foundational stepping stone to many perinatal interests and services.

REFLECTING ON BIRTHING TRENDS OVER TIME

Significant changes in maternity care have occurred in American culture since the early 1960s—a time when people questioned established ways and, thus, the consequences of such affected birth practices. Women were encouraged to investigate alternatives that would provide the kind of birth experience they wanted for themselves and their families. Additional concerns with gender issues inspired women to take charge of their bodies and become active participants in their obstetric and gynecologic care. As new choices in childbirth became available, women also began asking for choices in other areas of health care, such as treatment for breast cancer, which traditionally called for routine radical mastectomies.

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Today, however, many women again seem to be more willing to relinquish control over their bodies and are often compliant with physicians' recommendations for induction and augmentation of labor and for cesarean births. Why is that the case?

Reflecting upon current trends in childbirth, it is interesting to consider national changes and observe that they continue to be influential in Tampa and other communities. For example, both nationally and locally, the cesarean rate has increased and the VBAC rate has decreased. Women are *asking* for cesarean birth and physicians are *recommending* this intervention for nonproblematic births and other situations. This trend of many cesareans was reversed in the 1980s. One may wonder why it has returned in the current environment.

Perhaps two opposing trends are currently taking place. Many women anticipate returning to their jobs and resuming their out-of-home responsibilities. At the same time, however, other women are deciding to postpone returning to work and opting to remain at home for a period of time after birth or even indefinitely. Additionally, an increasing number of women practice breastfeeding. Lactation consultants are readily available for advice and offer help in both hospitals and the wider community. La Leche League continues to offer support and instruction to nursing mothers.

It is true some women elect cesarean births, and yet a significant number of women and their partners who want "a well supported, more peaceful birth" hire doulas. Doulas are women who offer support to expectant women and their families and provide encouragement and information through late pregnancy, labor, and birth. Doulas work with women in birthing centers, in hospitals, or at home. They offer the support in labor that doctors and nurses tend not to provide. Additionally, doulas bring experience that cannot be expected of husbands. Such services are offered in the Tampa Bay Area and in many cities and communities throughout the United States. Also, the percentage of births with midwives continues to increase.

Perhaps the apparent trend toward more medical interventions (e.g., induction of labor and cesareans) will begin to change as women—following the pattern of the 1960s, 1970s, and 1980s—choose to give birth another way, one in which they are in

control. For example, some women who experienced a cesarean in a previous birth are seeking physicians and other health-care providers who will carefully assess the need for a repeat cesarean rather than routinely recommending it and, if possible, support these women in their goal of having a vaginal birth. There is reason to believe and hope that expectant parents will continue to be educated about the birth process and come together to ask for practices in birthing that will encourage and enhance a safe and fulfilling childbirth. Many changes in our culture's childbirth practices are reflected in current and past obstetric care. Although the wider social and political environments of the 1960s are unlikely to be repeated, it is hoped that expectant parents, professionals, and childbirth educators will again seek alternatives for birthing, just as their predecessors in that dynamic period asked, "Is there a better way?"

REFLECTING ON A CAREER OF NORMAL BIRTH ADVOCACY

In 1960, after Lamaze childbirth was introduced by Marjorie Karmel in her book, *Thank You, Dr. Lamaze*, I, like many other expectant mothers, enthusiastically welcomed this innovative approach to being an active participant in my baby's birth. This was a radical idea at the time, and it was exciting to think about being empowered regarding my birth experience. It was also an important step towards providing my child with the best chance of having a more drug-free birth.

Today's expectant parents, as in the past, want the best possible outcome for their babies. However, many do not approach normal birth as a personal goal that will be safer, more effective, and satisfying for them.

A new generation of childbirth educators may benefit from learning about and following the path established by veteran childbirth educators. It is important, first of all, to have a strong evidence-based belief that their curriculum provides crucial information for expectant parents and will have a positive effect on them and their babies. It is also important for educators to be part of a network of other Lamaze Certified Childbirth Educators (LCCE) with whom they can share problems, teaching experiences, and the satisfying rewards of teaching. They benefit by attending conferences, keeping up with the literature, and being part of a local group of parents and professionals who share their concerns. They may face disappointments

regarding the current goals of parents and professionals, which often differ so much from those of Lamaze International. It is my hope that, when they are aware of past trends in childbirth education and practice, they can gain confidence that what they are now teaching will eventually result in positive changes in the future.

EDITOR'S NOTE

In August 2004, I was invited to Taiwan to support the country's sole LCCE, who works to bring Lamaze childbirth education certification programs to others in her country. During that visit, one of my other Taiwan guides told the story of having recently prepared herself to give birth by reading Lamaze preparation literature and of having astonished her physician with her birthing behavior. From a global perspective, the days of pioneer childbirth education advocates, as described by Lorraine Kushner, are not over. In the United States, most everyone has heard about Lamaze, and

many couples attend childbirth classes. However, given the epidural rates and the emergence of elective cesareans, the challenge for normal birth advocates continues to exist, even though the specific issues have changed.

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LAMAZE INSTITUTE FOR NORMAL BIRTH ANNOUNCES ITS NEW, EXPANDED WEB SITE

Founded upon six care practices that support normal birth, the Lamaze Institute for Normal Birth is an evidence-based resource for new and expectant parents and for childbirth professionals. This new link on the Lamaze International Web site offers credible, relevant, and useful information for childbirth professionals and their clients.

You'll find:

- New materials, based on the six care practices that support normal birth, for childbirth educators to share with their clients.
- Critiques of the influential research that has shaped policy and practice.
- Tools to help birth networks maximize their impact.
- And much more!

Visit us today at our Web site: www.normalbirth.lamaze.org