Promoting Wellness in Lamaze Classes

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ABSTRACT

Lamaze childbirth educators are responsible for teaching wellness-based classes that do not add to the anxiety of the current, fear-based culture of maternity health care. Expectant parents' vulnerable months of pregnancy offer "teachable moments" for the childbirth educator, during which parents can be encouraged to alter their lifestyles and adopt the concept of wellness to their principles of living. In this article, concepts of wellness are examined, drawing from the writings of wellness advocates, midwifery researchers, and an anthropologist. Nutrition, physical exercise, breathing, and awareness of the five senses are components of potential class content explored in this article.

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Have you ever wondered why the current care system is called "health care" instead of "illness care"? As Lamaze educators, do we promote health in our classes, or are we teaching to an illness-care system that our society merely calls health care? Historically, Lamaze educators have been the champions of normal birth and have presented expectant parents with information to help them advocate for themselves against potentially harmful interventions. The childbearing year is a "teachable moment" during which parents have the motivation and opportunity to alter their nutrition, physical activity, and parenting styles in order to create a healthier future. Yet, childbirth educators must function within the illness-care system that dominates today. Educators need to examine their teaching styles, instructional materials, and curriculum to determine whether they are offering health promotion or, instead, supporting the medicalized, illness paradigm for the childbearing year.

The goal of our current system of maternity care is to take corrective actions rather than to promote health. Birth is only normal after the fact and is presumed an illness from the moment of conception. Women usually believe adequate care is not being given unless the health-care provider performs numerous tests on the mother and baby. In today's maternity-care system, laboring women are denied the very things that improve health and promote normal birth (e.g., food, water, movement, and continuous emotional support). Lifesaving cesarean birth is now an elective measure that women can choose to schedule their births for nonmedical reasons or for reasons not supported by evidence. Additionally, a healthier vaginal birth after a previous cesarean is being denied in increasing numbers.

In the literature, health promotion for birth is generated by wellness advocates, midwifery researchers, and anthropologists. In Travis and Ryan's (2004) publication, *Wellness Workbook: How To*

Figure The Illness/Wellness Continuum*

Achieve Enduring Health and Vitality, wellness and illness are portrayed as a continuum (see Figure). According to the authors, wellness is not a static state where one is either well or ill; rather, there are levels of wellness, just as there are levels of illness. High-level wellness is situated at one end of the continuum, while premature death is located at the other end. "Moving toward high-level wellness will involve the three steps of awareness, education, and growth" (p. xviii).

Pregnancy, birth, lactation, and parenting may all be seen—especially by those of us who consider these processes normal—along the wellness paradigm of the continuum, perhaps beginning at the neutral-middle section. Presented with awareness, education, and growth, families have the opportunity to move into high-level wellness. Those who envision the birth process as risky and dangerous are alert for the signs, symptoms, and disability that Travis and Ryan (2004) place on the illness portion of the continuum. Even without illness or disability, the numerous tests, constant vigilance, and fears of illness may convince parents they surely are lucky to have the quality of care that will provide for them when, not if, the axe falls. Such hyperalertness to illness triggers a large amount of catecholamines in the pregnant woman, the very stress hormones that can actually produce signs, symptoms, and eventual illness. Thus, parents are dis-

abled. Instead of taking positive action toward wellness, they react to the impending illness and disability they face. The purpose of this article is to examine some of the methods and materials childbirth educators use to teach expectant parents and to see if educators move parents forward to wellness or backward into the fear-and-illness end of the continuum.

THE CONCEPT OF WELL-BEING

In *Normal Childbirth: Evidence and Debate*, editor Soo Downe (2004) discusses the concept of salutogenesis or well-being. While current systems of health care are rooted in pathology, the World Health Organization defines health as a state of well-being (Downe & McCourt, 2004). Outcome measures in maternity services are focused on morbidity rather than well-being. Downe and McCourt propose "that practice, research, and policy development in the maternity services should instead be framed by the concept of salutogenesis, or the generation of well-being" (p. 18). The World Health Organization made that attempt when it proposed its Bologna Scale for measuring the normalcy of each birth (Chalmers & Porter, 2001). The scale lists five characteristics of birth that can be used to identify each birth as normal. Lamaze International's mission and vision statements were built upon the concept of well-being. Additionally, the organization published care practice papers on each of the six evidence-based criteria for normal birth, as identified by Lamaze (Lamaze International, 2004). The future may yet advance the vision of researchers, government agencies, and lawmakers who promote wellness in birth, just as they have in seatbelt use and cigarette smoking in public places.

In the book *Intuition: The Inside Story* (1997), Robbie Davis-Floyd and Elizabeth Davis discuss

For more information on Travis and Ryan's (2004) "Illness/Wellness Continuum," log on to www.wellnessworkbook.com

To view and download Lamaze International's "Mission Statement" and "Philosophy of Birth," click on the "Lamaze Information & News" link on the organization's Web site (www.lamaze.org). Also, visit the Web site for the Lamaze Institute for Normal Birth (www.normalbirth.lamaze.org) to view and read more about Lamaze International's six care practice papers that promote, protect, and support normal birth.

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* From Travis, J. W., & Ryan, R. S. (2004). *Wellness workbook: How to achieve enduring health and vitality* (3rd ed.). Berkeley, CA: Celestial Arts.

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normalizing uniqueness in birth. Their discussion focuses on uncertainty in birth and how birth does not progress in a linear fashion or even along Friedman's (1978) proposed curve. Friedman's research on the average amount of time women spend in each phase of labor led to universal assumptions about all women's time in labor. His research was limited to women who labored in a particular hospital setting in South Africa and was never replicated using data from out-of-hospital births (Downe & McCourt, 2004). Friedman's research reflects typical progress of labor in a hospital, but not in spontaneous birth (Downe & McCourt, 2004). The unique normality of each woman's labor and birth is formed by her clinical, emotional, social, spiritual, and family history (Downe & McCourt, 2004). These influences are different for each woman; therefore, normal birth is uniquely defined for each individual. This concept relates to the continuum of illness and wellness. Each woman's birth is unique and holds the promise of empowerment and health.

NUTRITION AND HEALTHY EATING HABITS

Recently, I examined my own basic Lamaze class series to identify areas where I could focus more on wellness rather than illness. For example, in the area of nutrition, my teaching strategy has included asking parents to write down what they have eaten in the past 24 hours and, then, compare what they have eaten with guidelines for daily nutritional intake. We examine what nutrients they lack, whether this is a chronic problem, and how to make up for deficiencies. Could I provide more effective teaching to move expectant parents toward wellness nutrition rather than focus on the holes in their current diet? Yes.

Americans' eating patterns are a public health concern and represent a future of chronic illness and disability for growing numbers in the population. Researchers and legislators fund research and implementation models that help prevent diet-related illnesses such as heart disease, cancer, diabetes, kidney disease, and stroke—today's top killers. Other health concerns—less deadly, but certainly ones that affect Americans' quality of life—are depression, tooth decay, constipation, indigestion, allergies, headaches, learning disabilities, lethargy, and hyperactivity (Travis & Ryan, 2004). In the teachable moments of pregnancy, educators can move parents away from relying upon stress-related eating habits of convenience and comfort foods,

eating to relieve pain, and food addictions. Educators can encourage parents to learn the basics of energy foods, food preparation, hunger identification, chemically altered foods, the necessity of water, and an awareness of each parent's unique nutritional needs.

I have given up the bag-lady life and now teach in my living room. I find it easier to prepare nutritious snacks, offer water and juices, and encourage expectant parents to eat and drink to their health. As they ask how the snacks were prepared and what they contain, the opportunity arises to tell them about the long-lasting energy of unrefined carbohydrates, the need for healthy fats that have cancer-fighting vitamins A and E, and the importance of daily intake of fatty acids on mental and physical health (Travis & Ryan, 2004). Additionally, I can teach the parents about phytochemicals, such as allium in garlic, that lower cholesterol (Travis & Ryan, 2004). I can help them feel the relief from the day's dehydration as I encourage them to consume water in order to nourish the 90% of their bodies and the 75% of their brains that is made up of water. We can also discuss why dehydrating beverages such as coffee, caffeinated teas, and sugary soft drinks are not being served. Furthermore, we can compare our feelings of hunger and thirst and become more aware of our bodies' nutritional needs.

EXERCISE AND PHYSICAL ACTIVITY

As Travis and Ryan (2004) note:

To be alive is to be moving. Inhibit the movement and you create illness. Stop it and you are dead. Allow it fully and you realize wellness. (p. 119)

Many expectant mothers—and fathers—slow down as mothers' bodies become large in pregnancy. The tendency toward becoming a couch potato looms large at the end of the day after working hard. The less movement in the workplace, the more tired and stressed one feels and the less likely one is to pursue moving activities after being released from the day's chores. The current thinking is that expectant parents need to be enrolled in an exercise program, belong to a gym, or have expensive equipment in their homes in order to get adequate exercise. Many have had negative experiences in physical education classes, have not participated in unstructured physical fun, lack friends to exercise with, or are drawn to the computer and television for too many hours.

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Lamaze classes can involve a lot of sitting or they can promote healthy movement. Using learning tasks in class that involve group activities, stations, and other energizers makes expectant parents more alert and promotes learning. Practicing breathing with movement (e.g., slow dancing, swaying, and rocking on birth balls) promotes relaxation and reinforces the movement that is needed to give birth. Exploring individual preferences for movement throughout the day offers ideas of simple ways to exercise, such as climbing stairs, dancing, or stretching (Travis & Ryan, 2004). Another interesting exercise involves blowing up a balloon, releasing it, walking to where it lands, and repeating this process until one has had enough (Travis & Ryan, 2004). The key is developing an awareness of one's daily movements, or lack of, and fostering empowerment in one's own lifestyle changes in order to help release mood-elevating endorphins and move toward wellness.

STIMULATING THE SENSES

Many childbirth educators teach the importance of the five senses of seeing, hearing, smelling, tasting, and touching during labor and birth. By developing an awareness of these senses, parents become alert to danger or feel peaceful about their surroundings. Temperature, smells, and tastes are all altered at some time during pregnancy and birth. The use of biodots to enhance knowledge of relaxation is based on the body's temperature. These tiny, stick-on circles are reminiscent of the popular "mood rings" during the 1970s. The colors of the dots vary as the wearer's relaxation level and body temperature change. Cold temperatures reflect stress, and warm temperatures reflect relaxation and good blood flow. Parents are encouraged to monitor their senses while in the birth environment and to change sounds, sights, smells, temperature, and food to suit their preferences. When they are at peace with the messages they receive through their senses, birth takes a uniquely normal course.

This time of learning can expand expectant parents' knowledge and awareness of their senses and encourage them to adopt additional wellness behaviors for their family. This may be the perfect time for childbirth educators to discuss the parents' environments and give them the knowledge that will allow them to make changes. For instance, tanned bodies are held in high regard in American society. Suntan lotions have been developed to allow people to safely enjoy the outdoors for longer periods of time and to provide protection against less fatal basal-cell and squamous-cell carcinomas. How many of us know these lotions do not protect us from melanomas? Children and adults alike can live longer, healthier lives by continuing to avoid the sun during the middle of the day (Travis & Ryan, 2004).

The lighting in birthing rooms is frequently adjusted in order to improve relaxation. Childbirth educators can expand on this topic in class by encouraging expectant parents to use incandescent lights instead of irritating, flickering, fluorescent lights in the workplace and in the home (Travis & Ryan, 2004).

Music, the universal language, is often played during relaxation practice in childbirth education classes and during labor and birth. Playing music, the sounds of a rippling brook, and white noise can enhance relaxation, giving new energy, stimulating creativity, and even transporting a woman into other states of consciousness during labor (Travis & Ryan, 2004). It can also encourage dancing! Today, many homes have televisions blaring in the background to prevent loneliness or boredom. Introducing new parents to a variety of calming music and teaching them how music stimulates brain development in their children can be a way of creating more peaceful, yet stimulating, living environments. Inviting parents to explore their physical and emotional responses to music expands their abilities of self-awareness and offers them a chance to change their environments based on this awareness.

Skin hunger can only be sated by contact with another human being (Travis & Ryan, 2004). Massage, immersion in water, and showers have helped countless birthing women receive the touch that mothered them, supported them, and allowed them to work with powerful sensations without need for pain medications. For years, women and men had their hair washed and set or trimmed on a weekly basis. Barbers and beauticians claim

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the massage their customers receive keeps them coming back for more. Traditionally, Americans do not hold hands with each other in public or rub backs while engaged in conversation. The experience holds sexual connotations and is seen as an invasion of another's space. For these reasons, expectant parents often come into class with skin hunger. Fathers are drawn back to class because they—like the mothers—receive massages and experience relaxation. While in Korea, I was in awe of public displays of the children holding hands and hugging each other and of young women holding hands together as they walked along the busy sidewalks. Touch deprivation produces a “sense of alienation from ourselves and isolation from others” (Travis & Ryan, 2004, p. 65). Imagine a world where every newborn's life includes infant massage! New life on our planet would know the joys of positive touch, love, and relaxation even before they could speak the words.

BREATHING

Travis and Ryan (2004) point out the vital significance of air and breathing: “Human beings can survive for many weeks without food, for several days without water. But without air, life ceases in only a matter of minutes.” (p. 27)

Lamaze International has been labeled as “that breathing organization.” We wonder how to reeducate the public about the organization's true purpose and mission. However, I am 100% certain that everyone connected with Lamaze wants women to breathe in labor—or in life, for that matter. In 25 years as a Lamaze educator and doula, I have never observed any mother or father *not* breathing! Lamaze uses current evidence to update its guidelines on how to teach breathing techniques. Therefore, Lamaze educators no longer recommend specific breathing techniques or try to teach parents to breathe the “right” way. We encourage women to find breathing styles that enhance their relaxation. There are benefits to controlled and rhythmic breathing in birth and sports, and many women may choose these techniques.

Often, expectant parents are already aware of their breathing through participation in sports such as swimming, jogging, and biking. Childbirth educators can move them to an even greater awareness of healthy breathing by discussing how posture, the furniture used to relax or work in, and clothing all affect one's breathing. Improving breathing also includes an awareness of how emo-

tions affect breathing. If expectant parents have not already considered the changes in their breath during anxiety, fear, grief, happiness, and laughing, educators can ask them to examine their breathing at different periods during class time (e.g., while watching a video or participating in a labor rehearsal) or ask them to report back on their breathing during a stressful or happy time in the following week.

I am fortunate to have a relationship with a local medical center that allows me to bring my small, childbirth education classes to the labor and birth unit for a labor rehearsal. We spend time in the actual birth room, so expectant parents can practice movement exercises, creating a peaceful environment, massage techniques, and receiving nourishment during imaginary contractions. I ask parents to assess their breathing and muscle tension at several times during the class: when they enter the hospital, when they enter the birthing room, after they have created their peaceful environment, after they have worked through a few imaginary contractions, and when they see the babies in the nursery at the end of class. They are more aware of tension and breathing after this particular class than during the several comfortable practice sessions in my living room.

CONCLUSION

Wellness involves more than nutrition, the senses, movement, and touch. Lamaze classes can introduce or reinforce wellness behavior and information, or they can reflect society's current fear-based view of birth. Fear-based classes show videos of women on their backs, anesthetized, and not participating in the most memorable moment of their lives. Fear-based classes spend more time on medications and interventions than on the enormous powers of healing that breath, water, massage, music, communication, support, sex, and touch have on our lives and birth. Fear-based classes tell parents what they can and cannot do, instead of improving their negotiation skills and increasing their awareness of healthy options.

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I hope this article helps usher a fresh beginning for wellness awareness in Lamaze education. While some of the information may be new, I am quite certain childbirth educators have wellness teaching already in place in their classes. Sharing information offers healthy alternatives. I invite readers to contribute their wellness ways of teaching to *The Journal of Perinatal Education*.

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