Creating Change and Staying Connected through Collaboration

Judith A. Lothian, PhD, RN, LCCE, FACCE

ABSTRACT

In this column, a childbirth educator describes feeling overwhelmed and alone in her work. Collaboration is presented as a key agent to creating change, staying connected, and “keeping going.” *The Cochrane Library*, the Coalition for Improving Maternity Services, the ongoing collaboration of Lamaze International with the Maternity Center Association and DONA International, and birth networks are presented as examples of valuable collaborations. Childbirth educators benefit from these collaborative efforts by being able to access and use evidence-based information and to feel connected with like-minded colleagues.

Journal of Perinatal Education, 14(4), 36–39, doi: 10.1624/105812405X72311

Keywords: collaboration, childbirth education, evidence-based practice, Coalition for Improving Maternity Services, Lamaze International

READER’S QUESTION

I have begun to feel terribly alone as a childbirth educator. I am struggling to present evidence-based information, but I am under constant pressure from the hospital to present information that supports the hospital protocols. Sometimes, the task seems overwhelming. How much can one childbirth educator do?

COLUMNIST’S RESPONSE

Your feelings are what we all experience when we find ourselves “out there,” working alone. It is almost impossible to create significant change while working alone, and it is easy to get discouraged.

In contrast, working in collaboration with like-minded people increases the chance of success and, at the same time, strengthens our resolve, our enthusiasm, and our confidence. In this column, I share some stories of collaborative efforts in the world of birth, most with small, modest beginnings that developed over time, creating wider alliances and slow-but-steady change. I think you will be inspired to begin to see yourself no longer alone, but as part of a much larger collaborative effort than you might have imagined.

The Cochrane Library

The Cochrane Library is the foundation for evidence-based care in maternity. In 1979, Archie Cochrane, the director of a prestigious epidemiology research unit, gave obstetrics the “wooden spoon” award for having the worst record in

It is almost impossible to create significant change while working alone, and it is easy to get discouraged.

medicine for using excellent research to guide its practice. Murray Enkin, Ian Chalmers, and Marc Keirse took on the challenge. The result is *The Cochrane Library*, a collection of careful studies and systematic reviews, and *A Guide to Effective Care in Pregnancy and Childbirth* (Enkin et al., 2000), a summary of *The Cochrane Library's* research findings with recommendations for practice. Every time you consult *The Cochrane Library* or *A Guide to Effective Care in Pregnancy and Childbirth* and every time you share that knowledge, you are engaged in a worldwide collaborative effort to use "best evidence" in practice.

The Coalition for Improving Maternity Services

In 1994, I was president of Lamaze International. It made no sense to me or to my colleagues on the organization's board of directors that the many birth groups and individuals, other than occasionally speaking at each other's conferences, had little or no contact and, at times, actually attacked each other's work. Based on earlier, informal discussions among many others, I hesitantly suggested it was time to talk with each other, not about our differences but about our shared vision and commitment to mothers and babies. Deb Woolley, a member of Lamaze International's Board of Directors, thought it was a great idea, and a Delphi technique using conference speakers and an audience was planned.

So, only two months before Lamaze International's annual conference (now envisioned as a summit), we invited what some would have called "our competition" and most of the movers and shakers in the world of birth to "The Winds of Change" meeting in Chicago. Murray Enkin, representing *The Cochrane Database (The Cochrane Library)*, was our keynote speaker. Our goal was for everyone to leave the summit with a personal plan to create change and, most importantly, to form alliances and begin to collaborate in every way possible to change the culture of birth. The summit participants attended sessions that included time for developing action plans, and a small, invited group of about 25 participants met separately. Ray De Vries (Lamaze International's current president) facilitated the historic meeting that included presidents from the International Childbirth Education Association, the Association of Labor Assistants and Childbirth Educators, Birth Works, The Bradley Method, and La Leche League, as well as recognized birth leaders such as Susanne

Every time you consult *The Cochrane Library* or *A Guide to Effective Care in Pregnancy and Childbirth* and every time you share that knowledge, you are engaged in a worldwide collaborative effort to use "best evidence" in practice.

Arms, Roberta Scaer, and Mary Brucker. Those of us who attended the meetings will never forget the energy and the intense excitement when we collectively recognized we all wanted the same thing. The group enthusiastically agreed to meet again, and then again. Less than two years later, the group enlarged to include representatives from 24 organizations (including the American College of Nurse-Midwives and the Association of Women's Health, Obstetric, and Neonatal Nurses [AWHONN]) and notable childbirth individuals (including Henci Goer, Marshall and Phyllis Klaus, Penny Simkin, and Marsden Wagner, among others). The Coalition for Improving Maternity Services (CIMS) was officially born.

Out of a dream (some thought a "pipe dream") for collaboration came what continues to be an extraordinary example of organizations and individuals working together to change the culture of birth. The development of The Mother-Friendly Childbirth Initiative (CIMS, 1996) is just one example of the important and far-reaching work of CIMS. Every time you give a copy of *Having a Baby?: Ten Questions to Ask* (CIMS, 2000) to a pregnant woman or encourage her to visit the CIMS Web site (www.motherfriendly.org), you engage in a collaborative effort.

The Maternity Center Association

The Maternity Center Association (MCA) has a long history of collaboration. A recent example is *Listening to Mothers* (Declercq, Sakala, Dorry, Applebaum, & Risher, 2002), the first U.S. national survey of women's experiences of childbirth. The vision for the survey became a reality with the input of a working advisory board that included, among others, representatives from the American College of Nurse-Midwives, AWHONN, DONA International, Lamaze International, the American

The Cochrane Library (www.cochrane.org) offers a collection of careful studies and systematic reviews and is an excellent resource for childbirth educators to consult evidence-based research.

For a full-text version of *A Guide to Effective Care in Pregnancy and Childbirth*, log on to the Maternity Center Association's Web site (<http://www.maternitywise.org/guide/synopsis>).

CIMS's Mother-Friendly Childbirth Initiative and the document "Having a Baby? Ten Questions to Ask," are available on the organization's Web site (www.motherfriendly.org). The site also includes many other helpful links and documents for childbirth educators to share with expectant couples.

Out of a dream for collaboration came what continues to be an extraordinary example of organizations and individuals working together to change the culture of birth.

Each organization brings strengths to various projects, and the collaboration allows the sharing of limited resources in order to accomplish work that could not be done alone.

Academy of Family Physicians, and the editor of *Birth*. MCA and Lamaze International are now working together, using the same collaborative model, to continue the research for *Listening to Mothers II*. Furthermore, DONA International and Lamaze International are partnering with MCA to produce a review of the physiology of normal birth. Each organization brings strengths to these projects, and the collaboration allows the sharing of limited resources in order to accomplish work that could not be done alone.

The MCA Web site (www.maternitywise.org) is an invaluable resource for childbirth educators and pregnant women. The *Listening to Mothers* results (Declercq et al., 2002), the full text of *A Guide to Effective Care in Pregnancy and Childbirth* (Enkin et al., 2000), and *What Every Pregnant Woman Needs to Know about Cesarean Section* (MCA, 2004) are just a few of the resources that can be accessed on the site. Every time you use these resources in your classes, you form a partnership with MCA in its efforts to create change.

Lamaze International

Since 1994, collaboration has been part of the strategic plan at Lamaze International. In addition to work with CIMS and collaborative projects with MCA and DONA International, Lamaze funds research on childbirth education, supports birth networks, and partners with local groups and hospitals to bring advanced-skills workshops to communities. Lamaze joined the World Health Organization's efforts to promote, protect, and support breastfeeding by complying with the guidelines in the International Code of the Marketing of Breast-milk Substitutes (1981). In 2003, Lamaze joined with WHO in promoting, protecting, and supporting normal birth with the publication of position papers for six care practices that promote, protect, and support normal birth (Lamaze International, 2003). Then, in 2004, Lamaze launched

the Lamaze Institute for Normal Birth (www.normalbirth.lamaze.org) as an on-line resource for both professionals and the consumer. Lamaze International envisions each LCCE educator and Lamaze member as part of the collaborative team working together to create change.

Birth Networks

Birth networks are grassroots organizations now operating in nine states and in Canada and Australia. Birth networks are a repository of information for professionals and women and their families in local communities. Birth networks include professionals, but woman-to-woman support is their foundation. In many ways, birth networks re-create the informal communication networks that existed in families and communities before birth moved to the hospital. Today's birth networks uphold the six care practices that promote, protect, and support normal birth (Lamaze International, 2003), endorse The Mother-Friendly Childbirth Initiative (CIMS, 1996), and provide support and evidence-based information about normal birth.

Birth networks are an excellent example of forming local partnerships to create change and foster normal birth. Birth networks across the country collaborate to develop guidelines for starting birth networks, and Lamaze provides small grants to local groups interested in starting a birth network in their community.

Other Local Collaborations

There are thousands of stories of individual childbirth educators getting the collaboration ball rolling. Working in their own communities and using the evidence-based resources available to them, they find like-minded colleagues and reach out to each other. For example, Deborah Bingham, a nursing director at two large, metropolitan hospitals, is creating waves in New York City by teaming up with childbirth educators and other nursing directors across the city to get the word out about the six care practices that promote, protect, and support normal birth. Bingham extended her collaborative efforts by writing for *The Journal of Perinatal Education* (Bingham, 2005a, 2005b). Each woman who attends childbirth classes at Bingham's hospitals is now asked to provide a birth story that includes whether her care included the six care practices that promote, protect, and support normal birth. Ultimately, Bingham hopes to compile a national registry so that women can see

For more information on creating a birth network in your community, visit the Web site for the Lamaze Institute for Normal Birth (www.normalbirth.lamaze.org).

To view Lamaze International's six care practices that promote, protect, and support normal birth, log on to the Web site for the Lamaze Institute for Normal Birth (www.normalbirth.lamaze.org).

Working in their own communities and using the evidence-based resources available to them, childbirth educators find like-minded colleagues and reach out to each other.

how their local hospitals are doing—a big undertaking that will require all of us to join Bingham in her efforts. Other LCCE educators bring the advanced-skills workshops to their communities, sparking interest and support for change.

Collaboration not only creates change but also keeps us energized, enthusiastic, and inspired. In a very real sense, it keeps us going. Every time I read an article, hear a lecture, or sit in a room with like-minded people, I feel encouraged and connected again. Last winter I was invited to lecture at the National Maternity Hospital in Dublin, Ireland. I spoke with about 50 nurses, midwives, and lactation consultants about the impact of birth practices on breastfeeding. We shared stories of the challenges we face in our work—amazingly similar, although we practice in quite different worlds. At the end of our two hours together, we returned to our respective worlds and work with fresh energy for tackling the task of changing the culture of birth. This kind of simple collaboration is invaluable.

CONCLUSION

So, you are not alone. You are part of a worldwide collaborative effort. You will feel less alone if you stay connected to like-minded colleagues by reading, attending conferences, visiting Web sites that promote normal birth and evidence-based care, and actively seeking out colleagues who share your beliefs and goals.

Creating change is a monumental task, but the task becomes easier when we collaborate. Even so, change takes time, and baby steps are important. Your individual work is a vitally important part of the larger collaborative efforts to change the culture of birth. You are part of that collaboration when you use best evidence in your practice, when you read the latest research, or when you share an empowering birth story.

If we are going to change the world, everyone's work is important. Little sparks ignite great fires

over time. Remember, a little spark at Lamaze in 1994 ultimately created the fire that resulted in CIMS.

REFERENCES

- Bingham, D. (2005a). Ask an expert – Helping hospitals change: Part 2: Childbirth education techniques to empower women. *Journal of Perinatal Education*, 14(3), 51–55.
- Bingham, D. (2005b). Navigating the maze – Helping hospitals change: Part 1: What childbirth educators can do. *Journal of Perinatal Education*, 14(3), 39–44.
- Coalition for Improving Maternity Services [CIMS]. (1996). *The mother-friendly childbirth initiative*. Retrieved August 22, 2005, from <http://www.motherfriendly.org/MFCI>
- Coalition for Improving Maternity Services [CIMS]. (2000). *Having a baby? Ten questions to ask*. Retrieved August 22, 2005, from <http://www.motherfriendly.org/resources/10Q>
- Declercq, E. R., Sakala, C., Dorry, M. P., Applebaum, S., & Risher, P. (2002). *Listening to mothers: Report of the first national U.S. survey of women's childbearing experiences*. New York: Maternity Center Association. Also, retrieved August 21, 2005, from <http://www.maternitywise.org/listeningtomothers>
- Enkin, M., Keirse, M., Neilson, J., Crowther, C., Duley, L., Hodnett, E., & Hofmeyr, J. (2000). *A guide to effective care in pregnancy and childbirth*. New York: Oxford University Press. Also, retrieved August 22, 2005, from <http://www.maternitywise.org/guide/synopsis>
- Lamaze International. (2003). *Promoting, protecting, and supporting normal birth: Care practice position papers*. Washington, DC: Author. Also, retrieved August 22, 2005, from <http://www.lamaze.org/institute/carepractices/intro.asp>
- Maternity Center Association [MCA]. (2004). *What every pregnant woman needs to know about cesarean section*. New York: Author. Also, retrieved August 21, 2005 from <http://www.maternitywise.org/mw/topics/cesarean/booklet.html>
- World Health Organization. (1981). *International code of the marketing of breast-milk substitutes*. Geneva, Switzerland: Author.

A database of birth story summaries is being developed. Contact Debra Bingham at birthstorysummary@yahoo.com if you are interested in submitting birth story summaries to be included in the database.

JUDITH LOTHIAN is a childbirth educator in Brooklyn, New York, and a member of the Lamaze International Board of Directors. She is also an associate professor in the College of Nursing at Seton Hall University in South Orange, New Jersey.