Listening to Mothers: Take Two

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ABSTRACT

Listening to Mothers II: Report of the Second National U.S. Survey of Women's Childbearing Experiences (Declercq, Sakala, Corry, & Applebaum, 2006) is essential reading for the childbirth educator. Birth continues to be “intervention intensive” in the United States, and less than 2% of women have births characterized by the six care practices that promote, protect, and support normal birth. Only a little more than half of the women surveyed attended childbirth education classes, and only 4% reported that childbirth classes were their most important source of information. Seventy-eight percent used the Internet as an information resource. As a result of childbirth classes, women report, they are more confident in their ability to give birth but also less fearful of medical intervention. The results of these and other findings have important implications for childbirth education.

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Over the past year, many readers of this journal have expressed discouragement in the battle to change the culture of birth. The results of *Listening to Mothers II: Report of the Second National U.S. Survey of Women's Childbearing Experiences* (Declercq, Sakala, Corry, & Applebaum, 2006) won't do much to lift our spirits. *Listening to Mothers II* was carried out by Childbirth Connection (formerly Maternity Center Association) in collaboration with Lamaze International and was conducted by Harris Interactive, a market research company. More than 1,500 women between the ages of 18 and 44 years who gave birth in U.S. hospitals in 2005 enthusiastically completed the online survey. It is probably not a surprise that birth continues to be “intervention intensive,” with the cesarean rate increasing dramatically to 32% and the VBAC (vaginal birth after cesarean) rate decreasing

just as dramatically to 11% of women with a previous cesarean birth compared to the 26% of women with a past cesarean reported in *Listening to Mothers: Report of the First National U.S. Survey of Women's Childbearing Experiences* (Declercq, Sakala, Corry, Applebaum, & Risher, 2002). The story of pregnancy and birth that unfolds is disturbing, but we can learn a great deal about how to move forward by listening to what women had to say in the most recent survey about their experiences beyond those statistics. In this column, I share just a few of the findings that are especially relevant in our work as childbirth educators.

Childbirth educators can learn a great deal about how to move forward by listening to what women had to say in the most recent survey about their pregnancy and birth experiences.

For copies of both *Listening to Mothers* surveys, call Childbirth Connection (formerly Maternity Center Association) at 212-777-5000 or visit the organization's Web site (www.childbirthconnection.org).

A FEW OF THE SURVEY'S RESULTS

About half (56%) of women expecting their first baby took childbirth education classes, but only 9% of the experienced mothers took classes for the most recent birth. Less than half of the experienced mothers had taken classes in a previous pregnancy. As childbirth educators, we primarily see first-time mothers in our classes, and there are a lot of women we never see.

The survey asked women for their reasons for attending childbirth education classes. The women checked all the responses that applied. Most women (82%) wanted information about labor and birth, but more than one third (37%) wanted to prepare for a natural birth. Eleven percent attended classes because they considered it a routine part of pregnancy, and 26% said their caregiver suggested they attend.

The survey also asked women what they considered was the most important source of information while they were pregnant. Thirty-two percent identified their own personal experience of previously giving birth, followed by books (19%), the Internet (14%, with 73% using it as some source of information), caregivers (18%), friends and relatives (11%), and childbirth education classes (4%). Media (television, radio, newspapers) was the only source of information that ranked lower than childbirth classes (1%).

Women have an interesting story to tell about the impact of childbirth education classes. Eighty-eight percent of those who took classes felt that, as a result, they had a better understanding of their maternity-care options; 77% felt they were more confident in their ability to give birth; and 70% were better able to communicate with their caregivers. However, something else apparently happens in childbirth classes, too. Sixty percent had greater trust in their hospital, and 54% had greater trust in their caregiver. Especially troubling is that 58% reported being less afraid of medical intervention, which is reflected in an 81% epidural rate for first-time mothers with a vaginal birth and a 48% medical induction rate for first-time mothers with a vaginal birth. Only 41% of first-time mothers—the women who are most likely to attend childbirth

classes—believed that birth should not be interfered with unless medically necessary.

Ultimately, it appears that the women who attend childbirth classes, regardless of whether they want a natural birth, gain confidence in their ability to give birth, have a better understanding of their options, and are better able to communicate with their caregivers. However, the women's greater trust in caregivers and becoming less afraid of medical interventions probably override their increased confidence, knowledge, and skill when it is time to actually labor and give birth and they enter the maternity-care birth system.

What happens in labor and birth? The care practices that promote, protect, and support normal birth are not standard procedures. Less than 2% of the women surveyed had labors and births characterized by all six of the evidence-based care practices that promote, protect, and support normal birth. Only 41% of the women had a labor that began on its own. Twenty-four percent were able to move freely in labor, and 43% gave birth in nonsupine positions. Two thirds of the women were separated from their baby in the first hour after birth and roomed-in with their infant. Ninety-six percent of the women reported that they had some labor support; however, it is not possible to know the actual percentage of women who had *continuous* emotional and physical support. The survey did not distinguish routine from medically indicated interventions, but the labors were "intervention intensive." Eighty-three percent of the women had an intravenous drip, and 94% had continuous electronic fetal monitoring. Only 15% percent of the women who experienced labor reported that they ate something during labor, and 40% of the women who experienced labor reported drinking something while in labor. Seventy-six percent of all survey participants had an epidural.

I encourage you to visit the Web site of the Lamaze Institute for Normal Birth (www.normalbirth.lamaze.org) to review the executive summary of the full report and the Web site of Childbirth Connection (www.childbirthconnection.org/) to access and read the full report and recommendations based on the survey's findings. Watch carefully for media coverage on the survey and spread the word to your colleagues and to the women in your classes.

TIME FOR CHANGE

Where do we go from here? I think we need to ask ourselves some hard questions. What is actually happening in our classes? Are we sabotaging,

For copies of Lamaze International's six care-practice papers that promote normal birth, call Lamaze International toll-free at 800-368-4404 or download them from the Web site of the Lamaze Institute for Normal Birth (www.lamaze.org/institute/carepractices/intro.asp). Also, each of the six care-practice papers, along with commentary by leading childbirth educators and health-care providers, is presented in the entire issue of *The Journal of Perinatal Education* (2004), Volume 13, Number 2, which is available online at ingentaconnect.com/content/lamaze/jpe or by calling Lamaze International.

The Official Lamaze Guide: Giving Birth with Confidence, by Judith Lothian and Charlotte DeVries, is available for purchase through the Lamaze Bookstore and Media Center at a reduced price for Lamaze International members. Bulk-order discounts are also available. Call 877-952-6293 or log on to the Lamaze Bookstore and Media Center Web site (www.lamaze.org) for more information.

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perhaps unknowingly, our efforts to promote, protect, and support normal birth by increasing women's trust in medical intervention? Are we giving women a mixed message? Or has the goal of most childbirth education become acculturating women into "expecting trouble" in labor and, ultimately, compliance with hospital practices? The care practices that promote, protect, and support normal birth are not standard procedures. Do the hospital and caregiver control the birth experience regardless of what women know and what women want going into labor? What happens to the 37% of women who attended childbirth classes to prepare for a natural birth? Based on how women get information and what they find most important, is it time for us to rethink the traditional way we prepare women for labor and birth? How about online classes? How about marketing the value of excellent Web sites such as those developed by the Lamaze Institute for Normal Birth and Childbirth Connection? The *Official Lamaze Guide: Giving Birth with Confidence* and the *Lamaze Pregnancy* and *Lamaze Parents* magazines are excellent resources for pregnant women. Is there a way we can tap into the power of personal experiences of pregnancy and

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birth? Would networks of women sharing their stories in the same space, online or in powerfully written books, help women learn and incorporate that knowledge without having to have the personal experience? If we listen to women, it's clearly time to make some changes in how we help women prepare for labor and birth.

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