Pass It On: A Commentary on *Listening to Mothers II*

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ABSTRACT

Listening to Mothers II provides great insight into the birth experiences of women today. The findings clearly demonstrate that practices that interfere with the physiology of reproduction permeate birth settings across the nation. This commentary identifies strategies for increasing awareness of the study and the long-term implications of common birth practices.

Journal of Perinatal Education, 16(4), 49–51, doi: 10.1624/105812407X244732

Keywords: normal birth

Returning home from the annual Lamaze International conference is like coming home from a wonderful family reunion. The enthusiasm and commitment of the attendees are as satisfying and filling as a serving of my favorite aunt's baked macaroni and cheese. It is incredibly comforting to be among others who recognize names like Gaskin, Enkin, and Wagner. Dozens of disciplines are represented among the membership, all glued together by a passion to help women and families understand the significance of birth and all that accompanies the event. For those with an unquenchable thirst for facts related to birth in the United States, the *Listening to Mothers II* survey (Declercq, Sakala, Corry, & Applebaum, 2006) is a tall glass of water. Unfortunately, not everyone involved in the care of pregnant women is getting water from a pure supply.

Every hour, more than 15,000 babies join the human race around the world (Wallechinsky, 2007). They are born in huts, in homes, and, increasingly, in hospitals. Despite the fact that less than 3% of these births take place in the United States, the American way of birth is well on the way to becoming the

gold standard for maternity services, if one can believe the available literature (Wallechinsky, 2007).

Every area of medicine is being charged with testing and proving therapy options. Almost daily, scientific evidence forces nurses and physicians to abandon traditional approaches to care, having proven these time-honored techniques to be without merit. The scientific method of investigation has given us the means to validate modalities to ensure consistent outcomes when treating diseases. Healthy women deserve no less.

Healthy reproduction is just as important as healthy cardiac function, and every effort should be made to maintain the physiological features of pregnancy, labor, and birth. Humans are not an endangered species; so, one can assume that the

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Lamaze members can view the entire report of the *Listening to Mothers II* survey by logging in to the Lamaze Web site (www.lamaze.org). Others can purchase the full report from the Childbirth Connection Web site (www.childbirthconnection.org), where the Executive Summary of the report is also available to the public.

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process of reproduction is functioning as nature intended. It is unclear what women today expect or want from the experience of pregnancy and birth, but research indicates that women “prefer what they know” (van Teijlingen Hundley, Rennie, Graham, & Fitzmaurice, 2003, p. 80). This finding suggests that efforts to engage women in a consumer-driven demand for change may be a long way off.

Advocating for normal birth is not optional. It is a moral imperative for everyone who is involved in health care. Payers must understand that practices without proven benefit cannot be allowed to deplete diminishing financial resources. Providers have to choose evidence over ritual. Caregivers must be given the opportunity to grow professionally by employers who support continuing education and research. Educators must be responsible for the dissemination of research supporting normal birth.

Professional journals are delivered almost daily to my mailbox and reflect the dual nature of my interest in childbirth education and nurse-midwifery. Skimming through two specialized nursing journals and another devoted to midwifery, one cannot help but notice that little space is devoted to research regarding the common practices described in the *Listening to Mothers II* (LTM II) text. A number of articles focus on the needs of the infant born 3 to 6 weeks early, but none points to an association between induction of labor and the phenomenon called “near-term” birth. Other common topics include breastfeeding difficulties, postpartum depression, and maternal-infant attachment, but the consistent focus is the appropriate intervention, with no mention of strategies for prevention.

It has been disappointing to find that coworkers at the Midwestern teaching hospital where I am employed as a labor and delivery nurse are much less likely than childbirth educators to be familiar with the LTM II survey. Eyes glaze over when the phrase “evidence-based practice” is used in the break

room, and references to the Cochrane Database elicit little more than a nod and a blank stare.

LTM II is an incredibly detailed description of birth in America, and everyone who works with laboring women would be well advised to read the report from cover to cover. The poignant comments of some participants are heartbreaking, but the overall theme suggests that most women are satisfied with their experiences, which provides support for research demonstrating that expectations are closely correlated to available options (Hundley & Ryan, 2004).

As a stand-alone document, LTM II is fascinating reading, but when the document is considered within the context of Lamaze International’s (2007) *Six Care Practices That Support Normal Birth*, it becomes apparent that the majority of women are being denied evidence-based care. Is anybody listening? In my world, the answer is a resounding “No.” Daily battles with family-practice residents have jeopardized my employment. Management has made it clear that the opinions of an unemployed midwife are irrelevant, and the attending OB-GYN hates it when his patients are assigned to me. Life is good.

LTM II proves that practices are similar across the nation and, although there are certainly places where “normal birth” is more than a phrase, one would have to seek them out. As a society, we cannot afford to accept *abnormal* birth as different but equal, as though choosing between paper and plastic.

Entering my last decade as a labor nurse (or midwife, if I am lucky enough to find a job), my goal has become clear: use resources such as LTM II to make waves—big waves, if at all possible. Strategies include:

1. distribute copies of Lamaze International’s *Six Care Practices That Support Normal Birth* and the LTM II report to coworkers, medical residents, student nurses, and others who have an interest in childbirth;
2. recycle journals rather than filing them for future use;
3. become a more active member of organizations dedicated to women’s health;
4. mentor graduate nurses and family-practice residents to ensure that the skills needed to support normal birth are not lost;
5. submit articles to professional journals and popular media;
6. engage other providers in discussions about evidence-based practices;

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Updated versions of Lamaze International’s *Six Care Practices That Support Normal Birth* were published this year in *The Journal of Perinatal Education* 16(3) issue and are available for download at the Lamaze Web site (www.lamaze.org).

7. answer hard questions honestly, regardless of who is asking them;
8. encourage coworkers to join organizations that support normal birth by posting membership information in areas where nurses congregate;
9. openly support home birth as a safe, desirable option; and
10. inundate insurance companies with data that demonstrate the cost effectiveness of care practices that support normal birth.

Childbirth educators have long understood that birth matters. We need to be the insistent voice of reason, using every possible tool to facilitate change. Pass it on.

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