Applying the *Listening to Mothers II* Results in Lamaze Classes

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ABSTRACT

Childbirth educators can use Childbirth Connection's *Listening to Mothers II* survey as a resource for updating their curriculum and teaching methods. The survey reveals that issues surrounding a woman's choice of care providers, her nutrition and fitness habits, and her possible experiences with depression and abuse may not be addressed sufficiently in a traditional, third-trimester, Lamaze class and may need greater emphasis in early pregnancy. The survey's results also show that women turn primarily to books, friends and family, health-care providers, and the Internet for information on pregnancy and birth. Suggestions for incorporating new sources of information and Internet technologies into Lamaze classes are discussed.

Journal of Perinatal Education, 16(4), 52–54, doi: 10.1624/105812407X244787

Keywords: childbirth education, early-pregnancy education, *Listening to Mothers II* survey, normal birth, teaching techniques

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.

Childbirth Connection's *Listening to Mothers* surveys (Declercq, Sakala, Corry, & Applebaum, 2006; Declercq, Sakala, Corry, Applebaum, & Risher, 2002) are the first of their kind to open a window into the perspectives of childbearing women and to compare women's actual experiences with their preferences. As a Lamaze Certified Childbirth Educator, I have found that the results of the surveys confirm what I have already experienced as a frustrating disparity between what my students express as their goals and ideals and what they ultimately encounter in their birth experience. The results of the *Listening to Mothers II* (Declercq et al., 2006) survey can increase our understanding of why this gap persists between what women want and what they eventually get. It can also help us identify areas where we, as educators, can improve our services to childbearing women and their families and begin to close this gap. Finally, the *Listening to Mothers II*

survey can and should impact our curriculum—including when we teach, how we teach, and what we teach—in a way that empowers mothers to choose normal birth.

REACHING WOMEN EARLIER IN PREGNANCY

The *Listening to Mothers II* survey reveals some important facts about early pregnancy. Results show that a very small proportion of women (only 18% of those surveyed) chose their caregiver primarily based on whether their provider's style and care options fit their views. The majority of women (47%) responded that they chose a provider based on who participated in their insurance plan. Other reasons that eclipsed provider-care options and style included past experience with a provider or group (42%), friend or family member recommendation (26%), convenient office location (26%), and wanting a female care provider (26%).

According to the Lamaze Philosophy of Birth, “Women’s confidence and ability to give birth is either enhanced or diminished by the care provider and place of birth” (Lamaze International, 2007a). When a woman understands this, she will be more likely to shop around and choose her maternity care provider carefully. Unfortunately, a full 83% of mothers surveyed in the *Listening to Mothers II* report indicated that they did not meet with multiple providers before choosing their prenatal care provider. By the time most mothers enter a childbirth education course (usually in the third trimester), they consider themselves “locked in” with their care provider. Even when they realize that their care provider is unlikely to support practices that facilitate normal birth, they feel powerless to change providers so late in the game.

The *Listening to Mothers II* survey affirms that, before choosing their care provider, women need to know about the Lamaze Philosophy of Birth (Lamaze International, 2007a) and the organization’s Six Care Practices That Support Normal Birth (Lamaze International, 2007b). They need to feel empowered to shop around. They should come to their first prenatal visit armed with the Coalition for Improving Maternity Services’s (2000) *Having a Baby? Ten Questions to Ask* brochure and knowing what “mother-friendly care” means. Offering information on informed decision-making earlier in pregnancy will likely have a more profound effect on a woman’s birth experience than waiting until the third trimester. For some educators, this may mean a simple adjustment in curriculum; for others, it may mean adding a new class.

The *Listening to Mothers II* survey also reveals other areas where early prenatal education could positively influence birth outcomes. Fully half of the mothers surveyed started pregnancy overweight or obese. I see these statistics reflected in the composition of mothers in my classes, and I often feel a sense of futility when I teach these mothers in their last trimester about nutrition, exercise, and the impact these factors have on fetal development, maternal health, labor, and birth. Again, this is information that women need early in pregnancy. Ideally, this is information that women should implement before they even become pregnant. Habits are hard to change, but they are even harder to change when you are big, tired, and ready to “get this pregnancy over with.”

Another result of the survey addresses the lack of early identification of women exposed to abuse or experiencing depression. Only 35% of mothers

were asked by their caregiver about abuse, and less than half (47%) were asked about depression. Lamaze educators who teach early pregnancy courses can play a crucial role in helping screen for abuse and depression, and they can act as a resource for referral to counseling or abuse intervention programs.

UPDATING HOW AND WHAT WE TEACH

The *Listening to Mothers II* survey results can also impact our teaching methods and resources. In the survey, pregnant mothers were asked to identify their most important source of information concerning pregnancy and birth. Of first-time mothers (who make up the majority of our classes), only 10% listed childbirth education class as their most important source of information. In fact, childbirth education classes ranked fifth after books (33%), friends and relatives (19%), their providers (18%), and the Internet (16%). Unfortunately, many of these other resources are only filling mothers with misinformation and fear. The question that immediately comes to my mind is, “How can educators harness the power of these sources of information and use them to our advantage?” Several suggestions come to mind.

First, educators can start using the Internet as a teaching tool and a means of communication with their students. This generation of new mothers is increasingly tech-savvy. Many high schools are replacing paper textbooks with online texts, and students in college can complete entire courses online. Why not use the same technologies to reach our students? You can start simply by creating a Yahoo or Google group for each of your courses. You can download handouts for students to use as references, link them to evidence-based Web sites, conduct surveys of class members, make class assignments, and more. These free, Web-based services allow you to communicate with the entire class with a single e-mail and allow them to create a sense of camaraderie by communicating with each other about their pregnancies. It will keep them connected even after the class is over and allow them to upload photos of their new babies and organize class reunions. You also may want to consider creating your own Web site to use as a marketing tool and resource guide.

You can capitalize on first-time mothers’ heavy reliance on books by making *The Official Lamaze Guide: Giving Birth with Confidence*, by Judith Lothian and Charlotte De Vries (2005), required reading in your curriculum. If you have not already updated

The Official Lamaze Guide: Giving Birth with Confidence, by Judith Lothian and Charlotte De Vries (2005), is available for purchase through the Lamaze International Bookstore and Media Center. Lamaze members are eligible for volume discounts; bulk-order discounts are also available. For more information, call 877-952-6293 or log on to the bookstore's link at the Lamaze Web site (www.lamaze.org).

your curriculum to include this book, it's time. Several of my students have told me that this book alone caused them to rethink their original plans for getting an epidural and helped them to feel confidence in their own ability to achieve a normal birth. I am convinced that having the book in their home did even more for them than attending my class. If you are a member of Lamaze International, you can purchase copies at a discounted rate and pass them on to your students. *The Official Lamaze Guide* can replace many of your paper handouts and is full of empowering birth stories as well as a wealth of evidence-based information.

Finally, you can direct your students' gathering of information from family and friends by having them conduct their own *Listening to Mothers* surveys. As they become more aware of evidence-based practices, you can introduce them to some of the major *Listening to Mothers II* survey findings (found in Appendix D of the full report of the survey) and assign them to conduct surveys of their mothers, sisters, friends, and coworkers based on the questions that were asked in the original surveys. When they come back with their results, you can help them process the stories they hear within a context of normal birth. Ideally, women should learn in our classes how to critically evaluate everything they hear about birth. They can learn that even the "horror stories" can be converted into sources of wisdom instead of sources of fear and doubt.

TOUCHING STUDENTS WITH MOTHERS' VOICES

Although the results of the *Listening to Mothers II* survey are intriguing, I find that the quotes from the mothers are the most powerful aspect of the survey. Reading the words of the women themselves brings the numbers into perspective and reminds readers that each number represents a woman who deserves the very best birth experience possible. Although several of the mothers' quotes reflect the positive, transformative, empowering nature of normal birth, the majority of mothers' quotes remind us that, in America, this kind of experience is still the exception to the rule. Far more mothers expressed disappointment in the way they were treated, frustration at the lack of control they felt in making decisions for their own care, and even anger at the unnecessary use of interventions.

When I read through the study for the first time, it was the words of the mothers that gripped me. I realized that, although familiarity with the statis-

tics would help me address the cognitive needs of my students, I wanted to use the mothers' quotes to help them integrate this information on an emotional level. I accessed the quotes from Childbirth Connection's Web site (www.childbirthconnection.org), copied and pasted each quote to an index card, and put the cards in a recipe box labeled "*Listening to Mothers II: Quotes*." I placed the box on the refreshment table where students could read the quotes during their break time. I have yet to assess how this addition affects my students, but I have a sense that the words of these mothers can touch my students in ways that I cannot.

CONCLUSION

It is incumbent upon Lamaze-certified educators to offer students the very best and latest in evidence-based research and practice. The *Listening to Mothers II* survey is a landmark addition to the body of evidence that supports normal birth. More than that, it reminds us that government statistics, randomized trials, and research studies really only tell half of the story. Equally important to our childbirth education practice are the stories mothers have to tell. Listen well.

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