Listening to Mothers II as a Catalyst

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ABSTRACT

The *Listening to Mothers II* report is not only a document; it is a tool that is accessible to childbirth educators. By becoming familiar with its contents, educators can use the information to help expectant parents think about options available to them and inspire them to use evidence-based information as they make choices for the birth of their child.

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Listening to Mothers II (Declercq, Sakala, Corry, & Applebaum, 2006), along with its sister publication, *Listening to Mothers* (Declercq, Sakala, Corry, Applebaum, & Risher, 2002), gives information to childbirth educators that is real, immediate, and essential for us to hear. It is easy for us to espouse how birth should be, and families sometimes complain that childbirth educators paint a picture of birth that is either rose-colored or fraught with danger. Speaking to women who have recently birthed is a big help in battling those downfalls, and *Listening to Mothers II* keeps us honest. Not only might we hear the stories of our participants, we can see how their experiences compare to what American women are experiencing.

For my classes, I enjoy listing Web sites that will be of use to class participants as they prepare for birth. Lamaze International (www.lamaze.org), Childbirth Connection (www.childbirthconnection.org), and DONA International (www.dona.org) are my top three Web sites. Childbirth Connection's Web site is consumer-friendly, attractive to look at, and filled with evidence that can empower moms. *Listening to Mothers II* is mentioned on the site and includes numerous quotes from the women

who participated in the survey. Childbirth Connection's site also creates a nonthreatening atmosphere that invites families to learn more about birth.

I keep a copy of the *Listening to Mothers II* report on my class cart and use it as a reference and challenge for my students and myself. It is a great starting point as we discuss topics that matter to them and even allows an easy entry into some areas that they may not have known they should care about.

I can do this with almost any section of the report, but one example can be found on page 59. Here, we find the section titled "Opinions about Information Needed for Decision-Making." I ask the class the same questions presented to the survey participants: "How much information should you be given concerning possible complications associated with widely used labor interventions: labor induction, epidural analgesia and cesarean section?" I then break down their answers into the same categories as the survey:

It is easy for us to espouse how birth should be, and families sometimes complain that childbirth educators paint a picture of birth that is either rose-colored or fraught with danger.

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.

The expectant mothers become conscious of how they came to their beliefs and are educated on the evidence. They then can either own their beliefs with awareness or begin the path of understanding what the evidence demonstrates.

- It is necessary to know *every* complication.
- It is necessary to know *most* complications.
- It is necessary to know *some* of the complications.
- It is *not necessary to know any* complications.

We then talk about what the survey respondents' answers were and discuss how class participants' own thoughts compare to those in the report. Why might they be similar or different? Is it possible to know every complication? Why would we not feel the need to know about any of the complications? How do we seek the information we wish to know?

Members of my classes may not realize that induction of labor or epidurals may not be "normal" aspects of birth. Right away, in a matter-of-fact manner, I have the opportunity to label these interventions as being outside the realm of "normal." And, using the results of the *Listening to Mothers II* survey, I have the ability to do so with research-based evidence, not my opinion.

On the evenings we discuss cesarean section and labor induction, I look to the *Listening to Mothers II* section titled "Knowledge about Impact of Interventions" on page 60. We can examine more closely what class participants think they know to be true about cesareans and inductions. For each participant, I have a sheet of paper with the wording from the survey about cesarean section and labor induction, and I then ask class members to answer the questions. For example:

Labor induction. . .

- . . . involves drugs that increase the chances of the baby's distress.

True or False?

- . . . does not lower the chance that a woman will give birth by cesarean section.

True or False?

- . . . is not supported if a baby appears to be large at the end of pregnancy.

True or False?

We then have the opportunity to determine what class members know and how they know it. Meaning, we all have beliefs about birth. How did we come to these beliefs? Did we hear them from a friend or family member? Did a care provider tell us something? Did we read it somewhere and, if so, where? Did we see them on one of the "reality" birthing shows on television?

Rather than having class participants feel that their beliefs are wrong and I am here to correct them, using *Listening to Mothers II* as a springboard allows us to have open discussions. The expectant mothers become conscious of how they came to their beliefs and are educated on the evidence. They then can either own their beliefs with awareness or begin the path of understanding what the evidence demonstrates.

I have come to feel that meeting my class participants where they are and helping them to explore the evidence is respectful of them. It allows them to obtain correct information without their having any need to feel foolish or defensive. After all, each participant has a reason for believing what she does. With the help of *Listening to Mothers II*, my classes are a little more interactive and lively. And, best of all, I help participants to access evidence-based information in order to make good decisions for themselves.

REFERENCES

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