Lamaze Certified Childbirth Educators: Drawing Strength From Our Past to Build the Future

Debra Bingham, DrPH, RN, LCCE

ABSTRACT

This year's 50th anniversary of Lamaze International is a time to reflect upon our past and present as we work together to build the future of childbirth. In the 1950s and 1960s, thoughtful men and women such as Elisabeth Bing began to look carefully at the birthing practices in the United States. Lamaze Certified Childbirth Educators became leaders in improving birthing practices by teaching women and their partners the truth about how women were cared for during childbirth. Currently, the rise in maternal mortality and morbidity in the United States illustrates the pressing need for more changes. Lamaze Certified Childbirth Educators are leading change by pushing for the wide adoption of Lamaze International's Six Healthy Birth Practices to promote natural, safe, and healthy birth.

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This year's 50th anniversary of Lamaze International is a time to reflect upon our past and present as we work together to build the future of childbirth.

What has remained constant over these past 50 years and beyond is that women giving birth want a healthy baby and to give birth in a manner that is safe for themselves and their babies. Family members, friends, and religious leaders also want the women and the babies born into their families and communities to be safe and healthy. Health-care providers, midwives, nurses, doctors, and childbirth educators want safe and healthy babies and mothers. All leaders in public health departments, corporations, government agencies, and

insurance and liability companies want safe and healthy babies and mothers. However, the challenge in the face of this constant desire is that many diverse, harmful, and contradictory birth practices emerge under the banner of "safe and healthy."

THE PAST 50 YEARS

The primary cultural assumption driving decisions about birth in the United States is that technological and scientific advancements improve outcomes (Jordan, 1993). For example, under the banner of safety improvements, the following practices were widely adopted over the past five decades: hospital

operating suites over home birth settings, formula over breastmilk, doctors over midwives, separation of mothers and babies over keeping mothers and babies together, and drugs over nonmedicated births. In contrast, the cultural assumptions of the Dutch have led to different birthing practices (De Vries, 2004). Scientific advancements have been embraced in the Netherlands but more thoughtfully and cautiously applied. For example, home births were not relegated to the fringes but have remained a common practice. Dutch physicians and midwives have joined together to ensure that childbearing women have the best of both worlds. Namely, midwives care for the majority of women, and there is a seamless referral system transferring the care of women with complications to physicians who can perform surgery. The Dutch culture views physician care for healthy pregnant women a mismatch of talents and expertise. However, despite their major differences, both the United States and the Netherlands saw similar declines in maternal mortality.

In the 1950s and 1960s, despite the reduction in maternal mortality, thoughtful men and women such as Elisabeth Bing began to look carefully at the birthing practices in the United States. These childbirth advocates had the audacity, intellectual honesty, and strength to analyze and publicly describe how women were being treated during labor and birth. Women and their families listened and began to take more control over their bodies. Women craved information to help them make better choices for safe and healthy births. Lamaze Certified Childbirth Educators filled the void and became leaders in changing birthing practices by teaching women and their partners the truth about safe birth practices and outlining nonpharmacologic methods of relieving pain. In small group settings, primarily in the Lamaze educators' homes, women and their partners were empowered to initiate conversations of change with their doctors. The women and their partners began demanding change, and indeed, change occurred. Gone are the days when women are left to labor alone with strangers and drugged with scopolamine so they cannot remember what was done to them. Gone are the days when women are transported to an operating-room-like delivery room at the final and most uncomfortable stage of labor and have their legs strapped into stirrups. New terms such as "family-centered care" and home-like hospital surroundings such as birthing rooms were created.

These approaches are great strides forward, but they do not go far enough.

THE PRESENT

Despite past efforts and the progress made, the dominant paradigm in the United States centers around technology and medical treatments as the key to safe and healthy births. In fact, never before in human history have birthing practices been so reliant on medical interventions. For example, despite lack of evidence that continuous fetal monitoring improves outcomes, most women in the United States who labor in a hospital have limited ability to move because they are tethered to fetal monitors with cords that are only a few feet long. In addition, more women than ever before are having their labors induced without appropriate informed consent regarding the risks of induction to themselves and their baby. Healthy babies and mothers are routinely separated from each other. Women have limited access to nonpharmacological methods of pain relief. The surgical birth rate has increased over 50%, and now over one third of births in the United States occur during surgery (Menacker & Hamilton, 2010). In other countries, such as Brazil and China, the rates of surgical births are even higher (Vilar et al., 2006). The overuse of medical interventions such as inductions, surgery, and continuous electronic fetal monitoring has not improved outcomes. In fact, the overuse of medical interventions is clearly associated with worse outcomes (Knight, Kurinczuk, Spark, & Brocklehurst, 2008; Kuklina et al., 2009; Plante, 2006; Sakala & Corry, 2008).

Sadly and alarmingly, maternal mortality rates in the United States have nearly doubled since 1999 (7.1 deaths per 100,000 births to 13.3 deaths per 100,000 births), and the United States now ranks 41st in the world for maternal mortality (California Department of Public Health, 2010; Hill et al., 2007). Maternal mortality rates in the United States are now similar to what they were in the 1970s. There has also been a 27% increase in one or more birth-related complications from 1998 to 2005 (Kuklina et al., 2009). Newborns are suffering and requiring neonatal intensive care units from iatrogenic causes at rates never seen before (Tita et al., 2009). These are worrisome trends that are convincing women and leaders that complacency is unwarranted. Other countries, such as the United Kingdom and the Netherlands, have not seen the same rise in maternal mortality (Hill et al., 2007; Lewis, 2007).

BUILDING THE FUTURE

Lamaze Certified Childbirth Educators are well positioned to share their wisdom and knowledge in communities around the world by embracing and promoting Lamaze International's Six Healthy Birth Practices. These practices are based on recommendations by the World Health Organization and supported by extensive research. These practices form the foundation for the needed paradigm shift to recognize and support a woman's natural and inherent ability to give birth. In fact, the Six Lamaze Healthy Birth Practices are proven to increase safety and reduce harm:

- Let labor begin on its own
- Walk, move around and change positions throughout labor
- Bring a loved one, friend, or doula for continuous support
- Avoid interventions that are not medically necessary
- Avoid giving birth on your back and follow your body's urges to push
- Keep mother and baby, together—It's best for mother, baby, and breastfeeding

Lamaze educators were leaders of positive changes in childbirth in the past and are building the future of childbirth by working to increase the integration of these six simple guidelines among birthing women, their loved ones, and maternity care providers. Lamaze educators are working to ensure that every woman has a natural, safe, and healthy birth experience.

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DEBRA BINGHAM is President-Elect of Lamaze International and former Executive Director of the California Maternal Quality Care Collaborative. Bingham's expertise is in quality improvement implementation among frontline maternity leaders. She was a researcher for the first three years of the California Pregnancy-Associated Mortality Reviews.