Revisiting the Classics in Childbirth Education

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ABSTRACT

In celebration of Lamaze International's 50th anniversary, reviewers share their thoughts on some classic Lamaze resource materials and how their content relates to today's viewpoints on birth and childbirth education. Although some of the material may be outdated, all of the resources offer timeless insights as well as a unique view on the history of childbirth education. The following topics are addressed: past cultural views of birth; advocacy for change in birth practices; Lamaze method; pioneers in childbirth; importance of childbirth education; and birth advocacy.

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Typically in this column, reviewers offer perspectives and comments on a variety of new media resources for childbirth educators and for expectant and new parents. Instead, for this issue and in celebration of Lamaze International's 50th anniversary, reviewers share their thoughts on some classic Lamaze resource materials. Two beloved films that were released during the days when Lamaze was first known as the American Society for Psychoprophylaxis in Obstetrics are reviewed: *The Story of Eric* and *Nan's Class*. Marjorie Karmel's seminal book, *Thank You, Dr. Lamaze*, first published in 1959, is also revisited by two separate reviewers who agree that Karmel paved the way toward natural, safe, and healthy birth practices in the United States. Finally, another reviewer discusses Dr. Irwin Chabon's book, *Awake and Aware* (1969), and rediscovers important lessons to be

learned from the “old” ways of preparing women for birth.

The Story of Eric

Creator: Carol and Winter Horton

Producer: David Seltzer, Centre Films (circa 1970/1971)

Format: Originally film, copied to DVD (30 minutes)

The Story of Eric is a 30-minute film that follows a couple, Wendy and Rich, through their first experience of childbirth, including the Lamaze classes they attend. Although this film is considered a classic Lamaze resource—which is another way of saying it could be considered terribly outdated when compared to the resources available today—there are numerous ideas woven throughout that are just

For more information on a variety of current media titles and products, visit the “Shop Lamaze” link on the Lamaze website (www.lamaze.org).

To learn more about the Lamaze approaches to pregnancy, birth, and parenting, go to the Lamaze website (www.lamaze.org), click on "Who We Are," and click on "About Lamaze."

as common and true today as they were in 1970, including the building blocks for Lamaze's current approach to pregnancy and childbirth.

As *The Story of Eric* opens, Wendy shares her thoughts and feelings about pregnancy and birth. She states that she expected pregnancy would be a time of illness and confinement, when she would lie around in bed not feeling well. Wendy goes on to say she has felt great during her pregnancy. In our current society, pregnancy is often viewed as a time of delicacy and sickness, instead of a normal life-phase.

When talking about their Lamaze classes, Wendy and Rich express the sense of community and the comfort of normalcy they feel with their fellow classmates. Their instructor, Ferris Urbanowski, points out that education provides tools to help during the birth process, and she states that the more a woman learns, the less she fears. These ideas alone may be the biggest factor why, all these years later, group childbirth classes remain an invaluable resource for expectant parents.

Once the couple is in labor, Rich is encouraged to use the fetoscope to listen to their baby's heartbeat. As he adjusts the device, he admits to feeling a little silly, like a "unicorn." Whether it's being present for a vaginal exam, feeling confused by what a medical practitioner is saying and embarrassed for not understanding, or getting that altogether "you-don't-belong-here" feeling as hospital staff bustles and buzzes around the room, partners can easily be made to feel silly and unimportant. Wendy says earlier in the film of Rich and his participation during birth, if he was "interested enough to be there for conception, he should be there for the delivery as well." As Rich provides physical support and love to Wendy, we see her relax into that comfort; the value of loving support by a caring partner holds true regardless of what year it is or what the current trends are in the birthing room.

In the beginning of the film, Wendy shares that she and Rich raise dogs, and this influenced her beliefs about birth and how it should be easier than what common practice was at the time. While looking to other mammals can help us shape our beliefs, there are many realities in the film that seem to contradict Wendy's statement, including the need to have special breathing patterns, exercises, focal points, self-effleurage of the belly, and a partner constantly timing and checking how relaxed an area of a woman's body is.

Wendy's goals toward a more normal birth are apparent, and it is the medical traditions and pol-

icies that interfere with her ideal, which still happens today. Wendy spends all of her visible labor in bed, with *active* or *upright* positions absent. Rich hovers over her with a stopwatch in hand, coaching her along. (When partners lost the stopwatch, they must have gained the electronic fetal monitor.) As Wendy births her baby, she is covered in such a manner that the only visible part of her is her vulva, bulging as she (purple) pushes her baby out. The scenario looks very much like modern-day cesarean births, with curtains draped strategically to maintain sterile fields and prevent onlookers from seeing too much. After the baby is born, he is held upside-down by the doctor. The new parents look at their baby, and have time to even state how quickly he is "pinking up." All the while, Wendy's hands seem to be absent, trapped under all the drapes, and there is no direct touching by either parent. They are eventually handed their swaddled and cleaned baby, and Wendy says, "As we heard his healthy cry, we knew this was the way it was meant to be."

The Story of Eric was an amazing accomplishment for the American Society for Psychoprophylaxis in Obstetrics (now Lamaze International) at the time, especially as the organization and ideas moved from the East Coast to the West Coast. Some of the ideas feel old, or even foreign, to a new educator like me who was never instructed in the specifics of *how to breathe*. Would I pull out this film and show it to a class today? Not likely in its 30-minute entirety. For the right group, though, there would be value in sharing specific clips to enhance confidence, normalize worries, and show the timeless issues facing expectant parents.

Perhaps the greatest value *The Story of Eric* holds is the realization of how far we have come since 1970. Although backsliding often occurs, we continue to progress because families choose to take the responsibility to educate themselves. With that, we see couples empowered to individually shape their birth experiences, and that reminds us that *old* knowledge is not necessarily *useless* knowledge.

Reviewer:

Stacie Bingham, CD(DONA), LCCE
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Nan's Class

Creator: Kip Durrin

Producer: Ginny Durrin and the American Society for Psychoprophylaxis in Obstetrics (circa 1978)

To learn more about the 50-year history of Lamaze International, read Elaine Zwelling's article, "Down Memory Lane: Recollections of Lamaze International's First 50 Years," on pp. 11–16 in this issue of the journal.

Format: Originally film, copied to DVD (40 minutes)

Nan's Class is a 40-minute film that features about five couples in a Lamaze childbirth class led by an instructor named "Nan." The families featured in the film are a diverse group, including even a woman who is single. Two of the couples are having their second baby with the Lamaze method, and the others are having their first baby. The couples are spotlighted individually and able to share some of their beliefs, ideas, and hopes about their births, and the class is also shown collectively as Nan teaches.

Nan shows many effective teaching strategies that were not wasted on me! To get her group talking about their ideas about birth, she offers a word-association and asks them all to share what they think of when they hear the word "childbirth." Participants answer the question much as they would be answered today in a childbirth class, with both positive and negative responses.

Nan also stresses the importance of expectant parents communicating their wishes and preferences with their caregiver. She goes on to state that the "humanization" of birth has happened because of women who have asked to have more control over their birth experiences. Nan encourages the couples to know how they want to have their babies, and then to ask!

While it is apparent that Nan's goal is to empower her class participants, she also maintains a no-fail attitude regarding the choices made as labor unfolds for each unique woman. There is no judgment from her; there are no strong opinions on how a woman must cope. Nan reminds the families, after she has buoyed them up with confidence in their abilities, that medication is also there if needed. This viewpoint does not feel like an alternate route, but more like a footnote after Nan's display of enthusiastic, authentic belief in her students. A father states, "Childbirth is not an experience of illness, it's an experience of health." Nan reaffirms his idea through her attitude and the way she presents information.

As the stories unfold, we slowly see the reality of each couple's birth. Included are uneventful vaginal births in labor rooms (for uncomplicated births) and delivery rooms if things veered from normal (the traditional location at the time); one couple also has an induction for prolonged rupture of membranes, and an epidural, and eventually they have a cesarean birth. Most often, the women were on their backs, draped with little curtains, while their feet were held

in stirrups. One woman's baby was posterior, and hospital staff rolled her to her side for birth. A couple of the babies were placed skin-to-skin with the mothers after birth, although there was not an idea the babies stayed there very long—they were usually whisked away to be cleaned and swaddled before being reunited with their parents.

One couple states they practice their breathing/focusing routine 45 minutes every day. In our fast-paced lives where information, food, and communication can be practically instantaneous, this commitment may be hard to find within our present-day classes. Attached to this routine is the idea that couples are training for an athletic event. Women come to pregnancy in many shapes and sizes, some very athletic, some very sedentary. When birth is approached as an athletic event, such as a marathon, a woman may give up before labor has even begun if she believes she is not *in shape*. The same may hold true for how *prepared* a couple feels.

It was bothersome, too, to see so many women in *Nan's Class* not only on their backs during labor, but also on their backs while they practiced their Lamaze techniques. I am so happy we now encourage more upright positions for birth, and that we know more about optimal fetal positioning (as well as keeping women off that vena cava!).

For every complaint one could make for the way things were when *Nan's Class* was made, it is important to remember the approaches depicted in the film were new, revolutionary ideas, once upon a time, and the reason we do have so much today when we walk into a hospital for birth is because people said, "We want something different, and we expect you to help us with that." There may not be as much as there could be, but that's why we keep trying, we keep teaching. It seems things never happen in the world of birth as quickly as advocates would like, but a doctor shown talking with one of the couples in *Nan's Class* expresses this feeling exactly when he says, "We make a little progress every now and then—a little bit." And that keeps us rolling forward.

Reviewer:

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Chico, CA

Thank You, Dr. Lamaze

Author: Marjorie Karmel

Publisher: Dolphin Books – Doubleday & Company (1965), originally published by Lippincott (1959)

Softcover: 192 pages

Cost: \$10.85

Where to order: Available at Shop Lamaze (via Lamaze website: www.lamaze.org)

In her book *Thank You, Dr. Lamaze*, Marjorie Karmel shares her story of finding the Pavlov method of childbirth and details its history and its influence on her birth experiences. As Lamaze International (originally, the American Society for Psychoprophylaxis in Obstetrics) celebrates its 50th anniversary this year, Karmel's story demonstrates how, like today, women often approach pregnancy with a wealth of misconceptions and fears, assuming that the medical profession has solved all problems with childbirth. Looking past some obvious unhealthy behaviors, such as smoking and alcohol use in pregnancy, Karmel's story reads like an adventure, seeking out choices in childbirth. The story of her labors and births as whole body-mind-spirit experiences remains inspirational.

Karmel's first child was born in France with support and instruction from a monitrice, Madame Blanche Cohen, and attended by Dr. Fernand Lamaze. She recounts her experience first in an article in *Harper's Bazaar* magazine, then in a book, *Thank You, Dr. Lamaze*, because her conscience told her she must share her experience of the Pavlov method with other women. In the foreword of her book, Sol T. De Lee, an obstetrician and professor at the University of Illinois who was associated with the Chicago Maternity Center, thanks Karmel for her great feeling, insight, and keen observation. He states that "conscious activity leads to inhibition of receptors of pain in the cerebral cortex," and when the birthing mother's "pain is at a minimum, the safety of the mother and child is at a peak."

The words "pain" and "safety" remain among terms most often discussed in Karmel's book. Apparently, Karmel had the psychological factors of continuous support, an understanding of the labor process, and the ability to use the techniques and comfort measures taught by Mme. Cohen to respond to her labor. She describes the birth as pleasurable.

I, too, thank not only Dr. Lamaze, Mme. Cohen, and Elisabeth Bing for the "Six Practical Lessons" for a painless childbirth, but also Lamaze International and its promotion of natural, safe, and healthy birth practices as presented today in the six Lamaze Healthy Birth Practices. Now we know more about how we can support the natural process of birth. Thank you, Marjorie Karmel, for sharing

one mother's deeply satisfying birth experience and giving us hope that women today can also give birth with confidence.

Reviewer:

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Thank You, Dr. Lamaze

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Softcover: 192 pages

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What a hoot to read Marjorie Karmel's seminal book, *Thank You, Dr. Lamaze*, after all these years! Karmel's description of how she stumbled into finding the Pavlov method to experience painless childbirth is engaging and endearing.

Geared to pregnant women who sought an alternative to the mind-altering, drugged birth experiences that were dominant in the 1950s and 1960s, Karmel's book undoubtedly helped fuel the natural childbirth movement in the United States. I would have a hard time recommending *Thank You, Dr. Lamaze* for today's childbirth class participants because so little of what Karmel presents is what we teach—although, amazingly, the method presented in *Thank You, Dr. Lamaze* is, in fact, what so many class participants still expect. However, as an intriguing piece of our history of birth practices and childbirth education, this book is not to be missed.

Karmel waits 41 weeks and 3 days to let labor begin on its own in her first pregnancy. In her second pregnancy, she is casually encouraged into an unnecessary induction, yet she is pleased with her resulting 3-hour labor. She never walks for any of her births and is, in fact, flat on her back with her knees propped up. For pushing, pillows are removed. This approach is an improvement over the stirrups and leather straps prevalent in Karmel's time, but hardly what I'd want as an example for today's class participants. She is taught to disregard her body's urge to push during labor, and she uses quite the funky breathing method to assist her with pushing. She does insist on bringing her husband to both births, which is a beautiful introduction into family-centered maternity care. For her first birth,

To view videos produced on each of the six Lamaze Healthy Birth Practices and to read about the evidence-based research that supports these practices, visit the Lamaze website (www.lamaze.org).

Karmel has a monitrice. Her baby stays in the room with her, although there is never a reference to breastfeeding (I'd love to ask her about that). I found Karmel's disdain for birth music or a mirror amusing. Her insights into the neutrality of the instructor at her U.S. childbirth class send a warning to today's educators.

The contrast of today's atmosphere with Karmel's depiction of 1950s' invitations to martinis and cigarettes at her friend's house during her pregnancy and of finding what turns out to be a pipe-smoking obstetrician who supports natural childbirth validates all those episodes of today's popular American television series, *Mad Men*, which I love. Nevertheless, the similarities of her friends' and potential obstetricians' attitudes toward birth remain sadly present today. I am grateful for Karmel's confidence in paving a path toward natural, safe, and healthy birth practices.

Reviewer:

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Awake and Aware: Participating in Childbirth Through Psychoprophylaxis

Author: Irwin Chabon, MD

Publisher: Delacourt Press (1969)

Where to order: Available at Amazon.com

In the mid-1960s, women began to take back control of their births. In many hospitals, this effort was met with great resistance. But at some institutions, the movement was met with wonderful enthusiasm. New York City became a place where hospitals were happy to embrace "natural childbirth" and "psychoprophylaxis." The American Society for Psychoprophylaxis in Obstetrics, as Lamaze International was known in the early days, was just beginning. As noted in the preface of *Awake and Aware*, doctors recognized the need for a book on this new "method" of childbirth. So began the genesis of *Awake and Aware* by Irwin Chabon, MD.

I was fortunate to know Irwin Chabon. He was my friend and mentor. I was a student nurse at Roosevelt Hospital in New York City when I first met Dr. Chabon. I was observing a birth in the hospital and he was the attending physician. He grabbed me by the hand and told me to introduce myself to the birthing mom and, in his words, "get ready to witness a miracle." That was how he saw birth. He once told me he was a willing bystander, a voyeur to the power of women giving birth. I was so very lucky to

witness "normal" birth, the first thing I saw during my obstetrics rotation. I never saw a medicated mom during my entire 3 months in the obstetrics department. How times have changed.

In the opening line of the introduction to *Awake and Aware*, Dr. Chabon states that "to be awake and aware, and to participate in childbirth has become the battle cry of a determined group of young parents—much to the discomfort of the majority of obstetricians, nurses and hospital administrators who cherish the good old 'routine.' " Are things so very different today?

Much of this book is just as meaningful today as it was in the mid-1960s. Of course, instead of reading a book, many parents of today would rather watch a DVD. But a great deal of the information in Dr. Chabon's book is still appropriate.

In the first chapter of *Awake and Aware*, Dr. Chabon gives a wonderful explanation of "normal" human birth. He explains what a natural, unmedicated, uninterrupted birth is and why it is so important for the family. He gives a history of the various methods of childbirth and their proponents, from Dr. Grantly Dick-Read to Dr. Fernand Lamaze.

In the second chapter of *Awake and Aware*, Dr. Chabon discusses the biology of birth, from the growth of the fetus to the mechanics of birth. Not much information is different today when educators explain the mechanism of birth, except that we have 3-D videos in living color to use as visual aids. *Awake and Aware* also includes a wonderful chapter on the societal history and evolution of childbirth practices as well as a chapter about the entrance of science into the field of childbirth. I had to smile, though, while reading the chapter titled "Modern Obstetrics," because the discussion seemed to belong in the chapter on the history of birth.

Dr. Chabon presents a profound statement in the opening sentence of the chapter titled "Erroneous Views of Childbirth." He writes:

The contemporary woman is the victim of her culture. It has beautifully conditioned her to a view of childbirth that cannot serve her well when she enters labor. Western culture generally, and American culture specifically, considers childbirth synonymous with suffering.

Dr. Chabon's book also includes a chapter that stresses the importance of educating for childbirth as well as another chapter with somewhat outdated psychoprophylactic exercises for birth. Rather than

focusing on a woman's natural breathing during labor, the exercises are somewhat specifically prescribed. However, some women today still come to childbirth classes asking for "the breathing" techniques. It is worth taking a look at what was taught in the past, and how childbirth education has evolved into what we teach today.

In the chapter titled "Awake and Aware," Dr. Chabon discusses the importance of a support system during birth. He also explains how being awake and aware during labor and birth does not mean painless childbirth but, instead, means childbirth with diminished discomfort and without suffering.

The final chapter of *Awake and Aware* is the most timeless one. Titled "The Mothers Speak," it could have been written yesterday as well as 40 years ago. When I do feedback questionnaires in my classes, women always mention "birth stories" and videos as some of the most valuable aspects of class. Lessons taught by example are the ones most easily learned. If women are exposed to positive stories like the ones presented in *Awake and Aware*, perhaps the overwhelmingly negative stories we see on television and in the movies will seem abnormal.

Perhaps we are on the verge of a new revolution in how we birth, in which women and their partners reclaim their power in the birthing process. Maybe some of the "old" ways of preparing women for birth still have valuable lessons to be learned. Hopefully, there are still doctors out there who, like Dr. Chabon, are willing to be voyeurs in the birth process, doctors who still consider birth the miracle it is. Maybe we need to reread some of the classic books to remind us how far we have come, and how far we still need to go to give women back the power of birthing their babies rather than being "delivered" of them.

Reviewer:

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Interested in writing brief reviews of books or DVDs hot off the press? Have a new resource you think deserves to be reviewed? Send an e-mail to Teri Shilling (teri@passionforbirth.com).

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