The Journal of Perinatal Education, No Longer a Baby

Wendy C. Budin, PhD, RN-BC, LCCE, FACCE, FAAN

ABSTRACT

In this column, the editor of *The Journal of Perinatal Education* (JPE) acknowledges how, over the past 20 years, the JPE has matured into a highly respected journal for normal-birth advocates and other health professionals and announces a new partnership with Springer Publishing Company. The editor also describes the contents of this issue, which offer a broad range of resources, research, and inspiration for childbirth educators in their efforts to promote natural, safe, and healthy birth.

Wendy C. Budin
Editor

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Can you believe it has been 20 years since *The Journal of Perinatal Education* (JPE) was born! Where has the time gone? In the inaugural issue of JPE, Mary Brucker, National President of ASPO/Lamaze at the time, wrote:

I am delighted to offer congratulations to everyone involved with this special event. Like human pregnancy, The Journal of Perinatal Education was the result of a long gestation, sometimes even with discomfort. But there is no question that this baby was well worth the wait.

Well, our baby has grown up! We are proud that, over the years, the JPE has grown and matured into a highly respected journal that continues to increase the credibility of the Lamaze message and gives childbirth educators and other health professionals the evidence and clout to make necessary changes in maternity care. The number of high-quality manuscripts submitted by an increasing pool of U.S. and international authors continues to grow.

As we launch our 20th issue, we are excited to announce our new partnership with Springer Publishing Company. The decision was made by the board of directors of Lamaze International to move the JPE from self-publishing to a full-service publisher for 2011 and beyond—Springer Publishing Company. For more than half a century, Springer Publishing Company has grown and thrived as an independent publisher, singularly committed to serving the health-care and helping professions. They are not only pioneers in nursing, gerontology,

We invite readers to respond to the contents of this issue or share comments on other topics related to promoting natural, safe, and healthy birth. Responses will be published as a letter to the editor. Please send comments to Wendy Budin, Editor-in-Chief (wendy.budin@nyu.edu).

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and rehabilitation, but they also serve the academic and professional communities in psychology, public health, social work, and counseling. We believe that our partnership with Springer Publishing Company is a perfect fit, and this move will increase the JPE's visibility and help achieve our goal to be recognized among the top 10 journals that "normal-birth advocates" read, talk about, cite, and submit high-quality manuscripts to for publication.

IN THIS ISSUE

As we continue the practice of advancing the Lamaze mission to promote, support, and protect natural, safe, and healthy birth by sharing birth stories, this issue's "Celebrate Birth!" column features an inspiring story by Amy Bauer. While working as a new labor and delivery nurse in a hospital that specializes in high-risk labor and birth, Bauer was expecting her first baby. She tells how she and her husband prepared for the kind of birth she always imagined for herself: peaceful, normal, and without medication or unnecessary medical intervention. She describes how, with her midwife's support, her daughter's birth turned out to be the beautiful, normal experience she and her husband had always imagined. This special experience also helped shape the kind of care Bauer offers as a labor and delivery nurse.

In this issue's guest editorial, Mary Esther Malloy, an experienced doula and expectant mother, eloquently describes how her view of birth is forever changed when she sees a midwife simply place a newly born child below her mother at the moment of birth. The pause that the mother experiences in this moment as she studies, touches, and claims her child prompts Malloy to reflect on ways we might be disturbing the natural sequence of birth as we deliver babies directly to their mothers' chests.

In their scholarly article, "Japanese Translation and Cultural Adaptation of the *Listening to Mothers II* Questionnaire," authors Kishi, McElmurry, Vonderheid, Altfeld, McFarlin, and Tashiro describe how the U.S. version of the *Listening to Mothers II* survey was translated and culturally adapted to measure Japanese women's experience during the period of pregnancy planning through early postpartum. The authors discuss some of the challenges encountered and how they successfully handled issues such as wording/ tone and how culture-specific concepts and unclear items were adapted to prevent erroneous

interpretations in future studies. The knowledge from this study can be helpful in improving health-care services and education for women with diverse languages and cultural backgrounds.

In this issue, we have two articles dealing with effective strategies to promote and support successful breastfeeding. In "Factors Associated With Exclusive Breastfeeding 2 to 4 Weeks Following Discharge From a Large, Urban, Academic Medical Center Striving for Baby-Friendly Designation," DiFrisco, Goodman, Budin, Lilienthal, Kleinman, and Holmes present results from their study that indicated mothers who breastfed within the first hour of birth are significantly more likely to be exclusively breastfeeding 2 to 4 weeks after discharge. The authors discuss how incorporating care practices that include several of the "Ten Steps to Successful Breastfeeding," as recommended by the Baby-Friendly Hospital Initiative, may increase the duration of exclusive breastfeeding after discharge.

In the second breastfeeding article, authors Brand, Kothari, and Stark examine "Factors Related to Breastfeeding Discontinuation Between Hospital Discharge and 2 Weeks Postpartum." The authors describe the barriers that breastfeeding women often encounter, even after breastfeeding initiation, putting them at greater risk for early cessation. They also identify reasons women reported for very early cessation of breastfeeding. The authors propose that having a perceived supportive system, whether it is personal or professional, may have an effect on both initiation and duration of breastfeeding. Educating women, especially those who encounter multiple barriers and are at risk of very early cessation of breastfeeding, of the benefits of breastfeeding and supporting them in developing efficient techniques and problem solving can help increase the duration of breastfeeding.

Abbyad and Robertson provide important culturally competent information from their study of "African American Women's Preparation for Childbirth From the Perspective of African American Health-Care Providers." From 12 African American maternity health-care providers, the authors elicited perceptions of the ways in which pregnant African American women prepare for childbirth. The following four themes emerged from data collected during a focus group: connecting with nurturers, traversing an unresponsive system, the need to be strong, and childbirth classes not a priority. Recommendations for nurses and childbirth educators include self-awareness

The content of all JPE issues published since October 1998 is available on the journal's Web site (www.ingentaconnect.com/content/springer/jpe). Lamaze International members can access the site and download free copies of JPE articles by logging on at the "Members Only" link on the Lamaze Web site (www.lamaze.org).

of attitudes toward African Americans, empowering of clients for birthing, recognition of the role that pregnant women's mothers play, tailoring of childbirth classes for African American women, and research on how racism influences pregnant African American women's preparation for birthing.

In this issue's continuing education module, "Tools for Teaching—Umbilical Cord Blood: Information for Childbirth Educators," Renece Waller-Wise provides critical information for childbirth educators to help couples make informed decisions about cord blood banking. As more families seek information about whether or not to save their newborn's cord blood, childbirth educators may be one of the main sources that an expectant family depends on to gain more knowledge about cord blood banking. The childbirth educator is encouraged to be well versed on the topic of cord blood banking, so that as questions from class participants arise, the topic can be explored and addressed appropriately.

In the "Ask an Expert" column, Stacey Wood responds to a reader's question about herpes during

pregnancy. Because one in every five women is infected with the herpes virus, it is likely that herpes may be a topic that will be raised during a prenatal class, or afterward in private. Wood provides information on how a childbirth educator can be a source of support and empowerment while addressing a mother's concerns about protecting her baby from the herpes virus, her own health, relationship issues including the support of her husband and family, or how to communicate with her health-care provider and make the best choices for a safe birth experience.

WENDY C. BUDIN *is the editor-in-chief of The Journal of Perinatal Education. She is also the director of nursing research at NYU Langone Medical Center and a clinical professor at New York University, College of Nursing. She is a fellow in the American College of Childbirth Educators and is a member of the Lamaze International Certification Council.*

Thank You, Amy Romano!

The editors and editorial board of *The Journal of Perinatal Education* wish to express sincere thanks to long-time columnist, Amy M. Romano, who contributed her outstanding column, "Research Summaries for Normal Birth," and, more recently, the popular "Science and Sensibility" column. Amy has transitioned to our sister organization, Childbirth Connection, and we wish her all the best! For those who followed her blog, Amy assured us that she will continue to contribute to Lamaze International's *Science and Sensibility* research blog on a regular basis.