Role Models for Pregnancy, Birth, and Breastfeeding

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ABSTRACT

In this column, the editor of *The Journal of Perinatal Education* discusses how the media provide role models—good and bad—for pregnancy, birth, and breastfeeding. There is a critical need for more positive role models that promote natural, safe, and healthy pregnancy and birth. 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.

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While waiting for my nails to dry after a manicure at my local nail salon, I had time to read several women's magazines and popular press tabloids. It is always a nice break from reading professional journals. Although Hollywood celebrities seem to have had a huge rash of scheduled cesareans, inductions, and medicalized births, it is always refreshing to read stories of celebrities promoting practices that support natural, safe, and healthy births. The following paragraphs offer some examples.

Kaitlin Olson, 35, who costars with Rob McElhenny, 33, in the FX Network hit show *It's Always Sunny in Philadelphia*, gave birth to Axel Lee McElhenny on September 1, 2010, at their home in California. Olson said of the home birth:

I decided on a home birth because I believe that as long as a pregnancy is normal and complication-free, your body knows what to do and does not need medical intervention. I think the key to having a baby naturally is being able to completely relax and

get out of the way of your body's ability to get the job done. (Fawn, 2010, para. 4)

On the season finale of the E! network reality show *Keeping Up With the Kardashians*, labor and birth were shown in a largely positive light when Kourtney Kardashian, 30, calmly gave birth to her first child, Mason Dash Disick, before a record 4.8 million television viewers (Gates, 2010).

When American television and film star Jessica Alba gave birth naturally to her daughter Honor in 2008, she told *OK! Magazine*, "The labor was more like meditation. I did yoga breathing. I was focused"

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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).

(Schafer, 2010, para. 17). While Jessica was pregnant, she told *Fit Pregnancy* about her birth plan:

I want to spend as much of my labor as possible at home, and I'm taking a HypnoBirthing class. It's a relaxation technique that allows you to avoid going into panic mode and tightening up. If you are calm and relaxed, your body will just do what it has to do. (Carrillo, 2008, para. 10)

Actress Joely Fisher said of the home birth of her second daughter, True Harlow Fisher-Duddy, "I decided to have her at home and had a lot of friends around and of course her father was there (Celebrity Baby Blog, 2007, para. 2).

When the Oscar-winning American actress Halle Berry became a mother for the first time at the age of 41, she did not give up on her desire to have a natural childbirth. It was described as a long, natural labor (Schmidt, 2008).

In addition to celebrities giving birth, the media has highlighted celebrities who are breastfeeding. In a recent article in *People Magazine*, actors John Travolta and Kelly Preston introduced their new baby, Benjamin, who they say cosleeps next to his mother for ease of breastfeeding (Canning & VanAllen, 2011).

Julie Bowen, the star of the hit situation comedy, *Modern Family*, was also in the news for sharing pictures of herself breastfeeding her twin babies two at a time, on a late-night talk show. Bowen used her appearance on *Lopez Tonight* to poke fun at herself and described nursing her twins as a great way to lose weight, calling her twins "two liposuction machines" who "suck it all out, the fat" (Fuller, 2010, para. 2).

I have to admit that although none of these reports is earth-shattering news, it is still encouraging to read something other than surgical birth in the magazines for a change, and it is good to hear that some celebrities are being positive role models.

IN THIS ISSUE

As we continue the practice of advancing the Lamaze International mission to promote, support, and protect natural, safe, and healthy birth by sharing birth stories, in this issue's "Celebrate Birth!" column, Jill Hirschenfang relates her experience of moving beyond fear of labor and birth and developing confidence in her ability to give birth without an epidural. Knowledge and support, including the support of a doula, during the last months of pregnancy helped Hirschenfang change her plans for the labor and birth. Her story highlights the importance

of continuous emotional and physical support, and how knowledge and confidence set the stage for a satisfying, safe, and healthy birth.

In this issue's guest editorial, Holly Powell Kennedy, CNM, PhD, FACNM, FAAN, a professor of midwifery at the Yale University School of Nursing in New Haven, Connecticut, and president of the American College of Nurse-Midwives, eloquently explores the idea that our worldview, regardless of education, influences our childbirth practices, sometimes interfering with achieving the goals of our discipline. Kennedy proposes that, over time, we have lost our ability to support women through the process of childbirth, so that they emerge as strong, healthy women. Although she advocates that we teach everyone, including ourselves, the need to provide optimal, evidence-based care, Kennedy acknowledges that pursuing this path will take courage and commitment.

We are proud to present four featured research articles in this issue. In the first article, Cheryl Anderson describes how childbirth trauma can result in an acute stress reaction or actual posttraumatic stress disorder. Although the potentially traumatic nature of childbirth for adult mothers has been confirmed in research, adolescent childbirth trauma is unexplored. Anderson presents the findings from her research on the construct validity of the Childbirth Trauma Index by providing a conceptual analysis of psychological childbirth trauma, factor analysis, and discussion of testing the new tool via the contrasted-groups approach. Clinical implications and research recommendations are offered.

In their article, "Being a Resource for Both Mother and Child: Fathers' Experiences Following a Complicated Birth," Kerstin Erlandsson and Helena Lindgren used a qualitative approach to describe 15 fathers' experiences of being present on a postnatal ward and during the first days at home following a complicated birth. The theme illustrated that fathers were a resource for both mother and child through practical and emotional engagement. The categories describe how the father empowers the mother and illustrates adapting to new family roles. The authors propose that following a complicated birth, fathers should be invited to stay around the clock on postnatal wards because it gives them the opportunity to place their resources at the disposal of mother and child. In antenatal courses, fathers should be prepared for their empowering role after a complicated birth.

Carol Shieh and Michael T. Weaver present findings from their research study that compared the perceived importance of and needs for maternal gestational

weight information between African American and Caucasian pregnant women. Secondary analysis of data from 113 pregnant women (82 African American and 31 Caucasian) attending an inner-city prenatal clinic demonstrated that African American women had significantly higher perceived importance of and needs for information on rest/activity balance and appropriate weight gain than Caucasian women. Exercise information was rated lower in importance, but was most needed by both African American and Caucasian women. The authors discuss how education programs about maternal gestational weight need to be cognizant of ethnic women's needs.

In the article "Grand Multiparous Women's Perceptions of Birthing, Nursing Care, and Childbirth Technology," Susan Fleming, Denise Smart, and Phyllis Eide present findings from their qualitative descriptive study that explored grand multiparous women's perceptions of the evolving changes in birthing, nursing care, and technology. Eight themes were identified: (1) providing welcome care, (2) offering choices, (3) following birth plans, (4) establishing trust and rapport, (5) being an advocate, (6) providing reassurance and support, (7) relying on electronic fetal monitors and assessments versus nursing presence, and (8) having epidurals coupled with loss of bodily cues. The authors discuss how the results from their study may be used to educate women, intrapartum nurses, and childbirth educators on nursing care and the evolving use of technology to better manage intrapartum care in hospitals.

In this issue's continuing education module, "Navigating the Maze—Lamaze Breathing: What Every Pregnant Woman Needs to Know," Judith A. Lothian provides a "must-read" article for all childbirth educators and health professionals working with birthing mothers. Lothian provides the historical background on how Lamaze breathing has come to be considered the hallmark of Lamaze preparation for childbirth. In this column, she discusses breathing in the larger context of contemporary Lamaze. Lothian explains how controlled breathing, one of many comfort strategies taught in Lamaze classes,

enhances relaxation and decreases perception of pain. She also discusses how breathing and relaxation can be used in combination with a wide variety of other comfort strategies to help women avoid unnecessary medical interventions and have a safe, healthy birth.

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