It Takes a Team

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ABSTRACT

In this column, the editor of *The Journal of Perinatal Education* (JPE) compares the need for careful planning, preparation, and coordinated teamwork in preparing for a safe, healthy birth with similar needs necessary for putting together each issue of JPE. 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, support, and protect natural, safe, and healthy birth.

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Editor

Unlike stories of our sisters from some primitive societies or members of the animal kingdom who go to the edge of the forest in solitude—away from danger—to safely birth their babies, for women today, it takes a team to carefully plan and prepare for a safe, healthy, and satisfying birth. Planning often begins with choosing a health-care provider and birth setting that is consistent with the kind of birth experience desired. Childbirth educators are a valuable resource during this phase. Different birth settings provide various team members; for example, in hospitals, the health-care team may include nurses, lactation consultants, pediatricians, anesthesiologists, and, sometimes, medical residents, students, and others. In a birthing center or at a home birth, the health-care team may consist of a midwife and an assistant. Regardless of the setting, carefully identifying the appropriate individuals needed to provide continuous support during labor is critical. This often includes the mother's partner, a doula, and close friends or significant others. Each member of the team has an important role to play to ensure a safe, healthy, and satisfying birth outcome for mother and baby.

As I write this editorial for the fourth and final issue of volume 20 of *The Journal of Perinatal Education* (JPE), I reflect on how it also takes a team to put together each issue of a high-caliber journal. As editors of the JPE, we are indeed fortunate to have an incredible team. Nancy Perry, JPE's managing editor, is second to none in seeing that we keep to our strict timeline and that all details of journal production are sensitively addressed. Any author who has worked with Nancy knows firsthand what a pleasure she is to work with. Without our continuing stream of high-quality manuscripts contributed by an ever-growing number of experienced and novice authors, our journal could not survive. We are privileged to have an amazing group of columnists who are always ready with insightful columns that provide JPE readers with new ideas on how to promote, support, and protect natural, safe, and healthy childbirth through education and advocacy. Working with our professional colleagues at Springer Publishing Company

We invite readers to respond to the contents of this journal issue or share comments on other topics related to 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).

Each member of the team has an important role to play.

Peer review, a mainstay of editorial procedures, is the process by which scholars in a relevant field read and evaluate papers submitted to a journal.

See page 225 of this issue for a list acknowledging individuals who served as reviewers for articles featured in the volume 20 issues of JPE. If you would like to be considered as a peer reviewer for JPE, please contact Wendy Budin, Editor-in-Chief (wendy.budin@nyu.edu).

and Lamaze International is a pleasure and helps keep our system running like a well-oiled machine.

However, to be regarded as a high-quality, scientific journal, the key to success is peer review. *Peer review*, a mainstay of editorial procedures, is the process by which scholars in a relevant field read and evaluate papers submitted to a journal (Henly & Dougherty, 2009). This serves as a powerful quality control mechanism to make sure only good, relevant papers are published by a journal. Peer review also provides feedback to authors, so they can improve papers that will go on to be published. The peer-review process could not be accomplished without a cadre of dedicated reviewers. We applaud our team of JPE reviewers who provide timely, thoughtful critiques and helpful suggestions for improvement of articles submitted by authors. If you would like to be a reviewer for JPE, please let us know. Remember, it takes a team!

IN THIS ISSUE

In keeping with our tradition of featuring a special birth story in each issue of the JPE to advance the Lamaze mission to promote, support, and protect natural, safe, and healthy birth, in this issue's "Celebrate Birth!" column, we share a story written by Rachel Mann describing the birth of her third daughter, Louisa. Mann relates how, after a previous pregnancy loss, she carefully chose to give birth to her third baby in a hospital with attending care from an obstetrician and how, even in a high-risk medical environment, she was able to have an unmedicated, powerful birth. Mann's story highlights an expectant mother's need for careful planning, support from her husband or partner and doula, and her confidence in her ability to give birth. A wonderful photo of Mann's three daughters is featured on the cover of this issue of JPE.

Continuing with our theme on teamwork and the need for carefully planning, we are honored to have Dr. Michael C. Klein, emeritus professor of family practice and pediatrics at the University of British Columbia in Vancouver, Canada, and senior scientist emeritus at the Centre of Developmental Neuroscience and Child Health in the Child and Family Research Institute in Vancouver, provide a

guest editorial. Dr. Klein makes a strong case based on findings from recent studies that many women and providers are unprepared for an evidence-based, educated conversation about birth. He proposes that new strategies are needed to inform pregnant women about key procedures and approaches for birth so they can have an educated, shared discussion with their provider and successfully advocate for their preferred birth experience. In addition, Dr. Klein suggests that providers supplement their knowledge with current, evidence-based maternity care practices. Pregnant women and providers must work together to ensure that natural, safe, and healthy birth practices are based on current evidence, and to add childbirth to the women's health agenda.

This issue's four featured articles cover various topics, all highlighting the need for teamwork and support. In their article on predicting breastfeeding duration in a sample of Taiwanese women, Ho and McGrath examine maternal attitudes and sociodemographic variables associated with continuation of breastfeeding at 6 weeks postpartum. Findings revealed that in-hospital maternal breastfeeding attitudes were predictive of breastfeeding duration and that women's husbands or partners were the main source of breastfeeding support. The main reason for early termination of breastfeeding was the perception of insufficient milk supply, suggesting the need for education and support.

Cheng, Volk, and Marini describe how fathers may feel dissatisfied with their ability to form a close attachment with their infant in the early postpartum period, which, in turn, may increase their parent-related stress. The purpose of Cheng et al.'s pilot study, using a mixed methodology approach, was to determine if an intervention consisting of a series of infant massage classes with other fathers assisted fathers with decreasing stress and increasing bonding with their infant during this time. Findings suggest that infant-massage instruction significantly decreased paternal stress, and qualitative data supports the finding that fathers' perceptions of closeness with their baby improved.

Midwives Baldwin and Phillips present the finding of their qualitative study describing the perceptions of six midwife participants at different stages of their engagement in a multiphase process of adopting a new model of group prenatal care, CenteringPregnancy (CP), as an alternative to traditional prenatal care. Research and evaluation studies of CP have found many positive outcomes for pregnant

The content of all JPE issues published since October 1998 is available on the journal's Web site (<http://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).

women and their babies; however, few studies have explored midwives' perceptions of the CP model or the process of implementing it. The five themes that emerged from the experiences of the midwives in this study mirrored the stages of change health education model. The midwives were at first challenged by, and eventually satisfied with, the process of using the CP model of group patient-centered care and seemed to feel a significant sense of accomplishment and empowerment with the process of facilitating and completing CP group sessions. Baldwin and Phillips provide suggestions for the implementation and sustainability of the CP model of care based on the five themes that emerged from their study.

In a commentary on prenatal parenthood, O'Leary, Warland, and Parker discuss the intuitive knowledge mothers have of their unborn baby from the viewpoint of a mother's embodied experience after pregnancy loss and her partner's role of support. The information comes from O'Leary et al.'s clinical practice working with families after a pregnancy loss and with families during their pregnancy following a loss. The authors hold the view that no matter what the outcome is, motherhood begins during pregnancy, and they propose a shift in focus from caregivers' merely providing information to first listening to pregnant mothers as they share their intuitive knowledge of their baby. O'Leary et al. suggest that this approach enables mothers and fathers or partners to know they are already parents to their unborn baby and empowers them to get in touch with their baby's presence and who he or she is during pregnancy. This intuitive knowledge may be protective behavior that will enable mothers to keep babies safe during pregnancy.

In this issue's "Tools for Teaching" column, Barbara A. Hotelling offers childbirth educators a deeper understanding of adult learners and the role of educators in their birth education and eloquently

reminds JPE readers that, as Lamaze childbirth educators, our mandate is to assist women in making healthy pregnancy, birth, and parenting choices. Using health promotion theory as a framework, Hotelling guides readers in creatively applying learning tasks and dialogue education to provide information, thus creating a collaborative Lamaze class where the teacher is the facilitator and the learners are accountable for their learning.

In this issue, JPE columnist Kimmelin Hull provides excerpts from a recent series of articles on maternal obesity from the Lamaze research blog, *Science & Sensibility*. The eight-part series examined the issue of maternal obesity from various perspectives, incorporating writings from physician assistant, Lamaze Certified Childbirth Educator, and *Science & Sensibility* community manager Kimmelin Hull; University of North Carolina–Charlotte nursing professor Kristen Montgomery; childbirth educator and blogger Pamela Vireday; and health psychologist, lactation consultant, and writer/speaker Kathleen Kendall-Tackett. The authors of the blog series, titled "Maternal Obesity from All Sides," reviewed current research about risks associated with maternal obesity as well as the humanistic issues and lived experiences of pregnant women of size.

REFERENCE

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