Prenatal Parenthood

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ABSTRACT

In this article, we discuss the intuitive knowledge mothers have of their unborn baby. We 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. 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 a protective behavior that will enable mothers to keep babies safe during pregnancy.

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In this article, we discuss parenthood during pregnancy from the viewpoint of a mother’s embodied experience after pregnancy loss and her partner’s role of support. The information comes from our clinical practice working with families after a pregnancy loss and with families during their pregnancy following a loss. We hold the view that no matter what the outcome is, motherhood begins during pregnancy. We suggest the need for a paradigm shift in health-care delivery, in which the mother’s intuitive knowledge of her baby and her body is integrated with the caregiver’s knowledge and medical technology.

In a recent article in *The Lancet’s* Stillbirths Series, suggestions were made for the way forward in stillbirth prevention in high-income countries (Flenady et al., 2011). These suggestions included detecting and managing women at risk and improving the quality of information and standards of care that are provided. Although these efforts are important, no mention was made of the crucial role mothers have in protecting their unborn baby. Prenatal motherhood involves an embodied relationship with the unborn child, resulting in the mother’s special awareness of her unborn baby that no one else knows or can truly understand. This means that mothers can and do know when their unborn baby is at risk. Many times, bereaved mothers have told us that they intuitively knew their baby who died was in trouble, but they were unable to convince others. One mother wept when she described trying

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to get help after noticing that her unborn baby had changed her normal pattern of movement:

No one would listen to me. I told my doctor that she's not moving very much. And he just laughed and said, "You're almost dilated to two and you're going to have this baby in a day, so just don't worry. You're just being silly." And then she died.

I wasn't being silly. Everyone said that to me. That's what really irritated me. No, something was not right. That's probably part of even knowing your baby. You know what it does and doesn't do.

When I called the hospital, they wouldn't let me come in because I wasn't in labor. They said there's nothing wrong, she's just not moving a lot. Babies do that. It just frustrates me. I should have just insisted, just gone in. I keep thinking, everybody was telling me not to go in. I should have just showed up, because they would have had to do something. But I didn't . . . that's the thing I have the hardest time with. Did I do enough?

She knew her husband had regrets, too. She said:

When our baby died, it affected my husband a lot. He blamed himself. I kept saying she's not moving very much. We should go to the hospital. He's like, "You're just being silly." It turns out she was slowly dying. So he's had a hard time with that.

The mother's description of her husband's regrets was confirmed in her husband's interview, when he shared, "I will never *not* listen to her again."

Most pregnancies result in healthy babies, but there is never a guarantee that all will go well. However, health professionals often avoid discussing sensitive issues with expectant parents, such as domestic violence (Mezey, Bacchus, Haworth, & Bewley, 2003) and smoking cessation (Warland & McCutcheon, 2010). Furthermore, according to Pullen and Nalos (2009), during pregnancy visits, medical staff present miscarriage as a possibility to expectant parents only 48% of the time and stillbirth only 11% of the time. On July 7, 2009, *The Washington Post* published an article by Alan Goldenbach, titled "Even Doctors Avoid Talking About Stillbirth," after the birth of his stillborn son. Blindsided by the tragic death of his son, Goldenbach questioned why the doctors had never mentioned that stillbirth was a possibility, especially when one stillbirth occurs in about every 160 pregnancies. We believe that these statistics

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could be altered if mothers were guided to know and trust their own bodies and babies.

Goldenbach's (2009) tragic story and the stories of other bereaved parents we have worked with suggest the need for a paradigm shift in prenatal health care. Today's obstetrical care has increasingly become medically managed, often denying or ignoring the intuitive knowledge and concerns of mothers. We propose that, rather than having a conversation on what can go wrong during pregnancy, it would be more beneficial for care providers to have an ongoing dialogue that encourages parents' sense of empowerment, awareness, and intuitive knowing of their unborn child. This approach changes the focus in pregnancy from "when the baby comes" to "the baby is already here and I am in touch with this baby." Prenatal visits would shift concentration from caregivers' providing knowledge to parents' sharing with their providers what they are learning about their baby. Technology and the provider's knowledge could then reinforce the parents' intuitive knowing.

Based on our clinical practice and on findings from phenomenological research, we strongly believe that prenatal care needs to shift focus to involve supporting a mother's knowledge of her body and her baby through education. Childbirth educators can play an important role in this shift. While teaching the anatomy and physiology of pregnancy, the educator can reinforce how parenting has already begun as the mother's body supports and nurtures her baby's growth. Relaxation and visualization, tools already used by childbirth educators to help the mother through labor, can also assist parents to know and provide ways to get in touch with their unborn baby. Emphasizing that the baby is already able to hear and knows them as parents helps fathers or partners know their role is crucial, too. This is an important way to teach prenatal parenting and to emphasize that a relationship is already forming between the parents and their unborn baby (O'Leary & Parker, 2009). An example of such a guided imagery is found in O'Leary and Thorwick (1997, p. 446) and can be adapted.

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Another common method for encouraging parents to get to know their unborn baby is through teaching them to notice fetal movements. Getting in touch with the baby through becoming attuned to fetal movements, however, is more than simply counting kicks. In a video titled "Labor and Birth: Rebuilding Trust," Dr. Eric Knox, a perinatologist, provides the following helpful guideline regarding fetal kick counting: "It's not how many movements in a given time but who her baby is, how her baby is and, if there's a change, is it because of the mother's anxiety or the baby?" (Abbott Northwestern Hospital, O'Leary, & Parker, 1995). Noticing changes from the baby's normal patterns of movements, including either slowing down or frenetic movement, can help parents know their baby as an individual. If the baby's pattern changes, the parents are empowered by their own knowledge of their baby to seek help.

When parents report concern for their unborn baby's health, care professionals must pay attention to what the mother is reporting, ask more questions about her concerns, believe what she says about her baby, and respond with the appropriate technology and testing (O'Leary & Thorwick, 2011). This kind of dialogue will help mothers to trust their intuition and the knowing of their baby. Established protocols—for example, management of reduced fetal movement (Preston et al., 2010)—should be closely followed. If such technology and follow-up testing indicate that all is well, the mother should be reassured that she knows her baby best and that she should continue to seek help if she remains concerned. Discounting or ignoring the mother's concerns undermines her intuitive knowledge of her baby, her confidence as a parent and, as we discussed earlier, perhaps even puts her baby at risk.

We believe that when active listening to the parents' knowledge of the baby as already being here becomes the central focus for prenatal care, more optimal outcomes may occur for pregnancies. Parents should not have to suffer a loss before they understand they are already parents during pregnancy. Acknowledging this prenatal parenting role is important in helping to keep babies safe.

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