Giving Birth: “We Just Don’t Talk About It”

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ABSTRACT

In this column, Alyson Grauer, a young woman recently embarking on her postuniversity career, shares her experiences with friends who do not talk about childbirth. She contrasts their fear and their unwillingness to talk and learn about birth with her own experience being the daughter of a Lamaze Certified Childbirth Educator and doula. Grauer’s experiences provide a backdrop for a deeper understanding of young adults’ beliefs about childbirth. Judith Lothian provides insight related to when and why women and men stopped talking about birth and the implications for childbirth education.

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It is not a surprise to anyone that women’s views about birth have changed in the last century. Women at the turn of the 19th century worried, not about pain, but the possibility of death. They learned about birth and death from their mothers, their grandmothers, and other wise women in their families and communities. Midwives attended births at home, and children grew up understanding a great deal more about life and death than most children today. Women no longer die as frequently during childbirth as they did back then, although the maternal mortality rate is rising. But women, unlike their grandmothers and great grandmothers, now fear the process of childbirth. Why is that? At least, in part, it is because women rarely learn firsthand about childbirth. Women and men learn about birth from television, books, and Internet sites that describe pain and problems and ultimately increase fear. Alyson Grauer shares her own insight related to the lack of knowledge about childbirth: “We just don’t talk about it.”

ALYSON’S STORY

The realization about my age group’s lack of knowledge about childbirth hit me recently when my mother and I were standing in line for customs at Chicago’s O’Hare International Airport. A strange place for this kind of a conversation, but Mom (Ann Grauer, CD[DONA], LCCE) was toting a great big purple Lamaze International bag, and a woman behind us in line tapped Mom’s shoulder to tell her how she had been one of the Lamaze pioneers back in the day. She told us how her doctor had laughed at her when she had said she wanted to use Lamaze techniques, but that she had gone through with it anyway and it had changed her life. Mom, pleased that a complete stranger was engaging in conversation about something so special and personal, talked for a few minutes with her about her experience. The woman finished by saying that her daughter had epidurals with her three children. The woman said she had not thought that Lamaze was still around and that she felt that Lamaze was totally

lost on the current generation. Mom turned to me. “I don’t think that’s true,” she observed. “Lamaze is most definitely still around—50 years later.” I shook my head. “Sure,” I said, “that may be true, but I’ve got to agree with her about the age group.” “What do you mean?” Mom asked.

I explained that the last time I heard anyone in my age group use any words related to childbirth in any way was in seventh grade health class when we covered the “Infamous Dreaded Reproduction Unit” for the third and final time in our academic careers. Even then, the words were spoken with the distaste of something forced on us by the school, something that our poor teachers, in lieu of parental guidance, had to describe. Ideally, they said, our parents would give us more information, but the teachers were required by the school district to do this much.

In the seventh grade, I was certain that I knew about 65% more about the subject of childbirth than anyone else in my age group. My mother was clear and diligent about explanations from a young age with both my younger brother and me. My mother, from time immemorial (i.e., after I was born), has been a doula and a childbirth educator and has volunteered numerous hours to Lamaze, so I was well informed and had an abundant library full of further references should I ever need them. My mother’s passion for this unique and timeless experience in human life has always been an inspiration for me, and I have always been grateful for informal education on the topic.

My knowledge got me high marks in that most dreaded and socially awkward unit in health class, sure, but after that it was worth nothing. As soon as the health class ended, the natural realities of life were flat out ignored and erased from memory, which seemed to me to be the most dangerous solution to the awkwardness of the subject matter. I felt that innately something was wrong with this system. The ignorance of my classmates at large was the source of unfortunate mistakes with heavy consequences, and I could not figure out for the life of me why the adults did not take hold of the situation and just do something about it, instead of showing us films and talking about us on the nightly news as stupid teenagers getting into trouble because we do not know any better about sex. The idea of pregnancy and, subsequently, birth became not just taboo but abhorred and an outright abomination of normalcy. I knew that was wrong but did not yet know how to pinpoint it.

It has been years since that health class, but when the topic of childbirth was raised with Mom in that customs line at O’Hare, I felt a slight shock when I realized how little of that system had changed for an older (and allegedly more mature) age group. “What about in your groups of friends, the guys, and girls you know?” Mom asked me.

The girls will not talk about it. It is unspoken. It is silent and shut up and locked away somewhere in our psyches and not in a sacred way. It is as if we know someday that we will be forced to bear this weighted burden, and we will be forced to endure unimaginable pain for the sake of . . . well, who knows what. A guy? The baby? No, the baby is an object. It is the accidental result of all of the other accumulated complications of pregnancy. I have never heard anyone actually say any of this right out, but it is the feeling that I get from people whenever the subject is brought up in TV or film.

When I explain to people what my mother does for a living, the girls always express a kind of terrified curiosity about it. Often they ask me questions about it in context, about Mom’s experiences and what exactly childbirth education entails. Often they do not know what a doula is, and one friend actually thought it meant that Mom sold Tupperware. Granted, my friend was confused and had really never heard of a doula before, and we give her a little bit of a hard time about it now. My closest circle of girl friends now have all asked me to make sure that my mom will be their doula when they each have their babies—far off into the future, of course. My closest friends have embraced this unique vocation of my mother’s. But when I have asked them if they speak to their mothers about birth, the answer is usually negative. “I wouldn’t talk to my mom about that,” one of my friends said a year or two ago. “It’s weird.”

I have never been in a position to ask any of my guy friends about their thoughts on childbirth and pregnancy, but I can venture a guess. The subject is so alien to them that it is not even under the radar. It is not on the radar at all. It is so far beyond their willingness to comprehend that they will not even think about it, let alone talk about it. It is not that I get the feeling that the guys I know would totally abandon a girl they might have gotten pregnant, hypothetically speaking, but it is rather that they do not understand their involvement in the bizarreness of the process. They cannot find a connection to the concept, their role in the scenario, and so they have erased it from

their minds. It is easier to ignore if they believe—honestly—that it has absolutely nothing to do with them, as long as they do not get someone pregnant by accident. When my guy friends have discovered my mom’s vocation, they have grown uncomfortable and a little intimidated but always somewhat reverent. No one dares to crack disrespectful jokes about babies or women in my presence, and the topic is completely off limits around me. More silence, more fear, more blind misunderstanding.

“Aren’t you afraid of it?” one of my girl friends asked me about childbirth. “Aren’t you afraid of how awful it’s going to be?” I considered it, then. “No,” I answered honestly. “Because no matter how badly painful it may turn out to be, and no matter how scary it’s going to be in the moment, I know that my mother did it for me. And her mother did it for her. And I’m going to do it for my kids.” It is not like childbirth is a new concept. Women have been doing it for a rather long time. Like Mom says, the body is really smart. It is smarter than we even know yet. It is smart enough to breathe without you consciously telling it to. It is smart enough to digest your food. It is smart enough to heal. It is smart enough to grow another living being inside of it, feed it, and protect it, and it is smart enough to bring that living being into this world. That confidence is enough for me. I can only hope that my friends will find that confidence, too, and pass it on to others. I hope this so that by the time my future daughter is talking to her friends about childbirth, they can all say to her that they are not afraid of birth either, boys and girls alike, and that someday childbirth will be celebrated like the beautiful, amazing, essentially human thing that it truly is.

JUDITH’S THOUGHTS

How did we, as a society, go from learning about birth, life, and death in families to not talking about it? The move from home to hospital and the move from midwife to obstetrician have contributed to both a lack of knowledge about birth and an increase in fear. When birth takes place in the hospital, knowledge is less accessible to the everyday person. For most people, hospitals are frightening: different noises, unpleasant smells, and rigid routines and rules that are important for sick care but not for well care. Obstetricians’ expertise is in finding problems and fixing them. It is not surprising then that the current approach to maternity care in the United States is expecting trouble and that fear related to birth, including the fear of pain, has increased. What

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was lost when birth moved out of the home and midwives stopped providing care to childbearing women was not just a lack of knowledge about nature’s plan for birth and women’s ability to give birth but a lack of confidence in general. Women and their families seem to have lost all sense of women’s ability to give birth without medical intervention. Fear has become pathologic. Is it fear that keeps young people from talking about childbirth? Is it that the only stories they hear about birth feed into their fear rather than build their confidence? Could not talking about birth be a protection against hearing more terrible stories?

What childbirth educators see are women and their families coming to pregnancy fearful and misinformed, like Alyson’s friends. Prenatal care with an obstetrician and planning a hospital birth often (not always) set women on journeys that decrease confidence and increase their fear. Their birth stories too often contribute to the ongoing cycle of misinformation, fear, and “not wanting to talk about birth.”

Alyson’s experience provides some hope and some ideas for changing the pattern of “just not talking about” birth. Alyson’s personal experience learning about and being inspired about birth from her mother are influencing her close circle of friends. In sharing her mother’s passion and confidence in birth, Alyson is telling a different story from the ones her friends have heard before. Her stories are not frightening but confidence building and, it is hoped, inspiring. Interestingly, one finding of my research on home birth was that women who chose home birth had mothers who had natural childbirths and told positive stories about their births (Lothian, 2010). My own daughter has had four home births, and all six of her babies were caught by midwives. How much of her decision making was influenced by being in a home where positive birth stories were told over and over again and where confidence in

For a general discussion on the fear of childbirth, read McGrath’s article “The Courage to Birth” in this issue of *The Journal of Perinatal Education* (pp. 72–79). Also, read Hotelling’s “Tools for Teaching” column in this issue for tips on how childbirth educators can address the fear of childbirth from the perspective of expectant parents who have experienced early or childhood sexual abuse (pp. 127–132).

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birth and women's ability to give birth were part of the fabric of our family life?

What can childbirth educators learn from Alyson's story? Women need to hear firsthand about birth. Childbirth classes can provide a forum for talking about birth. This might be the first time many women have had this opportunity. Savage (2001) describes the value of birth stories as a teaching strategy in childbirth classes. She suggests that stories are an informal but powerful way of communicating information and confidence. So, telling birth stories not only provides important information about birth but can help women be more responsive to that information. Stories also can inspire—an important part of confidence building. Encourage women to share the positive birth stories they have heard, perhaps from their grandmothers or their mothers. Encourage the women in your classes to read the "Celebrate Birth!" stories published in *The Journal of Perinatal Education*.

Childbirth educators have realized for decades that childbirth education needs to start earlier than late pregnancy. We know that the most important learning happens in the family, so every woman who has a transformative birth will influence her own children's beliefs and confidence about birth. The focus of childbirth education classes should be the six safe, healthy birth practices promoted by Lamaze (Lothian, 2009). As more and more women go into labor on their own, are well supported and free to move throughout labor, give birth in positions that facilitate the descent and rotation of the baby, keep their babies with them, and do not have routine medical interventions, we will see more women having transformative births. We need to encourage them to share their stories with their children, their friends, and their families. In this way, the firsthand knowledge of birth will once again happen, like it did for Alyson, in the family.

One other important strategy that childbirth educators have talked about for years is providing education in the schools. Would it not have been wonderful if Alyson's mother had taught about birth in Alyson's seventh grade health class? How many more students would have been inspired and interested in learning more?

Finally, we must not underestimate the marketing reach that carrying those Lamaze tote bags has. It can open up conversations where we least expect them, with people we would not normally speak with. The impact of those conversations has the potential to be far reaching.

Like Alyson, I hope that her future daughter and my seven granddaughters will talk about birth. I hope that their conversations will inspire their friends to be confident and not fearful. We both look forward to the day when, in Alyson's words, birth is "celebrated like the beautiful, amazing, essentially human thing that it truly is."

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"Celebrate Birth!" is a regular column in JPE that features women's birth stories (see pp. 62–66 in this issue). The "Celebrate Birth!" stories from previously published JPE issues can be accessed at the journal's online site (<http://www.ingentaconnect.com/content/springer/jpe>).

The position papers for each of Lamaze's six Healthy Birth Practices can be accessed at Lamaze International's website (www.lamaze.org).