Reflections on the “Push for Your Baby” Campaign

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ABSTRACT

In this editorial, a board member of Lamaze International describes the “Push for Your Baby” campaign to urge women to advocate for more evidence-based practice for better births. She also reflects on her hopes and worries about the “Push for Your Baby” campaign launched by Lamaze in May 2012. Discussing the realities of current maternity care practice, she asks how we can work with obstetric nurses and providers to have them support what most women value—vaginal birth.

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View the video and other resources related to the “Push for Your Baby” campaign at <http://www.lamazeinternational.org/PushForYourBaby-Educators>

On May 22, 2012, Lamaze International launched its new advocacy campaign called “Push for Your Baby” and its revamped website, which now includes a separate, dedicated parent site (<http://www.lamaze.org>) and a professional site (<http://www.lamazeinternational.org>). The “Push for Your Baby” campaign encourages women to seek better maternity care for themselves and their babies. The back story is that the Lamaze Board of Directors shaped this campaign, as well as its video and tools, on medical research related to the lack of evidence-based care and on market research related to what women feel will help them advocate for themselves and their babies. The briefing to introduce the campaign featured Tara Owens Shuler, MEd, LCCE, president-elect of Lamaze, who shared the following

goals of the campaign: (a) to raise awareness of the gap between evidence-based maternity care and the care women receive, (b) to encourage women to become active partners in their care, and (c) to promote childbirth education as a way for women to get information about the Six Healthy Birth Practices (Lamaze International, 2007) and strategies to communicate their preferences to their health-care providers.

Joining Shuler at the briefing, Catherine Ruhl, MS, CNM, director of women’s health programs for the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN), discussed the advocacy and education role of AWHONN. Acknowledging that health-care providers are pressured by reimbursement and workflow issues, Ruhl also noted that providers’ responsibility to women includes a “critical role in ensuring the care they [women] receive is best suited for their individual needs.” Allison Walsh, Lamaze Certified Childbirth Educator (LCCE) and past president of Lamaze, represented

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more than 3,500 LCCE educators worldwide to encourage women to attend childbirth classes to avoid “cookie-cutter care.” She talked about the importance of the role of the LCCE educator in helping women and their support teams navigate the process of a hospital birth and develop the skills needed for “collaborative communication” with their medical providers. Lastly, Jessica Deeb, MSN, RN, represented one of the seven mothers who share their birth stories in the “Push for Your Baby” video. Deeb is “thrilled to have a healthy baby,” but she wonders, “If I hadn’t been induced,” was that healthy birth “in spite of interventions?” Deeb’s birth experience motivated her to become a new LCCE educator.

As a Lamaze board member, I was looking forward to the launching of the “Push for Your Baby” campaign, hearing about its progress in the board briefs. The optimist in me hopes the campaign is successful in motivating women to seek a birth that is safe, healthy, and satisfying. I had a different emotional reaction to each of the seven unique birth stories in the video. I hope women will be influenced to consider enrolling in Lamaze childbirth education classes and to use the tools provided to advocate for themselves and their babies. The realist in me worries that this campaign that combines women sharing positive birth stories with others sharing their disappointments will only reinforce for some women that those positive experiences described in the video by Cherington and Desiree are out of reach for them. Cherington chose a doula and describes an “amazing” birth. Desiree chose a midwife at a birth center and had the birth she “hoped” to experience. Most of our communities do not have birth centers and midwives, and for most women in communities that offer doula services, they see this expense as out of their reach. I worry too that they will feel defeated rather than angered to action by the stories related by Maria and Leah in the video. Maria’s doctor ignored her questions on why cesarean surgery was necessary, and Leah’s doctor “just started cutting” and did not inform her or give her an option of not having an episiotomy.

I see Maria’s and Leah’s experiences as examples of risk-based messages (see Heinig, 2009). If you do not go to class, go to a birth center, have a midwife, or hire a doula, you might have a disappointing birth. If those choices are not options, will a woman be able to negotiate with the hospital and her care provider to help her achieve the birth she wants or will she just give up, frustrated with her lack of options?

The *Listening to Mothers II* survey demonstrated that providers often pressure mothers toward induction and cesarean surgery (Declercq, Sakala, Corry, & Applebaum, 2006). My most recent Lamaze childbirth class illustrates how far some providers can go to deny a woman’s requests. After viewing the Lamaze video *Celebrate Birth!* (Injoy Productions, 2000), a mother asked me why I showed a film with women sitting up to give birth when the hospital where she planned to give birth has a “rule” that women have to be flat on their back. “There is no such rule,” the other women in class quickly reassured her. I agreed there is no rule, but there are doctors who prefer women give birth on their backs. The look of defeat on this woman’s face made me profoundly sad as she realized the extent her doctor would go to deny her request for an upright birth.

Parents and medical providers say they want the same thing: “healthy birth.” Each of our life experiences brings us to different conclusions about what this means. In my first viewing of the “Push for Your Baby” video, I was most affected by Jessica’s story. She is the master’s-prepared nurse who states that when she realized she was going to have cesarean surgery after a failed induction of labor, she knew “what every woman felt like when they were that woman in the bed.” After the birth, Jessica realized she left an important tool behind: a class with a professional childbirth educator. The birth Jessica wanted included more than a healthy baby. She needed the communication tools and the resolve to have been able to say “not now” to the induction of her labor. She will never know if she would have been able to prevent the cascade of interventions that followed. Being an experienced health provider in the obstetric field did not prepare Jessica or her partner to plan for the birth experience they would value as a family. Jessica’s baby was not even a year old when Jessica became an LCCE educator. The families who attend her classes will be lucky because she can put the hospital experience into context and help women and their partners start to think about what they need to know and what tools they need to prepare for a vaginal birth.

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value vaginal birth. I ask women in Lamaze class for their wish list. The top responses have been consistent for decades: a healthy birth for themselves and their babies, not a long labor or a painful labor, and a vaginal birth. In his remarks at the West Virginia Perinatal Summit in December 2011, Elliott Main, MD, director of the California Maternal Quality Care Collaborative, called for physicians and nurses to change their culture. Our present nursing culture prizes interpreting fetal heart rate, caring for complications, and charting rather than managing labor. At this perinatal summit and in the evidence-based workshop, I ask the nurses if they think they can impact the cesarean rate by their nursing practice. Most believe they can. We know as LCCE educators that nurses' values need to be consistent with the values of the woman for whom they provide care. Unless they begin to put more value on labor support and begin to prize flexibility and patience over technology and efficiency, it will be difficult to impact a rising cesarean surgery rate.

For the last 6 years, I have been presenting the "Lamaze Evidence-Based Nursing Care: Labor Support Skills" specialty workshop. What has been most gratifying is working with nurses beginning their careers during orientation. I enjoy hearing what brings them to obstetric nursing. More often in the last several years, the motivating factor has been their own positive or negative experiences with birth rather than being exposed to obstetrics during their training. I know we are attracting caring nurses to obstetrics who value vaginal birth, but it is hard for them not to get disillusioned because they see staff who are focused on the staff's needs and not centered on the patients' needs. After 12 years of a rising cesarean surgery rate, we are at a pause, and unless we can influence the medical community to make a commitment to be centered on what women value, we are going to fail in turning the tide.

Despite my worries, I ask you to help raise the awareness of women by directing them to go to the "Push for Your Baby" link on the Lamaze website to view the video, to talk to you about what they think, and to discuss the use of the tools provided in the campaign. If you are teaching Lamaze-prepared childbirth classes, have these important discussions in class so you can counsel expectant women on what are the options available to them and how they can work toward a positive birth experience. In addition to giving women messages and tools, we need to find better ways to collaborate with obstetric nurses and providers. If you have ideas on how we can get their ear with our messages and work together for women, let me know. In the meantime, I thank you, Lamaze, for providing these emotional images and messages to raise women's awareness and giving them tools to "Push for Your Baby."

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For more information on the "Lamaze Evidence-Based Nursing Care: Labor Support Skills" specialty workshop and other workshops sponsored by Lamaze, visit <http://www.lamazeinternational.org/Workshops>