Continuing Education Module

Top 10: Tips on Teaching Lamaze Classes

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ABSTRACT

Lamaze classes should help women think differently about birth, dispel myths, and ultimately make informed decisions that are right for them. In the current maternity care environment, this is a monumental task. In this column, the authors discuss 10 teaching tips that serve as a guide for teaching childbirth classes and ultimately facilitate learning.

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Until the last half century, women learned about birth from their mothers, grandmothers, and wise women in their communities. The move from home to hospital and from midwife to obstetrician changed that. Women now learn about birth from a myriad of sources including books, the Internet, and formal childbirth education classes. Formal childbirth education provides the opportunity for women to make sense of information about birth and also make sense of the current maternity care system. In classes, women develop a deeper understanding of the value and importance of the normal, natural, physiologic process of birth and the ways in which, when indicated, medical science can increase safety. Keeping birth as safe and healthy as possible requires respecting the natural, physiologic process of birth and using interventions (including technology) only when there is a clear medical indication. The goal of Lamaze classes is to help women to think differently about birth: to view birth as inherently safe and to

see themselves as competent and capable of giving birth safely without routine medical interventions.

In a short time, the childbirth educator must present information, dispel myths, ask women to think differently about birth, and then help women make decisions that may be challenging to see realized in the current maternity care system. The information that is presented in classes and the ways in which the information is presented, the teaching, are both critical.

There are excellent teaching resources that are available to childbirth educators. Some of our favorites include *Prepared Childbirth: The Educator's Guide* (Amis & Green, 2007), *Childbirth Education: Teaching, Practice and Theory* (Nichols & Humenick, 2000), *From Telling to Teaching: A Dialogue Approach to Adult Learning* (Norris, 2003), and *The Art of Teaching Adults* (Renner, 2005). Nichols and Humenick (2000) provide an excellent summary of theories of teaching and learning. Norris (2003),

Renner (2005), and Amis and Green (2007) take those theories and suggest teaching strategies and learning activities to enhance learning. From our own experiences, reading and incorporating theories of teaching and learning into our teaching of Lamaze classes, we have compiled a list of 10 teaching tips that can help guide your teaching and enhance the learning of the families you teach. These tips are what we believe are the key points to know about teaching and learning.

TOP 10 TIPS ON TEACHING CHILDBIRTH CLASSES

1. Be Clear About Your Philosophy and Goals

There are two distinct ways of viewing birth: Birth is inherently safe, and women have an innate ability to give birth, or birth is inherently unpredictable and dangerous and must be medically managed. Hucker's (2011) research describes what she calls a "dualism" in the childbirth education classes she observed. Both ways of viewing birth, the natural and the medical models of birth, were allowed to exist parallel to each other, with each given equal emphasis. The natural, physiologic process of birth was described, and ways of facilitating the process were discussed and practiced. At the same time, routine medical interventions were presented as essential to enhance safety for mother and baby. This positive emphasis on each birthing model resulted in dualisms in the childbirth classes. In fact, the practical implications of each model are mutually exclusive. If a pregnant woman is induced, the hormonal orchestration of labor and birth is disrupted, setting the stage for a cascade of medical interventions. If a laboring woman has an epidural, she cannot walk. In the classes that Hucker observed, there was no discussion of the intersection of these different ways of viewing birth. As a result, women were unable to make realistic decisions. Their practical decisions were heavily influenced by medical authority and medical safety.

It is essential to be clear about what, in the absence of medical indications, is the safest and healthiest way to birth. Presenting the two ways of viewing birth as equal and not mutually exclusive confuses women and is likely to increase women's confidence in medical authority rather than their own ability to give birth.

The most important tip for teaching Lamaze classes is to be clear about our beliefs about birth and our goal: a confident woman who trusts the natural, physiologic process of birth and her own ability to give birth safely.

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2. Be Knowledgeable and Up to Date

There are excellent evidence-based resources available to childbirth educators. The *Cochrane Database of Systematic Reviews* (<http://www.cochrane.org/cochrane-reviews>) is the gold standard. The vision of The Cochrane Collaboration is that health-care decisions be informed by high quality, up-to-date research evidence. The Cochrane Collaboration plays a key role in making this happen around the world. There are more than 5,000 systematic reviews in the *Cochrane Database*. The pregnancy and childbirth systematic reviews are essential information for childbirth educators. There is free access to the abstracts of research and systematic reviews that include guidelines for practice. Access to the full reports is available free in many countries, although not in the United States. Access is also free for members of some organizations, including Lamaze International.

Optimal Care in Childbirth: The Case for a Physiologic Approach (Goer & Romano, 2012) is an outstanding evidence-based resource for childbirth educators. Goer and Romano provide systematic reviews of the research and guidelines for practice based on the best available evidence. We believe it is a "must have" for every childbirth educator.

The websites for Lamaze International, Childbirth Connection, Coalition for Improving Maternity Services, and the American College of Nurse-Midwives provide current, evidence-based information. Reading journals that present evidence-based information and attending conferences and webinars are also excellent ways to stay current.

When you are teaching, do not hesitate to let women know if you do not have the answers or the information. Then make an effort to find the information you need, or work with the women in your classes to find the information together.

3. Identify the Essential Content Required to Achieve Your Goals

Women need to know not only about birth but also about standard maternity care where you teach.

There is so much to learn, how do you synthesize and present the most important information? A guiding principle is that the content you present is evidence based and that the content is essential to achieve your goals. The "Six Lamaze Healthy Birth Practices," written for parents (<http://www.lamaze.org>), is an excellent starting point and can provide the basic structure for Lamaze classes. *The Official Lamaze Guide: Giving Birth with Confidence* (Lothian & DeVries, 2010) is also a resource for identifying essential content.

The class curriculum needs to include information about standard maternity care and the influence of routine medical interventions on the natural, physiologic process of birth. What obstetric practices are routine where you teach? The women in your classes need to know this information to find good care, or push for it. Learning effective communication and negotiation skills is vital.

A word of caution: Make sure you do not remove content (e.g., comfort measures such as walking and hydrotherapy) from your curriculum if they are not available in the hospitals where the women in your class will give birth. It is important that women have full information.

4. Sequence the Content Carefully

In sequencing content, you are walking the learners slowly and carefully through the information so that they can process and more fully understand the content. The content should be presented going from known to unknown (familiar to unfamiliar) and from simple to complex. For example, in building relaxation content from the familiar to the unfamiliar, ask women to share what they do to relax and find comfort in their daily lives (the known or familiar), then explore further specific ways of relaxing and finding comfort during labor (the unfamiliar), such as the use of birth balls, massage, and movement. In presenting information about the process of labor and birth, it is important for women to know and understand the normal, physiologic process of labor and birth (simple) before being able to understand, for example, the indications for induction or cesarean surgery (complex). In general, it makes sense to make sure that women understand "normal" before discussing complications. For example, teach the process of labor and

birth (simple) before making decisions about the birth plan (complex).

5. Equalize the Power in Your Classes

Although the childbirth educator is the expert related to information about birth, her role should be a facilitator. The childbirth educator is respectful, listens carefully, and allows learners to share what they know. Women come to childbirth classes with a great deal of knowledge about themselves, including their wishes, their needs, their expectations, and their previous experiences. They also know a lot about birth, not all of it is evidence based. All of this is important and will influence their learning and ultimately their decisions.

Part of equalizing power is paying attention to creating a safe learning environment. In being respectful, listening carefully, and encouraging women to share their experiences, trust develops. In this environment, women feel safe to share experiences, including their fears, ask questions, engage in discussions, and opt out of activities.

Group size needs to be carefully considered. The group needs to be small enough to ensure the opportunity for sharing, questioning, and thoughtful discussion. Renner (2005) suggests that a group of five to seven people is optimal. If your class is larger, you can plan for small group activities.

6. Engage the Learner

Dale's (1969) classic learning model, the Cone of Experience, suggests that we remember much less of what we hear, see, or hear and see, and much more of what we do and talk about. Keeping this in mind, we should structure our classes so that there is a great deal of doing and discussion rather than listening and looking.

Storytelling is a powerful way to engage the learner. Real life experiences place essential content in context in a way that just "talking facts" does not do. The women in your classes will remember the story of the elective induced labor that resulted in cesarean surgery and a preterm baby but may forget a laundry list of the risks of induction.

You also engage the learner by constantly pointing out or having the individual identify how the content will be useful in labor or everyday life. Every bit of information, every skill you teach should be useful, and the learner needs to make that connection with your guidance.

A word of caution: It is important that interaction enhance learning. Playing a game or telling a story has to have a purpose beyond "it's fun."

Storytelling is a powerful way to engage the learner.

7. Don't "Tell"

Discovery learning involves presenting information in an incomplete way and then letting the learner make the connections (Bruner, 1967). In a very real sense, the learner has an "aha!" moment. Making the connections requires thinking, and it involves taking all that the learner knows (not just the information you have presented) to "discover" something that is new. The teacher is not "telling"; instead, she is guiding the learners to see for themselves how it all fits together. Discovery learning is a higher level and a more effective way of learning.

Not all content can be presented in this way. One good example of discovery learning is showing a video of a home birth in your class. All the women in your class will give birth in a hospital. You ask your class to pay attention to what the birthing woman in the video does to find comfort and cope with her contractions. After the video, you ask, "What did this woman do to find comfort?" and then "How can you take what you see on this video and have it work for you in your labor and birth?"

Role play is another excellent strategy to use to help your class "discover" for themselves.

8. Encourage Learning Outside the Classroom

Real life is a source of endless learning. Encourage the women in your classes to share what they know about birth and encourage them to learn more from their own families. What was their grandmother's birth like? How was it different or the same as their mother's? What have they learned that will make a difference as they make plans for their own births?

Encourage the women in your classes to identify and share what they already know about finding comfort and dealing with pain and stress in their everyday lives. Encourage them to incorporate skills such as relaxing, massage, meditation, and slow breathing into their daily lives.

In addition to the birth books you recommend, connect women with other resources such as the Lamaze International website for parents (<http://www.lamaze.org>), Childbirth Connection (<http://www.childbirthconnection.org>), Choices in Childbirth (<http://www.choicesinchildbirth.org>), and the Coalition for Improving Maternity Services (<http://www.motherfriendly.org>). The *Giving Birth with Confidence* (<http://www.givingbirthwithconfidence.org>) and *Stand and Deliver* (<http://www.rixarixa.blogspot.com>) blogs are also excellent resources for the women in your classes.

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Make sure you provide the opportunity to talk about "outside-the-classroom" learning during your class.

9. Evaluate Learning

Think about how you will know learning has taken place. These are just a few examples of questions that will help you evaluate learning. Are your learners engaged? Are they asking questions, participating in the discussion? Does the discussion indicate that they are becoming knowledgeable of the process of normal labor, birth, breastfeeding, and early parenting? Find out how the birth went. What did they learn that will have a lasting influence on their lives? What will they use in labor, in life? How have their beliefs changed? Are they more confident in their ability to give birth? Some teachers ask their students to write a formal evaluation. Others observe and ask questions in the class. The most valuable way to evaluate is to know how the birth went. When women share this information, you have the opportunity to learn, and women have the opportunity to process their experience with you.

10. Be Yourself

No two teachers are exactly alike. Our own personalities should come through. You will develop your own style of teaching. Depending on where you teach and whom you teach, your style and the learning activities you choose to use in your classes will be quite different. If you are not comfortable with games, choose another learning activity. If you find that using PowerPoint lectures helps you organize your thoughts while teaching, use them (but not at the expense of limiting discussion and engagement of the learner).

CONCLUSION

The way we teach makes a difference. Paying attention to these simple guidelines will enhance the learning of the women in your classes and make it more likely that your goals will be achieved. The women in your classes will understand the ways in which the medical and physiologic models of birth differ and intersect and the influence this will have on their plans and how the birth goes. Women will be confident in their ability to give birth and will be able to make informed decisions and advocate for themselves so that they have the safest and healthiest birth possible.

REFERENCES

- Amis, D., & Green, J. (2007). *Prepared childbirth: The educator's guide*. Houston, TX: Family Way.
- Bruner, J. S. (1967). *On knowing: Essays for the left hand*. Cambridge, MA: Harvard University Press.
- Dale, E. (1969). *Audiovisual methods in teaching*. New York, NY: Holt, Rinehart & Winston.
- Goer, H., & Romano, A. (2012). *Optimal care in childbirth: The case for a physiologic approach*. Seattle, WA: Classic Day.
- Hucker, S. J. (2011). *Complications in the classroom: An investigation of childbirth preparation classes* (Unpublished bachelor of arts thesis). Wesleyan University, Middletown, CT. Retrieved from http://wescholar.wesleyan.edu/cgi/viewcontent.cgi?article=1697&context=etd_hon_theses&sei-redir=1
- Lothian, J., & DeVries, C. (2010). *The official Lamaze guide: Giving birth with confidence* (2nd ed.). Minneapolis, MN: Meadowbrook Press.
- Nichols, F. H., & Humenick, S. S. (2000). *Childbirth education: Practice, research and theory* (2nd ed.). Philadelphia, PA: Saunders.
- Norris, J. A. (2003). *From telling to teaching: A dialogue approach to adult learning*. North Myrtle Beach, SC: Learning by Dialogue.
- Renner, P. (2005). *The art of teaching adults* (10th ed.). Vancouver, BC: Training Associates, Ltd.

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