Listen Up: What We Can Learn From Women's Birth and Postpartum Experiences

Judith A. Lothian, PhD, RN, LCCE, FACCE

ABSTRACT

In 2013, Childbirth Connection published findings from a U.S. study of women's pregnancy, childbirth, and postpartum experiences, *Listening to Mothers III*. In this issue of *The Journal of Perinatal Education*, we publish the major survey findings of both the pregnancy and birth survey and the postpartum survey. This editorial discusses some of the major findings of the childbirth survey. Listening to what mothers have to say about their experiences suggests a mandate to "listen up" to what mothers are telling us and continue to advocate for evidence-based maternity care. Articles in this issue of the journal are presented.

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In reading *Listening to Mothers III: Childbirth Findings*, I was especially interested in the extent to which women experienced the Lamaze Six Healthy Birth Practices (Lothian, 2009; <http://www.lamazeinternational.org/HealthyBirthPracticesTools>).

- Let labor begin on its own. Over half of the mothers surveyed had either self-induced or physician-induced labors. Forty-one percent had a care provider who tried to induce labor. The reasons for the induction according to the mothers were baby was full term, tired of being pregnant, overdue, concerns with a big baby.
- Walk, move around, and change position throughout labor. Forty percent of the mothers reported that they used movement and position change as comfort strategies in labor. Forty-three percent reported walking in the hospital. More mothers

used birthing tubs, showers, and birth balls than in the previous two studies. Mothers were more likely to use all drug-free techniques if they went to class in the current pregnancy.

- Avoid interventions that are not medically indicated. Most mothers experienced a wide range of routine interventions: IV (62%), epidural (67%), electronic fetal monitoring (89%, with 60% of those mothers having continuous monitoring). Twenty-one percent of mothers reported eating in labor (an increase) and 40% drank something in labor (a decrease). The episiotomy rate decreased

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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).

from 25% to 17%. Augmentation rates declined and both epidural and narcotic rates declined. Seventeen percent of the mothers reported using no pain medications in labor.

- Avoid giving birth on your back and follow your body's own urges to push. Almost 70% of women gave birth on their backs and 71% did directed pushing. Neither of these care practices is evidence-based.
- Keep mother and baby together. Twenty-six percent of babies were initially separated from their mothers, but 57% of mothers who gave birth vaginally had their baby in their arms after birth, and 21% of mothers experiencing a cesarean had their babies with them after birth. Sixty percent of mothers kept their babies with them (rooming in) while in the hospital.

For breastfeeding, there was a decrease in the percentage of mothers intending to breastfeed exclusively. For women who intended to breastfeed exclusively, 49% were given free formula and 29% of the babies were given formula or water. The good news is that both these percentages are down from the previous surveys. Thirty-seven percent of the babies of breastfeeding women were given pacifiers.

For childbirth education, the steep decline in the percentage of women attending childbirth education classes that was noted from *Listening to Mothers I* (2002) and *Listening to Mothers II* (2006) did not continue. Half of all mothers took classes in either the current or previous pregnancy, with 59% of first time mothers attending childbirth education classes.

The mothers listed their care provider as their top source of information, but childbirth education for both first time and experienced mothers was listed second, followed by pregnancy and childbirth websites. Not surprisingly, the mothers reported that their care provider was their most trustworthy source of information (80% of mothers). Second to the care provider, 55% of women rated their childbirth education class as providing completely or very trustworthy information. This is good news.

Listening to Mothers III can be downloaded at http://transform.childbirthconnection.org/wp-content/uploads/2013/06/LTM-III_Pregnancy-and-Birth.pdf and New Mothers Speak Out II can be downloaded http://transform.childbirthconnection.org/wp-content/uploads/2013/06/LTM-III_NMSO.pdf

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Informed Choice—Mothers were asked what they knew about cesareans and induction. Most women did not have correct information about either cesarean or induction. In addition, and troubling, is that mothers report being pressured by providers to be induced for nonmedical reasons. *Listening to Mothers II* reported similar findings, and in that study, the mothers were less likely to have accurate information if they attended childbirth classes (Lothian, 2007). It would be interesting to know if attending childbirth education classes made a difference for the mothers in this study.

Cesarean and Vaginal Birth After Cesarean—There was a very slight increase in maternal request cesarean, but the rate is only 1%. This is much lower than what the media suggests. The vaginal birth after cesarean (VBAC) rate is 14%, up from 11%, a small but perhaps significant increase. Could the tide be beginning to turn?

It's time for childbirth educators, nurses, care providers, and policy makers to "listen up" to what mothers are telling us. Although 60% of the mothers surveyed believe that birth is a process that should not be interfered with, maternity care in the United States continues to be intervention intensive. Some study findings give us cause for hope (decreased rates of episiotomy, epidural, some increase in VBACs), but other findings (the continued high rate of interventions, including inductions and cesareans) continue to cause alarm. Transforming maternity care so that it is evidence based continues to be an uphill battle requiring committed and collaborative effort. The results of the *Listening to Mothers III* surveys will give direction to our efforts moving forward. Hats off to Childbirth Connection for another landmark study!

IN THIS ISSUE

In addition, sharing reprints from Childbirth Connection—*Listening to Mothers III: Pregnancy and Birth Major Survey Findings* and *Listening to Mothers III: New Mothers Speak Out Major Survey Findings* (Declercq, Sakala, Corry, Applebaum, & Herrlich, 2013a, 2013b)—we are happy to continue the practice of advancing the Lamaze International mission to promote, support, and protect natural, safe, and healthy birth by sharing birth stories. Elena Carrillo, a grandmother of seven and a Lamaze Certified Childbirth Educator and doula shares the story of her daughter's successful VBAC in Switzerland.

We also have four articles, three from international authors, that touch on various aspects of how culture and health beliefs influence pregnancy and childbirth. Hye-Kyung Kang describes a qualitative study that examined the perceptions of doulas practicing in Washington State caring for immigrant women. This study explores the influence of cultural and community beliefs on immigrant women's birth and perinatal care, as well as their own cultural beliefs and values that may affect their ability to work interculturally. The findings suggest that doulas can greatly aid immigrant mothers in gaining access to effective care by acting as advocates, cultural brokers, and providing emotional and social support.

According to Irish authors O'Sullivan, O'Connell, and Devane, antenatal education is recommended to prospective parents; yet little is known about the educational preparation of the facilitators of this education, or of the educational practices they utilize. The aim of their study was to investigate the educational preparation and practices of antenatal educators in Ireland. Respondents included midwives, public health nurses, physiotherapists, and private antenatal educators. Findings describe a picture of varied educational preparation for the antenatal educator with a range of educational practices being used.

In a thought-provoking article, Australian author Emily Burns describes placental rituals and practices among Australian home-birthing women. Burns shares interesting finding from in-depth interviews with 51 women who were pregnant and planning home births in Australia, or had recently had home births in Australia. She suggests that by shifting focus away from the medical frames of reference in relation to the third stage of labor, the home-birthing women in this study used the placenta in various

rituals and ceremonies to spiritualize an aspect of birth that is usually overlooked.

Also in this issue, authors May, Suminski, Berry, Linklater, and Jahnke discuss the findings from their study on health-care providers and patients' behaviors related to diet and pregnancy. Associations between health-care providers discussing diet with their pregnant patients and patient dietary behavior were assessed in addition to factors related to health-care providers discussing diet with their patients. Health-care providers who discussed multiple health behaviors were nearly four times more likely to discuss diet with their pregnant patients compared with health-care providers who did not discuss other health behaviors indicating that education by health-care providers can positively impact dietary behaviors of their pregnant patients.

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JUDITH A. LOTHIAN is a childbirth educator in Brooklyn, New York, Chairperson of the Lamaze International Certification Council, and the associate editor of The Journal of Perinatal Education. She is also an associate professor in the College of Nursing at Seton Hall University in South Orange, New Jersey.