What to Teach?

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ABSTRACT

In this column, the editor of *The Journal of Perinatal Education* discusses why Lamaze International conducts a comprehensive job analysis of what childbirth educators are teaching and their beliefs of what is important for pregnant women and their partners to learn. The editor also describes the contents of this issue, which offer a broad range of resources, research, and inspiration for childbirth educators in their efforts to promote, support, and protect natural, safe, and healthy birth.

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Editor

There was a time not long ago when childbirth classes were mandatory in some hospitals in order for a woman to have her partner come into labor and delivery with her. A couple needed to bring a certificate of attendance signed by their instructor. Although attendance at childbirth classes is no longer mandatory, the benefits of childbirth education can be great for women and their partners. So important, in fact, that *Healthy People 2020* has a goal of increasing attendance at childbirth classes. Despite the benefits, many choose not to attend classes. Reasons may include “I don’t have time” or “I get all the information I need from other sources such as my doctor, books, the Internet, and from friends and family.” For those adult learners who do attend classes, we recognize that their time is valuable and they want to get exactly what they need from competent childbirth educators.

As childbirth educators, we are often faced with the dilemma of what is the most critical content to be included in a series of childbirth education classes

and how best to teach it. New Lamaze Certified Childbirth Educators (LCCEs) who attend a seminar to learn about essential content to include in their classes and how to teach, and then successfully pass the certifying exam, often wonder who decides what knowledge and skills competent childbirth educators need to demonstrate and what needs to be assessed on the exam.

Passing the Lamaze certification exam demonstrates the highest standard in childbirth education. LCCE educators are recognized as trusted, highly qualified educators by colleagues and parents alike. Lamaze certification is internationally recognized as the most respected certification in the field. The Lamaze certification program is the *only* internationally recognized childbirth educator certification program

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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).

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accredited by the National Commission for Certifying Agencies (NCCA), the accrediting body of the Institute for Credentialing Excellence. The NCCA standards require demonstration of a valid and reliable process for development, implementation, maintenance, and governance of certification programs. NCCA uses a rigorous peer review process to establish accreditation standards, evaluate compliance with the standards, recognize organizations/programs which demonstrate compliance, and serve as a resource on quality certification. Program content validity is demonstrated with a comprehensive job analysis conducted and analyzed by experts, with data gathered from stakeholders in the occupation or industry.

Childbirth education, like all professions, evolves as new knowledge and technology becomes available and practice changes. To evaluate the current practice of childbirth education and to validate and, if necessary, update the identified knowledge and skills required to practice competently as a childbirth educator, a periodic job analysis is essential. A comprehensive job analysis, describing the knowledge and skills identified as being critical and frequently taught by practicing LCCE educators, informs the content or blueprint of the exam and is also one of the criteria required for the Lamaze certification program to maintain its prestigious accreditation by the NCCA. By conducting a comprehensive analysis of what LCCE educators are teaching and what they think is most important, it helps to ensure that the Lamaze certification exam continues to measure the competencies that are required of today's practicing childbirth educator. It also ensures that consumers will get the essential information that they need from competent educators when they attend classes.

IN THIS ISSUE

We are pleased to continue the practice of advancing the Lamaze mission to promote, support, and protect natural, safe, and healthy birth by sharing inspiring birth stories. In this issue's "Celebrate Birth!" column, we feature Anne Stebbins's story about the birth of her third child, Jack Thomas. She compares each of her three births and how confidence in her ability

to give birth grew. The first birth was difficult and unsatisfying, lacking support of the medical team, which diminished her confidence. With her second pregnancy, she was able to give birth naturally in the care of a midwife. And with renewed confidence and the wisdom that comes with experience, she describes how she was able to give birth naturally with her third baby in spite of being induced.

In this issue's featured article and continuing education module, members of the Lamaze International Certification Council share the results of the 2011 job task analysis. This report describes the background, methodology, and findings of the job analysis as well as changes in the certification exam test blueprint based on these findings.

Also in this issue, authors Nichols, Brown, Coley, Kelley, and Mauceri present birth narratives of adolescent mothers in an article entitled "I Managed It Pretty Good": Birth Narratives of Adolescent Mothers." The aim of this study was to understand adolescent mothers' childbirth experiences. Semistructured interviews were conducted with participants recruited from a community-based program for adolescent mothers. Four unique categories emerged: connected births, surreal births, disconnected births, and disempowered births. This study has implications for tailoring childbirth education for adolescent mothers and can inform health-care professionals working with this population.

In another article focusing on adolescents, authors Ho and Yu examined the attitudes of high school and vocational school students toward breastfeeding in Taiwan. Using a descriptive cross-section survey of 1,319 male and female students, results revealed that female students had more positive breastfeeding attitudes than male students. It was encouraging that two-thirds of the participants favored the inclusion of breastfeeding information in the school curriculum. By providing breastfeeding information earlier to receptive adolescent students, it may increase positive breastfeeding attitudes.

Birth doulas continue to provide an important contribution to the maternity care system by providing continuous support and comfort measures and helping their clients make informed decisions. Authors Amram, Klein, Mok, Simkin, Lindstrom, and Grant share the findings of their study that examined how doulas adapt to challenges in client's labors. They report results from open-ended questions in which doulas describe how they manage changes deviating from the mother's birth plan and

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how they navigate differences of opinion between themselves and providers. They concluded that issues in doula responsibility and patient advocacy remain, and ongoing role clarification is needed.

Goldberg and Shorten present findings from their study, which describes differences between patient and provider perceptions of informed decision making about epidural analgesia use during childbirth. Findings indicated that providers perceived a greater degree of informed decision making than patients and were more likely to recall they upheld patients' rights to make informed choices than pa-

tients were to perceive their rights had been upheld. The authors discuss how this incongruity highlights the need to align legal principles with practice to create mutual agreement between stakeholder perceptions of informed decision making.

WENDY C. BUDIN *is the editor-in-chief of The Journal of Perinatal Education. She is also the director of nursing research at NYU Langone Medical Center and adjunct professor at New York University College of Nursing. She is a fellow in the American College of Childbirth Educators and is a member of the Lamaze International Certification Council.*