Promoting Birth Advocacy

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ABSTRACT

In this column, the editor of *The Journal of Perinatal Education* discusses the many ways that Lamaze International promotes birth advocacy. 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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The mission of Lamaze International is to advance safe and healthy pregnancy, birth, and early parenting through evidence-based education and advocacy. While it may seem that the emphasis is on promoting evidence-based education, we must not forget the advocacy! According to Wikipedia,

advocacy is an activity by an individual or group which aims to influence decisions within political, economic, and social systems and institutions. Advocacy can include many activities that a person or organization undertakes including media campaigns, public speaking, commissioning, and publishing research or conducting exit polls or the filing of an amicus brief. Lobbying (often by lobby groups) is a form of advocacy where a direct approach is made to legislators on an issue which plays a significant role in modern politics.

Individual advocacy and stakeholder advocacy are two of the core competencies of a Lamaze Certified Childbirth Educator. Promoting advocacy is key to

achieving the Lamaze vision of “knowledgeable parents making informed decisions.” Helping parents to advocate for themselves is often difficult especially during the limited perinatal period. Childbirth educators can provide activities and skills that increase confidence and explore ways to effectively communicate with health-care providers to advocate for the kind of care they desire. This is especially important in today’s health-care climate where pregnancy and childbirth are often treated as an illness or medical emergency. Women and their partners need to build confidence in their own decision-making abilities, so they can advocate for and receive evidence-based care that helps them have a safe and healthy birth.

Stakeholder advocacy is an invaluable skill that can help further spread the reach of Lamaze. Lamaze continues to expand advocacy efforts by engaging policymakers, payers, and providers to develop strategic partnerships to increase access to childbirth education. Launching efforts on the local, state, and national levels are critical to this endeavor and we can only succeed with the expertise and efforts

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@rutgers.edu).

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of our membership. The first Lamaze Advocacy Summit, held in Washington, DC, October 23–24, 2017 (see article by Walsh in this issue), provided an excellent way to develop—and build upon—stakeholder advocacy. The Summit offered opportunity for not only networking with peers, but meeting members of Congress and their staffs to strengthen our voices on Capitol Hill and beyond!

For more information about other ways that Lamaze promotes advocacy and some recent advocacy efforts, be sure to visit the Lamaze website at <https://www.lamazeinternational.org/Advocacy>

There, you will find a series of resources that speak to the current state of U.S. childbirth outcomes and the role that Lamaze and its members have in improving these outcomes. These resources will help you educate your members of Congress, fellow providers, and other policymakers in your states and communities about Lamaze's mission and the critical role that evidence-based childbirth education has in improving childbirth outcomes.

IN THIS ISSUE

As we 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 Lesley Ann Pascuzzi's account of labor and birth following a high-risk pregnancy that ended in induction of labor at 37 weeks. Pascuzzi describes how after two textbook pregnancies, she was not expecting her third to be any different. However, at 29 weeks, she was diagnosed with gestational diabetes. This story is a compelling account of when option B can still lead to a safe and positive birth experience.

In this issue's feature article, Allison Walsh, longtime Lamaze member and outgoing chair of the Education Council, provides a recap of the first Lamaze Advocacy Summit held in Washington, DC, October 23–24, 2017. Walsh discusses how legislative

advocacy is becoming increasingly important to fight the United States' rising maternal death rate and racial disparities within maternal child health outcomes. The activities, goals, and emotions of this important event are described.

Consistent with our ambition to address racial disparities within maternal child health outcomes, we share results of a qualitative study of social, cultural, and historical influences on African American women's infant-feeding practices. Authors DeVane-Johnson, Woods Giscombe, Williams, Fogel, and Thoyre describe events, experiences, and other phenomena that have been culturally, socially, and generationally passed down and integrated into families, potentially influencing African American mothers' perceptions about infant feeding. The results from this study illuminate fascinating aspects of African American history and the complex context that frames some African American women's choice about breastfeeding versus formula feeding. This study also demonstrates the need for developing family-centered and culturally relevant strategies to increase the African American breastfeeding rate.

As described in this issue's Celebrate Birth! story, gestational diabetes can have a profound effect on pregnancy and birth. Innovative strategies are needed to educate women about safe and effective ways to manage diabetes during pregnancy. In this issue, Nasso, McCloskey, Nordquist, Franzese, and Queenan describe the development of the Gestational Diabetes Group Program. The purpose of this program was to provide patients with diabetes self-management education that occurs in a supportive, prenatal group care setting. The Centering Pregnancy Interdisciplinary Model of Empowerment and the Chronic Care Model guided the program. This pilot project took place at an urban clinic that cares for a diverse, underserved population. The program was able to show statistically significant changes in knowledge and empowerment, optimal pregnancy outcomes, and high patient satisfaction.

In this issue, we share two articles on educating nursing students to appreciate and provide effective care consistent with the Lamaze mission to promote, support, and protect natural, safe, and healthy birth. In the first article by O'Brien and Hoteling, titled "Amazing Things Happen When Student Nurses Are Given Birth Doula Training," the authors describe an innovative program at Duke University School of Nursing where accelerated BSN students participate

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The content of all JPE issues published since October 1998 is available on the journal's website (www.ingentaconnect.com/content/springer/jpe). Lamaze International members can access the site and download free copies of JPE articles by logging on at the "Members Only" link on the Lamaze website (www.lamaze.org).

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in a free Doula of North America birth doula training to learn support of prenatal, intrapartum, and postpartum women and their families. The nursing students learn to participate as a team member providing continuous physical and emotional support to women in the perinatal period and how hormones support physiologic labor and birth. This training complements classroom information and clinical experiences.

In another article, Rhodes Alden describes the implementation and evaluation of a web-based module to enhance BSN students' knowledge and confidence in teaching parents about newborn behavior. Using this adjunct approach to traditional instructional strategies, BSN students in a maternity course completed a web-based module called "HUG Your Baby" (HYB) about newborn behavior and teaching new parents. Those students were compared with students enrolled in another semester in which only traditional teaching strategies were used. Both groups were compared on knowledge and confidence about newborn behaviors and teaching new parents. Knowledge and confidence scores increased significantly in both groups from beginning to end of the semester. Students who completed the HYB program demonstrated a significantly greater increase in knowledge and confidence compared with students who did not complete the HYB program. Students highly rated the HYB program and recommended it for incorporation into the maternity course.

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Finally, in this issue we share the findings of Ellington's mixed-methods quality improvement project using a web-based perinatal education for the new obstetrical patient. The web-based format utilized enhances family-centered care in a teaching format in the comfort of one's home. The identification of at-risk populations resulted in improved referral for cell-free fetal DNA screening. The qualitative approach assessed overall provider satisfaction with web-based teaching. The patient survey identified barriers for noncompletion of web-based content. Quantitative data identified completion rate, high-risk populations for referral for advanced screening, and provider satisfaction with web-based curriculum content in a teaching platform linked to provider's website.

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