



Selling Normal Birth: Six Ways to Make Birth Easier

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ABSTRACT

In this column, a reader expresses concern at the declining number of women attending childbirth classes and her inability to influence a woman's decision to choose normal birth. It may be more effective to market Lamaze as a way to have an easier birth rather than a normal birth. The six care practices that promote, support, and protect normal birth are suggested as a framework for teaching Lamaze classes with the goal of having an easier labor and birth.

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READER'S QUESTION

I am discouraged that so few women are attending Lamaze classes and that the women who attend my classes are likely to be induced, have epidurals, and have the typical “intervention intensive” births that *Listening to Mothers II* (Declercq, Sakala, Corry, & Applebaum, 2006) describes. In my classes, I am having a difficult time convincing women to choose normal birth, and the women in my classes that want to give birth naturally are giving birth in hospitals with restrictive policies that make it difficult, if not impossible, to give birth normally. How can I be more effective in convincing women to come to classes and, then, in helping women choose normal birth?

COLUMNIST'S REPLY

Your questions raise two interwoven and extremely important issues: Why are women not attending childbirth classes, and why are women seemingly

uninterested in choosing normal birth, in spite of our best efforts?

I recently was invited to do a book signing (for *The Official Lamaze Guide: Giving Birth with Confidence*) and a 1-hour seminar at a mega baby store in New York City. Mostly because I did not want to be embarrassed by having no one show up, I spent some time thinking about what would entice women to come to the seminar. I realized it had been a long time since I thought in terms of “marketing.” In fact, it was back in the early 1970s when, as a young mother and new childbirth educator, I rode the crest of the wave of women wanting to give birth in a different way, without twilight sleep, awake and aware, and with their husbands with them. I had to admit to myself that naming the seminar “How To Have a Normal Birth” was not going to fill the seats. Would “How To Be More Confident” entice women to give up reading the Sunday paper, going to brunch, or just relaxing?

What message would grab women and, at the same time, allow me to address the big issues of fear, confidence, and the value of normal birth? I came up with “Five Things You Can Do To Make Your Labor Easier.” The marketing worked. A record number of women attended the seminar.

Here’s what happened in that very short hour. I talked about five of the six care practices that promote, support, and protect normal birth: letting labor begin on its own; allowing freedom of movement throughout labor; providing continuous labor support; promoting spontaneous pushing in upright or gravity-neutral positions; and keeping mother and baby together, with unlimited opportunities for breastfeeding. Incorporated within my discussion of those five care practices were the history of birth across time and cultures, including the move from home to hospital and the move from midwife to physician care; the anatomy and physiology of normal birth (with a focus on the simplicity and elegance of the process); women’s inherent ability to give birth, including inner wisdom; comfort measures that work in labor; the role and value of pain in labor; the competence of the newborn; and the importance of breastfeeding for mother and baby. In many ways, the seminar role modeled traditional ways of passing information about birth from generation to generation: storytelling, woman-to-woman support, and making birth part of everyday life by using analogies that help women make connections with what they already know. The women didn’t see birth graphics, view a video, or practice breathing or relaxation. I didn’t present risks of or indications for medical interventions. I never used the word “normal.” I didn’t talk about “choosing normal birth.” The women “got it.” They left with a clear understanding of five ways to have an easier labor. I, to be honest, was surprised. Three women asked for recommendations for changing health-care providers and place of birth. They bought the book.

The problems of contemporary birth, including the standard “intervention-intensive” labor and issues related to litigation and patient choice, should not be an excuse for our failures but should provide insight and give direction to what needs to be done as we move forward. The world is very different than it was in 1960. At the very least, we need to market differently. We may also need to rethink the content and the process of childbirth education.

Everyone wants an easier labor—women across cultures, homeless women, and teens, as well as


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our typical students, middle-class women, and well-educated women. The fear of pain fuels the drive to epidurals, and the still small but increasing number of maternal request cesareans exist; so, the idea of “easy” is likely to be enticing. Women are also concerned about safety, but that “sell,” while evidence-based and appropriate, would be more difficult. We would come head to head with physicians and hospitals that have changed the world of birth by marketing alternate views of what counts as safe. Although normal, natural birth is safer for mother and baby (in the absence of a medical indication for intervention), it is probably simpler to sell an easier birth to women.

“Easy” means different things to different women. Here’s what I suggest we mean (consistent with *Webster’s Dictionary*): uncomplicated, unproblematic, trouble free, straightforward, simple. Easy does *not* mean painless, effortless, or undemanding. Interventions, including induction, augmentation, epidural, and cesarean, do not make labor “easier.” They complicate what should be a simple, albeit challenging, process requiring great effort for most women. Easier means fewer complications and interventions for both mother and baby. The key to an easier labor and birth is to let labor and birth unfold in the way nature intended.


What do women need to know to have an easier labor? They probably don’t need to know a great deal of the content we spend time on in the typical childbirth class: in-depth discussions of stages and phases of labor, medical interventions, hospital policies, and complications. The care practices, however, are essential information for women to understand if they want an easier labor and birth. In fact, the care practices can provide the framework for teaching childbirth classes. Think of

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 Detailed and evidence-based descriptions of all of Lamaze International’s updated six care practices are presented in this issue of *The Journal of Perinatal Education* (see pp. 11–43).

 For more resources and to download a copy of each updated care practice paper, visit the Lamaze Institute for Normal Birth link at Lamaze International’s Web site (www.lamaze.org).

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 For an inspiring discussion on the challenges and pain of childbirth, read Kathy McGrath's guest editorial, "Finding the Path," which was published in the Volume 16, Number 2, issue of The Journal of Perinatal Education (JPE). The article is available for download at JPE's on-line site (www.ingentaconnect.com/content/lamaze/jpe).

chunks of information that fit easily within each of the care practices. Letting labor begin on its own includes content related to the simple story of labor and birth, signs of labor, and trusting your body, as well as the potential risks to mother and baby of interfering with the normal, natural process by inducing labor, medically or otherwise. Let go of trying to fit everything in. Women don't need to know everything about labor and birth.

Think about *how* we teach. I encourage you to recall how women learned about birth traditionally and try to use more of those strategies. Storytelling is a powerful way to convey basic information about physiology, coping strategies, and confidence. Storytelling also helps women see that they already know how to deal with pain and meet difficult challenges. Planning for an easier labor and birth is not a lofty, noble, or superior goal (as choosing normal birth is often perceived) but a practical, sensible, and doable decision.

Having an easier birth will require more than information about the six care practices. It will require advocacy on the part of women and childbirth educators. How to make that happen will require more soul searching and a much better understanding of the current barriers that sabotage

women's efforts to give birth easily and simply. At the very least, women's plans for birth will need to address the six care practices (Lothian, 2006; Lothian & DeVries, 2005).

Is it time for childbirth educators to "sell" our message in a different way? Can Lamaze classes be where women come to prepare for an easier birth? Can our childbirth classes become the place women go for the support they need to learn about and have an easier birth? Can we sell our vitally important message more powerfully in this different way?

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