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Continuing Education Module

# Persuasion: The Key to Changing Women's Ideas About Birth

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## ABSTRACT

Although standard maternity care is not evidence-based and, in many cases, increases risks for mothers and babies, few women make birth decisions that reflect this knowledge. This column discusses persuasion as a way to change women's ideas about safe, healthy birth. The relationship between persuasion and choice is discussed, and the differences between presenting information and persuading women that natural birth is the safest and healthiest way to give birth are explored.

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Unlike the 1960s, when formal childbirth education was born, today's childbirth educator has to *persuade* women that natural birth is the safest, healthiest way to give birth. Contemporary maternity care is intervention-intensive and not evidence-based (Sakala & Corry, 2008). Risk is exaggerated, contributing to women's fears about labor and birth (De Vries, 1992), and instead of preventing problems, standard maternity care results in unintended complications for healthy women (Sakala & Corry, 2008). Pregnancy, labor, birth, and breastfeeding are simple, elegantly designed processes. Most women do not know this. Most women believe that birth is safest with an obstetrician in a hospital and that technology has made birth safer for mothers and babies. The research evidence tells a different story. Giving birth naturally is not just a nice option or the opportunity to have a transforming experi-

ence; giving birth naturally is the safest way to give birth for mothers and babies. Yet only slightly more than one third of women today plan to give birth naturally (Declercq, Sakala, Corry, & Applebaum, 2006). As childbirth educators and advocates for safe, healthy birth practices, we need to *persuade* women to think differently about birth.

## WHAT IS PERSUASION?

Persuasion is influencing, urging, convincing, pleading your case, and ultimately changing someone's mind or making someone believe differently. It is *not* brainwashing. Persuasion is part of our everyday lives. Parents persuade their children to avoid danger, to behave appropriately, to make wise decisions from the time they are little. Teenagers argue their case with parents over and over again, and often are quite persuasive. In simple situations, such

  
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Visit the Childbirth Connection Web site ([www.childbirthconnection.org](http://www.childbirthconnection.org)) to view and download a copy of Sakala and Corry's (2008) Evidence-Based Maternity Care: What It Is and What It Can Achieve (also referred to as "the Milbank Report"), as well as a copy of the Listening to Mothers II survey report.

as deciding what to have for dinner, and in more complex issues, such as choosing where to go to college or what to do with your life, we influence our children and each other. In dialogue, in argument (in the good sense), and in exploring options, we persuade and are persuaded as a normal part of everyday life.

Changing beliefs, changing someone's mind, requires more than providing information. As a childbirth educator, you are not a bystander in the process of women's birthing journey; rather, you are an active participant, presenting information and its impact in a methodical way, with the goal of changing minds. This persuasive approach is very different from merely providing information for expectant women to use in whatever way they choose.

Persuasion is bold. It creates an imperative: "You need to *do* something with this information." In the case of birth, persuasion helps women see the critical importance of what they are learning and the decisions they will make. For most of the women in childbirth classes, persuasion encourages them to change their minds about the meaning of safe and healthy birth.

#### **WHAT ABOUT CHOICE?**

Expectant women have the right to make decisions for themselves about their health care (Goldberg, 2009). Because of this, childbirth educators are often reluctant to persuade, worrying about pressuring women or interfering with their right to choose. Respect for women's right to make their own health-care decisions can nudge childbirth educators into withholding full information and avoiding challenges to women's previously made decisions.

It is essential to explore the relationship between persuasion and choice. Morton's (2009) research describes childbirth educators presenting options as equal choices, when in fact the options are not equal choices. The decision to buy a red or a blue dress presents two options, with neither option being superior to the other. But the decision to breast-feed or not does not present equal options. Similarly, the decisions related to labor and birth do not offer equal choices. Some options, such as waiting to let labor begin on its own, are evidence-based practices and make birth safer for mother and baby; other options, such as routinely separating mothers and babies, increase risks for mothers

and babies. In making decisions about optimal birth care options, mothers need to know this essential information. Choosing safe, healthy birth practices is decidedly not the same as choosing between buying a red or a blue dress.

Women have the right to make decisions that they believe are best for themselves and their babies. As childbirth educators, our responsibility is to present the information (not just the facts) that provides the foundation for women's health-care and birth decisions. We need to discuss the facts and spell out the implications in a powerful, straightforward, and honest manner. Persuasion is not about imposing our opinions and pressuring women to make decisions that would be right for us. Not at all. But if childbirth educators withhold essential information, or softpedal the implications of decisions, women are cheated, and there can be serious ethical implications (Morton, 2009; Torres & De Vries, 2009).

Persuasion and choice are not at odds with each other. Persuasion is not telling individuals what to do; it is working to influence thinking, to change minds. For example, women have the right to decide whether or not to smoke cigarettes. Health-care providers have the responsibility to advise women about the potential health consequences of smoking, and they have an ethical obligation to convey that information powerfully and honestly enough to persuade women to ultimately change their minds about smoking. But the decision is still the woman's.

As childbirth educators, our challenge is to persuade women to think differently about birth, not to prevent women from making health-care and birth-related decisions for themselves and their babies. Of course, if women think differently about birth, this will affect the decisions they make.

#### **HOW TO PERSUADE CONTEMPORARY WOMEN TO THINK DIFFERENTLY ABOUT BIRTH**

Childbirth educators and maternity-care advocates need to remember that simply telling women what they should do and believe does not work. We need to *persuade* women to think differently. So, how do we persuade and help women to see birth as a simple, not complicated, process; to let go of fear and develop confidence in their ability to give birth; to know what helps keep birth safe and healthy; and then, perhaps most difficult, to communicate and negotiate in the complex world of maternity care,

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and be able to make truly informed decisions that actually influence the care they receive?

We must shape our message in words that make sense and resonate with women. Each woman will be a bit different, but we know from research done by Edelman, an international public relations firm, for Lamaze International that, for most women, talking about “normal” birth, “transformative” birth, or even a “fabulous” birth experience is not persuasive (Gatewood, 2009). Women are worried about safety for themselves and their babies. They want healthy pregnancies and births. They attend childbirth education classes believing that the safest and healthiest way to have a baby is with an obstetrician and in a hospital. So, we need to talk “safe and healthy,” and then persuade women to reframe what safe and healthy pregnancy and birth really is.

Childbirth educators must remember that telling is not as effective as showing. To persuade, we need to use examples, pictures, words, and stories that women understand. We need to constantly bring everything back to what we know is important to women—safe, healthy birth. Persuasion demands dialogue, not just questions and discussion. A classroom lecture, in the traditional sense, does not persuade. Childbirth educators need to share information in ways that women can understand, always coming back to how to have the safest, healthiest birth possible.

### ***Information Most Likely to Persuade Expectant Women***

Women need to know the simple story of birth, the evidence that supports the value of natural birth, and the ways in which standard maternity care increases risk for mothers and their babies (Lothian, 2009). We are telling a different story from the accounts that women have heard before. Birth is not risky. Birth is not dangerous. Women know how to give birth. The safest and healthiest way to give birth for healthy women is to let labor and birth unfold naturally.

Childbirth educators can focus on three core messages to persuade women to think differently about birth:

1. Nature intends labor and birth to unfold simply and easily. This message needs to come alive with stories and discussion always leading to the most important message: Giving birth simply, avoiding unnecessary medical interventions, helps

women have the safest, healthiest birth possible. Understanding the simplicity of birth helps alleviate pain, gives direction for finding ways to manage pain, and takes the mystery out of childbirth. Women ultimately have a better understanding of how their bodies work and confidence in their own ability to give birth.

2. Reliable research provides strong evidence in support of the value and importance of the natural process of birth and the risks inherent in interfering with the process without a serious medical indication. The childbirth educator needs to help women make sense of the evidence by showing what it means in real life through stories, pictures, videos, and discussion. We need to send women to trusted and reliable resources of evidence-based information, such as Lamaze International, the Coalition for Improving Maternity Services, and Childbirth Connection.
3. There is a wide community of women learning about birth and supporting each other as they make decisions about pregnancy and birth. Childbirth educators and the women who come to our classes need to be part of that larger community. The childbirth educator can be with women every step of the way, right from the beginning of pregnancy. Women are not alone. As part of a team, it is easier for women to navigate the maze of modern obstetrics, figure out options, and make decisions. Childbirth classes and other community resources and groups, including those available at Lamaze.org, provide rich opportunities for women to share, to learn from each other, to consult experts, and to make sense of what they are learning.


### ***Where and When to Persuade Expectant Women***

Persuasion takes time. For many, if not most women, it takes the whole of pregnancy to think differently. And for some women, the experience of birth is what ultimately creates the change. If we are to influence women’s beliefs and decisions, we need to connect with them early and often.

We know that women access information from the very beginning of pregnancy (Declercq et al., 2006). We need to reach women early with a strong

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 Ashley Gatewood’s (2009) article, “How to Connect with Parents by Using Updated Lamaze Messages,” and all articles published since October 1998 in The Journal of Perinatal Education (JPE) are available on the journal’s Web site ([www.ingentaconnect.com/content/lamaze/jpe](http://www.ingentaconnect.com/content/lamaze/jpe)). Lamaze members can download free copies of JPE articles from IngentaConnect by logging in as a member on the Lamaze Web site ([www.lamaze.org](http://www.lamaze.org)) and clicking on “JPE link.”

online presence, interactive early pregnancy classes (in person and online), online chat rooms, blogs, and Twitter. The most important decisions women make about maternity care are made early: the choice of place of birth and health-care provider. We need to influence that decision. We also need to boost confidence before fear and worry become pervasive. And, right from the beginning of pregnancy, we need to make the case for attending child-birth classes.

We also can persuade in more subtle ways in our everyday life. Every interaction we have with women is an opportunity to talk about pregnancy and birth. The Internet provides a powerful opportunity to persuade. Although writing for local newspapers, magazines, and professional journals is important, it is daunting and difficult for many of us. Participating in online chats, commenting on blogs, and responding online to media coverage of issues related to birth are opportunities open to all of us and, in many ways, are more powerful opportunities to persuade women to think differently about birth.

There has been a flurry of media coverage of birth issues recently precipitated by Ricki Lake's documentary film, *The Business of Being Born*. Lake's work is an excellent example of persuasion. The documentary and the media coverage have opened a window for us to begin, after many years, a dialogue with physicians and hospitals. It is time to begin the difficult work of collaborating with physicians, hospitals, and other maternity care professionals, using the evidence to persuade them, like women, to think differently about birth.

## CONCLUSION

Dr. Mehmet Oz, the renowned cardiac surgeon turned author and television host, said something recently that struck me. He "noticed that he was getting more jazzed up persuading people they didn't need surgery than operating on them" (Bauder, 2009, para. 17). He now does surgery only once a week. Let's take a lesson from Dr. Oz and get jazzed up about persuading women to think differ-

ently about birth. If we can persuade women to come to classes and then if we can persuade them to change their minds about birth, to let go of fear, to plan for the safest, healthiest birth possible, they, one at a time and then collectively, will have the power to say, "No, thanks," to standard maternity care.

## REFERENCES

- Bauder, D. (2009, September 6). Dr. Oz leaving Oprah Winfrey for his own talk show. *The Associated Press* [Online]. Retrieved September 13, 2009, from [http://www.nytimes.com/aponline/2009/09/06/arts/AP-US-TV-Mehmet-Oz.html?\\_r=1&scp=2&sq=dr%20oz&st=cse](http://www.nytimes.com/aponline/2009/09/06/arts/AP-US-TV-Mehmet-Oz.html?_r=1&scp=2&sq=dr%20oz&st=cse)
- Declercq, E. R., Sakala, C., Corry, M. P., & Applebaum, S. (2006). *Listening to Mothers II: Report of the second national U.S. survey of women's childbearing experiences*. New York: Childbirth Connection.
- De Vries, R. (1992). Barriers to midwifery: An international perspective. *The Journal of Perinatal Education*, 1(1), 1–10.
- Gatewood, A. C. (2009). Tools for teaching – How to connect with parents by using updated Lamaze messages. *The Journal of Perinatal Education*, 18(3), 55–57.
- Goldberg, H. (2009). Informed decision making in maternity care. *The Journal of Perinatal Education*, 18(1), 32–40.
- Lothian, J. A. (2009). Navigating the maze – Safe, healthy birth: What every pregnant woman needs to know. *The Journal of Perinatal Education*, 18(3), 48–54.
- Morton, C. H. (2009). A fine line: Ethical issues facing childbirth educators negotiating evidence, beliefs, and experience. *The Journal of Perinatal Education*, 18(1), 25–31.
- Sakala, C., & Corry, M. P. (2008). *Evidence-based maternity care: What it is and what it can achieve*. New York: Milbank Memorial Fund.
- Torres, J. M., & De Vries, R. G. (2009). Birthing ethics: What mothers, families, childbirth educators, nurses, and physicians should know about the ethics of childbirth. *The Journal of Perinatal Education*, 18(1), 12–24.

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