



Continuing Education Module

Lamaze Breathing: What Every Pregnant Woman Needs to Know

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ABSTRACT

Lamaze breathing historically is considered the hallmark of Lamaze preparation for childbirth. This column discusses breathing in the larger context of contemporary Lamaze. Controlled breathing enhances relaxation and decreases perception of pain. It is one of many comfort strategies taught in Lamaze classes. In restricted birthing environments, breathing may be the only nonpharmacological comfort strategy available to women. Conscious breathing and relaxation, especially in combination with a wide variety of comfort strategies, can help women avoid unnecessary medical intervention and have a safe, healthy birth.

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Historically, “breathing” has been considered the hallmark of Lamaze childbirth education. What came to be known as the Lamaze Method was introduced to the United States by Marjorie Karmel who had her first baby in France with Dr. Fernand Lamaze. In 1960, Karmel and Elisabeth Bing founded the American Society for Psychoprophylaxis (ASPO), now known as Lamaze International. The organization set about training childbirth educators and spreading the word about the Lamaze Method. Lamaze classes taught women what Karmel had learned at Dr. Lamaze’s clinic in Paris: conscious relaxation and controlled breathing to manage the pain of contractions, avoiding the need for drugs. Lamaze classes in the 1960s were a breath of fresh air. For the first time in decades, most certainly since birth had moved to the hospital, women had a way to learn about labor and birth and how to manage

the pain of contractions without drugs. In the early years, highly motivated couples attended Lamaze classes and spent hours in and outside of class, practicing controlled breathing and conscious relaxation in preparation for labor. The breathing was thought to be effective because it acted as a distraction, a focus away from the pain. There were several breathing patterns and strict guidelines for “doing it right.” Breathing together with relaxation reduced pain perception, enough to enable women to give birth without drugs. Despite being confined to bed, Lamaze mothers were able to give birth “awake and aware.”

It is important to note that in those years, labors routinely started, continued, and ended naturally. Intravenous fluids, continuous electronic fetal monitoring, and epidurals were not part of typical labor. The cesarean rate was 6%.

THE WORLD OF BIRTH CHANGED

Over the next few decades, the world of birth changed. Some good things happened: Birth now takes place in birthing rooms, not delivery rooms; episiotomy rates have decreased dramatically; and routine perineal shaving and enemas disappeared. However, the routine use of medical interventions increased, and the cesarean rate has skyrocketed. Now, almost one-third of women in the United States will have a cesarean surgery (Hamilton, Martin, & Ventura, 2010). Labors became more, not less, complicated. Today, the typical hospital birth is characterized by the routine use of intravenous fluids, continuous electronic fetal monitoring, induction and augmentation, and epidural analgesia (Declercq, Sakala, Corry, & Applebaum, 2006).

We now have a better understanding of the physiology of natural labor and birth, and how interfering in the physiologic process without a clear medical indication increases risk for mother and baby. Based on research evidence, we are able to identify the birth practices and comfort strategies that facilitate labor and those that interfere with the natural process of labor and birth (Lamaze International, 2009; Lothian, 2009).

- We learned that massage, music, hydrotherapy, imagery, and position change help women manage the pain of contractions. We learned that movement and positioning facilitate the process of labor.
- We learned that everyday ways of relaxing and being comforted help women manage their labors: having privacy, having your hand held and your brow wiped, and being surrounded by those you trust and those who care about you.
- We learned that women who have continuous emotional and physical support are less likely to request pain medication, have shorter labors, and are less likely to have a cesarean surgery. We learned that the support is most effective if provided by family and friends rather than nurses.
- We learned that the routine use of interventions in labor, interventions as simple as restrictions on movement or eating and drinking, can complicate labor, making it riskier for mothers and babies. We learned that the best way to know that the baby is ready to be born and that the mother is physiologically ready to give birth is to let labor start on its own.
- We learned about the hormonal orchestration of labor, the role of stress hormones, and the relationships between breathing, relaxation, and

catecholamine release. This knowledge reaffirmed that controlled breathing enhances relaxation and that relaxation decreases stress hormone levels, especially important early in labor.


- We learned from the *Listening to Mothers II* survey (Declercq et al., 2006) that 49% of women used breathing techniques in labor; but of all the supportive strategies women used in labor, women rated breathing as least helpful. However, the strategies they rated most helpful (immersion in a tub, massage, birth ball, and shower) are those that are least available. We learned that controlled breathing is most effective when used with other comfort strategies. We learned that some birth environments are so restrictive that breathing is the only comfort strategy (other than the epidural) available to women.
- We learned from sports research that controlled, conscious breathing is effective not because it is a distraction but because controlled breathing, especially slow, deep breathing, increases oxygenation, relaxation, and body awareness and mindfulness. Focusing on breathing and relaxing shuts out other distractions that take women away from the work of labor. Controlled breathing helps women become more aware, more attentive, more alert, and more focused. These are all good things in labor.


This ever-expanding body of knowledge continues to be the impetus for evolving change in Lamaze preparation for birth, including “the breathing.” In the current high-intervention birth environment, most women need to use a wide variety of comfort strategies in labor and may or may not use controlled breathing and conscious relaxation.

LAMAZE BREATHING TODAY

Nichols (2000) provides an in-depth history of the evolution of the theoretical underpinnings and the practice of Lamaze breathing through the 1990s, documenting the value of conscious, controlled breathing and relaxation. Nichols documents that based on a deeper understanding of breathing physiology, by 1983, women in Lamaze classes were being encouraged to use slow breathing and to

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 Visit the Lamaze Web site (www.lamaze.org) to view the six Lamaze Healthy Birth Practices and review the evidence basis for each birth practice.

 The Official Lamaze Guide: Giving Birth with Confidence is an excellent, evidence-based resource for expectant parents and childbirth educators.

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individualize their breathing rather than following the strict guidelines of the 1960s. By 2000, controlled breathing was viewed as most effective when used in combination with other comfort strategies in labor (Nichols, 2000). *The Official Lamaze Guide: Giving Birth with Confidence* (Lothian & DeVries, 2010) discusses breathing in the context of the wide variety of strategies that help women manage contractions in labor and provides an overview and some simple guidelines for using breathing in labor:

- Breathing is easily subject to conscious control. Therefore, controlled breathing is easy to learn.
- Slow, deep breathing is particularly effective. The “right” way to breathe is whatever feels right. There are no rules related to how many breaths per minute, whether to breathe through the mouth or nose, or whether to make sounds. The key here is that the breathing is conscious, not automatic.
- As labor contractions get stronger and the work of labor gets harder, speeding up the breathing and making it shallower is sometimes, but not always, more effective.
- Focusing on something, either with eyes closed or open, can help maintain the rhythm of the breathing.
- Using conscious breathing in everyday life, either to relieve stress or to increase body awareness and mindfulness, is excellent practice for labor. It is an excellent life skill.
- Conscious breathing works best in combination with many other comfort strategies. In Lamaze classes, women no longer spend large amounts of time practicing breathing. Women move, change position, slow dance, sway on birth balls, learn massage, and identify the countless other ways they normally relax and find comfort. Each of these comfort strategies can be used in combination with breathing.
- In restrictive environments, breathing may be one of very few comfort strategies available for women

in labor. It is one coping strategy that cannot be taken away.

SUMMARY

Although many women continue to think of Lamaze as “breathing,” it is no longer the hallmark of Lamaze. The six *Lamaze Healthy Birth Practices* (2009) are the foundation of Lamaze preparation for birth and reflect the evolution of the Lamaze approach to childbirth, one that incorporates a more complete understanding of the physiology of labor and birth and the danger of interfering in the natural physiologic process of birth without a clear medical indication. Although Lamaze breathing is quite different from the breathing techniques introduced in 1960, conscious breathing and relaxation are not outdated Lamaze traditions, but valuable, evidence-based strategies to manage pain and facilitate labor. Lamaze breathing today, unlike 50 years ago, is one of many ways that women now have to manage contractions, to facilitate the physiologic process of labor, and to give birth with confidence.

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