

# Building Confidence

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**Wendy C. Budin**  
Editor

## ABSTRACT

In this column, the editor of *The Journal of Perinatal Education* discusses the meaning of confidence and effective ways to build confidence for birth. 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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## INTRODUCTION

I recently saw an inspirational poster with a quote that read “One important key to success is self-confidence. An important key to self-confidence is preparation.” Although the poster did not acknowledge an author, the quote got me thinking about confidence and how we become confident. Is confidence something that is inherent for some people or is it a trait that can be enhanced? In other words, can we build confidence through preparation?

Putting on my researcher hat, I did the first thing most experienced researchers would do, I “Googled” the word “confidence” and found a useful self-help website called “Skills you Need: Helping you to Develop Life Skills” (2017). Scanning the various links provided on this site I came across some information that said “confidence is not something that can be learned like a set of rules; confidence is a state of mind . . . Positive thinking, practice, training, knowledge and talking to other people are all useful ways to help improve or boost your confidence levels.” It went on to say, “. . . Confidence comes from feelings of well-being, acceptance of

your body and mind and belief in your own ability, skills and experience.”

We know from experience that people often feel less confident about new or potentially difficult situations. One important factor in developing self-confidence is planning and preparing for the unknown. For example, when applying for a new job, it would be wise to prepare for the interview. Similarly, it is not only wise, but also essential to prepare for birth.

It all made perfect sense to me. This information about confidence reinforced how Lamaze childbirth education is an essential tool to help women prepare and thus build confidence for birth. Through our classes and the evidence-based resources we provide, we promote many if not all of the strategies shown to increase confidence.

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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@rutgers.edu](mailto:wendy.budin@rutgers.edu)).

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Information about Giving Birth with Confidence (updated 3rd edition of The Official Lamaze Guide) can be found on the Lamaze website at <http://www.lamaze.org/officiallamazeguide>

As I continued to ponder the many ways that Lamaze childbirth education helps to build confidence my UPS man delivered a package from Amazon containing copies of the award-winning Official Lamaze Guide, recently updated and renamed Giving Birth with Confidence, by Lothian and DeVries (2017). Some of the new highlights in the new edition include: updated information on the role of hormones in starting and regulating labor and releasing endorphins to help alleviate pain; the latest on how birth practices may influence the baby's microbiome; and current research, recommendations, and guidelines on controversial topics such as planned home birth, room sharing and co-sleeping, and the use and effects of alcohol, vitamins, and caffeine on pregnancy and the newborn. The authors Lothian and DeVries do an extraordinary job to simplify the miraculous process of birth in an easy-to-understand way, thus allowing the reader to feel empowered, informed, and confident rather than overwhelmed and fearful. What a wonderful resource this book is to include in our incredible arsenal of tools to help women build confidence for birth!

#### IN THIS ISSUE

In this issue's Celebrate Birth column, Kaitlin Solimine shares a beautiful description of what she considers her "ordinary, everyday, boring birth story." She eloquently articulates how when supported by appropriate childbirth professionals, the natural physiological process of childbirth can be an empowering, positive, and healthy experience for both mother and newborn. Her story is written with the intent to exemplify what a normal, prepared, supported birth can look like in a country where the vast majority of births involve various medical interventions.

In this issue's continuing education module, Bear and Mellor present Part I of a two-part series on Kangaroo Mother Care (KMC). This article "Alleviation of Physiological Problems in Premature Infants" provides an overview of the impact of prematurity on those features of neonates which KMC may be directed. Specifically, the mitigation of some cardiorespiratory, neurophysiological, sensory, gastrointestinal, musculoskeletal, renal, metabolic and immunological

impacts are outlined. Relevant neurobehavioral, psychosocial, sociocultural and economic perspectives will be reviewed in the Part II companion paper in our next issue. These two papers provide scientific support for a wider upscaling of KMC education and its cautious use in physiologically stable preterm infants. Stay tuned for Part II.

CenteringPregnancy, a form of group prenatal care is gaining increasing attention. In a qualitative study designed to understand the central meaning of the experience of providing CenteringPregnancy, for perinatal educators who were facilitators, Vekved and her co-investigators conducted one-on-one interviews with four perinatal educators and a validation focus group. Six themes emerged: (1) "stepping back and taking on a different role," (2) "supporting transformation," (3) "getting to knowing," (4) "working together to bridge the gap," (5) "creating the environment," and (6) "fostering community." These themes contributed to the core phenomenon of being "invested in success."

Also in this issue, authors Grossniklaus and colleagues describe results of a quality improvement project that demonstrated improvement in breastfeeding supportive maternity care among hospitals participating in Best Fed Beginnings (BFB) as compared with non-BFB and other hospitals. The authors used CDC's Maternity Practices in Infant Nutrition and Care (mPINC) survey data to calculate total and sub-scores for seven care domains. BFB hospitals had twice the increase in mPINC scores as compared to non-BFB and a three-fold increase compared to other hospitals. Learning collaborative participation may have accelerated progress in hospitals implementing breastfeeding supportive maternity care.

Soliday and Smith report the results of their innovative study to determine if teaching university students an introductory class about evidence based perinatal care would have an effect on future birth preferences. Students completed a "future birth plan" and an essay on how their learning affected care preferences. Analyses revealed that students selected evidence based care components up to 100 times more frequently than national data indicate they are used. Students based care selections on evidence, costs, and personal views. Their interest in physiologic birth has important implications for advancing education on perinatal care, practice, and policy.

Finally, Wise, Cantrell, Hadley, and Joyce describe the development of an evidence-based nutrition education program for pregnant adolescents based on

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Pender's Health Promotion Model. Modifying unhealthy eating patterns among pregnant adolescents is critical because of their association with risk of poor pregnancy and birth outcomes. Thus, to sustain healthy behavior changes, nutrition interventions must be grounded in theory, and reflect both motivating factors and barriers to healthy eating. Factors such as taste preferences, personal self-efficacy, developmentally-appropriate nutrition education and hands-on meal preparation have been identified by these investigators as potential influences on dietary patterns in this population.

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