

CAPPA Position Paper

Evidence-Based Practice In Childbirth Education

Introduction

The experience of childbirth is beyond the physiological aspects. It has been said that it is more than just a usual day in a woman's life. This experience influences a woman's self-confidence, self-esteem, view of life, view of her relationships and view of her children. It can be one of the most influential experiences for a woman.

Utilizing the research that has been made available to maternal child-health professionals can enhance the learning experience for the expectant mother and her supportive companions. Understanding the historical significance of education in the childbearing year and honoring the learning process, can bring heightened professionalism and evidence-based practice to childbirth education.

The Historical Perspective

Historically, childbirth was an experience of women and with women. The birthing triad, one of the most common birthing postures seen in ancient art, demonstrates this concept. Wise women instructed expectant women in the traditional practices of birthing of the time. Additional wise women were needed for support during the antepartum, partum and postpartum periods. Birth was seen as a normal developmental task of a healthy woman...a rite of passage from being a woman to becoming a mother.

During the 17th century, physicians (primarily male) became involved in the birthing process. One of the earliest involvements of men is that of the Chamberlen brothers who developed several types of obstetrical forceps to assist in difficult labors/births. Conversely, Oliver Wendell Holmes, in his 1850 essay on puerperal fever, linked this deadly disease to the fact that physicians went from birth to birth without washing their hands – thus transmitting the disease. Additionally, Fannie Longfellow's request for chloroform for her birth in

1847 ushered in consumerism and the paradigm began to shift again.

While Velovsky and Nikolayev were studying the birthing woman's response to labor contractions, Grantley Dick-Read of England rejected the chloroform concept and proposed that the pain in childbirth was the result of cultural conditioning. Like his Russian counterparts, Read hypothesized that fear was the determinant of pain in childbirth. A French physician, Lamaze, visited Nikolayev in Leningrad in the early 1950's. He observed the concept of *psychoprophylaxis*: a combination of deep breathing to stimulate relaxation, touch to employ the Gate Control Theory to reduce the perception of pain, and education to resolve fear due to ignorance of the process. Marjorie Karmel, one of Lamaze's patients, along with Elisabeth Bing began the *American Society for Psychoprophylaxis in Obstetrics* or ASPO, now called Lamaze International, in 1960. ICEA, the *International Childbirth Education Association*, was also formed in 1960 as an association of consumers.

In 1998, CAPPA, the *Childbirth and Postpartum Professional Association*, was formed as an umbrella organization to encompass not only labor support professionals but also childbirth educators.

CAPPA Philosophy of Childbirth Education

In most situations and for most people, natural childbirth is the safest way to have a baby. Women should be encouraged to trust their bodies in the birth process and myths about natural childbirth should be dispelled. They should be given the tools to achieve a natural birth, if that is what they desire and should be equipped with knowledge to make informed decisions about their birth. This knowledge should include a full understanding of the risks of interventions and medications, as well as their benefits in certain situations. Education should not involve guilt but should empower women to choose the kinds of

Factors Influencing The Meaning of Childbirth

Culture or ethnicity
Maternal age
Maternal education
Parity
Personal history
Religious faith/beliefs
Socioeconomic status
Geographical location
Practitioner Preferences

birth that is best for them, be it medicated or unmedicated, intervention-free or with traditional interventions. CAPPa believes that, given the facts, more women would choose a natural birth for themselves and their babies.

Expectant parents should be taught that, although labor is painful, there are ways to deal with this pain both pharmacologically and nonpharmacologically. CAPPa generally encourages deep, abdominal breathing during labor. Some hypothesize that patterned breathing techniques may not be effective. They often lead to hyperventilation, performance anxiety, and confusion. In some situations, however, women use them effectively and CAPPa feels that patterned breathing should be among the topics presented. If a woman wants a natural birth, it is the responsibility of the CAPPa Childbirth Educator to give her many techniques and assist her with practice so that when the time comes, she has a variety of techniques at her disposal. Relaxation is a vital achievement if an expectant woman is to achieve a natural birth. Partners should be taught to recognize relaxation vs. tension and the tools and techniques of how to bring the expectant mother into a relaxed state with an emphasis on calm breathing. Vocalization is another technique that should be included in a CAPPa childbirth education class as it has been proven beneficial cross-culturally. Additionally, there are pain-relieving benefits of changing positions, frequent urination, walking, and hydrotherapy.

The learning process varies according to culture, age and socioeconomic status. Mothering practices, family integration and authority structure should all be taken into consideration. Therefore, standardization in presentation of educational programs should be adjusted to meet the learning needs of the adults present. Adult learners (1) are independent and self-directed in learning; (2) utilize previous experiences that are rich resources for learning; (3) portray a readiness to learn based on current social roles and tasks; (4) desire to learn things that have immediate applications; and (5) prefer a problem-oriented learning approach as opposed to a subject-oriented learning approach. It is also important that the childbirth educator be aware that the amount of learning is directly influenced by the amount of involvement of the adult learner. Adult learners tend to remember 10% of what is read, 20% of what is heard, 30% of what is seen, 50% of what is seen and heard, 70% of what is said by the adult learner and 90% of what is both said and done by the adult learner. Therefore incorporating a variety of teaching/learning styles within the context of a

childbirth education class or series will enhance the learning experience for the adult learners.

Conclusion

Abraham Maslow once said "If you see every problem as a nail, the only tool you need is a hammer." Evidence-based childbirth education changes as research provides new information enabling the educator to provide expectant parents with the highest quality of education possible.

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