



Lamaze International

POSITION PAPER—LAMAZE FOR THE 21ST CENTURY

Lamaze International is determined to get the word out that today's Lamaze is not the Lamaze of 1960. Over forty years of research and learning from women's experience of normal, natural birth have provided evidence that has gradually but dramatically changed Lamaze from being a method for giving birth to a philosophy that provides the foundation and direction for women as they prepare to give birth and become mothers. "Breathing" is no longer the hallmark of Lamaze. The Lamaze Philosophy of Birth is at the heart of Lamaze education. Since 1995, this philosophy has been the driving force for significant changes in Lamaze preparation for childbirth. Today's Lamaze affirms the normalcy of birth, acknowledges women's inherent ability to birth their babies, and explores all the ways that women find strength and comfort during labor and birth.

REFRAMING PAIN

Until recently, pain has been thought of as an unpleasant side effect of labor contractions. In Lamaze classes of the past, women only learned about the factors that influence pain perception and practiced techniques, including relaxation and breathing, that helped diminish the perception of pain. As our understanding of normal labor and birth has evolved, we are beginning to have a better appreciation for the important role pain plays in the process of normal labor and birth. The pain of labor, like most pain, is protective. Responding to pain with movement, including walking, rocking, and position changes, not only helps the baby rotate and descend through the pelvis, but also protects a woman's body during the process. As the cervix stretches and dilates, oxytocin levels increase, and

contractions strengthen and become more effective. As pain increases, endorphins are released that help women cope with the demands of the stronger contractions and the descent of the baby.

Actively responding to the pain of contractions not only promotes comfort, but promotes the progress of labor. The Lamaze Certified Childbirth Educator encourages women to work actively with labor, finding comfort in response to what they are feeling.

Because the pain of labor is not associated with trauma, but is a part of a normal, physiologic process, it is sometimes compared to the pain associated with other challenging physical activities. Those who push themselves to climb the last hill, cross the finish line, or conquer a challenging dance routine often report feelings of euphoria and increased self-esteem. Researchers have found that

women who experience natural birth often describe similar feelings of exaltation and increased self-esteem.¹ These feelings of accomplishment, confidence, and strength have the potential to transform women's lives. In many cultures, the runner who completes the long race is admired, but it is not acknowledged that the laboring woman may experience the same life-altering feelings. Lamaze helps each woman find ways to meet the challenges of birth confidently and purposefully, and to discover her strength in birth.

RETHINKING BREATHING AND RELAXATION

Relaxation and focusing on controlled breathing continue to be effective ways of decreasing pain perception, and are fairly simple comfort techniques to learn. But birth is active work, and finding comfort as labor progresses, for most women, requires more than focused

Lamaze® Philosophy of Birth

- ✦ Birth is normal, natural, and healthy.
- ✦ The experience of birth profoundly affects women and their families.
- ✦ Women's inner wisdom guides them through birth.
- ✦ Women's confidence and ability to give birth is either enhanced or diminished by the care provider and place of birth.
- ✦ Women have a right to give birth free from routine medical intervention.
- ✦ Birth can safely take place in homes, birth centers, and hospitals.
- ✦ Childbirth education empowers women to make informed choices in health care, to assume responsibility for their health, and to trust their inner wisdom.

attention and releasing tension. In today's Lamaze classes, women learn to respond to their contractions and find comfort in many ways including walking, rocking, position changes, massage, heat/cold therapy, hydrotherapy, slow dancing, and use of birth balls. These active comfort strategies are important because in providing comfort, they also promote the progress of labor.

Breathing is no longer taught or practiced to "get it right." Instead, women are taught that finding a breathing pattern is just one of a number of strategies that can be used to stay focused during contractions. Some women find that patterned breathing is a ritual, like prayer, rocking, or other behaviors done in a methodical way, that helps them move through contractions. Lamaze educators continue to teach body awareness and tension release, but the goal is not to expect total relaxation during labor. Rather, women are encouraged to be in the moment, not fearful, but actively relaxed, rhythmically working with labor.

RETIRING THE COACH

Lamaze classes emphasize the importance of continuous emotional and physical support in labor, but the "coach" who takes charge of the birth, calling the plays and instructing the mother, has been retired. Research suggests that when trained in class to take on the role of coach, few men actually do so.² More importantly, women know how to give birth; therefore encouragement and support, rather than "coaching," is required. In Lamaze classes, fathers, partners, and family learn how to provide quiet, gentle, encouraging support, and learn basic comfort measures that help most women in labor. They learn that their calm, focused presence is the most important thing women need from them. Family members are encouraged to experience the birth of the baby in their own way. The role of the professional doula is discussed, and women who will give birth in a hospital environment that does not provide continuous emotional and physical support are encouraged to consider a professional doula. In addition to support in the hospital, women are encouraged to make plans for support at home in early labor, and in the days and weeks at home with the new baby.

RESHAPING THE BIRTH ENVIRONMENT

The environment in which birth takes place affects in profound ways how labor progresses, and how women remember their birth. In the last forty years, we have learned a great deal about both what helps and what impedes normal birth. All birth environments should provide women what they need: confidence, the freedom to find comfort in a variety of ways, and continuous

emotional and physical support. To be truly supportive, the physical environment should include a place to walk; furniture such as rocking chairs, beanbags, and birth balls that promote upright positions; and access to a warm pool of water.³ There should be one-to-one continuous nursing support as advocated by the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN).⁴ Medical interventions, such as electronic fetal monitoring, intravenous fluids, and restrictions on eating, drinking, and movement which interfere with women's ability to actively work with their labors, should be used only when medically indicated.

Research continues to document the lack of benefit or harmful effect of many routine medical interventions. Cesarean birth, with its increased risks for both mothers and babies, is at an all-time high in most hospitals.^{5,6} Epidural anesthesia and induction of labor are routine in many hospitals, in spite of the fact that both alter the process of labor and birth.^{5,7} Childbirth educators may be frustrated in their efforts to help women develop and maintain confidence in their ability to give birth in many current birth environments. In early pregnancy classes, women are encouraged to choose birth settings and health care providers that provide the opportunity to find comfort in a variety of ways, and provide for continuous emotional and physical support. In Lamaze classes women learn how to minimize the possible negative effects of the birth environment and maximize the ways in which they can insure a full range of comfort and support options. In the 1960s, Lamaze education set the stage for allowing fathers in labor and delivery rooms. Lamaze is now committed to creating birth environments that provide a full range of options for birth, including the freedom and support that women need to have a normal birth.

CARE PRACTICES THAT PROMOTE NORMAL BIRTH

Based on recommendations of the World Health Organization, Lamaze International has identified six care practices that promote normal birth:

- Labor begins on its own
- Freedom of movement throughout labor
- Continuous labor support
- No routine interventions
- Spontaneous pushing in upright or gravity-neutral positions
- No separation of mother and baby with unlimited opportunities for breastfeeding

These six care practices provide the foundation for the knowledge and skills taught in today's Lamaze classes and direction for women as they make informed decisions about their health care provider, place of birth, and the birth itself.

RESPECTING THE MOTHER/BABY CONNECTION

Lamaze now emphasizes the early newborn period, viewing birth and the hours and days immediately after birth as important influences on parenting.

The first minutes and hours after birth are critical for mother and baby. Research supports the importance of keeping mothers and babies together from the moment of birth, and the importance of breastfeeding for mother and baby.⁵ Women and babies who experience normal birth are primed and ready to greet each other and breastfeed effectively in the first hours after birth. In Lamaze classes women are encouraged to keep their babies close from the moment of birth; to breastfeed their babies, respond to infant cues, and understand the needs and capabilities of the newborn.

RECLAIMING NORMAL BIRTH

Ultimately, the goal of Lamaze classes is that every woman gives birth confidently, free to find comfort in a wide variety of ways, and supported by family and health care professionals who trust that she has within her the ability to give birth. By achieving our goal, Lamaze joins worldwide advocacy efforts to promote, protect, and support normal birth. Lamaze International believes that only when normal birth is again the standard will women have the opportunity of making truly informed choices about the birth of their babies.

CONCLUSION

Birth does not change, but over time the environment in which birth takes place does change, and our understanding of both the simplicity and the complexity of birth deepens. As a result, Lamaze preparation for birth has evolved and will continue to evolve. The Lamaze Philosophy of Birth, supported by an ever-growing body of research,⁵ provides direction for today's Lamaze preparation for birth. The Lamaze Certified Childbirth Educator promotes, protects, and supports every woman's right to give birth, confident in her own ability, free to find comfort in a wide variety of ways, and supported by her family and all members of the health care team.

RECOMMENDED RESOURCES

Many are available from the Lamaze Bookstore, website <www.lamaze.org> or phone (877) 952-6293.

Books:

- Block, J. (2007). *Pushed – The painful truth about childbirth and modern maternity care*. Cambridge, MA: Da Capo Life Long.
- Lothian, J. & DeVries, C. (2005). *The official Lamaze Guide – Giving birth with confidence*. New York, NY: Meadowbrook Press.
- Nichols, F. & Humenick, S. (2000). *Childbirth education: Practice, research, and theory (second edition)*. Philadelphia, PA: W.B. Saunders.
- Simkin, P., & Ancheta, R. (2005). *The labor progress handbook*. Malden, MA: Blackwell Science.
- Walsh, D. (2007). *Evidence-based care for normal labour and birth*. New York, NY: Routledge.

Six Care Practices that Promote Normal Birth:

Download papers from the Lamaze website at www.lamaze.org

Evidence-Based Maternity Care:

The Cochrane Library: <www.cochrane.org>

Videos:

- *Birth in the squatting position*. (1979).
- *Celebrate birth!* (2000). Boulder, CO: InJoy Videos.
- *Comfort measures for childbirth*. (1995). Seattle, WA: Comfort Measures for Childbirth.
- *Gentle birth choices*. (2005). Rochester, VT: Healing Arts Press.
- *Giving birth and being born*. (1995). Vienna: Austria: Karin Berghammer, Dr. Regine Ahner, and Prof. Dr. Husslein.
- *The timeless way*. (1998) Boulder, CO: InJoy Videos.
- *Tried and true - A collection of labor techniques*. (2000). Boulder, CO: InJoy Videos.

REFERENCES

1. Tanzer, D. (1976). *Why natural childbirth? A psychologist's report on the benefits to mothers, fathers, and babies*. New York, NY: Schocken Books.

2. Chapman, L. (1992). Expectant fathers' roles during labor and birth. *JOGNN*, 21 (2) 114-120.
3. Flamm, B., Berwick, D., & Kabcenell, A. (1998). Reducing cesarean section rates safely: lessons from a "Breakthrough Series" collaborative, *Birth*, 25 (2) 117-124.
4. AWHONN (Association of Women's Health, Obstetric, and Neonatal Nurses). (2000). *AWHONN Position Statement, Issue: Professional nursing support of laboring women*. Washington, DC: AWHONN.
5. Goer, H., Leslie, M. S., & Romano, A. (2007). CIMS Evidence Basis – Step 6: Does not routinely employ practices, procedures unsupported by the evidence. *Journal of Perinatal Education Supplement*, 16 (1), 32S-65S.
6. Childbirth Connection. (2006). *What every pregnant woman needs to know about cesarean section*. New York, NY: Childbirth Connection.
7. Leslie, M.S., Romano, A., & Woolley, D. (2007). CIMS Evidence Basis – Step 7: Educates staff in nondrug methods of pain relief, and does not promote use of analgesic, anesthetic drugs. *Journal of Perinatal Education Supplement*, 16 (1), 65S-73S.

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