

PREFACE

WHY ANOTHER BIRTH BOOK?

Well you might ask. There are hundreds of birth books out there already. Some claim to be the “complete guide” or the “better way” to have a baby. Some are filled with illustrations of developing babies, charts listing possible complications, and intricate biological details. Some are technical and scientific; others are warm and even funny.

When we reviewed all these birth books, we noticed that instead of encouraging women, the bestsellers catalog what to fear when you’re expecting. It’s no surprise that their readers often end up alarmed, afraid, and eager to choose medical interventions like epidurals and cesareans. Very few pregnancy books deliver the simple message that we think pregnant women need to hear most: *Birth is a normal and natural part of life*. We conceived this book from our deep conviction that women know how to give birth—and that women need to rediscover this very important, basic truth.

Throughout history, the wisdom of birthing has belonged to the family and community. The majority of the world’s women have given birth among people they know, in a familiar and comfortable place. Birth has been considered a family event, not a medical one—until recently. In our modern, technology-centered culture, birth has moved from the home to the hospital, from the care of friends and family to the oversight of medical professionals, where touch and patience often give way to tests and timekeeping.

We believe deeply that birth is a process you can trust, just as millions of women before you have. This belief isn’t sentimental; it’s based on our thorough understanding of the physiologic birth process and research that confirms interfering in that process is harmful, unless there’s clear evidence that interference provides benefit.

Unlike many other pregnancy and birth books—and, surprisingly, much of standard obstetric care—this book is evidence-based. (For more on evidence-based care, see Appendix A.) We often refer to *The Cochrane Library* (a collection of careful studies and systematic reviews of

current research) and *A Guide to Effective Care in Pregnancy and Childbirth* (a summary of *The Cochrane Library's* maternity research findings with recommendations for practice). As you read this book, you'll see that research supports the excellence of nature's design for birth.

LAMAZE: IT'S NOT ABOUT BREATHING

This book is rooted in the Lamaze philosophy of birth. In the 1950s Fernand Lamaze, a French obstetrician, developed a method of breathing and relaxation that helped women manage childbirth pain. The Lamaze that people have come to know is women puffing and panting their way through labor. But times have changed, and so has Lamaze. What used to be called "the Lamaze method" doesn't really exist today.

Lamaze isn't about breathing techniques anymore. In the years since 1960, when the Lamaze organization began, we've learned many lessons from research and women's experiences of normal, natural birth. As a result, we've changed the content of Lamaze classes. Lamaze is no longer a *method* for giving birth. It's a *philosophy* that educates and instills confidence in women preparing to give birth and become mothers.

In 1960, many women wanted more control of their pregnancy and birth experiences than women typically had at that time. These women wanted their husbands with them during labor and birth; a say in who would attend to their needs; safer, more humane treatment; and more comfortable surroundings for this important life event. Thanks to the efforts of these informed, vocal women who knew things could be better, midwives reemerged as caregivers, labor and birthing rooms became more homelike, and hospitals eliminated some unnecessary routine procedures, like enemas and perineal shaving.

Recently, the birth pendulum has taken an alarming swing backward. Our high-tech healthcare system is designed to look for trouble, and as a result, it labels more and more pregnancies and births as "complicated" or "high-risk." By the end of pregnancy, few women trust their bodies enough to believe they can give birth without drugs and machines. Today we see epidurals used almost routinely, labor induced

(started artificially) at epidemic rates, women still confined to their beds in labor and on their backs during birth (the worst position for birthing a baby), and record-breaking numbers of cesarean surgeries performed.

In spite of what women may hear—from their doctors, their hospitals, the media, or the books they read—women *do* know how to give birth simply. And doctors, hospitals, and technology have *not* made birth safer for mothers or babies. We hope this book will help you understand that pregnancy is not a disease requiring medical heroics, and that you, like all women, are well equipped to give birth.

Although the name *Lamaze* will seldom appear in these pages, it's inspired by the plain wisdom of the Lamaze philosophy.

This book is a simple guide for the journey to motherhood. It's written clearly in plain English. It's not an encyclopedia of everything that anyone could possibly know about pregnancy, birth, and breastfeeding. It's not an endless list of obscure and unlikely complications. It's not a textbook laced with clinical terms that ends with a quiz. It's not a guide to medical birth but a guide to normal, natural birth. It encourages you to lay down the heavy burden of what-ifs that can squash confidence. It invites you to replace fear with knowledge, and to build confidence in your ability to give birth on that foundation of knowledge.

In the pages that follow, we'll walk beside you on the path to motherhood. We'll invite you into conversations with other women who've faced the many choices you now face. We'll challenge you to consider which options are right for you and whether standard American obstetric care is conducive

The 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 the right to give birth free from routine medical interventions.
- Birth can safely take place in homes, birth centers, and hospitals.
- Childbirth education empowers women to make informed choices in healthcare, to assume responsibility for their health, and to trust their inner wisdom.

to normal, uncomplicated birth. When you look beyond the menu of options typically offered to expectant mothers, you'll find that birthing a baby is a much more natural event than you may have thought it could be.

We believe that you have the right and the responsibility to get full and accurate information about birth, and to choose what's best for you and your baby based on that information. We believe the facts speak loudly in favor of normal, natural birth, and this book will show you why. It will give you confidence in your ability to give birth and will show you how to achieve as normal and natural a birth as possible.



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*You are not an accident.
Even at the moment of your conception,
out of many possibilities,
only certain cells combined,
survived, grew to be you.
You are unique, created for a purpose.
Go confidently into the days ahead.*

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Chapter 1

WHAT IS NORMAL BIRTH?

We are just one generation away from the days when a girl grew up on a farm watching the sheep and pigs give birth. Anyone who saw that year after year knew that giving birth was a natural process, a process that could be trusted.

—Ina May Gaskin

The mission of Lamaze International and this book is to promote, support, and protect normal birth. We—like midwife Ina May Gaskin and the millions of other women who have witnessed and experienced simple, natural birth—believe that a woman’s body is beautifully designed to grow, birth, and nurture a baby. To work properly, this elegant design requires patience and trust. A normal birth is one that unfolds naturally, free of unnecessary interventions. (See Chapter 7.)



NORMAL BIRTH ISN'T THE NORM

Many women are surprised to learn that pregnancy, birth, and breastfeeding happen quite simply for most mothers and babies. But it's true. A woman conceives, and as she moves through her life—often without even thinking about pregnancy—a miracle happens. Cells divide, a tiny heart starts beating, brain and nerves grow. Nature orchestrates a baby's second-to-second development. It also orchestrates the release of hormones that help the mother's body adapt; that trigger labor and birth at just the right time; that help her cope with the pain and work of labor; that prepare her emotionally and physically to feed and care for her baby; and that ensure that her baby is alert and ready to nurse and meet the world.

Women don't need to read books to grow babies. Women shouldn't need to read books or take classes to give birth either. (But these days, a good book or class can be helpful in achieving normal birth. For more on childbirth education, see pages 91–95.) We are designed perfectly for both jobs, with very few exceptions.

Let's be clear. Some labors and births do require inter-

"Someone once told me that having a baby is our way of assisting God in a miracle. I couldn't have said it better myself. My birth experience was important to me because I knew that I had a very specific and important job to do at that moment: to bring my baby into the world as healthy as possible. Every contraction, every breath, every push was bringing me closer to the end result: giving birth to my son. The moment he was born, I realized what a miracle he was, what a miracle conception and birth are to us as parents and to humankind. I felt a kinship with every woman throughout history who has given birth. This is what my body was made to do."

—April

vention. Some women with very long, difficult labors benefit from medication. The few women who don't go into labor by forty-two weeks may need their labors jump-started. Some babies experience distress that mandates immediate intervention. Some pregnant women have preexisting health problems, like diabetes or heart disease, that require treatment affecting labor and birth. But medicalized births should be a very small percentage of all births.

An evolving body of research repeatedly shows the danger of interfering without a valid reason in the natural processes of pregnancy, birth, and breastfeeding. Any intervention, no matter how simple it seems, may disrupt hormone release and create problems that, in turn, must be managed with more interventions. (For more on this “cascade of interventions,” see Chapter 4.) In light of such evidence, the World Health Organization (WHO), a leader in the international public health effort to promote normal birth, says that maternity care should aim to achieve a healthy mother and child with the *least* intervention safely possible.¹

In the United States, reality falls far short of this goal. Most births in the U.S. today are interrupted by procedures designed to start, maintain, and finish labor according to an arbitrary schedule. Few women experience their pregnant bodies unfolding and opening in their own time, in their own way. Ironically, normal birth isn’t the norm for American women.

Nearly half of all expectant mothers in the U.S. receive drugs to begin labor, more than half receive drugs to speed up labor, and more than 60 percent receive drugs to dull labor pain. In contrast, pain management strategies that women

describe as very helpful, like birth balls and showers and tubs, are rarely available at hospital births.² According to the National Center for Health Statistics, more than 90 percent of laboring women have their babies’ heart rates tracked continuously by electronic fetal monitors (EFMs),³ even though no research has shown that routine EFM use keeps babies safer.⁴

Despite all these “helpful” interventions, the U.S. cesarean rate is at an all-time high: More than 28 percent of American

“With my second pregnancy I wanted a normal birth, a process where I would be left alone, to let things take their natural course.... In some profound way, which surprised me, I felt dehumanized by the cesarean I had with my first baby. I felt I had missed out on something, been robbed of something central to being me, in order to make things simpler for somebody else. As I gave birth to my second daughter, despite the pain, I was aware of something eternal in a woman giving birth, surrounded and helped by other women who had given birth themselves. I felt a connection to *life* that I did not feel the first time.”

—Indira

babies are born surgically.⁵ This far exceeds the 6-percent rate considered reasonable by the WHO.⁶ Although cesarean surgery is safer today than in the past, it still carries significant short-term risks for babies, and both short- and long-term risks for mothers.⁷

We're just beginning to understand the impact of birth practices on breastfeeding, but already it's clear that intervention-intensive labors and routine separation of babies and mothers interfere with nature's plan for babies' easy transition to life outside the womb.⁸ Yet despite a wealth of research and history that prove "babies were born to be breastfed"⁹ and show the many negative effects on mothers and babies who don't breastfeed,¹⁰ formula feeding continues to be the norm in our society. Women are bombarded with advertising—and other cultural images and messages—that imply formula feeding is just as good as breastfeeding.

PRACTICES THAT PROMOTE NORMAL BIRTH

Research reveals not only the dangers of interfering in the natural process of birth, but also maternity care practices that help keep birth normal. The WHO identifies four care practices, and Lamaze adds two more (marked with asterisks: *).

1. Labor should begin on its own.
2. Laboring women should be free to move throughout labor.*
3. Laboring women should have continuous support from others throughout labor.
4. There should be no routine interventions during labor and birth.*
5. Women should not give birth on their backs.
6. Mothers and babies should not be separated after birth and should have unlimited opportunity for breastfeeding.

We explain each of these care practices in detail and present evidence to support their importance in Chapter 8. These practices ensure the best care for birthing women around the world.

WHY DON'T MORE WOMEN CHOOSE NORMAL BIRTH?

If the facts speak so loudly in favor of normal birth, why don't more women choose it? We believe that because normal birth is uncommon in the U.S., many women either don't know it's an option or don't understand it. If women don't understand the importance of normal birth and breastfeeding, they can't make truly informed choices about the birth and care of their babies.

Here's another way to think about informed choice: Let's say you like the taste of cod and live in a little Midwestern town, where you've grown up content with frozen cod, the only kind your local grocer stocks. But then one summer you take a seaside vacation, and for the first time you taste fresh cod! You discover that the options offered by your grocer back home are very limited. Now you know that eating fresh cod is an entirely different experience from eating frozen cod. When you return home, you persistently ask your grocer for more options in the seafood section, and eventually they become available.

Our current birth culture is like that little grocery store. Our society sets an array of choices before us, leading us to think, "These are my options. They must be the best available." But there are other options besides what "everyone else" is doing, what your hospital or doctor says is "standard" or "best," and what you've read in magazines or seen on TV.

This book introduces you to those other options. As you read on, you'll learn about the physiology of normal birth and how to keep your birth as normal as possible. You'll also learn how standard U.S. maternity care can sabotage normal

In spite of the evidence, U.S. maternity care continues to sabotage normal birth rather than support it. In 2002, the *Listening to Mothers* survey learned that among nearly 1,600 new mothers across the U.S., 44 percent had labor induced, 71 percent did not move freely during labor, 93 percent had electronic fetal monitoring, 86 percent had intravenous lines, 74 percent gave birth on their backs, and almost 50 percent of their babies spent the first hours after birth with hospital staff. Only 1 percent of the women experienced all six care practices that promote normal birth, and none of these women gave birth in a hospital.¹¹

birth. This knowledge will give you a strong foundation to make the best possible decisions for you and your baby.

This knowledge will also build your confidence. It'll help you believe that you can trust your body's design as you join the circle of women who have powerfully and simply birthed their babies.

WHY YOU SHOULD BOTHER TO LEARN MORE

Your upcoming birth experience is about much more than getting your baby out of your belly and into your arms. How your birth unfolds will profoundly affect your life, regardless of whether you think it will. It's an event you'll never forget.

Research shows that the day a woman gives birth is not "just another day," and that decades later, women clearly recall positive and negative aspects of their birth experiences.¹² Women's satisfaction with their births has little to do with the length, difficulty, or painfulness of their labors and more to do with their personal expectations, their involvement in decision making, and how they were treated by their

"I was at a birth recently where the mother was very afraid of needles and pain. As she methodically moved through the stages of birth, she became more and more empowered to believe in her own body and her ability to bring into the world a beautiful, healthy baby boy. Her self-identity will never be the same."
—Vicki

caregivers.¹³ Even women who are content to let others make decisions (including birth decisions) for them are more satisfied with their births if they're more involved in making birth decisions.¹⁴

Your memories of birth can influence your confidence and self-image in the future. Childbirth educator Penny Simkin says, "The potential for positive impact is great, but it takes planning, advance preparation, and safe, respectful nurturing. I'd urge women to take their upcoming childbirth very seriously. It matters too much to turn the experience of a lifetime over to someone else."¹⁵

Your baby's birth is a life-changing event, and it is *your* experience—not the hospital's, not the doctor's—to remember and cherish. If you seize the opportunity to prepare for and

expect a positive birth experience, you'll most likely find that giving birth increases your confidence and strengthens your self-image—which will make you a more capable woman in all aspects of your life. If, instead, you hand over this important event to the direction of others, you'll do nothing to build your self-esteem.

You can make many choices to guide your pregnancy and birth down the path you prefer. You can choose how to care for yourself during pregnancy, where to have your baby, who will help you give birth, how to labor, how to give birth, how to meet your newborn, and how to feed and care for your baby. But even if your pregnancy, labor, and birth don't go as you'd hoped, your positive attitude, your care of your body, and your careful learning, planning, and choosing will build you up.

The first step in learning more about normal birth is looking back at the history of childbirth. A snapshot of the dramatic changes during the last century will help you understand why current U.S. maternity care makes normal birth more difficult for us than it was for our great-grandmothers. We think it'll inspire you to think about birth in a new way.