Natural childbirth movement hasn’t met goals, experts say

By SHARI ROAN
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So, you’ve had nine months to prepare.
You and your husband have faithfully attended childbirth education classes every Tuesday night for the past four weeks. You’ve listened to lectures about physiology. You’ve watched films. You’ve toured the hospital. You have learned imagery techniques and how to relax. You have practiced Lamaze breathing techniques until you’re blue in the face.

And now you have arrived at the hospital with extra pillows, Lamaze instruction sheets and a host of items designed to help you get through this. The contractions come rapid and... .

Woo! Bring on the fetal monitor, the introduction to the Cesarean. Suddenly the thought that you and your husband planned for—calm, controlled, natural and free of much interference from medical personnel—has become something much different.

Did you fail childbirth education? Or did the classes fail you?

It is not uncommon for couples to ask themselves those questions these days. As many childbirth educators acknowledge, the so-called “natural childbirth” movement, popularized by the Lamaze method in the 1950s, has fallen short of its goal. While women rarely give birth in the drugged, unconscious stupor that many did before 1950, few are achieving the original goals set by natural childbirth proponents: a birth free from medication and fear.

Moreover, although few recent studies or surveys have looked at satisfaction with and effectiveness of education programs, many women report that classes, often taught in hospitals, failed to supply them with the skills they needed for a prepared, calm, relatively painless childbirth.

“Tirember thinking that the things that I heard in that hospital childbirth class were so irrelevant,” Mary Noonan recalls of her first child’s birth.

Judy Cooper also attended such classes but recalls thinking that something big was missing.

“I thought it was a little bit oversold,” she says of the childbirth techniques she was taught. “It didn’t give you the whole truth. Giving birth is very hard. It’s draining. It’s not a beautiful process. Everyone isn’t smiling and saying how wonderful things are. I experienced childbirth as painful and frightening.”

Many education groups are exploring ways to make their programs more effective. But experts point out that for some of today’s mothers, the goal has changed: More couples want minimum exertion with maximum comfort—including the use of medication, if needed.
While most people refer to childbirth classes as Lamaze or natural childbirth, a variety of methods are in use and many combine elements from various programs.

"Natural childbirth" is loosely defined as a method in which the mother prepares emotionally and physically for labor so that it is relaxed, relatively painless and requires little or no medication. While that concept is still considered the ideal, the term has been discarded by educators in favor of "prepared childbirth," which ostensibly helps couples prepare for anything that could happen, including surgery and the use of medication. There are several methods or philosophies in practice around the country; Lamaze is just one of them.

Whatever you call it, childbirth education has ushered in many positive changes, educators say: Involvement of the father or other family members, movement toward more home and birthing-center deliveries, and the decline of some outdated medical procedures.

But studies show that a great many women still need drastic medical intervention during childbirth. Almost 24 percent of U.S. women have Cesareans, and more than half use some sort of medication during childbirth, many hospitals report.

Childbirth educators say that several factors may contribute to prepared-birth shortcomings:

- Distortions in the popular Lamaze method, developed in Paris in the early 1950s.
- Inadequate teacher-training programs and teaching methods.
- Interference of medical technology.
- Unrealistic expectations from couples who want the perfect childbirth experience without much work, pain or preparation.

"One of the problems today, we have found, is that what passes for Lamaze is nothing close to what it should be," says Flora Hommel, a Detroit woman who gave birth to her first child in Paris when Dr. Fernand Lamaze introduced his technique. She later studied with him and became one of the early Lamaze educators in the United States.

"As it became more and more popular, doctors and hospitals decided it was something that they wanted to get into," says Hommel, who heads the Lamaze Birth Without Pain Education Association. "There have been many modifications and distortions of the technique, but primarily distortions of the philosophy. We find there is so much distortion that no one really practices it anymore.

"That is why results are poor. And in our estimation, they are very poor."

Hommel has divorced herself from the largest Lamaze teaching organization in the United States - the American Society for Psychoprophylaxis in Obstetrics-Lamaze. But Joyce DiMarco, a childbirth educator in Southern California who is on the faculty of ASPO-Lamaze, suggests that differences in childbirth preparation