
Overview

Childbirth Educators, Doulas, Nurses, and Women Respond to the Six Care Practices for Normal Birth

Commentary by

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Abstract

This collection of commentaries by childbirth educators, doulas, a labor and delivery nurse, and a woman preparing for the birth of her second baby provide an overall response to all six of Lamaze International's care practice papers that promote normal birth: *Labor Begins on Its Own; Freedom of Movement throughout Labor; Continuous Labor Support; No Routine Interventions; Non-Supine (e.g., Upright or Side-Lying) Positions for Birth; and No Separation of Mother and Baby with Unlimited Opportunity for Breastfeeding*. Strategies for using the position papers to facilitate learning in childbirth classes and for helping expectant parents access and understand research are presented. The commentaries describe the value of the position papers as a catalyst for professional growth, a foundation for creating change, a way to encourage reflection among professionals and women planning for the births of their babies, and an inspiration for everyone who advocates normal birth.

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Commentary by

Marilyn Curl, RN, BSN, LCCE, FACCE

The exceptionally well-written and meticulously researched care practice papers published by Lamaze International could and should become the foundation for all childbirth education. They should also serve as a wake-up call for labor and delivery nurses. The

practices have been shown consistently to improve outcomes for mothers and their babies. Six practices have been identified so far. They include:

1. Labor begins on its own
2. Freedom of movement throughout labor
3. Continuous labor support
4. No routine interventions
5. Non-supine (e.g., upright or side-lying) positions for birth
6. No separation of mother and baby with unlimited opportunity for breastfeeding

After working in labor and delivery units in the same U.S. midwestern community where I lived since graduating from my basic nursing program (32 years ago), I decided to become a travel nurse. I wanted to know what birth was like in other places. In the past 12 months, I have been a staff nurse at three different facilities. In addition to my “home” hospital, I have traveled from the East Coast to the West Coast. Here is what I think I have learned so far: Writing the care practices that promote normal birth was a formidable task; finding a way to use them in the hospital setting to improve birth for women is going to be much harder.

Nurses in labor and delivery today are technologically very competent. My clinical skills were honed years ago by the nurses of another generation. From these nurses I learned to be patient and to accept the process of labor as a *natural* event over which I had little (if any!) control. Experienced ears taught me to seek out the infant’s illusive heartbeat with the Cyclops-like fetoscope, listening carefully throughout the contraction for the change I now refer to as “a late deceleration.” Sensitive fingers taught me to gently probe the uterus as I learned to gauge the quality of the contraction by feeling the muscle tighten with precision timing. This information today is extracted from strips of graph paper miles long. Now straddling two generations, I am beginning to wonder if birth will ever be normal again.

The nurses who provide care to laboring women today have acquired skills by attending advanced fetal monitoring workshops in which every pregnancy is considered a high-risk condition until proven otherwise. Rather than watch the birth process unfold with its own

rhythm they are most comfortable with drugs that can be used to slow down the process or speed it up according to plan. The protective amniotic sac is considered something to be done away with as soon as possible. Approximately one baby in four arrives through an abdominal incision, an occurrence clearly linked to the process described above. Cesarean birth is viewed as just another option, much like formula feeding is viewed as equal to breastfeeding. Most of the labor nurses I work with have little or no experience with the process of physiological birth. In the present milieu, they will not likely be given the opportunity. Sometimes, looking backward is the best way to choose a path for the future.

Childbirth education was the catalyst for change once upon a time. I know because I was irrevocably changed by the certification program. Required readings opened my eyes to a worldview of birth that moved far beyond my nursing text. I hope the Lamaze care practice papers will open the eyes of my colleagues to the beauty and power of physiological birth. The position papers have reignited my passion for birth, offering fuel for the journey ahead of me.

I find myself facing a moral dilemma today. I need to work. I love being part of the continuum of life. But...I am doing things that I know are not supported by research and are not good care practices. I am forced to participate in procedures that I know are unnecessary and potentially harmful. Honest answers to tough questions will cost me my livelihood. As I personally look to the future, I will return to the midwestern community I have lived in most of my life and become a birth activist. A midwifery program, the first in the state, is accepting applications. Mine will be among them. I’m going to find respectful ways to be an advocate for women to the physicians who care for them. If I lose my job, it will not be as bad as losing my soul.

Collectively, childbirth educators need to reclaim their roles as agents of change using the same equation that worked 30 years ago: knowledge equals power. I encourage you to join with other childbirth educators to support each other and share ideas for reaching women of childbearing age. Volunteer to speak to high school and college students in child development classes, gender classes, reproductive health classes, or any other place women can be found. List yourself with a community speakers’ bureau, tailoring your message to the audience but spreading the word: Birth is normal, natural,

Overview: Childbirth Educators, Doulas, Nurses, and Women Respond to the Six Care Practices for Normal Birth

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and healthy. Review your syllabus to make sure it reflects the care practices completely. Offer to speak to the nurses in labor and delivery departments about ways to help the woman who wants to “go natural.” If you are lucky enough to be a labor and delivery nurse, mentor the next novice nurse who comes to your unit. Call the local school of nursing and find out if you may speak to the maternity-nursing students about natural birth. Write a letter of appreciation to a local hospital or birth center that supports natural birth and use every opportunity to promote its services. Hold monthly informational meetings at the public library and show a short birth video that demonstrates the joys of physiological birth. Think of just one way that you can reach out and then commit yourself to doing that one thing for the sake of women everywhere.

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**Commentary by
Rae Davies, BSH, CHE, CD (DONA)**

From childbirth classes to Internet chat rooms, we know that, despite the often one-sided information portrayed by the media, most women want a normal birth without unnecessary medicalization or surgery. Why, then, is the cesarean rate rising? The answer to this question is in Lamaze International’s publication of *Care Practices that Promote Normal Birth*. These six papers connect inductions, restrictions on movement throughout labor, lack of continuous labor support, and routine interventions with negative outcomes that affect mothers and their babies. Sadly, too much information expectant families receive these days is based on the shock value of the story rather than on evidence-based practice. Information families get from the six care practice papers published by Lamaze is

based on the systematic review of all relevant literature and demonstrates the relationship between healthy birth practices, healthy families, and a healthy society.

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As medical technology intrudes upon normal birth, we will continue to see more unnecessary interventions. Technology, however, can also assist with reversing this trend. The Internet provides consumers with access to chat rooms specifically set up to connect women during their particular stage of pregnancy. The pulse of the pregnant public beats in sync with participants in Internet chat rooms. To these women, the Internet, their midwives, their physicians, their childbirth educators, and their doulas are sources of expertise. This variety of information is shared and processed among their chat group. With easy access to reliable information provided by the Lamaze Institute for Normal Birth (<http://normalbirth.lamaze.org/institute>), women will share the philosophy that promotes birth as a normal physiological process, which also directly impacts breastfeeding.

Women are looking for information and they still rely on each other as a means of understanding what is happening, what they can look forward to, where they can find information, and from whom to get that information. Lamaze International provides a tremendous service to these childbearing women and to childbirth educators, doulas, lactation consultants, and other health-care providers by posting six care practice papers on the organization’s Web site (<http://www.lamaze.org/About/policy.asp>).

Lamaze International, a ratifier of the Mother-Friendly Childbirth Initiative (MFCI) created by the Coalition for Improving Maternity Services, internalized the MFCI into its mission and vision statements before developing the care practice papers for use by all. The six care practices that promote normal birth are evidence-based and user friendly. Additionally, they are

essential ingredients for promoting mother-friendly care, as outlined in the MFCI (<http://www.motherfriendly.org/MFCI/>). Each care practice module embraces the steps in the MFCI. In an easy-to-read format, facts and evidence are all included with logical alternatives to medical interventions. This consistent information should impact decision-making at the policy level, as well as consumers of maternity services.

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Commentary by Sheila Lothian

I became convinced of the benefits of natural childbirth early on in my first pregnancy and committed myself to doing everything possible to facilitate that experience while at the same time maintaining my own psychological comfort level—which, for me, meant giving birth in a hospital (freestanding birth centers not being an option in my state of Illinois). To that end, I pored over books and devoured all of the facts and research I could, arming myself with the information I knew I would need in order to have the kind of birth experience I wanted.

A little over two years later, in the midst of my second pregnancy, my commitment to a natural, unmedicated birth is even stronger, and my confidence in my ability to achieve it far, far greater. I continue to crave and seek out information that supports this goal; however, this time, it is with a much sharper focus and more discernment. I know now where I wavered, what tools I was missing, and what I need to have a successful and even more positive normal birth experience the next time around.

For me, the most compelling of the six care practice papers published by Lamaze International is #3, *Continuous Labor Support*. I didn't encounter obstacles to my desires to move around during labor, deliver in the position that worked best for me, or keep my baby with me once she was born. In fact, I was highly encouraged in all of those things by the wonderful hospital staff (though I know obstacles do exist in many hospitals.) But I *did* experience confusion, fear, frustration,

pain, lack of control, and faltering confidence—all of which, as I found out, can lead to an abandonment of convictions and a “whatever you think is best” attitude toward medical authority. Though I never would have dreamed of going through labor without someone by my side, I could not have known just how critical the strong, informed, unwavering support and encouragement of others would actually be. Reading this particular care practice paper took me back to the long day of my daughter's birth, and reminded me of how much I depended upon that support then, and how much I undoubtedly will again.

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In my own first birthing experience, my water broke at 8:00 a.m., and labor did not begin until 2:00 a.m. the following morning, nearly 18 hours later. In the meantime, there were numerous back-and-forth calls to the midwife, who by late that evening wanted me to check into the hospital, be hooked up to an IV, and given a sleeping agent so that I would be rested and ready for the work of labor once it finally started.

I was totally unprepared for this turn of events and dreaded the idea: an IV, drugs, everything I didn't want, everything I thought a midwife would help me to avoid! At the same time, though, I was tired and scared, feeling the full weight of “official medical advice” bearing down on me and surprised by just how powerful a force it was.

Thankfully, my husband, mother, and mother-in-law knew my feelings and supported them fully. Filling in the gaps in my own crumbling confidence, they encouraged me to decline my midwife's suggestion, stay where I was, get a good night's sleep in my own bed, and see what the morning brought.

I did, and somewhere after 2:00 a.m. I was pulled from half-sleep by the first telltale tightening in my lower back. By 7:30 a.m., contractions were close and regular enough to head to the hospital, which we did.

Overview: Childbirth Educators, Doulas, Nurses, and Women Respond to the Six Care Practices for Normal Birth

But by 10:30 a.m., the contractions had slowed and become irregular again.

Concerned because my water had broken more than 24 hours earlier—and bound, I suspect, by certain hospital protocols regarding such circumstances—my midwife decided it was time for Pitocin (I was already receiving IV antibiotics for the same reason). Again, I found myself presented with a totally unanticipated recommendation from my caregiver, and again I dreaded the idea. But at that point—confused, frustrated, utterly exhausted, and with so much work still ahead of me—I felt no power to refuse.

Without a strong and informed advocate to speak for me at that moment, my labor and birth might have taken a very different turn. Fortunately, I had such an advocate in the form of my husband, who was deeply convinced of the benefits of natural childbirth, thoroughly versed in all of the information and research supporting it, clearheaded in a way I wasn't at that moment, and not intimidated by the palpable authority of our surroundings. He knew how I felt without my having to say it, and he knew how far we could go before the situation became unsafe for me and the baby. So, while I sat down in a rocking chair and went about the business of laboring, he argued with my midwife, reminding her of why we had chosen her versus an OB/GYN in the first place, and insisting that my labor be given a few more hours to get moving on its own. She reluctantly consented. Within an hour or two, my contractions were in full swing, though I wouldn't ultimately deliver until close to 9:00 that evening.

Looking back on my labor experience, I cannot imagine not having had continuous, committed support from someone in synch with my own beliefs and wishes, someone I trusted completely to act in my and my baby's best interests. For me, nothing mattered more or made as big a difference. The Lamaze care practice paper on this subject makes an appropriately strong and convincing case for the importance of continuous labor support, and is especially persuasive in its advocacy of doulas. As the paper states (or perhaps understates!), "Labor may surprise you (and your partner) with its power." Surprise me it did, not only with its power, but also with the unanticipated directions it took along the way. I was unusually lucky in that my husband was extremely knowledgeable, confident, and

prepared for the unexpected, and I knew that he was long before the day arrived. Had we not been so sure of his ability to support me and be my voice, I would have considered hiring a doula. Standing on the other side of that experience, I can see that doing so would have been absolutely essential.

As popular mainstream support for natural, normal birth continues to gain ground, it seems (based on my own observations and conversations with women) that word of doulas and the invaluable role they can play in achieving such an experience is spreading as well. This particular care practice paper goes a long way towards furthering that cause. It successfully addresses many of the main concerns I've heard from people on the issue, particularly the doula's role versus that of the husband/partner. I know some women (and men) worry that the presence of a doula will interfere with the husband/partner's participation. The paper reassuringly quells this concern.

All six of the Lamaze care practice papers are excellent and informative. They provide ideal starting places from which a woman can launch further, deeper investigations into the benefits of normal birth and the research that supports it. But in my experience, once a woman is convinced of those benefits and committed to a natural birth, it is the presence of strong labor support that holds everything together and makes all elements of the plan possible in the moment. The third care practice paper effectively underscores the importance of such support, and I don't think its importance can be emphasized enough—particularly in a first labor, when every step is truly a step into the unknown.

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**Commentary by
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Roberta M. Scaer, MSS**

The first time I experienced Lamaze International's six evidence-based practices for normal birth was during

the organization's 2002 annual conference when Barbara Hotelling, President of Lamaze International, asked about 400 childbirth educators and conference attendees to stand up. As we stood, Hotelling said, "Remind yourself of the most normal birth you've ever attended, had, seen, or heard about." Then, one by one, she requested us to do the following:

- If, in this birth, labor began on its own, remain standing.
- If the mother had freedom of movement throughout labor, remain standing.
- If the mother had continuous labor support, remain standing.
- If the mother received no routine interventions, remain standing.
- If the mother gave birth in a non-supine (e.g., upright or side-lying) position, remain standing.
- If no separation of the mother and baby occurred with unlimited opportunity for breastfeeding, remain standing.

To this day, I still regret that the exact number of the few of us who remained standing in the end was not formally counted. If my memory serves me well, through the overwhelming sadness that I was feeling, it was around 50 to 75 people. To me, the conference attendees represented all childbirth educators. We are the frontline of helping women shape their birth experiences and gather the information needed to navigate the technology highway—as Penny Simkin (2003) has so vividly illustrated for us in *Road Map of Labor, Childbirth Graphics*. How can we teach these six tenets if more than 60% of us do not hold a true vision for normal birth?

I have sat with my sadness for sometime. At this same meeting, the preliminary data from the Maternity Center Association's "Listening to Mothers Survey" arrived for those of us on the Lamaze Advisory Committee.¹

¹ The "Listening to Mothers Survey" report is available on-line at the Maternity Center Association's (MCA) Web site (<http://maternitywise.org/listeningtomothers/index.html>) or by contacting MCA at 281 Park Avenue South, 5th Floor, New York, NY 10010 (phone: 212-777-5000).

I read the outcome data and realized that only 1% of women in the survey had a normal birth by the above six tenets and that these births all took place out of the hospital. The notion that no normal birth recorded in the survey occurred in hospitals provided a stark reality. What are we as educators to do? What is our role? How can we better prepare women and their partners to navigate this often bumpy road?

Lamaze has addressed these challenges and provided educators, doulas, and expectant parents with an incredible resource in its publication of six care practice papers that promote normal birth:

- *Care Practice #1: Labor Begins on Its Own*
- *Care Practice #2: Freedom of Movement Throughout Labor*
- *Care Practice #3: Continuous Labor Support*
- *Care Practice #4: No Routine Interventions*
- *Care Practice #5: Non-Supine (e.g., Upright or Side-Lying) Positions for Birth*
- *Care Practice #6: No Separation of Mother and Baby with Unlimited Opportunity for Breastfeeding*

With these publications as educational resources and tools, childbirth educators *can* make a difference.

Since attending the Lamaze International conference in 2002, I have begun sharing the organization's six care practice papers in my class by providing them to all participants as part of their registration packet. I ask participants to read these papers at their convenience and to expect class discussion on each of the six topics. I invite each person (or couple, depending on the number of participants in class) to choose one practice or, if they pick Care Practice #4, one intervention they would be willing to investigate further. I offer them the opportunity to borrow the books and articles identified in the papers' references. If they choose to

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Overview: Childbirth Educators, Doulas, Nurses, and Women Respond to the Six Care Practices for Normal Birth

study interventions, I provide them with a list of questions to consider:

- How is the technique or procedure done?
- What are the benefits?
- What are the tradeoffs or risks?
- What does the research support as an appropriate use?
- What are the emotional effects?

I also encourage each participant to visit the Maternity Center Association's (MCA) Web site (www.maternitywise.org) for access to additional information and resources. Specifically, I suggest they read the final chapter—or, at least, a synopsis of the final chapter—in *A Guide to Effective Care in Pregnancy and Childbirth* by Murray Enkin and colleagues (2000).² I ask class participants to view the chapter's six tables, which outline various forms of care, and to compare their chosen care practice or intervention with the tables' following rankings:

- beneficial;
- likely to be beneficial;
- presents a tradeoff between beneficial and adverse effects;
- presents unknown effectiveness;
- unlikely to be beneficial; or
- likely to be ineffective or harmful.

I also provide class participants with Robbie Davis-Floyd's Web site (<http://www.birthpsychology.com/messages/intro.html>), which describes intervention procedures, their risks, and the psychological and cultural implications.

Each person is given 5 to 15 minutes (depending on the class size) to present his or her chosen care practice or intervention. The assignment is wonderful. I often receive e-mails from participants describing how much they are enjoying the process. For example, while in-

vestigating IVs and artificial rupture of membranes, one student wrote, "My mother is a nurse, and this assignment led to some very interesting discussions and learning on her part and my part. Fun stuff!" Another woman wrote, "I have to tell you that my husband [a chiropractor who chose epidurals] seems to be going above and beyond for this presentation. He's researched so much that he's driving himself crazy!"

The presentations are fantastic. The energy and enthusiasm in the room are palpable as each person has his or her chance to share. The discussions involve everyone, and no teacher bias occurs.

As an educator, when facilitating rather than teaching class, I begin to feel guilty as I sit and enjoy the process. I am learning so much. I have realized what a wonderful opportunity childbirth educators provide when they encourage and offer the resources necessary for women and their partners and family members to conduct their own research. Consequently, expectant parents take an active role in decision-making, learning the questions to ask, and—more importantly—finding their voice.

I have often wondered how so many women seemed to have lost their voice in childbearing. In September 2001, I attended a Safe Motherhood/Centers for Disease Control and Prevention (CDC) meeting held in Atlanta, GA. During the meeting's closing presentations, a CDC representative stood up and said, in effect, "If we want to make birth safer and implement evidence-based practices, it is time for another 'Woman's Movement.' Women have not united and stood up for a cause together since they won the right to vote." I couldn't agree more. Childbearing has the potential to change a woman's, baby's, and family's life in both short-term and—as we continue to learn—long-term ways. Women need to find their voice again. When they participate in learning, they discover for themselves that a practice they thought was customary is not supported by research for routine use.

Introducing the six care practice papers published by Lamaze will fill our childbirth education classes with "ah-ha moments." These exhilarating moments don't happen in the same way when childbirth educators merely spoon-feed information to their clients. The research, decision-making, and advocacy skills expectant parents learn in class are the very tools they will need as they birth and care for their babies and

²The guide's final chapter and its synopsis are both available on MCA's Web site (<http://www.maternitywise.org/guide/synopsis/>).

beyond. To me, this is the role of a childbirth educator. This is teaching expectant parents much more.

According to the Chinese proverb: Give a man a fish and you feed him for a day, but teach a man to fish and you feed him for a lifetime. The same logic applies to childbirth educators as they share the best resources and information for expectant mothers and their partners in order to help women take back their birth and experience normal births. I look forward to hearing the creative ideas other educators develop for using Lamaze International's six care practice papers in their classes.

I feel blessed working with women and their partners at this special time in their lives. I especially enjoy helping them research and reach for what is possible and encouraging them to hold a vision for normal birth. I suggest that each of you—especially if you were not standing when you finished reading Barbara Hotelling's exercise at the beginning of this article—research and find a practice in your community that supports Lamaze International's six care practices so you can attend a normal birth. Another suggestion is for Lamaze to make the care practice papers available on an 8th-grade literacy level and in other languages so that almost every woman in the U.S. and globally will have access to the information at her level and language.

As childbirth educators and doulas, we must provide women and their partners the opportunity to identify normal birth and to know what is possible in childbirth. We must encourage them to honor and support this rite of passage, while we share the educational resources and tools that will help them navigate the technology highway. Lamaze International's six care practice papers offer a special tool to achieve these goals and more.

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Commentary by Allison Walsh, LCCE

Educating expectant parents is extremely challenging during these times when most women distrust their body and baby and implicitly trust their health-care provider. Many childbirth educators, including myself, are frustrated by the soaring rates of routine medical interventions and the lack of concern about these issues on the part of our students. Most people arrive in our classes never having inquired about what practices they might expect during labor and birth. Sadly, they seem to have spent more time researching the best stroller than thinking about their upcoming birth. In addition to many other class objectives, it is our job to teach expectant parents what is evidence-based, what is simply untrue or outdated, and equally important, what to do with this information. Lamaze International's six papers that comprise the *Care Practices that Promote Normal Birth* definitely add strength to our efforts.

On the surface, I see in these papers a new and wonderful teaching tool. The clear, concise information is written in a nonthreatening and easy-to-understand manner, and its format is compatible with the broad range of learners we serve. The mix of evidence-based information, quotations, scenarios, and beautiful photography round out the quality and appeal of this important endeavor. Since the care practices are offered in childbirth classes and on the Internet (<http://www.lamaze.org/About/policy.asp>), they are accessible to millions of people.

I am quick to focus on the incredible potential for change the care practice papers possess. They are exactly the information expectant women and their partners need in order to begin to understand their options for birth. From there, the care practices serve as communication tools for discussion between expectant

Overview: Childbirth Educators, Doulas, Nurses, and Women Respond to the Six Care Practices for Normal Birth

parents and their health-care providers. Ultimately, along with good, evidence-based childbirth classes, the care practices serve as the catalyst to help childbearing women make informed decisions. Unfortunately, and all too commonly, this is the most current information they will receive throughout their pregnancy and birth experience.

Ongoing communication with health-care providers is crucial throughout the prenatal, intrapartum, and postpartum periods. Many providers do not offer sound medical reasons for the routine interventions they use. Lamaze International has done the hard work that most parents are not able or aware to do—compiling current, evidence-based information and fully referencing it. When a woman initiates a discussion with solid evidence in her hand, she will more likely be taken seriously. At best, she may convince her physician or midwife to agree with her. At worst, a negative response may help her realize she needs to look elsewhere in order to gain support for her ideal birth. In any scenario, the door is opened for further discussion and, I hope, reflection on the part of the midwife or physician.

Another venue for change is hospital practices and policies. Most policies lag, sometimes for decades, behind sound research outcomes. Expectant parents wear the hats of consumers and, thus, can work to effect the shift toward normal birth within institutions.

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The component of the care practice papers that appeals to me the most is the unending thread of confidence and trust for birth. Women can read these papers and easily hear over and over again the simple and empowering messages that were once commonplace—her body was made to give birth, her body will guide her, and her baby will guide her. Today, our students are constantly bombarded with worst-case scenario birth stories. They need to hear what normal birth is and that it is possible. Many need to understand and accept their responsibility in this process, and that the birth they experience is not simply the luck of the draw based on forces beyond their control.

Anyone reading this journal is all too familiar with the cascade effect of interventions in obstetrics. I hope these papers spark a new cascade for those of us who believe in normal birth and the people we serve—a cascade of communication and education. May these evidence-based and empowering care practices be distributed and read, far and wide. May all childbirth educators speak these truths free from fears about job security. May expectant parents learn, understand, communicate, and advocate. Most of all, may they help educate health-care providers and effect change toward appropriate care for every woman and baby.

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