



# Childbirth Education: Making Informed Decisions

By Judith Lothian

Originally published in the *2011 Guide to a Healthy Birth*

**When childbirth moved to the hospital and physicians began providing maternity care, woman-to-woman knowledge about birth faded away. Formal childbirth education began in the early 1960's as women demanded that childbirth once again "come out of the dark." Those early classes gave women basic information about birth physiology and coping strategies, like breathing and relaxing, to enable them to labor and give birth without medication. Partners attended classes and learned to "coach" women through contractions and provide emotional support throughout labor. The information was basic, and the skills were simple.**

The technology that has grown up around birth in the U.S. during the past fifty years has made it progressively harder to give birth simply and without intervention. Those interventions, when used unnecessarily, can actually make birth less safe for mothers and babies. A good childbirth class gives you the information you need to make truly informed decisions, and teaches you ways to advocate for yourself. Today's childbirth education classes help make sense of the vast amount of information you are likely to encounter during your pregnancy. Childbirth education can bring birth back to the basics and help you let go of fear (really). The end result is a safer, more empowered birth. Research suggests that the women who are most satisfied with childbirth have high

personal expectations of the birth, excellent labor support, a good relationship with their caregiver and are actively involved in decision making.\* Childbirth classes help you achieve all of these.

## What do women have to say about childbirth classes?

- **Maggie** wanted a VBAC (vaginal birth after prior cesarean) and chose a doctor who said it was possible. She then attended a childbirth education class that encouraged her to ask questions. She asked her doctor how many VBACs he had done. When he said, "None," she realized he probably had no intention of supporting a VBAC. She changed to a hospital midwifery practice and went on to vaginally deliver a 9 pound baby after a short labor. *"If I hadn't gone to childbirth classes, I wouldn't have known the right questions to ask my doctor and I wouldn't have realized I had the option to change to someone else."*
- **Clara** chose a midwife with a hospital practice. The tour of the hospital was an eye-opener. She realized she was not comfortable with the rules and restrictions and changed to a birthing center. *"My childbirth educator was so knowledgeable and honest that I*



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*had the information I needed to change to a birthing center.”*

- **Cynthia** wanted a natural birth and attended classes at the hospital. It became clear that the classes were simply preparing her to be a good patient. She and her husband realized they needed to know more about how to have a natural birth in the hospital. They attended another class outside of the hospital and learned about natural birth as well as how to talk to the doctor and develop a personal birth plan. *“Thanks to attending both classes, I had a natural birth in a hospital that had a 60% cesarean rate!”*
- Though information in childbirth classes scared **Eve**, she was glad she had learned ahead of time about the risks of some routine maternity practices and the rules at the hospital. The classes helped her clarify what she wanted and then helped her set priorities. *“Before the classes I just went along with what my doctor said without even thinking that it might be important to think about what was best for me and my baby.”*
- **Mary** never thought she wanted to give birth naturally. But after an engaging childbirth education class taught her how simple birth can be, Mary changed her mind. *“No one was more surprised than I was to give birth naturally. I was thrilled.”*
- **Jamie** had a cesarean after a long, difficult labor. Based on what she learned in class, she let labor start on its own and used a wide variety of comfort measures during her long labor. She was part of the decision making when it came time to consider a cesarean. *“I feel okay about the cesarean. I worked really hard in labor and I am happy about that. What I learned in class helped me be confident enough to talk straight with my doctor when we all started thinking cesarean.”*

A word of caution: beware of classes that prepare you to be a good patient. These are the classes that focus on hospital rules, possible complications, and medical interventions. Learning about labor and birth shouldn't focus on what might go wrong. Classes should instead build your trust in the process of birth and confidence in your own birthing ability.

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Finally, good classes are small (preferably no more than ten couples) and interactive. There should be lots of time for discussion, practicing, questioning, and strategizing as you make your birthing plans. Consider enrolling in a childbirth education class early in your pregnancy.

\*Hodnett AJOG 2002; S160: 186-191

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