

Preparation for Childbirth – Preparation for Life: A Challenge for Primary Prevention

Thomas Müller-Staffelstein

Dornstadt, Germany

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Abstract: The wide range of different concepts of childbirth preparation is explained, then several important aspects of birth preparation activities are discussed regarding their high potential of primary prevention.

The author suggests decreasing focus on the birth event, thus making room for a wider viewpoint concerned with the dynamic continuity of pre-, peri- and postnatal development and leading to the insight that support of the mother- (and father-) to-be has a central meaning by itself, defined as primary prevention.

Based on these ideas, a concept of integrative pregnancy support including preparation for birth and parenting is described and problems of the practical implementation of this concept are discussed.

Between Exercises for Pregnancy and Integrative Preparation for Childbirth

First I would like to establish the fact that in Germany there is no one uniform conception of preparation for childbirth. Rather, there exist numerous types of courses with varying structures, contents and goals, whereby the same title doesn't necessarily cover the same contents and similar contents are often quite differently titled. To demonstrate the breadth of these heterogeneous courses, I would like to describe two very different concepts that in reality appear in sundry modifications and mixtures. The traditional exercise classes for pregnant women are clearly only a physical preparation for birth, a training to improve the act of birthing and the result of birthing, meaning a healthy, lively new-born. The course contents regarding pregnancy are strongly physically-oriented, for example posture, circulation, vein-prophylactics, and perhaps nutrition. Exercises for relaxing and breath control are directly related to their future purpose of helping during labor and birth.

The emotional and sociological aspects of the experience of pregnancy and birth are ignored in this concept, as is the person of the prenatal child and its

relationship to its mother. There is no inclusion of the father. It is assumed that one given setting for practice and rehearsal is equally adequate for all pregnant women. Characteristic for the structure of this type course is the "open group" with continuously changing participants, one-way communication and little interaction between the participants in the course. A trusting atmosphere within the group can hardly be established under these circumstances. I suggest, that in some of the eastern European countries an example for such types of courses is still known as "Psychoprophylaxis", later in some west European countries known as "Lamaze-courses".

There is a growing dissatisfaction of women confronted with this most prevalent type of childbirth preparation course was an important motivation for developing the concept of integrative childbirth preparation, which began about 20 years ago. It was also especially women who demanded numerous changes in the routines around and during childbirth, such as "humanizing" hospital procedures, more respect for individual needs, increased influence and autonomy, choice of positions for labor and delivery, presence of the father, rooming-in, and support for breast-feeding of newborns.

This movement found expression in the establishment of the "Gesellschaft für Geburtsvorbereitung e.V." (GfG) in 1980. I consider the central points within the concept formulated by the GfG to be an expansion of course curriculums to include emotional, cognitive/informative and social aspects, and their integral connection within group processes, a relating of the physical aspects to the possibility of a deeper experiencing of one's own body, with the purpose of building trust in one's own capabilities and strength; in supporting an individual coping strategy for facing the undefined birth experience; and in the explicit, continuous inclusion of the partner within the framework of pair courses. An essential structural characteristic is the closed group with a permanent primary instructor. Only so can a trusting, open atmosphere arise in which the supportive, sharing, and creative potential of the group can be awakened.

The subject of the prenatal development of the child and its relationship to mother and father were included in this concept for the curriculum, even at that time; for example, information about the current stage of development of the baby, its increasing sensory development, or offering the parents an imaginative trip to visit their baby in the mother's body.

These courses, at least during the first years, were still centered around the birth, which was mirrored in names such as: 'Society for Preparation for Childbirth', 'Course for Childbirth Preparation'. However, the course goal was not only a positive birth result, but also a positive birthing experience for the mother (sometimes with the partner), and included responding to the needs of the new-born child. This orientation around the birth event was supported by the publication of a number of new impressive results of prenatal research concerning the abilities and needs of the child during and after birth, and about the far-reaching meaning of the birth experience for the further development of the child's somatic, psychological and social Gestalt.

The Potential for Primary Prevention During Pregnancy

The international congress of the ISPPM (still ISPP at that time) in 1986 in Badgastein helped push the idea of prevention into the foreground. Concerning the period of pregnancy, prevention is especially important when the following is considered: Numerous results of prenatal and perinatal research point out the continuous, multi-level and to some degree formative processes of interaction that take place between mother and unborn child during pregnancy, while the mother is in a constant exchange with her specific social and ecological environment. From this viewpoint, I assume in the meantime that everything that happens to a pregnant woman, and how she experiences what happens, is conveyed directly or in a modified form to her unborn child. At the same time, the quality of these interactions, in dependency with the genetic framework, build the foundation for the entire further development of the person. It must further be considered that chronologically there are some phases which are hyper-sensible. This is not only true for the internal organs, but also, for example, for the endocrine system with its regulatory and signal functions and hypothalamus-hypophysis coordinate system, for the immune system and probably for the structures that make psycho-social adaptation processes such as perinatal bonding possible. The sum of these prenatal influences and experiences is surely one of the factors that affects the time, process and experience of the birth itself.

The combination of these thoughts brought me to the opinion that meeting a pregnant woman is at the time a contact with the child, in a way reaching alpha and omega at the same time, and that this unborn child is building the foundation for its further development in continual interaction with his mother-environment. This has convinced me that the period of pregnancy offers the best chances for actual primary prevention! This approach has especially fortuitous circumstances in that, in my experience, the group parents-to-be (as compared to the average adult) shows an above-average openness and is easily motivated to learn and to reflect old roles and habits; for example, their relationship to their own bodies, to pleasure and pain, to body signals, to their use of medications. The process of pregnancy also stimulates examining one's positions concerning autonomy and dependence, security, risk and responsibility, control and trust, and perhaps to reposition.

With this (by no means complete) description I want to demonstrate how the preventive approach not only affects the child, but also the mother and father-to-be, and can be used as an opportunity for holistic health education, with effects far beyond the point of the birth itself. Inclusion of the father, for example, isn't only directed at his role during the birth; by opening doors during the prenatal period, among others, new paths to a non-competitively oriented experience with his body, ways to strengthen his closeness to his child through experiencing the many possibilities of non-verbal body language, he not only builds the foundation for a strong and living father-child relationship, he also experiences impulses for enriching his own forms of sexual interaction. This can help in coping with the changes, pressures or crises that affect the sexual relationship towards the end of pregnancy and especially during the baby's first year.

Against this background and complementary to the main thoughts developed here, there are numerous tasks that pregnancy supporting and childbirth preparing

curriculums should take into consideration (this list makes no claims to completeness):

Supporting the development of

- recognition and articulation of one's own needs;
- the right to individual experiences and feelings;
- expression of one's own feelings, even if they are confusing, ambivalent, negative or seem to be inappropriate;
- coping with necessary adjustment processes;
- more confidence in handling fear and pain, holding on and letting go, self control and devotion;
- broadening or redefining the body's paradigm and body-feeling (by increasing the sensitivity of the physical body, especially the deep sensibility; through using the imagination, painting, clay modeling, Feldenkrais exercises, etc.);
- trust in one's own abilities and strengths;
- prenatal communication between mother, father and unborn child in all different forms (for example, kinetic, tactile, auditory, verbal, mental or spiritual);
- confidence in coping with stress situations;
- strengthening the pre- and perinatal bonding through information about the present developmental stage of the baby, its abilities and perceptions, through the use of imaginary trips to visit the child, through supporting tactile-kinetic contact (for example by massage or Haptonomy), through information about the most important needs and resources of the baby during birth and as new born and support for the development of a satisfactory nursing relationship;
- if the course-leader is sensitive and competent enough, it may be very helpful to reflect the personal birth experiences of the mothers-to-be when they were a child-to-be-born.

Another task in these courses is to give support in forming realistic expectations and appropriate models for personal and outside demands as to the role of a "good mother" or a "good father".

It is often necessary to help the mother-to-be (and the father-to-be) to overcome unrealistic, over-demanding requirements and expectations about themselves, and to overcome the common fear that the child won't have the best start in life because pregnancy and birth were not a perfect "performance". These ideas and the pressure of being responsible for everything that affects the child, plus the often resulting readiness to give the responsibility for self and child to the specialists, needs to be met with a more differentiated point of view in addition to recognizing their own strengths and possibilities for influence, information about the potential of the child, his independence, his ability to learn and adjust, his cooperation during preparation, and his active help during birth, are equally as important as references to the mother's position within her specific social and ecological environment over which she has little control or influence, although they are also responsible for her health and that of her child. In this tension between autonomy and dependency, self-determination and external-determination, self-responsibility and external responsibility, between ideals and reality, the following prayer describes the path and the goal very convincingly: "God give me the courage to change that which I can

change, the tranquillity to accept that which I cannot change, and the wisdom to distinguish between the two!”

Changed Perspectives – a Fundamental Change of Meaning

Recognizing the preventive potential of working with pregnant women leads to essential changes in the perspectives of preparation for childbirth. These changes begin with the question whether the title “childbirth preparation” shouldn’t be replaced, for I see an important change in the original focusing on the punctual birth event making room for a wider viewpoint concerned with the dynamic continuity of prenatal, perinatal and postnatal development. This broadening of the horizon brings with it the end of the limitation of supportive courses to the last third of pregnancy. Courses could begin in early pregnancy and continue through the first critical weeks and months after birth.

The second real change is in the goal and the self-definition of the task: Pregnancy support and childbirth preparation based on the broadened perspectives postulated here no longer judge their effectiveness only by the birth. Its meaning results from the support of the mother-to-be and her child, at the same time influencing the future development of the child through primary prevention, thus giving further health-encouraging impulses.

The changes of perspective described here also help place the birth itself in perspective for the further development of the child, preventing the overburdening of the birth event with numerous narrow expectations and fears. They emphasize that the birth is one integrated part of a whole continuum of prenatal, perinatal and postnatal development. Only in this context is it possible to estimate the individual meaning of the birth appropriately. Weighing these considerations, once again the question arises as to the appropriate title for such courses, which go beyond the framework of “preparation for childbirth”. Because I haven’t yet found a good and appropriate answer, I describe what I am striving for in the following way: it seems necessary to me to broaden what is offered as childbirth preparation to include pregnancy-support and parenting preparation.

The curriculum concept should include:

- the integrative approach already described under “integrative childbirth preparation” and the principles thereof,
- the possibilities of primary prevention described in point 2,
- teaching parents-to-be about health influences and good health practices,
- the periods of early and middle pregnancy (because lack of information at this time can have grave consequences),
- the organic integration of the specific elements of preparation for the birth itself,
- the period after the birth, with subjects like “Interacting with newborns”, “The birth of the family”, “Nursing and the nursing relationship”,
- perhaps a continuation course as support for the young family.

Practical Perspectives

In closing I want to talk about several aspects connected to the practical application of such a broadened concept of childbirth preparation. In my estimation the theme of prenatal development has found the most entrance into course curriculums, at least as far as these go beyond exercises (gymnastics, relaxation and breathing techniques) at all. It seems to be more difficult to include the unborn child in the sense of an able partner for dialogue in course formats. This may be because the many further-education courses in this area do not take the abilities of the child into enough consideration. A good basis for the exchange of experiences and knowledge exists in the networking between the ISPPM and GfG, which is expressed in numerous double memberships. A similar development seems to be on the way through the cooperation between midwives and the ISPPM, where I have observed special interest from independent midwives and students of midwifery. As far as a broadening of perspectives is concerned, in the past several years the courses offered by independent midwives and by GfG course leaders have included variously such subjects as nutrition, allergies, coping with handicaps, death and mourning, parental roles, sexuality, nursing, or handling newborns, depending on the needs of the group and the availability of qualified instructors. With the subject of the birth itself less in the foreground there is growing recognition of the continuing forces of development beyond the moment of birth and the possibility to form and influence these forces. At least one post-birth meeting with the babies has become common; there is some experimenting with continuing groups, such as baby groups, nursing groups, father groups, groups following cesarean sections, after premature birth or loss of a baby, for unwed-mothers, for subjects like "shaping up after birth" or "baby massage". Sometimes the course titles have also been modified: "Pregnancy, Birth, Parenthood", "Preparation for childbirth and parenthood", "We're expecting", "Becoming a parent – being a parent".

It must be said that broadening the spectrum is hampered by the limitations of time and financing, even when the supply and the demand side are both willing. For this reason, most of those offering courses orient themselves to the standards set by the health insurance companies, which are generally still based on the narrow concept of exercise classes, with a length of 6 to 12 meetings and participation at earliest in the 24th week of pregnancy. Costs for including the partner in a couples' course are not compensated. Therefore it is not possible to finance couples' courses, a continuation beyond the birth, or a truly supportive pregnancy course (up to 20 meetings) without substantial costs to the participants. As a result, the best opportunity for broad primary prevention has hardly been used up to now. An additional problem is that health insurance companies seldom feel responsible for tasks whose holistic approach doesn't fit into the more medical establishment structures of our health system, because they include elements of socio-psychological adult education. Preventive, health-building tasks are especially effected by this problem. As to the qualifications of instructors for the broadened concept introduced here, the following questions must be clarified: Is it possible to unite the required multi-dimensional qualifications (physical education, medicine, psychology, health education, group dynamics) in one person? Who should develop curriculum for the teaching of instructors? And which institution should teach it? Or is it better to use team-teaching, with several instructors competent in different fields, whose

complementing abilities form a course mosaic? If the course is for couples, should a male co-instructor be included?

At this point it is important to recognize the several initiatives and institutions which offer interesting and encouraging examples of ways to implement, at least partially, the goals of the broadened concept described here. The experiences that have been gained there should be tapped to help answer the questions that have arisen. More information about this work is available from the GfG, which has taken over a coordinating function for this area.

I hope for a broad, interdisciplinary discussion about the preventative and health-education aspects of pregnancy-childbirth-parenting preparation and how it can be implemented.

In addition I see the necessity for research into the quantity and quality of presently available course offerings in the areas of pregnancy and health, support groups for mothers-to-be, preparation for childbirth, preparation for parenthood, and the first two years of parenting. The implementation of the broadened concept in the sense of primary prevention and health education should be tested as a model in different initiatives and institutions and scientifically observed with empirical testing of the results.

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More (European) literature and addresses of new projects in this topic are available from Gesellschaft für Geburtsvorbereitung (GfG), Dellestr. 5, D-40627 Düsseldorf, Phone (0211) 252607