

61

LAMAZE METHOD OF PREPARED CHILDBIRTH

Folk Medicine 462G

Assignment #1

Dianne Watkins

FOLKLIFE ARCHIVES
KENTUCKY BUILDING
WESTERN KENTUCKY UNIVERSITY
BOWLING GREEN, KY 42101

LAMAZE METHOD OF PREPARED CHILDBIRTH

On a snowy, Tuesday evening, nine couples began arriving at Graves-Gilbert Clinic for their first class in the Lamaze Method of Prepared Childbirth. Three couples would not make the first class because of the weather. The instruction would be given in the lobby area of the second floor. The women, in the last couple of months of their pregnancy, were accompanied by their husbands. Each were carrying a quilt and a pillow.

As the couples arrived, they were greeted by their instructor, Mary Wix. Mary, a personal friend of mine, had graciously consented to my sitting in on her class. This energetic, vivacious and friendly lady has been teaching these classes for six years. A class was not scheduled for only one week in this six year period.

Enrollment in her classes has been from two couples to twenty four couples. When one six week period ends, another begins. Mary is usually assisted by her husband Travis. He had another meeting to attend and was not at the class I observed.

Mary has been a nurse for thirteen years, spending almost the entire time in obstetrics. As mother of two children and head nurse in Labor and Delivery at the Medical Center, she is more than qualified to teach childbirth classes.

To begin the class, Mary handed each of the couples an index card and told them jokingly, they were going to

take a test but there were no failures in this class! She asked them to put the following information on the card:

Names - Wife
 Coach
Number of babies
Breast/bottle feeding or undecided
Due Date
Doctor's name
Hospital where you plan to deliver
Telephone where you can be reached

Mary told the class she was usually a little bit nervous in this first class until she got to know the couples and they in turn got to know her. She told them about her position at the hospital and that she never tired of the miracle of childbirth. Each delivery continued to be exciting for her. "God really knew what He was doing when He gave me this job," she said, "because I love it!" If the women delivered during the day shift, she would be assisting them. Any nervousness Mary might have felt, she quickly got over it and established immediate rapport with the group.

The information cards were taken up and Mary asked the women, one at a time, why they were taking the classes. Two comments seemed to express their responses: They wanted to deliver without the use of or with only a little medication and they wanted their husbands with them, sharing the experience.

One of the women was expecting her fourth child and had been "put to sleep" for the first three. She wanted this one to be different. Another was expecting her second, another her third. Six of the women were in their first

pregnancy. Each of the husbands, except for one, was in attendance. At this point, the father of three was not interested in "being a coach."

A chalkboard was placed in front of the group with the following information:

| | |
|--|---------------|
| Prepared Parents NOT Lamaze Class | |
| Prepared Childbirth NOT Painless Childbirth | |
| Dr. Grantly Dick-Reed - Childbirth without Fear | |
| Dr. Lamaze 1955 - The Lamaze Method | |
| Psychophylactic Method - A mental & physical preparation | |
| Education | Pain |
| Understanding | Concentration |
| Preliminary Exercises | Anticipation |
| Special Breathing | Expectation |
| Relaxation techniques | |
| | Preparation |
| THERE ARE NO FAILURES | Patient |
| IN THIS CLASS! | Coach |
| | Doctor |
| | Nurse |

Mary passed out booklets and information sheets and began sharing a history of the Lamaze concept of childbirth. In 1933, Dr. Dick-Reed was the first to allow fathers in the labor and delivery rooms of the hospital. He believed most of the pain in childbirth was because of preconceived notions about pain from old wives tales and superstitions concerning childbirth. He was an early advocate of less pain medication given during birth.

Dr. Fernand Lamaze, Paris, France, introduced classes designed to eliminate fear and prepare women for childbirth in 1955. The Lamaze theory holds that the spiraling cycle of fear, spasms, pain and more fear makes labor frightening and agonizing, augmenting the need for heavy, and possible harmful medication.

Mary explained that this concept was the Psychophylactic Method-a mental and physical preparation for labor and birth. She gave an illustration that you might have a horrible headache but enter a movie theater and become so engrossed in the movie that the pain is sidetracked and momentarily blocked out. Only after the movie is over and you are leaving the theater do you realize you still have a headache. Through the classes, you will be taught to concentrate on external things and not think only of pain.

We anticipate pain when we go to the dentist because we're not sure what he will be doing to us. Through the childbirth preparation classes, Mary will explain what is going on in the body during pregnancy and what to expect in childbirth. Fear of the unknown causes tension which slows down the natural process of labor. Tension magnifies pain. "Learning to relax," she says, "you are 3/4 of the way there."

The relaxation exercises are a vital part of the Lamaze method. Mary asked each couple to move to the center of the room and the women to spread their quilts and the men assist. She demonstrated and explained the purpose of each exercise. The exercises are designed to strengthen muscles used in childbirth and to learn to relax. "Be a dishrag," she says. Deep cleansing breaths follow the exercises.

Mary shared an article that was written in 1980

showing the average length of labor for first deliveries is 19.3 hours. Women, having received instruction in Prepared Childbirth classes, and being encouraged by their "coaches" showed an average of 8.8 hours of labor for their first delivery. The support person or "coach" is an important role in the Lamaze method. The coach can be someone other than the husband, but he is the one most desired.

Mary explained the six weeks program of classes. The first week is an introduction, getting acquainted and demonstrating the exercises. The women are encouraged to practice the exercises at least 30 minutes every day, in a favorite room, listening to music, looking at a picture or object that is meaningful. Husbands assist in the relaxing exercises.

The second and third weeks are a continuation of exercises and learning more about the body and what is happening to it during the pregnancy and as it approaches labor and delivery.

The fourth week, the class visits the hospital and is shown the labor and delivery rooms. Again, the idea of being familiar with the surroundings will reduce the anxiety and fear of the unknown.

The fifth week, a film is shown of six couples going through the Lamaze classes and delivery of a couple of the babies. One woman has to have a Caesarean section. This process has been fully explained

in the childbirth preparation classes. Knowledge of this procedure will help eliminate fear if it happens to a class participant.

The sixth and final week is a wrap-up with a local obstetrician in attendance--out of the office and in a more informal, relaxed setting, answering questions.

I was very much impressed with the information outlined to be learned and discussed through the course of these classes. To be taught by the woman in charge of Labor and Delivery at the Medical Center, having an opportunity to become familiar with the facilities at the Hospital and wrapping it all up with an informal discussion with an obstetrician is certainly worth the \$25 fee.

Mary says, "there are no failures." If your delivery involves some complication calling for more medication or a different procedure, you have not failed. Women are not to feel guilty if they need medication. There are many variables involved, such as size of pelvis and position and size of baby, influencing the severity of labor. Each woman has at least been exposed to and is more knowledgeable about the procedures in childbirth and hopefully less anxious and fearful of the process. Over 50% of the deliveries at the Medical Center are without medication.

Knowing Mary and having friends that have delivered under her care, there is nothing but praise and love

for this dedicated woman.

Today, virtually all of the nation's 7,000 hospitals offer childbirth-preparation courses, teaching the once controversial but now accepted and highly popular Lamaze psychophylactic method. Bowling Green women are fortunate to have this opportunity through the skill and concern of Mary Wix.

GOOD POSTURE AT ALL TIMES

1-9

KEGEL EXERCISE -- Do at least 30 times a day. Sit on edge of chair with knees slightly apart. Tighten front part of your bottom. tighten vagina, tighten rectum--relax.

TAYLOR SITTING -- Strengthens those muscles that are used in labor and delivery.

LEG RAISES -- Lie on back, toes pointed, and knees straight. Raise one leg, flex your foot, and lower to the floor. Do the same with the left leg. Do 5 times with each leg.

LEG RAISES FOR HIP & THIGH MUSCLES -- Lie on back, toes pointed, and knees straight. Raise right leg, extend foot to the side, bring leg back to the center (Be sure to keep opposite hip on the floor). Slowly lower to the floor. Repeat with left leg. do 5 times with each leg.

- BACK EXERCISES --
1. Lie on your back with knees bent and heels close to your buttocks. Raise hips off the floor. Slowly lower spine one vertebra at a time to the floor. Do 3 times.
 2. Lying on your back with knees bent, inhale and relax, exhale and press your spine to the floor. Do 3 times.

Sitting on the floor in tailor sitting position raise arms over your head, extending your fingers. When you see your finger tips stretch up one more inch.

Put Soles of feet together while in sitting position and pull them up to your body--feel the pull in your thighs. If not, extend your legs and reach out and touch your toes.

RELAXATION CONTROL EXERCISES

OUR MOTTO -- "BE A DISHRAG"

Assume comfortable position. Relax completely, every muscle in your body. Coach should check each arm, leg, and face to be sure that she is relaxed.

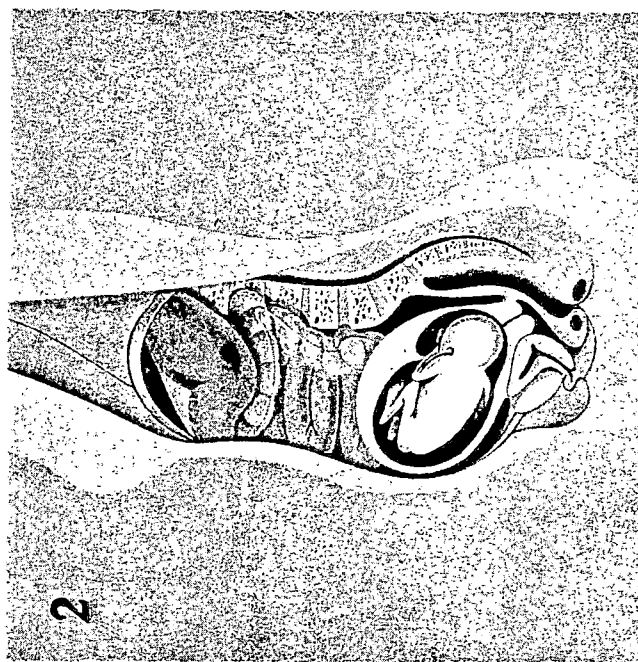
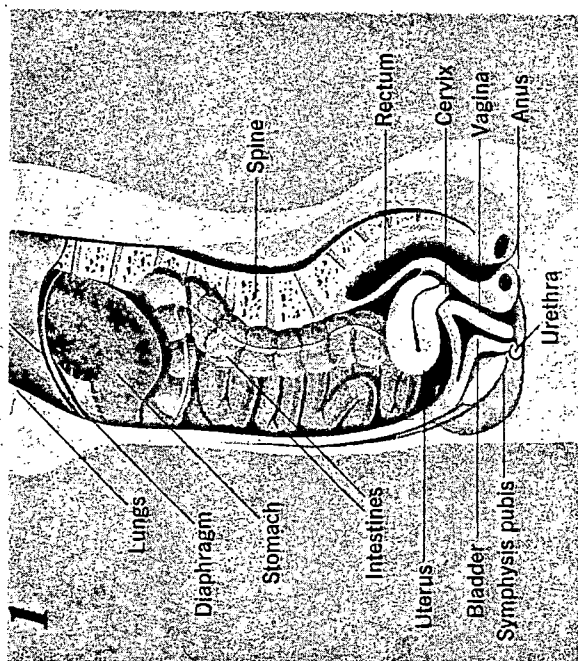
1. CONTRACT RIGHT ARM -- Coach is to check to see that she is completely relaxed except for the right arm.

DEEP CLEANSING BREATH AFTER EACH EXERCISE

2. CONTRACT LEFT ARM
3. CONTRACT RIGHT LEG
4. CONTRACT LEFT LEG
5. CONTRACT RIGHT ARM & LEFT LEG
6. CONTRACT LEFT ARM & RIGHT LEG

THESE EXERCISES ARE TO BE DONE EVERY DAY!

- Labor - Process through which cervix dilates and Baby is born
- Cervix - Opening of uterus
- Centimeters - measurements of dilatation of cervix (1-10 cm)
- Vagina - Birth canal
- Uterus - organ that baby grows in
- Effacement - thinning of cervix
- Lightening - Baby dropping into pelvis
- Braxton-Hicks Contractions - False Labor
- Crowning - when Baby's head is visible
- Pudendal Block - Anesthesia that numbs perineum
- Episiotomy - Incision made to allow Baby to be born
- Placenta - "After birth"
- Complete - when cervix is completely dilated (10 cm)
- Fundus - uterus after the baby & Afterbirth is delivered
- Posterior Position - When the baby's Face is looking up
- Contraction - Cramping of the uterus
- Perineum - muscular area between the vagina and the rectum



1. This illustration shows the position of the uterus in a non-pregnant woman and its relation to the other organs

2. At five months the baby has entered the abdominal cavity, exerting some pressure against the diaphragm and lungs

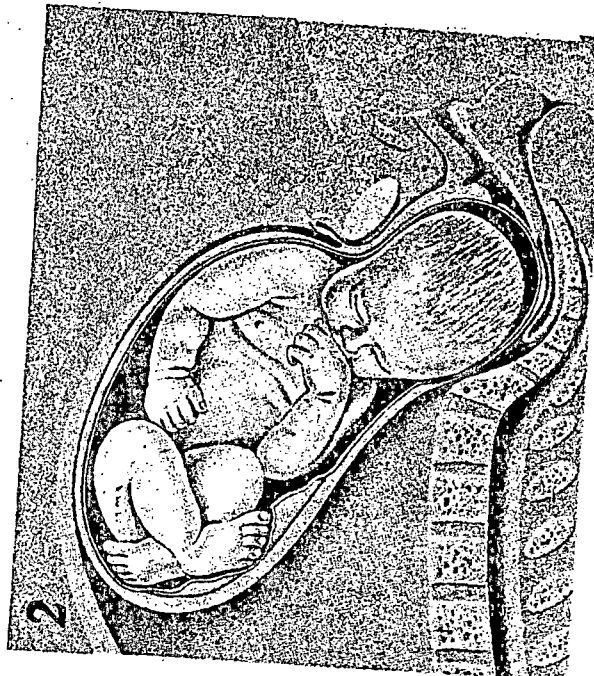
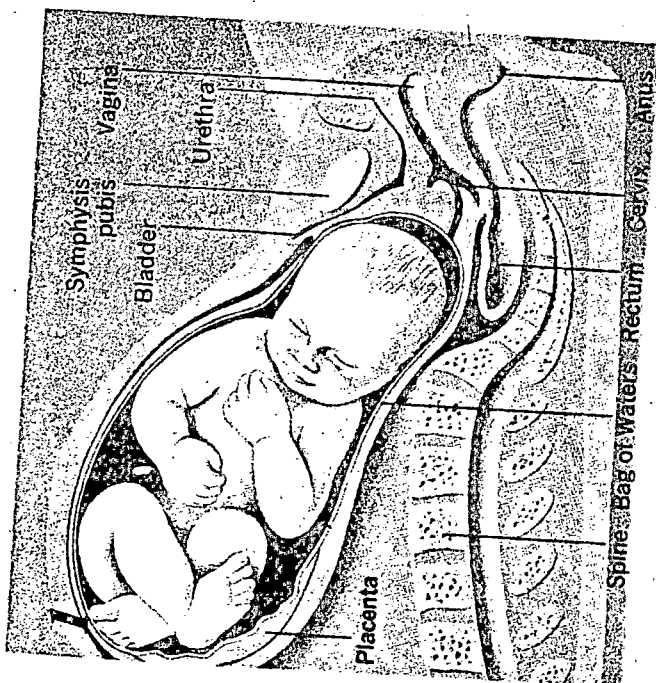
3. In ninth month the baby fills nearly the entire abdomen but nonetheless internal organs continue to function well



1. This baby is ready to be born: the mother is lying on her back, her baby facing her right hip; the cervix is still thick and long; preliminary contractions have not yet occurred

2. Here begins the first stage of labor: contractions have started; the baby has begun to move down and the cervix becomes shorter and flatter in the process called effacement

3. Baby rotates slightly as contractions during the first stage of labor continue. The cervix dilates; here it has opened about halfway, which is termed $2\frac{1}{2}$ fingers or 5 centimeters



4. At the end of the first stage of labor, cervix is fully dilated (5 fingers or 10 centimeters); the baby's head is entering the stretched vagina and putting pressure upon the rectum

5. During second stage of labor, the baby faces the mother's spine, flexing and extending its soft head to pivot around the pubic bone as it is pushed on through the birth canal

6. The head rotates once again on delivery to allow the shoulders and arms to emerge; the rest of the body slips out easily; expulsion is completed and the baby is born

