

The Bradley Method

“God schedules a birthday, not man.”

-Robert A. Bradley, Husband-Coached Childbirth: The Bradley Method of Natural Childbirth

History

The Bradley method of natural childbirth was created during the 1940s when the common birthing practice was to anesthetize mothers (“Twilight Sleep”) and forcibly pull their babies out with forceps. Dr. Robert Bradley saw what was happening to these women and babies and contrasted it with the great number of animal births he had experienced while growing up on his family’s farm. He came to firmly believe that birth is a natural process, and that women, like the animals he had observed, could give birth without unnecessary interventions, drugs, and distress if given the right preparation and circumstances. Based on his observations of animals during labor and birth, he developed his method of human childbirth in a way that would teach women how to listen to and trust their bodies the same way that animals do.

Description

The Bradley Method supports the idea that birth is a natural process and that in most cases, women can learn to give birth naturally without pain medication, interventions, and distress if they are given the proper tools, such as education, preparation during pregnancy, and the loving support of a birth coach. It focuses on measures that keep women healthy and low-risk so they have the best chances of avoiding complications that could lead to medical intervention. Also known as “husband-coached childbirth,” the Bradley method of natural childbirth emphasizes that the father’s presence and support during labor and birth is important to the mother’s success in achieving a natural childbirth. About 86% of women who use the Bradley method while giving birth vaginally are able to do so without needing pain medication. This method is based on six primary principles, which Dr. Bradley termed “the six needs of the laboring woman.” They include most notably, deep and complete relaxation and abdominal breathing, but also including quiet, darkness and solitude, physical comfort, and closed eyes and the appearance of sleep.

Proponents of this method believe that having a natural pregnancy, labor, and vaginal birth is the best way to promote the long term health of both the baby and mother. Therefore, the Bradley Method teaches the following key factors that promote these very things:

1. Excellent nutrition is viewed as the foundation of a healthy pregnancy and baby.
2. Husbands are actively involved as a birth coach during labor and birth.
3. Mothers should avoid drugs during pregnancy, birth, and breastfeeding, unless absolutely necessary. This is based on the understanding that *no drug has been proven safe for a preborn baby.*

4. Prenatal training is done all throughout pregnancy starting with early classes that transition into weekly classes in the 5th month and continue until the birth of the baby. (Classes are held for 12 weeks, but additional classes are also offered.) These classes are taught by highly qualified trainers with the goal of preparing both mothers and fathers emotionally, physically, and mentally for birth.
5. Relaxation and natural breathing are taught, with the understanding that they can be effective pain management techniques with correct training, according to the National Institutes of Health.
6. Mothers are taught to listen to their bodies and trust the natural birthing process. It was designed to work!
7. There should be immediate and continuous contact with the new baby after birth.
8. Breastfeeding should begin at birth as it provides immunities and nutrition, and encourages bonding.
9. Parents are encouraged to be knowledgeable consumers of various birth services and to take responsibility for the safety of the birth place, procedures, attendants, and emergency back-up.
10. Parents are also prepared for unexpected situations such as emergency childbirth and cesarean section.

While Bradley classes strongly emphasize natural birth, and do so from an evidence-based perspective, they also are taught with the realization that interventions are sometimes necessary to preserve the health or well-being of both mother and baby. Some women take issue with the Bradley method because of their strong emphasis on natural birth and the feeling that if they cannot have the “perfect Bradley birth,” they have failed as mothers.

Sources

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Lamaze

History

Based on his observations of how women in the Soviet Union used breathing and other relaxation techniques (Psychoprophylaxis) to help them cope with labor, obstetrician Fernand Lamaze created the Lamaze technique in the 1950s as an alternative to medical intervention during childbirth.

Description

Currently the leading childbirth education technique in the world, Lamaze teaches mothers to be confident in their innate ability to give birth vaginally and helps them understand how to cope with or relieve pain primarily through distraction methods that promote comfort, and facilitate normal labor progress. Common pain management methods taught by Lamaze instructors include movement and massage, as well as relaxation techniques. Based off of the following “six healthy birth practices,” these core Lamaze relaxation techniques support both the normal physiological birth process as well as the health of both mom and baby immediately after delivery:

1. Let labor begin on its own.
2. Walk, move around, and change positions throughout labor.
3. Bring a loved one, friend or doula for continuous support.
4. Avoid interventions that are not medically necessary.
5. Avoid giving birth on your back and follow your body's urges to push.
6. Keep mother and baby together after birth, which is best for mother, baby and breastfeeding.

Lamaze classes are designed with the intention of informing parents about the birth process to instill confidence in it, preparing mothers with the knowledge of how certain pain relieving techniques work specifically for their own bodies, and facilitating a healthy, normal, physiological birth and early postpartum period without the use for unnecessary medical interventions and pain relief. A portion of each class is allotted to teaching parents about common medical interventions and pain relief (i.e. epidural) from an evidence-based, balanced perspective.

Sources

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The Alexander Technique

“You translate everything, whether physical, mental or spiritual, into muscular tension.”

-F.M. Alexander

History

In an attempt to address his own personal struggles with voice loss, Frederick Matthias Alexander developed a method of overcoming and retraining habitual patterns of movement and posture. He believed that poor habits of posture and movement contributed to one's poor health through accumulated tension, and saw that intentional and conscious movements and postures could have a positive impact on one's well-being by relieving tension and improving one's ease and freedom of movement, balance, flexibility, and coordination.

Description

By exercising conscious control over her posture and movements (mind working with body), a pregnant or laboring woman can actively move her body and adopt positions that increase her breathing capacity and restore her body's proper posture and natural form. This in turn releases muscular tension and helps her to remain calm, breathe steadily, and alleviate uncomfortable symptoms of both pregnancy and labor, including digestive upset, lower back pain, shortness of breath, and labor pains. The Alexander technique can be used by mothers to improve comfort during pregnancy, increase effective pushing in childbirth, aid recovery from childbirth, and ease discomfort during breastfeeding.

Classes

The Alexander technique is commonly taught over the span of 10 to 40 lessons, each lasting 30 minutes to an hour. Highly qualified instructors guide students in certain exercises which help them to become accustomed to practicing conscious control over their bodies. Two main “exercises” or positions taught include lying semi-supine (also referred to as “constructive rest”) and the “whispered Ah” movement, which encourages relaxation in the face, jaw, neck, and other areas in the body. Squatting and leaning forward positions, which are very important in facilitating a baby's descent through the pelvis during labor, are also taught during these classes.

Sources

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HypnoBirthing

“When you change the way you view birth, the way you birth will change.”

-Marie F. Mongan

History

Dr. Grantly Dick-Read popularized the idea of hypnobirthing during the 1920s when he helped women use self-hypnosis techniques to become totally relaxed to the point where their muscles can function without interruption and according to how they were designed. This in turn reduces tension, stress, and fear as more oxytocin and endorphins are released, leading to a shorter first stage of labor and reduced pain.

Definition

Also called the Mongan Method, hypnobirthing teaches that in the absence of fear and tension, as well as in certain circumstances, severe pain does not have to accompany childbirth. It views relaxation and deep breathing as effective techniques to combat fear and pain that commonly are a part of childbirth. Women who use hypnobirthing during labor and delivery will not be in a trance or asleep. Rather, they will be in a state of deep relaxation similar to daydreaming or focusing on an object or task. This state contributes to a serene and smooth birth with the labor mother being fully aware of her body’s activities and “surges” (common name for contractions used in hypnobirthing), but not experiencing severe pain or fear because of them.

Classes

In hypnobirthing classes, one will gain an understanding of how the birthing muscles work together—as they were designed to—when the body is sufficiently relaxed and one trusts the natural birth process. In addition to that, these classes teach how to achieve this kind of deep relaxation, free of the resistance that fear creates, as well as how to use one’s natural birthing instincts for a calm, serene and comfortable birth.

Sources

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