

A ten moons journey: Women groups and birth support

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Abstract

Today women are more and more exposed to a stressed way of managing their pregnancy and to a cultural contest dominated by birth fear and by the expectations for the newborn health.

These fears dominate many pregnant women's brain and emotions causing a rising in the stress hormone production.

This causes a chronic stress that is rarely recognized and that can even provoke pregnancy pathologies (like an intrauterine growth retardation) so that the woman will be catalogued as pathological and so more and more stressed.

Women, and couple, groups during pregnancy are an occasion to prevent distress and are a great moment for meeting and sharing fears and doubts between pairs, as a precious occasion to get correct and empowering information about the choices that the parents can do about how to give birth and the first days with the newborn.

Keywords: pregnancy, birth, esogestation, antenatal classes

Pregnancy as crisis and opportunity

Pregnancy can be seen as a journey at the end of which a new baby and a new mother are born. The mother through the body changes, the contact with the baby and the birth passage is then hormonally and symbolically ready to take care of the baby.

The value of this experience is actually undervalued putting control in the hands of technology even when women are perfectly equipped.

Even on a social level maternity has lost the value it had for the woman: "Maternity is often seen as a nasty stop in the work rhythm to be ended as soon as possible."

The whole feminine life cycle is articulated by various hormonal crisis: the first period, menstruations, sexuality, maternity and menopause.

But "crisis" means "opportunity", to change, to improve, for personal growth. Pregnancy being a change in the body, in the emotions, in the social role, in the relation with the partner it's always crisis. If positive or negative depends to such factors as the capability to accept the body changes and to have trust in its capability to work in birth, to accept fears and doubts, the social acceptance of her role and the evolution in the relation with the partner.

The physiological changes

During pregnancy body changes are many and are not only esthetical ones, for example the immune system is less active to avoid abortion, intestine is less active to use nutrients at their best, the uterus is less contracting to be prepared to welcome the baby, there's more need to sleep, heart, lungs and liver work more. New and physiological fears are born like the one of incognito, towards an unknown part of

self, of new things and what the new baby brings with her, to die *physically and as a self*, fear of separation.

The mothers are full of induced fears from the outside, which are going to generate chronic anxiety and stress such as the fear of never getting in shape again, of not being attractive or efficient anymore. Fear of dependency, of ties, of baby's mental or physical defects. The chronic stress corresponds to the constant secretion of stress hormones, which can negatively influence the pregnancy and the fetus' good development producing pathology even where there would have been physiology.

Paradoxically, nothing, but in special cases (around 10 on 100), can be done from the outside to improve a perfect process like the one of birth. But this process can be disturbed, even during pregnancy. In fact everything starts from the "matrix" (the ancient way of calling the uterus): the construction of the body, the feelings, the mother's experience that contains the baby like in Chinese box game. The mother is "A psychic and emotional womb to develop personality" (Shmid, 2005).

That's why it's so important to support pregnant women and to be able to feed her emotionally (the father role) because fear generates fear, violence generates violence, love creates love.

Actually more than birth classes we should speak of parenting preparation, in the sense of being able to pass a trial. Preparation that, wherever is possible, should be done as a couple considering that the father role and contact with the baby are slower and the neo-father needs his own father to have been sufficiently caring.

Traditionally the father prepares the physical and social space for the newborn welcome. The arrival of a baby can be a difficult moment for the couple which can be supported by the group.

In this way an homogenous group becomes a social place for approval, a way to activate each one resources, a place where to find travel sisters (and brothers).

The groups role

Antenatal classes can be held in different ways and conducted by different professionals. They can be held in public or private space, by one or more professionals.

I personally believe that the better is when the midwife is in charge being eventually helped by some professional in physical disciplines (like yoga or bioenergetics). The place is very important and has to be comfortable (no chairs but tatami or cushions) and welcoming.

The role of the midwife is the one of giving correct information and of being a facilitator for a free flowing of emotions, the one of women (and partners) is of taking advantage of the information and of being travel companion in a peer relationship.

Informing needs to be done in a good balance between saying too much or too less to help parents find their own way. At each meeting you can concentrate on a different theme through which the group can pose questions. The issue of labor pain is constantly rising in an obsessive way together with the idea of not being able to give birth without medical help. We live in a world that refuses pain, where death is seen

as a pathology and human contacts are more and more distant. Then only technology seems safe.

That's why working with the body is so important for pregnant women (exercises for the perineum, relaxation, stretching, breathing, feeling the baby, useful position during labor and birth) to recover trust in the wisdom of their own bodies.

Usually we think that the good birthing woman is the one that follows prescriptions, gives priority to the baby, doesn't complain, doesn't lose control and is grateful even when abused.

Actually the good birthing woman doesn't exist and nobody can teach a woman how to give birth like nobody can teach her to go to the toilet or to make love.

Prenatal groups should have the aim to let her feel capable and powerful regarding birth and the baby care.

In the group they feel authorized to express questions and doubts thought to be strange or stupid, they can express their own fears and see them reflected in the others. After the birth, in the group, they can tell their experience and find support for the relationship with the baby and for breastfeeding.

Effects of prenatal groups

Women attending to prenatal groups are at less risk of getting a cesarean section, and of repeating a cesarean section, ask less frequently for analgesics preferring to use other techniques to reduce pain (free movement, massage, emotional support, the use of voice, relaxation, water) and breastfeed longer and exclusively (Baglio, Spinelli, Donati, Grandolfo, Osborn, 2000).

Then these groups of women (couples) are the roots for a better link between pregnancy and esogestation (the first nine months of the extra-uterine life), breaking the social isolation in which many women find themselves after the birth, enabling to elaborate the birth experience and promoting babies and mothers health.

“If a woman learns to trust herself, learns to chose what is better for her and her baby. [...] Birth means always that not one but two individuals are born: the baby and the woman as a new person, different than before, the new mother of that baby”. (Minocchi, 2000)

Methods

The space for the groups must be welcoming and well cared, possibly looking familiar, where you can stay without shoes, on the ground, activating a peer to peer communication where everybody is on the same level.

Objective of these meetings is to:

- Offer support to the woman and the couple for the entire journey and facilitate the meeting with the real baby
- Promote a culture of natural birth and health
- Give correct and evidence based information on pregnancy, birth and post-partum physiological, physical and emotional changes

- Offer tools to understand, face and reduce the physiological birth pain
- Support breast-feeding
- Improve the active role of parents in decision making specially when dealing with hospital procedures
- Create a place to share the experience
- Minimize the gap between myths and realities of post-partum
- Activate a net of support for after the birth
- Facilitate the acquisition of new abilities
- Give information on birth places
- Enhance women/couples competences about natural birth
(*Raccomandazioni di comportamento clinico sul percorso assistenziale per la gravidanza, il parto e il puerperio*. Collegio provinciale delle ostetriche di Roma, 2011)

Some of the fundamental arguments to talk about are changes in pregnancy, nutrition and sexuality, physiology of birth, physiological pain and the methods to reduce it, birth places, labor and delivery, breastfeeding, post-partum and the first days with the baby, parenting, fertility control. But it's very important for them to be posed with activating methods and not as a lesson, and to be shared by the group that can propose its own topics.

“The biological evolution wisdom has guaranteed from so many thousands of years that the mother would be ready to give birth, the baby well prepared for birth and both strong and adapt to build a strong relationship to which our species survival is entrusted.” (Braibanti, 1993)

To build and support this ability trust is the basic for the future generations physical and mental health.

References

- Arena, I. (2007). *Dopo un cesareo. Come venire incontro ai bisogni di mamma e bambino*. Bonomi editore.
- Baglio, A., Spinelli, A., Donati, S., Grandolfo, M.E., Osborn, J. (2000). *“Valutazione degli effetti dei corsi di preparazione alla nascita sulla salute della madre e del neonato”*. In Ann. Ist. Super. Sanità, vol. 36 (4).
- Braibanti, L. (1993). *Parto e nascita senza violenza*. RED edizioni.
- Grandolfo, M., Donati, S., Giusti, A. (2002). *Indagine conoscitiva sul percorso nascita, 2002. Aspetti metodologici e risultati nazionali*. Roma: Istituto Superiore di Sanità;
- Miller, A. (1987). *La persecuzione del bambino*. Torino: Boringhieri.
- Minocchi, R. (2000). *Il corso di preparazione al parto, una palestra per l'autostima*. Firenze: D&D.
- Shmid, V. (2005). *Venire al mondo, dare alla luce*. URRA editore.

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Translated from Italian by the author