

## Interest wanes in birth classes

By Kim Painter, Special to USA TODAY

Gather round, young couples. We creaking old boomers want to tell you how childbirth preparation went, back in the day. Better yet, let the December issue of *The Journal of Perinatal Education* set the scene: "There was a time when it was hip to grab your partner, pack your pillow under your arm, and trudge off to your Lamaze class."

But, as the experts writing in the journal attest, that time has passed, much to the distress of childbirth educators. The classes — brand-name versions like Lamaze as well as generic hospital classes — have been shrinking in popularity and duration (with one-day workshops often replacing eight-week bonding sessions) for years, says Judith Lothian, co-author of *The Official Lamaze Guide: Giving Birth With Confidence*.

The classes were radical in the 1960s, when talking about the nitty-gritty details of birth was new, Lothian says. "There were no books, there was no Internet, there were no TV shows" depicting births, she says. Even experienced mothers and grandmothers were poor sources of information, she says, since most had been heavily sedated during their own labors.

The classes became a mainstream rite of passage as women embraced the "natural childbirth" era. Pain-numbing drugs were out; breathing techniques were in. "The peak was probably in the 1980s," Lothian says.

But a recent study from the non-profit group Childbirth Connection ([www.childbirthconnection.org](http://www.childbirthconnection.org)) shows attendance dropping rapidly, from 70% of first-time mothers in 2000 to 56% in 2005. Just 9% of experienced mothers attended. By contrast, 68% of pregnant women watched cable TV birthing shows.

Classes were the "most important source of information" for just 10% of the first-time mothers; books, friends, the Internet and doctors were rated higher.

In another study, also in December's *Journal of Perinatal Education*, sociologists observed 11 Seattle-area childbirth courses and interviewed the teachers. They found mismatched expectations, says researcher Christine Morton. Educators lamented that students wanted quick, "just-the-facts" classes and were not interested in non-drug methods of pain relief. They thought many students saw the classes as burdens.

The teachers blamed busy schedules but also noted "a backlash from women saying 'Don't make me feel guilty because I want an epidural (spinal analgesia) ... Don't make me feel guilty because I want a cesarean (surgical delivery),' " Morton says.

Many women do seem to want those interventions: 76% in the Childbirth Connections study had epidural pain relief; 81% of those said it was "very helpful." The cesarean rate reached a record 31.1% in 2006, says the federal Centers for Disease Control and Prevention.

"A lot of women feel like if they are going to have the epidural or going to have the C-section, then why bother with classes?" says Marjie Hathaway, co-director of the American Academy of Husband-Coached Childbirth (also known as the "Bradley method"). But Hathaway says couples who strongly favor minimal medical intervention remain interested in her group's classes. "Some hospitals are stopping their classes," she says. "But our classes are just as full as ever."

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