Birth Photos: #No Filter!

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ABSTRACT

In this column, the editor of *The Journal of Perinatal Education* (JPE) shares a letter to the editor from a reader commenting on photos selected for the cover of JPE. The editor also describes the contents of this issue, which offer a broad range of resources, research, and inspiration for childbirth educators in their efforts to promote, support, and protect natural, safe, and healthy birth.

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Wendy C. Budin
Editor-in-Chief

Although we strongly encourage letters to the editor, we seldom receive any. I was so excited when I recently received a letter to the editor from Jessica Deeb, a childbirth educator from New York City, commenting on the cover photo of a recent issue of *The Journal of Perinatal Education* (JPE). Her letter read . . .

It is said, a picture is worth a thousand words. While looking at the cover of this past issue of The Journal of Perinatal Education, I finally understood what draws me in each time I receive one. The cover photos are not some photo-shopped, unrealistically set-up moment, nor a raw image meant only to shock viewers. The pictures selected represent normal birth, and rightly so, as the mission is advancing normal birth.

Recently, a photo of mine was used during a mock-up of an information sheet about skin-to-skin in the hospital. I love this photo. My eyes are tired; I had been in early labor for 48 hours before I went to the hospital, only to labor another 24 hours and finally pushed for 3.5 hours. And yet, my smile is strong. I

am doing skin-to-skin with my first VBAC [vaginal birth after cesarean] baby.

When it came time to publish the information sheet, a professional photo was chosen. A woman whose hair is shiny with a recent blow out, flawless makeup, and a baby with the most beautiful coloring. It is a stunning photo, really, I can't argue with the choice, nor am I offended by it. But I am somewhat bothered that real photos, representing exactly what the information sheet is describing, won't be used. Is it unprofessional to show a photo of what the reader will probably look like?

We live in a confusing time, when new mothers live in silos and are presented with staged photos to represent the early days of motherhood. There is a constant internal pressure to get our bodies back, be a perfect mother and partner. Do I need a blow out and a professional make-up artist on the first day of my baby's life to create a beautiful photo? Or is the beauty in the reality of birth and early parenting?

It is said, a picture is worth a thousand words.

We invite readers to respond to the contents of this journal issue or share comments on other topics related to natural, safe, and healthy birth. Responses will be published as a letter to the editor. Please send comments to Wendy Budin, Editor-in-Chief (wendy.budin@rutgers.edu).

We live in a confusing time, when new mothers live in silos and are presented with staged photos to represent the early days of motherhood.

Tender moments are most likely in the midst of exhaustion, tears, and indescribable awe.

Thank you for the pictures you select each month. Because, these are the photos I love, the photos that make me long again for those early days. Photos that are beautiful, but so very real.

Sincerely,

Jessica Deeb, MS, RN, WHNP-BC, CLC, LCCE

What more can I add? Thank you, Jessica, for sharing your beautiful letter and the photo of yourself that was taken soon after your VBAC for the cover of this issue of JPE! Also, thank you for sharing the precious photo of your three children that was featured on the cover of issue 26(4) of JPE. Our goal is to continue to share evidence-based information consistent with the mission of Lamaze International, to promote, support, and protect natural, safe, and healthy birth through education and advocacy. In doing so, we will strive to keep featuring amazing cover photos that exemplify the essence and magic of normal healthy birth. To our readers, we welcome your photos (#no filter) and your comments.

IN THIS ISSUE

In this issue's feature article titled "Beyond Lamaze: Are We Missing the Key to Unlock Women's potential?" we combine our traditional Celebrate Birth! column with commentary on inviting us to rethink childbirth education and our role as childbirth educators. Sangheetha Parthasarathy shares her birth stories and uses what she has learned to rethink childbirth education and her role as a childbirth educator. She proposes that there is a bridge from knowledge to action and suggests that the thinking part of the brain is like the tip of an iceberg. While the subconscious is what drives many actions, childbirth education classes often talk to the conscious, rational part of our brain. Finally, she asks the question, what is the fundamental trick we are missing in childbirth education?

Tabib and Crowther report on a service evaluation of "antenatal education on physiology of childbirth and relaxation." Identified themes were (a) my own relaxation, (b) confident, and not afraid, (c) proud of myself, (d) unexpected and feeling in control, and (e) support. Overall, women creatively customized

the skills they learned and reported feelings of pride and confidence. They reported feeling able to apply relaxation techniques when unexpected situations arose. Support and encouragement from partners and midwives was also valued by women. The evaluation demonstrates the efficacy of designing antenatal education that includes education on physiology of normal birth and relaxation training.

In a study designed to explore women's perception of childbirth as failure, Dana Schneider describes comments from 119 women who completed an online, open-ended survey about their childbirth experiences. In response to the question, "What ways, if any, did you experience failure," 65% of women identified feelings of failure. Overwhelmingly, attributing the failures to themselves, participants reported that they experienced failures of mind, body, action/inaction, representing "what I feel," "who I am," and "what I did or didn't do," and leading some participants to conclude that they were "less of woman," "less of a mother," or ultimately failed the baby. The author suggests that such perceived failures can be unintentionally perpetuated by a system that neglects to address the complex experiences and interpretations of birthing women. Helping women anticipate and process the psychosocial and emotional aspects of the birth experience may serve as a protective factor against women internalizing perceived failures as their own, and prevent long-term consequences of such feelings. The findings of this study highlight the importance of assessing women's individual experiences and interpretations of childbirth during the prenatal phase to address expectations and increase preparedness.

Yarrington, Radoff, and Zera assesses the content of online birth plans using web analytics and crowdsourcing to identify the most commonly accessed online birth plans.

They identified the 12 URLs that appeared most frequently from all searches and then categorized the content by relevance to stages of labor or newborn care. Twenty-five different URLs with customizable birth plans were identified by clinical and crowdsourced searches, with considerable overlap. Although some online birth plans promoted outdated practices, the authors suggest that most of the online birth plans identified can be positive tools for shared decision making.

In an international study describing postpartum depressive symptoms (PPDS), Hassert and colleagues focused on mothers in the Czech Republic

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and Thailand, two countries where little research on mother's experiences of PPDS has been conducted. Measures included the Postpartum Social Support Questionnaire, Parenting Sense of Competence Scale, Quality of Relationships Inventory, Dysfunctional Attitude Scale—Form A-17, and Edinburgh Postnatal Depression Scale. Hierarchical linear regression analyses indicated that for Czech mothers financial concerns, partner conflict, perfectionism, maternal efficacy, and parental support were significantly related to PPDS. For Thai mothers, only partner conflict and perfectionism were significantly related to PPDS. Cultural implications for childbirth educators are discussed in the context of these risk factors.

Finally, Puia shares findings from her qualitative study that explored the overall experience of first-time mothers having a planned cesarean birth. A planned cesarean birth was defined as any cesarean in which the decision was made prior to the onset

of labor or labor induction. Even though a cesarean birth is planned, women may experience physical and psychological difficulties. Data from 11 primipara postpartum mothers who shared their stories were analyzed using Riessman's method of thematic narrative analysis. Seven overarching themes revealed a need to accept a cesarean birth and create realistic expectations. Education and support specific to planned cesarean births needs to be provided to the woman and her support person both before and after the birth. The author suggests that realistic expectations may improve the adaptation process.

WENDY C. BUDIN *is the editor-in-chief of The Journal of Perinatal Education. She is also Professor and Associate Dean for Entry to Baccalaureate Practice at Rutgers School of Nursing. She is a fellow in the American College of Childbirth Educators and member of the Lamaze International Certification Council.*