

ICEA Position Paper

By Vonda Gates RN, BSN, ICCE, CD, IAT

Role and Scope of the Childbirth Educator

Position

The International Childbirth Education Association (ICEA) defines childbirth educators as professional sources of information, with skills to support for parents as they prepare for pregnancy, labor, birth, and parenthood. ICEA believes that childbirth educators positively impact birth outcomes and parent satisfaction.

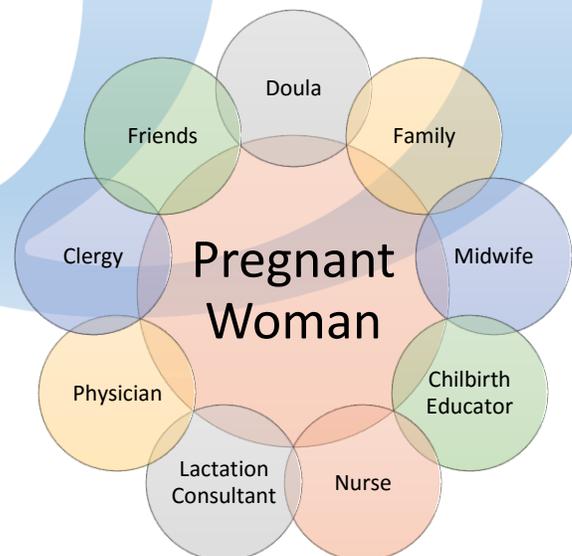
ICEA's Philosophy of Childbirth Education

The birth of a baby represents the birth of a family. The woman giving birth and persons significant and close to her are forging new relationships with evolving responsibilities to each other, to the baby, and to society as a whole. ICEA's definition of family-centered maternity care recognizes the importance of these new relationships and responsibilities and has as its goal the best possible birth outcome for all members of the family, both as individuals and as a group. ICEA recognizes that there is diversity in family structures and accepts and respects each woman as an individual with her own unique definition of family.

ICEA's philosophy of family-centered maternity and newborn care is founded on the freedom of decision-making based on knowledge of alternatives. Under ICEA's philosophy, the childbirth educator focuses on wellness,

health-promotion, and self-involvement, as well as knowledge of informed consent, evidence-based care, and the use of nonmedical and self-care techniques to encourage a normal, physiologic, pregnancy, labor, and birth (see 2013 ICEA Position Paper on Physiologic Birth).

Inherent in a family-centered model of maternity care is the team model. The team includes the woman and her family, healthcare providers, and community resources. In keeping with the team approach, ICEA endorses the concept of a health care circle. The key person in the health care circle is the person seeking care.



This individual is at the center of the circle and is responsible for selecting other members in soliciting information, care, and support. Members of the circle may consult with one another and offer suggestions, but the ultimate choice for care resides with the individual. In the case of care for pregnancy and birth that individual is the pregnant woman herself. The childbirth educator works in collaboration with, but is not directed by, other members of the healthcare circle.

Within this philosophical frame work, ICEA believes that a childbirth educator is one who:

1. Upholds the right of the pregnant woman to health care that is accessible, affordable, and acceptable to her;
2. Supports a maternity care system that does not discriminate in services or alternatives on the basis of race, color, culture, age, language, marital status, or method of payment;
3. Recognizes that birth can safely take place in hospitals, birth centers, and homes;
4. Functions as an advocate who supports and protects the natural process of birth;
5. Supports the right of the pregnant woman to be accompanied by a person or persons of her choice throughout prenatal visits, labor and birth, and the postpartum period;
6. Supports the right of the pregnant woman to make informed decisions based on knowledge of benefits, risks, and alternatives;
7. Encourages parental and family participation in childbirth;
8. Promotes mother-, baby-, and family-centered maternity care as well as breastfeeding and parentinfant bonding for all pregnant women and their family members, regardless of risk status;
9. Supports a maternity care system that is not based on the needs of the caregiver or provider, but solely on the needs of the mother, family, and child;
10. Supports the practice of open communication and shared decision-making among all members of the health care circle;
11. Cooperates with the medical, midwifery, and nursing communities, health and social service agencies, as well as other members of the pregnant woman's health care circle;
12. Views parents as peers who are capable of understanding information concerning pregnancy, birth, and healthcare technology and who are capable of taking responsibility for their own healthcare and that of their baby;
13. Recognizes that education is only one of many interrelated factors affecting the process and outcome of birth;
14. Provides evidence-based information anchored in current research;
15. Identifies the need for guidance and referral and offers them when appropriate;
16. Accepts parents' point of view about what constitutes a good birth experience and does not set arbitrary standards or expectations; and
17. Helps parents develop realistic goals for pregnancy, birth, and early parenthood.

Role of the Childbirth Educator

As a member of the healthcare circle, the childbirth educator is an advocate for families, supporting the family's growth and development as they transition through pregnancy to parenthood. In addition, the childbirth educator is an advocate for women, promoting the health, autonomy, individuality, and integrity of women as human beings.

Within this context ICEA maintains that the role of the childbirth educator is to act as:

1. A teacher who:
 - provides information about the physiology, psychology, and sociology of pregnancy, childbirth, postpartum, and early parenthood;

- demonstrates skills to assist women and their support persons to cope with pregnancy, childbirth, postpartum, and early parenthood; and
 - encourages communication between the pregnant woman and other members of her health care circle.
2. A facilitator who helps families better understand and value the experience of the transition to parenthood;
 3. An advocate for pregnant women, their partners, infants, and families; and
 4. A spokesperson for the development of a maternal-child health care system that provides access for parents to safe, low-cost, and family centered maternity care both within and outside the hospital.

Implications for Practice

ICEA believes all men and women have the right of access to education about sexuality, reproduction, pregnancy, birth, and parenthood. Educational programs should be financially and geographically accessible in all communities and be sensitive to individual differences of age, culture, race, health status, socioeconomic status, and partner status. To ensure that childbirth education programs are accessible to all women and their families ICEA encourages government and other agencies to provide third party reimbursement for childbirth education services.

Childbirth and parent education should be an integral part of the school health curriculum to encourage assumption of personal responsibility for reproductive health decisions by males and females and to promote healthy attitudes and knowledge about sexuality, reproduction, and parenthood. This early focus on personal involvement in health care and decision-making should continue in later perinatal education programs.

ICEA believes every woman should have the opportunity to give birth as she wishes in an environment that supports her physical and emotional needs. In addition, ICEA supports a maternity care system that promotes prevention and wellness as an alternative to high cost screening, diagnostic, and treatment programs. Care for childbearing families should be based on information-sharing and joint collaboration during pregnancy, birth, and postpartum among all members of the healthcare circle, for a model such as this will lead to improved health and wellness for women, newborns, and their families.

References

- Childbirth Connection. Blueprint for action: steps toward a high-quality, high-value maternity care system. Retrieved March 8, 2013, from <http://transform.childbirthconnection.org/blueprint/>
- De Vries, C.A., & De Vries, R.G. (2007). Childbirth education in the 21st century: An immodest proposal. *The Journal of Perinatal Education, 16*(4), 38-48.
- Goer, H., & Romano, A. (2012). *Optimal care in childbirth: The case for a physiologic approach*. Seattle, WA: Classic Day Publishing.
- International Childbirth Education Association (2013) ICEA Position Paper: Physiologic Birth.
- Kitzinger, S. (1979). *Education and counseling for childbirth*. NY: Schocken Books.
- Morton, C.H., & Hsu, C. (2007). Contemporary dilemmas in American childbirth education: Findings from a comparative ethnographic study. *Journal of Perinatal Education, 16*(4), 25-37.
- Nichols, F.H., & Humenick, S.S. (2000). *Childbirth education: Practice, research, and theory*. 2nd ed. Philadelphia, PA: Saunders.
- Phillips, C.R. (1996). *Family-centered maternity and newborn care: A basic text*. 4th ed. St. Louis: Mosby.
- Walsh, D. (2012). *Evidence and skills for normal labour and birth: A guide for midwives*. 2nd ed. NY: Routledge.
- Zuchora-Walske, C., et al. (2011). *The ICEA guide to pregnancy & birth*. Minnetonka, MN: Meadowbrook Press.

International Childbirth Education Association

2501 Aerial Center Pkwy Ste. 103, Morrisville, NC 27560 • Phone 919-863-9487 • Fax 919-459-2075 • www.icea.org



International Childbirth Education Association

10/2015 ©