



International Childbirth Education Association

*Presenting Unexpected Outcomes – ICEA Teaching Idea Sheet #17*

“We request your attention for the following information in the unlikely event that there is a problem.” If you have ever traveled on an airplane you have probably heard these words. People who have been in a childbirth class should also have heard a similar speech. While serious problems are unlikely, they do sometimes happen. In addition, less serious unplanned outcomes happen daily. It is the job of the people in charge to help their customers by providing the preparation and information to give them some confidence that unexpected outcomes can be dealt with positively.

All educators should work toward the goal of presenting unexpected outcomes in childbirth preparation classes. There are many reasons why this can be beneficial to the class and the prospective parents, who already harbor unspoken fears and anxieties.

1. Very few people actually experience the ultimate dream come true – the pregnancy, birth and baby of their expectations and dreams. The disappointment and grief that follows the loss of

these dreams and hopes need to be dealt with in a positive manner.

2. Everyone has fears. Facing them in a supportive environment can be helpful and bring the prospective parent(s) more control.
3. People often blame themselves and/or their health care team after something shocking or unexpected happens.
4. Prospective parents are adults who deserve to be told the real story and need not be “protected.”

The range of unexpected outcomes can include such things as: a long labor, the use of unexpected medication, a baby born too early or with physical signs of stress or obvious problems, a boy instead of the expected girl, a mildly or very sick baby who ends up in the nursery or transferred to the NICU, or a baby who dies.

In childbirth education classes, just as in life, some issues are more difficult to confront and discuss than others. But it is always helpful to do such sharing in a supportive atmosphere, such

as your class. Setting the stage and laying the groundwork for expectant couples can make all the difference. If participants know right from the beginning that they will be skirting no issues, and if the educator models and encourages this with open discussions, the tone will be set. Real issues will likely be addressed as they arise.

When preparing to discuss unexpected outcomes, remember the following:

1. Determine your willingness and commitment. If you really want to do this and see the value, you **will** find ways to weave the topic throughout discussions over time.
2. Check your comfort level and be prepared. Work on feeling calm. Do your homework on the information, resources and options to help people discuss and handle upsetting experiences. The more you know the more prepared you will be.
3. Maintain a positive, hopeful, yet realistic attitude about unexpected outcomes. Balance parent’s knowledge of



what might go wrong with the optimism that it might not happen, or if it does they “will” be able to deal with it.

4. Focus on the emotional needs and coping successes of people’s stories. Help them believe that no matter what happens they can and will survive and you will help them as much as possible.
5. Integrate this subject into your sessions rather than isolate it to a onetime discussion, never to be faced again. Chances are that students will continue to have fears and concerns that, over time, should be addressed.
6. Remind yourself that having fears while pregnant is very common. When those fears are not discussed or addressed, they can add to the feelings of loss of control and can be overwhelming.

Some activities and methods that might be helpful:

1. During the class introductions of the first class, make the comment that all topics will be open for discussion, including any fears that might include a less than perfect pregnancy, labor or birth. Nothing more need be said at this time if you wish. If you have had an unexpected outcome in your pregnancy, you could use that example when you

share your story. Once you have broached the subject, you can and will find times throughout the next weeks where discussion seems appropriate.

2. During an early class, especially after some trust has been developed, pass out note cards. Ask them to write on one side a concern or anxiety that they have (e.g., that their partner will not be available at the time of birth or that there might be something wrong with the baby.) Then on the other side, have them write their worst fear, the nightmare scenario that they have imagined. Ask them to discuss each one with their partner, making sure they try to address at least two things they could do in each case to take control of the situation. Then collect the cards, which need not have names. Use some of the fears as examples for the group to discuss, and brainstorm what they would do if their sister or friend (or themselves, if you can sense they are willing to talk openly with the group) had this happen. The purpose of this is to release their fears from inside and to encourage a discussion focusing on survival and coping techniques. Be prepared to offer ideas and resources to add to their list of coping suggestions.

3. In small groups, or with partners, ask them to discuss the journey that brought them here. Use examples such as a surprise pregnancy, trying for a long time, assisted reproduction or previous miscarriages. What were their dreams like in this process and what are their plans and hopes for the pregnancy, the baby, the birth and the future? Next, talk about control. “How much control have you had so far?” “How much do you think you will have or want during the pregnancy and birth?” “How much control and fulfillment of your dreams is realistic?”
4. Use a set of “Unexpected Outcome” cards for an activity in which the partners design their ideal birth by laying out cards with their preferred outcome facing up, while the situation on the opposite side of the card is undesired. For example, a card might have “Epidural” written on one side and “No Epidural” on the other side. After they have their ideal birth laid out, tell them to turn over two cards, and then do a sort of “emotional check” to see how they would feel if things went that way. They are usually not to upset at that point. Next tell them to turn over two more cards. You can repeat this as many times as you want, and then ask what card they would ultimately NOT want to

have to turn over. That would presumably be one that says “Healthy Mom and Baby” on one side and anything else – perhaps a blank card to represent all other possibilities without being specific – on the other. This gives them the opportunity to consider and prepare emotionally for variations in their birth experience.

5. Share resources with the class. Include groups, organizations, books and literature on many unexpected outcomes, such as the Down’s Syndrome Association, NICU information, articles on desired sex babies, postpartum depression, infant loss, etc.