

# The Mother's Role as Educator During Pregnancy

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## **Abstract**

The scientific community currently tends to consider maternity as a life event unconnected with women. Pregnancy, childbirth and puerperium are controlled, coded, monitored and converted into numbers and statistics. Women's experiences in these events, as old as humanity itself, are completely absent from scientific manuals. In this study we present women's experiences with pregnancy, communication with their developing child and the partner's role in this process. Our theoretical framework is based on the neglect of sociocultural information women can provide regarding topics that affect them directly, i.e., sexuality and reproduction. We have tried to listen to "women's voices", and to incorporate their experiences into the generally male-dominated scientific world, with the intention of facilitating a change in attitude toward maternity and paternity.

## **Zusammenfassung**

Die scientific community behandelt Schwangerschaft als ein objektives Lebensereignis ohne Bezug auf die Frauen. Schwangerschaft, Geburt und Wochenbett werden kontrolliert, codifiziert und überwacht und in Zahlen und Statistiken verwandelt. Das Erleben und die Erfahrungen der Frauen bei diesen Ereignissen, uralt wie die Menschheit selbst, haben in den wissenschaftlichen Aufzeichnungen keinen Platz. In dieser Arbeit stellen wir das Erleben der

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Frauen während ihrer Schwangerschaft dar, ihre Kommunikation mit dem sich entwickelnden Kind und die Rolle des Partners dabei. Unser wissenschaftliches Bezugssystem basiert auf der Außerachtlassung der unmittelbaren Informationen, die Frauen über sie betreffende Umstände beibringen könnten, insbesondere im Bereich der Sexualität und der Reproduktion. Wir haben uns bemüht, den Frauen wirklich zuzuhören und ihren Erfahrungen in der männlich dominierten wissenschaftlichen Welt Raum zu verschaffen, um auf diese Weise eine Veränderung in der Einstellung gegenüber der Mutterschaft und Vaterschaft zu erleichtern und zu fördern.

### **Women's Life Experiences**

Having a baby is an event that involves a woman's entire social, physical and spiritual being. In general, however, medical and social aspects of maternity are managed by strings that are manipulated over a long distance from the point where maternity is felt and experienced.

We have little knowledge of women's experiences in areas related to sexuality, reproduction and health. The current frame of reference is stereotyped and acts as a barrier to direct communication. Women's views are neglected in the sociocultural sphere in which there is a dominant group of those who speak (the scientific community in this case), and a dominated group – women – who remain silent because their way of perceiving and describing reality differs from that of the dominant, vocal group. This situation has the potential to lead to models in which women, with their experiential knowledge of sexuality and reproduction, contribute nothing to laboratory or clinical practice. In many cases this knowledge is based on reflections of information accumulated over generations. Because scientists may be unable to understand it, women's language can be lost from scientific discourse. Nonetheless, such language is the key to knowledge of women's relationship with maternity. Women should speak in a manner more closely connected with their real surroundings although they may be forced to use references from "nonscientific" situations, from nature, symbols, and contrasts, in short, from things that form part of their bodies and their experiences.

Stereotyped models of maternity give an idealized view of the phenomenon and many women have rebelled at the contrast between the unreal picture created by fantasies of the image-mongers and the struggles and frustrations attendant on the incorporation of women and maternity into the labor market and public sphere (Del Valle and Sanz, 1991).

To make the scientific community begin to understand the woman's viewpoint, these life experiences need to be reported directly as told through shared accounts, confidences and events. We report women's accounts of childbirth with the fears, anxieties, worries and pleasures of pregnancy; details of when they first felt contact with their sons and daughters and how this made them feel; and their thoughts and feelings on finding out they were pregnant. The relevant aspect of this study is that we report their interpretations in the women's own words without filtering their impressions through the language of science (Vance, 1989).

### **Actual Situations Faced by Women: Pregnancy and Motherhood**

The woman's role as educator during pregnancy can be made difficult by a number of problems for the future mother.

Our current system of medical-obstetric care trains professionals to consider birth as a stressful life event. Much emphasis is placed on the risks and pathology of childbirth and labor is considered to involve unbearable pain, almost as if it were a disease requiring "management" exclusively in hospitals, with a large cortege of medicines and technologies. The worst aspect of this situation is that women have almost completely internalized this viewpoint.

The social and spiritual dimensions of childbirth are ignored or pushed aside.

The dominant systems make it difficult to choose alternatives such as midwives, free childbirth centers and home childbirth. Many physicians pay little attention to the overwhelming evidence that alternatives to conventional obstetrics are better and safer for women and their babies.

Some hospitals have attempted cosmetic changes, and even "allow" the father to be present during childbirth. However, this modification is not always considered a right, although it may give the illusion of change while in fact maintaining the imbalance of power between women and physicians. Denigrating beliefs about women's bodies and childbirth have not changed and the physician's training is so narrow, limited and "technologized" in scope that it has led to a 24% rate of deliveries by Caesarian section in some centers.

Pregnant women are now more frightened than ever. With the proliferation of technologies during pregnancy, women are more frequently exposed to the notion that birth involves inevitable risks and dangers. Many women, under the false impression that they are caring for their babies, believe that all procedures are absolutely necessary, and systematically agree to an increasingly medicalized process which has the ultimate effect of making us mistrust our own judgements, feelings, intuitions, and healthy bodies (Pincus et al., 1992).

In the face of the circumstances noted above, we cannot but wonder whether women realize that they are potential educators during pregnancy. What room do technicians leave them for this task? Women obviously know what we can do through experiences of motherhood going back to the dawn of time, but will technicians at the end of the twentieth century let us put our ancestral knowledge to use?

### **Women's Intuition**

Having reviewed some of the social and medical dilemmas that beleaguer women and affect their experiences with motherhood, we will now offer some reflections on women themselves. Women have always been aware of their role as educators of their sons and daughters during pregnancy. The scientific community has neglected this aspect, a posture in consonance with the concept noted above regarding dominant and dominated groups. In our 20 years' experience in obstetrics, we have often heard comments that have made us think about how little we know as professionals about things that women do "know". It is thus not unusual for pregnant women to ask questions such as, "Doctor, I have a nervous

personality and the baby moves about too much. Do you think the baby will be restless too?"

Sometimes the mother brings along an older son or daughter, born after a pregnancy that we also followed, and the mother asks us, "Do you remember how restless he (or she) was when we saw him (or her) in the ultrasonographs? Well he's (she's) just the same now, doesn't sleep, drives me mad."

Other comments we hear include the following:

- Doctor, it must be a boy because he moves so much . . .
- Doctor, it must be a girl, because she hardly moves at all . . .
- Doctor, I'm worried because the baby hardly moves . . .

These and other comments are nothing more than a reflection of the fact that the woman, theoretically less well informed than the doctor, senses the constant communication between herself and her baby and feels that her moods and worries influence the baby's development.

It might surprise us that official obstetrics, as well as other sectors, pay inadequate attention to the mother's role as educator, in its widest sense, during pregnancy.

Returning to the lack of sensitivity of official statistical reports, we describe below a recent experience while we were preparing this study:

Several months ago we saw a young woman and her partner who had come in for a routine prenatal exam during the first weeks of the woman's first pregnancy. When questioned about her family history, she mentioned she had a brother with Down's syndrome (trisomy 21), and told us she was worried about the risk that her baby might have this chromosomal abnormality. The couple was referred to the genetics service for prenatal counselling. The study prepared by the genetics service concluded that the risk for the baby to inherit the anomaly were so low that chorionic biopsy and amniocentesis were not necessary. During subsequent ultrasonographic exams we noted that growth of the fetus was delayed one or two weeks with respect to gestational age. The pregnancy continued, but the couple were anxious about its progress. In the routine exam at week 27 of pregnancy, we found that the baby had died in utero, a circumstance that the mother had apparently not noticed. We were quite upset, and had trouble finding the right words to tell the woman, but when told, she gave us the following emotion-filled account:

"About two weeks ago (the approximate time of intrauterine death), I became terribly frightened as I was choking on an aspirin tablet that got stuck in my throat. At that moment, I noticed that the baby kicked really hard, and after that I couldn't feel him moving any more. I didn't contact the doctor because I didn't think it was that important."

This example contains several points of interest dealing as it does with a pregnancy that caused some anxiety from the start. The outcome, however, is the most interesting point: labor was induced, and a baby girl weighing 650 g was delivered with second degree maceration. The clinical record contained the following observation:

"... the umbilical cord was twisted several times around itself at the level of abdominal insertion. Umbilical cord twisted at the point of insertion."

This observation means that in the hospital statistics, the umbilical cord would be considered the cause of fetal death. However, the medical record will not show the true causes, i.e., the influence of the mother's anxiety, which probably made the baby twist about its umbilical cord. If we investigated all cases of intrauterine death, the mother's account of events during pregnancy would probably shed light on the causes.

### **The Current Situation of Pregnant Women in Our Setting**

Research on the establishment of the intrauterine bond, an important step, requires new, more sensitive attitudes (Verny and Kelly, 1988).

Within the framework of this line of research and, despite the lack of official interest in the topic, we have tried to explore some aspects of the communication between pregnant women and their unborn children. Most of the women in our setting have received no specialized information on this topic. We hope that the results of our research, reported at the I World Congress on Prenatal Education, will stimulate further work in this area.

### **Methods**

We studied 40 pregnant women who were being followed at the prenatal health service in a peripheral area of the city of Granada (Spain). Each woman completed a questionnaire consisting of 10 open items. Mean gestational age at the time of the study was 30 weeks.

Of the total sample, 35% of the women were housewives, 25% were administrators, 18% were intellectuals, and 23% described themselves as "other professionals." Educational level was primary school in 40%, secondary school in 25%, and university in 35%.

### **Results and Discussion**

Figure 1 shows that 50% of the women were pregnant for the first time.

Figure 2 shows that most women said they felt good or very good during their pregnancy. To give a more complete picture of the women's overall physical condition, we summarize below their responses (both positive and negative) to the pertinent items:

- Vomiting at the start of pregnancy; general fatigue; varicose veins; frequent bouts of nausea.
- A little uncomfortable but very happy; happy about the arrival of another baby; a little depressed because of fear of another miscarriage; looking forward to getting to know the new baby and what his/her crying and voice will sound like; very happy; very tired but very happy and content; looking forward to it but anxious; in good health but a bit anxious; in very good health and mood.



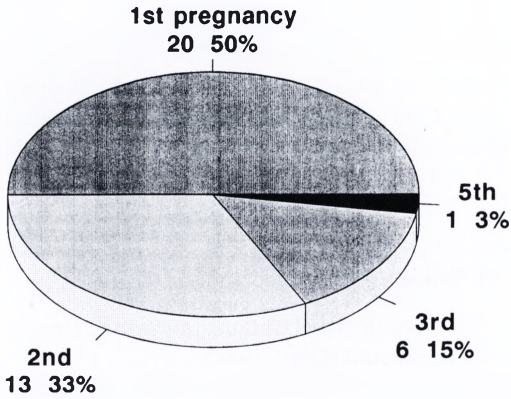


Fig. 1. Previous pregnancies.

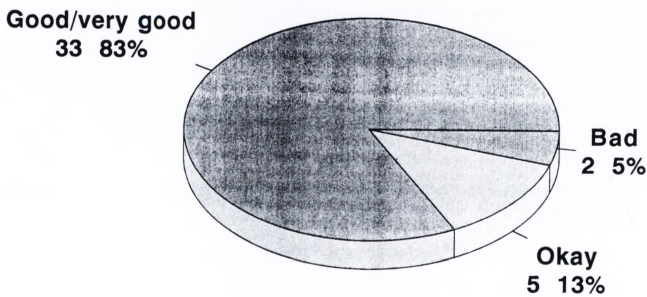


Fig. 2. How did you feel during pregnancy?

Figure 3 summarizes how soon the women began communicating with their unborn babies. Here again, many gave personal opinions:

- As soon as I found out I was pregnant; from the start; as soon as I found out I was expecting; from day one.
- From the third month on, especially when I felt him/her move; in the fourth month I could feel something strange but pleasant; when he/she began to move.

Although official channels pay little attention to the influence that communication between the mother and the unborn child may have on the development of the child's personality, Fig. 4 shows unequivocally that mothers are well aware of its importance. Once again, the women had strongly-held opinions:

- You don't have to talk to him/her, thought is enough; especially if the child knows he/she is wanted and loved; mother-child communication should be close from the very start, knowing and understanding that this child forms part of the parents' lives; it's the most important thing; it's absolutely necessary.

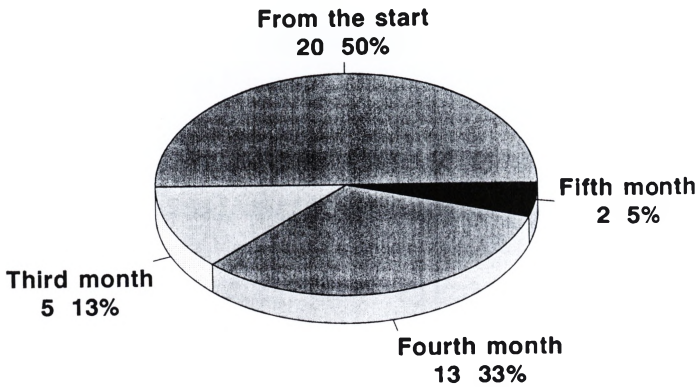


Fig. 3. When did you start communicating with your baby?

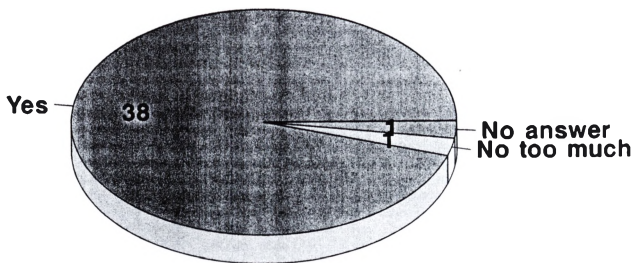


Fig. 4. Did communicating with your baby influence his/her personality?

– I think that the child begins to learn from the moment it begins to be formed, and it’s very important for his/her development when the child is older; according to articles I’ve read in books and magazines, it’s very important for the baby and very gratifying for me; I think communication is important, because it’s a way for the baby to know whether he/she is accepted or rejected; you can transmit calmness, security and all that if you are calm and secure; I think communication between the two is fundamental, it makes me feel good, secure, and calm, and I suppose it makes my baby feel the same way.

Only one woman, with a university-level education, wrote that “communication doesn’t have much of an influence, but what is important is that the child is well received.”

When we identify the baby’s sex during ultrasonographic exam in our prenatal clinic, we usually tell the mother, if she requests this information. As seen in Fig. 5, 80% of the women already knew whether their baby was a boy or a girl. We wanted to explore whether knowledge of the baby’s sex affected the mother-child relationship. Most women (88%) reported no change, and only 10% said that the relationship had changed. Some of the opinions expressed are given below:

- The relationship did change, because I have two daughters already, so I was almost hoping for a boy (I knew I was going to have a boy this time); I was glad to find out it was a girl, because I already have a son; I talk to him/her in a more direct way, as if I already knew him/her.
- The relationship didn't change – it doesn't matter to me whether it's a boy or a girl, the main thing is that the baby should be healthy; I'm looking forward to the baby in just the same way; I only hope everything goes well; from the start I sensed it would be a boy.

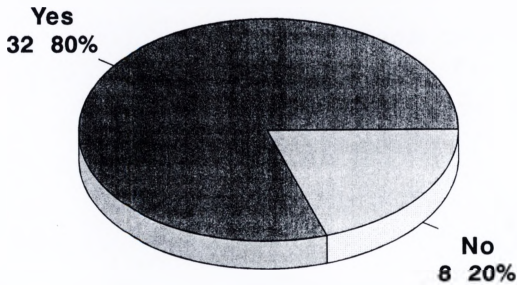


Fig. 5. Do you already know your baby's sex?

We also asked how the mothers usually communicated with the baby. The answers showed that most women answered by describing exactly what they did to communicate, while some women analyzed their behavior in emotional terms:

- I communicate with tenderness; I talk to the baby and caress him/her; I use caresses and pats; I try to relax and feel the baby's movements; I caress my belly and talk to the baby; I caress my belly and play some music; I touch my belly; I talk to the baby as if I could see him/her, and when he/she doesn't move I ask the baby when he/she is going to move; I talk to her and caress my belly so that my daughter will feel it; I tell the baby all my feelings all the time; I feel the baby moving; I speak to the baby softly; I often sing to the baby, or I lie down and caress my belly; I talk to the baby as if he/she could hear me; Come out soon, child!

Throughout the pregnancy, the father is conspicuous by his absence although he is an important part of the process. Figure 6 shows that most couples were involved in communicating with their child. When the mothers described how the fathers communicated with the baby, we were struck by the variety of ways used:

- He communicates with the baby like I do; he talks to the baby and reads up on pregnancy; he talks to the baby and caresses him/her; he talks to the baby more than I do, I think; he puts his hand on my belly; he participates in everything with me; he's gentle; he feels the baby's presence; he talks to the baby as soon as he comes home from work and at night; he touches her and she responds by moving.



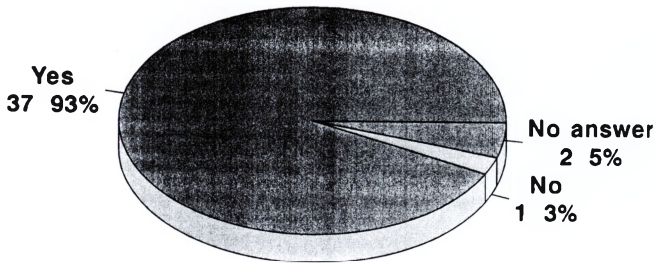


Fig. 6. Does your partner also participate in communicating with your baby?

We asked the mothers how they knew that their baby communicated with them. The answers were mainly descriptive, although emotional analyses were also expressed:

- Especially by the baby's movements; when we talk to the baby and touch him/her, he/she moves; the baby reacts to all my stimuli; the baby makes small movements; the baby makes more sudden movements; I think the baby communicates by moving gently and growing; when we talk to the baby or caress her, she moves; the baby moves often, and when I talk to her or caress my stomach, she calms down; when his/her sister talks to him/her, he/she moves more than normal; when he/she moves and feels good; when the baby moves I think I can tell when he/she is calm and relaxed; the baby moves a lot, especially at important moments; when I push gently with my fingertips, the baby answers by kicking; I used to really like some foods, and now I can't stand them.

Figure 7 shows that the fourth month of pregnancy was considered the time when most mothers began to feel their baby's movements.

When we asked the women to comment on other emotions, few had anything else to add, although some offered these personal views:

- I don't want to say anything more, my previous pregnancy was more or less the same, except that the baby's movements were more sudden and stronger, especially during the first months.
- It's marvellous to carry a living being inside your body.
- It's a unique feeling that completely fills you.
- Although it's my third pregnancy, I am looking forward to this child more and am communicating more with this one.
- I think the fact that I was very calm during my previous pregnancy had an influence on the child's calm personality.
- When I get sad or tired, the baby seems to get sad too, and stops moving.
- All I want to say is that, no matter how bad things are going for you, having a baby is worth everything.

In summary, we have tried to show that women possess an important collection of knowledge accumulated through generations, regarding their role as educators during pregnancy. We call on everyone involved in prenatal care to keep in

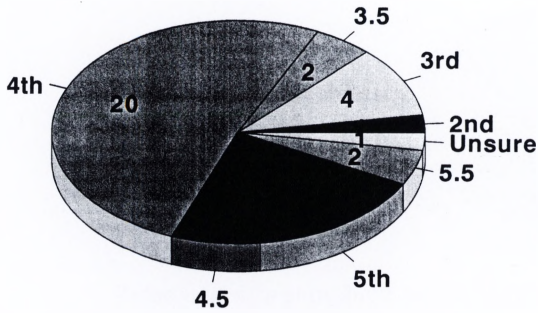


Fig. 7. When did you first notice your baby's movements?

mind that women know a great deal more about maternity than the information that can be obtained with the most advanced technology.

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