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A push for coexistence

By BARRY DAVIS
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What do an American-Israeli woman from Karnei Shomron, a Christian Arab from east Jerusalem and a Black Hebrew from Dimona have in common?

Ita Schwartz arrived late for the gathering at Rachele Oseran's home in Arnona, looking somewhat flushed, tired but energized. The mother of nine had just provided a woman with childbirth support and was shocked by the new mother's post-partum experience.

"She ended up in the operating room, although she managed to avoid having a cesarean section," says Jerusalemite Schwartz. "Immediately after the birth she asked to hold her baby, but the midwife said, 'Who's been putting all these stupid ideas into your head?' Can you believe that?" It is just such a state of affairs that Schwartz and her six colleagues on the Lamaze Childbirth Education training course are aiming to prevent.

Lamaze is a technique developed by Dr. Fernand Lamaze in the 1940s as an alternative to the use of medical intervention during childbirth.

As many young couples are learning, a growing range of natural approaches to childbirth is becoming available as alternative support practitioners seek to offer pregnant women and their partners the ability to make the childbirth experience as "user-friendly" as possible. The seven women – all mothers of varying numbers of offspring and of different backgrounds – I met in Arnona recently were all taking part in Oseran's Lamaze-accredited Childbirth Educator Training Course, under the auspices of Douglas College in Vancouver, Canada, with the idea of spreading the word farther afield after qualifying as Lamaze Certified Childbirth Educators (LCCEs).

Zimbabwe-born Oseran experienced the benefits of Lamaze firsthand when, after taking a prenatal Lamaze course, she gave birth to her oldest son in Los Angeles 29 years ago. "I moved to LA with my American husband when I was in my eighth month," she recalls, "so it was already a time of considerable stress. I went into labor early and, despite it being a 34-hour labor, it was extremely positive because I was able to use the knowledge and techniques I had learned in my Lamaze class. So I decided I wanted to do it professionally, to help other couples."

Schwartz's unpleasant pre-class doula experience was alluded to as Oseran outlined some more of the basic Lamaze tenets. "Avoid giving birth on your back, and follow your body's urge to push, and keep mother and baby together. It is best for mother and baby and breastfeeding."

Oseran also points out that Lamaze is no fly-by-night operation. "Lamaze International has actually certified 11,000 childbirth educators around the world," says Oseran, who has been an LCCE since 1984. She underwent her studies at UCLA in Los Angeles and stresses that the technique feeds off empirically proven facts.

"It is all evidence-based. If you look at the research on this, it makes even more sense. However, this is not what we find in reality, in the hospitals couples go to."

While this may sound as if Dr. Lamaze and the practitioners of his method today are anti-medical establishment, this apparently is not the case at all. "We [LCCEs] have to be recertified every three years," Oseran says. "The recertification is quite strict, and we have to prove we are staying current because a big

focus of Lamaze, which makes it different from all the other childbirth methods, is that it is based on the best medical evidence.”

Oseran has been advising couples on Lamaze childbirth techniques for 27 years and says her decision to give the classes in English has provided her with access to a highly varied clientele.

“I get couples from different backgrounds. I get Jews, Orthodox and secular, Christians and Muslims, diplomats, journalists. I really enjoy not only meeting them and learning about their lives but also sealing the attachments and bonds that have formed.”

Oseran says that childbirth is a definitive leveler.

“Everyone is equal, and this is about the baby.

It is not about religion or politics, only about the baby. People go to each other’s homes, and there are things that would never happen in normal circumstances in Israel.”

That all-embracing ethos is also reflected in the range of Oseran’s current LCCE students. The group includes a religious American-born Jewish woman from Karnei Shomron in the West Bank, a Christian Arab woman from east Jerusalem, and a Black Hebrew from Dimona.

They also bring with them a variety of professional acumen. “I help people overcome pain, experience relaxation and go through times of their life that are stressful, and I have been a doula for several years,” says Jerusalemite mother-of-five Batya Walker. “In my experience as a doula I come across two types of women – women who have had training in childbirth education experiences before they come into a birth setting, and women who have learned nothing. They [the latter] come in [to childbirth] not being aware of what might happen, what are the physiological normal events that take place in your body. They are afraid.”

Walker says that being informed, or uninformed, has far-reaching and lasting implications. “It has a huge impact on how the women are able to be passive or active participants in their birth. It makes the difference between an empowering, positive and memorable experience that has long-term positive effects on their self-image and self-esteem and on their development with their partner, and their interactions with their babies. On the other hand, there are women who have had a traumatic experience. I had taken a Lamaze course before I had my first baby.

and each birth was a better experience.”

Walker had her first child 29 years ago and says that, back then, hospitals were not too open to nonmainstream ideas. “I thanked my Lamaze instructor and said, ‘This is the list of what I want, and this is the list of what I don’t want, in my birth. Where can I go to give birth? She said I didn’t have many options and that I could either have a home birth or go to a small Arab hospital in [the Arab village just north of Jerusalem] Kalandiya. I had my first three children at that hospital, and I had the other two at home.”

Recently, Walker was instrumental in providing some positive payback for her own initial childbirth experiences which, she says, also highlights the common bond the natural process offers women. “I have been working in an Arab hospital. I have been in a situation where I have come into the birthing room and met the woman for the first time. Just think of all the barriers we have between us – she’s unprepared, she knows nothing about birth, it’s her first baby, she’s scared and she has no common language with me, no common culture, no common religion, and we are on opposite sides of the political spectrum.”

That’s plenty to be going on with if you’re looking for factors that could impede the smooth progress of mother-doula interaction. The reality, it seems, is more powerful than any political dictum or divisive element.

“In this ridiculous situation,” Walker continues, “I find a way to befriend her, and she and I develop a language of trust. I then show her, through my body, what she can do, and I motion her to get out of bed, what to do with the birth ball, how to belly dance. We sing together, we laugh between contractions, and I touch her. It is an amazing experience. We develop such a bond.”

SO MUCH for mother-doula cooperation, but according to Oseran, the medical professional-doula synergy does not always run smoothly. Surely, however, with the increased presence of doulas at hospital births, conventional medical professionals are becoming more open to tolerating, if not embracing, alternative approaches to childbirth.

“Yes and no,” says Oseran. “Despite the fact that there are several studies on doulas, and the studies focus on continuous support in labor – and that cannot be a midwife because midwives work in shifts – the Cochrane Database [of systematic reviews and meta-analyses that summarize and interpret the results of medical research] shows that this greatly reduces interventions and the use of epidurals and cesareans and greatly increases the woman’s satisfaction with birth. Despite those studies, which are extensive, hospitals in Tel Aviv are very reluctant to have women bring doulas.”

And we are talking about just any doula. “I should point out that some hospitals in Tel Aviv have doulas on staff,” adds Oseran, “but the [research-based] report says that a woman’s satisfaction is better and there is less intervention when she has continuous labor support when that person is not part of the hospital staff.”

Things, it seems, are different in the capital, although not necessarily because of greater openness. “There are fewer options in Jerusalem because of the religious issue and nidda [halachic laws pertaining to menstruation or a woman who experiences vaginal bleeding in childbirth], so a woman [having a baby] will have to bring another woman. Not all hospitals are so accepting.”

But Oseran and her students are aiming to do something about that. “We are going to be a Lamaze chapter, and we are going to find ways of getting the research findings to them [hospitals],” she says.

Ella Sprung, another member of Oseran’s LCCE training group, says that conventional medical staff are not generally trained to give women what they need on a personal and emotional level during childbirth. “Today midwives are taught to read machines.

They will look at a machine and tell a woman that she is having a contraction simply because the machine says so. They have not been taught to work manually. But a doula works manually. She massages you, she touches you and hugs you. She is a kind of a mother.”

Sprung, a religious mother of seven and grandmother of 23, also feels that there is room for more overlapping between medical professionals, doulas and spiritual leaders in the field of childbirth. “The rabbis need to talk this over with doctors or educators or doulas to make certain halachic rulings [relating to childbirth] when it comes to things like, say, Shabbat,” says Sprung, the oldest member of Oseran’s Lamaze course.

“Doulas have a lot to offer as people who are aware of what goes on in the real world of birth.”

Although Oseran points out the inclusive advantages of the Lamaze approach, she and her students are aware that different women bring diverse religious, cultural and social baggage with them into the childbirth process. That is something that Ahedahlyah Bat-Israel from Dimona is keen to address in her environs through her many roles there.

“Within our community we have a birthing center. I also teach childbirth education there, and I am a doula, a midwife, and an exercise instructor for the prenatal exercise classes. It’s a family, kind of urban kibbutz setting, and we basically know each other. It is a closer, calmer and more family spirit when you’re talking about giving birth.”

Even with all her skills, Bat-Israel feels she could bring more to her work in Dimona with added Lamaze training.

“My purpose in taking this course was to learn as much as I could to help those [Jewish] women and the Beduin women in the immediate the area. They don’t have a lot of knowledge about the choices open to them. They get pregnant and they go to hospital to have the baby. I’m not saying the hospital has to be terrible, but there are options. They need to know there are things they can do differently according to how they feel comfortable in giving birth to this miracle.”

Geography also comes into it. “We only have Soroka hospital [in Beersheba], so everyone goes there. It’s not here [in Jerusalem] where you have choices.”

Bat-Israel says that despite the lack of institutional options, progress is being made in her neck of the woods. “We have built up a very good working relationship with the midwives at Soroka. We have had them at our community. We need to get women to do the hospital tour and ask questions. If you put that out there, then change is going to have to come because they [the hospital staff] will realize that there is something else the women want. They will see that all these women have to come to Soroka and they will say, ‘Let’s make it accommodating for them.’ That’s the goal.”

DESPITE THE criticism of the Israeli hospital system’s approach to childbirth, it seems things are worse elsewhere.

“I gave birth to my first son in Las Vegas,” says Tzipora Bragg, whose due date was six days after the session in Arnona. “I decided to do a home birth, and the midwife I was working with made it a requirement to take a [childbirth preparation] class, so I enrolled in a Lamaze course. The hospitals in the US are even more intervention-intensive than in Israel, and there aren’t many hospitals that work with midwives at all. Israel is more positive in that respect.”

Bragg says her first birth was a good experience and now wants to help other women have a similarly constructive experience. “So many women grow up with this Hollywood picture of birth being such a terrifying thing. There is so much more to it, and so much more information they need to have. They don’t even know if they should move during birth.”

Mother-of-two Tanya Strusburg from Modi’in says she hopes to use her LCCE training to help women who don’t normally have a conventional support network around them.

“There are a lot of women who haven’t met a man they want to make a life with, and they want to have children through having an anonymous sperm donation.

A number of my friends who did that didn’t feel comfortable going to conventional childbirth classes.

I hope to connect with women who choose to have children as single parents.”

Besides helping individual women and their partners, Oseran is keen to get the word out there on a grand scale. “As LCCEs, we need to figure out our role in advocacy. I have organized childbirth conferences for midwives, childbirth educators, consultants and a handful of doctors and brought major names from the States to expose them to the evidence-based noninterventionist practice,” she says.

“There was a directive [before one of the conferences] from the Israel Midwives’ Association saying we do not encourage doulas; you are not to sign on the observation forms of doula students,” she says.

Some doula training and all Lamaze training require students to observe births. “I discussed this with Penny Simkin [a leading Lamaze practitioner who was invited to speak at one of the conferences], and she stood there in front of 320 people [at the conference], more than half of whom were hospital midwives, and she talked about how they can work together. That was amazing. But we have a lot of work ahead of us, and we are going to meet regularly as Israel’s Lamaze chapter, and we are going to work for change.”

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