



## Husband-Coached Childbirth (Fifth Edition): The Bradley Method of Natural Childbirth

*By Robert A. Bradley, Marjie Hathaway, Jay Hathaway, James Hathaway*

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Now completely revised and updated for today's parents-to-be...

The book that started a revolution in the birthing experience and helped millions of women and their partners to a safe and natural childbirth.

The Bradley Method has changed the way men and women—and the medical establishment—think about childbirth today. Now this new, updated edition of the groundbreaking work by Robert A. Bradley, M.D., has all the information you need to approach a natural childbirth safely, confidently, and wisely. From the reasons to choose the Bradley Method to the steps you will take as your birth day approaches—and after the birth of your baby—this book is designed to help couples share completely in the birthing experience.

- Build better, deeper, and more trusting communication skills with your partner in preparation for a drug-free childbirth
- Learn the physical, emotional, and mental relaxation techniques essential to a natural childbirth
- Discover how you and your doctor can work together toward your natural delivery
- Monitor your weight, nutrition, and your overall well-being during pregnancy
- Use natural prevention methods for the most common pregnancy problems
- Get the most out of the bonding experience you will share with your baby and your partner

With its time-tested wisdom, medical soundness, and reassuring first-person accounts of natural childbirth, this book is the “gold standard” of childbirth

books. The Bradley Method is an essential guide for anyone considering childbirth without unnecessary medications or medical intervention and to share fully in your child's arrival into the world.

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## **Editorial Review**

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### *Introduction*

The administrator of Porter Memorial Hospital in Denver, Colorado, called our office one day in 1961. He had received a request from the Canadian Broadcasting Corporation for permission to film a documentary on husband-coached natural childbirth for presentation on their program, *This Hour Has Seven Days*.

Mrs. Merle Grosman, of Toronto, a natural-childbirth mother herself and a member of the Natural Childbirth Association at the time, had initiated the idea and written to ask if we had patients who would cooperate.

In discussing it with her, we decided to utilize a woman having her first baby. There is a misconception promoted by the unknowing that having a baby by natural childbirth might be possible after having had other babies, but not with the first!

Accordingly we contacted our due or overdue primigravidas (women experiencing their first pregnancies), and after Tom Koch, director, and his crew of cameramen arrived, these women were photographed with their husbands at class, doing prenatal exercises, etc., as participants in mental and physical preparation for childbirth. Then everyone waited patiently for one of them to go into labor.

The law of the perversity of nature in general and pregnant women in particular manifested itself in that we had had many births just before our Canadian visitors arrived, then had to wait a week before one went into labor. This served to illustrate again that babies cannot read calendars and that doctors cannot tell when labor will begin.

As an honorary life member of the Toronto Natural Childbirth Association I was very much honored to be chosen to illustrate the great principles involved. I was also embarrassed that it took so long before a patient went into labor. I was bound by medical principles not to interfere with the development of a baby by forcing or inducing labor for anyone's convenience, so everyone waited.

Finally at midnight one night the phone rang, and Patricia and Gary Petersen announced they were on their way to the hospital. They were met at the hospital entrance by the somewhat sleepy but efficient TV camera crew of the CBC, who carefully followed the course of labor and birth with cameras and sound recorders. The visitors were intrigued and delighted by the calm self-assurance of these two young people who confidently went about the happy business of bearing a child as they had each been trained to do.

The husband had signed in for his wife while the nurse in attendance had performed the prep. He then joined his wife, to remain with her throughout labor and birth and share the requested privilege of walking back with her from the delivery room.

Their happy chatter as they strolled together in the early stages of labor would be rhythmically interrupted by uterine contractions. As her labor picked up in intensity they returned to the labor room and concentrated on their respective tasks. The old term "labor pains" just couldn't properly be applied here, for the observers could see no evidence of pain. The husband busily cranked the bed flat, arranged an extra pillow under his

wife's raised knee as she turned on her side and assumed the "running" position of early first-stage labor that she had learned in class.

During the contractions the young mother would calmly lie curled up, peacefully close her eyes, and automatically relax all the muscles of her body. The young husband tenderly placed a guiding hand on his wife's abdomen and directed her diaphragmatic breathing. He would also lean over and maintain a constant soft whispering in his wife's ear during this interval.

The observing guests could not make out his words, but the endearing tone of his voice made apparent that the content was indeed the repetitious love "gobbledygook" with which she was so familiar. In prenatal classes the husbands are instructed to repeat verbally during contractions the intimate "love line" that was so effective in the moonlight originally and started the chain of events leading to the pregnancy.

When the muscle contractions of the uterus subsided, the chatter resumed, to be momentarily interrupted again as the uterus went about its work uninhibited. Between contractions he would rhythmically massage his wife's low back "saddle" area, accompanied by murmurs of approval from her. Whenever a contraction occurred, the same calm pattern of relaxation, abdominal breathing, and love talk would be automatically repeated.

As time went on, the husband occasionally slipped ice chips into his wife's mouth with a spoon to counter the drying effect of mouth breathing, which is part of total relaxation during contractions. The couple performed their respective tasks calmly, automatically, with light chatter between contractions. The observers from Toronto were impressed by the obvious fact that here were two people working happily together. Each knew, without being told, exactly what they were about.

As time went on, the interval between contractions gradually became shorter, the chatter accordingly gradually diminished, and the parents concentrated more and more on their respective tasks. Each said, when asked later, that they completely forgot about the presence of the observers; they were too busy.

The idea of some sort of medication being utilized in such an efficient, peaceful performance never occurred to the performers and seemed ludicrous to the observers. The close relationship between husband and wife, the total dependence upon each other, was heartwarming to see—that it truly "takes two to tango" was never more manifest. Again, the obvious ego-deflating question was put to me as the obstetrician: "Who needs a doctor for this?"

My occasional vaginal examinations to determine the dilatation of the cervix constituted rather rude interruptions that momentarily disrupted the smooth working pattern of the process. They obviously got along better when the doctor wasn't around. I answered their question by stressing again that the doctor's role is vital only when complications occur. Comparing birthing to swimming, the doctor is the lifeguard. Both swimming and birthing carry an irreducible minimal risk, and lifeguards and doctors are necessary, but only for complications. Good swimmers and good birthers need them to be present, but just in case problems arise.

As labor progressed, the parents became oblivious to everything and everyone as they carefully concentrated on the job at hand. This concentration was enhanced by the quiet, hushed "bedroom" atmosphere that is maintained in the labor rooms of this hospital. The importance of such an atmosphere is stressed as part of nurses' training in a course on the principles of natural childbirth.

Labor is what the term implies, hard work, and although mothers are trained to deliberately relax all muscles

during uterine contractions, the uterus is of sufficient size and power as a muscular organ to produce perspiration in the mother in the later stages of labor. The husband's role included getting a cool washcloth and applying it tenderly to the perspiring brow of his wife. Such seemingly trivial acts reduce the tasks of nurses and direct the gratitude of a mother to the one she loves . . . her husband.

Between contractions, at the wife's request, the husband would alter her position occasionally by adjusting the bed so that she was half- sitting, with two pillows under her arms. Again, the familiar talk and cooperation would be evident.

The labor progressed to the transition stage, and the husband gently encouraged the techniques associated with this stage, knowing the need for change. The young mother shortly announced the urge to push, ushering in the second stage of labor. After a short vaginal check to verify the complete opening of the cervix, the husband adjusted the pillows behind his wife's shoulders and coached her in assuming the squatting position in the elevated bed. With the beginning of each contraction the mother would take two breaths and exhale them, waiting for the contraction to build in intensity.

This was followed by breath-holding and the expulsive pushing with contractions. After a few pushes in bed, the husband, doctor, and observers changed into scrub suits, caps, and masks while the attending nurses wheeled the mother to the nearby birth room.

The husband took his place at the head of the birth-room bed on what I call the "daddy stool," which prior to natural childbirth was occupied by an anesthetist. He resumed his coaching and adjusted the supporting pillows during each contraction to fit the contours of his wife's shoulders and back as she calmly held her breath, curled forward, and pulled her knees back under her armpits in the squatting position on the downward-tilted birth bed.

This position served to open wide the soft tissues of the birth canal to allow gradual descent of the infant. Because of the degree of additional exertion required of the mother in this stage, the husband utilized the cold, moist washcloth, not only to wipe away perspiration from her brow, but to have his wife bite on between contractions to maintain moisture on her lips, as he had been trained to do.

In this, the second stage, the infant had passed from the uterus into the vaginal canal, and the uterus now slowed down in the frequency of contractions with longer intervals between. This resulted in a return of the chatter between wife and husband. The observers were again impressed by the calm, peaceful attitude of the parents as they conversed between contractions about whether the baby would be a girl or a boy, and eagerly looked forward to knowing soon. The husband made an admiring comment on his wife's ability to hold her breath during contractions.

As the baby passed into the world, announcing her arrival with a lusty yell, the mutual exclamations of delight, "It's a girl!" by husband and wife, their shiny-eyed wonder at the miracle of this new life, and their mutual pride in accomplishment made a picture of wholesome togetherness bordering on ecstasy.

I then handed the infant to the mother to hold. This first real meeting with her child was accompanied by such a delighted, joyous expression on the mother's face that the husband, ready with his camera, recorded this important moment as a permanent record for the baby book.

The umbilical cord was later clamped and cut while the mother was holding the baby. The baby was then put at the mother's side for the first introduction to breast-feeding. The purpose of this from an obstetrician's point of view was not primarily nourishment, but to activate the reflex that stimulates uterine contractions to

separate the placenta and decrease bleeding from the placental site. This is a safety factor for the mother and baby.

Breast-feeding also provides nourishment and this first feeding of colostrum, which provides immunities for the baby to keep it safe in its new environment. The colostrum starts the production of vitamin K in the baby's gut, building up to a peak at the eighth day and is important for blood clotting. Colostrum also acts as a laxative to get the baby passing meconium, which cleans the bowels out, reducing problems with jaundice. Having the baby at the breast, close and skin to skin, intensifies bonding between mother, father, and baby.

During this period of handling and nursing the child, husband and wife literally had their heads together. Their constant "parent talk" to the baby, calling her by name—Kirsten Lynn—and expressions of delight to each other were accompanied by intimate indications of mutual love, which made all the attendants feel like intruders.

The parents were playing with the baby, absorbed in counting fingers and toes, commenting on whose hair color it inherited, and so forth.

Each parent was then given a celebratory glass of iced orange juice— for the mother to replenish blood sugar, depleted from its utilization by the uterus, and to correct the drying effect of mouth breathing during labor. Orange juice also helps replace fluids lost during the birth process and provides sodium for fluid balance and potassium to prevent dizziness. The father is also given a glass of orange juice as a token of appreciation for his important participation and to maintain the great principle of sharing all aspects of this beautiful experience with his wife.

We joyfully refer to the orange juice as refreshment served at the original birthday party—which is the best of all birthday parties; the others are just pale substitutes for the real thing. Besides, only naturally born babies can accurately celebrate true "birthdays," the others are more appropriately celebrating "delivery days"!

The mother then expressed the desire to walk back from the birth room. She was given her robe and slippers, and with the baby in one arm, a glass of orange juice in the other hand, and a beaming, proud husband alongside, she strolled happily out the door and down the hall —mission accomplished. A helpful nurse, using the husband's camera, took a final picture of this new family group.

Since 1917 as a natural baby myself, observing animals on the farm and as a teacher of natural childbirth, I have seen this happy series of events repeated thousands of times. To our visitors from Toronto it was a new and never-to-be-forgotten experience.

I was delighted to have our busy office hours interrupted a few hours later by the director and photographers, who stopped by to express their admiration and praise of the method, and their gratitude for the privilege of witnessing the birth. Most significant to me was that they had sent flowers to the new mother and were passing cigars around as enthusiastically as if each were the father of the baby! The spirit of joy and pride in accomplishment of a natural birth is indeed contagious.

## **Users Review**

### **From reader reviews:**



**Lois Reyna:**

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