Chapter 10

Mindfulness-Based Childbirth and Parenting: Cultivating Inner Resources for the Transition to Parenthood and Beyond

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INTRODUCTION

The mindfulness-based childbirth and parenting (MBCP) program (Bardacke, 2012) is a formal adaptation of the mindfulness-based stress reduction (MBSR) program developed by Jon Kabat-Zinn (1982, 1990). MBCP was created by Nancy Bardacke, a certified nurse-midwife and experienced MBSR teacher as a vehicle for teaching the life skill of mindfulness to expectant parents. Rather than being conceptualized as an intervention for a clinical population as many of the mindfulness-based interventions (MBIs) are, the MBCP course is an educational program offered to a universal population: any woman who is pregnant along with her parenting partner or support person.

The overarching goal of MBCP is to promote the physical and mental health and well-being of the pregnant woman, the developing fetus, and the family as a whole during a normative and commonly experienced developmental transition in the adult life cycle. Through mindfulness practice, expectant parents are taught: (1) skills for working with the stress, pain, and fear that can be a normal part of this transitional time; (2) how to enhance their sense of calm and strengthen affiliative connections; (3) how to wake up to automatic habits of mind that may have been set long ago in the expectant parents' family of origin; and (4) a way of being that may interrupt intergenerational, familial patterns of dysfunction. The skills and knowledge taught in MBCP are designed to potentially shift the ensuing life course of the expectant parents

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and their children onto a healthier trajectory than might have been without mindfulness skills.

Since 1998, Ms. Bardacke has taught 70 MBCP courses to more than 1350 pregnant women and their partners. The MBCP program is now housed within the Osher Center for Integrative Medicine at the University of California, San Francisco, where research on its effects is under way. In this chapter, we provide an overview of MBCP that integrates conceptual and empirical foundations with a session-by-session description of the course, an illustrative case study, and a discussion of practical issues in implementing MBCP. A more detailed description, including a full outline of the MBCP course and all practices and exercises, can be found in *Mindful Birthing: Training the Mind, Body and Heart for Childbirth and Beyond* (Bardacke, 2012).

THEORETICAL AND CONCEPTUAL FOUNDATIONS

Although some form of childbirth education is offered in hospital and community settings in most industrialized countries, recent research has questioned the efficacy and sufficiency of the standard approach to preparing expectant parents for childbirth. A systematic review of nine randomized controlled trials (RCTs) of structured antenatal education programs reported no consistent results on an array of relevant parameters, such as prenatal anxiety, labor pain, and psychological adjustment to parenting (Gagnon & Sandall, 2007). A common goal of childbirth education is teaching skills for coping with labor pain, including support for those who seek to avoid pain medication; however, studies do not support traditional antenatal education as effective in this domain (e.g., Bergström, Kieler, & Waldenstrom, 2009). A mindfulness-based approach to childbirth education may be particularly well-suited to addressing these issues and filling a need not being met by the common methods of educating expectant parents currently in use.

Providing mindfulness training in the perinatal period also offers an opportunity to reduce psychological and physiological aspects of maternal stress. Consistent evidence is accumulating that demonstrates that maternal stress is a pathway leading to preterm birth (IOM, 2007). Moreover, the negative impact of prenatal stress extends well beyond adverse birth outcomes to being a contributing factor in poorer childhood functioning as well as decreased physical and mental health across the lifespan. Maternal stress or anxiety in the prenatal period is linked with emotional, behavioral, and cognitive problems in infancy, early childhood, and beyond (Bergman, Sarkar, Glover, & O'Connor, 2010; Brouwers, van Baar, & Pop, 2001; Davis *et al.*, 2004; Laplante, Brunet, Schmitz, Ciampi, & King, 2008; Loomans *et al.*, 2011; O'Connor, Heron, Golding, Beveridge, & Glover, 2002). Decades of animal research have identified some of the mechanisms for this, with prenatal programming of the hypothalamic–pituitary–adrenal (HPA) axis a strong candidate (Henry, Kabbaj, Simon, Le Moal, & Maccari, 1994; Weinstock, 2005).

Recent evidence from humans also indicates that maternal prenatal anxiety, operating through HPA axis pathways, may lead to greater risk of child health problems including asthma (Wright, 2007), obesity (Li *et al.*, 2010), and reduced adaptive immunity (O'Connor *et al.*, 2013). Reducing stress and anxiety among pregnant women through a mindfulness approach to childbirth education may thus hold great public health potential.

A rapidly growing body of literature reporting the benefits of mindfulness training for stress, pain, and mental illness (Baer, 2003; Segal *et al.*, 2010) also points to the potential for mindfulness practice to improve intrapersonal and interpersonal functioning and ameliorate distress during pregnancy, childbirth, and parenting. Robust evidence supports mindfulness for reducing anxiety and depression in adults (Chiesa & Serretti, 2009); therefore applying mindfulness training in the perinatal period is likely to bring benefits to the mental and physical health of the mother–baby dyad. In the domain of childbirth, a fearful, anxious, and tense mindset may slow labor and increase the risk for obstetric interventions and complications (Adams, Eberhard-Gran, & Eskild, 2012; Alehagen, Wijma, & Wijma, 2000, 2001). Mindfulness skills applied during labor may reduce fear and promote a calmer mind that could facilitate rather than hinder the normal physiologic process of childbirth.

Several studies of mindfulness-based interventions tailored for families have demonstrated a range of benefits (Altmaier & Maloney, 2007; Blackledge & Hayes, 2006; Saltzman & Goldin, 2008; Singh *et al.*, 2010; Wahler, Rowinski, & Williams, 2008), including improvements in parent anger management and self-reported positive and negative affective behavior exhibited toward youth (Coatsworth, Duncan, Greenberg, & Nix, 2010), and reductions in parenting stress and disagreements about co-parenting (Bogels, Hoogstad, van Dun, de Schutter, & Restifo, 2008; Dawe & Harnett, 2007). While these studies were conducted with older children and their parents, it seems reasonable to investigate whether learning skills for mindful parenting (Duncan, Coatsworth, & Greenberg, 2009) as early as possible, while the child is still *in utero*, holds potential for promoting more adaptive parenting from the very beginning of the parent–child relationship.

The Three Foundational Intentions of MBCP

Using the already existing cultural form of childbirth education as a way to reach expectant parents, the MBCP program has, at its core, three foundational intentions: (1) to offer systematic training in mindful awareness using the methodology and practices found in the MBSR program; (2) to prepare expectant parents for childbirth and early parenting through sharing knowledge, evidence-based information, and mindfulness-based practices that promote the normal psychobiological processes of pregnancy, labor and birth, and a healthy postpartum course for mother, baby, partner, and the entire family unit, whatever that unit might be; and (3) to lay a foundation for parenting mindfully for the lifetime of childrearing ahead.

While the MBCP program focuses largely on the typical course of the perinatal period that characterizes most pregnancies and births, it is inclusive of *any* biological or social situation expectant women (and their partners) find themselves in, such as a pregnancy or baby at risk for medical complications or those with a history of a previous traumatic delivery, including a stillbirth. In the inclusive spirit of MBSR, as long as someone is willing to make the commitment to regular mindfulness practice, no one is turned away from an MBCP course because of a medical diagnosis or social situation. Information about physical and psychological health history, reproductive health history, medication use, and the health of the current pregnancy is obtained on the intake form and, with permission of the participant, communication with the participant's health care provider and/or referrals are made as appropriate.

MBCP and MBSR: Similarities and Differences

Many elements in the MBCP course are the same or similar to the MBSR program. For example, the formal practices and the general order in which they are introduced—the raisin meditation and breath awareness in the first meeting, followed by 2 weeks of the body scan, then alternating the body scan and yoga for 2 weeks, instruction in walking meditation, loving-kindness practice, and a day of silence—all are part of both the MBSR and the MBCP program. The initial instructions in breath awareness are followed by the various objects of attention (body sensations, body as a whole, sound, thoughts, and emotions) week by week; instructions for choiceless awareness are given in week 6. As in MBSR, the practice of mindfulness in everyday life is begun early in the course and is emphasized throughout, as childbirth and parenting are contextualized as informal mindfulness practices that expectant parents will be able to call upon at any moment in their birthing and parenting journey. The pleasant and unpleasant events calendars are also used as home assignments and are reviewed in class.

However, MBCP is not MBSR with a little childbirth preparation added to it. True to the triple foundational intentions in MBCP—teaching mindfulness life skills, childbirth preparation, and preparation for parenting mindfully, significant differences do exist. For example, in order to accommodate for both childbirth and parenting preparation and the mindfulness practices specifically developed for that purpose *and* the traditionally taught formal mindfulness practices, the MBCP course is 10 classes rather than the usual introductory session plus 8 classes found in MBSR courses. Nine of the classes are during pregnancy, with a reunion or 10th session with all class participants and their new babies occurring after all the women have given birth. Additionally, MBCP classes are 3 hours rather than the usual 2½ hours found in an MBSR course, again in order to accommodate teaching the mindfulness practices and their applications for childbirth and early parenting. Given that the childbearing population is on the whole a healthy cohort, the relationship between the number of minutes of practice and beneficial results is not yet known and a firm commitment to home assignments is not

an expectation in traditional childbirth preparation classes, it seemed prudent to shorten the all-important commitment to a daily formal meditation practice made by a woman and her partner to 30 minutes a day/6 days a week rather than the usual 45 minutes a day/6 days a week in the MBSR program.

Expectant parents typically begin the MBCP course during the second half or early third trimester of pregnancy and finish in the last few weeks before their due date. Anyone who wishes to begin the course earlier, particularly if they are highly anxious for whatever reason, is welcome to do so. Course size varies from 12–14 expectant couples or 24–28 participants, and commonly includes a number of perinatal health professionals (midwives, nurses, obstetricians or obstetrical residents, psychologists or doulas) who attend either for their own professional development or because they have an interest in becoming an MBCP teacher. At least one nurse-midwifery or medical student also attends to provide general assistance to the instructor. The MBCP course dropout rate is extremely low, estimated at somewhere between 1 and 2%.

As one would expect, the formal mindfulness practices have been adapted for this particular population and new practices have been developed. For example, the body scan is practiced from the head to the feet (rather than from the feet to the head as in MBSR), as birth happens in a downward direction. Increased attention in the body scan is given to the abdominal area and to the remarkable reality that a completely new human being, a baby, is growing within its mother's body. Yoga postures have been adapted for the pregnant body, yet are still appropriate for a male or nonpregnant female body, and loving-kindness practice begins by first directing wishes for safety, good health, happiness, and ease to the baby rather than using the more traditional approach of first directing loving-kindness to oneself.

Additional mindfulness practices have been developed based on the most current knowledge of the normal psychophysiology of the birth process. Perhaps the most notable of these are the pain practices that are taught in weeks 4, 5, and 6. Using ice cubes to induce periodic unpleasant physical sensations, participants hold ice for 1 minute (the usual length of a contraction during active phase labor) and then put them down for one and a half minutes. Practiced over a period of 20–30 minutes, participants learn from their direct experience how to observe and "be with" intense intermittent unpleasant sensations and that if one can just be present, moment by moment, with whatever is arising and passing, moments of deep calm and ease can be experienced *between* the unpleasant sensations. In this way participants learn first hand that pain (intense physical sensations) is in the body, suffering (the thoughts and emotions in reaction to the sensations) is in the mind, and the power of mindfulness for uncoupling physical pain from suffering. This shift in perception is often be liberating, and as the capacity to work non-reactively with the unpleasant expands over the weeks through both formal and informal practices, a sense of confidence, resilience, and inner strength grows, which is exactly what is needed for the inner experience of childbirth and the parenting life that lies ahead.

Once the difference between physical pain and the suffering caused by the reactive mind is learned through direct experience, stress, or unpleasant thoughts and emotions are reframed as the contractions of life. Whatever unpleasant experience arises in life can be lived through in exactly the same way as the physical sensations of childbirth: held in awareness, being with the unwanted or unwished for, and remembering that everything that arises passes. Classroom learning is reinforced through home practices that encourage working mindfully with the everyday physical discomforts of the pregnant body and additional time for formal pain/ice practices.

Other practices unique to the MBCP program are the Being with Baby practice in which the pregnant woman is encouraged to use the sensations she feels throughout the day from the movements of her baby as an opportunity to bring attention to her body and the present moment, and a speaking and listening inquiry on fear and happiness described later in this chapter.

As much anxiety about the birth process can revolve around the questions "When will labor begin?" and "How long will it take?" the notion of horticultural time is introduced and subsequently becomes a teaching that is interwoven throughout the course. Horticultural time applies to biological processes—plants in their seasons and the cycles of birth, growth, aging, and death for all creatures of the land (including humans), sea, and air. Horticultural time is measured in a slower arc than industrial time, the clock time of modern life that most are so accustomed to. Industrial time is a source of much stress, including the stress and urgency often found in hospital settings that accompany the medical interventions during childbirth. The understanding that one's body, and all bodies, live in horticultural time can be a helpful perspective for viewing oneself in relationship to the labor process, the rhythms of a baby's sleep and hunger cycles, the growth and development of our children, and for understanding our own impermanent existence.

As social isolation during the postpartum period is a well-known factor that contributes to the etiology of postpartum depression, connectedness among course participants is explicitly encouraged throughout the MBCP course. This intentional nurturing of community often results in MBCP classes continuing to meet, sometimes for years after the babies have been born, providing a network of parents who share a unique history and a particular mindset. These relationships are a valuable social resource for *both* parents, supporting them to parent in a way that might be very different from the way they were parented or that is different from the dominant cultural norm of childrearing.

Most expectant parents in the MBCP course are healthy, well-functioning individuals who are living through a normal and intense life transition. As these expectant parents practice mindfulness and find a way to work with the anxieties and fears associated with this life change, more often than not conditions are created for the blossoming of the very real happiness, excitement, joy, and wonder that are a true part of bringing new life into this world.

OVERVIEW OF MBCP

Who Signs Up for MBCP

Out of over 1350 participants in Ms. Bardacke's MBCP courses, more than 90% have been first time expectant parents; the majority are married or in a long-term partner relationship. For women, the ages have ranged from 18 to 46 years, with the majority in their early to late 30s. For men, the ages have ranged from 18 to 56 years, with the majority in their 30s to early 40s. Most participants are well educated, though over the years participants have included a range of educational backgrounds, from high school graduates to those holding professional degrees. Most are middle to upper income level, though some low income couples have been able to attend through a small scholarship fund. It is worth noting that though the educational and income levels of the MBCP participants are fairly high, the ethnic and cultural backgrounds of the participants have been quite diverse, reflecting the diversity of the childbearing population that lives in the San Francisco Bay Area.

Same-sex couples and single pregnant women are also welcomed into the MBCP course and community. If a pregnant woman does not have a partner or her partner is unable or uninterested in attending, she is encouraged to attend the course with someone who ideally will be with her during childbirth—a friend, a relative, or a doula. Her companion is also asked to make the commitment to the daily meditation practice.

Why Expectant Parents Sign Up for MBCP

Expectant parents enroll in the MBCP program for a variety of reasons. The majority say that they have some degree of fear or anxiety about the birth process and suspect "meditation might help" with it. Sometimes the fear is about childbirth pain; other times the fear is about the hospital environment and potentially unwanted or "unnecessary" medical interventions. Some expectant parents who have had a prior difficult birth experience seek out the MBCP course for emotional healing and for tools that will help them approach this next birth experience in a different way.

Though it is explicitly stated that MBCP is not about "natural childbirth," for whether medical assistance during labor will be needed cannot be predicted, it is also noted that mindfulness skills will help expectant parents work with *whatever* kind of birth experience unfolds. That being said, most expectant parents who sign up for the MBCP course express a preference for minimal or no medical interventions, including no pain medications, during the birth process. They are reminded that if their preference is a childbirth experience without pain medications then they are essentially choosing to have physical pain—and that in the MBCP course they will be learning many skills to help them work with the intense sensations of labor. Often there are one or two expectant couples attending the course who are planning a homebirth and since pain

medication will not be an option in that setting, they are very glad to know that they will have specific training for working with pain.

Some expectant parents say they have "always wanted to learn how to meditate" and are delighted that they will learn both childbirth preparation and meditation. Others state that they want and very much need stress reduction skills, and still others sign up because they are looking for parenting skills, as expressed in the frank remark by one woman who stated "I don't want to be the kind of stressed out mother my mother was with me."

A number of expectant parents sign up for the MBCP course because a previous MBCP participant or friend highly recommended they do so, and still others are interested in attending because they have already experienced the benefits of yoga or meditation and want to approach their childbirth experience in this way. Some expectant couples are specifically looking for community and for them a 9-week course is very appealing. And since the publication of *Mindful Birthing*, a number of expectant parents are choosing to enroll because they have read the book and "just know" the course is for them.

Over the years, midwives, physicians, including obstetricians, labor and delivery nurses, doulas, and others involved in childbirth throughout the San Francisco Bay Area have either taken the course during their own pregnancy or have witnessed the positive effects the MBCP course has had on those they care for, both in reducing stress prenatally and on a woman's and couples' ability to cope with the pain and stresses of labor or the occasional challenges of the postpartum period, especially when the unexpected arises. These health care providers are now a consistent source of referral to the MBCP program.

The Role of Partners in MBCP

In the MBCP program, mindfulness practice involves meditation training for both a pregnant woman and her partner. Partners, most of whom are men becoming fathers, are seen as full participants in the course, making the same commitment to daily practice as the expectant woman. Partners are explicitly encouraged to come to class even if or when their pregnant partner is unable to attend. The attitude toward partners is that they too will be having a birth experience and are becoming a parent and mindfulness skills are important for them as well. Partners often express surprise by how much benefit they get from the program, including ways to handle their own stress, reactivity, and inner emotional life.

Strengthening *both* expectant parents' capacity to look within creates a common mindset and language for the evolution of the couple relationship into a partnership for family-making post-birth. The level of engagement, or one might say the "opening of the heart," by partners toward both their baby and their partner is strikingly apparent at the reunion gathering when partners comment about

how they appreciate their partner's mothering capacities and how difficult it is for them to return to work since their baby has been born.

The MBCP Course Begins with a Phone Call

Typically, the first interaction with expectant parents is a phone call with the MBCP instructor. The phone call is framed as a time for the expectant parents to ask questions about the MBCP course and for the instructor to explain a bit more about MBCP and to begin to get to know them. The pregnant woman and her partner describe their particular circumstances, including current challenges, concerns, hopes, and expectations regarding pregnancy, childbirth, and becoming parents. Whatever they are working with is met with acceptance, flexibility, and a description of how mindfulness practice might be useful for their particular challenges. It is acknowledged that "this is not your usual childbirth preparation course" and appreciation is expressed that they are willing to "do something different" to prepare for childbirth. A critical component of the phone call is for the instructor to clearly share the information that both partners are expected to make the commitment to the daily mindfulness practice of 30 minutes per day, 6 days per week with the CDs that they will be given as part of their course materials.

Expectant couples are told that the class includes the physiology of childbirth from a mind–body perspective, pain practice (lots of it), positions for labor, partner support skills, breastfeeding information, and the social and emotional needs of a newborn, all within the context of mindfulness practice and their life as they are living it now. They are also told that since 85–90% of births are normal, the focus of the class is on normal childbirth, and though they will get their questions answered regarding medications and complications, this information is readily available in books and on the Internet and is not emphasized in the MBCP program. While occasionally expectant parents take a one-session class on baby care or breastfeeding, the overwhelming majority do not enroll in any other childbirth preparation course. With practice, expectant parents soon discover that the most important thing they can do to prepare for childbirth is to develop a beneficial mindset for approaching their birth experience and that this mindset can be found through cultivating the foundational attitudes of mindfulness practice: non-judging, "don't know" mind, patience, non-striving, inner trust, acceptance, letting be, and kindness.

During the phone call the instructor finds out the expectant woman's due date, care provider, and intended place of delivery, whether there are any medical conditions affecting her health or the health of her baby, whether they have any prior experience with meditation or yoga, how old each of them is, and the kind of work they do. Expectant couples come from many Bay Area communities and their choice for care providers includes both midwives and obstetricians. Intended places of delivery are hospitals, homes, and birth centers, with hospital deliveries being the most commonly chosen option.

Class 1—Everything's Changing: Introduction to MBCP

The first meeting of the MBCP program is devoted to sharing the history of MBCP and beginning the themes that will be interwoven throughout the course: that expectant parents are entering a profound life change, which by its very nature can be stressful; that mindfulness or the capacity to be fully present is a life skill for reducing stress, for working with the pain of childbirth, and for their parenting life ahead. Parenting happens in the present moment, babies and children live in the present moment, and what they most want and need from their parents is for them to be present.

The now classic definition of mindfulness is given—"the awareness that arises from paying attention, on purpose, in the present moment, and non-judgmentally" (Kabat-Zinn, 2005), and the teaching about living in the "here and now" begins. Expectant parents are asked to consider how the mind is often in the future, which is fantasy, or in the past, which is memory, or on autopilot, which is not being present at all—and yet the truth is that childbirth, parenting, and life itself are lived in the present moment, and that all we can really know and fully live is this very moment, right now.

Expectant parents share where they live, when their baby is due, where they intend to deliver, and something that has changed in their lives since they became pregnant. Through this sharing they begin to see themselves reflected in each other and the process of strangers becoming a community begins. As it is impossible to predict exactly when their baby will be born or what kind of birth experience they will have, expectant parents are encouraged to begin their mindfulness practice the very first evening of introductions by "letting go" of their due date. In reality, the due date is only a "guesstimate" and to notice attachment and perhaps resistance to letting it go is mindfulness practice. Letting go of the place of birth is also encouraged, for this too falls in the realm of the unknown. This can be particularly important for those planning a homebirth, for a finely honed birth plan may or may not manifest. Cultivating the mindfulness attitudes of "don't know" mind, nonattachment, and coming to terms with things as they are before birth can be extremely helpful and potentially protective against deep disappointment, self-blame, and even postpartum depression when one's birth experience doesn't go "according to plan," as it often doesn't. These attitudes are also in greater alignment with horticultural time and the conditional universe in which this biological process takes place.

After a snack break, expectant parents return to the classroom to practice the raisin meditation. The theme of interconnectedness is introduced through looking at the "belly button" (stem end) of the raisin, which naturally resonates with expectant parents. Seeing that the soil, sun, rain, clouds, and the workers who picked and trucked the raisins all contributed to the health and well-being of their body and the body of their unborn baby widens the lens of mindfulness into the heartfulness of interconnectedness. The raisin meditation also heightens awareness of nutrition that is so essential for themselves and their baby growing

within. The pleasures of eating opens an inquiry into how many of life's pleasant moments can and often are missed, including precious moments with one's children, because we lack the training to be present for them.

The presence of a participant who does not like raisins affords the opportunity to begin the teaching about how we usually try to get away from, resist, or push away the unpleasant. Though this is completely human, childbirth is not something that can be gotten away from, for whether they "like" the process of giving birth or not, it will be lived, moment by moment, one way or another. Mindfulness practice gives a way to relate to the experience, with all its joys *and* challenges.

A brief awareness of breathing follows the raisin meditation when the lessons from the raisin practice are transferred to being aware of the sensations of breathing. The evening often ends on a note of excitement and curiosity—about mindfulness practice, each other, and the learning journey ahead.

Class 2—Why Are You Here?

The sense of connection deepens in Class 2 as expectant parents practice the guided reflection "Why are you here?" and then share what arose for them, which often includes their hopes, worries, and fears around pregnancy, childbirth, and parenting. This heartfelt sharing is balanced by the lightness of the responses to the question "Tell us something about your name—perhaps who named you, what your name means, how many times you've changed it, any nicknames you've had, what name you would like to use here in class." The answers to this request often reveal much about each participant's family of origin—and the realization that now it is their turn to name a child just as their parents once did. This is part of the growing awareness of a change in identity: The expectant parents are now taking on the roles and the responsibilities for parenting the next generation.

After the break, everyone settles onto yoga mats for body scan practice. A brief inquiry follows the body scan, the week's home practices are reviewed, and the night ends with well-wishings for a safe and healthy week ahead.

Class 3—The Dynamic Duo: Pain and Fear

Class 3 begins with a body scan, followed by small group sharings about their home practice experiences during the past week. The large group reforms for inquiry, including teachings about the wandering mind, working with sleepiness, and the challenges of physical pain when it arises during practice. This begins the all-important education around "being with" pain and responding rather than reacting to things as they are, in formal meditation practice, during childbirth, and in everyday life.

The inquiry sets the stage for a fundamental shift in perception about childbirth pain that takes place during the second half of the class. Using a dry erase white board the instructor deconstructs the physiology of pain from a

mindfulness perspective. He or she shares the five predominant sensations of childbirth—cramping, stretching, tightness, pressure, and burning—and when and where they are felt in the body. He or she also describes how fear, which includes thoughts about the future or the past, can interfere with the normal physiology of childbirth, how moments of deep calm and ease can be found during the birth process *between* labor contractions, and how mindfulness practice can be of direct benefit for them during the labor process itself. Through this presentation expectant parents increase both their understanding of *why* they are practicing mindfulness for childbirth and their commitment to regular practice. They come to understand that their capacity to be mindful—or to hold in awareness that which is unpleasant, challenging, difficult, painful, or unwanted, including fearful appraisals by the mind that may trigger the stress reaction during labor—actually supports the normal physiology of childbirth through the psychophysiological pathways of the neuroendocrine system. Many report that this shift in perception is profound, permanently affecting how they see their relationship to childbirth and their capacity to cope with it.

Class 4—The Yoga of Childbirth

Yoga is introduced as a formal meditation practice in Class 4. Noticing, moving into, and being with sensations during the poses, particularly the sensations of stretching and contracting *and* noticing the times of ease and rest between poses, is mindful preparation for the intense sensations and rhythms of labor—the sensations of the uterine muscle contracting, the sensations of expansion of the cervix stretching, and the moments of ease and peace between the sensations. Yoga is intentionally taught in a rhythm of working and resting, working and resting, in order to mimic the working and resting rhythms of the labor process. Inquiry follows yoga practice, and by this point in the course expectant parents often report vivid stories about using mindfulness in daily life, such as how an unexpected visit to the hospital to rule out preterm labor provided a perfect opportunity to practice their newly developing mindfulness skills.

After a snack, expectant parents reassemble for a lived experience of mindfulness practice for working with physical pain. Through a series of simple mindfulness practices such as awareness of breathing, moving attention directly into unpleasant sensations, or counting the breaths while holding ice cubes, expectant parents learn that there are many ways to focus the mind, accept, be with, and respond rather than react to intense body sensations. Partners are taught the pain practices along with the pregnant women, learning pain-coping skills for themselves, and cultivating empathy for their partner's painful experience to come.

Class 5—Mindfulness in Everyday Life

By this week, many, if not most, of the expectant parents have had enough mindfulness practice to be able to bring awareness directly into the stressful

experiences of their everyday lives, noticing how the body and mind "contract" in response to stress and practicing "being with" the experience, just as they have been learning to do with the ice during formal pain practice. Noticing impermanence, how all things change—whether pleasant, unpleasant, or neutral—and how one cannot predict with certainty the future, all are intertwined in the inquiry about formal and informal meditation practice during the past week.

Inquiry is followed by a demonstration of the baby's journey through the mother's pelvis during childbirth. The intention behind this demonstration is to bring awareness to and appreciation for childbirth as a relational journey—sometimes it is the baby who determines how the birth process unfolds—and to demonstrate how important the mother's positions during labor can be to help her baby be born. Information known to facilitate normal labor, such as being active and out of bed and resting when needed, assuming multiple positions during the labor process, using a tub or shower with warm water, the mechanics of back labor and how that might change the sensations experienced during childbirth, and more, are shared and demonstrated.

The break for a snack is followed by another opportunity to practice working with pain, this time using the modality of touch. Explained and demonstrated with the caveat that not all women like to be touched during labor, that some may find touch helpful at some times during the labor process and not at others, that fundamentally, there is no one "right way" to give birth and that mindfulness practice can help them find *their way* through the process, expectant parents practice a variety of ways to use mindful touch during ice practice.

Class 6—Causes and Conditions: The Landscape of Labor and Delivery

In Class 6, full instructions for sitting meditation are given, including observation of thoughts and emotions as objects of attention and ending with choiceless awareness. In the second half of the class the instructor presents a teaching about the causes and conditions surrounding childbirth, including the illusion of "control" and making wise choices in the moment during the labor process according to the specifics of the situation the birthing mother and partner may find themselves in.

The interrelationship of the many "Ps" of childbirth are explored: (1) Powers (strength of uterine contractions), (2) Passenger (the baby), (3) Pelvis/Postures/Positions for labor and birth, (4) People, including one's Partner and Possible doula, (5) Provider (midwife or obstetrician) with whom they ideally have a Partnership relationship, (6) Place chosen for birthing (hospital, home, or birth center), (7) Preferences vs. Planning and Power of Intention. It is again emphasized that there is no one "right way" to give birth and that by holding the "Ps"

within the attitudes cultivated in mindfulness practice, expectant parents will have a way to work with whatever comes during the birth process.

Participants are taught the mnemonic BRAINN—Benefits, Risks, Alternatives, Intentions, (Doing) Nothing and Now—to use for decision-making conversations with their care provider(s) should recommendations for medical intervention arise during the birth process. Expectant parents are also encouraged to use this mnemonic for future decision-making regarding their baby's health, such as circumcision and vaccinations.

Sounding or vocalization with a low pitched, open vowel sound and a relaxed jaw is practiced in the second part of Class 6. Then all mind–body pain coping modalities learned to date—mindfulness of breath, counting breaths, etc., partner touch, position changes, sounding, gentle swaying or rocking movements—are called upon as expectant women immerse first one, then both hands into a bowl of ice water. (Partners do this practice as well.) The ability to work with these intense sensations continues to consolidate a sense of confidence that they have in fact learned a powerful set of skills that they can use during childbirth—and well beyond.

Initial information about the upcoming weekend day of silence is given and it is suggested that any anxiety about not knowing what to expect from the day is analogous to anxiety about not knowing what to expect from a day (or night) of childbirth. Expectant parents are encouraged to practice observing the mind in the days ahead, noticing any anxious thoughts about the imagined future and to use the anchor of the breath or body sensations to come back to the present moment.

A Day of Silent Practice

The day of silence is framed as an opportunity to deepen one's meditation practice and to practice being in the present moment for an extended period of time, just as they will do during the process of giving birth. All the formal mindfulness practices learned to this point are revisited during the day: the body scan, mindful movement/yoga, sitting meditation, and mindful eating. Walking meditation is taught and practiced and the potential usefulness of walking meditation during labor and for being with a crying baby in the middle of the night is shared.

After lunch, silence is suspended for a period of time as participants are led through a deceptively simple speaking and listening inquiry regarding fear and happiness. In a multilayered meditation of self-reflection, a series of requests are made three times and responded to three times by each partner. The requests are "Please tell me one thing you notice in your body when you feel fear"; "Please tell me one thought that causes fear to arise when you think about the future"; "Please tell me one way you would cope if what you feared actually came to pass"; and "Is there anything you can do *now* to decrease the possibility of what you fear happening in the future?" This same format is followed for the requests regarding happiness: "Please tell me one thing you

notice in your body when you feel happiness"; "Please tell me one thought that causes happiness to arise when you think about the future"; "Please tell me one way you can bring more happiness into your life as you are living it *now*"; "Please tell me one thing you see as an obstacle, either inner or outer, to bringing more moments of happiness into your life"; and "Please tell me one way I might support you to bring more moments of happiness into your life." Partners sit facing each other during the practice and return to the breath for 15 to 30 seconds between each series of requests, noticing body sensations, emotions and/or thoughts arising in the moment.

This structured format of shared self-reflection often brings feelings of intimacy and connection between partners and is commonly named as one of the highlights of the course. It is also an experience of mindful communication and may contribute to the frequently reported experience of a strengthened couple relationship post-MBCP. Silent practice is resumed after the speaking and listening inquiry and the day ends with brief small group dialogues, instructions about "re-entry" after a day of silence, and a closing circle.

Class 7—Your Baby, Your Mindfulness Teacher

Class 7 marks a shift in the MBCP course, for most of what the expectant parents need to know for "childbirth preparation" has been covered; it is now time to turn attention to the intense adjustments of the postpartum period—namely, feeding and caring for a newborn and themselves, the newly born parents. The class begins, perhaps appropriately enough, with loving-kindness practice. Step by step, loving-kindness phrases are learned and then gradually extended outward—from one's baby to oneself, to those near and dear, to a neutral person, to a difficult person—and ultimately, extending loving-kindness to all expectant parents and their babies, to all who have ever been a baby, which of course is all of us, and finally to all beings—all creatures of the land, sea, and air—everywhere.

After a snack, expectant parents return for instructions for the three-minute breathing space, followed by teachings about the biological, emotional, and social needs of the newborn. Caring for a newborn is framed as a moment-to-moment lived mindfulness practice, as the 24-hour sleep and wake cycles of a newborn, interspersed with feeding, diapering, bathing, and comforting provide endless opportunities for practicing being in the moment. Responding as best they can to their particular baby's needs with sensitivity and compassion—and practicing loving-kindness when they can't or don't—is the basic task of parenting in the here and now.

Expectant parents' plans for the postpartum period are reviewed and the importance of enlisting help from family, friends, and/or professionals is emphasized. The symptoms of postpartum depression in both women and men are described, including how to find help if depressive mood is experienced. Expectant parents are encouraged to continue the relationships with their

classmates after the formal MBCP course ends and an online new parents group begins to be established.

Class 8—Breastfeeding: Mindfulness and the Birth of a Nursing Relationship

The focus of Class 8 is mindfulness practice and breastfeeding. As always, the first part of class is devoted to formal practice, and this week, in preparation for the course ending, sitting meditation is practiced with minimal instructions. Inquiry focuses on the expectant parents' experiences of mindfulness practice during the past week and a conversation about mindful parenting, including how children are constant reminders of impermanence, the afflictive emotions or contractions in parenting and life, using the breath to come back to the present moment, moving toward expansion of the mind and heart as they have been learning to do, and wise, skillful action born from kindness and compassion are all a part of the teaching. In naming their own next developmental task in the life cycle, expectant parents are encouraged to see themselves as a couple evolving into a team, one that is building something larger than themselves, namely, a family.

The second half of Class 8 is devoted to the topic of breastfeeding. Beginning with the body, expectant parents learn about the anatomy of the breast, the physiology of breastfeeding, the mind–body connection during breastfeeding, and how mindfulness supports the complex hormonal interplay between mother and baby through the calm and connection (oxytocin) system. The health benefits of breastfeeding for both mother and baby, the conditions for optimizing the establishment of the breastfeeding relationship, how the capacity to be present supports the psychophysiology of breastfeeding, and attachment and bonding are all reviewed. Physical pain, disappointment, grief and letting go are named as possible components of the breastfeeding experience.

Class 9—Parenting as Practice; Life as Practice

Class 9 has a particular tone—as it is both an ending and a beginning. The class often begins with a quote from T.S. Elliot: "What we call the beginning is often the end. And to make an end is to make a beginning. The end is where we start from." After a brief sitting practice and inquiry, there is a visit from two new MBCP alumni parents and their infants who share how they used their mindfulness practice during childbirth and how they are continuing to use it in the postpartum period. The presence of real parents and real babies and hearing the wide variations in the new parents' birthing and postpartum experiences give the expectant parents a very real sense of mindfulness practice being used for any childbirth experience and for living life on "the other side." Both partners are encouraged to share their birth experiences and an often heard comment is

"The birth didn't go anything like we planned—and we don't know how we would have gotten through it without the practice!" Or "We used everything we learned in class for the birth but we don't know how we would have handled what happened *afterwards* (i.e., a complication for the mother or baby, nursing difficulties) without the practice."

The remainder of the class is devoted to a course review, with a particular emphasis on nonjudging, mindfulness in everyday life, loving-kindness, and compassion for oneself and others (their baby and partner) during this vulnerable time. In a closing "graduation ceremony" using a guided meditative reflection, expectant parents are invited to think back to why they originally came, what they hoped for, and what, if anything, they got out of the course. They then share their reflections, and often express affection for each other and appreciation for the sharing and connection that has happened between them over the preceding weeks.

Participants are encouraged to continue their practice in the days and weeks before birth—and in the days, weeks, months, and years after birth. Someone invariably volunteers to set up a group email/listserve and announcements of births and birth stories accompanied by baby photos, useful articles, information about local resources, and invitations for get-togethers periodically appear as the relationships continue into their new lives.

MBCP Class Reunion

The reunion is typically held about 3 months post-MBCP course and provides an opportunity for the new parents to reconnect with each other, meet each other's babies, reflect on what they learned from their birth experience, and what they are learning now as new parents. Sharing begins with a check-in and introduction of their baby followed by sharing about their lives as they are being lived now—what is joyous, what is challenging, something they appreciate about their partner, something they appreciate about themselves, and how they are using mindfulness practice in their life, if they are.

The snack break once again provides time for connection, after which there is the guided reflection "What did you learn from your birth experience?"—for whatever their experience, wisdom can be found by mindfully reflecting on it. Reflections are then shared with honesty and authenticity and in a space of safety where speaking one's truth is accepted, many find relief and deep satisfaction in the afternoon gathering.

CASE STUDY

It was early spring when Julia, Matt and I (*NB*) had a phone call about the MBCP course. Early in the conversation they told me that they and their 4-year-old son, Tyler, had recently relocated to the Bay Area for Matt's new job and had heard about the MBCP course from their neighbors who had taken it a few years earlier. Married for 9 years and unexpectedly pregnant, they were

"happy and adjusting," as the timing of the pregnancy was less than ideal. The move and job change had been more stressful than they had expected and the pregnancy was definitely another stressor in the midst of it all. Though Julia had practiced "a little bit" of yoga, neither of them had any experience with meditation and were eager to learn it, particularly for stress reduction.

At some point during the call, Julia confided that they were in couples' therapy and were happy that the course was 9 weeks long. "We really do need some time together, just the two of us. And besides, it will be a great way to make new friends." I shared with them that they would most likely be the only second-time parents in the course and reassured them that in the past this had not been a problem.

When I asked about Tyler's birth, they each shared how dissatisfied they were with the experience. Matt talked about not having any understanding of what was happening to them, feelings of "not being in control," and of wanting to somehow "get a handle" on things this second time. Julia said that for her it was less about "wanting to be in control" than about "simply wanting to participate. You know, with Tyler's birth I felt like I wasn't even participating. We got to the hospital and I had an epidural and that seemed to be the beginning of a house of cards that just kept falling, falling, falling. It was like everything was just happening to me." I told them that while there was no way to predict how this next birth, or for any matter any birth, would unfold, it was absolutely impossible for them to have the same experience twice and that they would be learning skills that would serve them well during the very moments of childbirth, however the process unfolded.

In the beginning, finding time to do the formal practice was difficult for both Julia and Matt but they were committed and persistent and before long found a way to support each other to do the practice. Matt would wake a half-hour earlier than usual to do his practice and Julia would practice either after she took Tyler to preschool or in the evening after dinner, while Matt gave Tyler a bath and put him to bed. In class, when Matt described the machinations of their scheduling, the first time expectant parents listened intently to this real life lesson in the realities of life after birth.

During the fourth week, Julia spoke to the class about how she had used her practice with Tyler when, in her words, "he was having a complete meltdown. I could feel myself getting angry when all of a sudden, I remembered the practice. And instead of doing what I usually do—trying to talk him out of it or reason with him, I just stopped and came to my breath. And suddenly I really saw him and just how unhappy he was. So I went and sat next to him and put my hand on his shoulder—I didn't say anything—I just kept sitting there, watching my mind and coming back to my breath. And for some reason he seemed to calm down much quicker than he usually does. Then, when he was calmer, I asked him if he wanted to sit in my lap. He shook his head yes and we just sat there, quietly cuddling for a while, him and me and the breath. And then at some point he just started playing with his toy cars that were on the floor near where we

were sitting. It was like a big storm had passed. It was really different from what I usually did and how he usually responded. I know absolutely it was because of this class and the mindfulness practice."

A few weeks later during the snack break, Matt and Julia told me quite casually that they were no longer in couples' therapy. Julia said: "Having this one night every week on our own, some of our best conversations happened either coming to class or coming home from class when we could talk about stuff we were working on." Matt said: "She would say 'wow, tonight I learned this' and I would say 'Really, 'cause I learned this.' We were each coming to it from a different perspective, and then, to be able to bring those two perspectives together, it was like 'oh, wow, I really feel better.' We discovered how to really communicate, rather than just talking. And that was very enlightening."

When I interviewed Julia and Matt some 15 months after their daughter Simone's birth, they shared some remarkable stories about using mindfulness practice during childbirth and parenting. Regarding the birth, Matt said: "It was 5:30pm, right in the middle of rush hour traffic and Julia's contractions were really strong—coming about 2 minutes apart—and even though she was handling them great, I could tell things were moving pretty fast. It was really stressful, but I just focused on my breath and my hands on the steering wheel and getting us through traffic and to the hospital safely. The practice really kept me from freaking out!"

Julia said: "I began to feel the urge to push very soon after I got into the labor room. The sensations of Simone moving through my birth canal are something I will never forget…like an extremely intense bone ache, but not really painful or overwhelming. I felt every sensation. I could feel her moving down through the birth canal, all the joints and ligaments 'popping' as she moved down and out…really amazing, and something I'm so glad I was able to experience.

"I could hear the nurses saying 'Just think about your baby. Your baby is about to be born.' And I remember thinking 'I can't even think that far. I just need to think about this moment, this push. That's as far as I can go. And that really worked for me—not thinking about the next contraction or worrying about the last one. It was very intense but I knew that it was going to pass; that I wasn't going to be feeling like this forever. As Simone was delivered, I reached down and brought her to my chest. We spent the longest time just marveling at her, and relishing in the incredible feelings of joy and awe and relief. The entire experience left me on cloud nine, feeling totally empowered.

"And I was delighted when my obstetrician, who actively promotes the use of epidurals, told me that watching Simone's birth was 'truly magical.' She had been less than supportive of my desire not to have medical interventions—she'd said things like 'well, we'll just wait and see, I won't hold you to anything, you'll change your mind during transition,' stuff like that. I truly believe that the mindfulness practice greatly contributed to our positive birth experience."

Julia also talked about how much more "in tune" she was with Simone and with nursing than she ever was with Tyler. She said: "With Tyler, I couldn't have

told you if he was actually eating 'cause I was so distracted, I didn't hear him swallowing. I wasn't paying any attention to his cues. I would just look down and think 'Oh, look at that. He's asleep.' But with Simone, that's my time with her. We lay down together and I tell her how much I love her— and a lot of times I'll close my eyes and just do a quick little meditation."

Perhaps one of the more remarkable things Julia and Matt described was how mindfulness practice had helped them shift from reacting to responding to Tyler's croup attacks. As Julia described it: "From the time he was young he's had really bad croup attacks. It's so frightening when it happens that in the past we would all get so worked up and get really nervous because he couldn't breathe! And so we would be rushing around in a panic, trying to boil water and turn on the shower to get the bathroom all steamy, and scoop him up, shaking him, and trying to tell him to relax, to stop being scared, while we were totally frantic ourselves. That was before the class and mindfulness practice. But when he has a croup attack now, I get up with him and sit right down next to him so he's looking into my eyes and I ask him to 'take a breath, slow down, breathe with mommy. You're safe. This is going to pass. You're going to be okay. I promise. I'm here. We're going to take care of you.' But we get him a lot of times now to where he doesn't need to take any steroids or anything to help him get through it. He can get through the attack himself. It's been a big, big difference."

"And talk about the ripple effect," Julia continued with a little laugh. "Because now, I even hear Tyler telling his little friends when we're at the doctor's office and it's time for them to go in for their shots 'Just take a deep breath first and kind of relax and it won't hurt so much.'"

As we ended the interview, Matt said to me: "You know, my initial reaction was that this would be a birth class that I might get something else out of. What it ended up being for me was a life-perspective-altering class that helped with our birth. By the time I left the class it was a complete reversal for me. It wasn't about the birth anymore. It was going to help us with the birth, but it wasn't about the birth. It was about our lives."

EMPIRICAL SUPPORT

The small number of mindfulness intervention studies that have been conducted with pregnant women are promising. One RCT of a mindfulness intervention for pregnant women in the second and third trimesters with a history of treated mood concerns ($N=34$) showed decreased state anxiety and negative affect compared to a wait-list control (Vieten & Astin, 2008). Another evaluation ($N=16$) of a 7-week mindfulness-based yoga intervention for pregnant women documented reductions in perceived stress and trait anxiety (Beddoe, Yang, Kennedy, Weiss, & Lee, 2009). Building on these results, as well as 15 years of clinical teaching and observing expectant parents in the MBCP course, we have begun a program of research investigating the impact of MBCP. To

date, we have published the results of one small, uncontrolled pilot study of the perceived effects of MBCP (Duncan & Bardacke, 2010). Four cohorts of self-selected MBCP participants completed self-report questionnaires at three time-points: pre- and post-MBCP and post-birth. The post-birth reunion class was conducted as a focus group to collect qualitative data on participant experiences. Results showed statistically significant improvements from pre- to post-MBCP for pregnant women in their third trimester on positive and negative affect, mindfulness, depressive mood, and pregnancy-related anxiety. Effects sizes for these improvements were in the medium to large range. Participants also reported using the skills taught in MBCP to cope with important stressful aspects of their pregnancy, using what they learned in MBCP during the birth process, and in the early period of parenting. Clear themes emerged regarding the value of practicing mindfulness with their partners. These preliminary findings suggest that those who take the MBCP course experience both short- and long-term benefits on multiple parameters.

Future Directions for MBCP Research

Research on the impact of the MBCP program on families is itself in its infancy. Although the pilot study produced encouraging results (Duncan & Bardacke, 2010), far more rigorous research is needed to clearly elucidate the biological, psychological, and social impact of expectant parents practicing mindfulness during pregnancy. Larger-scale randomized controlled trials of MBCP are in the planning stages or just beginning in the US, Europe, and Hong Kong. These studies will help us to understand scientifically whether instructor observations and anecdotal reports can be confirmed using the gold-standard design for clinical research trials, as well as address questions of acceptability and feasibility of an MBCP approach in other cultures. In addition, in an effort to reach US populations with greater racial/ethnic and socioeconomic diversity, MBCP skills have been integrated into an existing model of group-based prenatal health care, *CenteringPregnancy* (Ickovics *et al.*, 2007; Rising, Kennedy, & Klima, 2004), in a pilot trial of *CenteringPregnancy with Mindfulness Skills* (Duncan, 2012).

PRACTICAL MATTERS

Becoming an MBCP Instructor

Since the publication of our pilot study (Duncan & Bardacke, 2010) and the book *Mindful Birthing: Training the Mind, Body and Heart for Childbirth and Beyond* (Bardacke, 2012) and the translated editions (Dutch and German 2013, French and Turkish 2014), requests for MBCP teacher training have steadily increased, both in the US and abroad. In response to these requests, formal teacher training programs are being developed, primarily through the UC San Diego Center for Mindfulness in the US and the Oxford Mindfulness Centre at the University of Oxford in the United Kingdom.

As of this writing, these training programs are in a formative stage and prospective MBCP teachers are encouraged to gain particular background experiences that will facilitate their eventual formal MBCP teacher training. First and foremost, an aspiring MBCP teacher must have their own personal daily mindfulness practice, for the authenticity and effectiveness of any mindfulness teacher can only come from being firmly rooted in their own meditation practice. It is also essential that all who are interested in this way of teaching complete an 8 or 9 week mindfulness-based stress reduction, mindfulness-based cognitive therapy, or mindfulness-based childbirth and parenting course as a participant-observer. This provides a way to learn and practice the particular formal meditations that are taught in the MBCP program, observe this way of teaching, and witness the transformational changes in participants as a result of mindfulness practice.

In addition, prospective MBCP instructors are required to attend at least one 5- to 10-day silent, teacher-led mindfulness meditation retreat before or during their instructor training. An ongoing mindful movement practice, such as yoga, is also essential, for one must once again rely on their own practice for the skillful teaching of the movement practices in MBCP. Experience of and/or training in group facilitation, including an understanding of group dynamics is also extremely useful.

Beyond the training in mindfulness, a prospective MBCP instructor needs to have core professional qualifications in physical or mental health obtained in the fields of medicine, nursing, midwifery, psychology, childbirth education or infant development, as well as specialist training in perinatal health if it was not integral to their core professional training. As ultimately the birth process is the teacher, it is essential that those seeking MBCP teacher training have multiple experiences attending women and families during the birth process. Additionally, as evidence-based practices are increasingly becoming the basis for all health care, MBCP instructors need to have some familiarity with and understanding of the scientific research that supports the efficacy of mindfulness-based programs and the empirically-oriented basis for applying mindfulness during pregnancy.

Where to Teach

Childbirth classes are offered in a wide variety of settings, making it possible for the MBCP program to be taught in many locations. Hospitals, birth centers, community health clinics, private midwifery or obstetric practices, integrative medicine centers, yoga studios, community centers, and private living rooms are all possible venues for teaching MBCP.

Mindfulness is a universal capacity of the human mind that has enormous potential for decreasing suffering and for improving the quality of life for birthing and parenting the next generation. Offering MBCP within a mainstream hospital setting may allow many who might not otherwise encounter mindfulness practice to have access to it and to reap its benefits, both for themselves and for their children. In addition, a hospital-based MBCP program offers an

evidence-based referral option for the perinatal health care provider caring for a particularly anxious and/or high-risk expectant woman and her partner.

CONCLUSION

When a woman becomes pregnant, a profound and in some ways mysterious biological process is set in motion. Her entire being shifts, physically, mentally, and emotionally as she—and her baby—enter into a period of deep growth and transformation. The changes in her body ripple outward, shifting not only her perception of herself—she is becoming a mother—but the perception of all those in relationship to her. Partners, who will also be birthed into parenthood, other children (if she has them) who will be birthed into a sibling relationship, grandparents, aunts, uncles, cousins—all these social relationships are born in the moments when a fertilized egg nestles itself into the soft, receptive lining of a woman's womb. In this moment, time present, time past, and time future in all its potential are intimately comingled.

This process of change, which is both completely ordinary and at the same time absolutely extraordinary, has, at least for humans, inescapable elements of stress. From the normal physical discomforts of the pregnant woman's body to the changes in her and her partner's relationship to each other—and to family, friends, work, finances, and living space—all is in flux. These changes and the preparation for the physical and emotional experience of giving birth ahead can heighten awareness of both the miracle and vulnerability of life itself, bringing into focus the inescapable truth that the future is unknown, unknowable, and there are no guarantees. Mindfulness practice offers expectant parents not only very real skills for navigating this life change but a way of being that can hold them, whatever may come. MBCP is one way to teach these skills and support a generation of parents as they birth and parent their children—those who will become and create the future.

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