

Singing Lullabies to Unborn Children: Experiences in Village Vilamarxant, Spain

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Full Text: Headnote ABSTRACT: When pregnant women of the village of Vilamarxant, Spain, began singing for two hours a week, they discovered a cascade of psychological benefits including emotional expression, tension relief, and a powerful group solidarity. As they clapped and tapped musical rhythms with their hands and feet, learning folk songs and lullabies, their babies seemed to be joining in their fun. Two older mothers who were scheduled for Caesareans gave birth spontaneously and confidently. After their babies were born, the mothers who had sung to their unborn infants found themselves more proficient at calming their newborns to sleep, and they were able to continue to breastfeed longer. INTRODUCTION My colleagues and I want to share a new and interesting activity which is a part of the maternal education program in the Health Center at Vilamarxant, Valencia, Spain, where I work as a midwife. We have created space and time for expectant mothers to sing to their unborn babies. Even though our project seems new and original to us, expectant mothers have sung to and talked with their unborn infants for many centuries. We want to tell you why we include singing as part of preparation for birth, give you some of our history, and tell you about its beginnings, our present practice, and the projects we anticipate. We want to present our project in the context of a modern understanding of unborn infants. We will review some of the latest findings indicating the fetus' capacity to process aural, visual, and tactile stimuli from the extra-uterine environment, as well as fetal ability to establish and maintain a two-way communicative relationship with mother and her environment from at least the twelfth week of gestation. As Dr. Thomas Verny says: "If you told an expectant mother that her baby can hear her voice or perceive her love, she couldn't deny it. This is because mothers know intuitively what scientists have only recently discovered: Before birth the child is a profoundly sensitive individual that has an intense relation with its parents and the outside world while it is still in the uterus." (Verny & Weintraub, 1991). HOW WE BEGAN We did not invent the idea of motivating pregnant women to sing in a group at the Health Center. The idea has both ancient roots and modern promoters. Dr. Michel Odent organized group meetings around a piano in the French village of Pithiviers so that expectant mothers could sing together. He hoped that by singing together, they would feel more comfortable and would form emotional attachments with the clinic and with the other women. He created a friendly and welcoming atmosphere as he stressed women's basic needs for intimacy during birth. Dr. Odent discovered that group singing brought many benefits to both mothers and fetuses during gestation, birth, and post-natal relationships. During a discussion in a class which helped prepare women for giving birth, I told a group of women about some of Dr. Odent's ideas, including singing. Meeting to sing one day a week for two hours is now an "extra" activity which we offer in addition to the basic theoretical classes, walks, picnics, games, films, and meetings with the babies' fathers. Each activity in which an expectant mother participates with enthusiasm, and later talks about with pride or joy, attracts other women who, in turn, become part of the group. Unfortunately, our clinic does not pay much attention to Dr. Odent's ideas that a mother who is giving birth needs privacy, intimacy, silence, lack of interference, or even a friendly, welcoming atmosphere. Those of us in maternity education or in first care centers are not free to change the birth protocols, which are very inflexible, and our obstetricians are not concerned with the emotional needs of women who are giving birth. This inflexibility makes it doubly important that we create ways in which a mother finds strength which allows her to believe that she, her baby, and her husband are the principal protagonists during delivery. We who assist the laboring mothers must do what we can to be certain that they begin labor feeling secure, confident, knowing how to defend themselves, and knowing how to be certain their basic physical needs are met. We regret that

our clinic is not a place where medical vigilance could be used instead of routine medical intervention. Nevertheless, the fact that we have such success with our mothers' abilities to feel confident that they can and will deliver their children successfully, bond with them, and be able to breastfeed them is a testimonial to the power of such "extras" as singing and other group activities. SINGING AS A CULTURAL SOLIDARITY

Pregnant women are especially receptive to working collectively. They create energy through their presence, through their wish to learn, and through their desire to participate-creating optimal conditions for themselves and for their babies. Most expectant mothers need much more social and emotional support than is available through a monthly meeting with an obstetrician or midwife. Pregnant women have a need for assembling, for linking themselves together, for sharing common anxieties, fantasies, questions, fears, problems, and solutions. The more frequent their gathering, the greater the probability that they will form friendships. At our clinic, connective consciousness is so strong that most of our groups have given themselves names which identify them as a fellowship in the way that symbols such as a flag or a totem identify a nation or a tribe. Many of our groups have chosen color-names. Our Blue Group was the first to sing lullabies to their unborn children. Amparo, a former Blue Group member, is now in charge of our music program. We chose a repertoire of traditional lullabies in Spanish and in Valencian, the local dialect, so the mothers could sing the songs they learned and performed during group singing when they were alone with their newborns. We included cradle songs which imitated rocking chair rhythms. Some of our new mothers could remember their own mothers and grandmothers singing small children to sleep. Some of them could remember being lulled to sleep themselves as the sounds of rocking chairs formed the rhythmic, monotonous "tac-tac" against the wooden floors, reminding them of the rhythmic cadences of their own mothers' heartbeats. Our participants learned the old lullabies and folk songs of their own mothers and grandmothers joyfully and enthusiastically. As they learned the traditional cradle songs, their own desires to cradle their as-yet-unborn babies became embodied in music and in words. Singing is not only soporific: it can be invigorating, joyful, and enlivening. We used two, three, and four part harmonies, as well as clapping, foot-tapping, or belly tapping to transmit the rhythms to the unborn babies. Singing is a good way to express our most intimate and profound feelings, liberating us from tension, and lightening our spirits. Pregnant women not only enjoy singing, but they can feel their unborn children participating in the songs through harmonious and spontaneous fetal movements. We have discovered that a phrase of Dr. Odent's is true: "The mother will discover the lull and the swing, and she will know how to accompany the rhythm of the rock with melodic sounds and words: the maternal language that teaches the cradle songs." (Odent, 1984). In almost every known culture, people have expressed themselves through folk songs, voicing their hopes, fears, and aspirations. Until this century, most people have had songs for almost every part of life. As a race, we've had songs for plowing, for harvest, for hunting, for washing, for cleaning, for expressing love, for giving birth, for rocking babies to sleep, and for teaching the basic values of each culture. Even the basic tenets of our religions have been taught through rhyme and song. In some parts of the world, it is still possible to hear the songs of the seed-sowers, of harvesters, of miners, of mothers, and of lament. In Uganda, in rural areas, pregnant women dance and sing during the entire time they know they are pregnant. According to Joseph Chilton Pearce, These babies are alert, attentive, happy, calm and hardly ever cry." (Pierce, 1977). Ugandan mothers continue singing the songs they sang during pregnancy to lull their babies after they have been born. In Nigeria, there are ritual dances and songs prescribed for the gestation period. In rural Japan, the practice of singing and communicating with an unborn child is called Taiko. The cultures which maintain ancestral behaviors, these "primitive" societies, as well as our own fore-mothers, invite us to excavate and revive the traditions of our humanity, everything which makes us, and our children, fully human, everything which returns our sense of authentic human value to us. The traditional hula music and dance of Hawaii was originally a way for other women to join in the rhythm of childbirth, ways of assisting each other by helping a sister bring her child into the world. The "belly dances" of the Near East once served the same purpose, as the hula dances. Now, both have been relegated to little more than tourist attractions. For better or worse, the

invasion of radios, tapes, CD's, and television have eroded much of our indigenous music, leaving us without patterns for creating our own melodies. More and more frequently, when we feel sad, we listen to a tape of sad music, instead of singing original or traditional laments. We buy radios, tapes, and CD's to sing for us, leaving us as passive receivers rather than as active producers of melody and rhythm. Today those of us in the maternal education program at the Health Center at Vilamarxant want to recover the almost-lost traditions of our collective past. We hope to demonstrate our own experiences through our own songs. As we sing, we allow our almost-hidden dreams express themselves, we let our fears emerge, we encourage ourselves to feel and to express the whole range of our emotions, from friendship, affection, to pain and loss.

SINGING AND BREATHING Singing has many positive therapeutic effects-it can serve as a sedative, as a producer of energy, as a heart-song, or as a producer of trance. It can and does induce altered states of consciousness, states in which we temporarily move away from sensations of pain, effort, and competition, states in which we can feel, at least temporarily, that we are one with all who have ever lived and loved and lost. If we are to be able to sing, we must learn to breathe correctly. If we breathe poorly, we will force our throats, irritate our vocal chords, and lose our voices. Through singing, we learn to breathe rhythmically, to use our abdomens, expand our thoraxes, increase our lung capacities, inhale through our noses, and exhale through our mouths. When we are singing, we learn to play with sounds. We learn to breathe while we are singing, and we learn to sing while we are breathing optimally. We learn to use our abdominal muscles. When we put our hands on our abdomens, we notice the sensation of "our bellies filling with air." Without any obvious effort, we learn to improve our respiratory mechanics. Since optimal breathing is important for optimal health, singing is a very energizing and enjoyable means of physical therapy which helps prepare the expectant mother for the extra demand for oxygen she will experience during labor and delivery.

A NEW VISION OF THE UNBORN BABY Ultrasound scanners and intra-uterine photography permit us to a more intimate vision of babies prior to their births, confirming that babies in the womb are conscious, express themselves, and are affected by the intervention of strangers. The fetus lives and develops in relationship with his mother and her environment, is very aware and sensitive, and is strongly reactive. During the first months of life, a fetus develops taste, tactile sensitivity, hearing, and awareness of light. If someone shines a bright light over a pregnant woman's abdomen, her fetus responds by a measurably increased heart-beat. Unborn babies respond with violently hyperactive movements when their mothers see horror films or listen to hard rock music. Babies seem to know whether they are loved and wanted or are resented and unwanted. From the twentythird week of gestation, the fetus shows the rapid eye movements typical of dreaming-a creative, cognitive activity. Maternal fear and stress affect a fetus' activity in the womb. Maternal depression during a pregnancy can be measured in newborns. For all these reasons, psychologist David Chamberlain calls for a new paradigm to acknowledge that at virtually any age, babies are 1) aware of what is happening to them, 2) express their feelings and preferences, and 3) are learning from experience, especially from their interactions with their parents (Chamberlain, 1992). Our recent knowledge about who babies are during their time in the womb has created interest in techniques for stimulating and teaching unborn children. In the U.S.A., Rene Van de Carr developed a program of prenatal education called Prenatal Classroom (Van de Carr &Lehrer, 1992). This program has been used with more than 3,000 developing babies. The parents attend special classes to learn ways to reinforce or to deepen their relationships with their children before they are born. These parents learn to play with their unborn, to speak with it, to teach it to recognize their voices, to make music for their baby, using drums and xylophones, and to record tapes of stories and songs. The parents learn to create real prenatal schools! In Spain, Dr. Aguirre de Career has been promoting and teaching new techniques of communication with unborns through touch (de Career, 1979). He believes that unborns need their parents to confirm and re-confirm their love and their commitment. He speaks of the "affectionate fabric" that both parents must weave around their unborn children to help their adaptation to the outside world, giving them security and protection. He sees this affectionate fabric as the means by which an infant will be able to live fully and freely. One form of communication with an unborn child is caressing the

abdomen with the hands. Not only does an unborn feel the movement, but the parents discover the living and moving presence of their child, moving and sliding beneath their caresses, thumping and pushing back with hands and feet, as the parents are communicating love, security, and happiness to their unborn. As a result of the new understandings about the capabilities of unborns, we have begun to understand more dimensions in our singing programs with pregnant women. Now we understand that our singing does much more than satisfy the mothers' needs for social and emotional expressions, but singing to, for, and with unborn children is a special form of communication. Singing stimulates the physical, psychological, and emotional growth of developing children. CONCLUSION We keep singing every Friday at the Health Center. We have tape recordings of some of the lullaby music so mothers can continue their singing every day in their homes. The mothers keep coming back to the clinic. They have given birth already, but their singing groups continue. They come to sing occasionally, and always maintain a close contact with us at the clinic. Although our experience is limited, we are collecting stories and facts which emanate from our own community. For example, we were impressed by two regular participants in our groups, mothers who were 39 and 42 years old when they became pregnant. Their respective obstetricians had decided on elective cesarean deliveries: One mother was said to carry a "valuable fetus" since she was approaching her first delivery following two moles (i.e., degenerated or maldeveloped ovum) and one miscarriage. The other mother was hypertensive and her baby had assumed a breech position for delivery. However, both babies were delivered spontaneously, rapidly, and without difficulty: Both mothers related their experiences as "marvelous." Could these women have had easy, spontaneous deliveries without social support? Did the singing really help? At this point, we have no proof that the extra stimulation of singing and grouping made the total difference. Yet, the mothers feel certain that singing and belonging to a group did make all the difference. While we do not have a pediatrician at the center, we do provide a post-partum support group and we advise about breastfeeding. Both the camaraderie and the breastfeeding counseling allow us to maintain contact with mothers and their babies. We have observed that all of the children born to singing mothers are very alert and communicative, and have inquisitive and lively gazes. By the time they are one month past delivery, they all smile quickly and easily. We have seen increasingly prolonged breastfeeding among the singing mothers. Most of our mothers breastfeed for more than six months. The fathers report that their newborns turned their heads and faced them when they spoke directly to them within the first few hours following their deliveries. Mothers have verified that their children find the lullabies they heard while they were still in the womb to be soothing, comforting, and sleep-inducing. We believe that all these techniques, as well as many more yet to be discovered and created, give a fresh and new approach to a baby's and the parents' preparation for birth. We like to think we have contributed to the babies' happiness and to their parents' happiness because of the love we have for the work which we do. REFERENCES

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