

## Best Practices for Normal Childbirth

A woman in labour, regardless of birth setting, should have:

- Access to care that is sensitive and responsive to the specific beliefs, values, and customs of the mother's culture, ethnicity and religion.
- Access to birth companions of her choice who provide emotional and physical support throughout labour and delivery.
- Freedom to walk, move about, and assume the positions of her choice during labour and birth (unless restriction is specifically required to correct a complication). The use of the lithotomy position (flat on back with legs elevated) is discouraged.
- Care that minimises routine practices and procedures that are not supported by scientific evidence (e.g. withholding nourishment; early rupture of membranes; Ivs (intravenous drip); routine electronic foetal monitoring; enemas; shaving).
- Care by staff who minimise invasive procedures, such as rupture of membranes or episiotomy.
- Care by staff trained in non-drug methods of pain relief and who do not promote the use of analgesic or anaesthetic drugs unless required by a medical condition.

A health facility that provides delivery services should have:

- Supportive policies that encourage mothers and families, including those with sick or premature newborns or infants with congenital problems, to touch, hold, breastfeed, and care for their babies to the extent compatible with their conditions.
- Clearly defined policies and procedures for: collaborating and consulting throughout the perinatal period with other maternity services, including communicating with the original caregiver when transfer from one birth site to another is necessary; linking the mother and baby to appropriate community resources, including prenatal and post-discharge follow-up and breastfeeding support.
- Policy on mother-baby friendly services (as outlined above) and staff who are trained to understand that the health and well-being of the mother, her foetus, her newborn, and the successful initiation of breastfeeding, are all part of a continuum of care.

Adapted with permission from the Mother-Friendly™ Childbirth Initiative of the Coalition for Improving Maternity Services ([www.motherfriendly.org](http://www.motherfriendly.org)) and from the ten priorities for perinatal care developed by the WHO-Euro Child Health and Development Unit January 2001, Bologna Perinatal Task Force Meeting (Birth 28(2):79-83 and Birth 28(3):202-207).

Women in good health have the best chance to have healthy babies. Nevertheless, women who are not in optimal health still become pregnant, have healthy babies, and breastfeed successfully. This is a testament to the marvellous capacity and resilience of the female body! While all mothers need support in caring for themselves and their families, breastfeeding mothers should have *extra* support to maintain and promote their own health as well as to give the gift of life and breastmilk to their babies.

## Essential Components for Healthy Mothers:

- A diet with appropriate protein, calories, vitamins and minerals to support the mother's overall health, decreases the risk of having a sick, premature or low-birthweight baby, and assure continued health in recovery and during breastfeeding.
- Access to health care services for general wellness, pregnancy care, timely treatment of illness, and in medical emergencies.
- Working and living conditions that are safe and healthy.
- Limited use of alcohol, tobacco/cigarettes, and other addictive drugs.
- Pregnancy, childbirth, and new-mother care that is evidence-based, clean, respectful, culturally appropriate and family-centred.
- Accurate information and support for exclusive breastfeeding for her baby's first six months and the appropriate use of complementary foods, preferably home-made, along with breastfeeding until age two years and beyond.
  - The ability to space pregnancies, in the first six months possibly through breastfeeding (lactational amenorrhea method), fertility awareness, and other family planning methods.
  - A network of friends and family for support and information.
  - Awareness of the commercial and economic influences on pregnancy, childbirth, and breastfeeding.

## Pregnancy and Breastfeeding

During her pregnancy, a woman's body both grows a baby and prepares to nourish it.

Mammary glands multiply, extra fat is stored, vitamin and mineral metabolism is enhanced, and the hormones for lactation are present.

By the 16<sup>th</sup> week of pregnancy, colostrum is produced and the breasts are ready to make milk.

All pregnant women have a right to basic health care in order to promote healthy personal care and nutrition as well as to monitor for

complications in mother and baby. Such care should include objective and factual information on:

- The physical and emotional aspects of normal childbirth and breastfeeding.
- Drug-free methods for managing problems in pregnancy and the work of labour and birthing.
- Recognising and responding to unexpected complications.
- The importance of colostrum and early breastfeeding.
- The innate abilities of the infant at birth.
- Techniques for effective breastfeeding and overcoming difficulties.

