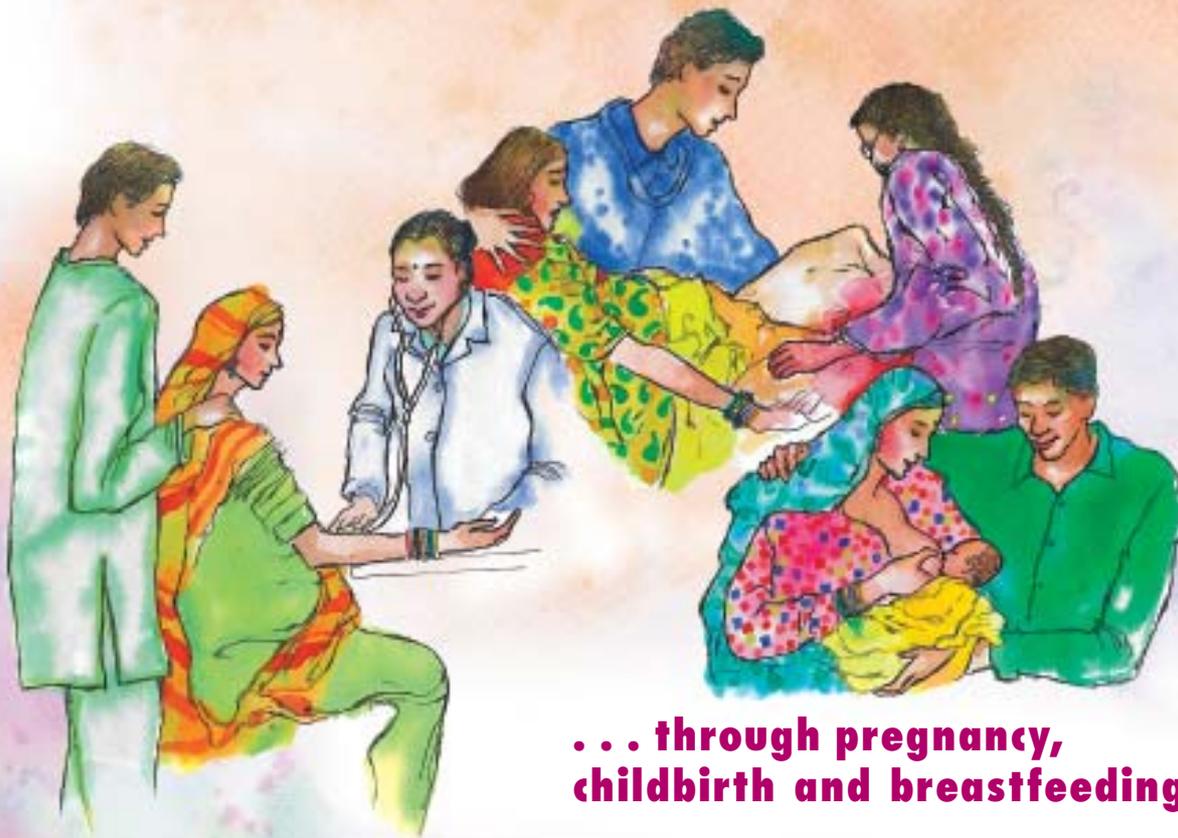


DIFFERENT PHASES OF MOTHER SUPPORT



... through pregnancy, childbirth and breastfeeding

Childbirth

Labour and birth are defining moments in a woman's life in every culture. Months of planning and dreaming finally move into reality. When a woman can labour and deliver in a safe, supportive, and respectful environment with minimal interference, she and her baby have the opportunity to be alert, interactive, and ready to breastfeed.

Normal pregnancy, labour, birth, and breastfeeding are interdependent experiences. Evidence-based practices can keep birth normal and empower women to make decisions about the care she and her baby receive. Refer to the box at on page 2 for an example of best practices for normal childbirth.

Unfortunately, this fundamental ability of women to give birth to their babies is often poorly supported or even undermined. Many women lack factual information and skilled and assertive support for childbirth and early breastfeeding. They may not be encouraged to participate in decisions about their own care. In fact, they may be encouraged to passively accept practices that are 'routine' rather than evidence-based.

Furthermore, there is an increasing gap worldwide in the care of the birthing mother. On one hand, many women in resource-poor areas may give birth in unclean conditions without a skilled birth attendant. In such instances, breastfeeding shortly after birth can be vital to reducing post-partum bleeding and maintaining the

baby's body temperature, but may be constrained or delayed by giving teas or other fluids or withholding colostrum.

On the other hand, women in resource-rich areas may be inundated with medical technology and specialised health care that promote the use of unnecessary and excessive birth interventions in normal, healthy births. A 1997 Technical Paper by the World Health Organization (WHO), *Care in Normal Birth*, provides an evidence-based review of various practices and procedures in childbirth. Its recommendations for practices to be promoted, eliminated, and used more appropriately generally reiterate those listed in the box on page 2 *Best Practices for Normal Childbirth*.



Despite these recommendations, many harmful, ineffective, and inappropriately applied practices persist. In some settings they are being aggressively marketed to women and health care providers as being 'convenient' and 'pain-free' without providing clear information on their impact on childbirth, babies and breastfeeding. In particular, narcotic and anaesthetic drugs given to mothers for labour pain relief can actually lengthen labour and increase the risk for other invasive and expensive procedures. These drugs also reach the foetus and can affect the newborn's ability to breathe, suck, swallow, and thus breastfeed effectively.