POLICY

Family-centered maternity and newborn care is a complex, multidimensional, dynamic process of providing safe, skilled, and individualized care. It responds to the physical, emotional, and psychosocial needs of the woman and her family. In family-centered maternity and newborn care, pregnancy and birth are considered normal, healthy life events. As well, such care recognizes the significance of family support, participation, and choice. In effect, family-centered maternity and newborn care reflects an attitude rather than a protocol.

GUIDING PRINCIPLES AND VALUES

Family-centered maternity and newborn care is based on the following guiding principles:

1. Birth is a celebration - a normal, healthy process
2. Pregnancy and birth are unique for each woman
3. The central objective of care for women, babies, and families is to maximize the probability of a healthy woman giving birth to a healthy baby
4. Family-centered maternity and newborn care is based on research evidence
5. Relationships between women, their families, and health care providers are based on mutual respect and trust
6. Women are cared for within the context of their families
7. In order to make informed choices, women and their families need knowledge about their care
8. Women have autonomy in decision making. Through respect and informed choice, women are empowered to take responsibility
9. Health care providers have a powerful effect on women who are giving birth and their families
10. Family-centered care welcomes a variety of health care providers
11. Technology is used appropriately in family-centered maternity and newborn care
12. Quality of care includes a number of indicators
13. Language is important

Increased participation of women and their families in decisions concerning their pregnancy, birth, and early postpartum experiences promotes greater self-confidence in caring for children.
Building the foundation for nurturing parent-child relationships begins before pregnancy, continues through the prenatal period, and can extend through the participation of both parents in the birth and care of their infant. Confident and competent parents are a powerful influence in society. Their contribution is critical to the healthy growth and development of their children. Family-centered care recognizes pregnancy and birth as a time of emotional, social, and physical change, but not as a time of illness. On the one hand, health care providers make their expertise available to parents; on the other, providers and parents work together as a team.

Different activities can contribute to the achievement of a family centered approach in each phase of perinatal care:

**Prenatal Care**

The overall goal of providing prenatal care is to improve and maintain the health and well-being of mothers, babies, and families. This involves ongoing assessment and monitoring of the health status of the women and their unborn babies. In keeping with the values of family-centered care, it is recommended that prenatal care be provided in an environment in which:

- pregnancy is considered a state of health;
- women and families are valued and respected;
- the relationship between women and health care providers is mutually consultative and interactive;
- the diversity of women's needs is recognized, as well as the variety of personal and cultural meanings that women and families bring to pregnancy; and
- Care providers facilitate the process of informed decision making.

**Labor and Delivery**

For most women and families, labour and birth is a time of excitement and anticipation, along with uncertainty, anxiety, and fear. Giving birth represents a major transition in a woman's life - not only is she becoming a mother, she will also be growing and learning throughout the process. The memories and experiences of labour and birth remain with women throughout their lives. Clearly, the support and care they receive during this time is critical. The overall aim of caring for women during labour and birth is to engender a positive experience for the woman and her family, while maintaining their health, preventing complications, and responding to emergencies.

The principles of family-centered maternity and newborn care are particularly important at this time, especially the recognition that:

1. birth is a celebration. It is a privilege for all family members and health care providers who are present;
2. birth is a healthy process;
3. health care providers play a profound role at the time of birth - facilitating attachment between mothers and newborns, as well as family closeness;
4. Continuity of caregiver and setting is preferred. For example, labour and birth should take place in the same location unless a cesarean birth is anticipated;
5. policies and procedures are focused on the needs of the woman and her baby - physical, social, and psychological;
6. decisions are made in full consultation with the woman and her supporters;

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7. women and their families need privacy and comfort at all times, but especially during labour and birth; and
8. The family is a unit, its members not normally separable during their stay in the hospital or birthing centre.

**Postpartum Care**

The postpartum period is significant for the mother, baby, and family for two important reasons. First, it is a time of physiological adjustment for both mother and baby. Second, it is a period of important social and emotional adjustment for all players.

Thus, the goals of care during the postpartum period are to:

1. promote the physical well-being of both mother and baby;
2. support the developing relationship between the baby and his or her mother, father, and family;
3. support the development of infant feeding skills;
4. support and strengthen the mother's knowledge, as well as her confidence in herself and in her baby's health and well-being, thus enabling her to fulfill her mothering role within her particular family and cultural situation; and
5. Support the development of parenting skills.
6. The early days following childbirth are formative for the new mother, baby, and family. Certain fundamental needs and basic services are required for adjustment during the postpartum period, regardless of whether the birth venue has been the hospital, a birth centre, or home.
7. These fundamental needs and basic services are:
   7.1 rest and recovery from the physical demands of pregnancy and the birth experience;
   7.2 assessment of the physiological adaptation of the mother and baby and prevention of problems;
   7.3 support of the mother, baby, and family during the period of adjustment (by family members, social contacts, and/or the community at large);
   7.4 education of the mother (and family members) in aspects relative to personal and baby care;
   7.5 completion of specific prophylactic or screening procedures organized through the different programs of maternal and newborn care, such as vitamin K administration and eye prophylaxis, immunization (Rh, rubella, hepatitis B), testing (PKU/thyroid), prevention of Rh isoimmunization, and assessment of safety and security (e.g. car seats, potentially violent home situations, substance use).

**Breastfeeding**

As a method of feeding infants and young children, breastfeeding is both superior and normal. It is best to breastfeed exclusively for about six months, and then to continue breastfeeding, while adding complementary foods, until at least two years of age or beyond (WHO/UNICEF, 1981; 1989; 1990; World Health Assembly, 1994; Breastfeeding Committee for Canada, 1996). Protecting, supporting, and promoting breastfeeding reflect the guiding principles of family-centered maternity and newborn care.
Specifically, it is essential that:
1. care is based on research evidence;
2. women are cared for within the context of their families - mothers, babies, and families are not separated unless absolutely necessary;
3. women and their families need knowledge to make informed choices; women are empowered, through respect and informed choice, to take responsibility; and health care providers have a powerful effect on women and families;
4. technology is used appropriately; and
5. The importance of language is recognized.

Loss and Grief

Supporting families through their loss and grief is an integral part of family-centered maternity and newborn care. Maternal and newborn units therefore need to incorporate a system of caring for loss at any time along the maternity continuum.

The emotional impact of perinatal loss is felt by parents, family, friends, and the health care providers caring for the woman and family. Frequently, parents and families will not have experienced a death in the family and are unfamiliar with the grieving process. In addition, many societies view death before birth as a non-event, placing less significance on perinatal death than on the death of an older child or an adult (Brown, 1991).

Each parent has a unique way of grieving. Consistent with the principles of family-centered care, the role of health care providers and institutions is to support grieving parents and families and to enable them to experience the rituals that are important to them. The families need to be fully and accurately informed about the choices at hand. Institutional practices, protocols, and belief systems can be helpful, unhelpful, or positively harmful to families at a time when what they most need is understanding, compassion and a sense of control at this time of their lives.

Transport

The transport of pregnant women and newborns that are at high risk for problems is recognized as an essential component of modern maternal and newborn care. Indeed, the newborn's outcome improves if women are transported antenatally to a referral centre that can provide the required obstetrical care for her and after-birth support for her infant. Maternal transport with the baby in utero is therefore preferable to neonatal transport, and should be the primary goal. The provision of family-centered care is particularly challenging when a woman and/or her baby are removed from either the original or the anticipated environment. On the one hand, the woman and her family understand that they will be cared for in a place with the resources to provide optimum care. On the other hand, it is an anxiety-provoking experience for a woman to be transferred from her community hospital - where she is familiar with the surroundings and the physician/midwife who has looked after her during her pregnancy - to a centre that may be in a larger community, to be cared for by people she has never met. Added to this fear is the woman's anxiety for herself and her baby's well-being. As well, she may have other children at home who require care and reassurance and for whom arrangements must be made. Furthermore, her partner may be unable to be with her, or be unable to visit frequently due to distance or family and work commitments.

It is equally difficult for a woman if her baby is sick and must be transported away from the place of birth, perhaps even out of the community. Separation from her baby is very difficult. Naturally, she will be anxious about the baby's well-being. Again, her partner or family members may be...
unable to be with her or to travel with the baby. The woman may therefore lack the emotional support she needs at this extremely trying time. All these and other factors place significant stress on the woman and her family.

The following specific principles of family-centered care are critical in these situations:

1. Women and families need information about their circumstances; they need to be active participants in decision making.
2. Women and families need continuous, supportive care from qualified personnel.
3. Family members need to be together to whatever extent possible, and to communicate with each other and with health care personnel if separation becomes necessary.

REFERENCES


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