Birthing Practices

ost women who access health services do so during the reproductive years and particularly for the purpose of childbearing. All countries have maternal and child health programs, and antenatal care and supervision during birth are routine primary health care provisions. As a result, virtually all women in Australia will have some expectation of medical care during pregnancy, although their expectations of the nature and frequency of care will certainly vary.

Pregnancy and childbirth are important events in the life of a woman, and the experience is strongly affected by the culture, and level of knowledge of the woman and her support people.

Consider these issues:

Antenatal clinics should identify women from culturally diverse backgrounds and identify which language they speak at home. An interpreter will be needed for the first few interviews with those who are not competent in English.

- This is a complex area and people have strong beliefs about different cultural practices in relation to birth (documented in Cultural Diversity: A Guide for Health Professionals). Important differences exist in relation to bathing/showering after birth, the new mother's diet, how much and for how long she rests after the birth, how the baby is dressed, what should happen to the baby, and specific practices to encourage healing of her body (Rice, 1994).
- Women may feel that they cannot say what they want, so help them to feel comfortable to talk about cultural issues. Ask what practices and traditions women are familiar with, and make out a care plan involving the woman and appropriate family members/support people. It helps if you understand particular behaviours and practices of women from various cultures, e.g. some cultures believe that women will experience arthritis and

- bladder problems if exposed to anything cold after childbirth (see section on Diet and Food Preferences).
- © Cultural concepts of family, breastfeeding and maternity hospital admission also vary. In most societies, women learn about mothering from family and wider community, rather than antenatal classes. Having a baby is an important event in every culture, and older people usually come to help, support and encourage.
- If the usual person who supports the new mother is not available, she may feel very lonely, detached from her own culture, have no role model, and miss her family's support. This may affect her risk of postnatal depression. It may be necessary to provide assistance in identifying support within the community, although not all women will want or accept this. In either case, support from community midwives may be helpful.
- In some cultures, a husband is not expected to be present on the labour ward and would feel embarrassed to be with his wife during labour. The

- support of other women may be preferred, but if there is no other support person, having the husband present may become a matter of necessity. Bear in mind, too, that in Australia, husbands were rarely able to be involved in the birth of their children in hospitals until the 1980s, and hospital protocol has changed dramatically in recent years.
- Although women have the option of a "birthing plan", it is just as important for them to understand what is realistically possible in the hospital under the public health care system. For example, some people are surprised and apprehensive when there is no doctor present at the birth.
- Women need to understand that the placenta will be disposed of, so they can ask if they want something different.
- Some women may not appreciate the importance of breastfeeding for the first few days after birth. They may believe that colostrum is not good for the baby, and come from backgrounds where women express colostrum and



only commence breastfeeding with the let-down of "proper" milk. Other women may supplement colostrum or rely on artificial feeds in the first few days because they believe they do not yet have "enough" milk for their baby. Artificial feeding is also a sign of status in some cultures (Manderson, 1989). Explain the physiology of lactation to encourage the establishment and duration of breastfeeding.

Asian and African women tend not to eat many dairy products and may be lactose intolerant, and need to be encouraged to eat other sources of calcium, particularly when breastfeeding. It is important to tell women about child health clinics because they may not be aware that these exist. In addition, if community nurses make house calls to women who have recently given birth, the reasons for the visit need to be explained before discharge, otherwise it may be misinterpreted as a "check up" on the mother or her family. This may discourage future presentation to the clinic, access to immunization, and other vital support for mothers and their infants.

