

## **Family-Centered Maternity and Newborn Care: National Guidelines**

### **Backgrounder: Content of the *Guidelines***

As we begin the new millennium, the *Family-Centered Maternity and Newborn Care - National Guidelines*, 4th Edition will help us achieve the important goal of healthy and rewarding pregnancies, birth and postpartum experiences for all mothers, babies and families in Canada.

Family-centered care is defined as a dynamic process of providing safe, skilled and individualized care that responds to the physical, emotional and psycho social needs of the woman and her family. Pregnancy and birth are considered normal, healthy life events. As well, family-centered maternity and newborn care recognizes the significance of family support and participation.

The *Family-Centered Maternity and Newborn Care: National Guidelines* are organized from general principles to specific details. The first two Chapters provide the foundation for the entire book, beginning in chapter 1 with an introduction to the concepts of family-centered maternity and newborn care and a description of the basis of this care.

Each chapter of the *Guidelines* begins with the particular guiding principles relevant to the aspect of maternity and newborn care under discussion. Each chapter also includes its own references to the literature. The appendices at the end of the Chapters provide more detailed information in specific areas, and samples of forms and protocols.

These *Guidelines* are based on research evidence. If the evidence is unclear, or an area of care remains controversial, it is noted. If a clear benefit has emerged based on strong research evidence, it is detailed. Where there are risks, they are defined. Finally, if the research is nonexistent or limited, it is recommended that evidence be developed.

Chapter 1 provides practical suggestions for providing family-centered care and also describes the guiding principles for providing care. These principles recognize that pregnancy and birth are unique experiences. Informed choice is central to providing care. Relationships between women and care providers are based on trust and mutual respect, and it is recognized that health care providers can, and do, have a powerful effect on women and families who give birth. Technology is used appropriately, and all care is based on research evidence.

Chapter 2 describes the organization of services. It is recommended that maternal and newborn services be organized on a regionalized model of care, with participation of all the stakeholders in the planning and provision of care – that is, parents, community groups, community agencies, health care providers, health units, provider offices and hospitals. It is recommended that services be organized with consideration for the pregnant woman's health status (prior to and during pregnancy), and referral be made to the appropriate resources for care. Due consideration is to be given to the geographic, demographic and cultural conditions of the families.

The next four chapters of the *Guidelines* provide recommendations for providing care during the childbearing cycle: preconception, pregnancy, labour and birth, and early postpartum. These Chapters are not clinical practice guidelines, rather they outline the essential components of family-centered care in each phase of the childbearing cycle, and provide a comprehensive framework for the delivery of these services. They make specific reference to existing Canadian clinical practice guidelines and point out where the controversies in care exist.

The next three chapters address specific topics of concern relative to family-centered maternity and newborn care: breastfeeding, loss and grief, and transport. Promoting and supporting breastfeeding is recognized as a major goal of family-centered care, therefore an entire Chapter is dedicated to practical suggestions as to how this can be accomplished. Since each year in Canada, a significant proportion of the babies conceived will not survive, supporting families through their loss and grief is an integral part of family-centered care. The chapter on Loss and Grief provides practical recommendations for incorporating a system of caring for loss at any time along the maternity continuum. And, since consultation and referral to appropriate care is central to family-centered care, recommendations and guidelines for transport of mothers and babies in-utero are provided.

The final chapter describes the guidelines for the facilities and equipment necessary when providing care. This chapter provides guidance for those designing new facilities, as well as for those who are looking at how to make their existing facilities more family-centered. The Chapter stresses that while the physical environment influences the institution's practices, the philosophy of care is primarily supported by the people who provide it. If changes to the physical facility are desired, they must be accompanied by efforts to ensure the health care providers' behaviour, is consistent with supportive, family-centered care.