

A look at the normal physiologic childbirth program at the mother-friendly hospitals of the Islamic Republic of Iran

Brief communication

In reaction to high growth of cesarean section (C/S) rates, the Coalition for Improving Maternity Services in the United States recorded its first consent to improve normal delivery.¹ Along these lines, the term “mother-friendly hospital” was born for the first time in 1996. A mother-friendly hospital is a place in which every mother, at any time during pregnancy, childbirth, and up to six weeks after delivery with any condition of health, receives an effective and productive health service.² The targets of mother-friendly hospitals included improving the quality of normal birth care, decreasing costs, and being attentive to the rights of mother and neonate.³ The principles of these hospitals include the natural process of delivery, women’s empowerment, autonomy and independence, interventions based on specific indications and not routine.¹

In Iran, in the second half of 2002, the Mothers Health Department of the Ministry of Health and Medical Education started designing of the content of mother-friendly hospital’s services. In this plan, the construction of new hospitals is not considered, but the modification of the workflow and the change in the content of the services within the current parts of maternities are considered. In the figure 1, the rational framework that is to be considered in the mother-friendly hospital is shown in Figure 1. A mother-friendly hospital must fulfill ten steps of mother-friendly care. In the designing of a part of the mother-friendly hospitals program, a primary protocol for requirements of normal delivery using non-pharmacological pain relief approaches (normal physiologic childbirth) has been developed. After careful and scientific review and final corrections, this protocol turned into applied in some hospitals of Iran after 2008.^{2,4}

In line with the concepts of the mother-friendly hospitals of Iran, in a comprehensive view, the normal physiological childbirth program does not include only the labor and childbirth periods; but it starts in the course of pregnancy with the preparation of pregnant woman and her companion in the childbirth preparation classes. Preparation classes start from the beginning of the 20th week of pregnancy and will be held in eight sessions. The checklist of every session is based on the booklet of Ministry of Health, Medicine and Medical Education. Some of these topics include teaching of anatomy and physiology associated with pregnancy, risk symptoms, nutrition, personal and mental health, embryo development, supportive techniques, role of care givers, choice of birth method, the responsibilities of the mothers to take self-care, high-risk delivery, the preparation of new parents, visit the maternity ward and familiarity with the health care providers.

At the time of delivery, the absence of needless clinical interventions in the natural path of childbirth, the personal support of women in childbirth by a reliable person, freedom of movement of women in the labor, non-supine positions, skin contact of the newborn and mother immediately after birth and breast feeding are recommended. In normal physiologic childbirth, special emphasis is put on the management of labor using a variety of non-pharmacological pain

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relief strategies such as massage therapy, aromatherapy, heat therapy, acupressure, birth ball exercises, water therapy, music therapy, reflexology, relaxation, and respiratory techniques, so forth. In step with the suggestions of Iran’s Ministry of Health, a combination of non-pharmacological strategies is usually used based on the mother’s will and satisfaction.^{2,4}

Laboring women can be placed at any position they choose and feel more comfortable in that condition. If the presence of a companion or spouse is possible, this delivery will be done with the support of them. Recently, a birth companion named as doula is also being used in this program. A doula is a midwife who stays with and assists a woman before, during, or after childbirth, to provide emotional support and physical help if needed.^{2,4} In the normal physiologic birth program, it is believed that every woman should be given the opportunity to experience a healthy, pleasurable childbirth, regardless of economic, social and cultural issues. She must feel safe and secure in childbirth centers, and her mental health, personal issues and desires will be respected. Therefore, the normal physiologic birth program is based on human rights of mothers. In this type of delivery, maternal empowerment and autonomy and self-control are considered. The ability of women to self-control during the delivery process is the basis of a positive labor experience. Regardless of the pain experienced during childbirth, self-control ability during the labor process is directly associated with increasing women’s satisfaction from childbirth.

A recent study by Makvandi et al.,⁵ showed the decrease in labor duration in physiologic delivery which might be attributed to a decrease in labor pain.⁵ Some previous studies have revealed that using non-pharmacological pain relief methods such as birth ball, water immersion or lavender aromatherapy decreases the labor pain intensity in parturient women.^{6,7} Increased adrenaline and cortisol caused by severe labor pain and anxiety resulting from that can lead to a decrease in the effective uterine contractions and consequently a prolonged labor.⁸ Regarding all of the above, the physiologic childbirth program seems to be a cheap and cost effective intervention in third world countries with a steep slope of cesarean section such as Iran, and its implementation is strongly recommended.

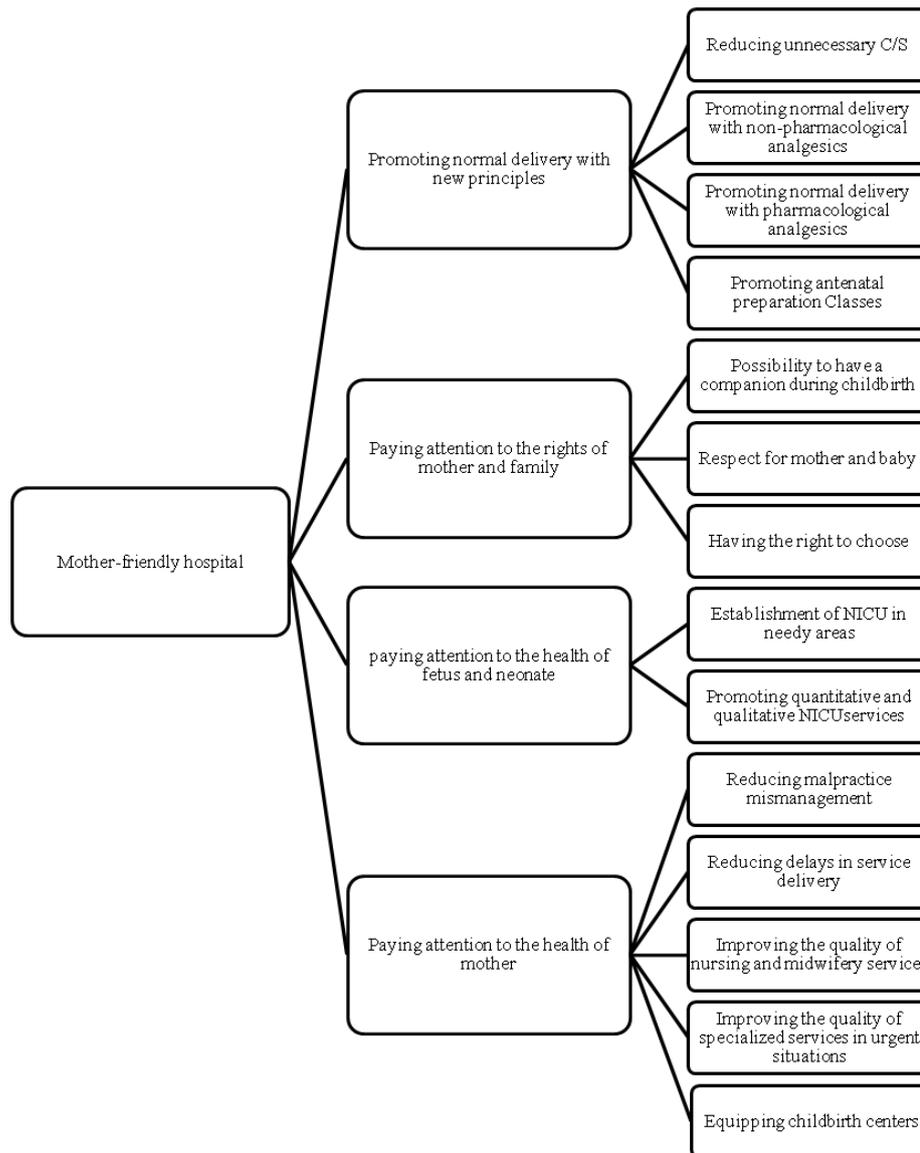


Figure 1 Rational framework of mother-friendly hospitals.

Acknowledgments

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Conflicts of interest

The author declares there is no conflict of interest.

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