The loss of the lying-in time: how medicine and midwifery abandoned mothers following birth

History: from home to lying-in hospitals

Obstetrics and Pediatrics: experts separating NORMAL mother/infant dyads in the hospital setting...

1904 World’s Fair

Ca 1929 and ca 1946

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The baby nurse... ca 1910

Public health notices for baby care...

1920 ca 1920 1930s

Bottlefeeding

1940s

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Baby nurse...while mother does the household work

1950s

1950’s La Leche League...breastfeeding

SVP? In 1957 the BF rate in the US was 20%

A shrine for “Our Lady of La Leche” - inspiration for the group’s name

1960s

1970s Rooming in...and early discharge

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The medical ‘partum’ perspective emerges…and triumphs

- **Antepartum** - anticipating
- **Intrapartum** - Ta da!!
- **Postpartum** – the aftermath...
  (and have midwives not followed suit...?)

Lying in Practices – by women and for women With

- Exclusion of mother and infant
- Intense care and support of mother
- Restricted activities of mother
- Suspension of mother’s social roles

Benefits of Lying In Practices

- Rest
- Social support
- Recognition of new maternal status

The ‘postpartum’ of the 21st Century

The mother is responsible for negotiating her wellbeing within her personal circumstances, and she is considered the primary care provider for her baby from the time of birth.

vs

A well understood socially supported structure within which new mothers are able to fully welcome and develop a nurturing relationship with their babies in the first 40 days to provide the best start possible for mothers and their newborns.

An old adage:

"Looking after the mother is therefore looking after the baby."

Postpartum ‘practice’ today

Encourage the mother to
- Breastfeed
- Provide skin to skin in early hours, days
- Rest and get sleep when she can
- Eat well
- Get help when she needs it
  - For older child care
  - For food
  - Finally: check herself to make sure she is not getting depressed...

The mother is responsible for organizing her own care and for getting help if she can’t cope....

Major Depressive Disorder (MDD)

- Estimates suggest that between 5% and 16% of women will experience MDD at some point during their pregnancy.
- Estimates suggest that between 4.2% - 9.6% will experience a major depressive disorder between birth and 3 months postpartum.
- Estimates vary between 9.3% and 31% for the first year postpartum.
- No evidence that there is a difference in prevalence (of MDD) between perinatal women and any women of childbearing age.

[Link to source: http://www.perinatalservicesbc.ca/NR/rdonlyres/C2C09B4DB6AD47D9B73BDFED95AD0231/0/B1iiRyan.pdf]
Postpartum Support

The concept of ‘postpartum support’ is to increase awareness and support mothers with depression, anxiety, postpartum obsessive-compulsive disorder, postpartum post-traumatic stress disorder, postpartum psychosis...

NEST-S Program – for mothers with PPD

Each letter in NEST-S stands for one area of self-care:

- **Nutrition:** Eating nutritious foods throughout the day.
- **Exercise:** There is considerable research on the benefits of exercise for improving depression.
- **Sleep & rest:** Sleep is very important for both physical and mental health. Getting enough in the perinatal period can be challenging.
- **Time for self:** Taking self-time is an area that new mothers often neglect. This is a particular concern in women who are depressed and/or experiencing other mental health disorders.
- **Support:** Social support plays an important role in helping new mothers adjust to the life changes that go along with being a mother. Healthy relationships are a protective factor against depression and other mental health disorders and are an important factor in recovery.


NEST-S Recommended for women after they become depressed...

- Why are these not the prevention strategies...so that ALL mothers can benefit from them?
- We are paying attention to the approximately 20% who will get some form of depression, leaving the other 80% to cope as best they can...

Midwifery Texts: Myles and Varney

Midwifery role today

- Medically oriented to diagnose morbidities
- What is covered in our textbooks – how much attention is given to the support of the mother – rather than making her the arbiter of her care?

Where is the ‘adaptation to new life’ understanding and supportive structure.

- Epigenetics has demonstrated value of skin to skin
- There is little research on adaptation...for new mothers and their babies

Focus of Current Research:

To ‘measure health’ during the postpartum

- Sleep deprivation
- Frequency of crying (for both babies and mothers)
- Incidence of hospital readmissions
- Incidence of PPD/mood disorders

As the only health profession which is solely responsible for the mother/infant dyad – how are we promoting the health of the dyad? Where is the midwifery research?

Emphasizing treating morbidity rather than ensuring healthy adaptation....

There is little research on adaptation...for new mothers and their babies. Epigenetics has demonstrated the value of skin to skin, and we know the value of biomes. But we need to be asking:

1. Where are the adaptation needs of BOTH the mother and newborn following birth?
2. What is the best supportive structure/environment within which that adaptation can take place?
We know more about what dogs need - And their time together is protected in law...

Practices of midwives during the first 40 days in Ontario

- Clinical 'inspections' of mother and newborn
- How to breastfeed...and make dinner day 3
- Booking home visits to make sure new mother is home...
- Visits at clinic at 10 days
- Creating timeframes for postpartum visits – ‘get in and out’
- Give variations on advice re: co-sleeping, sibling care, sleep, breastfeeding while side-lying, discussion re: when to go out with the newborn, etc. etc.

What CPGs do we have on the time following birth?

CMO Standard – 2015

Definition:
Postpartum/newborn visits include thorough assessments of the health and wellbeing of the mother and newborn and appropriate management of care.

Background
The Ontario midwifery model of care includes routine postpartum/newborn visits up to six weeks following birth. Postpartum/newborn visits occurring within the first week following birth routinely take place in the client’s home (or other location of her choice).

When clients remain in hospital, routine postpartum/newborn visits are conducted by the midwife in hospital until the client is discharged home. Postpartum/newborn visits occurring after the first week are routinely held at the midwifery clinic, in the event that the client is able to attend there. — CMO 2015

‘Assessing health’ rather than promoting health

- What is ‘wellbeing’ in the time following birth for the mother?
- What are the mental, physical and spiritual aspects of our care that promote wellbeing?
- Midwives are primary care providers. We pride ourselves in being proactive in promoting wellbeing and preventing morbidities. How are we doing this during the time following birth?

Creating a protected time and space...

basic premises

- Birth is the beginning of an unfolding into life
- Human newborns are the most immature of all mammals at birth, the brain is ¼ of its full development and the neurological system is immature
- Babies benefit from a quiet & alert state, best achieved in a calm/peaceful environment – it is when they are able to learn the most about their environment.
- Breastfeeding/chestfeeding: mothers and babies are a dyad at physical, emotional levels and brain levels – if the mother is supported, the baby benefits
- Mothers need protected time to hang out, day dream, cry and be struck with wonder in order to assimilate the birth and get to know their newborn – this is a sacred time.
- The days after birth are foundational to developing a relationship with a newborn. It takes dedicated and protected time.
- These should be satisfying/fulfilling and happy days in a new mother’s life.

Other Cultural Traditions (In our midst...)

- Or, what I have learned about the postpartum from cab drivers and mothers in care...
- Moslem – 40 days
- Hindu – Blessing at the temple at 40 days.
- Greek – ‘Good 40 days’
- Spain – New mother “la Reina”
- Chinese – ‘Doing the month’
- Latin American – cuarantina – 40 days
- Lebanese – 40 days
- African – 40 days
- Etc, etc, etc...
Model of Postpartum Lying-In: ‘The Peaceful Zone’ (NEST-S)

- **First 5 days** – mother in and around bed with baby
  - Meals served to mother in bed (Support and nutrition)
  - Teach the partner to do daily massage of baby
  - Recommended partner sleep in another room in early days so mother can comfortably co-sleep and partner sleep
  - 19th day – start daily 20 minute walks alone (Exercise and Time for self)
    - 10 mins out and 10 mins back in approx 3 km or 1 mile/short walk

- **First 14 days** – no cooking, cleaning or older child care (Support)
  - Returning to the bedroom to feed – recommended side-lying as gold standard (Rest)

- **First 21 days** – not going outside with baby (Support)
  - Except appointments as needed
  - Based on old adage: “7 days in the bed, 7 days on the bed and 7 days around the bed.”

- **First 40 days** – life on the ‘new mother’s terms’ (Support)
  - Cancel plans if tired, baby cluster feeding, etc.

Midwife as Guardian of the time following birth...giving PERMISSION

- The most significant aspect of creating a protected time and space for mothers/parents is talking about it, highlighting the importance and value of it. New mothers have said over and over “I needed the permission to do this. I needed to know it was OK, and that I wasn’t being selfish.” Followed by: “These were the best days of my life!”
- The recommendations give parents permission to take time and space to develop a relationship with their newborns.
- The midwife used to be known as the guardian of the time following birth; the person who supported the mother and upheld the women-centred practices of the time following birth.

Woman/Parent centred care...

- How can we best protect and promote women/parent-centred care?
- How do we provide informed choice during the time following birth?
- How are we informing ourselves about the needs of the mother/infant dyad following birth?
- Do we provide information and permission to create a protected time and space?

If you want mothers to be the best they can be for their children, you have to take care of them. There has to be a level of understanding about the relationship between mother and child, and both have to be nurtured.

- Beth