

A BABY'S TRANSITION FROM THE WOMB TO THE OUTSIDE WORLD

Birth is a time of enormous change for a baby. The transition from life inside the mother's womb requires many important changes. In the womb, the marvellous placenta performs the functions of the baby's liver, kidneys, skin, gut and lungs and after birth the baby's body must be reorganised to do these. In particular, the baby must breathe straight after birth, which also involves redirecting blood away from the placenta and to the lungs. The vital changes take place naturally at birth when mother and baby are well, and undisturbed.

Medical interventions may be needed at this time for babies who are having difficulty, but the vast majority of babies make this transition without help. Some drugs and interventions that are commonly used in maternity settings today, that may have an adverse impact on the baby's transition to life outside the womb include:

- Pethidine and other pain-relieving drugs used during labour can make the baby sleepy and even cause breathing problems especially when given 1-4 hours before birth
- Early clamping and cutting of the umbilical cord deprives the baby around 1/3 of the blood they need for an optimal transition and can cause anaemia in the early months
- Separating mother and baby in the hour or more after birth, even for weighing and measuring is unnecessary and can affect the baby's early breastfeeding behaviour
- Wrapping the newborn is not necessary: babies are warmest when skin to skin with the mother in the minutes and hours after birth
- Suctioning a healthy baby at birth is not beneficial and can cause a slowed heart rate and affect the baby's early breastfeeding behaviours
- Methods of resuscitation of a baby who is not breathing at birth have changed in recent years, in response to evidence. Air is being used in initial resuscitation, rather than oxygen.

Over time many interventions into the birthing process have been adopted. Some interventions in certain situations are life-saving, while others are not based on evidence for improved outcomes for mother or baby.

We encourage parents who are seeking maternity care that supports and promotes health and wellness to discuss these and any other issues that are important to you with your primary caregiver. You can seek to ensure that the midwife or other professional who is attending you in labour will support your plan for the care of your baby during the transition from the womb to the outside world.

Practices that have a positive impact on baby's transition:

No separation of mother and well baby, with uninterrupted skin-to-skin contact
Delayed cord clamping for term and pre-term babies
Breastfeeding when baby is ready, during the first hour or more.

Practices that may have a negative impact on baby's transition:

Drugs to relieve pain such as pethidine, and epidural/spinal anaesthetics
Suction of the baby's airways at birth
Separation of mother and baby

Practices that are often used unnecessarily, without evidence to support their use:

Induction of labour
Clamping of the umbilical cord
Suction of baby's airways at birth
Oxygen used in initial resuscitation

Natural birth is a mother's own resource

Pregnancy, birth and breastfeeding are natural biological processes. Most women and babies are well during this time, and will be able to proceed through spontaneous unmedicated labour, and give birth to a healthy baby who breastfeeds and thrives naturally. In fact, unless there is a valid reason to interfere, the natural biological processes are the safest for both mother and baby.

There are many aspects of birthing which are un-knowable, and your birth plan should allow for and support your informed decision making at all times. Women who know and trust their midwife or doctor may be more confident in making decisions than those who do not know their primary carer.

Reference: Judith S Mercer and others, 2007. Evidence-Based Practices for the Fetal to Newborn Transition. J Midwifery Womens Health 2007;52(3)262-272

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