



The Royal College of  
Midwives

# Campaign for Normal Birth

## 十点提示

这是从今日您就可以开始做的十件事。

作为一个助产士，如果把它们运用到您的工作实践中，您将能够在各方面明显地改进妇女的生育经验和提升自己工作的满意度。

1. 耐心等待
2. 让产妇筑巢
3. 鼓励产妇下床走动
4. 要有充足的理由才能干预
5. 听取产妇的意见
6. 做好日记
7. 相信你的直觉
8. 为人楷模
9. 不断给产妇恢复信心——持肯定的态度
10. 促进母婴肌肤的接触

## 正常产

<http://www.rcm.org.uk/college/media-centre/press-releases/the-rcm-launches-10-top-tips-for-a-normal-birth-for-midwives-and-mothers/> (2009年11月19

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世界卫生组织把正常或自然生产看为自发性生产或分娩，就是说婴儿在不受医药或技术干预下自行出生，例如：不受剖腹产、引产或硬膜外麻醉的技术干预。婴

儿一般在孕期 37-42 周内以头位出生。正常产也叫自然产或不受干预的生产。有时它也叫做生理性分娩或简单的阴道分娩。

## 促进正常分娩十点提示

### 1. 耐心等待

能帮助产妇正常分娩最有用的做法是耐心。要能让自然生理的现象完成自己的过程，我们应该要对自己的知识和经验非常有信心。要做到这一点，我们需要能获取更多正常分娩的知识和经验，并知道把握时机来采取措施。

### 2. 筑巢

临产时，哺乳类动物会寻找温暖、安全和隐暗的地方来生产，人类也不例外。对我们来说感到安全和有信心比环境更为重要。如果我们能帮助妇女感觉到她们有更多自己的空间和信心，我们将会大大地增加她们正常分娩可能。

### 3. 鼓励产妇下床走动

重力是分娩中最好的辅助方法，由于历史和文化的的原因，我们在英国一直是要产妇仰卧在床上生孩子但现在不完全是这样了。我们需要在产前帮助妇女理解和试更换体位，在产时帮助她们感到活动自如和试用各种不同的体位。当她感到舒适的时候，尽量不要再移动她，除非她想变动，或者除非由于产妇或胎儿的原因这体位不可取（而不是医院产房管理的需要）。如需要做阴道检查，可以让产妇坐在椅子上做。

### 4. 要有充足的理由才能干预

人工技术虽然好但也不是都需要使用。对这些所谓很好的新分娩技术，我们现在开始理解到的是，一种技术干预会导致另一种更进一步的干预，造成了越来越多的人工干预最终成了难产。我们要问自己“干预是否有必要？”除非干预是必要的，否则没有必要干预。

### 5. 听取产妇的意见

要想知道妇女需要什么，她们本身就是最好的信息来源。然而在医生最懂，病人只有恭候静待检查的医疗文化中，我们助产士也变得不善于向自己的服务对象询问信息。我们亦在失掉能使我们解读妇女非语言表达的技巧。这些非语言表达包括体语、姿势、表情、声响等。我们要做的就是认识妇女、听她说、理解她和她交谈，想想我们如何能为她建立起自己的生育成功感作一些贡献。

### 6. 做好日记

助产这一行业会有挨连轰带炸的经历,使得助产士有时连上个星期发生什么事都难以记住,更不用说去年的了。我们要学到知识的最好源泉之一是我们自己的观察,特别是当我们能回顾我们的观察,并且意识到我们所学到和发现的。因此做日记是巩固我们经验的最佳方法之一。把今天发生的事,感觉如何,学到了什么都记下来。然后再读一读你上周、上个月、去年所写的事。

## **7. 相信你的直觉**

直觉来自于隐蔽的,而易被忽视的多种的感官感觉。当我们使用我们的感觉时:听、看、嗅、触—注意我们的感受—这些感觉开始会形成一种模式。从经验和回顾中,我们能明白这些模式在告诉我们什么—找出和预计妇女的生育进展,需要和感受。

## **8. 为人楷模**

我们的行为影响他人。如果我们能实践这里列的要点(也让别人看到我们在实践这些要点),我们就为他人建立了一个很好的榜样。助产专业需要真正可以促进正常产的实践、行为和态度楷模。就从今天开始做一个典范!

## **9. 不断给产妇恢复信心—持肯定的态度**

在现实生活中,不管产妇如何准备也是不够的。鼓励妇女有信心地看到宫缩和情绪的波动是正常分娩的一部分。这种鼓励非常关键。你是否认为产妇有力量和能力正常分娩?你准备得怎样来支持妇女来度过分娩的高峰和低谷?在妇女分娩时,你也许会成为产妇生产过程中唯一的持续的精神支柱来给她持续的保证——要肯定。

## **10. 促进母婴肌肤的接触**

母乳喂养是母婴产后共同分享最美好的时刻。及时肌肤接触可让母婴一起,给婴儿提供一个机会得到所需并不受时间限制的母乳、得到温暖和减少啼哭。母亲学会识别她的婴儿的表达和回应。这种关系变成温柔和疼爱——这个关联将从母婴肌肤接触开始持续一生。

简单的十点提示可从促进正常分娩的皇家助产士学院学会网里找到。她们的网址

是: <http://www.rcmnormalbirth.org.uk/>。

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## About Normal Birth

<http://www.rcm.org.uk/college/media-centre/press-releases/the-rcm-launches-10-top-tips-for-a-normal-birth-for-midwives-and-mothers/>

The World Health Organisation describes normal or natural birth as a spontaneous labour and delivery, where an infant is born spontaneously without medical or technological help, such as where labour has been accelerated by caesarean section, or induced or by giving the mother an epidural. An infant is born in the vertex position [head down] and between 37 and 42 completed weeks of pregnancy. A normal birth is also called a natural birth or a birth without interference. Sometimes it is also called a physiological birth or straightforward vaginal birth.

## About the Campaign for Normal Birth's Ten Top Tips

**1] Wait and see:** The one single most important practice likely to help a woman have a normal birth is patience. But in order to be able to let natural physiology take its own time. We have to be very confident in our own knowledge and experience. To do this, we need to be able to acquire more knowledge and experience of normal birth – and know when the time is right to take action.

**2] Build her a nest:** Mammals try to find warm, secure, dark places to give birth – and human beings are no exception. But it is the feeling of security and confidence that is important to us, where the environment plays a role but not the only one. And if we can find ways to help women to feel more private and confident, we will greatly improve the likelihood of them having a normal birth.

**3] Get her off the bed:** Gravity is our greatest aid in giving birth, but for historical and cultural reasons in this society we made women give birth on their backs. We need to help women understand and practice alternative positions antenatally, feel free to be mobile and try different positions during labour and birth. Once she is comfortable, try not to move her unless she wants to, or unless the position becomes inadvisable for maternal or fetal (and not organisational!) reasons. If a vaginal examination becomes necessary, it can be done from a chair.

**4] Justify Intervention:** Technology is wonderful, except where it gets in the way. What we begun to understand about the remarkable new technologies of labour and birth is that one technological intervention is likely to lead to the need for further technological intervention and so on, creating a 'cascade' of intervention ending in an abnormal birth. We need to ask ourselves 'is it really necessary?' And not to do it unless it is indicated.

**5] Listen to her:** Women themselves are the best source of information about what they need. However, a medicalised culture of 'knowing best' (where the deferential 'patient' is examined mutely) means that we are not good at asking

her. We are also losing our skills in being able to read her non-verbal signals: her body language, gesture, expression, noises and so on. What we need to do is to get to know her, listen to her, understand her, talk to her, and think about how we are contributing to her sense of achievement.

**6] Keep a diary:** Midwifery can be a bombardment of experiences, making it difficult to remember what happened last week – let alone last year. However, one of the best sources for learning are our own observations. Especially when we can look back at them and realise what we have learned and discovered since then. Consequently keeping a diary is one of the best ways of consolidating our experience. Write down what happened today: how you felt; what you learnt. Then look back over what you wrote last week, last month, last year.

**7] Trust Your Intuition:** Intuition is the knowledge that comes from the multitude of perceptions that we make which are too subtle to be noticed. When we use our senses: listen, watch, sniff, touch – and pay attention to feelings – these perceptions begin to build up into a pattern. With experience and reflection we can understand what these patterns are telling us – picking up and anticipating a woman's progress, needs and feelings.

**8] Images of being a Role Model:** Our Behaviour influences others. By practising the other nine tips listed here (and by being seen to practice them), we set a good example for others to follow. Midwifery really does need exemplars who can model the practices, behaviour and attitudes that facilitate normal birth. Start being a role model today.

**9] Give Her Constant Reassurances – Be Positive**

Nothing in life can prepare a woman fully for labour. Your reassurance that contractions and emotions are part of the normal birth process of giving birth is vital. Do you believe in her strength and ability to give birth normally? How equipped are you to support and encourage women through the peaks and troughs? You may be the only constant anchor during woman's labour to give her constant reassurances – be positive.

**10] From Birth to Abdomen – Skin-to-Skin contact**

Breastfeeding gets off to a better start when mothers and their babies have time together – beginning at birth. Immediate skin-to-skin contact allows them to remain together and provide opportunities for babies to feed on demand for an unlimited time, stay warm and cry less. Mothers learn to recognize their baby's cues and the baby reciprocates. The relationship becomes tender and loving – a connection that lasts a lifetime begins from birth to abdomen.

A simplified version of the 10 Top Tips can be found on the Normal Birth Campaign's website: <http://www.rcmnormalbirth.org.uk/>

## **Reference**

Royal College of Midwives 2008 The 10 Top Tips.

<http://www.rcm.org.uk/college/media-centre/press-releases/the-rcm-launches-10-top-tips-for-a-normal-birth-for-midwives-and-mothers/> ( accessed 19<sup>th</sup> 11, 2009 )

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