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Book Reviews

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Kangaroo Babies, a different way of mothering by Nathalie Charpak

Souvenir Press 2005. Paperback. ISBN 0-285-63772-X. £14.99
reviewed by Beverley A Lawrence Beech, Chair, AIMS
Find this book on Amazon

In 1978 a group of doctors, led by Dr Edgar Rey Sanabria, a paediatrician, in a large Columbian hospital were anxious about the lack of incubators and other technical equipment to help premature and low birthweight babies. The mortality rates were high and it was not uncommon for two or even three babies to share an incubator.

Research already showed that when the baby is in skin to skin contact with the mother it could receive breast milk directly, its temperature control was better because the mother's body adjusted to the baby's temperature and the babies gained weight faster than those left in incubators. So they developed a system of encouraging the parents to adopt prolonged skin to skin contact, increasing the self esteem and confidence of the parents - Kangaroo Care.

By encouraging anxious parents to take an active part in the care of their baby they also found that, in a very macho society, the fathers also became very involved in day-to-day care of their baby. When the mothers had caesarean sections the fathers often took over the Kangaroo care for extended periods enabling the mother to get some rest.

Fifteen years later, Natalie Charpack arrived to head up a team to evaluate this method scientifically. This book is the result of her efforts.

Slowly, information about Kangaroo care has spread and over 10,000 babies in Columbia have benefited from this kind of care, and when this system was developed in Russia the staff found that the numbers of

abandoned babies dropped dramatically. The WHO published a practical guide and commented: 'When the premature baby and its mother are first separated - a separation which is often necessary and always upsetting - the kangaroo mother method should be considered for the treatment of this initial separation. A bonus for this is that the length of time which is needed to be spent in hospital is reduced, incubators are freed up and can be used for babies that are sick and in the most need, so the scant resources we have at our disposal can be deployed more rationally - something which should be of interest not only to developing countries.'

In so many of our hospitals babies are whisked away very soon after the birth to be cleaned, tested, and weighed, and we sometimes receive calls from distressed parents whose baby has been removed 'for monitoring' when the best monitor of all is the mother herself. While it is assumed that the best care is offered by putting the baby in an incubator the affects on the baby are 'justified' by the belief that this kind of care is best. The babies have to endure permanent strong light, noisy incubators, continual disturbance, intense stress caused by frequent testing, and for many babies, as this book shows, the effects can be greatly reduced by periods of skin to skin contact.

British hospitals are beginning to introduce this method and the sooner it becomes standard in every hospital the better. It should not be restricted to babies in special or intensive care, every woman and baby can benefit from this system. One mother, who had had a caesarean found that her baby would not stop crying on the second day after the bir th. She took off his babygrow and tried skin to skin contact, the baby settled down immediately.

In my view, this readable book, filled with pictures of happy mothers and babies, should be given to every midwife and intensive care nurse and it should also be made available to any mother whose baby is taken to special or intensive care, or who has a baby that is unsettled.

Breastfeeding in Hospital - Mothers, Midwives and the Production Line by Fiona Dykes

Routledge 2006. paperback. ISBN 0415395763. £20.99
reviewed by Clare Bartos; midwife, post-natal doula and trainee breastfeeding supporter.
Find this book on Amazon

This research-based book tackles the theory and practice of both mothers' and midwives' experiences of breastfeeding in hospital. Fiona Dykes starts by taking the reader through a lot of academic theory in order to create an understanding in the reader of why the parallel experiences of mothers and midwives are as they are. She then relates these theories to the evidence gained during her research and in doing so conveys to the reader the reality of breastfeeding in a post-natal ward in 2006. The picture is a sad one. Despite the promotion of 'breast is best', mothers and midwives struggle in a climate where 'productivity' is paramount, time is scarce and seen as the enemy and caring for another is perceived as plainly demanding. The result is overworked, stressed midwives who operate in a 'factory-like' environment and unsuppor ted, confused mothers who often experience motherhood in a detached way.

Her final chapter considers the possibilities for the provision of post-natal care in a supportive, caring culture where relationships matter more than productivity. This is important as she suggests that the relationships between midwives and mothers are reflected in the relationship between mother and baby. Possibilities suggested include moving the focus from promotion to support of breastfeeding, more community-based post-natal care and within the hospital setting, in particular, more peer and voluntary breastfeeding support. Fiona comments on the contrast in peer and voluntary breastfeeding supporters' approaches and attitudes to that of midwives and suggests that midwives have much to learn from the voluntary organisations.

Although a fairly demanding academic and theoretical read, this book will appeal to many who have an interest in midwifery, women and child health, social and political policy and of course breastfeeding! The reference to research is refreshing amidst the background theory and clearly reveals the need for change in the provision of post-natal care. The impor tance of post-natal care and breastfeeding support have been rhetoric for too long. The publication of this book will hopefully open up the much needed debate on these matters. What could be more important?

Impact of Birthing Practices on Breastfeeding

Jones & Bartlett 2004, paperback, ISBN 0-7637-2481-5
reviewed by Sarah Stenson, AIMS member

This book explores the events of labour and birth and how they contribute to the effectiveness of the breastfeeding relationship between mother and baby. The bulk of the book involves a detailed look at the research that has been done on all sorts of labour and birth factors. It widely surveys birthing practices from all over the world, many based on the author's own experiences as a Certified Nurse Midwife and lactation consultant who has worked in North America and many developing and resource-poor countries.

The book is divided into twelve chapters, each with its own focus on a part of labour and birth 'management'. Topics include how labour support, or lack of it, affects breastfeeding outcomes, the influence of maternal position in breastfeeding outcomes, how breastfeeding is affected by assisted or surgical births and so on. Many of the conclusions drawn in these chapters are what one might expect, i.e. that poor experiences of birth such as those where mothers are not supported or 'allowed' to follow their instincts and/or bir ths that are difficult or badly conducted lead to poorer breastfeeding outcomes. What can be surprising on the other hand, (at least to a lay person) are the ver y detailed analyses of why this may be so. There are, for example, descriptions and diagrams explaining the effect on the baby's body when bir th is assisted, explaining why some infants arch their backs and do not swallow well despite the best efforts of all to establish breastfeeding.

There was plenty of other interesting research presented in this book, which will be of interest to midwives and other health care providers working with bir thing mothers. Chapters 5 and 6 look at the

effects of IV therapy and pharmacological pain relief in labour and how this can influence the newborn's ability to suck. While some of the evidence cited will be nothing new to many (such as the possible depressive effect of pethidine on the baby), some came as quite a surprise to me. For example, Kroeger states that there have been studies which show that local anaesthesia used when giving an episiotomy is absorbed by the fetus and can be linked to breastfeeding difficulties. Kroeger also suggests that epidural anaesthesia does not have as negligible effect on the infant as we had been previously led to believe. The research is all referenced for those wishing to check this out.

The overall emphasis of the book is looking at what mothers need to have a straightforward experience of bir th to ensure that the breastfeeding relationship is not sabotaged. Kroeger looks at support, the influence of fear and/or stress in labour, respect for privacy and cultural needs and so on. Everything points to our increasingly medicalised ways of bir th having a damaging effect on breastfeeding and as such the mother-baby dyad. It struck me that Kroeger makes a lot of similar points to Odent but links it specifically to 'the motherbaby continuum' and references the work heavily. Crucially Kroeger points out how few studies explicitly link birth and breastfeeding outcomes, suggesting that researchers do not wish to uncover the 'secret' of how we can achieve successful breastfeeding for almost all mothers. This 'secret' is of course a call for birth to return to its un-medicalised roots for the majority of women for whom this is possible, which is sadly a much bigger wish list than the Ten Steps to Successful Breastfeeding offered to us by the Baby Friendly Initiative.