

## EMPOWERMENT : A CONCEPT WELL-SUITED TO MIDWIFERY

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### ABSTRACT

Midwives, owing to their philosophy and their approach, are inspired by the concept of empowerment during the entire perinatal period. The aim of this article is to demystify the concept of empowerment and then to analyse it in relation to midwifery, particularly during the postnatal period. In light of the analysis of the concept according to the literature, empowerment within the context of midwifery is defined as follows: starting with a relationship that is based on a partnership between the midwife, the woman and her family, empowerment is an intentional process of sharing knowledge and power, which contributes to a woman's will and ability to make choices that are in harmony with her values, while enabling her to confidently undertake the actions that ensue from her choices. The application of the concept of empowerment in the practice of midwifery emphasizes that this approach induces and incites active participation of the mother and the development of her own abilities. Furthermore, empowerment does not occur without contributions from each of the partners. A few questions are raised in regards to the application of the concept of empowerment in the framework of a midwifery practice that is expanding in the Canadian population.

### KEY WORDS

Empowerment, health promotion, midwifery, continuity of care, concept analysis, philosophy, postnatal care, support

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### INTRODUCTION

Midwifery in Quebec, like elsewhere in Canada, is based on a philosophy that puts the emphasis on respecting the individuality of each woman and on the participation of women and their families in their perinatal experience.<sup>1,2</sup> Furthermore, “midwives consider promotion of health to be essential to the childbearing cycle”.<sup>2</sup> Midwives support women so they can give birth safely, with dignity and with all their power.<sup>2</sup> According to their philosophy, midwives recognize the woman and her family as having the competencies to actively participate in the decisions that concern them and as having the right to make informed choices.<sup>1,3</sup> Midwives focus their care on the mother and her family by creating a bond of trust and of mutual respect, while taking their environment into account, within a continuity of care context. We can, therefore, say that the model of midwifery practice is

based on the concept of empowerment.<sup>4</sup>

In their practice, Canadian midwives implicitly apply the concept of empowerment, although few among them have explored this concept on a cognitive level. The aim of this article is to demystify the concept of empowerment and then to analyse it in relation to midwifery. Empowerment is an integral part of all perinatal care in midwifery. However, and in a more specific manner, the current article will focus on the postnatal period. Although this concept can be applied on a community level, it will instead be presented on an individual and interpersonal level.

### THE CONCEPT OF EMPOWERMENT

#### A few definitions of the concept

The word empowerment gets its Latin root from the word *potere* which means to be able to, or to have the

ability to choose.<sup>5,6</sup> One of the words used to translate the word empowerment into French is “*auto-appropriation*”: auto comes from the Greek word *autos* meaning “of oneself” whereas *appropriation* means “action to make something one's own, to give oneself the means to act”.<sup>7</sup> In Quebec, the concept of empowerment is translated into the power to act. Many authors mention that the power to act does not represent a state but rather a process of action and reflection that enables the parent to have a positive perception of himself, of his abilities, of his knowledge and of his ease to fulfill his role and to make informed choices.<sup>8-11</sup> Other authors treat empowerment as two complementary processes: a) empowerment that aims to recognize, support and emphasize parents' skills to control their lives; and b) the appropriation that refers to the effects of the intervention on parents in regards to their sense of control over their lives.<sup>12</sup>

Whether the definitions associated with empowerment are appropriation, being more autonomous, enablement, emancipation or accountability, the concept itself has similarities to the appropriation of one's powers. Quite obviously, empowerment focuses on one purpose: a process of developing and acquiring of skills. According to this process, people gain control of their lives by the acknowledgment of their intrinsic strengths and support of their abilities, and they acquire a sense of control over their lives by increasing their skills.<sup>5,6,9,10,13</sup>

### **Brief history of empowerment**

As a concept, empowerment is stated more and more in health promotion.<sup>5</sup> The concept of empowerment took root at the end of the Sixties and developed with the Seventies self-help perspective, where social movements emerged with the aim to reduce poverty and to awaken political consciousness and to reduce inequalities in health care.<sup>14,15</sup> Keiffer puts forward a description of empowerment that relates to four stages of human development.<sup>16</sup> His model, drawn from developmental psychology, is rather linear and barely takes into account the influence of the environment.<sup>17</sup> Rappaport was one of the pioneers to develop an ecological perspective of empowerment in regards to mental health in order to increase self-care.<sup>10</sup> He has demonstrated that this concept is related to three conditions: the transformation of the relations

with the 'other' and of the social support, the redistribution of power to the parents and the self-actualization of one's own parenting skills.

The promotion of the concept of empowerment in welfare practices became more firmly rooted at the end of the Eighties. Authors have expressed empowerment by a proactive attitude of support offered to parents by the recognition of parenting skills.<sup>18-20</sup> These same authors have elaborated 12 guiding principles for professionals working with parents. They shed new light on the positive attitudes to adopt towards the parents, the recognition of the parental network, as well as the use of strengths belonging to the parents (see appendix).

### **Description of the concept according to the literature**

Empowerment brings about an exchange of power and of control: the person in a position of power (the midwife) transfers control to the other person (the woman) in order for her to appropriate the situation that she is experiencing.<sup>5,6,21</sup> For example, the midwife puts her knowledge at the disposal of the woman and her family, and in so doing she gives them power to choose what is suitable according to their needs. Morten and O'Mahoney describe empowerment as the process to give and/or to receive power, strength and strengthening of the ego.<sup>22</sup> Lacharité states that the principle of empowerment is a dynamic process concerning the relation of a person with themselves, of the person with the other (the midwife) and of the person with the community (health care facility, local community or society).<sup>23</sup> Within this interpersonal and intrapersonal dynamic, the mother and the midwife experience a situation of empowerment that ensues from sharing in the decision-making process and both are given a sense of self-worth.<sup>3</sup> This transactional process means that this concept is proactive since it enables the individual to create solutions by mainly taking into account her strengths, context, values and needs rather than focusing on what we consider inadequacies or shortcomings.<sup>8</sup>

In this way, many authors put forth the notion of respect and self-actualization between the professional, the woman and her family.<sup>3-5,21,24-27</sup> In this egalitarian relationship the mother takes on an informal decision-making role, whereas the midwife

acts as a resource and support person. Furthermore, the concept of empowerment is described in the literature as a process comprised of four elements. Some authors describe it from the point of view of the clientele, whereas others describe it from the point of view of the professional.<sup>4,5,13,16,20,22,25,26</sup> This division clearly shows that empowerment acts as much within the person (intrapersonal) as between the individuals (interpersonal).

Table 1 presents the terms used by the authors who describe empowerment. In column A, the authors start from the point of view of the clientele and in column B, the authors start from the point of view of the professionals. The variations from one author to another show nuances in the elements that comprise the concept of empowerment, thus enabling a greater number of readers to recognize their practice. For all of the authors, the outcomes of the process of

empowerment are expressed in terms of the clientele and can be summarized as follows:

- the ability and energy to act with self-respect
- an increase in one's self-confidence and internal strengths
- the development of autonomy
- the satisfaction of one's needs
- an increase in self-esteem

On top of the elements comprising the concept of empowerment, Dunst and Paget and Dunst et al have established three essential conditions that contribute to the implementation of the concept of empowerment in professional welfare practices:<sup>18,20</sup>

- first of all, to recognize that people are competent or can eventually become so
- it is not personal deficiencies that explain the seeming absence of abilities in a person, but rather the social system's shortcomings that are unable to

**Table 1 : A summary of the concept empowerment**

	A) From the point of view of the clientele				B) From the point of view of professionals			
<b>Authors</b>	Kieffer <sup>16</sup>	Connelly et al. <sup>25</sup>	Gibson <sup>13</sup>	Rodwell <sup>5</sup>	Dunst et al. <sup>20</sup>	Morten & OMahoney <sup>22</sup>	Paul et al. <sup>26</sup>	Thomas <sup>4</sup>
<b>Components</b>	Outset: demystification of power	Negotiation: interaction as equals	Discovery of reality	Permission	Identify needs and aspirations	Validate: confirm a perception	Listen	Listen
	Advancement: collaboration, responsibility of ones choices	To have choices and to experience the consequences	Critical thought	Responsibility	Encourage thought on family functioning	Reassure	Encourage critical thought	Share
	Integration: assertion to reach empowerment	Active participation in ones own care and in the community	Taking charge	Choice and meaning	Mobilize resources	Assert in a positive way: give sense of self-worth	Recognize and encourage efforts	Encourage
	Involvement: responsibility	Support and help	To cling to: continue	Hope	Demonstrate a helpful attitude	Support	Encourage the process of taking charge	Support
<b>Outcomes for the clientele</b>	Participative competencies: use of acquired skills and knowledge	Satisfaction of needs Self-esteem Personnel meaning	Ability to act in accordance with ones values, beliefs, needs and goals	Power through self-esteem	Recognize ones power to act Self-confidence Autonomy	Increase in ones internal strengths Energizing	Taking charge of ones life (sense of responsibility) Capacity for autonomy	Satisfaction of needs Self-esteem Self-confidence

create opportunities and experiences that enable the demonstration of abilities

- in order for people to be able to acquire a sense of control over the elements in their lives, and, by doing so, acquiring more power, they must a) have the necessary information to be able to make informed decisions; b) be in a position to exercise their ability to obtain the resources to satisfy their needs and; c) to attribute the changes to their own actions

According to these authors, the conditions bring about gratifying attitudes and practices in the professionals, thus guaranteeing positive impacts in the short, medium, and especially, the long-term. The principal impacts are the increase in the individual's ability to ask herself questions and to think about her own needs and not to answer those of the professionals. Within the process of empowerment, the person who reclaims her power in a given situation will reproduce the same steps in other spheres of her life.

The concept of empowerment is, therefore, linked to the partnership because it refers to interpersonal characteristics. It implies that the sharing, the complementarity and the reciprocity, are established between the partners: the woman, her family and the midwife.<sup>28</sup> In this way, the partnership and empowerment take into consideration the strengths and the limits of each of the partners rather than putting the emphasis on the obstacles to the collaboration process.<sup>29,30</sup>

### **Synthesized definition**

Within the framework of midwifery, empowerment could be defined as follows: starting with a relationship that is based on a partnership between the midwife, the woman and her family, empowerment is an intentional process of sharing of knowledge and power, which contributes to a woman's will and ability to make choices that are in harmony with her values, while enabling her to confidently undertake the actions that ensue from her choices.

### **APPLICATION TO MIDWIFERY**

In this section we will show how the concept of empowerment is actualized during the postnatal

period. Given that midwives consider women in their entirety, the three entities -- mother, father and baby -- are inextricably linked in terms of care giving. In the text, the terms mother and woman refer to the triad and to the family.

In daily life, empowerment is experienced as a process, but also as a philosophy. The elements presented in the chart (Table 1) are interwoven, support each other and are reorganized according to each mother and to each situation. With empowerment, the participatory competence that the mother develops with the midwife encompasses two changes: one behavioural, the other cognitive. The behavioural change manifests itself by the mother's active participation and the cognitive change operates on the level of her competencies. The midwife is intrinsically part of the mother's process of empowerment.

### **An approach that encourages active participation**

The Canadian midwifery model is such that a relationship between a small group of midwives and the woman is established during the pregnancy. This partnership establishes itself favourably because of the continuity of care: it begins from the prenatal period and continues until the sixth postnatal week. Empowerment is developed through an intrapersonal and interpersonal process, which takes into account the mother herself as well as the dynamics between the midwife and the mother. As a health care professional whose philosophy is based on woman-centred care, it is up to the midwife to adjust her interventions and her presence according to the mother's context and needs.<sup>3,5,27</sup> Given that empowerment favours an egalitarian relationship, the midwife therefore adopts a non-authoritarian attitude. However, the midwife must possess more knowledge than the mother and must show an intrinsic personal strength. Her knowledge and her strength are transmittable to the mother; the midwife is a mentor as it were.

Let us take the example of a primiparous woman who is breast-feeding and who is planning on attending a social event with her spouse and her baby; she is wondering how to manage her breast-feeding in

public. She takes the initiative to contact the midwife and to share her concerns and to ask her for guidance. The midwife takes the time to listen to her, gives her practical advice in order to bring about critical reflection on the part of the mother, she then encourages the mother in her decision to breast-feed in public and supports her to take charge. According to the process of empowerment, the midwife acts as a resource and support person. The woman is given a sense of self-worth by breast-feeding and is capable of facing this new situation because she is validated in the recognition of her needs and because she is supported. In the future, she will be able to call upon her own experiences in dealing with a comparable situation.

On the other hand, another woman could choose to hire a babysitter and have bottles of formula given to the baby. This woman could just as well be showing signs of empowerment by consciously choosing not to follow the recommendations on exclusive breast-feeding.<sup>5,31</sup> Thus, the use of the empowerment process by the midwife has led to two different actions with the mothers. Both situations have led to the same intrapersonal result: they have appropriated their breast-feeding. They were able to act according to their beliefs and their needs. Let us imagine another mother who asks the advice of a healthcare professional about her exclusively breast-fed baby's slow weight gain. This professional tells her that she must give her baby daily formula bottles in addition to the breast-feeding. She follows the recommendation. She has not participated in the decision-making process nor has she perfected her knowledge in terms of her baby's health or in terms of breast-feeding; there is no empowerment.

In the absence of practices said to be supportive or gratifying, the parent guides herself on the professional's knowledge: "He is the one who knows!" Gibson and Rodwell have identified factors that influence empowerment:<sup>5,13</sup>

- the respect of the individual's beliefs
- the confidence in the person's ability to make choices
- emotional support
- motivation
- participation and dialogue
- education or knowledge

In the absence of these factors, it is not surprising that the mother in the previous example followed the instructions that were given to her. Furthermore, some women choose not to take charge and not to participate in the decision-making that concerns them. They choose to follow the instructions. Other women might wish to participate in decision-making but are intimidated by the health care professional and also follow the instructions.

The practice model based on empowerment is used in birth centres in the United States and England, as well as in Quebec through their birthing centres. However, what creates the use of this model is not so much the place of practice, but the philosophy such as we also find in Canada. This model brings high satisfaction rates in terms of services.<sup>4,21,32</sup> According to the midwives' philosophy of empowerment, the mother is considered as an active participant, a partner exercising her autonomy.<sup>2,4,5,13,26</sup> During the course of her care with a midwife, the mother changes her behaviour from one of a recipient to one of a participant who is becoming more and more autonomous. However, to become autonomous, she must herself first develop or recognize her competencies.

### **An approach that encourages the development of competencies**

The Petit Robert dictionary defines competency as the "profound recognized knowledge that confers the right to judge or to decide in certain matters".<sup>33</sup> Thus, knowledge precedes decision and choice. In order to make informed decisions, the woman needs complete, pertinent and objective information on risks, benefits and available options. For her part, the midwife must be aware of her own biases. She must maintain up to date knowledge and adopt a practice based on probative data.<sup>3,24</sup> She is the resource person for the woman and her family. Although Robert and Kieffer refer to competency on a cognitive level, the reality of postpartum also implies that competency calls for a certain dexterity.<sup>16,33</sup>

The midwife's role during postpartum consists, in particular, to "facilitate the acquisition of parenting skills".<sup>26</sup> Here are a few examples of interactions that are aimed at developing competencies:

- to be oneself in an empowerment situation and to

give this as an example to the mother: to discuss with a physician the steps to be taken when a minor neonatal anomaly is present in front of the mother<sup>5,34</sup>

- to consider the mother as a source of information when it comes to her baby and to give prominence to her skills in caring for the baby: validate her ability to safely bathe her baby<sup>6,26</sup>
- to manage the time available during a postnatal consultation with the mother according to the content determined by the mother: help with breast-feeding in a practical manner rather than discussing the continuation of postnatal care<sup>5,26,34</sup>
- to use an accessible but exact vocabulary to facilitate dialogue: prepare the mother for a non-authoritarian relationship with other healthcare professionals in the future<sup>4,32</sup>
- support and recognize paternal competencies (to encourage the empowerment of the father) to help with the mother's empowerment: to enable the father to have fulfilling experiences in order to further his commitment to the mother and the baby, and in so doing to contribute to his own empowerment<sup>35,36</sup>
- to make the mother aware of the existence of support groups in order to encourage peer support and the maintaining of autonomy with respect to the midwife: facilitate the integration of peer experiences without having herself experienced them and to pursue her empowerment<sup>13,32</sup>

The support of competencies, therefore, brings the mother to trust her own choices and her own resources, as well as to feel herself capable to fully fulfill her role in daily family life.<sup>5,22,26</sup> However, can the concept of empowerment be applied to all postnatal contexts?

## CRITICAL ANALYSIS

In a general way, the concept of empowerment encompasses the same notions from one author to another (see Table 1). It is, however, beneficial to consult several of them because no author covers all the facets explored above.

Empowerment is more of a personal process (intrapersonal) that, nevertheless, recognizes the relational aspect (interpersonal) when mothers are

heard by health care professionals such as midwives. The mothers develop a profound knowledge of their children. They develop the competence to care for them and to take the appropriate decisions. They thus develop the confidence to communicate what is best for their child. In fact, it seems that by respecting the notions of a non-authoritarian relationship, of the transfer of power, of informed choice, of sharing in decision-making and of personalized support, health care professionals can succeed in getting people to self-appropriate their health. On top of bringing a high rate of satisfaction, perinatal care according to an empowerment approach has been identified as possibly having a positive effect against the cycle of violence and poverty and as having a mobilizing effect on the community.<sup>21,25,32</sup> In an ideal world that subscribes to this philosophy all would be perfect. However, reality offers different challenges.

As mentioned earlier, the philosophy of midwives is imbued with the concept of empowerment. Are the women who prefer a more guided approach where the midwife makes the decisions penalized by their personal philosophical engagement, which is different from the midwife's philosophy? If they are less involved, will the midwife be less involved in the relationship? Will there be an effect on the quality of midwifery services? No study on the subject, from the point of view of midwives facing the implications of having to practice in such a context, has been done. It seems that the literature on the subject of midwifery and empowerment glorifies this model as being the only acceptable one for women and midwives.

Can practice in a hospital setting accommodate the concept of empowerment within rituals, politics or constraints? According to Paul et al practice in a community setting is more conducive to empowerment.<sup>26</sup> With midwives now delivering in a hospital setting in Quebec, we can anticipate that there will be a certain transitory cultural shock. The introduction of a concept so intimately linked with the promotion of help certainly requires that professionals from a rather curative milieu benefit from training in this respect.<sup>5,26,34</sup> The cultural shock could be lessened, to everyone's benefit, and the professionals will be in a position to experience empowerment in reality and not only to read about it in administrator's documents. As Gibson points out,

certain professionals do not want to share power.<sup>13</sup> It seems easier to give advice than to commit oneself to an empowerment process because it requires added effort and more investment on the part of the professional. Is a mother who has evolved in an empowerment process still apt to remain master of her life in front of such a professional? According to this concept, yes, but probably not without tension.

On the other hand, when professionals see that a mother has self-appropriated her child's care, they risk neglecting the support that she may need, because they recognize her competence and autonomy.<sup>13</sup> Is this a double-edged force? Is empowerment a transformation that endures? Should professionals take on a role of strengthening empowerment or is the mother in a position to summon it on her own? Does the mother pass this participative competence on to her child? No articles exploring these aspects were found.

Thus, the use of the concept of empowerment seems reserved for fields where health prevails or within small service organizations. All the same, it has been used successfully with mothers whose child was chronically ill. It is well-suited to the postpartum. Empowerment can enable parents to become competent, creative and responsible in regard to their health and that of their child.

## CONCLUSION

In a context of budgetary constraints in health services and of a social movement of taking charge of one's health, the concept of empowerment fits well within the trends of the last decade. This concept can be summarized as being a process of sharing of knowledge and of power within a non-authoritarian relationship between the midwife, the mother and her family, leading to participatory competence.

Starting with a conceptual analysis, it was shown how empowerment is well-suited to the postnatal context of midwifery. The critical analysis raised a few questions that could be the subject of future qualitative research in order to further explore this concept adapted to midwifery. Given that Canadian midwives adhere to the philosophy as well as to the concept of empowerment, it would be interesting to understand how they give concrete expression to this

concept and how mothers experience it. This knowledge could bring about an adjustment of practices according to the clientele of the 21<sup>st</sup> century.

## AUTHOR BIOGRAPHIES

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**APPENDIX: DUNST ET AL.'S<sup>19,20</sup> TWELVE PRINCIPLES REGARDING SUPPORT TO PARENTS (adapted par Lacharité<sup>23</sup>)**

Professionals who work in the field of healthcare, education and socio-sanitary services apply to their practice, in a more or less implicit way, a certain number of principles or ideas regarding the support and help that can be offered to parents.

1. Support is more effective when the provider adopts a positive and inviting attitude.
2. Support has a better chance of being well-received if the provider is offering support rather than waiting to be asked for it.
3. Support is more effective when the provider allows the decision-making process to be clearly controlled by the patient.
4. Support is more effective if it helps avoid the impression that the parent is abnormal.
5. Support is more effective when it corresponds to the type of evaluation and understanding that the

- parent has of her problem or of her needs.
6. Support has a better chance of being well-received if the 'costs' brought on by its search and acceptance do not exceed the benefits that the parent gets from it.
7. Support has a better chance of being well-received if the parent has the chance to 'give back' (reciprocity) and that this possibility is clearly approved of by the provider without it being formally expected.
8. Support has a better chance of being beneficial if the parent feels that she can immediately solve her problem or fill her needs.
9. Support is more effective if the provider encourages the use of the parent's natural support network and does not favour their replacement by a professional network.
10. Support has a better chance of promoting positive behaviour if the provider can enable a sense of co-operation and shared responsibility (partnership) in the parent when it comes to satisfying a need or solving a problem.
11. Support has a better chance of being beneficial if the provider encourages the parent to acquire skills/strategies that help reduce the need for future help.
12. Support has a better chance of being beneficial if the parent can perceive improvements in her situation and can see herself as being the one responsible for changes.