

The Role of the Midwife

By M. Philip R.N.; C.M.B. MIDWIFE TUTOR (LON.)

Motherhood

It is noble. It is to be proud of as it "creates, moulds and changes the nation. There are various methods to prepare girls for motherhood. Planned education in relation to thorough understanding of physical, social, moral and sexual aspects of human beings, is an important factor. (Responsibility of Education Department).

Second, most important factor comes in the field of midwifery. A midwife is responsible for:

- (a) Physical, mental and obstetrical preparation of the young woman to enter into motherhood through well planned ante-natal care.
- (b) Assisting to welcome a new member into the family is efficient intra-natal care.
- (c) Guiding and helping in the proper care of the new born by good post-natal care.
- (d) Helping to adapt to the added responsibilities without losing other interests.
- (e) Helping to lay the foundation stone in the newborn's life. (By good mothercraft teachings)
- (f) Preservation of family life.
- (g) Correlation to the community in which the mother lives.

Vocation

A midwife should be a person of high calling. She should believe in her vocation and recognise her very great responsibilities and dedicate herself for the betterment of her calling. Faith and pride in, and for the profession are two important factors for its success.

Training

If the midwife is to carry out these important functions and be worthy of the trust which is given her, it is essential for her training to be complete and of the highest standard possible and available.

When a training scheme is under discussion and study, general principles should be formulated to prepare the student midwife to be a good citizen; capable of managing her own affairs in accordance with the interest of the community.

Also to prepare her for the work which enables her to obtain the greatest satisfaction, having the privileges and freedom to use her knowledge and intelligence for the well being of those whom she serves.

Investigations and research into the length and content of the training of midwives, and the resources of the training school are necessary to ensure full benefit to the mothers and children of the world. They are also highly essential for the national and international recognition of the status of the midwife.

Maternity care in its wider sense begins in the measures aimed to promote and maintain the health and well-being of the young people who are potential parents, and to help them to develop the right approach to family life.

Student midwives should have ample opportunities to:

Observe, study, discuss, demonstrate, and practise during their learning period. They should have the chance to gain a good knowledge of human psychology, sociology and social problems. They should be informed of Public Health facilities available and taught to give health education in relation to human nature and human relationships in the community.

The methods of teaching should include general educational methods which encourage individual activity such as:

- (i) *Case Assignment*: Where student is responsible for a certain number of cases under close supervision of the sister-in-charge.
- (ii) *Clinical teaching*: A method of good correlation between theory and practice.
- (iii) *Group Discussion*: Where so many ideas can be pooled and

provide ample scope for self expression.

(iv) *Demonstrations*: As plays, dramas models, exhibits which stimulate their interests along with other talents.

(v) *Seminars and Debates*: (A few, inter-hospital). To widen the knowledge by pooling many views and ideas.

To stimulate a competitive, professional spirit.

To broaden the outlook in other aspects.

In our country it is high time to review the preparation of the midwife. The rights of the midwives also need to be renewed as to:

1. Professional and legal status
2. Legal Protection
3. Qualifications at various levels

Facilities

A registered midwife is a valuable member of the Health Team. She should be capable of giving full service; of recognising abnormal conditions and getting medical assistance in time. In order to be a valuable member of the Health Team, a midwife, especially those engaged in "domiciliary practice", should have modern facilities and approval from the authority, to carry out her task successfully.

Relief of Pain. An important factor, the State and the authorities should realise is that a midwife is expected to "relieve pain".

Although, labour is the physiological advancement of pregnancy, it is a great strain mentally as well as physically to the mother. Pain and struggle should be relieved and childbirth should be made, as far as possible, enjoyable, desirable and a moment of pleasure.

Fear and the basic causes of pain, should be relieved by careful psychological approach, relaxation exercises, mothercraft teachings and understanding. Physiological pain and exhaustion of a labouring mother

should be understood and treated with appropriate drugs.

A midwife should be instructed and authorised to use the various drugs, which are not in the "Dangerous Drugs Act," to relieve the pain of a suffering and labouring mother. To fail to do so is both callous and careless. Standing orders should include: Eq Mist; Potassium Bromide & Chloral Hydrate, syrup of chloral, etc.

There should be no occasion, when a midwife attends a mother in pain and distress but does *nothing for her because of the restrictions to act*.

The preservation of morale of the mother is the key-note for the successful management of childbirth. It is important to note that the more a midwife sees mothers in pain unrelieved, the more hard-hearted she becomes, and such a person can never be true to her high calling, but loses the professional potentiality.

So it is the duty of the State and the authorities to protect "midwife's rights" and encourage this noble profession by supporting it by adequate laws.

Recommendations

Introduction of Trilene and Nitrous oxide gas and proper training for their administration.

Emergencies. (a) Where medical aid is not available at all, and where indications arise, a fully *qualified registered* midwife should be allowed to do episiotomy where necessary.

(b) In order to detect suspected or unforeseen abnormalities and emergencies a midwife should be allowed to do vaginal examination in intranatal period—e.g. detection of:

- Brow presentation
- Deep transverse arrest
- Cord prolapse etc.

(c) To cope with unexpected emergencies a midwife should be provided with adequate equipments: e.g.

1. A small oxygen cylinder
2. Mucus extractors
3. Intra gastric tubes

Facilities

These are merely the primary rights of the midwife deprived of which midwifery service will not be effective but soon will lose the confidence of public as well as of self.

Co-operation

A midwife should enjoy the full co-operation and confidence of the Health Team which is responsible for the well-being of the community. Periodical conferences to discuss problems, needs and improvements, with the Health Team will be of much mutual benefit. A midwife service will be very much improved when shared with able colleagues who are specialists in other fields.

Inter-personal Relationship or Midwife-patient Relationship

A midwife by her high calling is expected to be a source of joy, mercy, kindness and inspiration to the families and community in and, which she serves. She should win the confidence of the families so that they come to look to her, for guidance and counsel in their various problems. She should be a professional who is above suspicion and criticism.

The increasing demand for hospitalization necessitates contact with maternity hospitals and here again new friendship should be formed.

A woman coming in pain and mental agony to a strange hospital should experience a warm and kind welcome. The knowledge that help is available, a friendly welcome awaits and every staff member has interest at heart, inspires confidence, and pregnancy is approached with joyous participation.

This important psychological aspect is only possible where the team spirit prevails, where the midwife has status.

The future father must be encouraged to share with his wife, the various sides of family life.

It will be very good if Maternity Hospitals and Maternity and Child Welfare Centres can arrange "Parents Evenings" for discussions and teachings.

Periodical parties for babies or a "Baby Show" will encourage mothers toward the better care of their babies.

The honour and privilege of helping at the time of fulfilment of Motherhood goes to midwife. Is she getting the exact training for such a high honour?

Is she privileged with the rights and legal protection?

Will the state and the authorities consider it worth while to review the existing and poor situations?

NOTICE

TNAI BADGES

We regret the delay in supplying badges to New Members.

New stocks are expected in April.

LAKSHMI DEVI
General Secretary