Midwifery - A Practice Approach

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Care typically provided by midwives is well suited to child bearing women including all mothers who anticipate uncomplicated delivery process. Midwives make sure that women are provided with good information, involve them in decision making with flexible and supportive care for a normal child birth. Midwife actually speaking is a support person who promotes health and prevents complication.

Historically, there were different ways of the care of pregnant women which ultimately led to the building up of two unique professions: midwifery and medical obstetrics. Midwives view pregnancy as critical but a normal phenomenon. Obstetrics has developed for dealing with the abnormalities of pregnancy and childbirth. Midwifery and medical obstetrics are two distinct but complimentary professions with different thinking and overlapping but with unique purpose and body of knowledge.

Midwives endeavour for a healthy pregnancy outcome. Along with childbirth educators, midwives play a major role of being with women in antenatal period, labour and postnatal period.

In 2013, a UNICEF-funded study in India in the year 2013 by UNICEF has critically analysed major gaps in child birth practices at the primary level especially subcentre and remote PHCs. According to an article in the in Newyork Times, January 13, 2013 by Malavika Vyawahare, more than 55,000 women in India are dying from adverse pregnancy outcomes. Health experts and NGOs are now asking the government to integrate midwives into the healthcare systems by training them in Modern Childbirth Practices and teaching them to observe and recognise emergency situations. As per Express News Service (Mumbai, November 3, 2008), Indian Nursing Council (INC), the parent body of the nursing councils in the country, along with TNAI has put forth Independent nurse practitioners programme in midwifery in Maharashtra which will help trained nurses to take up on normal deliveries in sub centres and PHCs in the absence of doctors.

Midwives often view childbirth as psychosocial, cultural and also spiritual life experience – which will help women to face pregnancy positively and also make them feel stronger, for building up an emotional bonding with the newborn and family members. Midwives also play a role as child birth educators where she can build courage and confidence in the women to take care of herself in pregnancy as well as being aware when to approach the health professional for advice and care. The joy of motherhood can be experienced by every woman in a unique way of her own choice. Breastfeeding and mother-craft are also part of the focus of midwifery.

Lina Duncan a UK-based midwife working in India since 2008 believes that women should have the right to make her own decisions to go back to the simple and natural way of birthing at home, that birthing centres would spring up worldwide to facilitate mother baby-friendly care and that each midwife will train one or more.

Researchers have found that majority of nurses have a positive attitude towards evidence-based practice upto 1999. One important evidence-based practice I would suggest is, if a good cry at birth is evident in a newborn, then babies need not be put in warmers. Instead, babies can be put on Kangaroo mother care which will not only help in thermoregulation but also help the babies to initiate breast-feeding within half an hour, which in turn has an added advantage for mothers in controlling postpartum haemorrhage.

Chalmers et al found that care from a qualified midwife is a best practice for the health of majority of women. Adams & Bianchi (2008) reported that in majority of cases, midwives present at birth have a unique opportunity to positively affect the labouring women. Payan et al (2008) state that when midwives are with women in labour, they feel a strong support which in turn can have a powerful influence on the physiologic and psychological outcome of the childbirth experience. According to Mavalankar et al (2007), few states and NGOs in India have designed interesting models of midwifery nurse-based, maternal health services with support of Emergency Obstetric care services.

Midwifery Model of Care – According to this model pregnancy and natural birth are natural life-processes.

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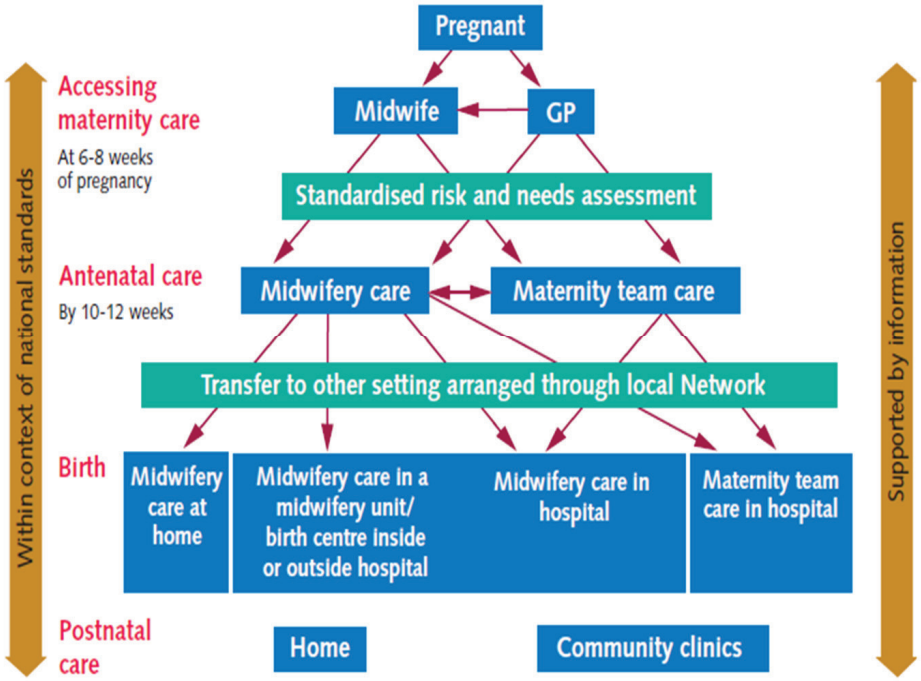

Fig 1: Choice commitments along the maternity care pathway.

(Source: Maternity matters - Choice, access, continuity of care in a safe service (www.northwest.ns.uk/...maternity)

The focus of midwife should be on monitoring, physical, psychological and social well-being of the mother of child bearing cycle.

Midwife informs and aids in decision making process.

Advantages: Rate of natural birth increased; Use of interventions greatly reduced; Length of labour is shortened dramatically; Use of medications is greatly reduced; and AN & PN care is more effective.

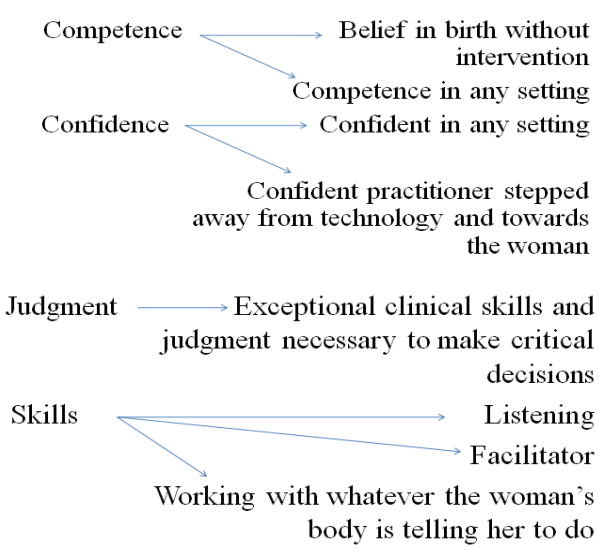

Fig 2: Skilled practice diagram.

Midwife-Led Care

It stresses on pregnancy and birth is a normal physiological process for women, not a disease or illness. It also focuses on compassionate and continuous partnership with women and their families for health care decisions. Further, it helps in individualised woman and family-centred care, education and empowerment to make care choices.

During Labour and Birth

Midwives wait and watch for normal physiological processes during pregnancy and birth. They believe in staying attentive during labour and birth. Standard protocols will help them to make right decisions at the right time so that there will be positive pregnancy and foetal outcome.

Six aims in the context of maternity care (Institute of Medicines, 2001) are: safe, effective, woman-centred, timely, efficient and equitable.

Midwife Led Birth Centres Midwife led birth centres are evolving in India**.**

Birthing sanctuary in Goa: It is believed that birth is a woman's and families' right of passage that needs to be witnessed in love.

Just-link Health Services Pvt. Ltd. Mumbai: Father/ family member is trained to have the confidence and basic skills to help the woman cope with the process of labour and delivery.

Birth village: Natural birthing centre Cochin: Parents and professionals create family-centred care, home-like setting and wellness and holistic approach to pregnancy, birth and women's health care.

Healthy mother birth centre Hyderabad: Led by US certified midwife. WHO midwifery protocol of care is followed and practices are based on midwifery model of care.

Best Practices Maternity Care

Midwifery educators like Dr Manju Chuggani, Dr Uma Handa, Ms Lina Duncan, Mrs Vijaya Krishnan are all practicing midwifery models of care to establish independent midwifery practice in India so as to encourage all pregnant mothers to go through natural

birth process and thus minimise unnecessary interventions.

- ANSWERS Hyderabad has developed nurse-based model in caring for pregnant women and laboring women in the Medak District through the government health system.
- A nurse based model has been in practice by Arth, an NGO in tribal area of Udaipur District
- Swedish – Sida assisted, maternal health care development project coordinated by IIM Ahmedabad is developing midwifery training, practice and research in some states of India to promote natural birth.
- In Jharkhand, CEDPA and JHEIPGO have developed a skill based training of midwifery.
- In Chennai, also Government has developed a model of primary health care centre, to provide a 24hr service for child birth. It has also developed a good system of documenting all maternal deaths and conducting a maternal death enquiry to find preventable factors.

According to Swedish American physicians remark in AMA, Scandinavian midwives are proud to be collaborating with an important community work and whose profession is recognised by medical men as important factor in the art of obstetrics with which they have no differences.

It was reported that decrease in MMR was due to carefully supervised system of care and practice of midwifery. Representative from IIM Ahmedabad said that adopting EBP such as developing a skilled cadre of locally available midwives backed up by efficient referral and emergency obstetric care services as in Sweden, Sri Lanka will help India achieve the millennium goal in drastically reducing maternal mortality and infant mortality.

WHO Strategies and Intervention for Obstetric Reference

- Major highlights referral facility should have proper resources
- Communications and feedback systems
- Proper transport facilities
- Standard protocols to handle emergencies.
- Coordination and teamwork between referral levels
- Proper documentation
- Mechanisms to ensure that patients do not bypass levels

Seven modules in the midwifery tool kit focus on strengthening the major role and function of the nurse midwife in the provision of EBP during pregnancy, childbirth and RCH services.

WHO recommendations

- WHO 2011 cites midwifery as a key component of improving global MCH and seeks to promote the profession on a global scale.
- Trained midwives should be the best care givers for healthy women with normal pregnancies.
- Promote safe outcomes for mother and baby.

The WHO strategy focuses on facilitating natural birth and improving maternal, foetal and newborn health.

Innovative changes needed for midwifery practice in India

- Midwife as the first point of contact
- Psychological outcomes for woman and baby
- Preparation for parenthood; efficient family support
- Promote midwifery-led care including home birth
- Culturally sensitive
- Improve access to community, maternity services
- One-to-one care in labour
- Consultant midwife positions
- Maternity support workers
- Follow-up post-natal period

Conclusion

Midwifery is in itself an independent profession where being with the woman and her family, she can negotiate the health care system within the cultural context, for a safe and undisturbed birth for women and their babies. Midwives have a major role in practicing evidence-based approach in the hospital or community settings. Promoting exclusive Breast feeding for six months by our tactics in teaching the right technique of feeding which will help the mothers to have a joyous moment in feeding.

The International Confederation of midwives through the Global Standards for Midwifery Regulation (2011) supports midwives to work autonomously within the full scope of practice.

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