Midwifery Model of Care

Vonda

MDWF 144b Midwife’s Assistant Orientation

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The midwifery model of care goes far beyond obstetric management; it looks at the realities of pregnancy and childbirth in a more realistic manner. (Goer, 1999) By not upsetting the itinerary of a birth, it never rushes the baby, the mother, or the process itself. (Mana, 1996-2001) Unless waiting is harmful to either mother or child, or if there is a present danger in any case, intervention will not come about.

Under this model of care, midwives gain informed consent from their patients (Goer, 1999) or from whom the mother assigns as equally responsible parties; whether that is a partner, a family member, or a trusted friend. What this means, is that the midwife and the responsible parties are sharing the whole process with each other. They are together making informed choices of the care that will occur.

Each and every woman and child is given the best of care, (Mana, 1996-2001), treated with respect as an individual not just another patient or number. The midwife shares unbiased information on all care and explains the pros and cons on all procedures, advice given, medication, and referrals, and always receives consent before administering any care. The information the mother is given is explained on a level that is clear and understandable to her, and she is supported in any choices made. This allows each woman to make her own active decisions as to what she desires to take place throughout her term. (Goer, 1999)

The midwife must keep precise and accurate records throughout the process for each patient. She will document all her findings, procedures, any care given and the results for both mother and child. She is obligated to keep all information confidential and safe at all times.

For a midwife to give the best of care, she must be trained through programs of education in the midwifery practice. She will follow the steps necessary within state laws, and requirements and regulations to practice as a midwife. Whether that is by acquiring a license, registering or obtaining a permit, and/or passing board examinations if her state so requires.

The Midwife is there to not only support the mother and her child physically, but to support them emotionally, socially, psychologically and spiritually as well. (Citizens for Midwifery, 2005) She is there to council, guide and teach when needed, as she provides individualized personal one on one quality care. She befriends the mother and establishes a relationship that, in more times than not, will carry on for a life time.

A midwife is there to educate parents through all stages of health care from planning to postpartum care. She is able to assist her clients prior to pregnancy in supporting and educating them in conception as well as being there for regular prenatal visits, while in labor, and for up to three months after delivery for postpartum appointments. Midwives can also educate on a wide variety of other issues such as lactation, postpartum depression, and infant care.

On occasion, a midwife will refer their patients to an obstetrician when absolutely necessary, but will use preventative measures throughout the care. These include a range of low to no risk skills, strategies, techniques, and a variety of herbs, to help minimize the need for technological interventions and transporting during labor. (Citizens for Midwifery, 2005), In a case of transported emergency, a backup plan needs to be established prior to labor.

Midwives work in their community providing women twenty-four-hour availability. They work within a number of locations such as clinics, coming to your home, or even out of their own homes. At times, more than one location may be available for the mother to choose where she may feel most comfortable.

If at any time the midwife is unavailable, she will provide the client with other midwives whom she works closely with. This midwife needs to be a trusted confidant, whom the mother has previously been introduced to, and feels comfortable with, allowing them to take over in the case of you being unavailable.

This model of care is to bring about safe and healthy pregnancies, labors and deliveries. It is based on truth acquired from documented research, evidence gained over the years, (Murray, et al., 2000) and proven methods that are as old as the bible, and as new as today. It is a type of conduct, a belief system, a way of thinking, (Goer, 1999), living and a responsibility. Over all, it is a much more practical approach for both mother and child, and allows nature to take its own course. Midwives young and old, new or seasoned all around the world practice and follow this model to give their patients extraordinary care.

# Works Cited

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