

INTRODUCTION TO MIDWIFERY



Midwife and Baby

A midwife bathes a newborn baby. Midwives deliver two-thirds of the world's infants. Childbirth in the United States most often occurs in a hospital under a physician's care. Recently many American women have opted for the personalized health care that midwives provide, both in the hospital and at home.

I. Introduction

Midwifery, profession that provides health care for women, especially during pregnancy and childbirth. *Midwives* (practitioners of midwifery) have assisted women in giving birth since ancient times. Today midwives deliver more than two-thirds of the world's infants and provide many other gynecological services. Midwives care for women in developing countries where physicians may be scarce and in many developed countries such as the United States, Japan, and The Netherlands.

Midwives base their practice on the understanding that pregnancy and childbirth are natural processes and health care should be personalized to meet the needs of a woman and her family. While the practice of midwifery differs worldwide, most midwives provide prenatal care, assist the birth process, and offer emotional and psychological support to a woman and her family during the birth experience. In the United States a midwife may also perform gynecological checkups, including breast examinations and pap smears, provide birth-control advice, manage the specific needs of menopause, and, in some cases, serve as a primary care provider.

In the United States there are two formally recognized types of midwives: certified nurse-midwives and direct-entry midwives. Certified nurse-midwives (CNMs) are registered nurses certified by the American College of Nurse-Midwives (ACNM). Certified nurse-midwives are recognized by all 50 states and the District of Columbia. The ACNM requires that CNMs graduate from 1 of 45 ACNM-approved educational programs and pass a national certification exam. Some states have additional requirements for a professional midwifery license. In 1996 the ACNM opened the profession to qualified non-nurses who successfully complete an approved midwifery education program and pass the national certification examination. All ACNM-certified midwives are required to recertify every eight years.

Direct-entry midwives may be trained through informal apprenticeships or, increasingly, through more formalized degree programs at educational centers. Direct-entry midwives typically help women who deliver children at home. The practice of direct-entry midwifery is allowed in 41 states.

II. Benefits of Midwifery

Midwifery benefits pregnant women in several ways. Midwives encourage women to actively participate in health care decisions. They teach women how to best care for themselves through proper nutrition and exercise, giving women greater control over their pregnancies and birth experiences. Many women find this level of participation satisfying.

Although most midwife-attended births take place in hospitals, midwives may also work in less clinical settings such as a home or a homelike, out-of-hospital birth center. This nonthreatening, comfortable atmosphere often helps a woman in labor feel more at ease and more in control of the birth process. In general midwives do not use invasive technology like obstetrical forceps in providing care during labor and birth. Minimizing the use of costly and sometimes painful medical tests and treatments appeals to many women.

During labor and birth, all of the midwife's effort focuses on helping the woman deliver her child with confidence. The midwife carefully monitors the mother's blood pressure, pulse rate, and dehydration levels, and the unborn child's heart rate. Nurse-midwives are trained to recognize and prevent problems before they occur. In cases involving unexpected complications or emergencies, most midwives have arrangements with physicians to ensure that medical help is immediately available.

Midwives generally accept patients at low risk for complications during pregnancy and labor. They screen potential clients for conditions such as high blood pressure, diabetes, and a history of multiple births. Studies show that nurse-midwife care compares favorably to care provided by a physician for low-risk pregnancies. According to the ACNM, women who are under the care of a CNM are less likely to have a cesarean section (surgical delivery of the newborn through the abdomen) or an episiotomy (surgical enlargement of the birth canal) during a vaginal delivery. Moreover, babies born with the help of a CNM usually weigh more at birth and have an increased chance of surviving past their first year.

III. History of Midwifery

The practice of midwifery has a long and distinguished history. The Greek philosopher Aristotle wrote of the wisdom and intelligence of Greek midwives. In the 16th century, French midwives were instrumental in

advancing the field of obstetrics. The French midwife Louise Bourgeois, a noted teacher and author, was midwife to the French Royal Court for 27 years, delivering Louis XIII and six children of Henry IV.

By the 20th century in the United States, a shift in attitudes toward pregnancy and childbirth occurred. This natural process was viewed almost like an illness, best treated by a physician, preferably in a hospital. Despite the findings of a study in 1910 that obstetricians' unsanitary procedures were more often responsible for the high maternal mortality rates of the time, many physicians blamed mortality rates on the practice of midwifery.

In response to these accusations, the School of the Association for the Promotion and Standardization of Midwifery was founded in 1931 to provide formal education for midwives. American nurse-midwife Mary Breckinridge founded the Frontier Nursing Service in 1925 to provide care for rural Kentuckians. In 1939, the service opened the Frontier School of Midwifery and Family Nursing in Hyden, Kentucky. A family nursing curriculum was added to the school's program in 1970, and the name of the school was changed to the Frontier School of Midwifery and Family Nursing.

In 1955 the American College of Nurse-Midwifery (later renamed the American College of Nurse-Midwives) was established to develop and support educational programs, sponsor research, develop professional relationships, and participate in the international organization of midwives.

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