

# Becoming a Midwife **in the 21<sup>st</sup> Century**

Edited by Ian Peate and Cathy Hamilton



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# **Becoming a Midwife in the 21st Century**

Edited by:

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# **Introduction**

## **Ian Peate and Cathy Hamilton**

This text is primarily intended for midwifery students, health care assistants, associated practitioners, those undertaking SNVQ/NVQ level of study or anyone who intends to undertake a programme of study leading to registration as a midwife. Throughout the text the terms midwife, student and midwifery are used. These terms and the principles applied to this book can be transferred to a number of health care workers at various levels and in various settings in order to develop their skills for caring for women and their families through childbirth.

## **The unique role and function of the midwife**

Midwives provide individual care to women and their families, encouraging them to participate in and determine how they want their pregnancy to progress. Midwives work with women during and after their pregnancy in a variety of settings, for example, in the women's own homes, midwifery-led units and hospitals. Midwife means 'with woman' and this highlights the empowering/partnership role of the midwife – the midwife works with the woman rather than telling her what to do.

The support the midwife offers is determined by assessing the woman's individual needs and working in partnership with her and other health care workers. The midwife is

usually the lead health care professional involved in caring for pregnant women. There will be occasions when you will need to work on your own as a midwife and times when you will be working as a member of the wider team. It is important that midwives work collaboratively with other health care professionals, including obstetricians, paediatricians, specialist community public health nurses and paramedics, in order to ensure a high quality of care for women and their families.

According to Medforth et al. (2006) the definition of a midwife was first officially formulated in 1972. This followed discussions and debates among various organisations and committees and is as follows:

*'A midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery.'*

The midwife is the senior professional attending over 75 per cent of births in the UK; she provides total care to mother and baby from early pregnancy onwards, throughout childbirth and until the baby is 28 days old (Medforth et al. 2006). The role of the midwife is thus multifaceted.

## **The midwife's role in public health**

Another important aspect of that role is within the context of public health. Public health can be defined as improving the health of the population, as opposed to treating the diseases of individuals. This is particularly appropriate in

midwifery as you will be caring for healthy individuals going through the physiological process of childbirth. Public health functions (DH 2004) include:

- Health surveillance, monitoring and analysis
- Investigation of disease outbreaks, epidemics and risk to health
- Establishing, designing and empowering communities
- Creating and sustaining cross-government and inter-sectoral partnerships to improve health and reduce inequalities
- Ensuring compliance with regulations and laws to protect and promote health
- Developing and maintaining a well-educated and trained, multidisciplinary public health workforce
- Ensuring the effective performance of NHS services to meet goals in improving health, preventing disease and reducing inequalities
- Research, development, evaluation and innovation
- Quality assuring the public health function

Public health activities can take place with individuals, their families or communities, on a national or international level. The midwife is ideally placed to influence and enact public health policy when working with women and their families as well as being able to develop a population perspective within midwifery.

All the chapters in this text are concerned with midwifery practice, and as such are rooted in public health. Midwives make a substantial contribution to public health by promoting the long-term well-being of women, their babies and their families. They provide information and advice regarding screening and testing, sexual health, nutrition, exercise and healthy lifestyles. The midwife promotes breastfeeding, offering support and advice, as well as providing guidance to women and their families in relation to immunisation (RCM 2001). Public health in midwifery is

not new; midwives have always provided care that has a public health focus. Public health is at the heart of all aspects of midwifery practice.

## Terminology

There are number of terms that can be used to describe women who use maternity services. 'Patient', 'woman' and 'client' are used throughout this text and refer to all groups and individuals who have direct or indirect contact with health care workers and in particular registered midwives, nurses and specialist community public health nurses.

Patient is the term commonly used within the NHS. It is acknowledged that not everyone approves of the passive concept associated with it or the way in which it can emphasise a medical focus. However, the term is used in this text in the knowledge that it is widely understood. The other two commonly used terms - woman and client - are also used to reflect changes in the way midwives and other care providers are considering their relationships with users of maternity services. The term client emphasises the professional nature of the relationship that the midwife has with the women she cares for. The term consumer is taken from the marketplace and highlights the concept of service-users as consumers of products such as medications or care services. Client and consumer have their roots in health care provision during the 1980s and 1990s, when - particularly in the health service - market forces and consumerism were in vogue. Another term used is expert. Experts are said to be on an equal footing with expert care providers (for example, midwives and obstetricians). They are often patients who live with long-term health conditions.

**Table 1.1** Number of midwives on the midwives' section of the professional register

Number of midwives	
Male	163
Female	42 718
Total	42 881

There are 42 881 midwives on the midwives' section of the professional register (see [Table 1.1](#)) The majority of midwives in the UK are women. And whilst it is acknowledged that the number of men entering the midwifery profession is increasing, for the sake of brevity this text uses the pronoun she.

## **The Nursing and Midwifery Council and Quality Assurance (Education)**

The primary aim of the Nursing and Midwifery Council (NMC), an organisation established by Parliament, is to protect the public by ensuring that midwives and nurses provide a high standard of care to their patients and clients.

The NMC is the regulatory body responsible for promoting best practice amongst the midwives and nurses registered with them. The key role of the NMC is central to ensuring that women receive the best possible care. It is the responsibility of the NMC to set and monitor standards in training (Nursing and Midwifery Order 2001). The NMC has produced a framework for quality assurance of education programmes. This framework relates to all programmes that lead to registration or to the recording of a qualification on the professional register.

The programme you have embarked on, or are going to embark on, must meet certain standards. These include the

standards set by your educational institution – for example, your university's policies and procedures relating to quality assurance and external influences. The NMC and the Quality Assurance Agency (QAA) standards must be satisfied before a programme of study can be validated and deemed fit for purpose (Quality Assurance Agency for Higher Education 2000). Other external factors that must be given due consideration are the European Directives. Two European Directives – 77/453/EEC and 89/595/EEC – and their implications are discussed.

The Nursing and Midwifery Order 2001 provides the NMC with powers in relation to quality assurance and, as a result of this, the production of a framework that education providers (for example, universities) that offer, or intend to offer, NMC-approved programmes leading to registration or recording on the register have to adhere to. There are many provisions in place in the UK that ensure the quality of education programmes.

The NMC has to be satisfied that its standards for granting a licence to practise are being met as required and in association with the law. They do so by setting standards to maintain public confidence, as well as to protect the public. By appointing representatives they can be satisfied that they are represented during the quality assurance process in relation to the approval, re-approval and annual monitoring activities associated with programmes of study.

Each programme of study for pre-registration midwifery must demonstrate explicitly and robustly that it has included the rules and standards of the NMC so that those who complete a recognised programme of study are eligible for registration. The Standards of Proficiency for Pre-registration Midwifery Education (NMC 2004a) are examples of standards that must be achieved prior to registration.

## ***Midwives Rules and Standards***