

SECOND EDITION

# The Student's Guide to **BECOMING A MIDWIFE**

Edited by  
Ian Peate and Cathy Hamilton



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# The Student's Guide to Becoming a Midwife

Second edition

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# Preface to the Second Edition

In the UK, maternity services have developed significantly with an increasing recognition that midwives should take the lead role in the care of normal pregnancy and labour (DH 2007, 2010). Midwifery-led care has been seen to have good outcomes such as shared care, reports of greater satisfaction from women and a reduction in obstetric intervention rates (Devane et al. 2010).

The first edition of *Becoming a Midwife in the 21st Century* was published in 2008. Since then the world has changed and the practice of midwifery continues to evolve. This second edition reflects the changes that have occurred but maintains its central aim of helping to prepare the next generation of midwives who are fit for purpose and fit for practice.

Feedback from students and lecturers alike has been instrumental in ensuring that this edition will be as popular as the first one. There are now 20 chapters in this edition arranged around the new pre-registration midwifery standards. The five essential skills clusters have been interlinked within each of the chapters where appropriate.

The new edition builds upon the positive comments made by the reviewers and anecdotal comments concerning the current text's 'student friendliness'. Each chapter commences with an aim and a set of 4–6 objectives which will help you to pre-plan learning and understand the rationale for the discrete yet intertwined chapters.

We have reviewed the various elements of pedagogy, developing this further to make it stronger and more

engaging. Readers will note that the text layout has been prepared in such a way as to make it more appealing.

Chapter order has been rearranged and we have retained the popular case studies and extended them further. Each chapter has review questions using a variety of formats with answers provided at the end of the book. The aim is to improve retention and enhance learning.

As appropriate, midwifery pearls of wisdom have been provided throughout the text, providing the reader with practical hints and tips. There is a glossary of terms at the end of the book.

Updated evidence to support discussion has been provided. Reference and referral to organisations such as National Institute for Health and a Care Excellence (NICE) and other appropriate government organisations have been retained. Throughout, referral to the *Code of Conduct and Guidance on Professional Conduct for Nursing and Midwifery Students* has been included.

Various White Papers that have had and will have an impact on the practice of midwifery and the care of women produced by the government have been included. An additional chapter has been included focusing upon public health and the role of the midwife.

We have sincerely enjoyed being able to provide you with an updated version of the first edition. We hope that you will enjoy reading it with the primary intention of providing safe and effective care based upon the best available evidence to those women and their families for whom you have the privilege to care.

*Ian Peate and Cathy Hamilton*

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# Introduction

Ian Peate and Cathy Hamilton

This text is primarily intended for midwifery students, midwifery support workers, healthcare assistants, those undertaking Scottish Vocational Qualifications/National Qualifications Framework 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 healthcare workers at various levels and in various settings in order to develop their skills for caring for women and their families throughout childbirth.

## The unique role and function of the midwife

Midwives provide individual care to women and their families, encouraging them to participate in their pregnancy and determine how they want it to progress. Each year, over 700,000 women in the UK will give birth, nearly all of whom will have had the majority of their care from a midwife. In women's homes, birth centres and hospitals, midwives co-ordinate a woman's journey through her pregnancy, offering her continuity with the aim of ensuring that she experiences safe, compassionate care in an appropriate environment.

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 underpinning philosophy of midwifery care is articulated by Page and McCandlish (2006) who suggest the following:

*The essence of being a midwife is the assistance of a woman around the time of childbirth in a way that recognises that the physical, emotional and spiritual aspects of pregnancy and birth are equally important. The midwife provides competent and safe physical care without sacrificing these other aspects.*

The support the midwife offers is established by assessing the woman's individual needs and by working in partnership with her and other healthcare workers. The midwife is usually the lead healthcare 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 healthcare 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.

Medforth et al. (2011) note that the definition of a midwife was first officially formulated in 1972. This was after 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% of births in the UK, providing total care to mother and baby from early pregnancy onwards, throughout childbirth and beyond. 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 risks to health
- establishing, designing and empowering communities
- creating and sustaining cross-government and intersectoral 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.

The Department of Health (2012a) defines public health as: 'about helping people to stay healthy and avoid getting ill'. Within this definition specific areas are included such as nutrition, recreational substance use, sexual health, pregnancy, immunisation and children's health. The key concerns of public health are dual: the health of populations and the health of individuals or groups within a population. The health needs of populations are embraced within

overarching measures such as food and water safety, road safety and the provision of health services which are free at point of care.

A great deal of public health activity in the UK is derived from government; the drivers are political and economical, as the burden of disease is costly to a nation in which the state subsidises health and social care. Public Health England, introduced in April 2013, has been charged with protecting public health by delivering on the objectives of the Public Health Outcomes Framework (DH 2011, 2012b). The legislation responsible for this is the Health and Social Care Act 2012. At a national level in England, Public Health England will be the executive agency that delivers the wider agenda and at local level, the move of public health services into local authorities aims to create a multiprofessional approach to delivering local strategy and supporting better healthcare for the population.

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. Public health in midwifery is not new; midwives have always provided care that has a public