chss
UNIVERSITY OF KENT

PhD Research title:

The Social Construction of Risk in Midwifery Discourse

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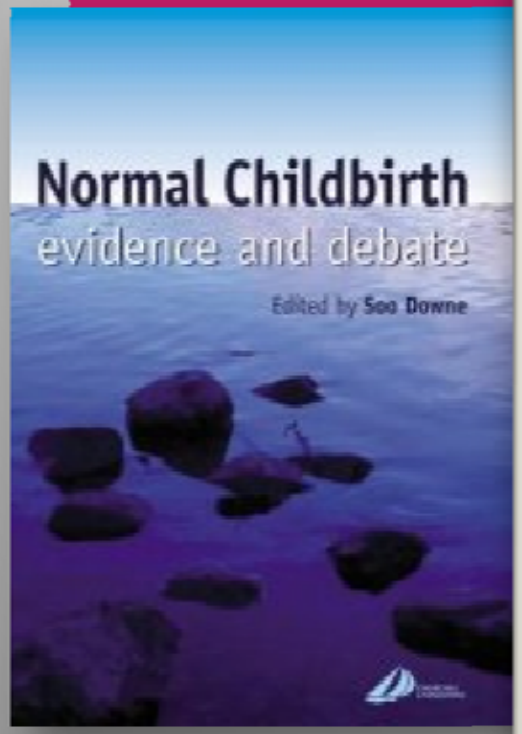
I don't know that there is a set midwifery philosophy. I think a lot of midwives all have their own different philosophies really

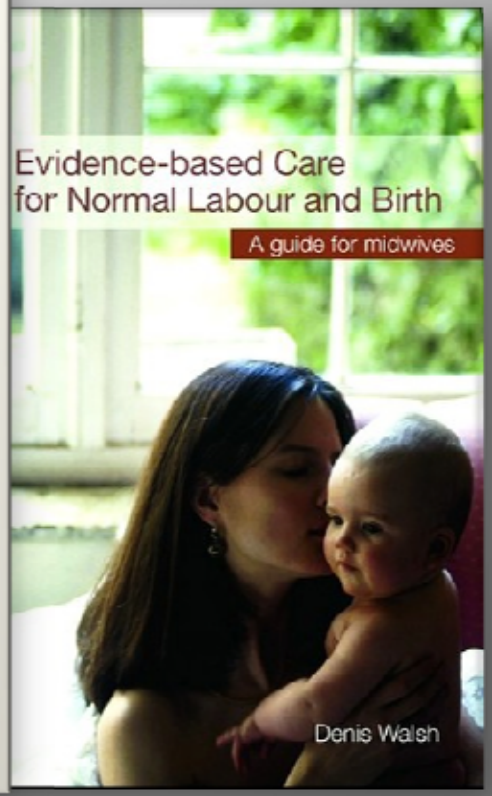
- an expert/champion of normal birth?
- a risk avoider?
- with woman?

Presentation structure

What is a Midwife?

Midwife – champion of normal birth





Some ethnographic data: Michelle and Sarah

- Sarah is a term primip, who has enjoyed a healthy pregnancy

- she is spontaneously pushing in a birthing pool, using entonox

- no VE performed to confirm FD

- After Sarah has been pushing for 1 hour Michelle decides to allow her another 30 mins

- Vertex visible at height of contraction

Some ethnographic data: Michelle and Sarah

- Michelle instructed her student to move the bed out of the corner of the room
- She then encourages Sarah out of the pool – still no delivery after 1hr 45 mins pushing
- Sarah was helped onto the bed and put into lithotomy. I assisted Michelle in preparing to infiltrate
- Sarah could not tolerate the infiltration process, her perineum distended and she gave birth to a live female infant who gasped and cried soon after delivery, no resuscitation required

I am always, you know, in the back of mind, thinking that things can always go wrong at any moment. So that's how I practice as a midwife. It can be wonderful but it is only wonderful when it is finished, when it is all over

And I think, what is normal, what is normal in childbirth we have probably forgotten what is normal because we don’t practice like that we don’t get to see it as midwives.

What is a Midwife?

- an expert/champion of normal birth?
- a risk avoider?
- with woman?

The ICM's definition of midwifery care

Midwifery 'care includes preventative measures, the detection of abnormal conditions, the procurement of medical assistance and the execution of emergency measures in the absence of medical help.' {International Confederation of Midwives 2005}

2005 NMC code of professional conduct

This care includes preventive measures, the promotion of normal birth, the detection of complications in mother and child, access to medical or other appropriate assistance and the carrying out of emergency measures.' {International Confederation of Midwives 2005}

As a ... midwife you must:

identify and minimise the risks to mother and child, access to medical assistance and the execution of emergency measures in the absence of medical help.

What is a Midwife?

- an expert/champion of normal birth?
- a risk avoider?
- with woman?

Well … that is a load of crap! You are not, you aren't with her. You are with your policies; you are with your obstetricians; you are with your colleagues; you are with what seems to be an ever narrowing window of normality but you rarely are ‘with woman’

Some ethnographic data: Rachael and Poppy

- Poppy is a term primip who has enjoyed a healthy pregnancy
- she arrived at the midwifery lead facility with painful contractions
- Contracting irregularly between 2-3 in 10
- VE revealed a central cervix 2cm dilated
- Rachael tells Poppy she is not in labour and that because it is going to take so long, she should go home

Some ethnographic data: Rachael and Poppy

- Poppy and her husband plead to stay, Rachael concedes on the condition she mobilises ‘to get things going’ and that she “gets away from the gas and air; you don’t need it yet” she tells her

- Poppy appears to be very scared and asks if she can go in the bath

- The unit has no bath, so Rachael explains she could use the small birthing pool but warns it will probably stop everything

- Poppy gets into the water and visibly relaxes

Some ethnographic data: Rachael and Poppy

- 30 mins later, she is spontaneously pushing, Rachael firmly discourages this

- Poppy struggles not to push so a VE is performed to confirm FD, FD confirmed; contractions continue to be irregular

- Rachael removes the gas and air and instructs Poppy how to push

- 1 hr after VE Poppy is removed from the pool she tries to squat to push. This is strongly discouraged because Rachael is unable to assess descent

- Poppy, encouraged into the semi recumbent position on the bed, is instructed in closed glottis pushing

In conclusion a midwife is…