Topic 3: Woman-centred midwifery care during pregnancy

Woman-centred midwifery care during pregnancy

Read

Textbook: Bharj & Henshaw. (2011). Confirming pregnancy and care of the pregnant woman. In *Mayes midwifery* (14th ed., chap. 32, pp. 411-442).

Activity

Describe how midwives can best calculate a women's due 'month'.

Never forget that some women know the date they conceived and this will be the most accurate date of all. Why is it that many midwives are reluctant to ask women if they know the date of conception?

Ultrasounds attended in early pregnancy are accurate at estimating gestational age. However, ultrasounds taken in the second and third trimester are not as accurate. Ultrasound results usually give the due 'date' +/- 11 days when attended after 18 weeks gestation and +/- 5 days when attended at 6–8 weeks gestation. Given that normal gestation ranges from 38–42 weeks, it is vitally important that women are advised of this early in their pregnancy. Inducing labour for what is termed 'post dates' because it is after the 'due date' can start off a cascade of interventions that does puts both the mother and newborn at increased risk.

What information is given to women by midwives prior to ultrasound referral to ensure informed choice and to enable accurate interpretation of results?

Provide a short critique of the use of ultrasound in pregnancy.

Critique the way you have witnessed ultrasound results and 'due dates' discussed with women in the antenatal setting.

Many but not all women find the change from being non-pregnant to pregnant quite exciting, but it may also cause them to think about their future as a family unit. Men may also undergo these types of feelings and it is important during antenatal care to consider the implications, holistically for the woman. Remembering that by definition, woman-centred care also includes her partner or anyone she identifies as being significant to her.

It is very important that you consider families from a wide range of perspectives. Your 'traditional' family may not be the ones for whom you care. For example, you need to consider the needs of women who identify as being:

- Indigenous Australian
- Single
- Lesbian
- Culturally and linguistically diverse
- From either end of the age/socio-economic continuum.

Read

Textbook: Grigg. (2015). Working with women in pregnancy. In *Midwifery: Preparation for practice* (3rd ed., chap. 23, pp. 564-606).

Prenatal midwifery care

Many midwifery investigations and cares have been based on tradition or routine, rather than evidence.

Regular blood pressure assessments in pregnancy is evidence-based and considered best midwifery practice.

Activity

Which Korotkov sound is used to determine the diastolic blood pressure?

How is this Korotkov sound recognised?

Abdominal palpation is attended as a routine part of late pregnancy care. To improve the usefulness of abdominal palpation, it is essential that midwives are consistent with their use of terminology when documenting their findings. Define the following terms:

Engagement

Presentation

Position

Presenting part

The terms presenting part and presentation are often confused with one another. How are they different?

Denominator

Attitude

Lie

Read

Textbook: Boyle. (2011). Antenatal investigations. In *Mayes midwifery* (14th ed., chap. 33, pp. 443-454).

Activity

List the prenatal cares that midwives attend for all pregnant women in the facility where you work, which are based on evidence and which should only be attended when there is a specific indication?

Group B streptococcus screening is routinely screened for in pregnancy in many but not all maternity units. What is the policy where you are employed?

Read

Textbook: Bates. (2011). Infections acquired during birth. In *Mayes midwifery* (14th ed., pp. 694-696).

RANZCOG (2016). Maternal group B streptococcus in pregnancy: Screening and mangement. Retrieved from *http://www.ranzcog.edu.au/component/docman/doc_view/953-c-obs-19-screening-and-treatment-for-group-b-streptococcus-in-pregnancy.html*

3Centres Collaboration. (2006). *Prevention of early onset group B streptococcal disease (GBS)*. Retrieved from http://3centres.com.au/library/uploads/guideline/groupb_strep.pdf

Activity

What information do women need, if they are to make an informed choice about whether to accept or decline routine Group B strep screening during pregnancy?

Read

Textbook: Skinner & Dahlen. (2015). Risk, fear and safety. In *Midwifery: Preparation for practice* (3rd ed., chap. 5, pp. 87-102).

Australian College of Midwives. (2014). *National Midwifery Guidelines for consultation and referral.* Retrieved from: https://issuu.com/austcollegemidwives/docs/guidelines2013/1

Activity

Which health professional is responsible for determining 'risk' at your unit?

How useful is 'risk scoring' or 'categorising' as a tool to determine outcome?

List the advantages and disadvantages of classifying level of risk in pregnant women.

What extraneous factors may influence a clinician's decision about what risk factors to include in a formal risk scoring system?

Acccording to Dietsch et al. (2008) over half of all rural maternity units have closed in the last generation and many more are partially closed on weekends etc. when there is no anaesthetic / surgical cover. All women want to birth safely and no women want to take unnecessary risks.

However, how risk and safety are interpreted by women is a valuable lesson in itself. Our current health system, governed by risk management, has taken upon itself the power to define risk and safety. It focuses on risk in terms of services e.g. what if...the woman wants an epidural and there is no anesthetic cover or the woman needs a C/S or instrumental delivery and there is no surgical/anaesthetic cover. However, what many women in the Dietsch et al. (2008) study considered to be the **most** important risk factors for them, were not the small potential risk of needing surgical or anaesthetic cover, but the actual risks associated with:

- Dangerous road travel
- Intense sadness caused by being separated from partners, other children, family, friends, community and country
- Loneliness caused by social isolation
- Fear of birthing on route to the hospital
- Anxiety caused by financial hardship
- Uncertainty as to whether a unit will be open when needed, and
- Stress caused by lack of continuity of care.

Reference: Dietsch, E., Davies, C., Shackleton, P., Alston, M., & McLeod, M. (2008). *Luckily we had a torch.* Retrieved from http://bahsl.com.au/old/pdf/birthing-in-rural-remote-NSW.pdf

Activity

Comment on the reasons why you believe the risks identified by rural women are being ignored while those associated with obstetric service provision take precedence in the debate as to whether they can access rural maternity services.