

Care for childbearing women at high risk essay sample

[Health & Medicine](#), [Pregnancy](#)



A midwife-nurse nurse is responsible for providing care for women in their pregnancy period and during birth. They also provide primary care to women after birth, carries out gynaecological examinations, gives family planning advices and takes care for the health of women at menopause. Basically, there are three factors that must be observed for one to be considered as an ideal midwife-nurse. First he/she must observe dignity protective actions while attending to a childbearing woman at high risk. To achieve this, there must be a dialog between the nurse-midwife-nurse and the childbearing woman. There must also be trust, mutuality, constant presence and availability, and shared responsibilities between the midwife-nurse-nurse and the childbearing woman. Second the midwife-nurse-nurse must have adequate knowledge, both theoretical and practical, about the field of midwife. Finally, a nurse-midwife-nurse is supposed to balance the medical and natural perspectives while caring for childbearing women at high risk. This they can do by promoting her inborn to be a mother by giving birth in the natural manner. What elements should a midwife-nurse-nurse observe so as to give ideal caring for high risk childbearing women? This paper will give an insight look into the model of care mid-wife nurses should observe while attending to child-bearing women.

In the healthcare industry, the culture of being keen on the risks involved while taking care of patients has been on the increase. More medical practitioners are taking caution on the risk factors that might affect the health of the patient while they are undergoing medical services. This trend has also been observed while giving maternity care services. One of the major goals while giving maternity care services is to ensure optimal security

and guarantee the wellbeing of the childbearing woman (Berg, 2005, p. 9). Childbearing period is the period a woman carries her pregnancy, child birth, and the early phase of postpartum (American Diabetes Association, 2008, p. 55).

In the recent past, the number of childbearing women that are categorized as being at high risk is constantly on the rise. However, with the development in the medical sector, conditions which could not allow women to go through pregnancy and give birth to a health and viable child have been addressed. Therapeutic and diagnostic procedures done to both the woman and the foetus makes the risk factors be identified and dealt with at early stages. Nevertheless, pregnant women are still being labelled as high risk since they are exposed and vulnerable. Perceiving them as not self-efficient is one of the top factors that cause negative results during their childbearing period (Berg & Dahlberg, 1998, p. 93). In the modern society, vulnerable women are relying on medical means to help them through their childbearing period. It is the responsibility of midwife-nurses to give moral support to childbearing women so as to encourage normal births. It also promotes ideal caring for childbearing women; midwife-nurse nurses are supposed to adhere to some steps (Brooten, 2001, p. 793).

A dignity protective relationship

First midwife-nurse-nurses are supposed to observe a dignity protective relationship. This is an important element to observe while dealing with childbearing women at high risk. This can be achieved by complying with several other factors. There should be mutuality between the midwife-nurse-nurse and the childbearing woman. This means that both the midwife-nurse

and the pregnant woman herself should participate in the process of giving medical services (Campbell, 1986, p. 36). Dahlberg and Berg, in their book, stated that, for the services of a midwife-nurse-nurse to be ideal, the relationship between the nurse and the patient must be mutual and not one-sided. A mutual relationship has to be built by both parties. Both the midwife-nurse and the pregnant woman must confirm to help each other (Berg & Dahlberg, 2001, p. 262). One of the ways a midwife-nurse can create mutuality is by confirming to a woman's pain during her labour. Failure of the midwife-nurse to show that he/she is aware of the woman's pain, and to offer encouragement to her, cause disconfirmation to her which in turn results to insecurity, disappointment, stress, and improper pain management. It may also result to the pregnant woman feeling guilty or as a failure (Berg & Dahlberg, 2001, p. 259).

For a dignity protective relationship, both the midwife-nurse-nurse and the childbearing woman should trust each other. The midwife-nurse is expected to trust the feelings of the childbearing woman; her capacity to deliver a child, and her ability to be a mother (Coyle, 2001, p. 182). On the other hand, the childbearing woman should trust the competence of the mid-wife and her attributes as a human being. When the two parties trust each other, there is a peaceful and relaxed atmosphere for quality services to be rendered.

A continuous dialogue must also be there for the dignity of the childbearing woman to be protected. The midwife-nurse-nurse should respect the pregnant woman. One of the major ways to show respect to a pregnant woman is to keep her informed about what has happened and is yet to

happen (Eriksson, 2002, p. 61). This allows the pregnant woman to know what to expect. Failure to inform her about her condition or what will happen to her is a great way of disrespecting her dignity. In addition to this, it is also disrespectful to talk about irrelevant stuff. Talking about issues that are not related to the patient's health and condition is also negative to the patient. This gives her a feeling that her matters are not important enough to talk about.

The midwife-nurse-nurse and the childbearing woman must share responsibility. When a midwife-nurse-nurse dominates, it makes the patient feel objected. Even though the patient might be vulnerable and seem to need all the help, she also should be involved in the treatment process. It makes her have the sense of being in control of her situation and also motivates her. The midwife-nurse-nurse should, therefore, guide the process but work together with the patient so as to make her have a sense of being (James, 2010, p. 114).

Constant presence and availability is also another necessary element while taking care of a childbearing woman. This includes both physical and emotional nearness for the patient. The midwife-nurse nurse should also have adequate time for the patient. Childbearing women should also be taken care of as few nurses as possible. When a childbearing woman feels the physical or emotional absence of the midwife-nurse-nurse, they feel isolated and therefore do not experience quality service at her condition (Kennedy, 2000, p. 4).

Embodied knowledge

Another constituent factor midwife-nurse-nurses observe while taking care of childbearing women is the use of deep-rooted knowledge they acquire in throughout their student and professional lives. For a midwife-nurse-nurse to use embodied knowledge, he/she must make use of reflective knowledge, be genuine when using his/her theoretical knowledge, be practical, and use his/her sixth sense of intuition.

Midwife-nurse nurses are supposed to have adequate practical and theoretical knowledge so as to give the best service to the childbearing woman. This not only gives midwife-nurses the courage to perform their roles, but also ensures the safety of both the childbearing woman and her unborn child.

Embodied knowledge is only gotten through practical experience and deep and constant reading of literature. There is no short cut that can be used to acquire embodied knowledge. Midwife-nurse nurses, therefore, are expected to upgrade their knowledge through reading of published literature and peer reviewed sources. Intuitive knowledge also develops as one increases his/her professional experience. Professional experience, on the other hand, is gotten when a midwife-nurse gets into several different experiences with childbearing women.

Balancing the medical and natural perspectives

It is the third constituent nurses observe so as to ensure proper curing of childbearing women. In order to achieve this constituent, a midwife-nurse-nurse should be sensitive to the vulnerable childbearing woman and support

normal care and birth procedures as much as possible.

Childbearing women at high risk should be treated as normal as possible.

Women with diabetes mellitus, for instance, may have a dislike for equipment or actions that will identify them as special. A Midwife-nurses considers childbirth as an ordinary life process. Therefore, the use of medical/technical support is for enhancing the health of the mother and the unborn child (Sattar & Greer, 2002, p. 167). A midwife-nurse is supposed to balance or rather minimize the use of medical assistance tools and support natural ways of birth. The midwives challenge while taking care of high risk women is to treat and handle them as normal as possible. It is because of the basic reason that they are vulnerable and need special medical attention. Midwife-nurse-nurses can only improve their skill of undertaking the normal process through experience. It enables them know how to handle the different special patients appropriately.

Finally, nurses are supposed to be sensitive for the genuine. Sensitiveness is achieved when the midwife-nurse-nurse is open to the childbearing woman (Olsson, 2000, p. 77). When a midwife-nurse-nurse shows sensitivity to the vulnerable childbearing woman, he also protects her dignity. This gives the childbearing woman self-esteem during her pregnancy period which in turn positively affects her during her delivery.

While taking care of vulnerable pregnant women, midwife-nurse nurses should observe the above discussed elements. For instance, a pregnant woman suffering from diabetes have a hard time during their pregnancy period from day one. This woman is always concerned about her blood sugar level and the well-being of the unborn child (berg & Honkasalo, 2000, p. 41).

In the recent past, the number of vulnerable childbearing women has been on the rise. This can be attributed to the change in lifestyle which has brought several chronic diseases with it. For instance, diabetic or women with high blood pressure are very vulnerable during their period of pregnancy. Their health condition is vulnerable and can be negatively affected by their pregnancy. For this reason, there are some elements which midwife-nurses observe in order to ensure the safety of both the expectant woman and yet to be born child. These elements should be adhered to during the pregnancy period, at the time of delivery, and the short period of post maternal care. These elements to be observed are supposed to protect the dignity of the vulnerable childbearing mother, to ensure the safety of the vulnerable childbearing mother, and to balance between the medical and natural methods during this period (McCAIN, 1994, p. 421).

In order to operate in line with these elements, a midwife-nurse nurse is supposed to create a good relationship between him/herself and the vulnerable childbearing woman. Proper communication, sharing responsibilities, and being constantly available are some of the ways these nurses can create and maintain a good relationship between them and the childbearing women. Experience with different patients and constant review of the literature is the only way a midwife-nurse nurse can be able to obtain adequate knowledge so as to ensure the protection of the vulnerable childbearing woman and her unborn child. Finally, a balanced use of natural and medical means can be achieved through encouraging the childbearing woman and constantly reminding her of her ability to deliver in a natural manner. Labelling her as a mother also plays a great role in achieving

natural means of delivery. These issues have been conversed in depth in nursing articles. They are also being observed by most of the midwife-nurse-nurses while taking care of pregnant women who have their health in danger.

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