

Midwives promoting normality in child birth



This assignment will aim to discuss the ways in which a midwife may support and promote normal physiological processes in the labouring woman, with a focus on communication and its effectiveness to assist a labouring woman. Multi search and key word criteria options will be used to gather relevant midwifery research and information to complete this assignment. For the purpose of this assignment It will briefly be explained what labour is and what is meant by the term physiological in the context of labour and how a midwife is able to effectively promote this. The different elements of communication and importance of the skills needed for a midwife to effectively communicate with women in her care will be explained. The midwife will be referred to as she in this assignment.

Normal labour is a process that a woman's body goes through in order for her to give birth. It is both physically and emotionally challenging. The experience is one of singularity for a woman and her family.

Physiology in the context of labour is a series of natural functions that happen within the woman's body that proceeds effectively, directed internally and to some extent without complication.

It is imperative for midwife to be skilful in promoting normal physiological changes in the labouring women, she must have understanding of the labour process and mechanism of labour, physiological changes that a labouring woman experiences and the emotional rollercoaster that overwhelms a woman during this time, to ensure the provision of effective midwifery care that is safe and efficient. (WHO 2005)

There are a number of ways in which a midwife can promote normal physiological processes of labour to be of benefit to the woman and her family, one effective way to do this could be through communication.

Communication is a process involving more than one person, which can include all of the five senses, and is composed of two main elements, verbal and non-verbal. There are many different methods to communication, words, voice, tone and non verbal clues, of these some will be more effective than others dependent on the situation. Sometimes it is not what is being said but how it is said that will determine the outcome (Randall 2002). “ Your voice is a powerful instrument, Changing your voice can change the meaning of your message, so by ensuring good communication skills this will enhance many aspects of a woman’s experience of childbirth” (Downe 2004).

The powerfulness of communication is about conveying your messages to other people clearly and unambiguously. It is important that when receiving information from others, it is with as little distortion as possible. Effective communication in midwifery care involves effort from both the midwife and the woman where possible (Downe 2004). The process of communication can sometimes be marked with mistakes, dependent of the situation, with messages sometimes being conveyed by the midwife in a way that’s confusing, or misinterpreted by the woman unintentionally. If this goes unnoticed it could cause unnecessary confusion, wasted time and effort that may result in missed opportunities, therefore lines of communication will only become beneficial for the woman and her midwife when there is a mutual understanding as a result of their communication.

One element of a midwife's role is to communicate woman in her care. She will endeavour to utilise communication skills to the fullest to be of benefit to both herself and the woman in her care. The midwife's objective is stress the importance of what she is saying without misunderstanding or confusion; her aim will be to minimise any problems at each stage of the labour process, with clear, concise, accurate, well planned communications (Rosser 2002).

The rationale for midwives to promote communication as an effective way to facilitate normal physiological processes in labour is that without any elements of communication it would be virtually impossible to provide safe and effective midwifery care (WHO 2005).

Communication begins early on in pregnancy with the promotion of physiology and its process of changes through pregnancy and on to the stage of labour. It's about more than just aiming for an uncomplicated birth; it is concerned with a journey of transition to motherhood that will have profound consequences for each individual woman in terms of how she will feel about herself, her body and her capabilities (Randall 2002). For a childbearing woman, experiencing labour in order to become a parent can fill them with thoughts of fear, insecurity, anxiety and dread, it is so deeply embedded it can be hard to erase (Henderson 1997). " Many women believe their labour will hurt, so they are afraid of it, and as soon as they start to labour they secrete adrenalin, which causes them pain so it justifies their belief" (Royal college of midwives (RCM) 2009).

The need for communication is clear, for a childbearing woman that feels vulnerable, susceptible emotionally and uneducated on the process of

childbirth, she would welcome the support, reassurance, guidance and understanding from her assigned midwife (Rosser 2002).

For a childbearing woman, when entering the labour ward it will be a daunting experience, especially if she has not met her assigned midwife who will care for her during her labour. To make the labouring woman feel at ease in her care, the midwife will initiate communication, this will give the midwife and woman a foundation to build on (Pilley, Edwards 2000).

(Pilley, Edwards 2000) believes a woman's first impressions of her midwife on meeting her will determine the course of events during labour. " If the labouring woman is happy with her midwife and feels she can communicate openly with her there will be every chance that the woman could embrace a physiological process of labour"(Pilley, Edwards 2000). (Rosser 2002) argues that if the labouring woman was destined to have a physiological labour then nature will take its course; the promotion of communication to facilitate the process is irrelevant and has no bearing. It can be said that it is (Rosser 2002) personal perception and lack of understanding of the term physiological in the context of labour that brings her to the conclusion that nature will prevail during labour without the need for communication to facilitate the process.

Evidently communication during labour is more than just talking and the different elements can play a role in enabling the women to feel relaxed and in control of her own mind and body during labour (Pilley, Edwards 2000).

Questioning techniques can prove effective by asking a labouring woman open questions, this will enable her to give elaborative answers. Non verbal

means of communication include eye contact, body language, physical appearance, and touch; a skilled midwife will be able to read body language and physical appearance so as to get a picture of what is happening, in order for her to match the care with the needs of the woman (Chesney 2000). The importance of active listening is also a vital element to the communication process. A midwife will make a conscious effort to listen to what is being said to her by her labouring woman, she will acknowledge what is being said and respond appropriately in a respectful manner.

The communication challenge for a midwife is to facilitate a woman's understanding of the information given and sensitively educate her on the changes her body is about to experience, both physically and emotionally, this will help the women relax and embrace childbirth with enthusiasm instead of fear, it will also enable a labouring woman to match her wants with her needs and make informed decisions about her care.

It is the midwives responsibility to build and structure communication between herself and the woman in her care, she must show empathy, acceptance, respect, genuineness, and understanding to the woman if she wants to build a trusting relationship that will prove effective during the labour process. A labouring woman feels comfortable under the direct supervision of her midwife, whom she can trust, talk with and relate to (Pairman 2000).

“ A midwife can be an interpreter for a woman; she is someone who understands the language of obstetrics so she can effectively communicate a woman's wishes” (Chesney 2000). When the lines of communication are

open at all levels the woman will feel included by becoming part of the discussion about her own obstetric care. The woman will feel she has had influence and input about her provision of care. This openness of practice can further facilitate the relationship and trust between the woman and her midwife. “ The woman will know that the midwife is ‘ with her’ and not ‘ with the doctor’ so she feels supported in a system that can appear to be stacked against her” (Association of Radical Midwives (ARM) 2009).

Communication is a fundamental element of delivering high standards of maternity care to women by midwives. Midwives are able to draw on their acquired communication knowledge and skills to go above and beyond imparting information. Midwives must sensitively and accurately deliver information in a comprehensible, logical, and non biased manner in order for a woman to have an understanding of what has been said. Each experience of labour is unique, pre-conceptions, cultural influences, disabilities and language can create a barrier for communication, a midwife must use her skills to overcome barriers in order to promote a woman’s well being and facilitate a normal physiological labour effectively at the request of the woman. Women will vary in their comprehension, interpretation of information, and support. Some women need a quietly supportive approach to be able to take in what is being said to them; others need boisterous encouragement, a great deal of support, sensitivity and experience. The midwife will adapt her own communication skills to be able to match the right support level with the right level of communication in order for the information given will be interpreted correctly and easily.

“ A midwives communicating skills are critical to the delivering of information, it is virtually impossible to deliver safe and effective provisions of care with resources alone, without communication with labouring women” (Shallow 2001)

“ A childbearing woman should be classes as an individual rather than a working progress” (Beech 2000), she has her own identity, she will have interests, be intelligent, have interesting hobbies and views just like everyone else, and during hours of conversation with her midwife she will have formed a trusting relationship and will feel at ease to be able to communicate openly.

Mainstream midwifery literature supports the belief that women who are made to feel like an individual are given a boost in confidence and support. Words of encouragement from their midwife will enable the woman to find it easier to manage pain and advance well through a normal physiological labour (Bennett and Brown, 2006).

The style of ‘ Mayes’ midwifery accentuates the perspective that the midwife can build confidence in her labouring woman by simply engaging in dialogue.

“ A midwife will commend the woman on her progress by giving ongoing praise. The demeanour and soft approach by the midwife’s manner can enable the labouring woman to stay calm, relaxed and in control” (Sweet and Tiran, 2000).

Equally (Richens 1999) agrees that a labouring woman, having been given the confidence, support, adequate information and productive communication can help facilitate normal physiological labour processes,

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however Robertson argues that it is the right environment and ambience that needs to be created to provide a comfortable, safe, inviting and private place for a woman to labour that is the key to promoting a normal physiological labour. It can be said that by creating the right environment for a labouring woman will be of great benefit, this alongside the need for communication can further promote a successful normal physiological labour.

In current day midwifery practice the “ woman-centred’ art of using language effectively and persuasively can change midwifery into reality, this would rather depend on how effective the communication could be (Tennant and Butler, 1999). (Flint, 2000) reminds us not to “ forget the influence midwives can have over women’s experience of normal physiological birth and that the right words at the right time can make a long labour bearable”. Equally Richens (1999) urges us to “ expand our concepts of evidence-based practice by factoring in what women are actually saying to us. After we experience, after we research, and after we reflect upon communication with women in labour, if we still have nothing nice to say to a labouring woman, let us say nothing at all and let silence manage the normal labour process”(Richens, 1999).

In concluding this assignment it is clear that there are a number of different ways in which a midwife can support and promote normal physiological processes in the labouring women. Each one, in turn can have a positive impact and be beneficial to facilitate a woman’s physiological labour effectively. The foundations of a midwife’s training has an emphasis on normal physiological process of birth without the need for medical or

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instrumental interventions unless necessary. In current day practice the increasing rates of instrumental deliveries are due to many factors and can add pressure to a midwife's role as they fight to keep the visibility of normal physiological labour. The importance of having a normal physiological birth is a personal preference and one which a midwife can support.

The midwife will use her expert knowledge to promote and support the process of normal physiological labour; in particular the need for communication, this can be viewed as an essential element in facilitating a normal physiological labour. The communication process can prove vital to the safe and effective provision of care during labour. By using different elements of communication tailored to each individual woman's needs can instil confidence and enable a woman to remain as an active participant in the decisions that may affect her health in pregnancy. By considering all the research and information gathered for this assignment it is apparent that without the process of communication and its many elements, problematic, unnecessary and prolonged situations can occur that may inadvertently put the woman and her unborn baby in danger, therefore it is imperative that communication between a midwife and a labouring woman is mutually understood. The main aim of everyone concerned is to promote, support and carry out safe and effective midwifery practice to enhance the process of normal physiological labour. In current day, maternity health services are directed toward improving pregnant women's health and are finally receiving due attention they desperately need (Association of Radical Midwives (ARM) 2008). This new focus, driven by recent research, emphasises the necessity

for communication and its close tie between women's health status during labour (World Health Organisation (WHO) 2005).