**INTRODUCTION TO MIDWIFERY**

Midwifery is a health care profession which believes in providing pregnancy,

labour and birth, not only this but even during the postpartum period.

However, midwifery further deals with the care of the newborn and assists the

Mother in breastfeeding.

**A practitioner of midwifery is known as midwife, a term used in reference to both women and men although the majority of midwives are females.**

**In United States, certified nurse midwives are advanced practice**

**nurses.**

**In addition to providing care to women during pregnancy and birth.**

**MIDWIVES also provide primary care to women, guide women how to maintain reproductive health and assist in annual gynecological examinations, family planning and menopausal care.**

**Midwives are autonomous practitioners who are specialists in low risk**

**pregnancy, childbirth and postpartum.**

**They generally strive to help women to have a healthy pregnancy and natural birth experience.**

**Midwives are trained to recognize and deal with deviation from the normal.**

**Obstetricians, in contrast, are specialists in illness related to childbearing and the surgery.**

**The two professions can be complementary but, often are odds because**

**obstetricians are taught to 'actively manage' labour, while**

**midwives are taught not to intervene unless necessary.**

**Midwives refer women to general practitioners or obstetricians when a**

**pregnant woman requires care beyond the midwive's area of expertise.**

**In many jurisdictions, these professions work together to provide care to childbearing women.**

**In others, only the midwife is available to provide care- midwives are trained to handle certain situations that may be described as**

**normal variations or may be considered abnormal, including abnormal positions, presentation, multiple pregnancies.**

**OBSTETRICS**

**It is the branch of medicine that deals with the care of women during**

**Pregnancy, childbirth and the recuperative period following delivery.**

**Obstetrical Nursing**

**also called perinatal nursing , is a nursing speciality that works with patients who are attempting to become pregnant, are currently pregnant or have recently delivered.**

**Obsterical nurses help provide prenatal care testing, care of patients experiencing pregnancy complications, care during labor and delivery**

**and care of patients following delivery.**

 

SCOPE OF MIDWIFERY

* **Diagnosis of health needs**

**Facilitation of optimum physical and mental health**

**Execution of programme of treatment**

**Prevention of disease throughout perinatal period**

**Monitoring various measures**

**Prevention of complications**

* **Promotion of health**

**Promote healthy life style**

**Promotion of breastfeeding**

**Maintain nutrition**

**Facilitate fluid administration**

**Facilitate peri-operative care**

**BASIC COMPETENCIES OF A MIDWIFE**

**“ Midwifes provide high quality, culturally sensitive care”**

**1. ICM (International Confederation Midwife)**

**2. Basic Competencies**

**3. Additional Competencies**

**ICM INTERNATIONAL**

**Global leadership to define essential content for competency based midwifery education which enables graduates to acquire the competencies for quality midwifery practice.**

**BASIC COMPETENCIES**

**Those that would be considered for education and practice by all midwives who meet the ICM international definition.**

**ADDITIONAL COMPETENCIES**

Midwife who elect to engage in a broader scope of practice.

Midwife may be required to have certain skills to make the difference in maternal and neonatal outcomes in their country.

Midwives association are encouraged to use ICM essential competencies for basic midwifery practice (2010 amended 2013) in the context of the development of the profession of midwifery.

**Guidance for educator-education curricula.**

 **Guidance for clinicians/ scope of practice and guidelines.**

**Guidance for regulators-credential and scope.**

**Policy advocacy.**

**HISTORY OF MIDWIFERY IN NURSING**

**AccorDing to the International Confederation of midwives, WHO and the International Federation of Gynecolgy and Obstetrics.**

**“ A midwife is a person who, having been regularly admitted to midwifery educational program that is duly recognized in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the required qualification to be registered and/or legaly licensed to practice midwifery.”**

**She must be having sympathetic disposition and she keeps her hands soft for the comfort both mother and child.**

**Pliny, another physician from this time, valued nobility and a quiet and inconspicuous disposition in a midwife, a woman who possessed this combination of physique virtue, skill and education must have been**

**Difficult to find antiquity.**

**Consequently, there appears to have been three grades of midwives present in ancient times.**

**The first was technically proficient,**

**the second may have read some of the texts on obstetrics and gynecology but the third was highly trained and reasonably considered a medical spEcialist with a concentration in midwifery.**

**Later, historical perspective in early 20th century, a division between surgeons and midwives arose, as medical men began to assert that their modern scientific processes were better for mothers and infants than the**

**folk medicine practiced by midwives.**

To continue, further experiences have shown that when public health midwives supported by doctors and a referral system, provide maternal health, it is possible to rapidly reduce maternal mortality rate with modest public expenditures.

If India still neglects midwifery development and keeps focusing on ineffective strategies of TBA training, training community volunteers (ASHA) or half-baked efforts through short training of ANM without fundamental restructuring of rural midwifery services, maternal mortality rate is unlikely to decline rapidly.

Adopting a skilled cadre of midwives, baked up by referral and EmOC will help our country to achieve the goal of rapidly reducing maternal mortality and the existing resources.

**DEVELOPMENT OF MATERNITY SERVICE IN INDIA**

Promotion of maternal and child health has been one of the most important objectives of the Family Welfare Programme in India.

The current reproductive and child health

programme was launched in October, 1997.

In order to improve maternal health at the community level , a cadre of community level skilled birth attendant who will attend to the

pregnant women in the community is being considered.

The need for bringing down maternal mortality rate significantly in improving maternal health in general has been strongly stressed in the National Poplation Policy 2000.

This policy recommeds a holistic strategy for bringing about total intersectorial co-ordination at the grass root level and involving the NGOs, civil societies, Panchayati Raj Institutions and women's group in bringing down maternal

mortality ratio and infant mortality rate.

In the last decades, the life expectancy of the population in India has shown remarkable improvement from 41 years at birth in 1961 to the present day of 65 years.

Yet over 1,00,000 women in India continue to die of pregnancy related causes every year.

Maternal mortality is a cause of great concern.

Reduction of maternal mortality is an important goal.

The department of family welfare has took several new initiatives, during the current ninth plan period, to make the programme broad based and client friendly.

The focus was accordingly, shifted from individualized vertical interventions to a more holistic and integrated life cycle approach giving

More focused attention to the reproductive health care.

The maternal health programme which is a component of reproductive and child health programme aimed at reducing maternal mortality to less than 100 by the 2010.

**The major interventions include:**

**1. Essential obstetric care**

**2. Emergency obstetric care**

**3. 24 hours delivery services at PHCs/CHCs**

**4. Referral trasport**

**5. Safe abortion services**

**6. The medical Termination pf Pregnancy Act,1971.**