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## Rationale for relationship between models of care and the characteristics of midwife

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### Abstract

The Midwifery Model of Care includes monitoring the physical, psychological, and social well-being of the mother throughout the childbearing cycle; providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support; According to WHO, midwives are found competent to provide evidence based and normalcy-facilitating maternity care. Models for midwifery care exist, but seem to be lacking explicit epistemological status, mainly focusing on the practical and organizational level of care delivery. To make the values and attitudes of care visible, it is important to implement care models with explicit epistemological status. The aim of this paper is to identify and gain an overview of publications of theoretical models for midwifery care.

**Keywords:** models of midwifery care, characteristics of midwife

### Introduction

Bryar (1995) in her book 'Theory for Midwifery Practice' defines the purpose of a model as 'to provide a framework for understanding and action.' The philosophy that underpins the Master of Science (Midwifery) is based on a number of models. These models are congruent with each other, incorporating similar concepts.

### They include the

- WHO (1988) 'Health for All',
- 'Families First' (NSW Govt 1999), a primary health care strategy;
- the 'Women-Centred' (Department of Health UK 1993); and
- the 'Wellness' models (cited National Maternity Action Plan 2002) and the Environment in which this occurs.

These components are similar to the four features of nursing models; patient, nurse, health and environment.

### Health for All

The World Health Organisation has been expounding the model of 'Health for All' for some 25 years. The 'Health for All' model can be seen as the blueprint for organisational and societal change. Whilst it has a social and global focus, one of the key elements is maternal and child welfare, including family planning. Central to this model is the concept of primary health care. To paraphrase the five main concepts outlined in the 'Health for All' model (WHO 1988, cited in Bryar 1995), primary healthcare must provide:

- Equity of provision of health care, according to need;
- Services should be promotive, preventive, curative and rehabilitative and provided in an integrated way;
- Services should be effective, culturally acceptable, affordable and manageable;
- Communities should be involved in the development, provision, monitoring of services and take responsibility for same;
- Inter-sectoral collaboration; health is seen to be affected by economic and social factors.

### Families First

The above concepts have been utilised by the 'Families First' initiative, instigated by the New South Wales Government (1999). Strategies employed by 'Families First' include:

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- Supporting parents who are expecting or caring for a new baby
- Supporting parents who are caring for infants and young children
- Assisting families who need extra support; and
- Strengthening the connections between communities and families.

**Pat Brodie (2003) provides a useful application of these concepts in applying them to midwifery models and practice**

- Equity of access for all women and their families
- Woman's participation and self-determination (Woman's right to choose) and the development of individual skills and confidence
- Socially acceptable and affordable technology (Evidence based care)
- Timely health promotion and minimisation of risk to women and their infants
- Co-operation and collaboration between key service providers
- Building of healthy public policy (Such as continuity of care) and sustainable projects
- Supportive environments for women and communities to learn from each other
- Strengthening of community action and consumer participation Brodie (2003) underscores the importance of the primary health care model by stating: midwives themselves must be able to appreciate 'primary health care' as the underpinning theory of the midwife model. It is the key to our future. We must fully understand the potential of midwifery as primary health care if we are to embrace these important developments that have the potential not only to improve outcomes but also to contribute to a greater appreciation of the role of the midwife. specialist hospital care is maintained for those women who most need it

**'Woman-Centered' and 'Wellness' model**

At the core of this curriculum philosophy is the model of 'Woman-Centred' and that birth is a normal life event. The Australian College of Midwives Inc. (2002) defines 'Woman-Centered' care as: In midwifery, 'woman-centered' is a concept that implies the following: Midwifery focuses on a woman's individual, unique needs, expectations and aspirations, within the recognition of her particular social milieu, rather than the needs of the institutions or the professions involved. Implicit is the notion that 'woman-centered' encompasses the needs of the baby, and the woman's family, her significant others and community, as identified and negotiated by the woman herself. Midwifery recognises the woman's right to self-determination in terms of choice, control and continuity of care from a known or known caregivers. Midwifery follows the woman across the interface between institutions and the community, through all phases of pregnancy, birth and the postnatal period. It therefore involves collaboration with other health professionals when necessary. Midwifery is 'holistic' in terms of addressing the woman's social, emotional, physical, psychological, spiritual and cultural needs and expectations.

**The National Maternity Action Plan (2002), quoting the 'Standards of Care and Protocols for Preceptorship' (2001), states that a 'Wellness' model of maternity care assumes, that**

- Pregnancy and childbirth is, in the majority of cases, a normal life event that will proceed to an uncomplicated outcome;
- Women make informed choices when factual, unbiased information is readily available;
- Women take responsibility for their health and antenatal education;
- Women have ease of access to their choice of preferred carer and birth place;
- Birth is viewed as normal, with complications able to be readily identified and planned midwives are educated and experienced in providing primary care and diagnosing complications that require consultation with, or referral to, specialist care;
- Specialist obstetric care is readily accessible secondary, rather than primary, level of care, and
- Specialist hospital care is maintained for those women who most need it.

**Characteristics of the Midwife**

Intersecting these models and concepts are the attributes/characteristics the midwife brings to clinical practice, professionalism and self-development. These include:

- Being 'with the woman'
- A skilled clinician
- Knowledgeable about the latest scientific research
- A professional practitioner
- A skilled companion
- In using clinical judgment and clinical decisions the midwife needs a foundation of clear concepts, theories, scientific evidence and clinical experience.

**Additional to the characteristics mentioned above, the following attributes are included**

- Flexible, responsive to societal change;
- Change agent;
- Collaborative and able to refer to other health professionals as needed;
- Committed to reflective practice; self-aware;
- Accountable for practice;
- Facilitator/ teacher;
- Culturally aware and sensitive;

**Conclusion**

The 'Health For All' model provides the all-encompassing vision of health provision. 'Families First', a primary health care strategy, provides the practical guidelines for instituting that vision. The 'Woman-Centred' and 'Wellness' models are at the core of midwifery in practice. Relating to and intersecting with these models is the midwife. The characteristics as along with the unique life experience and values of the midwife, enable the midwife to provide appropriate quality care, maintain professional relationships and facilitate the development of midwifery care. In this way the midwife is able to positively affect the woman and her family, the community and social and organisational bodies.

## References

1. Meleis Ibrahim Afaf. Theoretical Nursing: Development and Progress 3<sup>rd</sup> edition. Philadelphia, Lippincot; c1997.
2. Hatem M, Sandall J, Devane D, Soltahi H, Gates S. Midwife-led versus other models of care for childbearing women. Cochrane Database of Systematic Reviews; 2008. 4. Art no:CD004667.
3. Maassen MS, Hendrix MJC, Van Vught HC, Veersema S, Smits F, Nijhuis JG. Operative deliveries in low-risk pregnancies; 2008.
4. In the Netherlands: Primary versus Secondary care. Birth. 2008 December;35(4):277-82.