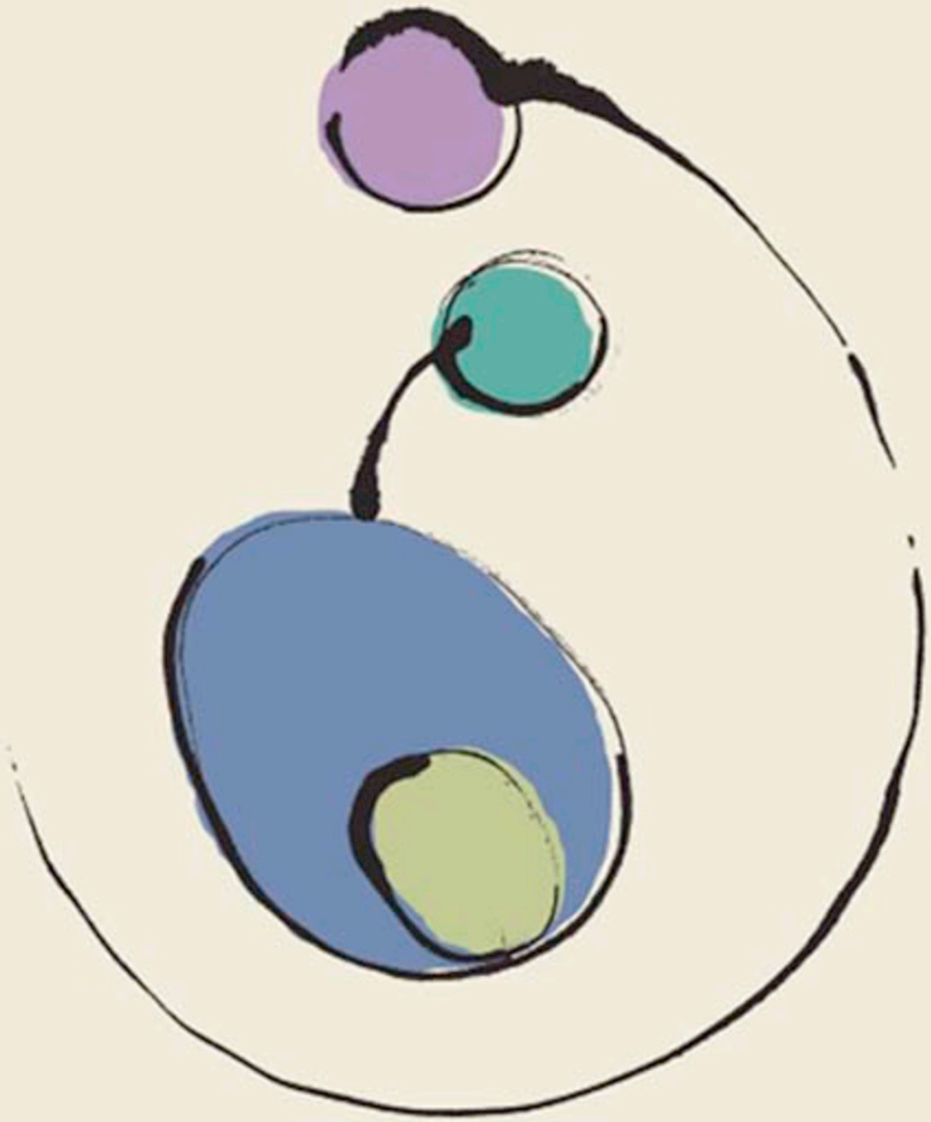

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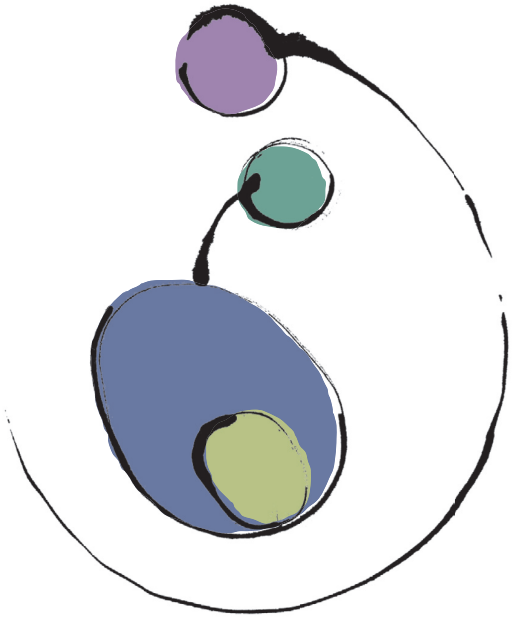

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Preface

This midwifery textbook is the first to reflect Australasian historical and socio-political contexts for midwifery practice and the first to frame content within the philosophy and standards of the New Zealand and Australian Colleges of Midwives. Now in its third edition, this text provides an up-to-date evidence- and practice-based resource for midwives who work in partnership with women in woman-centred models of midwife-led care.

As such, this text is designed for midwifery students and practising midwives in New Zealand and Australia, and will also be relevant to midwives in other parts of the world where midwifery autonomy is acknowledged and emerging, such as Canada, Europe, Scandinavia, Japan and the United Kingdom.

We acknowledge that not all contexts in Australia and elsewhere currently support midwifery autonomy as we have described it. However, the primary purpose of this text is to equip midwives to practise autonomously and in partnership with women once contextual constraints to midwifery autonomy have been removed through political action. This text provides a model of midwifery to which midwives can aspire and for which they can be prepared. We hope that this knowledge will strengthen midwives' determination to find ways to work with women and with each other that will enhance midwifery autonomy and women-centred midwifery practice.

Philosophical framework

The philosophical framework of this text is shaped by our vision for maternity services: that each woman should have access to a midwife of her choice and that each midwife should be able to work within the full scope of midwifery practice. The context within which midwives practise may either support or limit the individual midwife's ability to practise in a way that is congruent with this philosophy. A primary purpose of this textbook is to articulate and exemplify the way in which midwifery partnership is, or can be, actualised in practice.

We believe that midwifery is both an art and a science. It occurs within historical, social, cultural, political and legal contexts. Midwifery knowledge is derived from the wisdom of women and experienced midwives, and from scientific research. The individual midwife's knowledge develops by scholarship and praxis.

A midwife forms a partnership with a woman as she experiences the life process of childbearing and early parenting. Midwifery care is woman-centred; however, care of the woman includes those she considers to be her family. The midwife shares knowledge, experience and wisdom reciprocally with the woman and her family. The midwife protects and promotes the dignity of each woman and accepts her culture, beliefs, values, expectations and previous experiences. The midwife and the woman make decisions together through a process of negotiation.

Midwives are autonomous healthcare practitioners who, like other healthcare practitioners, have a social mandate to practise within legally defined professional boundaries. The scope of midwifery practice involves care of the woman and her family pre-pregnancy and during all phases of childbearing and early parenting up until six weeks after the birth. The midwife works on her own responsibility, but in partnership with the woman, as long as the woman and her baby remain well and healthy.

When there is an indication that the woman or the baby requires the service of another healthcare provider, the midwife works collaboratively with the other healthcare provider. The midwife maintains her relationship with the woman and her family even if referral to another healthcare provider is needed, and in most cases continues to provide care in collaboration with the other provider.

Structure of the textbook

Aim

The overall aim of this textbook is to support the development of competent and confident midwifery practitioners who are able to make professional judgments, in partnership with women, on their own responsibility. These practitioners will:

- have a woman-centred approach
- work in partnership with women as autonomous practitioners in all settings
- have a sound knowledge base
- be critical thinkers
- be reflective practitioners
- be ethical decision-makers
- critically appraise the literature and provide evidence-based midwifery care
- be accountable and responsible for their practice
- contribute to the development of midwifery knowledge and the profession.

Structuring concepts

The text is broadly structured around the following concepts derived from its philosophical framework:

Context—a reflection of the history of colonisation and the impact on the Indigenous peoples of Australia and New Zealand, our current bicultural and multicultural societies, our laws and legal systems, our political structures and processes, our healthcare systems, the organisation of maternity services and payment of maternity care providers. Childbirth and midwifery practice have been constructed within these different contexts. All individuals involved in childbearing are affected by the context from which they have emerged and bring with them their individual life histories and culturally moulded attitudes, values and beliefs.

Woman—includes the self of each woman and encompasses the baby that each woman carries within her body and to which she gives birth. This concept also includes each woman's partner, family/whānau, and cultural and subcultural group, and incorporates each woman's experience(s) of childbearing.

Midwife—includes the self of each midwife, her knowledge, attitudes and beliefs, her partner and/or family/whānau, her cultural or subcultural group and her professional role as midwife. A midwife cares for and supports a woman as she grows and nurtures her baby, and strengthens the woman in her role as a mother.

Partnership—implies a relationship of trust, reciprocity and equity through which both partners are strengthened. Each midwife strives to ensure that she does not impose her professional and personal power onto women; rather, through negotiation a midwife seeks to establish relationships in which each woman is the primary decision-maker. (*Note*: because most midwives are women we have chosen to use the feminine pronoun throughout this text.)

Autonomous practice—occurs when a midwife provides care to a woman and her baby on her own responsibility. As autonomous practitioners, midwives have the knowledge and skills to provide care independently without a requirement to refer to another healthcare professional. This does not mean that midwives practise alone; rather, midwives work in partnership with midwifery colleague(s). Nor are midwives independent of women, because all midwifery professional judgments emerge from midwife–women relationships.

Collaborative practice—means working with other healthcare professionals/providers when the health of a woman or baby is outside the scope of midwifery practice. The relationship and responsibilities of each woman, each midwife and other health professionals need to be negotiated.

Sections of the textbook

These structuring concepts are reflected in the ordering of the chapters. Part A focuses on the two partners within a midwifery partnership—the woman and the midwife—and the context within which their partnership relationship establishes and develops.

Part B focuses on midwifery practice. Section one explores the notion of midwifery partnership, while sections two and three explore midwifery practice from the perspectives of midwifery autonomy and collaborative practice.

Because midwifery practice is an integration of knowledge, skills and attitudes, the following strands are articulated within each of the three sections in Part B:

- physiology
- assessment
- evidence for practice
- professional judgments and decision making.

We acknowledge that a number of disciplines contribute to the knowledge, attitudes and skills that a midwife needs, but the focus of this book is on midwifery-specific knowledge and the application of knowledge from other disciplines where it directly relates to the scope of midwifery practice. Where additional depth is required, readers are referred to more specific texts from other disciplines.

Each chapter provides:

- learning outcomes
- clinical scenarios where relevant to contextualise practice issues
- reflective and critical thinking exercises, and some research exercises
- questions for review (in most cases)
- a list of online resources.

This text provides a new approach to midwifery education. In focusing on the midwife as an autonomous practitioner with a specific scope of practice, we have endeavoured to show how professional judgments and practice decisions rely on strong assessment skills, knowledge and understanding of physiology, application of evidence-based practice knowledge, and integration of attitudes and philosophy within a professional framework for practice. Midwives who approach practice in this way will be able to provide individualised and women-centred care. They will be able to identify when they have reached their level of expertise and when it is necessary to consult and collaborate with others to ensure that the needs of women and their babies are met. It is this awareness and midwifery 'thinking' that ensures midwives are competent and safe practitioners.

We hope you enjoy using this textbook.

Sally Pairman
Sally K Tracy
Carol Thorogood
Jan Pincombe

About the editors

Sally Pairman

MNZM, DMid, MA, BA, RM, RGON is Professor, Director of Learning and Teaching and Head of Midwifery at Otago Polytechnic, Dunedin, New Zealand. Sally has been actively involved in the New Zealand College of Midwives in various roles, including President, since its inception in 1989. She was made an honorary member in 1997. She was appointed to the Midwifery Council of New Zealand on its establishment and served as the inaugural Chair of the Council (2003–2011) throughout her term in office. In 2008, Sally was appointed as co-chair of the International Confederation of Midwives Regulation Standing Committee, a role she still holds in 2014, actively working to strengthen midwifery regulation at national, regional and global levels. In these roles and through her work as a midwifery educator, Sally has been at the forefront of establishing midwifery autonomy and degree-level direct-entry midwifery education in New Zealand, and has influenced the direction of midwifery regulation and education internationally. In 2008, Sally was made a Member of the Order of New Zealand for her services to midwifery and women's health.

Sally is co-author with Karen Guilliland of *The Midwifery Partnership: A Model for Practice*, a monograph describing a theoretical model of midwifery as a partnership between a woman and a midwife. Sally's Master's research resulted in refinement of the model. Now in its second edition (2010) the midwifery partnership model is foundational to New Zealand midwifery practice and has been widely adopted by midwives around the world as a model for practice. Sally's professional Doctorate in midwifery further analysed midwifery partnership in relation to midwifery leadership, midwifery education and midwifery regulation in her exploration of New Zealand midwifery's professionalising strategies from 1986 to 2005. Sally has published and presented extensively on these and other related topics including *Women's Business: the story of the New Zealand College of Midwives 1986–2010*, co-authored with Karen Guilliland and published in 2010.

Sally is married to Michael Lucas and they have two sons, Oscar and Felix.

Jan Pincombe

PhD, MAppSc, PGDipEd, BA, RM, RIN, RN, FACMI is Adjunct Professor, Midwifery, School of Nursing and Midwifery, University of South Australia, Adelaide, and has extensive teaching and research experience. She held the position of Joint Professor of Midwifery between the University of South Australia and the Women's and Children's Hospital, Adelaide, between 2002 and 2006.

Jan was appointed Program Director of Midwifery (2006–2008) for undergraduate and postgraduate programs at the University of South Australia, where she has taught and researched since 1992. She has successfully supervised PhD, Masters and Honours students in midwifery, alternative therapies and maternal and childcare topics over the past 20 years and has taught a variety of courses in the midwifery programs. Jan is retired but continues to be principal supervisor for six PhD students.

Jan is a Fellow of the Australian College of Midwives and is a member of The Australian Nursing and Midwifery Accreditation Midwifery Committee. She is married to Adrian, and has two children, Brandon and Shauna, their partners Aubyn and Hrvoje, and five grandchildren, Will, Emma, Eva, Mila and Maks.

Carol Thorogood

PhD, MPhil, BAppSc, DipEd, PGDipArts, RN, RM is a Midwifery Consultant in Perth, Western Australia. Carol has considerable expertise in teaching and learning with a particular interest in online pedagogy. Her current research interests are concerned with the design of undergraduate and postgraduate midwifery education programs designed for qualified midwives beginning tertiary study that embed generic skills such as critical thinking, reflection and written expression into clinically focused curricula.

Sally K Tracy

DMid, MA, BNurs, Adv Dip N, RM, RGON holds the Chair in Midwifery at the University of Sydney. Sally is based at the Midwifery and Women's Health Research Unit at the Royal Hospital for Women in Sydney, where she is one of a progressive group of midwives and obstetricians overseeing the introduction of midwifery group practice care as a mainstream option for all women. Sally is the lead researcher on three large National Health and Medical Research Council of Australia project grants. The first is a randomised, controlled trial of caseload midwifery care for women regardless of identified risk factors—the M@NGO trial, the second is a prospective cohort study of free-standing primary-level maternity units in Australia and New Zealand (EMU), and the third is the Amniotic Fluid Lactate Study, which aims to ascertain the role of amniotic fluid lactate in the diagnosis of labour dystocia. All these studies