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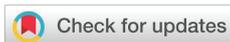
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Review Article

Midwifery in Health Care System

Abstract

The midwife provides health care for pregnant women and womans in labor and take care for newborn childs and infants. It can also work in gynecological departments by providing basic nursing care to women with reproductive system diseases. The midwife is a health care professional whose field of work is maternity and gynecological health care. It plays an important role in the counseling and education of healthy and ill insured persons and their families.

social security and the essential components of economic and social wellbeing. The right to health is programmed as one of the fundamental human rights.

When considering the issues of health, there is no dilemma for medical professionals because every man, regardless of gender or skin color, who seeks professional medical assistance approaches the same way or practices according to the profession's rules to help him with his competences [3]. This is one of the fundamental principles of medical ethics that is respected by medical professionals anywhere in the world. Thus, the quality of health and health care is achieved not only in the environment where medical help is required, but society as a whole.

Public health seeks to protect and improve the health of communities: it works to identify the underlying causes of health and well-being, and also of disease and ill health, looking for patterns and trends in particular populations [4]. Public health sets health in its widest social and political context. It draws direct links, for example, between factors such as levels of employment, standards of housing, educational attainment and concomitant levels of health and ill health. It uses the evidence on these links to develop social policy aimed to have a positive impact on the wider determinants of health.

Pregnancy is unique in giving a window of opportunity for making changes in lifestyle and habits. At no other time in life do people have such regular contact with health professionals, and this book aims to help midwives to maximise this opportunity for health gain. The special challenge for midwives is to achieve and maintain the appropriate balance between addressing the needs of 'populations' and meeting the individual needs of every woman and her family.

Reproductive health

Women's reproductive health encompasses a wide range of topics, including menstruation, conception, abortion,

Introduction

Many health problems cannot be solved and adequately treated when only the biomedical perspective, focusing on diagnostic tests and medical or surgical therapy, is taken into account [1]. This can be assumed as well accepted in all domains of clinical medicine nowadays. It is particularly obvious when considering the situations and conditions of patients who turn to an obstetrician/gynaecologist: they might have experienced a pregnancy loss, be confronted with an unwanted pregnancy or with infertility, suffer from domestic violence or have to deal with a gynaecological cancer. Medically unexplained symptoms are frequent in general hospital outpatients. Nowadays, the role of the obstetrician/gynaecologist is not limited to cure but includes prevention and supportive care. Their approach should therefore be holistic. Health professionals have to provide assistance with regard to preventive measures, decision-making and crisis intervention.

Consequently, obstetrician/gynaecologists are confronted with many tasks requiring psychosocial competence, including patient education, counselling and management of psychosocial problems.

Public health

Health, as well as socio-economic categories, includes in itself the interests of individuals and the interests of society [2]. The relationship of the individual and society towards health history is changing. The nearby village of past health, its protection and improvement were considered individual care and private interests of the individual. Today, however, about the health of almost all over the world speaking as an important public interest, a significant factor of economic and

pregnancy, miscarriage, childbirth and menopause [5]. Although mainly focussed on women, these events involve issues that affect both men and women and include sexual dysfunction, infertility and becoming a parent. Reproduction also encompasses a range of illnesses, such as endometriosis, sexually transmitted diseases, pelvic pain, premenstrual syndrome and testicular cancer. These disorders and their treatments can have implications for fertility and reproduction. For example, endometriosis is associated with reduced fertility in women. Common procedures and treatments associated with reproduction include contraception, cervical smears and hormone replacement therapy. Reproductive issues raise unique ethical dilemmas, such as the point at which terminating a pregnancy is morally defensible; the rights of donor parents and children of donors; whether a subsequent pregnancy should be used by parents to provide a child with the right genetic make-up to be an organ or tissue donor for a sick older sibling.

All these events can be viewed from different perspectives: biomedical, psychological, social and cultural. Which perspective we take affects both our understanding and treatment of disorders.

Danger has always attended childbirth [6]. Among the many complications of pregnancy and delivery are hemorrhages, obstructed labor, infection, toxemia, and unsafe abortions. Fetal/neonatal problems include asphyxia, neurological problems, infections, and prematurity. Before maternity care was moved into medical institutions, pregnancy and birth were widely regarded as dangerous events. Midwives and other women attended births at home and did what they could to alleviate the laboring woman's pain and ease the passage of the baby, but morbidity and mortality were a pregnant woman's constant companions.

By the early twentieth century, obstetricians had replaced midwives as birth attendants in the United States, and a new view of the dangers of birth was emerging. As childbirth moved from a domestic to a medical event, obstetrical dangers became institutionalized within a growing body of medical knowledge. Danger was transformed into biomedically constructed and sanctioned notions of risk. This was more than a mere semantic shift: "Danger" implies a fatalistic outlook on birth, "risk" implies an activist stance. New medical definitions of risk require that childbirth be accompanied by medical technology, monitoring, and oftentimes intervention.

Midwifery

The place of birth is related to the kind of care that different categories of birth attendant are qualified to give [7]. But more fundamentally, the relationship is with the different kind of care which different birth attendants believe that it is biologically right to give. The traditional role of midwives was, as the medieval derivation of their name denotes, to be 'with woman' throughout her labour, giving her emotional support and encouragement. The midwife's skills lay in ensuring the necessary hygiene and in knowing how to help the labouring woman to use her own reproductive powers to bring forth her

child naturally and without damage. Her skills were essentially non-interventive and the philosophy which underlay her practice was of the biological rightness and sufficiency of the natural process. As the influence of obstetricians on the midwifery training programmes increased, the philosophy became compromised and midwives were permitted and taught to perform certain interventions, but mostly at a low level of technology and capable of being practised in the home without fixed equipment. They were not allowed to acquire technical skills which would have made them effective substitutes for obstetricians.

The role of the midwife can be summed up in just two words: 'delivering babies' [8]! This is the common view of the public and other professionals of what midwives do.

The Royal College of Midwives (RCM) dedicated to promoting midwifery, and supporting mothers and babies by helping midwives in their professional sphere, says the following about the role of the midwife:

A midwife does more than just deliver babies. Because she is present at every birth, she is in a position to touch everyone's life. A midwife is usually the first and main contact for the expectant mother during her pregnancy, and throughout labour and the postnatal period. She helps mothers to make informed choices about the services and options available to them by providing as much information as possible.

The role of the midwife is very diverse. She is a highly trained expert and carries out clinical examinations, provides health and parent education and supports the mother and her family throughout the childbearing process to help them adjust to their parental role.

The midwife also works in partnership with other health and social care services to meet individual mothers' needs, for example, teenage mothers, mothers who are socially excluded, disabled mothers, and mothers from diverse ethnic backgrounds.

Midwives work in all health care settings; they work in the maternity unit of a large general hospital, in smaller stand-alone maternity units, in private maternity hospitals, in group practices, at birth centres, with general practitioners, and in the community.

Pregnancy

Pregnancy is an incredibly complex state of being and each unique episode brings its own character and challenges according to the conditions present in the life of the woman at the time [9]. In most cases, the pregnancy will flourish and a healthy, well baby and mother will result. However, there are a multitude of factors that may influence the pregnancy and subsequent outcomes. Midwives need to be able to provide holistic care in order to facilitate appropriate responses to each woman's and baby's needs.

Pregnancy is not an illness and midwives provide care and support for a generally healthy population who are

undergoing a normal but transforming life event [10]. Central to the philosophy of the programme leading to the Diploma in Midwifery. Studies and registration as a midwife is the acknowledgement that each woman and her experiences are unique. For each woman care delivery should be equitable, accessible, acceptable and individual, and these are all the elements of woman-centred care. For midwives to be able to provide flexible woman-centred care, they need to be knowledgeable, self-aware, non-judgemental, reflective and adaptable. The varied aspects that influence health, such as socioeconomic, cultural, physical and psychological factors, need to be acknowledged, along with the woman's individual needs and wishes.

Midwives are specialists in normal pregnancy, birth and care of women and babies in the period after birth (called the puerperium) [11]. Midwife traditionally meant "amongst women" and this describes the important supportive role midwives have in looking after woman at a very important and often vulnerable time in their lives. The International Confederation of Midwives has defined the roles of midwives in terms of training and standards which is important as they have a leading role internationally in the provision of safe care to mothers. In working with women, midwives provide the primary care and also the screening to determine which women have pregnancy problems that require medical or specialist care.

Childbirth

Childbirth is a significant junction in a woman's life as she brings forth a new person into the world [12]. Her beliefs, values, relationships and knowledge will influence how she sees and experiences pregnancy and birth, including how she interacts with the midwife, and perhaps other practitioners, during the childbearing year. Practitioners' beliefs, values, relationships and knowledge will also influence how they work with the woman as their worlds intimately unite during the labour and birth. Understanding women's needs in childbirth must integrate these dimensions to provide optimal care. Midwifery presence can be a powerful instrument and the act of being present or 'with woman' can have multiple facets, from gathering data to establishing and developing a mutually trusting relationship.

People need to know that Cesarean births represent births that, before modern obstetric practice, often resulted in tragedy [13]. Today, it is rare for a mother or baby to die from the birth process. Modern techniques for surgical birth save lives: Cesarean section is a modern remedy.

An emergency Cesarean section is just that: it is urgent and is done to save the life of the mother or baby, either or both of whom are in immediate danger. It is performed for unexpected medical reasons that occur during pregnancy or labor.

An elective Cesarean section is not an unnecessary Cesarean section or a Cesarean section done for the convenience of the mother or doctor. An elective Cesarean section is done for medical reasons that are known ahead of time. Because the

mother's medical situation is known before labor begins, the surgery can be planned for a specific time near the baby's due date.

Postnatal care

The baby, at the moment of birth and in the first months of life, carries out one of the most difficult adaptation processes of its whole life [14]. For this reason, it is of vital importance that mother and baby are allowed to follow through their instinctive behaviours. Furthermore, a stress-free, close relationship between mother and baby in these early stages, under the influence of priming hormones like oxytocin and prolactin, creates responsive connectivity between mother and baby that is the basis for mutual responsiveness in the neonatal period and beyond.

Most of the studies of postnatal care are from developed countries where women generally spend some days in hospital following the birth [15]. Some go on to have the option of receiving care at home following discharge. Diversity in terms of the length of the postnatal hospital stay, arrangements for home-based visits and the involvement of other maternal and child health services in the early postnatal period limits comparisons between countries such as Australia, Canada, the United States, the United Kingdom and countries of western Europe.

The days and months following the birth of a newborn are defined as the postpartum period or puerperium [16]. Traditionally, the puerperium begins after the birth of the fetal membranes and continues throughout 6 to 8 weeks postpartum. Designation of this particular time frame is attributed to the average time necessary for physiologic return to a pre-pregnant state. However, postpartum restoration, both physical and emotional, is influenced by various factors prompting individual differences in this time frame.

The days and months leading up to the birth of a newborn are filled with numerous appointments, planning, well wishes from friends and family, and a variety of physical and emotional changes. Once birth occurs, focus shifts to postpartum recovery, needs of the infant, and return to life after pregnancy.

Conclusion

The midwife takes care about the pregnant woman from the moment when she arrives at the hospital; provides support to her, monitoring her health conditions and prepares her for giving birth. At birth helps pregnant women, they are responsible for preventing possible infection and recognizing signs of possible complications. It recognizes an improper course of birth and takes the necessary measures in a timely manner, helps the doctor with spontaneous and hard births. Concerns about just born child; on the passage of the respiratory tract, muscle tone, participates in the assessment of its general condition. The nurse - the midwife takes the necessary measures in necessary cases, takes care for newborn children and infants, organizes, monitors or performs a prescribed diagnostic and therapeutic program. The midwife after childbirth takes care for mother

of newborn child; she cares about her rest, her food and her mental state. She explains to mother techniques of proper breastfeeding, hygiene, and provides child care instructions after being release from hospital until to the patronage nurse's arrival.

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