

An exploration of the perceptions of midwives as client advocates for normal childbirth.

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There is an international concern about the growing proportion of medicalization of childbirth. Midwives have as a philosophy to meet a woman’s individual needs by promoting normal childbirth. The midwives role, as advocates for normal childbirth, accords high status to midwifery practice. Advocacy is an essential part of good professional practice and midwives must enrich themselves with knowledge, high level of self-esteem and self-confidence. However, midwifery literature elucidate that midwives fail to act as women advocates since there is significant evidence that midwives are themselves an oppressed group and lack autonomy. In order to empower others, midwives must first learn to confront sources of oppression and become empowered themselves. It is questionable whether the traditionally paternalistic approach to health care provision truly respects the autonomous rights of each woman.

In Cyprus there is no research available about midwifery. So, what is happening in Cyprus? Do midwives act as advocates for normal childbirth?

Aim: to explore the factors that motivate or discourage midwives from advocating ‘normal childbirth’.

Design: Qualitative, phenomenological framework using tape-recorded unstructured interviews and Participant observation.

Participants: 10 midwives.

Findings: Thematic analysis was used and six main themes emerged; factors motivating midwives to act as advocates are: Midwives status, Preparation for Parenthood, Basic and Continuing Education.

On the other hand factors that discourage midwives are: physician’s dominance; medicalisation of childbirth, the lack of support and the perpetual shortage of midwives

Conclusions: It was evident that midwives found themselves in stressful situations when advocating normal childbirth. Midwives need to be recognized and valued by the public and the other health professionals as equal partners within the multidisciplinary team. In order to be effective advocates, they must also be empowered and confident in undertaking this role.

For the accomplishment of this goal, they have to be supported by the health managers and policy makers as well as their professional organizations. Midwives should have more in depth theoretical input sessions on advocacy and ethical provision of care and normal birth, added in their basic midwifery education. Focusing

on ethics, communication and conflict management, they must extend this knowledge, in particular, through effective continuing professional educational programmes.