The Truth About Midwives

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ABSTRACT

In this column, the editor of *The Journal of Perinatal Education* discusses the Public Broadcasting Series *Call the Midwife* and the American College of Nurse-Midwives campaign *Our Moment of Truth*. The editor also describes the contents of this issue, which offer a broad range of resources, research, and inspiration for childbirth educators in their efforts to promote, support, and protect natural, safe, and healthy birth.

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Editor

I am not a big television viewer, but lately I have become a fan of watching the entire series of selected programs on my iPad while walking on the treadmill. I recently watched the Public Broadcasting System (PBS) series *Call the Midwife*. The story is based on the best-selling memoir of the late Jennifer Lee Worth. The series provides a moving and intimate insight into the colorful world of midwifery and family life in East London in the 1950s. Viewers are introduced to the community through the eyes of young nurse-midwife Jenny Lee as she arrives at Nonnatus House to live and work as a midwife alongside an Order of Nuns. The Sisters and the midwives of Nonnatus House carry out many nursing duties across the community, however, their primary work is to help bring safe childbirth to women in the area and to look after their countless newborns.

Although normal birth is highlighted, the midwives are shown to capably handle various emergencies and work collaboratively with their physician partners who have earned their respect.

This popular show provides a wonderful opportunity to raise awareness about normal healthy birth and the midwifery model of care. It also sheds light on how out-of-hospital births can be safe and rewarding. Homebirths attended by midwives are still prominent in the United Kingdom, whereas most midwives in the United States attend birth in hospitals.

The American College of Nurse-Midwives (ACNM) agrees that “Call the Midwife” is an excellent opportunity to showcase the work of midwives today in the United States. In fact, ACNM has partnered with the PBS station for the greater Washington, DC area, to air twenty-four 7-second ads. The ads direct viewers to ACNM’s public awareness campaign *Our Moment of Truth: A New*

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We invite readers to respond to the contents of this journal issue or share comments on other topics related to natural, safe, and healthy birth. Responses will be published as a letter to the editor. Please send comments to Wendy Budin, Editor-in-Chief (wendy.budin@nyu.edu).

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For more information about the PBS series “Call the Midwife” go to: <http://www.pbs.org/programs/call-the-midwife/>

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The purpose of *Our Moment of Truth* is to improve women's health and maternity care in the United States by reintroducing midwives and midwifery care as important options that should be the norm for women's health-care services.

For more information about ACNM's public awareness campaign go to: <http://ourmomentoftruth.midwife.org>

The content of all JPE issues published since October 1998 is available on the journal's website (www.ingentaconnect.com/content/springer/jpe). Lamaze International members can access the site and download free copies of JPE articles by logging on at the "Members Only" link on the Lamaze website (www.lamaze.org).

Understanding of Midwifery Care. The purpose of *Our Moment of Truth* is to improve women's health and maternity care in the United States by reintroducing midwives and midwifery care as important options that should be the norm for women's health-care services. The ad states "The time is now for women everywhere to understand how midwives partner with women to improve their health throughout their lives."

IN THIS ISSUE

Continuing the practice of advancing the Lamaze International mission to promote normal healthy birth by sharing birth stories, this issue's "Celebrate Birth!" column features the story of Eloise Amelia Kahn's birth. *Kristien Marie Kahn* describes her experience as a nursing student preparing to be a mother and how studying nursing during her pregnancy influenced her thought process during pregnancy and labor. She describes her evolving relationship with her certified nurse-midwife and her unmedicated childbirth in a hospital setting.

In this issue's featured article, Dr. Jane Sandall discusses the implications of new evidence from recently published research on maternity services across England. The Birthplace in England research program was commissioned in 2007 to address key gaps in the evidence and inform those who plan, deliver, and use maternity services. These included the pattern of current services and availability of different models of care; the ways in which maternal and infant outcomes differ between settings; their comparative cost-effectiveness; and the organizational features of maternity care systems that might affect the quality and safety of care.

In their article "First Do No Harm: Interventions During Childbirth," authors Gibson, Bowles, Jansen, and Leach describe how the use of routine interventions without valid indications can transform childbirth from a normal physiologic process and family life event into a medical or surgical procedure. They discuss how every intervention presents the possibility of untoward effects and additional risks that engender the need for more interventions with

their own inherent risks. Unintended consequences to intrapartum interventions make it imperative that nurse educators work with other professionals to promote natural childbirth processes and advocate for policies that focus on ensuring informed consent and alternative choices.

This same group of authors—Bowles, Gibson, Jansen, and Leach—also share their experiences during a medical mission into the rural mountainous regions of Haiti. In their article "Childbirth Education in Rural Haiti: Reviving Low-Tech Teaching Strategies," they share the story of how they were charged with teaching safer childbirth practices to untrained, mostly illiterate traditional birth attendants (TBA) who spoke Haitian Creole. In this isolated region with no physician or accessible hospital, almost all births occur at home, with no electricity, safe water supply, or sanitation facilities. Accustomed to electronic, high-tech teaching aids, these childbirth educators had to modify educational strategies for these extraordinary circumstances. A successful solution was to revive decades-old low-tech teaching techniques and visual aids once commonly used in Lamaze classes.

Martin, Bulmer, and Pettker present the findings from their qualitative descriptive study that explores the childbirth expectations and sources of information of seven low- to moderate-income first-time mothers from an urban area in Connecticut. The themes that emerged touched on mode of birth, supportive resources, emotional and physical expectations, control, and health of the baby. None of the mothers in their sample participated in childbirth education classes, and instead cited mostly informal sources of information such as family, friends, the Internet, and television. The authors suggest that in light of advanced technology and increased access to on-demand information, the results of this study should remind health-care providers to discuss childbirth expectations and the sources of information with patients.

In their article "Supporting Fathers in a NICU: Effects of the HUG Your Baby Program on Fathers' Understanding of Preterm Infant Behavior," Kadivar and Mozafarinia describe how using "The HUG Your Baby" DVD and family-friendly educational program with fathers of preterm babies in a neonatal intensive care unit (NICU) can increase fathers' knowledge of infant behavior. These findings support previous research that suggests that family-based interventions in NICU may increase

parental knowledge of infants. Although previous research has emphasized that more active involvement by mothers positively impacts parenting, this study suggests that a father's knowledge of his baby can be enhanced by HUG Your Baby teaching.

In this issue's "Tools for Teaching" column, Barbara Hotelling explains how patients often experience a placebo response to medications or treatments, although at the same time many can also experience a "nocebo" response where they have negative effects from something that should be ineffective. In this column, Hotelling examines ways

in which the content and teaching techniques that are often a part of Lamaze childbirth education may elicit a nocebo response and negatively influence women's confidence and ability to give birth.

WENDY C. BUDIN *is the editor-in-chief of The Journal of Perinatal Education. She is also the director of nursing research at NYU Langone Medical Center and adjunct professor at New York University, College of Nursing. She is a fellow in the American College of Childbirth Educators and is a member of the Lamaze International Certification Council.*