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Selection, introduction and editorial matter © Karen Bates and Kenda Crozier 2015

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First edition 2005

Second edition 2015

Published by

PALGRAVE

Palgrave in the UK is an imprint of Macmillan Publishers Limited, registered in England, company number 785998, of 4 Crinan Street, London, N1 9XW.

Palgrave Macmillan in the US is a division of St Martin's Press LLC, 175 Fifth Avenue, New York, NY 10010.

Palgrave is a global imprint of the above companies and is represented throughout the world.

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ISBN 978–1–137–37481–3

This book is printed on paper suitable for recycling and made from fully managed and sustained forest sources. Logging, pulping and manufacturing processes are expected to conform to the environmental regulations of the country of origin.

A catalogue record for this book is available from the British Library.

A catalog record for this book is available from the Library of Congress.

Typeset by MPS Limited, Chennai, India.

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Introduction to the second edition

Karen Bates and Kenda Crozier

The inspiration

This book was originally inspired by an interest and commitment that Viv Woodward, Karen Bates and Nicki Young shared in our work as midwifery lecturers preparing both student and qualified midwives to manage emergencies in the absence of immediate obstetric assistance. This second edition, edited by Karen Bates and Kenda Crozier, brings up to date this area of midwifery practice. The principle upon which this book was originally put together, and which still forms the basis of our interest is that obstetric intervention is not always immediately available e.g. the emergency may take place in a woman's home or in a stand-alone Midwifery-Led Birthing Unit.

Initially we shared a frustration in that as we sought evidence and guidance to support our teaching, information about the midwife's management of childbirth emergencies in community settings was virtually non-existent. Despite the intervening years there is still limited evidence and information specifically for professionals working in these low tech environments. This is in spite of the rise in the number of stand-alone midwifery units.

Most midwifery educational curricula focus on the midwifery management of emergencies, which often forms part of a final assessment process. Training and preparation for emergencies in hospital settings is frequently multiprofessional but focuses mainly on obstetric-led units. In preparing student midwives, we recognize the need for them to transfer these skills to an out of hospital setting. This was the premise for the first edition of this book and it is even more imperative now, as so many of them will take up posts in midwife-led units.

Since the first edition of this book was published we have seen a radical change to the way in which NHS services are commissioned and delivered. The Royal College of Obstetricians' vision for the

future of women's services has emphasized the impact of changes in demand for services and linked this with the education and training of doctors (RCOG, 2011). The increase in midwife-led birthing units and the closure of smaller maternity units in general hospitals means that midwives are increasingly the lead professionals within low tech birthing settings (Department of Health, 2010). As a result, midwives' management of emergencies in the community and working partnerships with the paramedic services has become a critical issue.

A word on gender

Within the chapters of this book the midwife is often referred to as female and contributors have talked about the midwife finding 'herself' working alone and unsupported by other professionals in an emergency situation. We have not opted to use the clumsy he/she or to refer to the midwife as they. The use of the feminine is simply a device for ease of writing and not intended as discriminatory.

The structure of this second edition is generally unchanged with the notable exception that we have not included the obstetric commentary because we no longer felt the need to have an obstetrician validate the authenticity of midwifery practice – a bold step.

Redefining and promoting normal childbirth and midwifery

The move to a less interventionist approach to a woman's intrapartum experience has been well charted through Government reports from *Changing Childbirth* (Department of Health (DH), 1993) to *Maternity Matters* (DH, 2007). Essentially these reports emphasized and legitimated the social model of birth (Walsh and Newburn, 2002). The Royal College of Obstetricians and Gynaecologists (2008) standards for maternity care encourages a less interventionist approach to birth without going as far as supporting birth at home.

Whilst ambivalent attitudes towards homebirth may prevail, whether due to safety issues or organizational factors (McNutt et al., 2013; Phipps, 2003), the popularity of midwifery-led birth units which aim to provide non-interventionist care has grown rapidly. Some of these centres are integrated within consultant-led

units and are co-located units, others are based in the community and are stand-alone units. Whilst possibly perceived as a safer alternative to homebirth, midwives' skill and confidence to identify complications and transfer women promptly to consultant care and to effectively manage emergency situations in accordance with the statutory framework (NMC, 2012) remain crucial.

However, acknowledging the need to avoid unnecessary medical intervention, it is important that midwives have the knowledge and skills to act or acquire assistance when complications develop. Midwives are in a position to make a significant contribution to women's health and well-being, by recognizing and dealing promptly and effectively with childbirth complications and emergencies, and have therefore been urged to develop this aspect of practice (CMACE, 2011). It is essential whilst the midwifery profession guards normal childbirth and minimizes unnecessary obstetric intervention that there is on-going development of the midwife's role in emergency and high risk situations.

Hospital midwives

Whilst this book focuses on low tech midwifery practice, it is also relevant to hospital-based midwives working in consultant-led units. It has always been incumbent on midwives to be able to detect complications and manage emergencies wherever care is delivered. A woman's condition could deteriorate rapidly and should there be delay in the arrival of assistance, hospital midwives, like their community counterparts, need to have their action plans prepared. For example, in the case of primary postpartum haemorrhage, if they have rubbed up a contraction, given the permitted doses of oxytocic, emptied the bladder and uterus, what would be the next step, faced with a woman with torrential bleeding?

The rationale for the book

Whilst the book acknowledges that midwives are most often the health professional at the sharp end of childbirth emergencies, it recognizes the importance of the working partnership with paramedics who may in fact be first on the scene. It is hoped therefore that both professional groups will find the book informative and of practical help and that it will stimulate reflective practice, especially in relation to shared working.

The structure of the book

Chapter 1 draws attention to the risk management and legal issues which are a source of great anxiety to many midwives. The chapter quotes from the Nursing and Midwifery Council of the United Kingdom to help students see actions in the context of the code and rules which govern clinical practice. Chapters 2 to 9 have a clinical focus and cover the major high risk situations and childbirth emergencies. Where relevant, the chapters provide information on the physiology and pathophysiology which underpins clinical assessment and subsequent decision making and a step-by-step guide to the management of the situation in the absence of obstetric and neonatology assistance. However, students may want to explore these areas in more depth to ensure full understanding and the references used throughout are a guide to further reading. When and how to deal with the emergency ‘in situ’, factors contributing to the decision to transfer into hospital, preparations for transfer and care during transfer are discussed. Psychosocial issues specific to the emergency are outlined in order to promote an holistic approach to care. We have introduced a new chapter since our first edition focussing on the midwife’s role in dealing with mental health emergencies. This is in response to the increasing emphasis on mental health awareness in clinical practice and the increasing demand among qualified midwives for continuing professional development in managing mental health issues in the childbearing period. It will help midwives to consider the multiprofessional involvement required in this type of crisis intervention. Chapter 10 provides an up to date account of the role of the paramedic and considers how midwives and paramedics may work together in emergencies. Little has previously been published about the ways in which midwives and paramedics work together in a community childbirth emergency scenario.

A scenario-based approach

A short case study and in-text reflective questions are provided within the chapters. These aim to provide readers with the opportunity to mentally rehearse and develop action plans for how they would effectively and safely manage childbirth emergencies, whilst awaiting the arrival of assistance. It is intended that this activity will help readers to consolidate learning and apply information covered in the chapter to a clinical situation.

Commentaries by Supervisor of Midwives

Promoting choice and normality in childbirth creates grey areas in practice and makes midwifery supervision a vital safeguard not only for women and their families but for midwives also. More than ever the Midwives Rules (NMC 2012) emphasizes the statutory nature of supervision and the role of the Supervisor of Midwives. The commentary by supervisors helps to illustrate how supervision can be used to support midwifery practice effectively and is as such a very useful aid to understanding for student midwives. A commentary by a Supervisor of Midwives is therefore included in relevant chapters.

In writing this second edition we wanted to acknowledge the previous editors Viv Woodward and Nicki Young, for their original vision and commitment to the book and their generous encouragement in allowing us to develop a new edition.

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