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## DISCUSSION

# Slow midwifery

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**Summary** Some patterns of timekeeping and counting are fraught in midwifery. In this paper we suggest our societal love affair with all things fast can cause us, as midwives, to limit women's possibilities (and our own). We suggest that timekeeping and counting potentially disrupt the midwife–woman relationship and, further, timekeeping and counting contribute to us valuing particular qualities in women and in the health system, including the idea that fast is better than slow. Pondering how this could be different, we consider a beginning global trend about time and speed – the Slow movement – and suggest a new movement, 'Slow Midwifery', in which midwives bear the responsibility of trying to be more connected to the women with whom we work by being less connected to our watches.

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## Time to ask new questions of old and new work...

Using what we know and do at work as midwives (and organise as midwife–managers and teach as midwife–educators and research as midwife–academics) we suggest in this paper that there is a pattern of timekeeping and counting which is fraught with danger in midwifery, as it is in society. We suggest that timekeeping and counting potentially disrupt the midwife–woman relationship and, further, timekeeping and counting contribute to us valuing particular qualities in women and in the health system, including the idea that fast is better than slow. Thus our societal love affair with all things fast can cause us, as midwives, to limit women's possibilities (and our own). Pondering how this could be

different, we suggest that by using a different way to view our midwifery world it may be possible to re-pattern our work in ways which might be more useful to women and their babies. Re-patterning may also make our midwifery work easier and more enjoyable by rekindling strong midwifery relationships with women. Considering a global trend towards 'slow' may change midwifery for the better by helping midwives stay more connected to the women with whom we work and less connected to our watches. We see that our task for midwifery may be the creation of a new future in line with Elizabeth Grosz's<sup>1(p261)</sup> call:

The task is not so much to plan for the future, organise our resources towards it, to envision it before it comes about, for this reduces the future to the present. It is to make the future, to invent it. And this space, and time, for invention, for the creation of the new, can come about only through a dislocation of and a dissociation with the present rather than simply its critique. Only if the present

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presents itself as fractured, cracked by the interventions of the past and the promise of the future, can the new be invented, welcomed, and affirmed.

## Past and present: a story of timekeepers and time

Some time ago a complimentary and thankful birth notice appeared in a major Australian metropolitan newspaper. In the birth notice the parents wrote

'After completing his first marathon' [their baby] crossed the finish line at 9am. Besotted parents [...] would like to give thanks to the judges Drs [...], the timekeepers, the wonderful midwife staff [...] 'we will love and cherish you everyday of your life...'.<sup>2</sup>

This birth notice is poignant and amazing, not only in the way it expresses the baby's long and hard road to birth, the parents' love for their new baby and their gratitude for fine maternity care, but for its clue to two fundamental facets of 'modern' maternity care, judgement and timing/counting. In this paper we pick up the issues of timing and counting and its effects on midwifery work.

We know that in our society, midwifery both reflects the values of society and contributes to them. Fast has become highly valued. Our world is increasingly fast—fast cars, fast computers, fast food. We sleep less and work more.<sup>3</sup> We work through our lunch breaks and on our days 'off'. In the clinical areas we are called in to work overtime or they ask us to work a 'double'. As managers and teachers our work is never complete. It oozes into our home and family time. Our children seem to grow up more quickly.<sup>4</sup> Our food is pushed to grow and ripen faster than it would naturally.<sup>3</sup> Motorists get angry if someone slows them down—road rage is often related to speed or lack of it.<sup>5</sup> We use microwave ovens to heat our food up quickly and computers to dial into the Internet. Now an ordinary modem won't do, we want Broadband, and fast Broadband at that.

Our expectations of women and babies are affected by the ever increasing pace of society. Much midwifery work revolves around the clock and how we time and count affects the women and babies with whom we work in immeasurable ways.<sup>6,7</sup> While we know that midwives have been the timekeepers around women and babies for a long time as the old midwifery adage of not letting the sun go down twice on a labour reminds us,<sup>8</sup> our current love of speed makes us tend to manage our work differently. We often do not let the sun go down even once, with many a potential marathon becoming a middle distance event, or even a sprint.

## A potential midwifery predicament: being with woman and with watch

In our society we can feel caught up in the (rat) race; increasingly stressed over a lack of time, increasingly busy, increasingly undertaking task oriented counting work and overwhelmed by a sense of futility of how to get it all done.<sup>5</sup> In midwifery it is easy to feel the same pressures. So much of our work revolves around the timing and counting:

- With pregnant women we: estimate the date of birth, organise the number of visits, work out the number of

weeks, count the fetal heart rate, check blood result numbers, measure fundal height, record the number of pregnancies and babies, length of previous labours, we ask the number of terminations, her age at menarche, her number of partners, number of cigarettes, cups of coffee, cones of marijuana, alcoholic drinks, we measure blood pressure and maybe amniotic fluid and we make a date and time for the next appointment.

- When women are labouring and giving birth we time contractions, count in between them, estimate centimetres effaced and dilated, measure the station of the fetal head, determine the temperature of the woman in degrees, measure blood pressure, count her pulse and the fetal heart rate, note hours since last vaginal examination and since she last voided and how much, calculate the millilitres per hour and milligrams per minute, estimate fluid in and out, note the expiry date on drugs/IV fluids, record the amount and strength and time of pain relief, consider the number of support people, the length of first, second and third stages of labour and their total, we record the time of rupture of the membranes, the time of birth of the baby and the placenta, we estimate blood loss, count the number of vessels in the cord, the number of membranes, check the respiratory rate, weigh the baby, and measure the length and head circumference.
- In the postnatal area we: note time of admission, check the volume of the woman's loss, check time and estimate of length of first breast feed, record patient number, day number, maybe take measurements of blood pressure, count the woman's pulse, measure and record baby observations, count number and length of breast feeds, count three filled circles in the newborn screen, give her a bed and room number, note time of last void, number and strength and time of pain relief, number of visitors, amount of sleep, measure expressed colostrum, weigh the baby, check the head circumference, note date and time of discharge.

Clearly, this list is not comprehensive and there is even more timing, counting and measuring when labours become complicated. This list just serves to remind us how much of our midwifery work is about timing and counting. Estimating how long, how short, how thick, how thin, how much, how little, how often, how rarely, how high, how low, how big, how small, how full, how empty, how hot and how cold fills up our hours and days at work and fills up women's time in the health system.

Maternity practitioners are caught up in timing and counting. Yet we do not want to over simplify midwifery work here, nor reduce it to 'just' counting or timing. We know that much midwifery energy is, and always has been, spent 'holding a space' for women to be pregnant, labour and give birth, lactate and parent in their own ways and in their own time, supported by their midwife/midwives. In fact the midwifery model can be held up as a solution to the way time dominates thinking and actions in the medical model of birth.<sup>9</sup>

However, midwives in Australia and elsewhere have grown up in health systems which are highly regimented with medical, nursing and management models dominating our health care system, and this dominance affects women and midwives in many ways.<sup>9</sup> These models affect how we view reality and what we consider to be normal or even healthy.<sup>10</sup>

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