

Connections to Midwifery Classes

Emily McGregor

CLINIC 1010

Sarah Butterfly CPM, MPA & Kaylee Ridd BS

June 25, 2021

Connections to Midwifery Classes

Creating connections between midwifery classes seems fitting for this assignment, because midwifery itself falls into a very “connective” model of care, the Midwifery Model of Care.

This is my first trimester at MCU and I am currently enrolled in Midwifery 1010, the assignments that would translate best to this paper is actually a short participation reflection that I did last week (week 6). In this participation reflection we were asked to compare the Midwifery Model of care with the traditional Medical Model of care. In Midwifery 1010 we have had some incredible lectures on what the true heart of the Midwifery Model of care really is. As someone who has experienced this model of care as a consumer, and now a student I enjoyed taking the time to reflect on the differences between these models of care. As a doula I have attended just over 100 births and the majority of these births have been in the hospital, falling into the category of the Medical Model of care.

In last weeks assignment, these were some of my thoughts. Something that has stood out to me the most about comparing the Midwifery Model of care and the Medical Model of care is that in the Medical Model of care, the “norm” is heavily centered on the white male body being. This approach is not only detrimental to the health of those that have a uterus and/or identify as a women, but this also creates issues in the science backing many studies. In contrast the Midwifery Model of care is quite opposite, Midwifery Model of care does not only center the *person* that is giving birth, but it holds space for HOW that person identifies. This approach leads to treating the person as a WHOLE, a whole person with complex emotional, mental, and physical needs that are unique to them and, this time of their life. The Midwifery

Model of care is most effective and SAFEST when the client is informed, and their personal needs are held as a priority.

Another drastic contrast that spoke to me as we were comparing the Medical Model of care and the Midwifery Model of care is that the focus of the the Medical Model of care is to read and, trust machines. Since the Midwifery Model of care is more wholistic and, lower intervention midwives are trained to read PEOPLE with the help of MACHINES. At the center of the Midwifery Model of care there is a wholeness, and a powerful connection between the mental and the physical this is not something machine can illustrate. There is a belief that pregnancy is not a sickness, and that the power the body has build itself, is the same power that the body has to heal itself. In the Midwifery Model of care there is a deep need for compassion and, this is driven by the ability to care for others with a open mind.

Pregnancy, labor and birth is such a vulnerable time in the lives of so many, I want to hold this space for them in a tailored, personalized way as I step into the space of a midwife. I am disappointed in the medical model of care—although we did talk about it's importance last week, there is a balance between being and doing and the medical model of care has not entered into a space where they have been able to identify the importance of both—their main focus is on DOING.