Midwife Care vs. Medicalized Care

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In the realm of maternity care, a shift has occurred over the past century. Once an exclusively natural and holistic experience has increasingly become medicalized, with interventions and technology playing a prominent role. Among this transformation, the role of midwives, advocates for low-intervention approaches have gained renewed attention. Comparing midwifery care with medicalized care during pregnancy and birth, will show advantages and disadvantages mothers have when choosing the care that will suit them best. By understanding the benefits and drawbacks of each approach, there can be light shed on a critical aspect of healthcare that profoundly impacts the well-being of both mothers and newborns. Midwife care is based mainly on building trust and strong relationships between the midwife, expectant mothers, and their families. This is the core principle that has been maintained for many years. Combellick et al. (2023) states, “The midwifery model of care is relationship based and promotes trust, effective communication, and individualized care to foster patient empowerment and autonomy.” reiterating their main priority being a holistic approach. While medicalized care also values trust, the main focus is on medical procedures and protocols. Although there are benefits to both midwife led care and medicalized care, in recent years, midwifery care has become more popular. Depending on the risk of pregnancy, some may choose to have one over the other. Nursing interventions in midwifery care focus on supporting the physiological and emotional well-being of the pregnant person. In medicalized care, nurses work in collaboration with physicians to manage pregnancies and complicated medical problems. By understanding the differences in care, there can be a greater appreciation of how these two models cater to diverse needs and preferences in childbirth.

For many years, maternity care was based around midwives coming to the homes of pregnant women to care for them and their growing fetuses. They learned through apprenticeship

and following the footsteps of other nurses in front of them. They went from home to home, providing critical nursing interventions to prepare for the birth of a baby. Over this time, midwives learned how to care for the woman and their families as a whole. “Midwives were critical to their communities and often the only primary care providers. They put forth all of their skills to care for women in the traditional sense, which included well being manifested through physical, emotional, mental and spiritual aspects.” (*Center for Women’s Health*). Midwifery care was usually the only option for birthing mothers and their families. Eventually, there was a rise in obstetric medicine, where primarily male doctors began to explore childbirth. They promoted their care by starting campaigns, explaining the pain relief they could provide. "By the late 1800s, advances in pain relief, antiseptic and aseptic surgical practices, and surgical techniques and outcomes—alongside a rapid rise in people's faith in scientific medicine—helped accelerate a transition to hospital childbirth." (Martucci 2018). Over time more options have opened to clients, depending on what their personal preference is and how high of a risk their pregnancy may be. Nursing interventions vary between the two types of care. Midwife care nursing interventions are based mainly on non-pharmacological options while medical care is generally the opposite. However, both methods of care continue to be popular due to their individuality, effectiveness, and overall client satisfaction.

Midwifery care, often seen as a return to more traditional and holistic approaches to maternity nursing, emphasizes natural childbirth and personalized support. Most midwives have an extensive background in the nursing field. Having this experience has helped midwives to gain significant clinical knowledge, skills in collaboration with a team, confidence in handling medical situations, and overall the priority of patient centered care. In addition to nursing experience, they receive specialized training in midwifery care. The combination of both nursing

and midwifery education provides positive outcomes for clients and their families. Mary Breckenridge is the woman responsible for introducing nurse-midwifery to the United States. Gulley (2022) explains that she introduced the concept and built the first modern healthcare system that focused on all aspects of the client's well-being. Gulley (2022) also states Breckenridge was able to reduce the mortality rates of mothers and infants dramatically. One hundred fourteen trials were done that revealed over fifty positive outcomes after midwife care was used for childbirth. Some of these outcomes included lower rates of fetal morbidity and mortality, fewer preterm births, and newborns small for gestational age. In addition, there was a reduced need for interventions during labor, improved psychosocial outcomes, increased breastfeeding initiation and duration, improved referrals, and, finally, shorter hospital stays (Combellick et al. 2023). Many advantages were found to support the idea that midwifery care has improved outcomes for childbirth.

Midwife-led care often reduces the need for interventions due to its emphasis on a holistic and low intervention approach to labor. Some interventions midwives use during labor are the Gaskin Maneuver, and hydrotherapy. Zheng et al. (2021) describes the Gaskin Maneuver as a method used to help deliver a baby who is experiencing shoulder dystocia while exiting the maternal pelvis. Zheng et al. (2021) also goes on to say, it was originally described by a midwife in Central America, who tried the maneuver and received great success from it. The maneuver is done by moving the woman onto her hands and knees, an all fours position, to deliver the infant. Gentle pressure is applied by the midwife or nurse downward on the posterior shoulder or upward on the anterior shoulder, helping guide the shoulder through the pelvis area. A trial was done at Laiwu Maternal and Child Health Hospital in Shandong, China over a seven-year period to test the effectiveness of the Gaskin maneuver on relieving shoulder dystocia. “One

retrospective observational study reported an 84% higher resolution of shoulder dystocia and less injury to the baby with the use of the hands-and-knees position as the first approach to resolving shoulder dystocia." (Zheng et al., 2021). After they completed this study, it was revealed that the Gaskin Maneuver is the most effective option for having a successful vaginal delivery when experiencing shoulder dystocia. The maneuver was revealed as a safe, fast, and effective technique. Hydrotherapy is also used by midwives, which is when the pregnant mother is submerged in warm water during labor. Mellado-García et al. (2023) explains, midwives have the main focus of holistic pain relief, and hydrotherapy is a way to promote comfort relaxation and give pain relief in a non-pharmacologic way.

While Midwifery care offers many benefits, it is essential to note the potential disadvantages a mother has while being cared for by a midwife. A mother has fewer options for pain relief, which may not be an ideal situation for individuals who are experiencing severe pain or prolonged labor. In the case of these mothers being cared for at home, they will not have the option of receiving pain medication such as the highly sought-after epidural. In addition to less pharmacologic pain relief, they do not have access to advanced technology such as cesarean, forceps, or vacuum extraction options. This can put women who have a high-risk pregnancy at an increased risk for maternal and or fetal mortality. Midwifery care has potential limitations depending on unique needs and safety concerns.

Medicalized care views pregnancy and birth as medical events. It relies on technology, interventions, and standardized procedures to monitor and manage the birth process. Medicalized care has many benefits, such as the availability of medical personnel, emergency response, comprehensive postpartum care, and peace of mind for high-risk pregnancies. Births cared for medically have many benefits for higher-risk pregnancies. Some interventions used for birth

include an optional epidural, administering Oxytocin, a cesarean birth, and continuous fetal monitoring. These are all interventions that can significantly improve the outcome of the fetus health as well as the overall experience of birth. With an epidural, a mother will have a significant amount of pain relief. Suppose there is an emergency, such as a cephalopelvic disproportion, when the baby cannot fit through the pelvis. In that case, there is the option to send the client to the operating room to have a c-section birth. Nurses can continuously monitor fetal status to ensure the baby is being perfused and oxygenated. They are also able to care for mothers in the postpartum phase, administering Oxytocin intravenously to contract the uterus, decreasing the risk of postpartum hemorrhage. Medicalized care offers a higher level of medical expertise and technology, which can be crucial in an unexpected situation of complications during pregnancy and childbirth.

However, some may argue that the over use of interventions can cause a decrease in client outcome. “Medical interventions are currently overused in low-risk pregnancies and childbirths, which has led to over-testing during pregnancy, the upward trend in cesarean section (CS), and in turn, increased medical costs.” (Sabetghadam et al., 2022). There is an increase in cesarean births in medicalized care. Cesarean or c-section births come with higher risk factors than a vaginal delivery. “Children delivered by cesarean section more commonly developed respiratory and neurological disorders (e.g., autism spectrum disorders, schizophrenia, and immune-related diseases, such as asthma, skin atopy, juvenile arthritis, coeliac disease, type 1 diabetes or obesity.” (Słabuszewska-Jóźwiak et al.,2023). Although there are more options, equipment and trained personnel, sometimes these are unnecessarily used and can lead to preventable problems for the mother and fetus.

In conclusion, choosing between midwifery and medicalized care ultimately depends on

individual preferences and circumstances. Midwifery care offers a more holistic approach, focusing on natural processes and the emotional aspect of childbirth. This care becomes a more personal choice as the midwife gets to familiarize themselves with the client and their family over time. On the other hand, medicalized care provides access to advanced technology and interventions that can be life-saving in many situations. While midwifery may be preferable for lower-risk pregnancies and those seeking a more natural experience, medicalized care can be vital when facing more complicated situations. The decision to pick one or the other should best align with the needs and values of the expectant and their family, the guidance of healthcare professionals, and the main focus on the safety and well-being of both the mother and the baby.

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