

Whalen Symposium Abstract - Christine King

Presentation Title: A Midwife's Resistance: Sparking the Revolution for Well-Women Care

Across the globe, women are experiencing a maternal health crisis. In the United States, Black infants are dying at an alarming rate of 11.4 deaths per 1,000 births (CDC, 2017), and across the globe in Vietnam, they are experiencing this trauma at an exceptional rate of 20.9 deaths per 1,000 births (UNICEF, 2017). The top three contenders that contribute to these alarming statistics include low birth weight, congenital malformations, and maternal complications (CDC, 2016). Despite progress in maternal-infant healthcare, there remains a large gap between racial and ethnic minorities across the world. Various factors contribute to these birthing disparities, including inadequate sex education, socioeconomic status, racial discrimination, and lack of attention given to mothers in hospitals. In order to successfully combat high infant mortality rates, it is essential that we implement strategic methods to avoid preventable deaths, and increase the quality of care for women and infants.

As a member of Martin Luther King Scholar Program, I traveled to Ho Chi Minh City, Vietnam in January to conduct a cross-cultural comparative study. In Vietnam, I investigated how similar factors such as socioeconomic status and access to healthcare contribute to the increasing rates of maternal and infant mortality rates in Vietnam. Pregnant women were not getting the appropriate amount of attention and care needed to undergo the transformative process that is birth. Birth was treated as a traumatic experience, rather than a tranquil experience. Upon speaking with local mothers, they noted their lack of reproductive education as young girls, and even as expecting mother. Comparing and contrasting these experiences, the underlying solution was evident; improving the quality of care for women would ultimately produce stellar results for healthy pregnancies and safe deliveries. This approach, often deemed 'well-women care', provides women with the necessary resources and experiences necessary to have optimal health experiences. Well-women care includes (but is not limited to) supporting a woman's right to keep or terminate pregnancies, increasing access to contraceptives, providing extensive recuperation periods post-delivery, and prioritizing the comfort, safety, and happiness of mothers in birthing spaces, no matter the cost or time commitment.

One method of implementing well-women care to fight the increasing rates of maternal and infant mortality rates is midwife led care. Midwifery led care has transformed the practice of well women care. According to a study conducted by the World Health Organization, women participating in midwifery-led care reported discussing a higher number of health topics than those who received physician-led care. Additionally, the length of time spent with a midwife was often twice as long at the birthing center than at the clinics with an OBGYN. A pregnant

mother's first visit led by a midwife at a birthing centers would last up to 2 hours, whereas first time visits at the OBGYN run clinics ranged from 25 to 35 minutes. The extended time and attention given to women during their visits with midwives has been shown to create intimate connections, allowing patient awareness and knowledge to increase and trust between clinician and patient to be instilled. The benefits of midwifery are undeniable, and it is important that implement midwifery led care to empower women to take control of their bodies during birth. It is imperative that a healthy pregnancy begins with a healthy and knowledgeable woman, and thus, it is the duty of healthcare providers to provide women with the resources needed for optimal experiences throughout womanhood.