Part V

Introduction to Module 5: Skills and Adaptations

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All professionals in sexology, sexual health, and sexual medicine have expertise that gradually developed over the years. During their education and years of practice, knowledge and skills were learned, and their attitude was successively refined and shaped according to their professional needs. The needed levels in this triad of knowledge, skills, and attitude will differ for midwives and other maternity care providers. But they too have to pass through a gradual development of expertise.

While the first four modules of this book mainly focused on knowledge, this fifth module will predominantly concentrate on skills, attitude, and teaching.

In healthcare, professionals devote much time to developing manual skills like taking blood pressure, giving injections, auscultation, and vaginal examination. In dealing with sexuality, most skills consist of communication. Activities like taking a sexual history, giving sexuality education, explaining the sexual side effects of an episiotomy, and treating a sexual disturbance all need words and an amount of verbal fluency.

So the first chapter in this module deals with talking sex. Like other skills, one cannot simply learn the skill of talking sex from a book.

The second chapter of this module will focus on the professionals who teach midwives. How should they offer the framework with the necessary sexuality-related midwifery competencies, and how should they implement the triad of sexuality knowledge, skills, and attitude into the midwifery curriculum? Finally, this chapter will also provide concrete strategies for teaching midwives about sexuality, organizing practicals, etc.

The next chapter will concentrate on attitudes. Daily midwifery practice is, on the one side, characterized by pregnant and birthing women with their insecurities and vulnerability. On the other side are the midwife's practicalities and responsibilities and the daily routine of dealing with bodies and pain. This chapter aims to foster awareness among practising midwives and midwifery students about the risks of 'routine care', making us blind to our client's vulnerability, dependency, nakedness, and pain.

The next chapter will address how sexology professionals manage sexual problems. It will explain the skills and toolbox of the psychosexual and sexual medicine professionals in case referral is needed.

The last chapter will look into the future of midwifery. It examines how midwifery can introduce new elements into its field of practice, starting from a sex-positive approach, responding to the cultural taboos and anticipating the gradual changes in society.

Chapter 26: Talking Sexuality

In most Western cultures, people have learned to talk about sexuality reasonably easily, at least at a party or in a pub, with a lot of humour. That, however, is very different from professionally talking about sexuality with patients or clients. For many HCPs, it appears rather difficult to ask about getting lubrication, having a painful orgasm, or loss of desire. It is also difficult to give information on oral sex or intimate masturbation.

This chapter will deal with those communication skills. It presents a specific framework for discussing sex with clients, supplemented by concrete, practical communication examples. The chapter will differentiate between 'talking sexology' (usually in the mutual contact between professionals) and 'talking sex' (what is needed in the communication with clients - the woman or couple).

The chapter follows the broad outline of the 'One to One' model with four stages: proactively raise the issue; encourage the patient to talk for herself; summarize; make an offer. This 'One to One' model is developed by SENSOA, the Flemish Expertise Centre for Sexual Health.

It aims to help HCPs engage more easily and often with the sexuality and intimacy of their patients and enhance the sexual well-being of the community as a whole.

Chapter 27: From Midwifery Competencies on Sexual Wellbeing to Teaching and Training Midwives on Sexuality

This book aims to better integrate the 'sexuality and intimacy' topic in midwifery care.

To achieve that, one has to consider three relevant groups.

On the one hand, there are practising midwives and HCPs who have already finished their basic training. With the current adage of 'life-long learning', we believe that this book offers much valuable and reliable information for private refreshing and further training.

The second group consists of midwives and HCPs in the making. Many schools and university institutions offer midwifery and nursing courses that prepare young people to become the next generation of providers for maternity care and women's healthcare. We hope that this book will contribute to that formation.

The third group consists of the teachers and tutors in midwifery and other healthcare schools.

That group is the main target of this chapter.

Based on the existing midwifery competencies frameworks, it starts with the midwives' role in sexuality and sexual well-being, looks at the adaptations needed in the curriculum, and then moves on to the tutor's skills and capacities. For developing the required expertise, knowledge has to be intertwined with skills and attitude. Such expertise can only be acquired by various forms of 'doing it'. In other words, role-playing, with roles that gradually resemble the daily reality.

The chapter uses KASES, an educational model (knowledge, attitude, skills, emotional attunement, and support) to offer concrete strategies for teaching midwives about sexuality, organizing practicals, etc.

Chapter 28: Various Sexual Consequences of Interventions in Midwifery Practice

Many different elements influence sexuality and intimacy. Whereas some of those elements are entirely outside obstetric care, others are directly related to what happens in the contact with the midwife. This chapter deals with the consequences (the 'sexual side effects') of what the midwife is doing or not doing. It focuses relatively more on behaviour and attitude than on the 'medical or technical' interventions. The chapter will discuss possible sexual implications of the midwife's daily work and of integrating the theme of sexuality with attention to body integrity, boundaries, and respect.

Part of the information is provided as questions for reflective exercises on the professional attitude in daily practice.

This chapter will also include some aspects of personal involvement in the care of the woman and the couple. The midwife is also a person with sexual feelings, and most probably with a sexual life and maybe a sexual relationship. These relevant realities tend to be considered unrelated to their work, but they can influence when the positive and negative aspects of their clients' intimacy and sexuality intensely or repeatedly confront the midwife.

Chapter 29: How Sexual Problems are Managed (by Other Professionals)

This chapter will address how sexology or sexual medicine professionals deal with sexual problems and sexual disturbances. The 'toolbox' of the sexuality professional contains many different elements. Some of them can be developed and used by the midwife. The chapter will describe these elements to clarify what is going on in the sexologist's consultation room so that the midwife can explain what the woman or couple can expect when being referred there.

Based on a detailed case history, the chapter will introduce the various steps of a possible sex therapy treatment programme.

Chapter 30: Midwifery of the Future; A Widening Field of Competences

This book aimed to create more 'sexuality-sensitive midwifery care', which today is often lacking in most places around the world. This last chapter of both the module and the book will try to take midwifery to the next level.

In a broad sense, sexuality-positive midwifery can create space for expanding the domains of women's health.

Why not dream of a change for the better? This chapter will emphasize various motives to look for change. It will delineate some aspects of Swedish midwifery. Sweden is an example of well-developed midwifery care, with a progressive and sexuality-positive approach.

The chapter will then cover various perspectives of sexuality education. Starting with the daily midwifery practice, then on the role of teacher/educator for various groups and thirdly by proactively participating in the society for advocacy and promoting sexual health and rights.

The chapter then reaches for midwifery imagination. Combining social needs and individual dreams can create new job opportunities in the form of midwifery super-specialization.