Chapter 1 : Important qualities of a midwife |

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Observations in Midwifery A truly unique tome is currently up for auction in the United Kingdom. Observations in Midwifery, by Percival Willughby is a record of case histories attended by Willughby over his years of practice. Written in about it was not published until many years after his death in Only copies were produced, 17 sold, and only 2 remain in existance today. Willughby was born in He was admitted to the Royal College of Physicians in London in He practised in London, Stafford and Derby before finally setting up an obstetric practice in Derby. He practiced until his death in , aged Observations in Midwifery was intended as a handbook to teach midwives about how to handle difficult labours and births. Willughby had found many births he attended made more complicated by inexperienced and overly officious midwives and advocated a more natural approach. The book itself makes a fascinating read and gives an insight into some of the horrors that was childbirth in the 17th century, not to mention the high maternal and infant mortality. For example the case of Emme Toplace, who thought to be dead, was buried prematurely and gave birth in a coffin. The sixth day, shee had a medicine given her, to ease her paines, by a Doctor of Divinity, pretending some small skill in physick. After the taking of the medicine, in the evening, shee was supposed to bee dead; and, after nine a clock that night shte was buried Severall women were much troubled at her hasty buriall, and thought, That shee was not dead The earth was cast off from the coffin, and the coffin was found somewhat opened, where, formerly, the bords were joined together, with a ridg at the top, and the coffin was hot. And it was beleeved, That the buried woman had pulled those hurds out of her mouth with her own hand, after that shee was interred. Another woman put downe her hand, and found a child, delivered in the coffin, and descended as low as her knees, or lower, with one hand in the mouth, and the other extended by the side, and the after- burden was also come from her. Similarly it gives insight to Percival Willughby himself. Cases show he treated both the very poor and the very rich without discrimination. On one occasion he attempted to intervene with judge about a "natural fool" who miscarried during the night as she did not really know what labour was. Willughby desperately attempted to prevent the judge from gaoling her. Unfortunately the book also depicts the horrors that was obstetrics during the 17th century. This was prior to the caeserean section, forceps, or any kind of intervention that might help with obstructed labour. The only tool available was a crotchet. This might be the point those of you with delicate dispositions should look away. This instrument, as you can probably discern, was essentially used to destroy the foetus following death to facilitate delivery. As the following case from Observations in Midwifery illustrates, often the mother would not survive this procedure either. Middleton of Wandsly had suffered several! Shee was a little woman, and her child was too great for the pas- sage That day I placed her againe kneeling, and rinding that the child was dead, knowing that I could not alter the birth, I used the crotchet, by which the skull was much broken in pieces, yet it would not come easily. It did also stick greatly at the shoulders and at the breast. This force was continued untill the child was drawn past the navell. Afterward, the rest of the body, with the afterbirth, was easily procured. So shee was laid in her bed. Shee lived some five dayes, after her delivery.. The other is being auctioned off. If anyone has thousand pounds I would greatly appreciate it if they could loan it to this intrepid reporter. I would really like to own this book!

Chapter 2 : Percival Willughby: Observations in Midwifery (PDF) - ebook download - english

Observations in Midwifery, by Percival Willughby is a record of case histories attended by Willughby over his years of calendrierdelascience.comn in about it was not published until many years after his death in

These structures should include, as a minimum, midwifery including a supervisor of midwives , obstetric, anaesthetic and neonatal expertise, and adequately supported user representation. Ensure that the woman is in control of and involved in what is happening to her, and recognise that the way in which care is given is key to this. To facilitate this, establish a rapport with the woman, ask her about her wants and expectations for labour, and be aware of the importance of tone and demeanour, and of the actual words used. Use this information to support and guide her through her labour. Greet the woman with a smile and a personal welcome, establish her language needs, introduce yourself and explain your role in her care. Maintain a calm and confident approach so that your demeanour reassures the woman that all is going well. Ask how the woman is feeling and whether there is anything in particular she is worried about. If the woman has a written birth plan, read and discuss it with her. Encourage the woman to adapt the environment to meet her individual needs. Ask her permission before all procedures and observations, focusing on the woman rather than the technology or the documentation. Show the woman and her birth companion s how to summon help and reassure her that she may do so whenever and as often as she needs to. When leaving the room, let her know when you will return. Involve the woman in any handover of care to another professional, either when additional expertise has been brought in or at the end of a shift. Latent first stage of labour â€" a period of time, not necessarily continuous, when: Established first stage of labour â€" when: If a woman wants to use any of these techniques, respect her wishes. The assessment should comprise the following: Observations of the woman: Review the antenatal notes including all antenatal screening results and discuss these with the woman. Ask her about the length, strength and frequency of her contractions. Ask her about any pain she is experiencing and discuss her options for pain relief. Record her pulse, blood pressure and temperature, and carry out urinalysis. Record if she has had any vaginal loss. Observations of the unborn baby: In addition see also recommendation 1. If there is uncertainty about whether the woman is in established labour, a vaginal examination may be helpful after a period of assessment, but is not always necessary. If the woman appears to be in established labour, offer a vaginal examination. If none of these are observed, continue with midwifery-led care unless the woman requests transfer see also recommendation 1. Use either a Pinard stethoscope or doppler ultrasound. Record accelerations and decelerations if heard. Palpate the maternal pulse to differentiate between the maternal and fetal heartbeats.

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Chapter 3 : Intrapartum care for healthy women and babies | Guidance and guidelines | NICE

The Lancet OBSERVATIONS IN MIDWIFERY Tyler Smith M.B., Lond. SKETCH OF THE PHYSIOLOGY OF PARTURITION. [quot] AT the time of labour a new principle supersedes those of ascension and descent.

An interactive resource for moms on easy steps they can take to reduce exposure to chemical toxins during pregnancy. Other excellent resources about avoiding toxins during pregnancy These are easy to read and understand and are beautifully presented. I have recently been asked about the observations taken during labour by midwives attending homebirth. I can only speak of births that I have been involved in, and midwives with whom I have worked. The usual practice in Victoria within the Midwives in Private Practice MIPP group is to have a second midwife meet the woman and her partner prior to the birth, and attend the birth with the primary care midwife, providing support as needed. Women who give birth at home are a pretty diverse group, and not all those who would be classified as "low risk" by hospital standards. For example a woman may be considered too old, too short, or too fat to be under midwife care in hospital units. They may have had a previous caesarean section birth. It is my responsibility to advise the woman on the factors in her situation that may increase her need for obstetric intervention, and to make it clear to her under what circumstances I would recommend medical care. The woman may not accept my advice, and this is dealt with in our Code of Practice Code of Practice for Midwives in Victoria The big difference between home and hospital care is continuity of care. As a rule my observations in labour are: Initial set of observations, as on admission in labour in hospital. Any observation that causes concern is checked, and advice on appropriate management given. If there is an indication I will explain this to the woman, who would usually consent. Half-hourly FH, observation of liquor, recording of contractions, and maternal pulse after onset of good labour. This is hard to define, of course. Many women will not want the midwife in attendance until late first stage. If we have traveled a distance to the home, and the woman is in early labour we will often remain very much in the background until progress is evident. Listen to FH asap after rupture of membranes or change in the pattern of labour. In second stage I listen to FH about every minutes, immediately after a contraction, and listen through a contraction if there is any concern. Postnatally observations are fairly informal - ensuring mother and baby are well is top priority. We usually follow physiological third stage, but have oxytocics handy. The cord is usually not clamped or cut until after the placenta is out. Small tears are not sutured, and some women prefer to leave second degree tears unsutured. In my limited experience they have healed well, and the women have been very satisfied. A set of formal obs are done on both mother and child somewhere in the first hour postnatally. The individual writers hold copyright to the individual messages. Copies may be freely distributed electronically, as long as This permission and the authorship of the articles are retained in any additional publication of the article. The content of the article is not changed in any way.

Chapter 4 : Full text of "Observations in midwifery : as also The country midwifes opusculum or vade mecu

Percival Willughby (), in the middle of the 17th century, prepared a set of case histories and instructions for midwives. The manuscript was rescued from oblivion by Henry Blenkinsop in who privately printed copies, only a few of which are still extant.

Chapter 5 : Formats and Editions of Observations in midwifery, [calendrierdelascience.com]

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Chapter 6 : Rare book of midwifery horror up for auction | Books | The Guardian

observations in midwifery. previous article practical observations on the history, causes, and treatment. next article

report of a case of compound fracture of the.

Chapter 7 : Observations in Midwifery

Excerpt from Observations in Midwifery: As Also the Country Midwifes Opusculum or Vade Mecum My thanks are also due to several other members of the medical profession, and especially to William Munk, Esq, M.D., the learned compiler of Tile Roll of the Royal College of Physicians of London, for their.

Chapter 8 : Victoria Midwives Protocol - Observations in labour - FROM RONNIE FalcÃ£o's MIDWIFE ARC

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Chapter 9 : Medical History: Observations in Midwifery

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