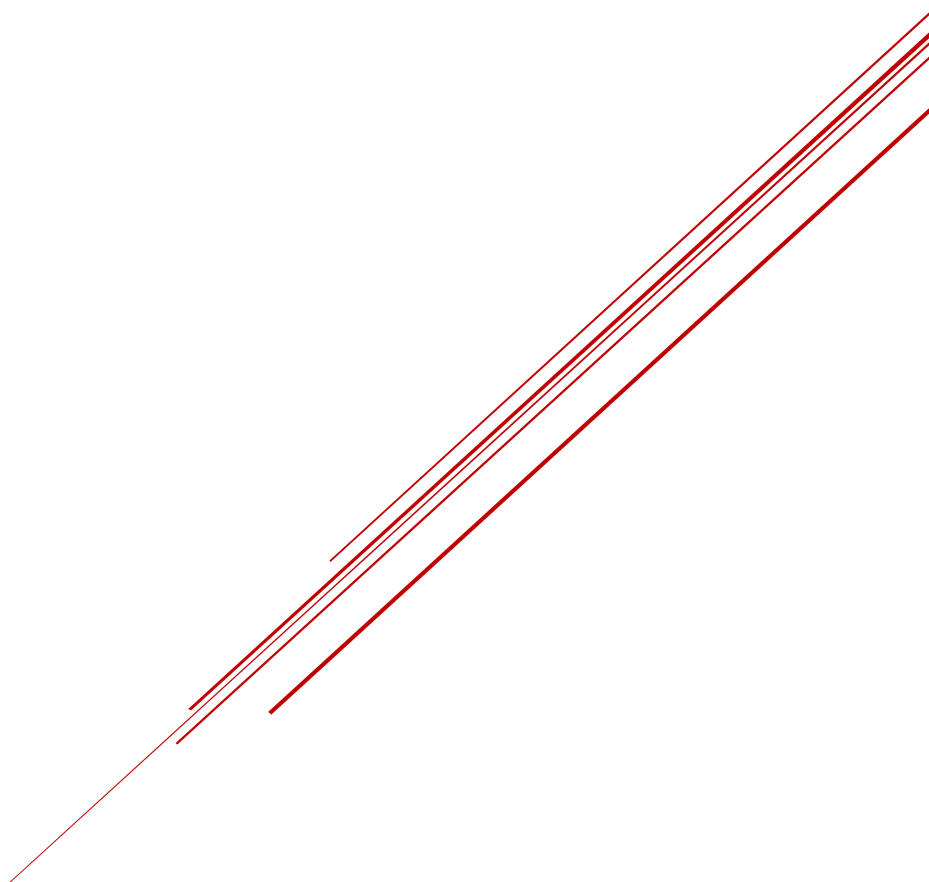


THE THEORY OF MIDWIFERY

ŠALANSKÁ EVA



Univerzita J. E. Purkyně v Ústí nad Labem
Fakulta zdravotnických studií



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FACULTY OF HEALTH STUDY

THE THEORY OF MIDWIFERY

Study literature

Mgr. Šalanská E.

Ústí nad Labem 2019

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Chapter Goal



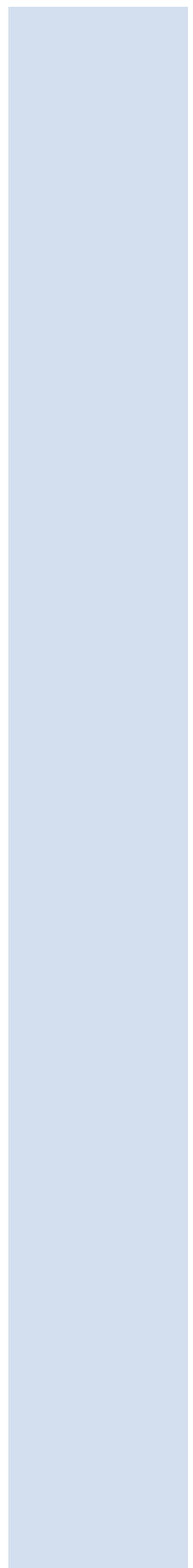
Keywords



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Introduction

Dear students,

I am presenting to you a study support for the course The Midwifery Theory, which deals with the basics and history of midwifery comprehensively. Through study support, they should acquire basic and specific theoretical knowledge of nursing and midwifery as independent disciplines.

Study Recommendations:

Study support is not a script or a book.

The study support is intended to educate the student to actively search for further information, especially in the field of clinical issues, to be a guide to understanding the issue.

The study support is divided into selected chapters, which in the field of nursing in midwifery are problems, where the chapter itself follows a given topic, which ends with control questions.

The study support serves as an orientation recommendation and should be supplemented by the study of recommended literature and should lead to the understanding of the issue of Nursing Theory in Midwifery.

Do not underestimate the importance of control questions where you can check your existing and ongoing knowledge.

During the course of the text study, you can record notes, your own observations, or suggestions for creating your own study material that you will use for self-study.

I wish you much success in studying Šalanská Eva, author

1 Midwife as a field of Science

Concept and starting points of midwifery

Annotation

The chapter defines the field of nursing and midwifery as a discipline, characterizes the concept and starting points of midwifery. It then describes the characteristics of the midwifery science; philosophy of nursing and midwifery, metaparadigma - subject matter; paradigm - conceptual models and theories of nursing and midwifery; the definition of nursing and midwifery and the relationship to other disciplines; nursing methodology, methods and implementation of nursing care provision in midwifery.

Chapter Goals

- The student defines the concept of midwifery.
- The student describes the starting points of midwifery.
- The student formulates the basis and possibilities of theoretical development of nursing and midwifery.
- The student characterizes the values of nursing and midwifery.
- The student characterizes the concept of midwifery metaparadigmata.

Keywords

- Nursing, midwifery, concepts, bases, holism, paradigm



1.1 The concept of midwifery

The concept of midwifery is based on the concept of Nursing - The Prophet of the Ministry of Health No. 5 and respects the recommendations of the UN, WHO, European Union directives, recommendations of the European Commission, the International Labor Organization and the International Council of Nurses ICN and the International Council of Midwives ICM. The documents determine the further development and direction of nursing and midwifery in the 21st century. The use of the concept of the field in midwifery in practice is intended to improve the overall health care of the Czech population in all areas of care. (Concept of Nursing, 1998).

Midwifery as a science discipline has its own conception, the signs it governs, which is based on scientific knowledge and clinical practice. This implies that midwifery as a discipline must be scientifically based, which must be based on scientific foundations and theoretical knowledge.

Midwifery as a field has its irreplaceable position in the care of the individual's health - women, her family and community. Midwifery care includes a set of actions, professional activities aimed at preventing, maintaining, supporting and returning health to individuals, families and people who have a common social environment or suffer from similar health problems. Care is also provided for the care of the terminally ill, efforts to alleviate their suffering and ensure peaceful dying and compliance with ethical principles.

Midwife care in nursing contributes significantly to prevention, diagnosis, therapy and rehabilitation. The provided care is in the form of institutional, outpatient, but also domestic or community.



A characteristic feature of midwifery care is the pursuit of individualized care, on the basis of seeking, planning and satisfying the needs of the individual in relation to health or needs arising or differentiated disease. The care provided requires a high-quality organization, management and control of nursing care in a multi-stage manner, the prerequisite of which is the nursing team, which is composed of nursing staff with different expertise and qualifications. The requirements and competencies of staff, including midwives (hereafter, nurses, physiotherapists, radiologists, etc.), are defined by the degree of achievement and specialization.

Midwifery focuses not only on the disease, but mainly on the health of the individual, family and community, and seeks to promote health, strengthen primary care and strengthen a healthy lifestyle, support and protect and educate the health of the individual, family and community. Midwifery is based on the recognition, respect of every human being, comprehension of the individual comprehensively, recognition to support and maintain health throughout life, respect and predict factors that influence the experience of the disease, satisfying bio-psycho-socio-spiritual needs.

Midwife in midwife cares for girls, women throughout the ontological development of life. The midwife helps the individual (s), their families and groups to be able to independently satisfy the physiological, psychosocial and spiritual needs. It seeks to promote health, lead to prevention and maintain health, prevent disease. Subsequently, she leads sick women to self-care, educates their loved ones in the provision of nursing care. Patients who cannot, or do not care for themselves, provide professional basic nursing care and midwifery care.



1.2 Definition, objectives and characteristics of midwifery

Midwifery is based on general nursing and today is characterized by an independent science discipline focused on active search and satisfy biological, psychic, social and the spiritual needs of the individual, his family, the community in health and disease (WHO).

The main goal of midwifery is to systematically and comprehensively satisfy the needs of a man (woman) with respect for individual quality of life, leading to maintaining or restoring health, reducing physical and mental pain during dying. In achieving these goals, the midwife works closely with the patient, doctors, other health professionals, and other professionals.

The aim of midwifery is to: promote and consolidate overall health and health in reproductive health; participate in restoring health; prevent damage to health; to alleviate the suffering of the patient; to ensure peaceful dying and dignified death.

Midwifery Features: Providing active nursing care to women, newborns, their families and communities, women during ontological development of life. The care provided should be individualized, holistic care through the nursing process. The provision of care should be based on scientific evidence from clinical practice in midwifery. Midwife workers provide nursing care based on acquired training and competencies, as defined by law and special regulations. Education of midwives and the regulation of midwifery as described in Chapter 4 (Nursing Concept, 1998).

1.3 Midwifery Background

Midwifery as well as nursing is a multidisciplinary field with its own theoretical base and its application in clinical practice. Midwifery is an independent science that examines the relationships between subjects - an individual, a family, a healthy community, or a health disorder in a particular environment.

Midwifery is focused on:

- Health promotion, health education, lifestyle, overall health consolidation.
- Prevention and prevention of disease, searching for and eliminating health disorders.
- Maintaining, supporting, restoring health.
- Removing the disease, alleviating symptoms, maintaining self-sufficiency
- Ensuring and mitigating incurable diseases and ensuring peaceful dying.

Midwifery is an independent science discipline that is based on general nursing, but must be based on other theoretical, practical and scientific bases. Midwifery is based on theoretical knowledge of basic and applied fields.

Basic fields:

General nursing - theoretical basis evaluating theoretical aspects of nursing process, care in clinical practice.

The history of midwifery and nursing - shaping the history of medicine, nursing and health care is important to clarify the level of midwifery (the position of midwifery profession in society, the development of midwifery education, competencies).

Midwifery research - knowledge in midwifery, tracking the relationships between the observed phenomena of subject matter (individual, health, environment, nursing in midwifery) for the development of the field itself must be based on facts and evidence.

Applied disciplines: Gynecology and obstetrics, surgical and internal medicine, pediatric, neonatological, geriatric nursing.

Nursing Relationship to Other Science Disciplines:

Medical fields - from which midwifery draws knowledge about etiology, pathogenesis, manifestations of diseases, prevention, diagnosis and treatment (gynecology, obstetrics, surgery, internal medicine, neurology...).

Humanities - help midwifery to explore not just biological but also psychosocial, spiritual, cultural needs of the individual (philosophy, **Christianity** - science of the meaning of individual's life; ethics - science of morality; psychology - deals with the psyche of an individual in health and illness, sociology - societal patterns, pedagogy - science of education).

Natural sciences - help individuals understand individual relationships and knowledge about the human body structure, its functions, processes in the body, but also in nature and influence on organism, health and disease (anatomy, physiology, mathematics, chemistry).

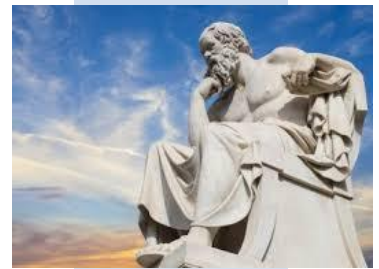
Midwifery as a discipline is a multidisciplinary discipline that is determined by the results of related disciplines.

1.4 Characteristics of Midwifery Science

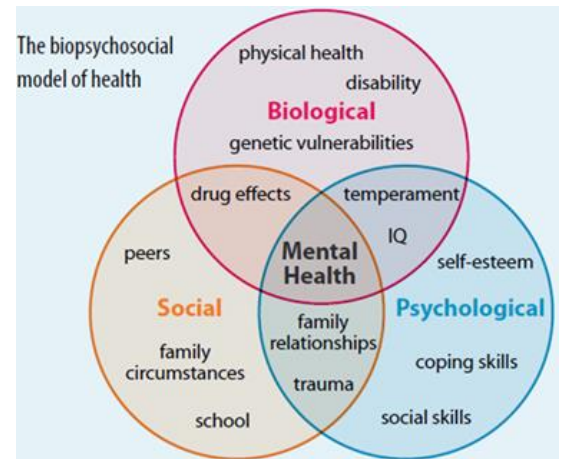
- Philosophy = thought direction (holism)
- Metaparadigma = subject of investigation (person, health, environment, nursing)
- Paradigm = the theory of midwifery (conceptual models and theories)
- Methodology = nursing process in midwifery
- Research = research and development of midwifery, EBP, EBM
- Midwifery education systém
- National and international professional organizations in midwifery

1.4.1 Philosophy - the science of the most general laws of human being (man, nature and society), the scientific direction of thinking, the view of the individual (woman), the family, the community in conception with health and disease.

Midwifery is a discipline that has its philosophy focused most on the idea of holism and its understanding of health, man and society, when it looks at individuals as human beings (from holos holy - whole). Holistic theory sees individuals as unitary entities interacting with their environment. A holistic approach to man is a different way of thinking when not just taking the physical aspect of the individual into account, nursing and midwifery are not only concerned with health, illness, but we also respect the emotional, spiritual, social, psychological and interrelated side. The idea of holism is that health and disease are multifactorially conditioned (biopsychosocial), if I break one area, the whole system is disrupted. They are the result of the relationship between the organism and the environment. It is reflected in every discipline in its ethical principles and in theoretical conceptual models. The precondition for philosophy and care in midwifery is the successful search for and satisfaction of needs, related to the individual, his or her environment in which the individual is interacting.



Holism also means the uniqueness and ability of the individual and his / her mind, lifestyle, relationship and attitude to the environment, to people and to himself / herself, also includes the ability of the individual to resist, adapt to, or use defense mechanisms. Holism as a philosophical direction originated in the 1920s. The idea of holism first came in 1926 by a South African politician and General Jan Christian Smut in his work "Holism and Evolution." Holism is focused on the humanistic direction, an idealistic philosophy of wholeness. The terminology itself began to be used in 1987 with the development of nursing and midwifery.



Midwifery holism is one of the modern multidisciplinary fields, based on the midwifery autonomy, teamwork with doctors, not on historical background, when the midwife and nurse were only nursing and executing doctor's orders. From the perspective of nursing care in midwifery, the midwife provides care to the individual as a whole, not as part. An individual is a complex - it consists of several dimensions - somatic (physical), psychic (mental), social and spiritual (in interaction in the environment).

Thus, in the clinical practice of midwifery, efforts should be made to maintain a balance between needs in bio-psycho-socio-spiritual areas. The prerequisite is the observance of the principles of individualized care, knowledge of the individual as a whole, his / her environment, not just focusing on the treatment and seeking a professional approach. It is important to realize that the disease does not only affect the organ systems, but the whole organism, it is significantly reflected in the individual's psyche and is reflected in his / her experience and behavior. Long-term mental discomfort may be the reason for the development of physical illness.

Midwifery is therefore governed by a holistic bio-psycho-socio-spiritual model of health.

1.4.2. Mid-assisted metaparadigma

Each discipline has typical characteristic phenomena that it explores in a unique way and evaluates their interrelationships. The concepts (concepts) and statements that define these phenomena and relate them are at the highest and most general level of abstraction. **Metaparadigma** (the object of investigation) is the most global and broadest perspective of a particular field to investigate a particular problem or phenomenon and serves as a summary unit or framework within which more limited structures are formed. The metaparadigma of each field is therefore the most fundamental distinction between disciplines. Science disciplines also differ from each other according to what concepts (concepts) they focus on. It is common for more than one discipline to deal with the same or similar concepts (nursing and midwifery fields have similar metaparadigmas, just different concepts and focus according to the competences of the viewers. The unique definition of each field in terms of concept is specified by its metaparadigma.

Midaparient Metaparadigma is based on nursing, which developed during the Florence Nightingale, which for the first time described nursing care for individuals in connection with the effects of environmental influences on their health (1860). She also investigated the influence of hygiene, the environment on the emerging women, which she described in her "Dates of Notes". However, the explicit formation of metaparadigma has only recently occurred. Nowadays, many obstetricians, midwives are engaged in midwifery metaparadigm.

Ex. Influence of the environment on the birthing women, one of the most important people who evaluated the influence of the environment on women, was Frederic Leboyer at the end of the 20th century, who wrote down his knowledge of the influence of the positive environment on the birth in his book "Childbirth without Violence".



1.4.3 Midwifery Metaparadigma:

Individual: bio-psycho-socio-spiritual being (unique and unrepeatable whole of psychic and physical properties); recipient of nursing activities, (individual, family, community). In midwifery, a girl, a woman throughout the ontological development, together with her family and the environment in which she lives, is the subject of research. Midwifery is mainly concerned with the care of a woman and the areas in her life (prevention of health in the area of sexual health, planning of parenthood, preparation for motherhood, seniors).

Health: a state of physical, mental, social and spiritual well-being, it refers to a continual state of health or illness of the individual, when the state of health is disturbed. The midwife focuses on health prevention, health promotion, health maintenance, eventually disease prevention, health restoration, or the ethical focus of dying. In midwifery, we look at health from a holistic perspective.

Environment: consists of the physical or social environment in which a person lives or is situated; and closest persons, relatives, friends.

Midwifery Nursing: which is performed by a midwife for the benefit of or in collaboration with the recipient. The link between the four concepts of midwifery metaparadigma states a statement: midwifery deals with the integrity or health of human beings, recognizing that people are constantly interacting with their surroundings. Addressing the relationships between metaparadigamt-area concepts: A laws and principles that govern the life process, good condition, and optimal functioning of human beings, both sick and healthy.

Creating patterns of human behavior interacting with the environment in normal life and challenging life situations.

1.4.4 Paradigm

Paradagiam in general is an abstract expression of reality, a simplification of the conceptual working framework, compiled to verify a theory.

The paradigm (model) is created by theoreticians, scientists, practitioners to interpret, explain, or analyze a given phenomenon in some way. The phenomenon in relation to health care can be: human environment and human behavior, health, social and economic security of people, pathophysiological processes (illness), medical procedures, health institutions, health care systems (eg Biomedical Model, Continuous Model care in midwifery, etc.).

Midwifery models should help those trying to understand, explore, or think more. They are also useful for practice, care planning when prioritizing, developing and improving midwife practice.

Nursing theories and models have emerged since Florence Nightingale, they correspond to the values and systems of health care at the time of their creation. Midwifery models try to reflect the essence of nursing.

The aim of the nursing model is to help midwives improve their work. Developing Midwifery Theories - Conceptual Models and Theories is one of the most important challenges facing today's nursing as a discipline and profession. Historically, the knowledge used by midwives has derived major and applied sciences. Today, midwifery is focused on unique knowledge is a set of knowledge necessary both for theoretical development of the field and for practice in midwifery. It is important to improve approaches to the theoretical development of nursing, to try to take conceptual frameworks from other disciplines and their application to midwifery in clinical practice.



Theoretical knowledge in midwifery and other sciences enables:

- Sort information into logical and classification systems to identify gaps in the knowledge of specific sections
- evaluate and monitor the development of nursing education and practice
- Design new content and organization of nursing education, provide logical guidance for collecting relevant health data
- Establish nursing assessment criteria and help improve clinical practice in midwifery.
- initiate and implement nursing research
- Promote and protect health.

Conceptual models in midwifery, paradigm of midwifery more described in separate chapter 8.

1.4.5 Nursing research

Research is a systematic way of asking questions, systematic questioning (Kerlinger, 1872).

The World Health Organization (WHO) defines research:
"Nursing research and midwifery research focuses on creating knowledge about people's health and disease care."

It aims to understand the basic genetic, physiological, social and behavioral mechanisms and environmental impacts that affect the ability of individuals and families to maintain or improve optimal functions and minimize the negative effects of diseases. The definition is reflected in the concept of Midwifery and Nursing. Midwifery research contributes to the development of theory and science, midwifery information.

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Based on research and experience gained in clinical practice, they try to apply them in clinical practice, which helps to improve and improve the quality of midwifery care and to develop the field itself.

It allows you to evaluate established practices, examine efficiency and value, propose or new procedures.

The most important personality of primary research in nursing and midwifery was Florence Nightingale, who described her research on environmental factors that support the patient's mental and physical well-being in her "Notes of Nursing".

21st Century Midwifery Research aims to develop a scientific knowledge base that helps midwives to implement evidence-based practice (midwife). Clinical and basic research supporting a scientific basis for life care for individuals is supported. In particular, projects to improve the quality of health care, reduce costs, reduce errors and make mistakes in the health sector are supported. Midwives have the opportunity to collaborate on research with other professionals, doctors and care providers.

Midwifery research is described in more detail in Chapter 9.

1.4.6 Methodology

The midwife methodology is the actual provision of care, midwife activities based on her qualifications and competencies. **Nursing care in the sense of the law** is the health care provided by the midwife by the nursing process **method in clinical practice**. The nursing process is a basic method of provided care and practical implementation of midwifery activities in the provision of nursing care, management and provision of outpatient health care and institutional health care. Nursing care is provided in state and non-state health and social care facilities, in homes and communities.

Nursing care is seen as a professional activity aimed at maintaining, consolidating and restoring the health of individuals and groups. It is carried out by a midwife, alone, on the basis of a physician's indication and in cooperation with a physician as: basic, specialized and highly specialized nursing care and comprehensive.

Methodology is a sign of nursing and is described in the concept of midwifery. The nursing process is provided on the basis of the qualifications and competencies of the midwife, which is based on the requirements for the education and regulation of the midwife profession.

Methodology - the method of nursing process is separately described in Chapter 7, other forms and methods of care in Chapter 6 and the nature of midwifery education and the regulation of midwifery in Chapters 3 and 4.

The present day of modern midwifery

Over the past 30 years, efforts have been made to clearly define the concept of midwifery as a science, with the aim of:

- Ensuring uniform obstetric and nursing terminology (nature of concept, goals, signs of midwifery).
- Defining midwifery as a regulated profession (competence, education, professionalization and specialization of midwives).
- Developing community midwifery and public health
- Application of nursing process, midwifery autonomy, active approach and development of nursing communication skills.
- Development of Midwifery Research Based on Clinical Practice Experience (Evidence Basec Midwife).



All this leads to the development of the midwifery profession and the field of midwifery care.

Control Questions

- Characterize the concept and starting points of midwifery?
- Name and describe the features of midwifery as a science?
- Characterize what is holism in midwifery?
- What do you think about metaparadigma in midwifery?
- How would you characterize the paradigm?

Comment

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2 History of Midwifery

Annotation

In the chapter, students are introduced to the historical development of midwifery, midwifery education and their position in society and the development of midwifery as a profession.

Chapter Goals

- Students can describe the historical development of midwifery.
- Students characterize the historical status of midwives in society.

Keywords

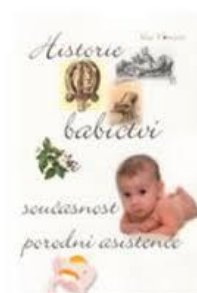
- History, midwives, midwifery, development

Content

Understanding historical developments is useful for many reasons. It brings a lot of interesting about past generations, past events. It allows you to apply some historical experiences to the current ones, so we can avoid unnecessary mistakes.

The midwifery profession is as old as humanity itself. The matter of childbirth was exclusively entrusted to women, and it was up until the Enlightenment was entirely taught by the craftsman. Initially, she relied solely on her own experience and knowledge that was passed on between generations in the midwife families.

Over time, a new profession arose, whose name was derived from the word "babiti", thus giving birth, which settled on the term of midwife.



The development of midwifery in different countries has some features but also a number of differences. Midwifery is based on nursing, both of which have been influenced by a number of factors, religious, cultural, social, political, wars, as well as scientific discoveries and prominent personalities. These factors have been and have been in a relationship with each other and continue to shape the midwifery field. As for the names of women helping in childbirth, in our history we find many names referring to women who have engaged in this profession (nave babies, midwives, midwives, midwives, midwives in the 1960s) The female nurse, in the present century to return the name to the midwife). In the 18th century a name was also given to the obstetrician, who dealt with births - grandmother and midwife, husband - grandmother. Until the second half of the 18th century, mostly women only took part in births throughout Europe; male doctors intervened in the birthing process only in acute cases, life-threatening for women. Names were based on activities performed or on the characteristics of women. Today's name of a midwife came from the word "assistant", ie to participate (Vránová, 2007).

2.1 Midwifery in Antiquity

The midwife profession is one of the oldest occupations. Midwives can be traced back to ancient Egypt, later in Greece and Rome during the Hippocrates, also in the Aztecs, Incas, Hebrews in the Old Testament and other ancient civilizations. This profession has become recognized and necessary over time, especially at times when physician participation in routine childbirth was not considered necessary. Elderly women who were already giving birth to their parents tried to help their mother.

Written evidence of the existence of this ancient vocation can be found in antiquity in the library of the Assyrian king, 7th century BC. The first obstetrician mentioned was Soranos of Ephesus who lived around 120 BC and wrote the writings "On the Art of Obstetrics and Diseases of Women", "Obstetrics", "Caring for the Newborn". He first started using a speculum to examine the vagina. He was already engaged in irregularities in the position of the fetus, and he was trying to make the fetuses external and internal. He also described how the midwife should look, calm, with her own birth experience, literate, witty, good memory, healthy body and limbs, honest reputation, slim fingers and short nails, shouldn't be willing to give money to refrain from abortion in return. The demands were not enough and they were handed over until the 19th century and the basic requirements and competencies of the midwife profession are based on them today (Doležal, 2001).

2.2 Midwifery in the Middle Ages

The Medieval Image of a Woman in Medicine was created from an ancient concept, according to which the female body is weaker and more prone to disease than the male body. The woman can only eat the food incompletely, and then the undigested remains go away with menstrual blood. Because of this conception, female sexuality, menstruation and uterus become a pathological issue. All care for pregnant women, mothers, puerperes and newborns remained at that time almost exclusively in the hands of midwives. There were both uneducated and trained assistants among them. Midwifery was most often taught directly at midwives, so-called "eyecatching" and helping. In this way the midwives raised their successors. Reports on childbirth education at the Medical Faculty of the University of Salern, where women were allowed to study, have also been preserved. In our country, the first education took the form of midwifery courses after the foundation of Charles University in 1348 in Prague. The males did not participate in the births, the doctors called for pathologies.



In 1521, Dr. Viett was burned to death in Hamburg, Germany for taking part in a physiological birth.

First references to literature and textbooks for midwives In this period, the first books, midwife textbooks, began to be written. In 1521, Euchaius Roesslin wrote a midwife textbook "The Rose Garden for Pregnant Women and Midwives", referring to Soran's knowledge of Ephesus. In our country, the writings of Matouš Wolkenberg from 1577, which wrote the book "The Pink Garden of Fertile Women", were traced. But the book was full of mysticism and superstition. In 1609, Marie Medici's first midwife, Louise Bourgeois Boursier, wrote a midwife textbook, "Various Observations on Infertility, Fetal Loss, Fertility, Childbirth and Diseases. Subsequently, in 1635, the collection "Secrets" was published, which is about her experiences from the birth of a midwife. One of the most famous characters in the history of childbirths is Margueritte du Tertre, which was in the 1770s the oldest maternity hospital in Europe, Hotel Dieu, Paris, where she was a senior midwife. In 1677 she took part in the teaching process, where she led a three-month childbirth training.

In our history, the development of the midwifery profession was due to Maria Theresa, who tried to educate midwives in her yard. She wrote the first Court Decree in 1745 and gave lectures for midwives and their assistants, assured midwifery and anatomy professors.

2.3 Historiy of Midwifery in Bohemia

We have already heard about the first midwife in the will of King Wenceslas II. It is he who rewards his governess in words in 1284 (Vranova, 2007). The oldest surviving record of the birth babies' oath before secular authorities comes from Regensburg, Germany, from 1452, where the demands coincided with Soran. In the Czech Republic, there is the first mention of delivery assistants from the year 1200.



Midwives were self-employed, only occasionally called *felčary* or surgeons. By the end of the 16th century, 8 writings for babies were published in Bohemia, but they were quite primitive. Following the example of Holland, reforms took place during the reign of Maria Theresa. Since 1651, midwives had to prove themselves by a test certificate.



Since 1749, they have been required to participate in a female autopsy. While at the Faculty of Medicine of Charles University in Prague, obstetrics has been lecturing since its foundation, in 1348 and after a break of several years in 1753, but only in theory (Vránová, 2007). Professor Karel Pawlík and Professor Václav Rubeška were among the founders of the Czech obstetric school. They were at the forefront of obstetric clinics and grandmother education. The welfare industry gradually became a medical profession with a distinctive professional content. The old name of midwife, grandmother, was replaced in 1982 by the name of the new, midwife. Feminine diseases, pregnancy and childbirth have rarely been treated by doctors. The care was still on the shoulders of the midwives, who in the most urgent cases called for the help of a man, but the doctor rarely. Heavy childbirth was dealt with by a barber, healer, beard or even a urinary stone cutter. When it happened that childbirth did not progress and the mother's death threatened, she began to dismember the fetus and pull the hooks. The midwives had, in addition to routine and long-standing practice, a number of superstition practices, despite the fact that the 16th and 17th centuries brought a number of obstetric books. They were mostly written in German. The translations of obstetric manuals were the only source of information on obstetrics, so they were indispensable helpers for midwives. Here we encounter the problem of literacy. Midwives have been doing their job for a long time without any training. They earned their appreciation with their services. The best ones were lucky and they were given service at the court of an important nobleman. Indeed, they were also occupied by a larger city, which had its "city birth babies".

She was in charge of gynecological and obstetric things. If the city did not choose it, they dealt with these things "sworn lady." They were not trained, but experienced and respected city.

In the middle of the 16th century, the towns began to enter into contracts with physics-physicians as urban doctors. They were to supervise the work of healers and midwives. Ensure that their work is safe. Over time, the physicists were ordered to test the midwives. At the request of the lords, they were also supposed to investigate the preservation of the girls or investigate whether the woman had aborted. Prenatal care was not at that time. A great benefit, whether in the area of education or health care, was the forty-year period of the reign of Maria Theresa. Since 1759, a special teacher, a doctor of medicine and a master of obstetrics has provided teaching for midwives. Czech and German midwifery textbooks were issued for the babies. (Vranova, 2007)

The sum of the enlightened rulers of Maria Theresa and Joseph II. welcomed international exchanges, supported translations of midwife textbooks. Trivial education has been put in place to get good medical care for the uneducated and the poor, the population has been healthy, that there are no epidemics and the spread of venereal diseases. At the beginning of the 19th century, there were courses for midwives, which lasted 1 year, when they were conducted in the form of theoretical-practical training. Prof.MUDr. Antonin Jan Jungman, who contributed to the birth of the Regional Maternity Hospital in Prague and also wrote a textbook "Introduction to Babies". In 1891-1920 the first independent school for childbirth education was established in Austria-Hungary. MUDr. Václav Rubeška, obstetrician. He also contributed to the creation of textbooks on Obstetrics for Grandmothers and to formulate the basic competencies of midwives at the time when the maternal grandmother was to advise pregnant women, to serve and help mothers, to treat puerperiums and newborns, and only if the health is satisfactory.

Once there is any irregularity, the grandmother should recognize her and call the doctor in time to avert the danger of the mother or child. The graduation was confirmed by obtaining a diploma and the right to run a maternity wherever in the Austrian countries.

Subsequently, he continued to develop grandmother schools in our country, Prof. MUDr. Karel Pawlík, who worked at the gynecological and obstetric clinic in Prague, under the auspices of the 1st Medical Faculty, Charles University. He has contributed to the development of obstetrics, he came up with investigative methods like PAwlik's touches and urogynecological procedures. The obstetric school was founded at the beginning 19th century church of st. Apolinář, where the Faculty of Medicine, Charles University, where many important midwifery personalities. (Doležal, 2001)

“When a woman goes through pregnancy and childbirth is always different than she was before. It is transformed and much more understanding of life. Bringing the Child to the World means Bathing in the Source of Life (Frederick Leboyer)

2.4 Midwifery in modern obstetrics

In modern midwifery, a midwife is recognized as a fully responsible healthcare professional. Working in partnership with women to provide them with the necessary support, care and advice during pregnancy, childbirth and postpartum, giving birth on their own responsibility, providing care to newborns and infants. Midwifery is taken as an independent science discipline that has the characteristics of a discipline. A midwife is a regulated profession who has her legislative requirements for her profession. A midwife can practice her profession in any environment, including home environment, outpatient health care facilities, hospitals, clinics, or health centers. This definition was adopted at the ICM meeting of the International Midwives Committee on 19 July 2005.



In modern obstetrics, we are trying to ensure that the midwife independently cares for a woman during her lifetime, during pregnancy, for a woman during physiological birth, and for puerperium, diagnoses possible risks and pathologies and cooperates with a multidisciplinary team. It has sought to develop its profession, competence, which helps to improve its professionalism in midwifery (WHO, ICM, 2005).

What should the midwife of the 21st century look like?

- To build on their knowledge, skills and abilities, to seek their development throughout lifelong learning.
- She should have personality traits, empathic, sufficient communication skills.
- Provide services to a woman throughout her life, during a physiological pregnancy, childbirth, puerperium.
- Provide services actively, autonomously based on the individuality of the individual, family, community and seek their needs (bio-psycho-socio-spiritual - based on the philosophy of nursing holism in midwifery).
- Cooperate with a multidisciplinary team, obstetricians, neonatologists in case of diagnosis of complications and risks based on critical thinking and self-reflection.

Control Questions

- How were midwives in the course of historical development in antiquity, the Middle Ages?
- Describe the historical development of midwifery and midwife education?
- What should a midwife look like in the 21st century?

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3 Competence, personality, roles and image of midwife

Annotations

The chapter defines the midwife's personality and characterizes her competences. Subsequently, students become familiar with the importance of the professional role, image and position of midwife personality in society. He generally learns the role of midwife and personality traits.

Chapter Goals

- The student is able to define who is a midwife and what are her competences.
- Student characterizes midwife personality.
- The student characterizes the professional role and image of a midwife.

Keywords

- Midwife, competence, personality, role, image

Content

3.1 Midwife – midwife competence

A midwife is a person who has been duly accepted into an official midwife recognized training program that has successfully completed the midwife training program and obtained the required qualifications and registration for midwifery (ICM, WHO, 2005).



A Midwife is recognized as a fully responsible worker. She works in partnership with women to provide them with the necessary support, care and advice during pregnancy, childbirth and postpartum. He gives birth to his own responsibility. Provides care for newborns and infants. Care includes preventive measures, support for normal childbirth, detection of complications in the mother or child, mediation of access to medical care or other appropriate assistance, taking necessary measures in an emergency situation.

Midwife plays an important role in health counseling and education not only for women but also for their families and communities. This work also includes antenatal preparation and preparation for parenting. It can also be extended to women's health, sexual or reproductive health and childcare.

The midwife is able to provide care to the woman and the newborn during the physiological course - she can carry out prenatal care, psychosomatic preparation during pregnancy, assist the woman in labor, perform the first treatment of the newborn

Midwife works with other health professionals at risk and pathology (obstetricians, gynecologists, neonatologists, midwives, nurses, physiotherapists ...) - working in a multidisciplinary team.

Midwife has knowledge of midwifery, nursing, gynecology, obstetrics, neonatology, paediatrics, internal medicine, surgery, anaesthesiology and resuscitation, pedagogy, didactics, psychology, psychiatry, management, research and statistics ...)

Midwifery Professions can be performed by a midwife in any environment, including home care. Also on the premises of medical facilities, hospitals and clinics. Midwives can therefore work at the obstetrics-gynecology departments and clinics, at the gynecological surgery with the doctor, or as private midwives.



Obtaining qualifications, competence and education in midwifery is governed by the international guidelines and recommendations of the WHO, EU and the Czech Republic legislation described in more detail in Chapter 5.

3.2 Midwife Personality

The midwife's personality is based both on innate personality characters (introvert, extrovert; choleric, phlegmatic, melancholic, sanguine), but also on acquired skills, knowledge, and skills during a professional qualification that is physically and mentally demanding.

Midwife characters

- educated woman (personality prerequisites and requirements for education and qualification of midwifery)
- health professional educated and ready to care for woman, mother and child (international definition of midwife)
- he works with his head - he has deep theoretical knowledge;
- hands - is capable of practical skills and has fine hands;
- the heart - is empathetic, sensitive, understanding.

21st Century Midwife - Should Be:

- Educated, have qualifications for their profession, then continue their lifelong learning, gain knowledge about their profession.
- Emancipated, capable of independent autonomous work, willing to work independently and take responsibility for his work.
- Active, personally involved, having a personal interest in your work, developing your competences, your profession.



- Member of a national sister organization and actively participate in midwife activities.
- Scientist, seek to develop her profession based on gaining experience and apply scientific knowledge and scientific knowledge in clinical practice (EBM)
- Participate in preventing, supporting, maintaining the health of individuals, their families and communities.
- Professional! Use your skills, knowledge, mother and child care skills, their family and community based on trust, continuous and comprehensive care and satisfaction.

Midwife Profession

Midwifery is characterized as an independent profession. When a midwife is a qualified expert in her area of interest, she has adapted legislation-based system theories (on qualification requirements for midwifery, midwifery competences, lifelong learning). The midwife profession has a unique position among the professions today. New trends in health care require new approaches, knowledge and skills of healthcare professionals, but also a new perspective the midwife profession. Although the midwife's profession is socially accepted and assessed relatively high, the overall image of the profession is changing very slowly, which is also reflected in the concept of midwife.

The midwife profession includes four basic functions:

Midwives Autonomous Function: Midwife provides and provides self-care without professional supervision and without indication of basic and specialized nursing care to pregnant women, mothers and puerperes and physiological newborns through the nursing process. Other areas of autonomous midwife function include: promoting health and preventing disease, providing information and health education, supporting and guiding people in crisis situations.

Midwifery research function and development: He critically revises his daily practice and follows the recommended scientific results in carrying out his activities. She or herself is part of a multidisciplinary team involved in research activities in the care of women and children. He is actively involved in his professional career growth.

Midwifery in Planning, Coordination and Management: Midwife works in groups, controls the work team and cooperates with other professionals. In carrying out its activities, it monitors their effectiveness and costs, evaluates and controls their subordinates.

She participates in decision-making processes in health policy and management related to midwifery and nursing care for a woman. All these tasks must be performed in accordance with applicable legal standards, ethical principles, and professional standards that apply to midwives responsible for midwifery care in the state where they do their professional activities.

Midwifery Cooperative: Midwife is a valid member of a multidisciplinary and multi-professional team, maintains and strengthens partnerships. She participates in all common measures in the interest of the client's health. He knows the limits of his competences.

Midwife / p / k relationship: from p / k midwife - woman expects to spend all her working time with clients. The midwife spends more time with the individual than the doctor. The midwife deals with the needs of the individual in midwifery, the integrity of the individual in bio-psycho-soc. and spiritual. It strives to respect complexity and individuality in providing care. The midwife is obliged to respect the individual as a unique human being, with its value and dignity, regardless of gender, ethnicity, race, culture and religion. It should not be cold to the individual. Communication and the midwife's personality are important. During her career, a midwife has to deal with the problems of an individual, his family, community, life stories, and many moral and ethical issues. Midwives should follow the Principles of Confidentiality, the Ethics Code of Midwives.

Doctor's relationship and p / k: The doctor deals with an individual who has his or her dignity and rights. The doctor must respect the relationship between the individual and the family, friends and faith. Mutual trust requires true and tactful communication of information. The relationship of trust requires secrecy (the Hippocratic oath). In the therapeutic sense, there must be a superiority of the doctor in some sense. Doctors provide treatment, eliminate the disease, no longer address the needs of the individual, the areas affected by the disease, the treatment.

3.3 Role and image of midwife

Definition: A role is the expected behavior of an individual related to his or her particular position in society. A professional role is a pattern of behavior determined by the requirements of a particular profession. Professional role influences the image that the profession represents in society.

The role of midwife: based on the definition of midwife and its competences set out by the WHO World Health Organization. Thus, the midwife has functions that are determined by the country's curriculum. The midwife must fulfill the prescribed studies, the necessary qualifications, have the given activities, competence, according to the regulation of the profession, legislative conditions.

The midwife function includes mother, child, family, community care

Career roles: Profession includes a role system, role behaviors anticipated by the social status of the profession. The role of midwife is determined by objective events in society and is historically conditioned. **The professional roles of a midwife are specific social roles tied to the profession,** reflecting public expectations (both lay and professional), relating to the professional conduct, activities, behavior and behavior of members of the profession in the performance of that profession. They change over time, they are dynamic.



The role is also based on the midwife's personality, then the midwife's competencies based on the acquired education. The professional role of a midwife is based on: **cognitive** - knowledge, knowledge; **affective** - includes empathy, emotion to do things in the right time and the right way; **behavioral** - conclusive, it is the development of skills and practical skills.

Autonomous role of midwife, when she should work independently, actively and on her own knowledge, skills, abilities and competencies to provide educational and preventive activities. The midwife should build on the needs of the individual, family and community, and understand their problems.

Midwife performs multiple roles. Midwifery roles are influenced by changes and demands in society, the health care system, new knowledge and technology.

Midwifery:

Functional Specificities: The midwife should focus her attention only on those areas where she is knowledgeable, the emphasis is on qualification and competence. The sign of professionalism is that the midwife does not interfere with areas outside her medical expertise.

Sociocentrism (Collective Orientation): means that the midwife has to take care of peer relationships, we are part of a whole in which, as a supporter of bio-psycho-somatic concepts of health and illness, we do not have enough respect and support from most other colleagues. Universalism: the requirement to provide care to everyone, even the inappropriate patient, knowing how the selection of suitable patients is necessary to work with psychosomatic concepts, regardless of ethnicity, age, belief.

Emotional Neutrality: Don't Transmit Emotions, Personal Problems to the Patient.

The role of midwife in nursing care:

Nursing Care Provider: This is the role of relationships that take place it creates women, families, communities to provide nursing care in midwifery. These relationships characterize holistic understanding, taking into account their health and environment to meet needs.

Nursing Care Manager: operates in management and organization at various levels (state, regional and local).

Educator, Mentor: The educational role is multi-faceted forming and shaping conscious and responsible behavior and behavior individuals and groups in order to promote the preservation of health, prevent and restore health.

Advocate, Lawyer: The nurse is the patient's advocate, represents his rights and explains them, presents and interprets his views and demands, advocates his interests.

The bearer of change: nursing as well as any other activity is subject to change. Midwives should maintain their erudition and, on the basis of this, seek to develop their profession, competencies and activities.

Researcher: The researcher is becoming current in a society where nursing is being formed as a socially important, trustworthy scientific profession as a guarantee of quality nursing care in midwifery.

3.4 Image of midwife

Definition: the word image is of Latin origin and means the form, image, impression, notion, but also the overall effect on the surroundings.

The professional image of a midwife is divided into two dimensions:

Internal image: represents an individual view of oneself nursing as its position in it. The internal dimension is professional skills, lifelong learning, where midwives are constantly improving their skills and professionalism.



It also includes the role and function of midwife, communication skills, practical skills and attitudes including empathy, teamwork and personality traits.

External image: is related to its appearance, appearance and appearance uniform, reflects the perception of the nursing care of the midwife by the public, the legislative bodies as presented by the media, the involvement of the educational institution in its formation.

Factors affecting the image of PA: The media, reality distorting series, novels and various articles that influence the view and opinion of nurses in the public undoubtedly have a negative impact on the image of midwives. The top management of the healthcare facility, the establishment of an organizational culture of the facility with an emphasis on the collegial atmosphere of the working environment and its motivation to strengthen the prestige of the profession also play its role. Very important for creating a nurse's image in nursing is interaction with patients and the public. One of the most important factors for midwives is both verbal and non-verbal communication. The midwife should not only perceive hearing, but above all, with his "heart" what the patient does not say aloud. Other components of non-verbal communication include - appropriate clothing and hair styling, walking, gestures, grimaces, sitting and standing. Midwife when adjusting the exterior, it must always perform professionally, and if adds empathic behavior to patients - respect, willingness to smile and handshake or caress becomes her external image like that which it seeks. The ideal that a midwife should seek is the image of a midwife-professional, as a well-educated, progressive, empathetic, assertive, based on her knowledge, skills and abilities, and trying to improve her personality traits through critical thinking about lifelong learning and development of their competencies, also participates in pedagogical-scientific activities.



Image of midwives in the past and present

The position of midwives has its roots in the past. Midwifery is one of the oldest professions ever. Initially, it was a generational profession, when experience was passed on from generation to generation. The emergence of the first mention of midwifery dates back to the 18th century, when thanks to Florence Nightingale's merits, the profession of nurse and midwife developed.

The profession itself and the field of nursing and midwifery were formulated. But by the 20th century, the midwifery profession itself had been under the science of medicine itself. Only during the 20th - 21st centuries the functions were differentiated, but the midwives continued to care for the women under the supervision of a physician and providing basic nursing care that was no different from the activities of nurses. Subsequently, in the course of socialism, in the post-World War II period, medical disciplines led to oppression of nursing and midwifery and subsequently to dehumanization. Naturally oriented medicine looked at patients from a biological point of view. Midwives and nurses did not participate the decision-making, the mission of the healthcare facility could not affect the working environment. It was not possible to influence your activities in practice. Nursing care in midwifery has been radically influenced by changes in economic and social policy areas and by society's demands to return to providing care based on individuality and philosophy of holism in recent decades. The image and prestigious position in society should become one of the priorities not only of midwives but also of the authorities representing them in public. New changes in the implementation of the nursing process should bring a make changes to midwifery, build a new image to help midwives ensure peer reviews, partner in a multidisciplinary team, change the midwifery profession, enable them to grow professionally, develop care, eliminate the midwifery profession, to awaken public interest in the midwife profession.

Image changes over time and it is always perceived differently, on the one hand the midwife, as a devoted woman, is endowed with empathy, compassion, with the ability to develop a trustworthy relationship with a woman, her family and the community. On the other hand, a midwife is an educated professional who controls modern technology. In his decision-making he is guided by reason, is reliable and responsible.

Control Questions

- What is the definition of midwife?
- What are the midwife's competencies?
- Define the characteristics of the midwife profession?
- Characterize midwife personality?
- Characterize the image of a midwife?

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4 Midwifery education, regulation and legislative norms of labor in midwifery

Annotation

The chapter introduces students to the development and education system itself in midwives. They will be acquainted with the requirements for the education of midwives, with the legislative standards from which the requirements for education and competence for the profession itself are based.

Chapter Goals

- The student can describe the development of the midwifery education system and the current requirements.
- The student characterizes requirements for the education of midwives.
- The student defines the requirements for lifelong learning of midwives.
- The student knows the term of midwifery - regulated profession.

Keywords

- Education, regulation, lifelong learning, legislative standards



*A **midwife** is a person who has been duly accepted into the official midwife training program recognized in the country that has successfully completed the midwifery training program to obtain the required qualifications and registration for midwifery.*

Midwifery practice and education is governed by the international guidelines and recommendations of the WHO, the EU and the legislation of the Czech Republic. European legislation considers the work of midwives to be a separate healthcare profession (WHO, 2004).

4.1 History of Midwifery Education

At the beginning of the historical development, the midwives were educated on the basis of traditions, and later on, the nursery and midwives were educated in charitable institutions, medieval hospitals. In our country, the first education took the form of midwifery courses after the foundation of Charles University in 1348 in Prague. Subsequently, the development of midwifery education was due to Maria Theresa, when she wrote the first Court Decree for midwives and educated midwives, women poor in her profession at her home. At the beginning of the 19th century, there were courses for midwives. With this form came Prof. MUDr. Antonin Jan Jungman. In 1891-1920 the first independent school for childbirth education was established in Austria-Hungary. MUDr. Václav Rubeška, He participated in the creation of textbooks on Obstetrics for Grandmothers and formulate the basic competencies of midwives at the time when the maternal grandmother was to advise pregnant women, to serve and help mothers, to treat the puerperium and newborns her grandmother recognize her and call the doctor in time. The graduation was confirmed by obtaining a diploma and the right to run a ministry.



Subsequently, he continued to develop grandmother schools in our Prof.MUDr. Karel Pawlík, who worked in Prague at Charles University. He has contributed to the development of obstetrics, has come up with investigative methods such as Pawlik's touches and urogynecological procedures. In 1872, a women's production association was established, which later contributed to the legalization of schools in hospitals for midwives in 1914. In 1916, a state two-year nursing school in Prague was established for midwives and nurses. war.

4.2 Education of midwife in the 20th century

In 1920, the Ministry of Health decided to hold only refresher courses for already-practicing grandmothers, and the midwifery education was suspended. The reason for the interruption of teaching was, according to the Ministry of Health, enough trained midwives. Subsequently, education at universities that were closed during World War II 1938-1945 was completely banned. After World War II, there was a dark period when the state did not have enough money to develop schools. It was only in 1955-1956 that a four-year study for midwives and nurses with a school-leaving exam was introduced. Midwives were taught together with general nurses for two years. After two years, the study was divided according to fields. The study started according to whether enough candidates met. In the school year 1958-1959, two-year daily and long-distance post-secondary studies for midwives were introduced at secondary medical schools. In 1965, the field name was changed from midwife to female nurse. This name was used until 1993. The name of the midwife then returned. Four-year education was completed in the 1974-1975 school year. In the school year 1995-1996, the study branch Diploma Midwife was established. Since the academic year 2001-2002, teaching of midwives at universities has started within the bachelor's degree.

4.3 Education of midwife in the 21th century

With the accession of the Czech Republic to the European Union on 1 May 2004, the education of so-called regulated professions in health care has been harmonized. These professions include the midwife. Midwifery is taught at universities after graduating from high school. Nowadays there is a study of midwives in 10 universities in the Czech Republic.

In the Czech Republic, the study of midwifery is three years, university, based on the requirements see above. **The graduate obtains the title of Bachelor (Bc). The student will obtain the so-called undergraduate study.**

During the course of the study, the student must complete basic and secondary courses during the course of theoretical education and subsequently complete professional practice of 1800 hours in specialized accredited facilities under the auspices of a professional mentor of professional practice. The study is completed by the final state examination in nursing in gynecology, obstetrics, neonatology and nursing theory. There is theoretically a single midwifery teaching program across the country, and schools can easily adjust it to their own way, and the teaching process may vary from place to place. Study is in full-time, combined, distance study.

Alternatively, midwives should complete their studies for 2 years as part of their master's degree (Mgr.) Or continue their doctoral programs (Ph.D.) as part of **postgraduate education**.

Subsequently, midwives have the opportunity to study so-called specialization studies and lifelong learning. Midwives can take short-term courses, seminars, internships abroad, participate in research and conferences.

Specialization training takes place at accredited and healthcare facilities and deepens the knowledge and skills of health care professionals in their field (eg perioperative care in midwifery, community care of midwives, lactation counselors).

Eligibility to pursue a profession in the Czech Republic is acquired by a midwife under Act No. 96/2004 Coll. on the Conditions for Obtaining and Recognizing the Qualification for the Performance of Non-medical Health Professions and for Activities Related to the Provision of Health Care and on the Amendment of Certain Related Acts (Act on Non-Medical Occupations). This law is in line with the Bologna Process education requirements and its content is in line with **EU Directive 80/154** on the requirements for midwives. In theory, there should be no difference between a fully educated midwife from both Western European countries and the Czech Republic. One of the EU requirements is the free movement of services and the free movement of workers between the European Union. In this Act, there are also requirements for acquiring qualifications for midwifery, when midwives during their studies as part of their professional experience, in addition to 1800 hours of professional experience, they must perform: 100 prenatal examinations of women during physiological pregnancy, including counseling, supervision at 40 physiologically pregnant women, deliver 40 physiological births (or 30 births + 20 assists), deliver births 1-2 births of KP (possibly in laboratory conditions), perform episiotomy, suture, supervise 40 women during risk pregnancy, including counseling, perform 100 postnatal treatment of a woman 100 treatment of a newborn, including postpartum education, lactation counseling.

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4.4 Midwifery is a regulated profession

Midwifery education, competence, midwifery activities are regulated and conditioned by decrees and laws established by the Constitution of the Czech Republic and subject to the requirements of the European Union. These laws and implementing regulations apply to the profession of midwife. *Midwifery Guidelines 80/154 / EEC and 80/155 / EEC.*

Directive 80/154 / EEC describes the titles / qualifications in each country considered to be harmonized with EU minimum standards. Demonstrating ownership of such a title / qualification is sufficient, on application to the competent authority of the Member State, to automatically recognize the qualification. **Directive 80/155 / EEC** describes the nature and content of a minimum acceptable training program.



Act No. 105/2011 Coll. of 25 March 2011, on the conditions for obtaining and recognizing the competence to practice non-medical professions and for carrying out activities related to the provision of health care and amending certain related laws (Act on Non-medical Occupations).

This Act amended Act No. 96/2004 Coll. on the Conditions for Obtaining and Recognizing the Qualification for the Performance of Non-medical Health Professions and for Activities Related to the Provision of Health Care and on the Amendment of Certain Related Acts (Act on Non-Medical Occupations).

Act No. 96/2004 Coll. determines the fitness to practice the profession of healthcare professional and other professional. It specifies the fitness to practice the profession of health care professional and another professional worker who has the professional competence under this law is fit to health and integrity.

§ Section 4 refers to the exercise of the profession of healthcare worker and other professional worker. The pursuit of activities to which the healthcare professional is qualified based on the indication of a physician, dentist or pharmacist is considered to be a profession without professional supervision. Activities are performed regardless of the presence or availability of advice and assistance from a doctor, dentist, or pharmacist. The exercise of the profession without professional supervision also includes inspection activities pursuant to a special legal regulation.

§ Section 6 determines the professional qualifications to perform the profession of midwife. The midwife gains her professional qualifications by completing at least a three-year accredited medical bachelor's degree in midwifery training.

Decree No. 55/2011 Coll. of 1 March 2011 sets out the activities of health professionals and other professionals. Section 5 is carried out by a midwife without specialized supervision and indication, specialized nursing care to pregnant women, nursing women and puerperes through the nursing process. Provides nutrition counseling during pregnancy and breastfeeding, childbirth preparation, neonatal treatment and contraception. He can advise and help with social-law issues. She is entitled to make visits to the families of pregnant, childbirth and gynecologists. It also encourages and educates women in newborn care, including breastfeeding support and prevention of complications. The midwife diagnoses pregnancy, prescribes, recommends or performs the examinations necessary to monitor the physiological pregnancy. Her next activity is to watch women with physiological pregnancy and to inform about prevention of complications.

In the event of a risk identified, the woman is referred to a doctor for care. It monitors the condition of the fetus in the uterus by all appropriate clinical and technical means. When a pathology is detected in the mother, the fetus and the newborn, it is passed on to the physician. In the absence of a doctor, the midwife performs urgent measures. The midwife also cares for a woman at all times of birth. He leads a physiological delivery including a possible dike. In urgent cases it can lead the pelvic end as a necessary intervention to save the life or health of the mother and child. It treats labor and cares for the puerperium. The work of the midwife includes the care of the newborn through the nursing process.

Immediately after giving birth, she performs the first treatment of the newborn, including the possible initiation of immediate resuscitation. A midwife under the direct guidance of a physician can assist in complicated childbirth, during gynecological procedures, to orchestrate in the operating room for caesarean section.



Control Questions

- What are the requirements for midwifery education nowadays?
- How does a midwife get her qualification?
- What does regulated profession mean?
- How is the profession of midwife regulated?
- What are the requirements for midwifery competencies and activities?

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5 National and international organizations in midwifery

Annotation

In the chapter, students will be acquainted with the characteristics, importance of national and international organizations in nursing and midwifery. Subsequently, the students will become acquainted with the importance, development of some national and international organizations in nursing and midwifery and some main personalities.

Chapter Goals

- The Students knows some national and international midwifery organizations.
- The student is able to characterize the origin, development and function of national and international organizations in midwifery.
- The student knows the importance of national and international organizations in midwifery.

Keywords

- National, International, Organization, Midwifery

Content

Importance of organizations in midwifery

- Qualified midwives feel the need to associate, discuss their problems, create organizations to represent them at major meetings and present them in public.



- Midwifery organizations advocate midwives' interests and rights in dealing with governmental and non-governmental, national and international organizations (Ministry of Health, Trade Unions, Parliament, WHO).
- Professional organizations have a significant impact on the development of midwifery and the quality of midwifery expertise (competence, professionalization, further development of the education system, lifelong learning of midwives, regulation of the midwifery profession).
- The professional organization participates in research of Evidence Based Midwifery in midwifery and influences the level of qualification and specialization of midwives.

The aims of professional organizations in midwifery

- **is educate a highly trained, cultivated midwife** with a high degree of empathy towards the individual, family, community, willing to help actively and independently.
- **develop midwifery** as a theoretical and practical discipline based on our own research base.
- **defend the professional interests** of midwives in international institutions and organizations.
- **to support improving the quality of nursing care in midwifery** in member states.



5.1 National Midwifery Organization

Czech Confederation of Midwives ČKPA

ČKPA is a professional organization that associates midwives in the Czech Republic and is based on the principle of voluntary membership. He has a collective membership in other organizations such as the International Midwifery Confederation (ICM), the European Midwifery Association (EMA), the National Coalition of Health Workers (NKZP).

Midwifery students or any midwifery associations in the Czech Republic on the basis of a written application and payment of a registration fee can become members. Membership is voluntary. The Presidium of the Czech Confederation of Midwives is based in Prague, at Apolinář Hospital. The president of ČKPA is Mgr. Alena Frýdlová, Vice President Mgr. Kateřina Ratislavová, Ph.D. ČKPA has an Executive Committee, which consists of members of the ČKPA Presidium and chairmen of regional subsidiary associations and a representative of audit committees of subsidiary associations.

Development of the Czech Chamber of Midwives

ČKPA It was founded in 1997 by a midwife from the gynecological-obstetric section of the Czech Nurses Association, which was founded in 1991 and is involved in the association of nurses of various backgrounds. In 2000, it merged with the Czech Society of Nurses, nowadays the largest professional professional organization of nurses in the Czech Republic. The Association of Nurses was divided into specialized sections, including gynecological and obstetric, and then the independent Czech Association of Midwives was established. In 2005, the ČKPA Congress was held, where a draft amendment to the statutes of the professional organization was approved according to the interest and focus of the midwives, independent non-profit organizations were formed → **ČKPA (Czech Confederation of Midwives) + UNIPA (Union of Midwives).**



It came into force on January 1, 2006, when the name of ČAPA changed to ČKPA (from the regional associations and the ČAPA section, independent legal entities will become members of the Confederation and through it ICM). Today, ČKPA is the largest and longest-running professional organization of midwives in the Czech Republic. ČKPA brings together regional subsidiaries of midwives in the Czech Republic. ČKPA is a member of the International Confederation of Midwives ICM and the European Association of Midwives EMA. ČKPA was the main host of the World Midwifery Congress in June 2014 in Prague.

ČKPA Goals:

- Unified representation of midwives in the Czech Republic in relation to state administration bodies in health, education, health insurance, midwifery organizations in other countries, other health care workers' organizations.
- Strengthening the professional pride of midwives and their image, defending the interests of midwives at the national level, raising professional pride and prestige of the profession and midwife position in the Czech Republic.

Conduct scientific research in midwifery.

A Acquire and motivate new members, oversee quality, complexity, cost-effectiveness and affordable health care, ensure that patients' rights, midwifery competences, respect for women's rights and their responsibility for their own health and for their child's health are respected.

Ensure competence, midwifery education and participate in a lifelong learning system, oversee the quality, complexity, availability and cost-effectiveness of health care, strengthen primary community care provided to women, their children and families, and comply with the international PA Code of Ethics and Code of Patients' Rights.

In fulfilling its objectives, ČKPA cooperates with state administration bodies in health and education sectors, health insurance companies, professional professional, trade union and employer health organizations, women's organizations and patient organizations, midwifery organizations abroad (ČKPA, 2010).

Midwives Union (UNIPA)

UNIPA's Midwives Union is an individual membership association of midwives. The association was founded in 2005 after the division of the Czech Midwives Association. The Midwives Union is a non-profit midwifery and midwifery professional organization. Involved in the development of midwifery in line with the latest scientific knowledge and contributes to improving the care of the woman and child. Provides midwifery support and information and counseling services to pregnant women and their families. The association is a democratic professional organization that associates midwives and midwifery students in the Czech Republic on a voluntary individual membership basis.

UNIPA Goals:

- Midwifery and Midwifery Association. Ace Promoting midwifery, promoting and facilitating the recognition of midwifery, promoting interests.
- Support and development of midwifery competences, development of concept and competencies in the field of primary and community care for women and children, support for women's responsibility for their own health and the health of the child.
- Supporting member activity, passing on experience, information based on clinical practice.
- Creating and organizing training programs for midwives, women's counseling, pregnancy, parenting and childcare training events (UNIPA, 2012).



UNIPA's Midwifery Union is working together with the Czech Confederation of Midwifery at the national and international levels to unify opinions, attitudes to midwifery, the education system, professional roles, lifelong learning, and to develop and maintain a midwife profession.

Czech Society of Midwives CSPA

The Czech Midwives Society is a voluntary, non-governmental, non-profit association that can associate midwives and all other non-medical professions, including students and non-medical students. The organization was established under the auspices of the enforcement and adherence to the recommendations of CGPS and CzMA JEP. Members can include not only midwives, but also pediatricians, postgraduate representatives, obstetricians, gynecologists.

CSPA Goals:

- Promotion and development of midwifery, but comprehensive medical and non-medical professions.
- Education of members of the Czech Midwifery Society, educational events and programs focused on gynecology and obstetrics based on the recommended procedures of CGPS and ČLS JEP.
- Promoting the professional interests of its members, legal protection, increasing trust in medical staff, improving the quality of obstetric facilities.



**Česká společnost
porodních asistentek**

5.2 International Midwifery Organization



International Confederation of Midwives ICM

In 1919, an International Union of Midwives was established at the European Meeting of the International Midwives Organization. The name was changed in 1954 to the International Confederation of Midwives ICM - International Confederation of Midwives. The organization is supported by a midwifery professional association worldwide. There are currently 108 national midwifery associations represented in 98 countries around the world. ICM is an accredited non-governmental organization that strives to achieve common goals in mother and child care and supports the midwifery profession.

The activities of the Confederation are implemented through Regional Committees. The Regional Committees meet twice a year at 2-day meetings, where committee members address current issues in their profession in their region. Each member country of ICM is represented by a representative, the so-called delegate, who automatically becomes a member of the committee of the region where her country is located. Their national associations also represent delegates at regularly held worldwide ICM congresses (every three years). In 1993, the International Code of Ethics of Midwives was published, in which the ICM participated (WHO, 1997).

ICM works with the International Confederation of Gynecology and Obstetrics, FIGO, the World Health Organization and the International Planned Parenthood Federation (IPPF), the International Federation of Gynecology and Obstetrics.

Goals and mission of the ICM: to broaden the goals and efforts of PA to achieve better conditions for women in fertile age, their children and families, wherever they live.



The UN is officially recognized as an international PA with MGO status (NGOs) and works closely with all UN offices to promote safe motherhood, primary family care strategies, define and prepare PA. In accordance with the objectives of the ICM, the international definition of PA (ICM, WHO, FIGO 1992), the International Code of Ethics of PA (ICM 1993). A comprehensive vision for women and their health (ICM, 1996).

International conferences with obstetrics have been held in various European countries over the years. The invaluable contribution of ICM congresses and international conferences is the personal meeting of major PAs around the world, where they share experiences and discuss issues related to their profession. Thanks to these contacts, cooperation between countries is created, which makes it easier to obtain international support and help to support and develop competencies, quality of education, lifelong learning and midwifery specialization.

European Midwives Association EMA

The European Midwives Association is a non-profit, midwife non-governmental organization. It represents the associations and organizations of midwives from the Member States of the European Union, the European Economic System and also the countries that are candidates for the EU (EMA, 2010).

World Health Organization, World Health Organization

WHO is an international organization of the United Nations. She acts as a coordination center in international public health. The European Regional Office is headquartered in Copenhagen, Denmark. The aim of the WHO is to achieve the highest possible level of health for all people around the world (ICM works together to promote women's health, motherhood planning, breastfeeding support, etc.).



**World Health
Organization**

Control Questions

- What is the importance of national and international midwifery organizations?
- What are the national midwifery organizations and their focus?
- What are the international midwifery organizations and their focus?

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6 Forms and methods of midwifery care

Annotation

In the chapter, students will be acquainted with the characteristics of nursing care in midwifery, which is focused on providing basic nursing care, health promotion, maintaining health, restoring health, developing self-sufficiency, alleviating suffering and ensuring peaceful dying. Students will learn the basic forms and methods of provided care and their characteristics and applications in clinical practice.

Chaper Goals

- The student can define the concept of nursing care.
- The student is able to characterize individual forms of nursing care in midwifery.
- The student will describe the individual methods of nursing care provided in midwifery.

Keywords

- Forms, methods of care, provided care, nursing care

Content

6.1 Nursing care in midwifery

Nursing care is a comprehensive health care system, a characteristic nursing system of nursing staff, nurses, midwife individuals - women throughout their lives, family and community where they live, helping them to care for their health and well-being.



Nursing care is a set of professional activities aimed at maintaining and promoting health, restoring health, developing self-sufficiency, alleviating the suffering of a terminally ill person, and ensuring peaceful dying and death.

Nursing care is a practical application of nursing knowledge in midwifery, which is based on the philosophy of nursing holism, looking at an individual and providing nursing care based on satisfying the basic human needs of physiological, psychosocial and spiritual in connection with disability of individuals or groups or in connection with pregnancy, childbirth. In providing nursing care, it is important to take into account other factors that affect the health of each individual: lifestyle (50-60%), environment (20%), genetic factors (5%) and the care provided (10-15%). Nursing care provided should be comprehensive taking into account all areas of need. Comprehensive nursing care identifies current and potential health problems, prioritizes nursing, and defines the responsibility and autonomy of nurses in providing them.

Nursing care in the sense of the law is a health care provided by a nurse with professional competence through the nursing process method within nursing practice. *Health care is provided by professionals with appropriate education based on the Act of the Czech Republic No. 96/2004 Coll. Non-medical health care professions such as midwifery health care provision, ie ensuring the necessary care and counseling for women during pregnancy, childbirth and the puerperium, when they are physiologic, conducting physiological delivery and providing newborn care, are also part of this healthcare.* nursing care for a woman in the field of gynecology. Furthermore, the midwife, in cooperation with the doctor, participates in preventive, curative, diagnostic, rehabilitation, emergency or dispensary care.

Consequently, it is based on *Decree No. 55/2011 Coll. About activities based on competencies of health workers - activities of midwives provided without professional supervision and indication of physician in basic and specialized nursing care to pregnant nascent women and puerperiums.*

Midwifery nursing is provided in state and non-state health and social care facilities, in homes and communities.

Nursing practice is a practical implementation of activities of nurses, midwives in clinical practice. *Nursing care is provided by means of the basic method - nursing process taking into account all areas of human being, ie physiological, psychosocial, spiritual needs. It is carried out by midwives actively, soliciting themselves on the basis of their intuition, interest and personality traits to seek out potential problems or passively, based on a doctor's surgery.*

Decree No. 55/2011 Coll. is nursing care divided into:

Basic nursing care - focused on midwife activities for women during the physiological process of pregnancy, childbirth and puerperium. These are activities performed under standard conditions, oriented especially on education in the field of pregnancy, maternity, health promotion, prevention and diagnosis of possible complications. In addition, basic nursing needs can be included in basic nursing care.

Specialized nursing care is a part of comprehensive nursing care and is focused on the highly professional nursing activities of midwives in cooperation with other specialists in individual fields according to the competence of health care workers. Care is provided to women with risky or pathological pregnancies, births and puerperium.

6.2 Forms of nursing care in midwifery

Nursing care in midwifery as health care is provided in the form of *outpatient, institutional care, community or home patient / client care.*

The main goal is to provide quality nursing care to women, families and communities. Midwife care should be provided in the Czech Republic exclusively in the form of outpatient and institutional care.

Outpatient care - care is included in the primary care of a midwife, ie at the level of first contact in gynecological and obstetric outpatient facilities.

Outpatient care includes a complex of activities focused on general and specialized nursing care in the areas of health promotion, prevention, investigation, treatment, rehabilitation and nursing in the close environment of a woman.

Institutional nursing care includes medical care provided in hospital facilities and in medical treatment facilities (hospitals, hospices, spas). Constitutional so-called intramural care forms the basis of the nursing unit, part of inpatient, follow-up and intensive nursing care. Institutional care in midwifery is conducted at the Departments of Conservative and Gynecology, Department of Risk and Pathological Pregnancy, Department of Midwives and Department of Postpartum and Department of Intensive Care in Gynecology, Obstetrics and Neonatology.

Home Nursing-Provides a midwife in a woman's home environment, focused on maintaining, promoting health, restoring health and developing self-sufficiency and alleviating suffering. *In midwifery, home care is provided in the form of so-called Community Nursing Care.* Providing care in a home environment has its advantages, primarily the female's natural environment and the involvement of other family members in the care of the woman. Other benefits include economic impact, elimination of hospitalization, greater focus on individuality and complexity in providing care.

Defining community and home care often overlaps, the difference is in the target group, where community care should be community-centered as opposed to home care targeted at individuals at home.

Community nursing care in midwifery - care for the community of women outside institutional facilities, which is primarily focused on preventive, counseling, educational activities of midwives during the physiological process of pregnancy, childbirth and the puerperium, including care for the fetus and the newborn and their sexuality. The midwife should be able to diagnose possible risks and complications and cooperate with doctors, state and local authorities within a multidisciplinary team on the basis of defined competencies of health workers. Community care in the Czech Republic is provided in the



form of private midwives. The benefits of community care include 24-hour availability, continuity of care, multidisciplinary collaboration, individual approach. In modern obstetrics, there is a growing interest in community nursing, and the demand for comprehensive individualized care for *so-called ideal* midwifery is increasing, so that only one midwife takes care of a woman during pregnancy, childbirth and postpartum, and gives the woman to specialist care. In the scientific literature we find another division of nursing care according to the systemic point of view:

Primary care - is aimed at preventing the occurrence of disease, promoting health in the proper lifestyle of women, families and their communities. Primary care is mainly provided in outpatient settings.

Secondary care - is a follow-up to primary care, is provided by health care institutions in the form of institutional care or specialized outpatient departments.

Tertiary care - the last form of care, the most economically demanding, includes highly specialized and comprehensive health care (oncogynecological care, etc.)

6.3 Methods of nursing care in midwifery

The method of nursing care provided in midwifery provides for the organization of nursing activities, which should lead to the provision of quality nursing care. The midwife should be able to adequately select the appropriate method of nursing care. The choice of method takes into account the composition of the nursing team, the organization of the work, the required care and the possibilities of the facility. **Nursing care methods are currently used:**

Functional (performance) method - is focused on fulfilling assigned tasks by individual members of the nursing team. The method is focused on the task and not on the patient (eg BP, blood sampling, registration of nursing documentation).

Different nursing team members perform assigned tasks for a given patient without knowing what others have done for them. Nursing care is divided and the emphasis is on flawless performance and time, and not on the patient's needs and responses. Functional nursing is regarded as a lowquality nursing care for excessive fragmentation, leading to a lack of comprehensive patient care.

Overall (group) means providing one-to-one care to a patient by one nurse. Each nurse has the opportunity to get acquainted with their patients, so treatment plans can be more detailed and specific, especially when management encourages nurses to use them. The head nurse assigns a patient-group to a nurse either according to geographical principle or according to patient needs. A nurse doesn't have to have the same patients every day. Auxiliary staff only assist. The nurse assigned to the patient is responsible for the documentation, performs the vast majority of nursing decisions and is responsible for the results during his / her service.

Team (multi-stage) method- is recommended in nursing when nursing staff consists of individuals with different education and skills. It is based on the belief that a nurse-led care provider group can provide the patient with better nursing care than the same person working individually. Importance is seen in communication throughout the nursing team. The nursing team consists of doctors, midwives, ambulances, medical assistants.

Methods Case management - the main goal of modern nursing care should be to focus on continuity and individuality of care. If patients are assigned to nurses - midwives according to certain criteria in our case, a nascent woman (eg dg.) We are talking about ***case-caseal management midwifery***.

Control Questions

- What forms of nursing care do you know in midwifery?
- What are the methods of care provided in midwifery?
- What is the best known and most used form of nursing care in midwifery?
- What is the most well-known and widely used method of care provided in midwifery?

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7 Nursing process in midwifery

Annotation

The chapter introduces the characteristics of the nursing process, its phases and application in clinical practice in midwifery. It describes the use of the nursing process, the search for patient needs and the work with the nursing documentation. In the end, it acquaints students with classification systems, which help to evaluate the needs of the individual.

Chapter Goals

- The student will explain the concept of nursing process.
- The student is able to characterize and describe individual stages of the nursing process.
- The student is able to characterize classification systems that help to identify the disruption of an individual's needs.
- The student knows the principles of working with documentation in the nursing process and its use in clinical practice in midwifery.
- The student characterizes the needs of women, family, community.

Keywords

- Nursing, nursing process, assessment, diagnostics, classification systems, planning, realization, evaluation, nursing documentation, need, NANDA, NIC, NIGHT, NNN



7.1 Nursing process

The nursing process can be understood as a way of organizing nursing care, a systematic, cyclic and dynamic process in which medical staff responds to changes occurring during patient care.

Patients are seen as active participants and are involved in providing nursing care. It is a basic working method of nursing staff whose aim is to prevent, eliminate or mitigate needs in the area of needs (Kelnarová et al, 2009).

The nursing process is also characterized in the Concept of Nursing and according to Věstník No. 9/2004 Coll. the only working method through which healthcare professionals seek and eventually meet the individual needs of individuals, patients, families and communities.

The WHO Nursing Process is a set of specific nursing interventions in the care of an individual's health (woman during physiological pregnancy, childbirth and puerperium and care of the fetus and newborn), his family and community.

The nursing process in clinical practice is a thought algorithm and a series of planned, logically structured activities that follow each other. Together they create a dynamic whole. The aim is to satisfy needs, from a holistic perspective, oriented to problem solving.

The history of the nursing process - the first mention of Florence Nightingale (1860), which described the basics of nursing and then the nursing process itself. Eventually, awareness of the nursing process was expanded to the US in the 1950s and beyond, thus developing modern nursing itself and its new approach to patient care.

The nursing view can be seen from a theoretical and practical point of view: **From a theoretical point of view**, the nursing process is a system theory, from which nurses work on nursing problems.

From a practical point of view, the nursing process is the basic method of nurse work. It is a systematic, rational method of planning and providing nursing care.

The goal of the nursing process:

Assess the health, individual needs of the individual, family, or community; their current or potential health care problems. Set goals, change - problem pain: goal - eliminate, eliminate pain. Develop plans for the implementation and assessment of needs and problems for p / p and provide specific nursing interventions to meet needs and solve problems - method of elimination, intervention. In conclusion, evaluate the progress of implementation and the state of k / p.

Nursing process in clinical practice PA and its phase

The nursing process consists of several steps, which are divided into 5 main phases and is conceived as a standard of nursing practice and an indicator of the quality of nursing care provided:

1. Phase: Assessment

- Systematic collection of p / k (woman) information and problems. The midwife assesses the patient's overall physical and mental condition, often based on sister models.
- Data sources - patient, family, community, healthcare workers.
- Anamnesis - pre-disease, data collection (RA, SA, PA, GA, NA, OA), information collection (directly / indirectly).
- Methods: 5P, assessment scale, scale, observation, interview, FF), data are - objective / subjective, supplementary information.
- Evaluation of current and potential problems - identification of problems. Searching for problem areas (according to the philosophy of holism - bio-psycho-socio-spirit, disruption of needs according to the system - nursing models and theories of needs (eg Maslow, Henderson, Gordon - Nutrition, Emptying, Sleep).

- Ex. mother - problem with current situation p / k, illness, health problem: pain, eating disorders, diarrhea, urine retention, sadness (always definition)

2. Phase: Diagnostics

- Analysis of acquired information - formulation of nursing diagnosis, analytical-synthetic.
- Creating a nursing diagnosis, a standardized report on the health of a woman - an individual, a family, a community, in order to meet needs, to provide adequate nursing care.
- The nursing diagnosis expresses the outcome of the evaluation of patient problems. It characterizes a standardized description of diagnoses, interventions, results, supported both theoretically and practically.
- Systémů Classification by classification systems, NANDA, NANDA I, critical thinking is also important! Recognize the problem, solve the problem, create logical judgments, create opinions, current problems as well as potential ones (see below) Ze Eventually processing all data - their interpretation and arrangement according to acute and important, risks and positives.

- Laced Formulation of nursing diagnoses - according to the relationships between problems and factors that influence them.
- We assess determinants and related factors; objective and subjective symptoms obtained in the first assessment
- Problems are always up-to-date, potential (which may arise if we do not reveal and remove the current one).
- Search and creation of nursing diagnoses by:
 - (P) - problem (eg inadequate breathing)
 - (E) - etiology (eg CA lung)
 - (S) - symptomatology - where are we interested? (dyspnoea, cyanosis, insomnia, breathing change, psychic distress...)
 - P - problem? Patient File?
 - I - intervention? Point of interest? How to help
 - C - comparison - comparison of groups, p / k, during treatment, therapeutic intervention? Alternative?
 - O - outcomes - the result we want to achieve
 - T - time - how long we want to fix the problem

The goal is to search for dysfunctional needs - 3 phases:

1. Phase dg. Current: Search for specifying characters Search for related characters Verifying diagnosis

2. Stage: dg. Potential: Detection of risk factors, diagnosis verification

3. Phase: dg. Health promotion education phase
Educational process, diagnostics, prevention, care

3. Phase: Planning

- Determination of objectives, VK of the final criteria (what we want to achieve?) Hypotheses, activities of nursing care, decision-making about necessary outputs for p / c
- Discussing plans with the patient, p / k family
Short-term / long-term goals; general / specific

- Setting a nursing plan - 5 stages:
 1. "Is Life" Priority? The resulting criteria, which are evaluated at the end of the nursing process
 2. Objectives - clear, short / long term
 3. Interventions, tasks, activities of nurses
 4. Specific care plan, time, hours, date
 5. Consultation with a doctor, diabetologist. care map "
 6. Creating a nursing plan

Goals of general-development of positive health, maximize individual's self-sufficiency or availability of lay care, prevent the development of potential problems, solve patient's current problems, alleviate unsolvable problems, help man to cope with measurable problems

Specific goals - relate to a particular nursing procedure and to the patient's disease

Goals must be measurable! SMART

S – specific

M – measurable

A – Evaluable

R – realizable

T - limited in time

4. Phase: Implementation

- In this phase, the methods for achieving the goal, the final criteria - the decisive nursing care, activities, interventions, according to the NIC - are evaluated.
- Coordination and implementation of nursing care according to plan, modification of plan according to p / k needs, documentation.
- Documentation, acquainting the nursing team with the nursing process, performing tasks.

- Activities - dependent / passive care (doctor's office); independent / active care (nurses themselves).
- The nursing team documents care that was planned but not provided for various reasons.
- The nursing team often provides unscheduled care. Je Care is based on the assessment of the patient's needs and the use of nurse's specific knowledge - without the patient's presence.
- The patient and family are becoming our partners today, the patient is not only a passive recipient, but is actively involved in the process - patient care.

Step 5: Evaluation

- Comparison of results with objectives, evaluation of the effect of planned nursing activities, re-evaluation of p / k and necessary adjustment to achieve the goal, critical analysis of all phases of OP and implementation of adjustments according to NOC taxonomy
- Nurse and patient evaluation of care: Evaluation: term - continuous – final
- Dokumentace Important documentation, registration of the nursing process

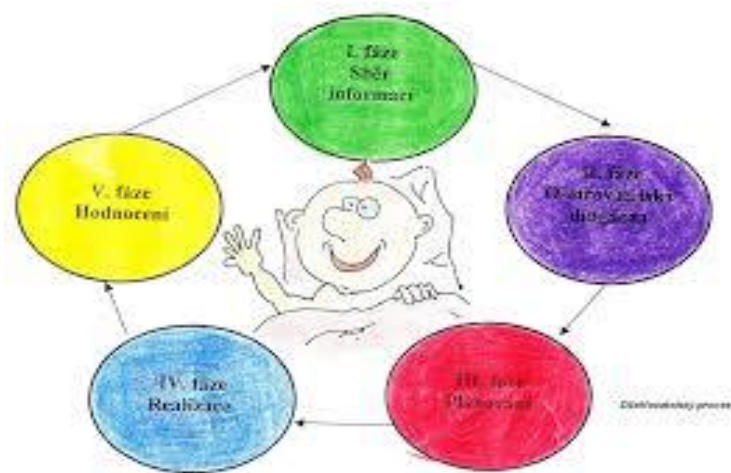
Nursing plan

- Provides nursing needs / problems, goals, performance planning, care delivery, care evaluation
- Provides an image of nursing care, clear links between the stages of the nursing process, an indicator of the quality of care provided.
- It is a working tool for team members, various forms can be changed and supplemented as needed.
- Entries in the nursing plan, information is recorded as needed or in time intervals, it is necessary to record regularly.

- Nursing documentation - registration, monitoring of nursing care management by the nursing process method.
- The importance of following the principles of proper nursing documentation.
- An educational plan is part of the nursing process

Sequence of activities - consecutive thought algorithms - creation of a nursing plan (+ educational plan - awareness, education of the client on the progress and provision of interventions, care, problem solving, preventive and therapeutic steps, regime measures).

Ex. a woman with lactation disorder - providing interventions to help a woman remove the problem of lactation + educate a woman as a midwife in lactation consulting.



7.2 Nursing documentation

- Recording information on the course of the nursing process.
- P / K Valuation, Collaboration with.
- Source of information on p / k, monitoring of management and implementation of nursing interventions, their evaluation
- Controls the quality of care.
- Education tool.

- Principles of nursing documentation management: correctness, non-throttling, recording of dates, times, signature, keeping all activities p / k, evaluation of the course of his hospitalization, transfer of care within the nursing team.
- My Forms - electronic and paper.
- Decursion - daily record of nursing care at p / k.
- All informed consent (positive / negative reversal), educational records, examination results included
- documentation on the conduct of childbirth.

7.3 Client needs and division

A characteristic feature of modern nursing is systematic assessment and planned satisfaction of the needs of both a healthy and a sick person. The search and satisfaction of human needs is realized through the nursing process

Need: it is a manifestation of a deficiency, lack of something that is desirable to remove, or excess (lack - hunger, thirst; excess - noise).

The need to seek certain conditions necessary for life, or to avoid a certain condition that is unfavorable to life, is something that a human being necessarily needs for his life and development.

Experiencing a lack or a negative surplus affects all the mental activity of man - attention, thinking, emotions, free processes, and thus fundamentally creates a pattern of individual behavior. **Human needs** are immutable, evolving and cultivating, unlike instincts and instincts that we perceive as biologically given internal forces that are unaffected from the outside, vary over life, depending on certain factors: age, life situation (health / disease), culture, socio-economic factors. Satisfying the needs of each individual expresses in a way, some kind of motivated behavior manifests itself in each person differently, needs can be satisfied in different ways - desirable or unwanted.

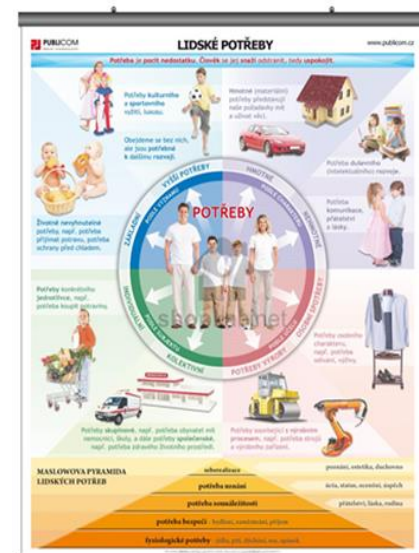
Needs are the basic motives in an individual's life and expressing a deficiency, ie impaired mental or psychophysiological balance, and a tendency towards their restaurant and adaptation and eventually adaptation to a certain life situation. Each individual can have different motives to find and satisfy needs, based on each individuality. The need as a sign of deficiency expresses the state of the organism, which starts the process of motivation - we talk about motivational tension.

We can describe motivation as a process that determines the direction, the power of a certain behavior and action in relation to human needs will be more important for us to explain and clarify the conscious and unconscious motivation.

Meaning and view of needs:

Biological need expresses a state of impaired physiological balance (homeostasis), disease may arise, some biological needs such as calcium, vitamins have no psychological response (need for drinking, food, emptying, sleep).

Usually, economic needs express the necessity or request to own and use a particular object, pointing out that the need is meant to be a means of achieving a psychological goal (the need to own a TV, car, study).



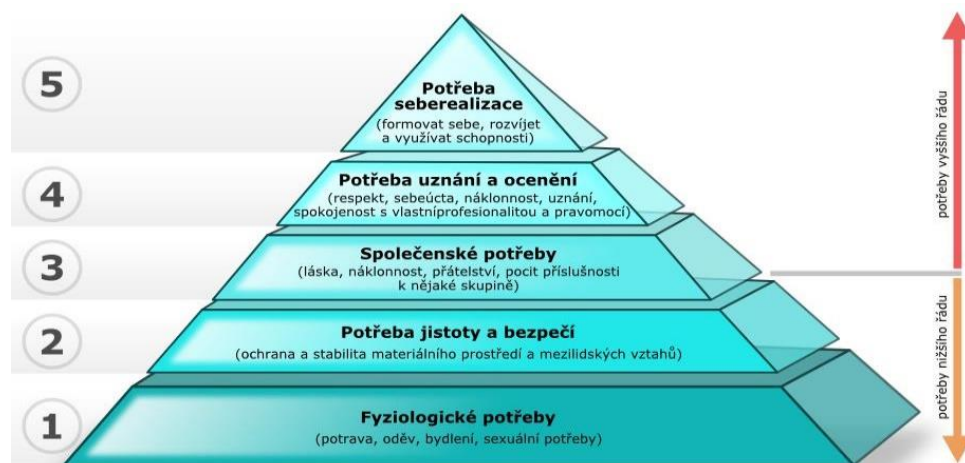
Psychological and social - it is completely specific and expresses a mental state, reflecting some shortage, the psychological importance of need is connected with the importance of social, expressing deficiencies in the social life of the individual (need for communication, society, recognition).

Needs classification - from a psychological point of view, sorts needs into:

Biogenic, physiological, psychogenic, sociogenic, psychological-diverging corresponds to the concept of man as being simultaneously biological and social, from the nursing point of view it corresponds to a holistic (holistic approach) to man.

Classification of Needs-by H.A.Murray:

Sorting needs into viscerogenic (primary) needs and psychogenic (secondary) and further positive sorting and negative.



Classification of needs according to A. Maslow on 5 floors:

1. Physiological needs - appear after disruption of homeostasis and thus express the organism's needs for survival, adherence to daily regimen, sleep, movement.

2. The need for security and safety - there is a need to avoid threats and dangers, trust, reliability, stability, freedom from fear and anxiety, economic security.

3. The need for love and belonging - the need for affiliation, the need to be loved and the need for affection, loneliness and abandonment.

4. The need for recognition, appreciation and self-esteem - the combined needs, the first is the need for self-esteem, self-esteem, competence, trust in the surroundings.

5. Need for self-realization, self-actualization



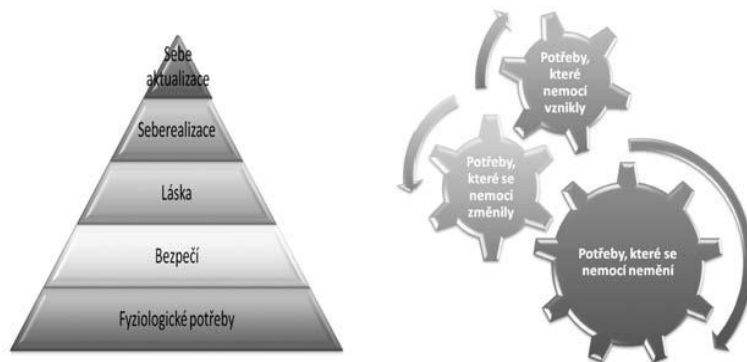
Needs Classification by Gordon:

- | | |
|-------------------------------|-----------------------------|
| 1. Health perception | 7. Nutrition and metabolism |
| 2. Elimination | 8. Activity-exercise |
| 3. Sleep and rest | 9. Perception |
| 4. The concept of self-esteem | 10. Role relationships |
| 5. Sexuality | 11. Vira |
| 6. Life Values | 12. Other |

Needs dependent on disease-factors affecting needs:

Sickness often prevents people from satisfying their needs and modifies the way they express their needs and their satisfaction, nurses help patients to satisfy their physiological and psychological needs, when physiological needs are met, the patient wants to meet the needs of a higher level, but patients often only focus on physiological needs.

- Needs that do not change with the patient
- Needs that modify the disease
- Needs that arise with the disease



Circumstances in which the illness arises - a sick person will otherwise express and satisfy his / her needs (physiological and psychogenic) in home care and otherwise in hospitalization, it is also necessary to take into account specific situations such as the illness of a mother of a small child, illness outside the home.

The individuality of human-personality characteristics modifies needs, their expression, the way of satisfying and the mental response, which will be determined by human typology (introvert, extrovert), emotional lability or stability, and resistance to exercise. People who know and weigh themselves more easily, identify their needs. People with impaired self-concept are not able to satisfy their needs independently.

Interpersonal relationships - especially relationships with relatives and loved ones disturb satisfaction of needs, nurses often enter into these relationships because they are near the patient in his critical periods, through these relationships they can help the sick.

The developmental stage of life-modifies signaling and the way to satisfy needs as well as their psychological response, each person has to learn to trust people in the course of development, because it is easier to achieve the basic feelings of security and safety. It is necessary to take into account that especially in the period of infants and toddlers and partly also in the following age periods, the child does not have sufficient means of expression to signal needs.

7.4 Clasification systems in midwifery and nursing

Classification systems in midwifery and nursing have begun to evolve over time by shaping modern nursing since the mid-20th century.

Development of classification systems in nursing is a continuous process under the coordination of ICN, ICM, international nursing and obstetric organizations, but other specific classification terminology organizations - the North American Nursing Association for Nursing Diagnosis - NANDA; European Association for Common Nursing Diagnosis, Intervention and Results - ACENDIO.

Classification systems serve to organize and unify obstetric and nursing terminology related to the nursing process and to seek disruption of health and needs areas. Primarily, nursing classifications were created, and obstetric classifications began to form at the beginning of the 21st century.

The aim of using uniform terminology in midwifery and nursing is to: “be able to clearly tell what nurses, midwives do and make visible what was not previously visible, leading to improved care (Langová, 1995)”.

International Classification of Nursing Practice ICNP

The International Classification of Nursing Practice focuses on the classification of nursing situations where nursing and midwife interventions and outcomes have been defined. The ICNP was developed on the basis of ICN's requirements - the International Nursing Council (1991), which sought to find a common means of communication to help nurses and midwives understand each other - the process of standardizing terminology. The ICNP was established at the same time, and then in the 1990s Bulecheková and McCloskeyová developed further nursing taxonomies of nursing care dealing individually with **NIC (Nursing Intervention Classifications)** and **NOC (Nursing Outcomes Classification) nursing care results.**

Classification system of nursing diagnoses NANDA International, NANDA Taxonomy II

The North American Nursing Diagnosis Association began to form in May 1973 in St. Louis (USA), where the first nursing diagnosis conference on health disruption, the clinical needs of the individual, was held. The results of the conference created the North American NANDA Association in 1982. The emergence of this organization significantly influenced and intensified the development of nursing diagnostics, the main mission of this professional nursing organization is to standardize the terminology in the field of nursing diagnoses. In 2002, with the NANDA Association, it renamed NANDA International to effectively reflect the growing international interest in developing standardized nursing terminology, leading to its translation into many languages and use in more than 20 countries around the world. NANDA - I now incorporates nurses from North and South America, Canada, Europe and Asia. The main task of **NANDA I** is to help develop, improve, disseminate and use the standard terminology of nursing diagnostics.

To this end, it cooperates with nursing terminology organizations around the world, such as **the European Association for Common Nursing Diagnosis - ACENDIO, the Spanish Nomenclature and Diagnostic Taxonomy Association in Nursing - AENTDE, and others.** Standard, Currently, NANDA taxonomy is divided and consists of 13 domain needs domains, 47 classes and 235 diagnoses, including definitions, identifying features, risk factors, and related factors. The classification system integrates both nursing and obstetric terminology, but also helps nurses work with the nursing process method, seek out areas of clinical needs in an individual, and set goals and eliminate disruption of areas of need. Subsequently, in 2005, the NANDA II classification system was created, which was only extended for better application in clinical practice. NANDA taxonomy has started to be used in the Czech Republic since 2005, and in 2006 a book NANDA Nursing Diagnosis in Domains was published, dealing with both nursing and specific diagnoses applicable in midwifery.



Control Questions

- Define what a nursing process is?
- What are the stages of the nursing process? Characterize and describe its individual phases?
- What is a history? What would you rate (RA, SA, GA...)?
- Describe the work with nursing documentation?
- What is needed? Characterize basic and higher needs?

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8 Conceptual and nursing models in midwifery

Annotation

Conceptual models and theories of nursing are a set of general and abstract ideas and statements that express general ideas about individuals, groups, situations, and phenomena that are interesting from a scientific point of view. The content of the theories and models in nursing is determined by the knowledge, practical experience and various philosophical views of their authors.

Chapter Goals

- The student can use conceptual models in p / k care.
- The student can define concepts, conceptual systems, models of midwifery care
- The student can enumerate conceptual models in midwifery, their conception.

Keywords

Concept, model, conceptual, paradigm

Content

8.1 Theory and Models of Midwifery

The field of midwifery and nursing is characterized by a specific subject and method of providing care in midwifery. Midwifery is a multidisciplinary field with its own theoretical base and its practical application in clinical practice.



The beginning of the development of the theoretical basis of midwifery came in the mid-20th century in the USA and Canada. The direction of individual conceptual models in midwifery is based on nursing is influenced by the development of knowledge, experience from clinical practice and above all by the philosophical views of individual authors. For midwifery to be a science discipline, it must have its own traits.

Midwifery Features:

- Philosophy (Holism)
- Metaparadigma - subject of investigation (human, health, environment, nursing in midwifery)
- Paradigm - field theory (conceptual theory, models - abstract ideas and insights on metaparadigma, methodology, research and care in midwifery).
- Methodology - nursing process in midwifery.
- Clinical Practice Research, EBP, EBM.
- System for and postgraduate education in midwifery.
- National and international midwifery organizations.

Midwifery has its philosophical directions, the best-known holism looks at an individual as a complex, followed by midwifery and nursing with other directions such as humanism, sociocentrism, and more. In the course of the development and formation of midwifery, different caregivers looked at different care, according to the view and opinion of the care provided and the object of care provided (metaparadigma), so conceptual models (paradigms) began to emerge.

Conceptual models: The conceptual model is a set of abstract and general ideas and statements included in meaningful arrangements. It expresses general ideas about individuals, groups, situations and phenomena of midwifery science. Conceptual models focus on specific phenomena and can affect our perception of reality. They reflect the philosophical view of the author and the experiences of midwifery and nursing practitioners (Gordon, Henderson, Wiedenbach, Orlando).

Conceptual models in midwifery provide direction for clinical practice, education, methodology, midwifery research.

Nursing conceptual models have existed since F. Nightingale, though her view of nursing is not seen as a conceptual model, but rather as a theory. Only later did a group of nursing experts (Gordon, Orlando, Roy) name individual views of midwifery and nursing by conceptual models. Individual disciplines deal with specific phenomena and examine them.

The conceptual model provides a specific framework, shows what to observe, what to notice, what to think about, how to look at the world, and what aspects to take into account, thus helping to improve nurses' work. The conceptual model focuses attention on some areas that the author considers important and others less important. Conceptual models of nursing enrich the theoretical basis of nursing as a science discipline and in nursing practice govern nursing thinking and acting in specific situations. The usefulness of conceptual models is in the way the organization of thinking, observation and interpretation of the seen and ascertained. Conceptual models provide a systematic structure and rationale for action, showing the direction of finding and solving practical problems. They provide general criteria for observing that the problem is resolving.

The development of conceptual models - the development of conceptual models can take place inductively - by generalizing the observed phenomena, or deductively - by deriving from existing knowledge and using them.

Conceptual theory

Theory is a complex of opinions, ideas and ideas aimed at explaining a phenomenon. It is derived either from the conceptual model or related to it. Any theory assumes the existence of a more general conceptual model by which conceptions of theory are formulated. The theory deals with phenomena in a more specific way than the conceptual model and consists of concepts and assumptions. The concept of theories is more specific and more detailed than the conceptual concept. The concept of theories must be defined constructively and operatively to test the theory. Theories of theory describe conceptions of theory and are more specific than conceptual models. The theory, unique to nursing, is derived from a conceptual model. It can be described by a description of a particular phenomenon, an explanation of the relationship between phenomena, or a prediction of the effect of another phenomenon. Theories evolve through research. Nursing takes theories from other disciplines, such as role theory, change, stress, social support, and so on. It requires many theories that describe, explain, and predict modeling phenomena. Thus, the structural hierarchy proceeds from one metaparadigm to more conceptual models and theories. Conceptual models and theories are currently used as general guidelines for organizing nursing knowledge, planning and implementation

The difference between conceptual models and theories

The nursing model, as well as the nursing theory, is a summary of knowledge composed of terms and nonrelational or relational statements. Due to the similarity of the mentioned components, it is very difficult to distinguish between the nursing model and the nursing theory. The basic difference according to Pavlíková (2006) lies in the level of abstraction.

Table 1 – difference Conceptual model and Conceptual theory

Conceptual model	Conceptual theory
Abstraction Level: Conceptual model is abstract, generalization of the system concepts and claims Includes a general view of metaparadigma It needs to be further specified.	Abstraction Level: Conceptual theory is more specific, concepts and claims are more specific, allows you to specify a conceptual model, metaparadigma, and acquire knowledge in a particular area
The purpose of the conceptual model: earmark the knowledge base of midwifery and nursing.	Purpose of conceptual theory: Describe, characterize or predict specific phenomena of nursing.
Testing a Conceptual Model: 1. Formulation of conceptual model 2. Derivation of model theory 3. Assign definitions and derive the hypothesis to concept theory	Testing Conceptual Theory: 1. Theory of theory 2. Definition of concept and theory, formulation of hypotheses from assumptions

8.2 Characteristics of conceptual models:

Metaparadigm

Each of the conceptual models in midwifery and nursing defines four major basic metaparadigmatic concepts in different ways. Metaparadigma expresses the subject of scientific discipline. It is a general view of the content of the discipline. Metaparadigma is specified by concepts and theories. Mataparadigmatic concepts define nursing and its practice.

Metaparadigma in Midwifery and Nursing

The person is in nursing and nursing recipient of nursing care. In relation to a person, nursing focuses on the process of health and illness, behavior and experience of the human being in interacting with the environment, the influence of nursing interventions on man as the recipient of nursing care and the interactive process between P / K, nurse and environment (person-individual, family, community).

The environment is understood as the internal and external influences that affect the person and his health. The environment that affects P / K in everyday life can be defined as the environment, work environment, socio-economic and social environment. In relation to nursing care (environment - the recipient's environment, circumstances requiring nursing care). The environment is understood as a hospital or outpatient environment, a home environment where P / K can be treated.

Health is one of the basic concepts of nursing. Every individual can understand health differently, nursing is based on the WHO health definition that respects all human components (bio-psycho-sociospiritual).

Nursing applies a holistic view of health as a whole. Nursing can be understood as an intervention by a nurse, in collaboration with P / K. Nursing deals with satisfying the bio-psycho-social needs of an individual in the context of the environment. Understanding P / K needs provides the basis for the nursing process and its application in practice.

Nursing conceptual models have three basic parts:

Assumption - are facts or assumptions that are the cornerstone of nursing concept. They are derived from scientific theory or practice and are verifiable in practice and in individual models are different.

The value system - is made up of the basic ideas of the field that they are similar in each model and reflect the author's philosophy. The main units of conceptual models - are formed from the starting points and value system

The goal of nursing - it determines what we want to achieve in nursing, is based on assumptions and varies from model to model.

Patient / client - is the recipient of nursing care, it can be an individual or a group

Nurse Role - is a unique role in patient care

Problem Sources - Defines the cause of patient problems that may be affected by nursing care.

Focus of intervention - sets specific nursing interventions to achieve the goal.

Method of intervention - own nursing intervention, which the nurse performs by the method of nursing process.

Consequences - assessing the achievement of expected goals through interventions.

Table 2 Overview of Conceptual Theories and Models

Models of Needs	are models focused on the ability to meet the needs of the individual. in a deficit in meeting the needs of the nurse, the nurses will ensure their satisfaction through interventions (Hendersons, Abdellahs)
Humanistic Models	based on the principle of humanism, respect for patients rights (Nightingale, Henderson, Orem)
Systems Models	they emphasize social interaction between people and identify potential or actual problems in interpersonal relationships. Interventions are focused on the process of socialization (Peplau, Orlando, King, Wiedenbach)
Interaction Models	kladou důraz na sociální interakci mezi lidmi a zjišťují potencionální nebo aktuální problémy v mezilidských vztazích. Intervence jsou zaměřeny na proces socializace (Peplauová, Orlandová, King, Wiedenbachová)
Development Models	are focused on the process of development and maturation in human life and identify potential or real problems in this area (Orem, Roper)
Models of theory and results	Are focused on the results of nursing care and their evaluation (Neumann, King)
Energy field Models	Include the concept of energy between person and environment (Roger, Levin)
Intervention Models	Emphasize nursing interventions after a thorough professional decision (Gordon, King)
Support Models	provide P / K assistance in dealing with health damage. Nurse interventions are aimed at supporting the mechanisms needed to cope with change (Weidenbach, Henderson)
Models of theory and empowerment	Focusing on improving the quality of life p/k to strengthen (Johnson, Roper)

8.3 Characteristics of selected conceptual models

Conceptual models and theories of nursing are divided by approaches to understanding the person who is p / k.

8.3.1 Model of needs Virginie Henderson

- 1897 Kansas City, USA 1921 received basic nursing education at the Army School of Nursing in Washington D.C.
- 1922 began teaching nursing care at Teachers College Columbia University, where in 1934 she completed her master's degree
- 1930-1948 lectured clinical nursing at Teachers College Columbia University
- Since 1953 she has worked at Yale University of Nursing in New Haven, where she was head of nursing studies from 1959 to 1971 and was involved in nursing research.
- 1960 published the Basic Principle of Nursing Care 66 1966 published "The Nature of Nursing" (Character of Nursing), where she defined the function of a nurse
- In the 1980s she was an active emeritus member of nursing research at Yale University
- Received seven honorary doctorates at various universities and was awarded an honorary membership in 1988 by ANA for the lifelong contribution of nursing research and education

The needs model of Virginia Henderson

Every individual has basic needs that are influenced by culture and his own personality. The needs of individuals satisfy in a variety of ways of life.

If an individual is self-sufficient and independent in satisfying one's own needs, then one's life is full. In a situation where there is not enough strength, will and / or knowledge, there is a varying degree of breach of independence, manifestations of unmet needs, which is usually associated with health or disease symptoms. Then the individual comes into contact with a health care professional. The nurse identifies the extent of self-sufficiency in fourteen needs, in which he needs help. It also evaluates conditions and pathological conditions that affect p / c needs. Subsequently, the nurse plans the water interventions she is implementing. Modifies the plan operatively. Throughout the time when interaction with k / k is in progress, the nurse asserts its unique function.

When providing basic nursing care, nurse - p / k, nurse - physician, nurse - nursing team members are formed, the aim of which is to restore self - sufficiency and independence p / c to the environment as soon as possible so that they can live a full life. If this is not possible, he is on his way to a peaceful death.

Problems with satisfying basic needs may occur in some life periods (eg childhood, pregnancy, old age, etc.) or arise during illness. At that time, the individual needs the help of another person to satisfy their needs. In this situation, nursing is involved to restore P / K independence as quickly as possible. Basic care is the care that any person requires, regardless of medical diagnosis and therapy. It is derived from the individual needs of P / K. It is influenced by conditions (ie age, culture, emotional balance, physical and psychological).

Virginia Henderson understands the approach in nursing that people are made up of four basic components (biological, psychological, social and spiritual) that are the sum of 14 elementary needs.

1. Normal breathing
2. Sufficient food and fluid intake
3. Excretion
4. Move and maintain a suitable position
5. Sleep and rest
6. Appropriate clothing, dressing
7. Maintenance of physiological body temperature
8. Maintaining body cleanliness and purity
9. Eliminating environmental hazards, preventing damage to yourself and others
10. Communication with people, expressing emotions, needs, concerns, opinions
11. Confessing one's faith
12. Meaningful work
13. Games or participation in various forms of rest
14. Learning, discovering new, curiosity, normal development

Metaparadigmatic Concepts by V. Henderson

A person - an independent integral being, consisting of four basic components (biological, psychological, social and spiritual), which encompasses fourteen elementary needs, the individual satisfies the needs individually

Environment - the environment, a set of external conditions and influences that affect the life and development of the individual.

Health - identification of health with self-sufficiency, independence and independence of the individual.

Nursing - the process of solving p / k problems assistance. The aim of nursing is to keep individuals self-sufficient, independent of their surroundings. In situations where the individual's own potential is not enough, the loss of self-sufficiency is replaced by appropriate nursing care.

Head Units:

The aim of nursing - independence of p / k in meeting needs

Patient - an individual requiring help in meeting disruption needs, health and independence, or calm dying. Soul and body are an integral part of where the family, the community, is part. It is a complex whole.

Nurse Role - Aide to maintain or restore p / k independence in meeting needs.

Source of difficulties - lack, strength, will, knowledge.

Outbreak - a deficit that is a source of p / k problems.
Intervention mode - replacing, supplementing, supporting or enhancing strength, will, knowledge.

Consequences - Increasing the extent of independence in meeting needs or calm death.

The nurse's function in the Needs Model

The unique function of a nurse is to help a healthy or ill individual perform activities that contribute to his health or to healing or peaceful death that an individual would perform alone, without the help of sufficient strength, will and knowledge. And the nurse performs this function so that the individual achieves independence as soon as possible.

In providing nursing care, the following relationships arise:

The nurse-p / k relationship - the author said three more at this level relationships that must always be constructive.

A nurse as a "substitute" - a relationship arises when an individual is self-reliant and dependent on others and the nurse replaces what is missing.

A Nurse as a Helper - A relationship arises in situations where a nurse helps an individual to recover self-reliance and independence during healing.

A nurse as a partner - a relationship arises when a nurse individual, as partners, based a joint assessment of needs formulate a care plan whose implementation the nurse directs.

8.3.2 Adaptation model of Callisty Roy

- October 14, 1939, Los Angeles, USA
- 1960 Nursing Elementary Nursing at Mount Mary's College, Los Angeles, 1963 Bachelors Degree in Nursing at the Same School
- worked as a nurse and station nurse in pediatric nursing 66 graduated in nursing at the University of California in Los Angeles in 1966 and graduated in sociology at the same university in 1977
- She worked as head of the nursing department at Mount Mary's College in LA, as a lecturer at the School of Nursing University of Portland, director of Mount Saint Mary's Hospital in Tucson and as a professor at Boston College of Nursing in Massachusetts
- 1985 habilitated in clinical neurology
- became a member of the American Academy of Sciences, a person of America, a member of NANDA and a member of the World Women's Organization

Callista Roy's adaptation model

The model is based on other starting points of the philosophy of humanism and holism. It follows the theories of Maslov. The model describes that an individual is an integrated whole with bio-psycho-social components is in constant interaction with an environment that is constantly changing. The individual adapts to these changes. To what extent it adapts, this is decided not only by the strength of the stimulus (stimulus) but also by the adaptation level of the individual. When the stimulus exceeds the extent of the individual's adaptation zone, ineffective behavior and maladaptation occur.

Managing the effect of stimuli allows an individual control subsystem (regulator and cogener) and responses to stimuli manifest themselves in the effector subsystem (physical, self-concept, role-based, and interdependent). The stimuli that act on the individual and trigger the process of adaptation are divided into focal (acting as the strongest at a certain moment, eg cold), contextual (acting simultaneously with focal, based on the present, environment, eg inadequate clothing) and residual / is based on opinions, attitudes, character traits or previous experiences of the individual, eg underestimation of weather information). If an individual fails to adapt effectively to stimuli, there is an ineffective behavior that manifests itself by maladaptation in four adaptation areas. The role of the nurse is to identify the maladaptive behaviors of the stimuli that led to him and then to help him / her to adapt adequately.

Metaparadigmatic Concepts by C. Roy

Person - bio-psycho-social being in constant interaction with ever-changing environment. The individual responds to stimuli from the external and internal environment. An individual as a system is a whole, consisting of subsystems that have a functional meaning. An individual as an adaptation system with internal processes and effector system is the recipient of nursing care.

Environment - Creates conditions, circumstances, situations and influences that affect the development and behavior of individuals or groups. The changing environment with its internal and external factors affects the ability of individuals to adapt, ie to adapt.

Health - a certain state and process is the result of successful adaptation to environmental-based incentives. Health and disease are dimensions of human life and they are just engaged in nursing. When the adjustment mechanism does not work, the individual becomes ill.

Nursing - the science of hospital care and practical discipline. Nursing Science is an ever-evolving human science system that observes, classifies, and links processes and looking for a way to positively influence people's health.

The aim of nursing is to help individuals in both health and disease to respond effectively and adaptively.

Main units

The goal of nursing - adaptation in health and disease situations in 4 areas (biological, psychological, spiritual, cultural)

p / k - An individual is a bio-psycho-social-spiritual being in permanent interaction with a changing environment.

Nurses' Role - Supporting Adaptation Mechanisms and Adaptive Behavior.

Source of difficulty - inefficient activity to maintain individual integrity.

Focus of intervention - contextual, residual stimuli.

Way of intervention - manipulation of stimuli, their increase, reduction and maintenance.

Consequences - Adaptive responses to internal and external stimuli.

Adaptation is the process of adapting to changes in the environment. From the environment the incentives that an individual responds to and adapt to. A positive adaptive response only occurs when an individual responds positively to changes in the internal and / or external environment. Positive adaptation is a process of promoting the physical, mental and social integrity of an individual, which is a prerequisite for its integrity, completeness. Ineffective responses to environmental changes lead to a change in the individual's integrity.

Stimuli are stimuli from the external and internal environment that induce an adaptive response, response.

Types of incentives:

Focal (central) - the stimulus that currently acts on an individual at a particular moment and to which he responds immediately. **Focal the stimulus** acts on the individual strongest and accelerates his adaptive behavior.

Contextual - is a random stimulus at the time of focal influence the stimulus to which it is related. This means that the focal stimulus acts on the individual with a contextual stimulus at the same time.

Residual - is a stimulus from the personality of the individual, eg characteristics, attitudes, opinions, previous experiences. Residual stimuli are relatively stable.

The adaptation level is the individual range of effective (adaptive) responses of the individual to the stimuli. It introduces its own, standard range of individual's individual responses to stimuli by "normal" behavior (so-called output adaptive behavior). Each stimulus crosses the boundaries of the individual adaptation zone, responses to it are inefficient and the integrity of the individual is violated.

Responses to stimuli are divided into:

Adaptive - some do not exceed the individual's adaptation level, adaptive responses support one's integrity, development, growth, power, goals, improve control over the environment, support its integrity.

Inefficient - inefficient in the individual's adaptation level reactions do not contribute to the achievement of adaptive goals, lead to disintegration of the individual.

Control Questions

- What do conceptual models do in clinical practice in midwifery?
- What is the difference between conceptual models and theories?
- What conceptual models do you know? Choose one of the concept models and describe it? What are its main features?

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9 Research in Midwifery

Annotation

The chapter introduces students to the basic characteristics of nursing research, methods of research and possibilities of publication activities in midwifery. Subsequently, it focuses on the modern characteristics of nursing based on nursing based on clinical practice - Evidence Based Practice.

Chapter Goals

- The student can define midwifery research.
- The student characterizes types, differences of research and their methods.
- The student enumerates and describes the research phases.
- Student can characterize the share of midwife in research and publishing activities.

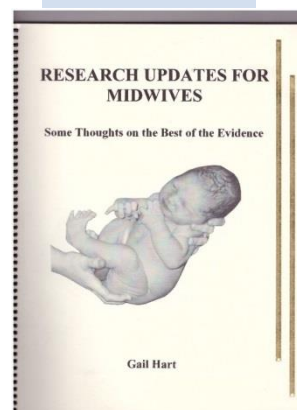
Keywords

- Research, research techniques, methods, publishing, evidence-based-practice-, midwifery, EBP, EBM

Content

9.1 Research in midwifery

The World Health Organization (WHO) defines nursing research: Nursing research focuses on creating knowledge about people's health and illness.



It aims to understand the basic genetic, physiological, social and behavioral mechanisms and environmental impacts that affect the ability of individuals and families to maintain or improve optimal functions and minimize the negative effects of diseases. General definition of research: Research is a systematic, critical and empirical examination of hypothetical statements and assumed relationships between natural phenomena (Kerlinger, 1972).

Research is a systematic way of asking questions, systematic questioning. In nursing, it contributes to the development of theory and the scientific basis of nursing information and helps to exploit theoretical knowledge in clinical practice.

Midwifery research is centered on creating knowledge about woman care during physiological pregnancy, childbirth and puerperium, and aims to understand the basic physiological, social and behavioral mechanisms and environmental impacts that affect the ability of individuals, families, communities to maintain or improve quality of life and health.

In midwifery, research contributes to the development of a theoretical and scientific basis for midwifery information and helps to apply theoretical knowledge to clinical practice. It serves as a tool for evaluating and understanding what midwives do. It allows you to evaluate established practices, examine the effectiveness and value of proposed or new procedures. The first mention of the research itself in nursing and midwifery dates back to the 19th century. The most important personality of primary research in nursing and midwifery was Florence Nightingale, who described her research of environmental factors supporting the patient's mental and physical well-being in her 1860 "Notes of Nursing".

In the Czech Republic, research in nursing and midwifery only began to form at the beginning of the 20th century by developing higher education for nurses and midwives.

21st Century Midwifery Research aims to develop a scientific knowledge base that helps midwives to implement evidence-based practice (midwifery). Clinical and fundamental research is supported to support the scientific foundation for individual care throughout life as part of its ontogenetic development. Midwives have the opportunity to collaborate on research with other professionals, doctors and care providers. It is important for midwives to be aware of research activities, to identify research-relevant problems in practice, and to evaluate and exploit results in practice to improve the complex quality of care, reduce care costs, reduce errors, risks and errors in health care in midwifery (Bartlová, 2005).

The aim of midwifery research is to improve the quality of care, to change the traditional concept of midwifery, to understand a woman from a holistic perspective, based on the WHO definition and Health 21. **The results of midwifery research are used in midwifery practice.** Research must comply with the requirements of the European directives. They are funded and supported by EU grants, WHO, NNC (Nation Center for Nursing Reserch).

21st Century Midwifery Research:

- to promote health, well-being, and the ability to care for individuals at all ages and societies. and cultural groups.
- to minimize and prevent the emergence of health problems caused by unhealthy environments and behavioral disorders that compromise life and generally reduce productivity.
- the development of integrative research methodologies in terms of the holistic concept of man, his family and lifestyle.
- to design and validate various models for health care delivery and midwifery management.
- to identify and analyze historical and current factors that affect the professional growth of midwives, their educational and educational systems.

Nursing Research Functions:

- Gathering and analyzing the data needed to make informed decisions and implement data into practice, innovation.
- Creating a single language for midwives, a tool for understanding and evaluating what midwives do.
- Improves nursing knowledge, promotes critical thinking.
- Research results influence midwifery practice and reveal potential risks.
- Creates educational programs, models of quality, optimal nursing care.

Ethical Principles of Midwifery Research:

- Problems of midwife work - respect for people, work, age, race, nationality.
- Patient rights protection, Charter of rights and patients, legislation, confidentiality issues, Charter of hospitalized children rights.
- It is based on competences both working, personal and professional, professionalism, image of nurses.
- Need for research consent.

9.2 Characteristics and division of research in midwifery

Research can be divided according to certain criteria - chosen methods, time perspective, selected methodology, focus.

The basic division of midwifery research is:

Scientific Research - Seeks to understand, explain, anticipate and review phenomena.

Basic research - empirical observation, data collection, further theory development.

Applied research - solving the immediate problem, the aim is to induce changes in practice.

Time division of research:

Cross-sectional research - tracking certain phenomena over time, when results are evaluated over a period of time (per week, month, year).

Longitudinal research - monitoring a phenomenon in a longer period (4-6 years), then evaluating the results.

Division of research according to the chosen method:

Observational (observational) research - the researcher observes a certain phenomenon, condition, in the observed population (eg number of episiotomies performed in a medical facility).

Experimental (Intervention) Research - Examines respondents' sets in a way that is influenced by certain factors (interventions)

Division of research according to the methodology used:

Qualitative research - non-numerical investigation and interpretation of social reality. The aim is to find the meaning of communicating information. The paradigm is phenomenology and the effort to understand the internal experiences and resources of people in their interpretations of the world. It uses the method of induction that begins with observation, looking for regularities, patterns that exist in objective reality. The aim of the qualitative research is to create new hypotheses, theories that can be verified by quantitative methods. The aim is to look for the uniqueness of people's testimonies - words, information, relationships between phenomena or situations. The result is interpretation, understanding of meaning and meaning. Information is collected from a small number of individuals.

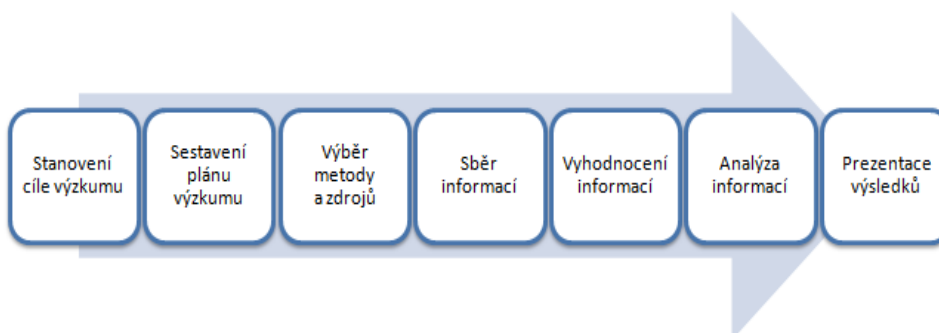
Quantitative research - quantity denotes frequency, quantity, size, which is a property that can be measured and expressed by a number. The paradigm of quantitative research is positivism. The aim of quantitative research is to test pre-created hypotheses when it is based on a deductive method. A hypothesis is a predetermined statement that predicts the existence of a connection between two or more variables.

The task of quantitative research is to statistically describe the type of dependence between variables, to measure the intensity of this dependence. Quantitative research works with more respondents. Quantitative research has low validity and high reliability (reliability, stability, research results over time).

QUINT TO QUINT is a combination of quantitative and qualitative research philosophies.

The phase and nature of the research-research process has a sequence of logical steps that follow each other:

- 1. Phase** - Conceptual: formulation of a problem, goals, literature, theoretical framework of problem solving and formulation of hypotheses.
- 2. Phase** - Planning: design, characteristics of population, choice of appropriate methodology, choice of methods, sample of respondents, plan, pilot study, pre-research. A pilot study is conducted on a small sample under the same conditions as in the research study itself.
- 3. Phase** - Empirical: data acquisition, data analysis and data collection.
- 4. Phase:** Dissemination: evaluation of results, publication of results, their use, presentation, publication, implementation in practice in midwifery.



Model: NEUBERT marketing & Company

Basic research terminology:

Respondents - persons who are included in research are surveyed (subjects, research participants, participants).

Informant (collaborator) - collaborator with researcher, writer in qualitative research.

Researcher (researcher) - a researcher (scientist).

The research team - research is carried out by a group of people, they have a principal investigator (project leader), then a co-investigator (cooperating researchers).

Variable - constructs, properties that acquire certain values during the research.

Research problem - a mystery, a problem, a mystery, which is discovered during the research after the literature analysis.

Research goal - the result the researcher wants to achieve. A research question, a task - about a problem that the researcher is looking for an answer to.

Hypothesis - statement, statement, supposed answer to research questions.

Methods and Techniques for Data Collection:

The individual methods are chosen in such a way that the subject of research is recognized as precisely as possible. The most common techniques of data collection in midwifery include: physical measurement of women, non-physical assessment scales, questionnaires, interviews, observations, and more.

Observation: the best known and oldest technique of information retrieval, purposeful, planned and systematic perception of phenomena and processes that reveal connections and relationships. The observation is realized by the basic function of the individual - sight. A wide range of information can be observed in midwifery, it may be the characteristics of the individual (mood, sleep, pain, awareness, emotions, manifestations of verballity and non-verballity), as well as the general features of the environment during labor, experiencing labor pains in women).

Observation can be done directly or indirectly, standardized (structured) or non-standardized (non-structured), possibly even by the number of respondents (in the individual, in the group observed). Beware, however, of observation errors such as prejudices, stereotyping, expectations of behavior from the individual, previous experience of the individual, limitation of memory and attention for a certain reason (reduced mental status, drugs, drugs, etc.) and others. The evaluation of the information and data itself is complicated, as the critical milestone is that the individual who evaluates the data can erroneously objectify the results obtained.

Interview - collecting results through researcher and respondent communication. Interpersonal face to face contact. Personal contact deepens respondents' contacts, motives and attitudes. The interview can take place individually or in a group of respondents. Beware of communication errors that are similar to the observation method. The interview can also be structured (standardized), based on pre-prepared text, or unstructured (non-standardized) conducted in the form of routine communication.

Study of documents - nursing documentation in midwifery, but pay attention to the handling and handling of medical documentation (for more information, see chapter 10. Nursing Process, subchapter 10.3 Nursing Documentation). In the documentation we can find information concerning the history of the individual, results and course of the examination, possible complications and course of provided care and the quality of care itself. But beware of ethical principles of working with midwifery documentation. Documents can be in paper or electronic form, electronic tape, photo.

Questionnaire - the most common technique for obtaining information. A special kind of questionnaire is a survey. In midwifery healthcare, standardized validated questionnaires, scales of assessment, or non-standardized questionnaires are used to compile one type of research. Questionnaires have 15-20 questions. Be careful, however, of evaluating results that do not reflect emotional and personal characteristics.

Presentation and publication of results - basic information exchange in the scientific world. Results can be presented in writing (scientific papers, journals, proceedings - eg Czech Neonatology, Sister, Contact, Czech Gynecology), Graphic (poster, poster) or oral form (seminars, scientific conferences, symposia, congresses) - eg Midwives Congress).

9.3 Evidence Based Practice; Midwifery

EPP - Evidence Based Practice: Evidence Based Practice is a combination of the best evidence obtained by research activity with clinical experience and patient values that facilitate clinical decision-making.

Changes in nursing and midwifery are introduced and implemented on the basis of evidence-based experience and results (Evidence Based Practice). The term evidence-based practice was first used in 1922. Evidence and experience from practice lead to a change in theories and practices in nursing and midwifery in the Czech Republic and in the world and lead to a quality change in nursing and midwifery.

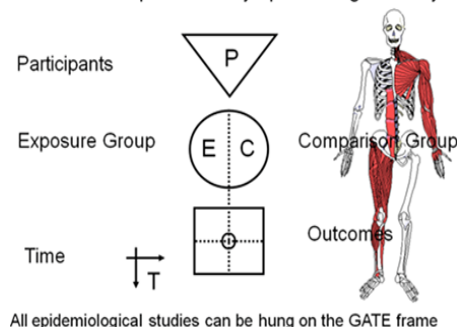
EBM - Evidence Based Midwifery = Practice based on clinical practice in midwifery. The search for issues in clinical practice in midwifery is based on certain sequential steps, logically linked. Performing EBP in Midwifery - Based on Steps:

Step 1: Critical Attitude to Practice, Formulation of Clinical Question - Teach Midwives to Realize and Accept Uncertainty, Uncertainties in Healthcare Provision, Beginning of Midwifery Practice Searching, What Has Been Found.



Sackett D et al (2000): Evidence-Based Medicine. Churchill Livingstone

PECOT: the 5 parts of every epidemiological study



All epidemiological studies can be hung on the GATE frame

Consider the clinical situation and the formulation of dynamic issues. Creating a Clinical Question - by PICO (T) Questions

P - Patient populations (risk group of mothers with breast inflammation)

I - intervention, area of interest

C - state, observation of interest

O - desired result

T - time frame, home observation

Step 2: Systematic search for the most affordable evidence available. Use Clinical Question Folders to Determine Search Strategy (MEDLINE, CINAHL) Systematic search for the best evidence, search for answers to the question asked, from publications, scholarly literature, scientific articles.

Step 3: Critical Assessment of Evidence, Clinical Significance, Usability (For example, the use of a perineum massage in preparation for childbirth - research and literature have proven the practice of not injecting a perineum in women who use a perineum massage).

Step 4: Application of Evidence (Results) to Clinical Practice (eg Expansion of Perineal Massage in Prenatal Care in Preparing for Childbirth).

Step 5: Evaluating Evidence (Performance) Implementation Results into practice over a certain time horizon (year, three years).

Midwifery research is the pillar for the development and innovation of clinical practice, midwifery recommendations and the introduction of EBM evidence into midwifery. Pregnancy and childbirth are still great unknowns. Midwifery is based on both nursing and medical fields, such as obstetrics, gynecology. Many of the routine routines in midwifery are not in line with research and evidence, only doing so in the workplace for years. Therefore, it is important that all care and standards of care are based on Evidence Based Midwifery evidence from midwifery practice.

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This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

List of abbreviations

EMA – European Midwife Association

ČR – Czech Republic

ICM – International Confederation of Midwife

ICN – International Confederation of Nursing

NCNR - Nation center for nursing reserch

WHO – world health organisation (světová zdravotnická organizace)



- ARCHALOUSOVÁ, A. *Přehled vybraných ošetrovatelských modelů*. Hradec Králové: Nucleus, 2003, 99 s. ISBN 80-86225-33-X
- FARKAŠOVÁ, D. *Ošetrovatelství: teorie*. Martin : Osveta, 2006. 211 s. ISBN 80-8063-227-8.
- KAFKOVÁ, V. *Z historie ošetrovatelství*. Brno: IDV PZ, 1992. ISBN 80-7013-123-3.
- KUTNOHORSKÁ, J. *Historie ošetrovatelství*. Praha: Grada, 2010. Sestra. ISBN 978-80-247-3224-4. Dostupné také z: http://toc.nkp.cz/NKC/201009/contents/nkc20102123899_1.pdf
- MASTILIAKOVÁ, D. *Holistické přístupy v péči o zdraví*. Brno: Institut pro další vzdělávání pracovníků ve zdravotnictví, 1999. ISBN 80-7013-277-9.
- MASTILIAKOVÁ, D. *Úvod do ošetrovatelství: systémový přístup*. I. díl. Praha: Karolinum, 2002. Učební texty Univerzity Karlovy v Praze. ISBN 80-246-0429-9.
- MASTILIAKOVÁ, D. *Úvod do ošetrovatelství: systémový přístup*. II. díl. Praha: Karolinum, 2002. Učební texty Univerzity Karlovy v Praze. ISBN 80-246-0428-0.
- MLÝNKOVÁ, J. *Historie ošetrovatelství*. Florence. 2006, 2(2), 25-26. ISSN 1801-464x.
- PAVLÍKOVÁ, S. *Modely ošetrovatelství v kostce*. Praha: Grada, 2006. 152 s. ISBN 80-247-1211-3
- PLEVOVÁ, I. *Ošetrovatelství I: historie, vzdělávání, současné ošetrovatelství, role sestry a nemocného, ošetrovatelský proces, konceptuální modely a teorie, klasifikační systémy, výzkum, praxe založená na důkazech*. Praha: Grada, 2011. ISBN 978-80-247-3557-3.
- STAŇKOVÁ, M. *Základy teorie ošetrovatelství: učební texty pro bakalářské a magisterské studium*. Praha: Univerzita Karlova, 1996. ISBN 80-7184-243-5.

