

# An Event to Promote the Community Midwifery Policies in the United States during Covid-19 Pandemic

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## Abstract

Global health care systems are under unprecedented strain as a result of the COVID-19 epidemic. This stress has changed how prenatal, labour, delivery, and postpartum care are provided in the United States, leading many expectant women to seek community midwives' care for their maternal health in a home or independent birth centre setting. Community midwives work on the outside of the U.S. healthcare system while being the leading maternal health care providers globally, largely because of governmental limitations. This commentary builds on earlier research to hypothesise that the COVID-19-related disruption of the health care system and the increased visibility of community midwives may lead to the emergence of a "focusing event" or window in which policy can be changed, allowing community midwives and their supporters to influence it.

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## Introduction

Global health care systems are experiencing unprecedented financial and clinical strain due to COVID-19, which is changing and/or disturbing many sorts of routine care, including prenatal, labour, delivery, and postpartum care [1]. In the U.S., about 4 million infants are born each year, and the pandemic will continue to increase the demand for labour and delivery services [2]. However, COVID-19-related fears, such as coronavirus exposure and hospital overcrowding, as well as recently implemented hospital policies meant to reduce transmission, like universal masking, mother-infant separation, and labour companion restrictions, are causing turbulence for patients, patients' families, and healthcare professionals [3]. As a result, a lot of expectant mothers are turning to midwives for prenatal, delivery, and postpartum care in a home or standalone birth centre setting. Midwives provide competent and experienced childbirth care [4]. Providers who emphasise low-risk pregnancy and low-intervention delivery [5]. They must successfully complete a government-recognized midwifery education programme, where they are trained to identify complications and seek appropriate hospital assistance during obstetrical emergencies, in order to be recognised as midwives in accordance with the international

definition proposed by the International Confederation of Midwives [6].

## Discussion

Long-established advantages of midwives include better results for mother and newborn health, a decrease in needless interventions, and cost savings for both families and the healthcare system [7]. In fact, the midwifery approach provides assistance and care for patients' physical and psychological needs, which is especially beneficial to Black women who experience racist trauma on a personal, historical, structural, or other level [8]. Particularly, community or out-of-hospital midwives have long viewed themselves as crisis responders [9]. Participants in a study on community midwives' perceptions felt that their special flexibility and education in out-of-hospital care had well-prepared them for crisis response [10]. During a disaster that overburdens existing medical systems and restricts access to medical facilities, these abilities that appear to go undetected or devalued in times that are not crises, become highly appreciated [11]. For instance, Mercy in Action's and Bumi Sehat's midwives for years, extremely effective "low-tech/skilled touch" care has been delivered in disaster areas, including in the wake of the 2004 Indian Ocean earthquake and tsunami, the 2013 Super Typhoon Haiyan in

the Philippines, and the 2017–2018 Bali volcanic eruptions [12]. Community midwives in the US prepare their patients for hot weather conditions. These authors argue for the decentralization of maternity care in preparation for the increasing natural hazards that are bound to accompany the onrushing Climate Crisis, and for the integration and empowerment of local community midwives such as the ones I discuss in this commentary [13]. Despite the fact that community midwifery is given a dubious reputation by American mainstream medicine, Schmidt's epidemic is upending the healthcare system and spurring demand for these services. As seeming hospitals Community birth with a midwife is becoming more and more popular among pregnant women who may not have previously considered this location or provider, as it is becoming a site of real and or perceived risk during this pandemic.

## Conclusion

It is important to note that moving prenatal, labour, delivery, or post-partum care from a hospital to a home or birth centre does not automatically eliminate the risk of coronavirus transmission; childbirth, in particular, "creates multiple sources of exposure and requires frequent and repetitive physical contact with health

workers in a concentrated period." While a pregnant person may feel more at ease with her and her family's own germs in the home, there is still a danger of transmission if community midwives do not have access to personal protective equipment and same-day testing. Handling the bulk of the load is the community midwife. However, the increased demand for and awareness of community midwifery services during the epidemic may present a chance for midwives and their supporters to change American policy. This commentary builds on earlier research to propose that this actual or perceived disruption in hospital-based maternal health care, along with community midwives' increased visibility during this pandemic, presents a "focusing event" or window of opportunity for developing and changing policies that support community midwives' legal practise and broaden their scope of practise.

## Acknowledgement

None

## Conflict of Interest

None

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