

Connection Essay
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Clinical 1010, Fall
Feb. 6, 2017

The Midwifery Model of Care, (Midwifery Task Force, 2008) has been widely accepted by midwives around the world because it was successful at putting into words the spirit, heart, and skill of how midwives serve their clients. Four tenets of care all stem from the belief and understanding that pregnancy and birth are a normal part of life.

A midwife can provide care to a person who has the ability to have children starting before pregnancy, during, and after the birth. I feel it is very important for the midwife to be very present during not only the immediate postpartum period but at least throughout the 4th trimester for both the birthing person and the baby. I want to concentrate on this period for this assignment, specifically concerning breastfeeding and the management of oral restrictions. I recently joined a midwifery practice that did not have anyone on the team that was certified in lactation. As a Certified Lactation Counselor, CLC, I have been called upon many times to assist our clients with issues that have arisen with breastfeeding. I attached my Practice Guideline, (PG) on Oral Restrictions that I created, for ENGL 1050. I am also proud to say that the practice has allowed me to implement this PG whenever I am assisting their clients with oral restrictions as my standard of care.

Following the birth of a set of twins, a student who was in her primary phase completed the newborn exams; she identified that both newborns had a possible short frenulum. After this statement my preceptor provided the parents with education, making sure they understood that nothing needed to be immediately addressed, that their babies were healthy. She also shared that the short frenulum might have an effect on breastfeeding without offering the lactating person a

nipple shield. (MMOC Tenet 3) It was very nice to see how the parents were able to have a conversation with the midwife without feeling pressured to make a decision right away and without being defensive. (MMOC Tenet 2) The plan was to reassess at the 24-hour visit.

On the way to that visit, my preceptor asked me to handle the breastfeeding questions. I provided the client with information on positioning to ensure the best latch possible. I taught her different positions for breastfeeding the babies at the same time and at separate times; I provided instructions on how to latch each baby to ensure the best possible latch; reviewed feeding cues, and how to observe when each baby was satiated. (MMOC Tenet 2) The parents felt better with the information and decided that they would try everything that I shared.

I joined my preceptors for the third postpartum visit on day five. I traveled with her to this visit as the client lived an hour away. She shared updated information concerning a pediatrician visit and asked me to do a full evaluation on each baby. Following the PG I have created based on the training I had received, I performed all of the clinical considerations. Both babies had very restricted upper lip ties, buccal ties, and posterior ties. I shared how the oral restrictions were the root cause of their babies' subjective symptoms, and confirmed that many of the objective signs were also observed during the latch assessment. The recommendation for collaborative care with the dentist for laser revision was discussed again. (MMOC 4)

Using all the information in the PG the parents were able to have a better understanding of how the oral restrictions were affecting breastfeeding; what to expect after the revision; and the midwives offered to assist in the making of some of the complementary measures that would reduce pain. I was also able to provide parent education on the exercises that need to be done

following the revision because each baby needed to gain control of their tongue that would no longer be restricted and how to do suck training.

The revision was successful, the babies are thriving and breastfeeding is going much better.

This experience taught me the importance of creating practice guidelines. PGs provide collective, through information on evidenced-based standards of care and step by step processes on how to handle the issue at hand. I feel this will not only benefit me as the care provider but the client I will serve in the future.

Bibliography

Midwifery Task Force. (2008). The Midwives Model of Care. <http://cfmidwifery.org/mmoc/define.aspx>, Accessed on February 6, 2017.