

MIDWIFERY 102

Birth & It's Meaning

COORDINATOR & TUTOR

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Pregnancy, birth, postpartum, the newborn and motherhood will be explored through a variety of lenses integrating the disciplines of sociology, philosophy, anthropology, cultural studies, women's studies, history, religion, spirituality and art. This course is intended to introduce students to the holistic context of themes integral to midwifery and develop appreciation and aptitude for critical and creative thinking and the art of midwifery.

Classes include the following:

- Midwifery and the Practice of Self-Awareness
- The Creation of Meaning and Birth as a Rite of Passage
- Medicine Walk
- Myth, Magic and Midwifery
- Access to Care for Rural Parturient Women
- Inquiry into Ways of Seeing and Knowing: Support for the Art of Midwifery
- Authoritative Knowledge and Excerpts from the History of Childbirth
- Safe Motherhood
- Controversies in Childbirth
- Medicalization of Childbirth & Reclaiming Birth
- Humanities, Visual Culture and Childbirth: What We Can Learn from Artist's Representations
- Tapestry of Motherhood
- Presentations of Birth Art Project

Learning objectives:

Students will:

- Identify aspects of the art of midwifery.
- Discuss the centrality of self-awareness and observation, as core competencies for providing exemplary midwifery care.
- Develop critical analysis of the multitude of factors, which influence pregnancy, birth, postpartum and care of the newborn.
- Discuss and critically analyze historical and current childbirth practices.
- Create birth art and reflect on their creative journey.

MIDWIFERY 102

Birth & It's Meaning

SCHEDULE FOR FALL 2015 TERM

Session	Date
Midwifery and the Practice of Self-Awareness	September 11
Medicine Walk Guest leaders: Jeri Sparrow and Dr. Alannah Young (This class will be held at the UBC farm)	September 18
The Creation of Meaning and Birth as a Rite of Passage	September 25
Authoritative Knowledge and Excerpts from the History of Childbirth	October 2
Medicalization of Childbirth & Reclaiming Birth	October 9
Controversies in Childbirth Guest speaker: Dr. Michael Klein	October 16
Inquiry into Ways of Seeing and Knowing: Support for the Art of Midwifery Critical Book Review Assignment DUE	October 23
Humanities, Visual Culture and Childbirth: What We Can Learn from Artist's Representations	October 30
Access to Care for Rural Parturient Women Guest speaker: Dr. Jude Kornelsen	November 6
Myth, Magic and Midwifery Guest speaker: Dr. Saraswathi Vedam	November 13
Safe Motherhood Guests speakers: Dr. Dorothy Shaw and Alix Bacon RM Observation Assignment DUE	November 20
The Tapestry of Motherhood	November 27
Student presentations Birth Art Assignment DUE	December 4

MIDWIFERY 102

Birth & It's Meaning

COURSE DESCRIPTION & OUTLINE:

Please note: The reading list for the course will be posted on Blackboard by mid-August. Readings that are not available electronically are available in the course reading packet at the UBC bookstore. These will be available the first week of September. In order to keep costs down for students, only readings that are not available online are included in the reading packet. Students are expected to have done the pre-readings and participate in class discussion.

September 11: Midwifery and the Practice of Self-Awareness

This class will be an introduction to the course. Self-awareness in the practice of midwifery will be explored. Without regard for “finished product”, we will use our non-dominant hand to engage in creative expression/reflection on what has brought us to midwifery.

September 18: Medicine Walk

Jeri Sparrow and Alannah Young Leon will lead us on a medicine walk at the UBC Farm. Jeri grew up on the Musqueam Reserve, played in surrounding forest, fields and the Fraser riverbank as a child. She had a traditional upbringing and learned about plants and their healing properties from her Sto'lo Mother, Rose Sparrow (nee George) and her Musqueam Father, Edward Sparrow. That led her to enroll in the in Wholistic Therapist Program where she furthered her knowledge about the body, herbs, and alternative healing practices. She is an Iridology Practitioner, Reiki Master, Swedish Massage and Skin Rolling Practitioner and has studied Hawaiian Huna. Jeri is now retired, likes to garden and make herbal medicines.

Alannah Young Leon PhD. has been working with Indigenous Elders since 1985 and in her doctoral research she developed an Indigenous land based health education pedagogy. She is a member of the Medicine Collective and has been applying the pedagogy principles at the Indigenous Education and Research Gardens at UBC. She has worked with Tla A'min naturopath, Dr. Jeanne Paul and x^wməθk^wəyəm (Musqueam) Elder, Jeri Sparrow. Alannah is Anishnabe Cree from Treaty one and Treaty five territories.

September 25: The Creation of Meaning and Birth as a Rite of Passage

In this class we will explore how we create meaning and what are the factors that influence us in this pursuit. What are some of the influences that have shaped the meaning of birth for you and how might that influence the care you provide? We will discuss ritual and rights of passage in relation to pregnancy, birth and the postpartum period and explore how they both create and express the culture they operate within.

October 2: Excerpts from the Vast History of Childbirth

The history of childbirth is vast, containing many simultaneous stories. In this class we will examine excerpts from this history by focusing on a few individuals and their impact on childbirth. As part of the class we will visit the Rare Books and Special Collections to view historical obstetrical texts from the Korn collection.

October 9: Medicalization and Re-claiming Birth

In this class we will continue our exploration of the history of childbirth, its increased medicalization and the movement to reclaim childbirth as a normal physiologic process. The re-emergence of midwifery in Canada has been part of this movement to reclaim birth. This class will also include a presentation about the demise and re-emergence of midwifery in Arctic Quebec.

MIDWIFERY 102

Birth & It's Meaning

October 16: Controversies in Childbirth

In this class we will explore some of the controversies in childbirth services in developed countries. One area of discussion will focus on recent reports suggesting that women who are choosing elective section as the mode of delivery for their first child are fuelling the rise in caesarean section. Should women have the right to choose a medically unnecessary caesarean section? Controversies surrounding epidurals and post-dates induction will also be explored. These issues will be introduced through presentation of our national study of birth provider attitudes and beliefs.

October 23: Inquiry into Ways of Seeing and Knowing: Support for the Art of Midwifery

What is the art of midwifery and how is it learned? In this class, various aspects of the art of midwifery will be discussed. We will explore the use of artistic theory and ways of seeing as well as other ways of knowing, that can contribute to becoming an artful practitioner.

October 30: Humanities, Visual Culture and Childbirth: What we can learn from artist's representations

Observation of artists' images of pregnancy and birth evokes cultural, ethical, political, spiritual, historical and personal dimensions of childbirth – both pleasurable and disturbing. Art can take us to a place where the normal language of an article or textbook does not suffice. In this presentation a sample of images will be used to illuminate the following topics: fertility symbols, impregnation, aspects of pregnancy such as thoughtfulness, joy, sorrow and fear, sharing the news of pregnancy, birth rooms and birth attendants.

November 6: Access to Care for Rural Parturient Women

There is a growing awareness among care providers, health services administrators and birthing women and their families of the effects of lack of access to maternity care for rural parturient women in Canada. We increasingly hear stories of women traveling for care either before the onset of labour or in labour, the former causing stress, anxiety and challenging financial realities, the latter giving rise to stories of road-side deliveries and requests for "geographic induction" to avoid being caught en route. Research has noted that choices in birth by class are more limited for poor women due to the economic constraints they are under. It is vulnerable populations with the least resources that are put at the greatest stress. Aside from geographic distance-to-care, however, rural women face additional challenges that emanate from their specific cultural and social circumstances. This class will look at access to care for rural parturient women from a geographic, cultural and personal perspective recognizing that each is a crucial part of meeting the rights enshrined in the Canada Health Act. Recent data on outcomes by distance to service and psychosocial challenges will be discussed.

November 13: Myth, Magic and Midwifery

As diversity among women requesting labour and birth care in the Canada increases, cultural competency becomes an essential component of midwifery care. This session provides both a theoretical framework for negotiating between dominant and minority cultures in health care encounters, and practical tips for serving pregnant women from diverse backgrounds effectively and respectfully.

The session begins with a brief exercise on self-awareness, assumptions, and the impact of the provider's own background. This exercise sets the stage for a sojourn through the panorama of immigrants, sojourners, refugees, religious and cultural groups, in the country today. Effective communication during intrapartum care is a product of some baseline knowledge of each woman's cultural agenda and an understanding of the elements of culture that may interact with pregnancy and birth. A discussion of varieties in family rules and roles, customs related to dress, wellness, birth, S:\Education\MIDW\Curriculum\Courses\MIDW 102\2015-2016\Birth and Its Meaning syllabus 2015 b.docx Page 4

MIDWIFERY 102

Birth & It's Meaning

decision-making, choice of provider, primary support persons and spirituality follows. The second section applies this theoretical framework to specific populations commonly cared for by North American midwives today. Actual clinical cases illustrate the impact of culture and religion on birth care of women from the Orthodox communities (Jewish, Black Muslim, Mid Eastern Muslim, Christian) as well as South Asian Indian, Central African, Mexican, Lesbian, and Deaf populations. Practical methods for forging mutually respectful care plans, and serving women ethically and effectively, are provided. Finally, the participant learns how to effectively identify, access, and work with qualified interpreters, community advocates and experts. Resources for exploring and expanding knowledge base and competency outside the session are presented.

November 20: **Safe Motherhood**

Every time a woman in the world's poorest countries becomes pregnant she runs a risk of dying that is up to 180 times higher than the risk run by a woman in Western Europe or North America. It is estimated that approximately 289,000 women die each year, almost one death every minute, of childbirth related causes. Another 15–25 million suffer serious infection or disease. In addition, 3 million stillbirths and 2.2 million newborn deaths annually are attributed to poor maternal health or unattended birth. We will look at this gross health inequity and address how a large majority of these deaths could be prevented, as well as current initiatives of the World Health Organization, International Confederation of Midwives and other international bodies to reduce maternal and newborn mortality. Our UBC midwifery partnerships will be described.

November 27: **The Tapestry of Mothering**

There can be many joys and stressors in the life of a new mother. Her sense of personal autonomy, identity and all her relationships are affected by the birth of her child. Social, political and cultural realities are major factors that influence a woman's experience of mothering. We will explore mothering as experienced by a variety of groups of women.

December 4: **Student Presentations of Birth Art Project**

Assignments:

Students are expected to have done the pre-readings and participate in class discussion.

Critical Book Review

Due: October 23

Worth: 40 marks

Length: Approximately 1500 words – excluding cover page and any references you use to assist you with your analysis. 10% on either side of this word limit is acceptable. If this limit is exceeded, marks will be deducted. Please see the marking criteria at the end of this syllabus.

Guidelines:

Please choose a non-fiction (non-clinical, unless it is a historical text) book that is related to historical, sociological, anthropological, political, spiritual or artistic aspects of birth and its meaning. **Please consult with the course coordinator before making your final choice if your book is not on the booklist. The booklist will be posted on Blackboard in August.**

MIDWIFERY 102

Birth & It's Meaning

Guidelines for writing critical book reviews can be found at:

<http://clas.uiowa.edu/history/teaching-and-writing-center/guides/book-review>

<http://writing.colostate.edu/guides/documents/bookreview/index.cfm>

<http://www.library.dal.ca/How/Guides/BookReview/>

<http://sass.queensu.ca/writingcentre/wp-content/uploads/sites/3/2013/06/Writing-Critical-Book-Reviews.pdf>

<http://guides.library.ualberta.ca/content.php?pid=54968&sid=827653>

Please note: This is a “critical book review”, not a “descriptive book review” and is meant to stimulate your critical thinking. Within your book review include at least one section that critically analyzes the book you are reviewing using Bridgette Jordan’s theoretical framework of authoritative knowledge and its construction.

Jordan, B. (1997). Chapter 1 (55 to p. 61): Authoritative knowledge and its construction. In Davis-Floyd, R.E. and Sargeant, C.F. (Eds.), *Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives*. Berkeley, Los Angeles, London: University of California Press, 55-61. http://web.ebscohost.com/ehost/ebookviewer/ebook/nlebk_8684_AN?sid=cc60a1ce-8440-4711-b027-c34959ea8fdd@sessionmgr112&vid=1 (UBC e-book).

Avoid excessive quotation. Remember, whatever the author says, you can probably say it as well or better in your own words. On the top of the first page, give the name of the author, full title of the book, the publisher and the place and date of publication, followed by the current price of the book. Also on the first page give your name and student number.

References:

Use Vancouver Style or APA referencing. Only those references used in the book review are placed in the reference list.

Students are directed to the [UBC Calendar](#) for information regarding the University's guidelines about plagiarism. An excellent resource to help you learn about plagiarism, its accompanying academic consequences, and how to avoid them include the UBC Library's [Plagiarism Resource Centre](#) website.

Observation Exercises:

Due November 20

Worth 10 marks

Complete 3 of the first 5 assignments in Test Box 2 on page 993 of Naghshineh S, Hafler JP, Miller AR, Blanco MA, Lipsitz SR, Dubroff RP, Khoshbin S, Katz JT. Formal art observation training improves medical students' visual diagnostic skills. *Journal of General Internal Medicine* 2008; 23(7): 991-7. (UBC electronic journal)

MIDWIFERY 102

Birth & It's Meaning

Birth Art Assignment

Due: December 4

Worth: 50 marks

This assignment has 3 parts

- Part 1: Using any art form, explore an aspect of what has been covered in the course that particularly interests you. You might create one piece or a series of pieces. Notice your process in approaching and working with this assignment. I suggest you keep a journal about this. This will aid you in answering the second part of the assignment.
- Part 2: Write 500-750 words discussing your process in approaching and working with this assignment. Include within this what you learned by doing the assignment. You may also include a critical analysis to expand on the area you have chosen to represent with your art form. Relevant literature may be included.
- Part 3: Presentation to the class

All of three parts of the assignment will be weighed in the overall grade for the assignment.

Consideration in grading will include:

- Engagement with the assignment as evidenced by all 3 parts of the assignment
- Creativity and self-expression
- Use of chosen form of expression (e.g. materials if applicable)
- Awareness of and realization of artistic principles within art form.
- Level of reflection and critical analysis.

Subject matter may include anything related to course content.

MIDWIFERY 102

Birth & It's Meaning

Generic Assessment Criteria Level 1 (For use in Year 1 & 2 of the Midwifery Program)
An individual performance may fit a category by meeting some of the criteria:

Level 1	General description	Levels of knowledge (depth, range and accuracy)	Explanation	Scholarship (evidence and referencing)	Communication (structure, clarity, presentation, linguistic range and accuracy)	Application
90-100%	exceptionally high levels & balance across the range of selected criteria	exceptional knowledge and understanding of subject area; excellent grasp of issues; no errors or omission	very comprehensive explanation of relevant issues substantiated by exceptional use of evidence;	considerable evidence of wide reading and use of other resources; referencing of an exceptional standard (examinations excepted)	excellent literary style and/or presentation	exemplary application of theory to practice (where appropriate)
80-89%	excellent levels and balance across the range of selected criteria	excellent knowledge and understanding of subject area; excellent grasp of issues; negligible errors or omissions	comprehensive explanation of relevant issues substantiated by excellent use of evidence;	good evidence of wide reading and use of other sources; referencing of an excellent standard (examinations excepted)	excellent literary style and/or presentation	excellent application of theory to practice (where appropriate)
74-79%	very good levels and balance across the range of selected criteria	very good knowledge and understanding of subject area; <i>very good grasp of issues; negligible errors or omissions</i>	comprehensive explanation of relevant issues substantiated by good use of evidence;	evidence of wide reading & use of other sources; referencing of a good standard (examinations excepted)	<i>very good literary style and/or presentation</i>	very good application of theory to practice (where appropriate)
68-73%	good levels and balance across the range of selected criteria	good knowledge and understanding of subject area; good grasp of issues; few errors and omission	well reasoned explanation of relevant issues substantiated by appropriate use of evidence;	evidence of appropriate reading and use of other sources; referencing of an acceptable standard (examinations excepted) with few errors	good literary style and/or presentation	good application of theory to practice (where appropriate)
65-67%	acceptable levels across the range of selected criteria	adequate knowledge and understanding of subject area; some areas covered moderately well; competent grasp of main issues; several errors and omissions	reasoned explanation of relevant issues substantiated by some evidence;	some evidence of appropriate reading and use of other sources; errors in referencing (examinations excepted)	adequate literary style and/or presentation	some application of theory to practice (where appropriate)

MIDWIFERY 102

Birth & It's Meaning

Level	general description	levels of knowledge (depth, range and accuracy)	explanation	scholarship (evidence and referencing)	communication (structure, clarity, presentation, linguistic range and accuracy)	application
1						
41 - 64% (Fail)	object of assessment completed, some positive elements but weak all round, with serious deficiencies	<i>awareness of some issues but little depth and some confusion; mostly superficial grasp of issues; inclusion of some irrelevant or incorrect material</i>	limited explanation of relevant issues substantiated by little evidence;	little evidence of appropriate reading and use of other sources; Referencing barely acceptable or absent Excessive use of quotations	barely adequate literary style and/or presentation	little application of theory to practice (where appropriate)
20-40% (Fail)	object of assessment minimally completed, very few positive elements & very weak all round, with serious deficiencies	considerable material irrelevant or incorrect; <i>very weak understanding of issues; many errors or omissions</i>	inadequate explanation of relevant issues with little supporting evidence;	Limited evidence of appropriate reading and use of other sources; referencing unacceptable (examinations excepted); excessive use of quotations	poor literary style and/or presentation	limited application of theory to practice (where appropriate)
1-19% (Fail)	object of assessment uncompleted, no positive elements & exceptionally weak all round, with very serious deficiencies	material entirely irrelevant or incorrect; no apparent understanding of issues; serious errors and omissions	no explanation of issues and no supporting evidence used;	no evidence of any preparation; no evidence of reading or use of other sources; referencing unacceptable (examinations excepted);	very poor literary style and/or presentation	no application of theory to practice (where appropriate)
0%	no submission/ plagiarism/ written evidence of unsafe practice					