

1. Anne Frye uses different terms to describe common obstetrical terms.
 1. Vagina: Yoni
 2. Episiotomy: Cliterotomy
 3. VBAC: YBAC (Yoni birth after cesarean)
 4. Cesarean Section: Surgical delivery or Surgical birth

For the purposes of this class, we won't use those terms, but it is important that you get familiar with them, since they are popular among some midwives in the U.S. Confirm that you know the terms Frye interchanges. (1pt.)

2. Research your local midwifery laws/guidelines. What, if any, are the parameters for legal suturing in your area? What about the use of injectable pain medication? If suturing is not legal for you to perform as a midwife, what are potential consequences of suturing in your state? Cite your resource(s). (10pts)

Thankfully, CPM's in Alabama can "Inspect the perineum and vagina postpartum for lacerations, and repair, administering local anesthetic, if required;" (alsbm, 2018). Many midwives will transfer a client for repair of a 3rd or 4th degree tear.

Alabama State Board of Midwifery. (2018). Administrative code. Chapter 582-X-3 Practice of licensed midwifery. <https://alsbm.org/wp-content/uploads/2018/12/582-X-3.pdf>

3. Throughout this course, you are engaging with information about pelvic trauma and minor surgical skills. Taking account of your new investment in this topic, theorize why knowing and upholding comprehensive and compassionate suturing skills is a consideration for you as a midwife? Write a 2-4 paragraph (or audio/video) reflection about the ethics of the midwife's role on lacerations and with suturing. Elaborate on your philosophies of providing minor surgical repairs and your intent to provide comprehensive suturing in your practice. (10 pts)

As a midwife we deal with people at a vulnerable time in their life, and we are also looking at and touching delicate, sensitive parts of their body. It is important to remember this when we approach them after a birth to inspect and possibly repair any damage that has occurred. We must remember that they can feel and will remember everything that is done to them. We do not want to inflict any trauma or any more pain than is absolutely necessary for the procedure. We should always ask permission and respect clients if they decline a procedure or ask us to stop.

I believe that becoming proficient in suturing techniques can minimize the pain we cause to our clients. Being able to suture effectively and efficiently will cut down on the time required to perform a repair. Midwives should always be looking to improve their skills and stay up to date with the best practices available.