Special English for the Students of Midwifery

انگلیسی تخصصی ویژه دانشجویان رشته مامایی

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- The Impact of Vocabulary Strategies on Short and long Term
- Special English for the Students of Biology
- A span between the moon and me
- Tear and tea
- Skills

AUTHOR'S NOTE

This English for specific purpose (ESP) book has come about for a variety of reasons. The most obvious of this is that there was not a book for the students of midwifery. The book consists of some major parts. In the introduction the essence of midwifery is explained. The policy agenda and The National Childbirth Trust (NCT) are the two other subparts of the introduction.

Since the book does not deal with high risk pregnancy, the author intended to focus on normal labour and caesarean section with its subparts separately in each section. As a result, five sections are included. In the first four sections normal labour and caesarean section were explained while the last section is about different issues and called miscellaneous.

There are three main types of exercises namely comprehension questions, cloze test and translation. The book is based on extensive reading approach. Some principles of extensive reading approach, is as follows:

1. Students read as much as possible perhaps in and definitely out of the classroom.

2. A variety of materials on a wide range of topics is available so as to encourage reading for different reasons and in different ways.

3. The purposes of reading are usually related to information and general understanding. The purposes are determined by the nature of the material and the interests of the student.

4. Reading is its own reward. There are few or no follow-up exercises after reading.

5. Reading materials are well within the linguistic competence of the students in terms of vocabulary and grammar. Dictionaries are rarely used while reading because the constant stopping to look up words makes fluent reading difficult.

6. Reading is individual and silent, at the student's own pace, and, outside class, done when and where the student chooses.

7. Reading speed is usually faster rather than slower as students read books and other material they find easily understandable.

As a result teachers can act in this way:

Teachers orient students to the goals of the program, explain the methodology, keep track of what each student reads, and guide students in getting the most out of the program.

It can be said that the teacher is a role model of a reader for the students -- an active member of the classroom reading community, demonstrating what it means to be a reader and the rewards of being a reader.

There is also a very important specialized vocabulary for learners intending to pursue academic studies in English. The Academic Word List, compiled by Coxhead (2000), consists of 570 word families that are not in the most frequent 2000 words of English but which occur reasonably frequently over a very wide range of academic texts.

A... Nemati

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INTRODUCTION

For us, to be a midwife means being able to work with a woman, in the sense of working alongside her, to ensure that the care we offer meets her individual needs and those of her family in the early weeks of family life. Being a midwife' with the woman' implies a relationship of knowing each other, of mutual trust, of working in the best interests of the woman and her family and ensuring that their care is uppermost in midwife's work.

The essence of midwifery is to assist women around the time of childbirth, in ways that recognize that the physical, emotional and spiritual aspects of pregnancy and birth are equally important. Midwifery care is likely to have profound and long-term consequences not only physical outcomes, but also on personal and family integrity, and the relationship between mother and her partner and the baby. Of course a midwife must provide competent and safe physical care – but without sacrificing respect for the emotional and spiritual dimensions which give meaning to the whole individual and personal experience of pregnancy and birth.

In her every day and intimate connection with birth, a midwife is the guardian of one of life's society as a whole. Being a midwife, being 'with woman', is a privileged role; one which a wealth of art and science, knowledge and expertise, humanity and spirit surround and which combine to bring a unique and irreplaceable approach to care.

However, simply believing that we do good is not sufficient and we must be prepared to ask questions of ourselves to find out whether midwifery care helps, harms, or makes no difference to women and families.

What women want from care around the time of birth

Mary Newburn

Women's reactions to care around the time of birth can affect the way they care for themselves and their baby and influence the contact they go on to have with care-gives ... when things go well, women mey feel more confident with the new baby and happier to ask for help and advice from caregivers. When things go badly, women may find themselves going over the events again and again in their minds and may be very anxious about another pregnancy.

Garcia et al 1998, p. 4

It is important to question what women want from care around the time of birth, but not necessarily easy to come up with a satisfactory answer. There is some evidence to show what women get – or don't get – from the existing systems of maternity care, but it is quite different matter to spell out convincingly what women want during the transition to motherhood and what they want from the maternity services.

In an unpublished review of parents' information and support needs around the time of birth, carried out by members of the National Childbirth Trust (NCT) in the 1990s, Taylor and Glossop noted that there was very little research that starts from first principles by asking pregnant women or new parents what they want at this time in their lives (Hames et al. 1997). They argued that most of the available evidence relates to evaluations of services that are being used, and thus the agenda for 'what women want' is determined, and limited, by what is already provided. Similar comments have been made by Stadlen who discusses how our understanding about 'what mothers do' is limited and defined by people other than mothers themselves. She shows that the language used to describe mothering activities is often pejorative and disempowering, rather than reflecting the complexity and value of what actually going on (Stadlen, 2004).

However, the opposite problem is also significant, and perhaps an equally limiting one. That is, unless women have had the opportunity to experience a particular service, how can they know whether they would like it or how it might affect their labour and adjustment after birth? The chance to explore a choice or model of care not previously considered might alter their preferences for pregnancy and birth, or their feelings about motherhood.