

# Parallels between a Birth Midwife and Death Midwife

## Birth Midwife

- Pan-birth care (pregnancy, labour, birth and postpartum with nursing/etc.)
- Family planning — advice on conception or contraception, as well as nutrition counselling and advice on home or hospital births.
- Primarily a specialist in low-risk pregnancy, where a hospital birth may not be needed (though can assist with hospital or emergency births as well)
- Primarily deals with natural and/or at-home births, where family and friends may want to participate directly throughout the pan-birth process.
- Acts as the woman's advocate — with doctors, nurses, nutritionists, etc. — to ensure that the mother retains choice and control over her childbirth experience.
- Focuses on supporting the family's direct participation, as much as possible throughout — but prepared to take over when needed (mother and partner mostly do it themselves).
- Works in partnership with the mother (and partner, birth coach, etc.)
- Refers to other specialists if the Birth Midwife can't handle the circumstances (obstetrician or gynaecologist, or GP, or psychiatrist for postpartum depression).
- Cares for both mother and child — especially the immediate after-birth care of the child — and including mother and child for a month or more after the birth.
- May be involved in health counselling and educating the public in the range of options for birth care.
- Mainly assists in the pan-birth process, although they may also help with other medical problems relating to women when needed.
- Offers empathic disposition and active listening skills to understand and support values and choices.
- Provides necessary equipment and/or informs the family of what they need to prepare (birthing chair, stethoscope, other supplies needed for the birth).
- Birth Midwives generally support and encourage natural/at-home/hands-on childbirth, where appropriate, in all practical settings.
- The term "Lay Midwife" has been used to designate an uncertified or unlicensed midwife who was educated through informal routes such as self-study or apprenticeship, rather than through formal medical training.
- Licensed Birth Midwives undergo an extensive period of training, at least equal to the qualifications of an RN.

## Death Midwife

- Pan-death\* care (from terminal diagnosis through active dying, death, and post-death care)
- Care Planning — Advance Health Care Directives and other related documents.
- Primarily deals with situations where the dying person does not need to be hospitalised and is not comatose or in severe dementia (though can assist family in such cases).
- Primarily deals with at-home deaths, where family and friends want to participate directly throughout the pan-death process, but not restricted to this.
- Acts as the Death Journeyer's and/or family's advocate — with doctors, palliative care team, funeral providers, etc. — to ensure that they retain choice and control over the death experience.
- Focuses on supporting the family's direct participation, as much as possible throughout — but prepared to take over when needed (family and friends can, if they wish, do it themselves).
- Works in partnership with the 'Death Journeyer' (and family, palliative care team, etc.)
- Refers to other specialists if the Death Midwife can't handle the circumstances (palliative-care team/doctor, funeral provider, or grief counsellor for anticipatory or post-death grief issues).
- Cares for both Death Journeyer and family — especially guiding the immediate after-death care by the family — and including the family for some time afterwards, if required.
- May be involved in grief counselling and educating the public about the options for death care.
- Mainly assists in the pan-death process, and may also help with other issues around death as needed.
- Offers empathic disposition and active listening skills to understand and support values and choices
- Provides necessary equipment and/or informs the family of what they need to prepare (certificates, stretcher to move the body, cooling tray, etc.)
- Death Midwives generally support and encourage a natural/at-home/hands-on pan-death process in all practical settings.
- Since Death Midwives don't do medical palliative care (unless also a nurse), there is currently no need to distinguish between a 'lay' and a 'professional' Death Midwife. At least for now, most will be self-trained, or develop their knowledge base from a variety of related training programs, or mentoring.
- Recognised Death Midwives require skills and experience in developing and performing various kinds of tasks and ceremonies - i.e. celebrant.

NOTE: \*Pan-death process — includes the three major stages of dying/death: before (life-threatening illness and terminal diagnosis), during (active dying and death), and after (post-deathcare final rites, burial or cremation, funeral or memorial, bereavement). References: Information on Birth Midwives taken from Wikipedia / Death Midwives from Canadian Integrative Network for Death Education and Alternatives ([CINDEA](#))  
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