

## BÖLÜM 11

# Seçim, süreklilik ve kontrol: kadınları bakımlarının merkezine koymaya ve normal doğumumu desteklemeye yönelik açık bir çağrı

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### Giriş

Bu bölümde Birleşik Krallık, Avustralya ve Yeni Zelanda'daki seçim, süreklilik ve kontrol kavramlarını ele almıştır. Seçim, süreklilik ve kontrol (aynı zamanda "Üç C" olarak da adlandırılır) şeklindeki net çağrı, 1993 yılında Birleşik Krallığın *Changing Childbirth (Doğumu Değiştirme)* belgesinde bahsedilen köklü bir değişikliği yakalamak için örgütleyici kavram ve slogan olarak hizmet etmiştir. Bu slogan önemlidir. Üç C kavramı, kadınlara seçenek sunma; bebeklerinin nerede doğacağı, bakımının nerede yapılacağı ve ne tür bir tedaviye razı olacakları ile ilgili seçimler sunar. Seçim, kadınların hakları ve refahı için temel olan kişisel özerkliği barındırmaktadır. Bu seçme hakkı, bilinen ve güvenilir ebeler ile bilgi ve tartışmaları içeren, kendi bedeniniz ve bakım planınız üzerinde kontrol sahibi olmanızla yakından ilişkilidir. Süreklilik ise seçim ve kontrolü bir arada tutan temel yapı taşıdır. Ancak sağlık sistemi, kültür ve bakım değerleri dönüştürülmediği sürece, bu gibi yapıcı girişimler anlamsız olabilir. Aslında sloganlar değişimin karmaşıklığını yalanlar. *Changing Childbirth*, kadın merkezli, uygun ve erişilebilir bakımı ayrıntılı bir şekilde tanımlar. Bu, önceden belirlenmiş bir menüden seçilecek sınırlı ve kısıtlı bir seçenek olarak neoliberal tüketimci seçim kavramlarının tam tersidir. Ancak, *Changing Childbirth* gündeminin çığır açan içgörülerine rağmen, kültürün bütüncül bakım yerine tıbbi müdahaleye, terapötik ilişkiye, ağrı için su gibi ebelik odaklı müdahaleler yerine daha fazla değer verdiği hizmetlerde gerçek bir seçim yapmanın zorluğu, ciddi derecede hafife

lemeyi içerebilir.<sup>84</sup> Bunlar, ilişkisel sürekliliği iyileştirilmiş sonuçlar ve deneyimle ilişkilendirebilecek önemli süreçlerdir. Sürekllilik modellerinin güvenliği artırmada, erken doğumu azaltmada ve kadınlara daha iyi bir deneyim sağlama etkisi vardır.<sup>8</sup> Ayrıca, gebelik ve doğum sırasında tanımlanmış risk faktörleri olan kadınların, ebe liderliğindeki bir ebelik bakımı modeli kapsamında ebelik, uzman ve obstetrik hizmetler arasında gerektiği gibi koordine edildiklerinde, risk ne olursa olsun, daha iyi sonuçlar elde ettiğlerine dair güçlü kanıtlar vardır.<sup>10</sup> Gerçekten de bakımın ilişkiye dayalı sürekliliğinin faydalara ilişkin kanıtlar o kadar ikna edicidir ki çocuk doğuran kadınlara otantik seçim ve kontrol sunan ve sürdürülebilir olan kadın merkezli ve ebe dostu bakımın sürekliliği modellerini etkinleştirerek bu yaklaşımı geçmemek giderek daha fazla etik dışı hale gelmektedir.

### **Dikkate alınması gereken önemli noktalar**

- Bakım modeli, kadınların ve ebelerin birbirlerini tanıyıp güvenebilmeleri için zaman içinde kurulan bir ilişkinin oluşmasına izin vermelidir.
- Bakıcıının ilişkiye dayalı sürekliliğini sağlayan ebelerin yönetimi, kontrolcü değil, bakım esnek ve kadın merkezli ve ebe dostu olmalıdır.
- Bakımının çoğunu eş veya arkadaş ebeler tarafından desteklenen ve 6-8 kişilik gruplar halinde çalışan, koordine eden ve sağlayan her kadın için tayin edilmiş bir ebe olmalıdır.
- Ebeler kendi listelerini oluşturmali ve nöbet taahhütlerini de içerecek şekilde yıllık maaş almalıdır.
- Kadının, kendinin ve bebeğinin sağlığı, değerleri, kişisel koşulları ve tercihleri ışığında yüksek kaliteli bilgileri dikkate alması konusunda desteklendiği terapötik bir ilişki aracılığıyla ebe/ebeleri ile birlikte çalışarak kendi kararlarını ve tercihlerini vermeleri desteklenmelidir.

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