Midwives: all things to all women?

Sir,

The role of the midwife is expanding at a pace, as new responsibilities and opportunities present themselves. The public perception that midwives 'deliver babies' is becoming increasingly inaccurate, as midwives take on new practices and work outside boundaries.

In their editorial (vol 64(3), 2003, p. 134) Tina Lavender and Lisa Baker give a balanced view of the issues midwives are presented with when extending their role, and raises concerns regarding the impact on midwives in addition to the effect on the current trend to normalize birth. It is true that midwives need to focus on their basic skills of 'being with woman' during pregnancy, birth and postnatal period, and to celebrate the art of midwifery in addition to the science. If their extended role incorporates and strengthens this philosophy, and both mother and midwife are empowered by the process then there is every reason to proceed. The results may not be positive if new skills need to be learned to replace medical staff, or undertaken specifically to develop career pathways.

Developing the public health role of the midwife is one example of renewing the emotional tradition of midwifery as practitioners attempt to focus on the whole family within their own environment when providing maternity care. This aspect of development is not an 'add on', but a return to fundamental values within a caring profession. No extra practical 'skills' are needed, but knowledge of external impacts on health outcomes and the means to effectively and appropriately refer families in need.

The authors' recommendation for evaluation of extended midwifery roles is essential, which should incorporate what women feel about their care.

As midwives are enthused or cajoled into working in new ways they must ask themselves this fundamental question 'is this better for the woman or better for me?' The answer must be yes to both, and in that order.

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Emerging challenges in cervical lymphadenopathy

Sir,

The article by Umapathy et al (vol 64(2), 2003, p. 104) on cervical lymphadenopathy and its management made interesting reading. However, we think it is pertinent to mention two important as well as emerging problems presenting with cervical lymphadenopathy as a predominant clinical feature.

First is the present epidemic of human immunodeficiency virus (HIV) infection threatening vast populations of sub-Saharan Africa and spreading globally. It is well recognized that even without secondary complicating infections, cervical lymph node enlargement can either herald the onset of or develop later as part of the spectrum of clinical problems associated with HIV infection and full-blown acquired immunodeficiency syndrome (AIDS) (Anderson and Zevallos, 1993).

Second, in the developed world, an important cause of significantly enlarged and persistent cervical nodes is infection caused by atypical mycobacterial infections. *Mycobacterium avium intracellulare* and *M. scrofulaceum* are important in this regard, posing particularly problems from the therapeutic point of view (Starke, 2000). This has taken the form of varying degrees of resistance to standard antimycobacterial drugs, often necessitating surgical excision of the affected nodes.

It is also interesting to note that prolonged administration of phenytoin sodium, for seizure disorders, can occasionally cause cervical lymphadenopathy secondary to follicular hyperplasia. This fortunately is rarely seen nowadays in light of this drug being less commonly used for chronic therapy.

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