

LIMITATIONS AND RISKS IN PROVIDING MIDWIFERY HEALTHCARE IN THE EVENT OF A MASS TERRORIST ATTACK

Dariusz Wojciech Mazurkiewicz

St. Mark's Place Institute for Mental Health, USA



Biography

Dariusz Wojciech Mazurkiewicz holds scientific degree of Doctor of Medical Sciences in the Discipline of Medicine. He is a Graduate of Medical University, Technical University and Life Sciences University. He is educated and trained in the field of Midwifery, Health Sciences, Mental Health, Life Sciences and Hospital Care Investigation. He is a Member of: the American Association for the Advancement of Science (AAAS); the European Society for Traumatic Stress Studies; European Psychiatric Association. He is a prolific author, as the articles authored and published by him in peer-reviewed scientific journals are raising i.e. the following his scientifically focused vital issues: the neurobiology of addiction, sexual disorders following Ob-Gyn surgeries, cybersex, child sexually abused, the role of forensic sexology and an expert witness in the fight against sexual crimes; the acceptance of homosexuality; the impact of mass terrorist attack on the health of an expectant mother and her foetus as well as the course of pregnancy and delivery; mental health disorders in victims of World Trade Center terrorist attack of September 11, 2001. He is taking an active role in international and domestic conferences as a Keynote Speaker and is an Active Speaker.

DWMazurkiewicz@aol.com

A terrorist threat is a new challenge for midwives. The lack of research on this topic represents a gap in the teaching of obstetrics and the scope of knowledge unavailable to midwives. Authorizations under a midwife license shall be extended in a manner enabling midwives to extend their knowledge and awareness to develop the methods, expertise and confidence to provide medical services to a pregnant, birthing or postpartum woman and her newborn in precisely such a situation as acts of terrorism. Therefore, morally and ethically, when living under a threat such as terrorism, a midwife should have the right and the duty to order, prescribe and administer pharmacological agents that, on a daily basis, are prescribed at the discretion of an OB/GYN specialist. Providing obstetrical services in crisis situations must include the statutory extension of authorizations for midwives to perform procedures such as peri-mortem and post-mortem caesarean deliveries. A midwife must be prepared for a sudden cardiac arrest and irreversible fatal injuries in a pregnant woman, and be prepared to address the moral dilemma of saving a foetus living in a dead mother's womb. The best scheme to adopt is the 4+1 plan, in which after 4 minutes of intensive CPR (cardiopulmonary resuscitation) to a pregnant woman, her child is extracted within 1 minute. Terrorism in the modern world is not limited to sudden violence with firearms, bombs, or suicide bombings causing immediate fatalities in the immediate strike area and shock, fear, PTSD and depression in the victims, their families and many other people. Bioterrorism is a more insidious form of terrorism with a much larger striking distance if no effective treatment is applied. It is possible, that without proper preparation, midwives and nurses providing emergency and medical care during a terrorist attack may become victims of such incident themselves and symptoms of negative effects resulting from the traumatic impact on the mental and somatic health of midwives and nurses may occur immediately or may be delayed, as was the case with WTC responders after the attack in 2001.