

Description

Jo Being a Newly Qualified Midwife in Continuity of Carer: What is it Really Like?

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Summary

With the expansion of continuity of carer (CoC) – to include 51% of women in our services by 2021 – newly qualified midwives (NQM) will become increasingly integral to this transformation.[1] Students entering midwifery education will have CoC threaded throughout their course, making them highly skilled and able to embrace this new way of working.[2,3] During the development of local teams as described by Better Births,[4] NQM have been central and included in each new team. Their experiences of this are important. We asked three NQM, Daisy, Julia and Sharon, to share their experiences of working in a CoC model.

I've known since the third year of training that I wanted to be a continuity midwife.

How soon after qualifying as a midwife did you join a continuity of carer team?

Daisy: *Straight after qualification! I had a short, six-week supernumerary orientation in the obstetric unit.*

Julia: *I had a six-week supernumerary orientation programme in the main obstetric unit. I joined a continuity of carer team straight after this.*

Sharon: *My first role as a qualified midwife was in high-risk obstetric lead unit, which was a valuable learning experience, but it wasn't where I wanted to be long term. I've known since the third year of training that I wanted to be a continuity midwife. I joined a continuity of carer team just shy of a year after qualifying.*

Continuity of carer is the role I have always wanted.

What made you want to join a CoC team as an NQM?

D: *There are several reasons! As a student midwife, I enjoyed working in all areas of maternity and the continuity model enables me to continue this. Joining from qualification means you have been used to both community and hospital placements. You continue your development across all areas. I could see the benefit for families who already know their midwife when they are in labour/birth. They ask questions and know that you advocate for them.*

J: *While I was a student, I knew that it was a model I wanted to be a part of. It facilitates everything I love about midwifery. I joined as a band 5 because it didn't make any sense for me not to. I had the chance to contribute to a new and exciting initiative that I felt passionate about.*

S: *Continuity of carer is the role I have always wanted. I wasn't worried about being newly qualified because I knew the support would be there. Working in small teams provides the opportunity for a more effective support network.*

Did you have a full caseload as soon as you joined a CoC team?

D: *I built my caseload slowly, taking women from the point of booking. This gave me the opportunity to be supernumerary with the midwives in my team and complete shifts in the main unit. Although this eased me into the continuity role, in hindsight I would have liked a full caseload sooner. I was able to easily feedback my experiences and our programme has been adapted for future band 5s.*

J: *My initial caseload was reduced so the workload was manageable while trying to learn the paperwork, referrals and on-calls. I took over a caseload due to a midwife leaving the area, which initially felt quite daunting for me. The families were really welcoming! It was helpful for my learning to have pregnant persons of varying gestations in my caseload.*

S: *I didn't have a full caseload for a few months, so I was able to work in the obstetric unit for some shifts. This was really helpful, as it allowed me the time to familiarise myself with all areas including community.*

What was/is your biggest challenge as an NQM in CoC?



D: *Letting go of a working routine and being told how to organise your day. It has taken some time to get used to self-rostering but we have adapted.*

J: *This is a difficult question because I think the challenges that continuity brings are also what makes it so rewarding. It takes a bit of getting used to. I am working across all areas as a continuity midwife and there is a lot to learn. A busy day can require me to do antenatal, postnatal and intrapartum care all in the space of several hours. Sometimes it feels like a challenge but it's also why I enjoy my job so much.*

S: *Sometimes I feel that there is an expectation that as a continuity midwife you can do everything. The challenge for me was letting the team know that there were still some skills which I still needed support with, just like all Band 5s. But the support has always been there for me.*

What have you enjoyed the most about being a Band 5 in a CoC team?

D: *It has to be the team I work with. We support each other, sharing the same passion for our job. Of course, there have been challenges, but if something is not working, we have the autonomy to change it. This is a fantastic model of care for women and their families. All of this gives me so much job satisfaction.*

J: *I feel the most enjoyable part of my role is the relationship I can build with the families. The difference this makes to both my job satisfaction and the experiences of the families makes me feel so privileged. When I first started, I attended a birth of a family I had been caring for and saw them again postnatally. It struck me that this was the first time I had seen a baby again after being the first person to see it take its first breaths.*

S: *Feeling really well supported. I know that my colleagues are always there. The amount that I have learned in the few months I have been in this role is amazing.*

> I feel that working in a continuity model allows for a steady progression through preceptorship and gives me time to reflect on what I learn.

Are you achieving your preceptorship competencies?

D: *Yes! I completed my preceptorship within my first year – all in continuity of carer. Most standards were easily completed with my caseload. Competencies were either observed by my unit colleagues or my team. Due to our increased homebirth rate as a team, I was able to complete additional skills in this area. I thought I would struggle to become competent in perineal repair, but I was able to achieve this through my continuity workload.*

J: *I feel that working in a continuity model allows for a steady progression through preceptorship and gives me time to reflect on what I learn. Although continuity brings some challenges, overall, I think it provides a more comprehensive preceptorship experience. I can learn from the women in my caseload by supporting their whole journey. This has helped me to develop my understanding linearly, from early pregnancy through to the postnatal period. Practical skills are learnt as they present themselves.*

S: *My preceptorship experience is probably a little different from NQM coming straight into a continuity role because I transferred from another hospital part way through my preceptorship. The preceptorship midwife is supportive ensuring opportunities are there to complete the preceptorship programme.*

What advice would you have for other NQM thinking about joining a CoC team?

D: *You can be very well supported in a continuity team, just be honest with the team about what your worries are and where you need extra support or experience. Working in a small team and managing your own diary means you can shadow others or ask them to shadow you and give you feedback.*

J: *I would say go for it. Being a newly qualified midwife is a challenge wherever you are working. Being a continuity midwife reminds me why I love midwifery. I have a team who I know are there when I need them. I have a caseload of families who I know benefit from seeing a familiar face. As a student you are used to working across all areas and moving directly into continuity from qualification is a natural progression from that.*

S: *Just do it! The feeling of being there to support a family during labour and birth after taking care of them antenatally is overwhelming and far outweighs any concerns you might have about taking on the role.*

What has been the highlight of your Band 5 career in CoC?



D: *Seeing women empowered to question things because you have advocated for them. They drive the decision making process, making fully informed choices.*

J: *The highlight for me so far is visiting a family at home in early labour. Being able to offer support and reassurance when it is needed during this time is unique to continuity models and I think is one of its most valuable benefits to families. It is also one of the most rewarding parts of my job and highlights to me the privileges of my role.*

S: *Homebirths. The opportunity to witness the birth of a son or daughter welcomed into the world in the family home is why I became a midwife.*

Thank to Daisy, Julia and Sharon for sharing their experiences. Also, thank you to the whole team at Worcestershire Acute Hospitals NHS Trust for their ongoing support of CoC teams and newly qualified midwives. **TPM**

References

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