

Description

Doing my Best

Series curator: Alicia Burnett – Third year student midwife. Social media: @aiti4aitiys on Instagram and Twitter.

Mohini – Postgraduate student midwife, England



A moral dilemma?

I am a registered nurse (RN) undertaking a postgraduate midwifery degree. Whilst I enjoy my midwifery studies, the nurse within me can't help but feel guilty for not being on the 'front line' due to being enrolled on the course. Like others

on the course, I have multiple years of nursing knowledge and experience. Utilising these skills and knowledge whilst working as an RN, instead of being a student midwife at this time, would add to the number of nurses helping to fight the novel coronavirus. Of course, I can lend a hand by doing bank shifts as a nurse but I have to question: Where does liability lie when I have been working with COVID positive patients one day, and then work with vulnerable women and babies on the labour ward the next?

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Continuity of care



Keeping us on placement has the advantage of not disrupting our programme of study and ensuring that we finish the course on time. It also allows us to lend a helping hand in maternity services that are currently stretched to capacity due to COVID-19 induced staff sickness and subsequent staff shortages. However, I have found that the pandemic is having a negative impact on the midwifery continuity of care model proposed by Better Births, for example, case loading appointments have ceased in my practice area. As well as COVID-19 changing the way that maternity services are being delivered, my education has also been affected, as measures such as merging wards due to staff shortages have made it difficult to achieve the area-specific competencies necessary for registration.

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Unanswered questions and guilt

Guidance has not been very clear regarding the plan for RN's undertaking courses such as mine. I have already faced questions from midwives in practice regarding why I am on placement, even though I am only doing what my university has instructed me to do. I have also observed midwives expressing their surprise at the fact that that the course hasn't been delayed, to give us the opportunity to help out by working as nurses during the pandemic. This adds to my feelings of guilt and makes me question whether I should be there at all. I often cannot help but wonder, with the added stress and strain currently beleaguering the NHS, why we are not permitted to use the skills obtained during our tenure as

nurses, such as administering medications, to help out more in maternity areas?



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Amidst all of this confusion and uncertainty, pregnant women, babies and their families still need our care and support. Babies wait for no-one and if I can be a birth partner for women or assist new parents and babies postnatally, particularly during this time when birth companions may be unable to accompany women and birthing people due to restricted visiting, I will continue to do the best I can. Because women and their babies are amongst society's most vulnerable populations in these testing times.

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