

Description

Midwifery Practice Suggestions and Tips

Becky Reed – Ex-Albany Midwife, Grandmother, Doula, Writer and Birth Activist

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Summary

Throughout my midwifery career I saw, along the way, all the things that I was learning that I hadn't been taught in my training. Midwifery education is now so focused on the academic, and so litigation-conscious, that the simple yet invaluable things that constitute the true art of midwifery often simply get forgotten, or deemed to be less important. In this article I am passing on to the next generation some thoughts on what I feel makes a good midwife, and on what might help that midwife contribute to the future of our wonderful, yet beleaguered profession.

My story

I trained as a midwife in the late 1980s, having had four children, three of whom were born at home.

I often felt upset during my training – I knew what had mattered so much to me while pregnant and giving birth to my babies, and I wasn't seeing it in action. Instead of continuity, I saw fragmented care; instead of understanding and kindness I often saw impatience and a 'sausage machine' mentality. The labouring woman I was trying to look after to the best of my unschooled ability was referred to as 'the induction in room 9'. I knew I couldn't practise like this.

As a newly-qualified midwife, I worked independently with the support of brilliant local midwife colleagues, and then went on to become a founder member of the South East London Midwifery Group Practice, which became the Albany Midwifery Practice (AMP) in 1997. A group of us worked in an area of high deprivation in Peckham, South London for 12 and a half wonderful years, offering continuity of carer with two known midwives to an all-risk group of local women. Our clinical outcomes were outstanding, and the women and their families loved this model of care.

After the AMP was closed down in 2009, I was referred to the NMC and underwent a three-and-a-half year investigation into my practice, culminating in the finding of 'no case to answer'. By this time I was in my 60s, with no obvious place to work, so I took the decision to stop working as a practising midwife in 2015. I now work occasionally as a doula, do some writing, talking and teaching, and offer postnatal and breastfeeding support. And I have eight grandchildren who also keep me busy!

The following is a collection of some of the things I have learnt during my midwifery journey. There is no particular order, some things belong in more than one category, and of course there is plenty more! I have divided my suggestions, tips and advice into three different categories: basic midwifery stuff, generally useful stuff, and really big stuff.

I have called the baby ‘him’ to avoid confusion.

Basic midwifery stuff

Get to know the women in your care

You might come across the idea that midwives shouldn’t get too close to the women they are looking after, but this is nonsense. The better you know and understand someone, the better and more appropriate your care will be.

Practise, practise, practise palpations

Your hands will be your guide in your midwifery – learn to trust them and they will often tell you much more about the size and position of a baby than a scan ever could. Really imagine the baby as you palpate. Explain everything you are feeling to the mother and anyone else present. Keep a miniature doll and pelvis in your bag and use them to demonstrate.

Relax about the length of a labour

If the mother is well and contractions keep coming, it’s rare for the baby not to find his way out. Remember babies are designed to travel down the birth canal, and there is no good evidence for arbitrary time restrictions.

Understand that a vaginal examination to assess dilation will only tell you what’s happened already, not what will happen after that point.

Remember that birth isn’t sterile

Keep everything clean, and beyond that, don’t worry.

Believe that perineums are meant to stretch

Help women to birth their babies slowly and watch what happens. Look at lots of photos of stretching perineums. Read my book Birth in focus (Reed 2016).

Always leave the cord to finish pulsating – never clamp/cut it before this, except in a severe emergency. When the time is right, offer for someone else (the father, a sibling, the mother) to cut the cord if they would like to. Symbolic acts like this have formed part of childbirth through the ages.

Don’t hand the baby to his mother

Wait for her to pick him up. Babies are a surprising, sometimes shocking outcome of labour, and most mothers need time to ‘drink in’ their baby. Watch quietly while this happens.

In the absence of bleeding, don’t panic about the placenta

Other mammals don’t have time limits… See if the mother would like to help out her own placenta (women would never actively invert their own uterus!).

Always check the placenta with the parents. It’s an amazing and fascinating organ, and it’s theirs! Have fun explaining its magic to them. Offer it to them if they would like to keep it (see symbolic acts above).

Don’t rush to ‘check’ a healthy baby

When you do, always do it with the parents. Treat their baby with care and respect. Show them what a wonderful thing a newborn baby is, and all the things he can do. They will remember for ever how you handled and talked about their baby.

Generally useful stuff

Learn to be patient (see above). Learn to knit and drink tea.

Understand all about birthing pools. Know how to top them up and empty them. Read (and learn) the evidence about water temperature.

Don't watch One Born Every Minute.

If you're working on a labour ward always remember to move the bed. Out of the room, if possible; against the wall (to lean on), if not. Given a true choice, women don't lie down in labour, and always prefer to feel 'grounded'.

Carry bendy straws (for women on all fours), and a mirror (ditto) in your bag.

Join AIMS (Association for Improvements in the Maternity Services) and ARM (Association of Radical Midwives). You will get support, and access to some of the best and most informative articles about birth and midwifery in their journals, as well as in The Practising Midwife, of course.

Go to any midwife support meetings you can find (see ARM above), or start your own. Sharing your experiences with other midwives or students will make a huge difference to how you feel.

Recognise and try to understand fear – so many unnecessary interventions happen because of this. Most particularly learn about CTG monitoring, and what it can (and can't) tell you. Fear impacts on women and affects their pregnancies, labours and how they feel about their babies.

Set up antenatal groups so that women can learn from each other (with you as a facilitator). Information gleaned in this way is remembered so much better than that delivered in a talk or a leaflet.

Make sure that the women in your care know that they have a right to a copy of their midwifery notes. Many women struggle with understanding their birth story, and reading through their notes at a later date with a sensitive and knowledgeable supporter can make all the difference to how they feel.

Really big stuff

Always provide respectful care to the women you are looking after

Learn about human rights in childbirth; Alys Einion's Guideline commentary in this issue is a good starting point. Make sure you are absolutely clear about the issue of informed consent. Read Why Human Rights in Childbirth Matter by Rebecca Schiller. Be aware of Birthrights organisation and use them (or direct women to them) when necessary.

Provide continuity of carer whenever and however you can

We now have overwhelming evidence that continuity of carer leads to better outcomes for women and babies, and greater satisfaction for those midwives who choose to practise in this way. Find like-minded midwife colleagues to work with and try and make caseloading happen. Lobby maternity care providers to set up continuity of carer models. Don't give up! You are the future of midwifery and the profession needs you to make change happen.

See women as equal partners in their care. Share information appropriately and respect women's choices. Don't be afraid to support women who question guidelines – guidelines are there for a reason, but remember that each individual woman has the right to make different choices that are right for her.

Remember that your job as a midwife is to support and encourage normal birth. Don't let yourself believe that every third or fourth woman who walks through the door needs a major operation to bring her baby into the world: it's not so very long ago that every 10th woman, felt like far too many. Be patient and supportive of women in labour with their first baby – a first vaginal birth means fewer problems for that woman in the future.

Be constantly aware of the language you use

Language is very powerful, and how you use it can shape how you feel and act. Using the phrase ‘my women’ (or worse, ‘my ladies’), for example, or asking a woman if she could do something for you (‘Just pop onto the bed for me’) assumes a hierarchy in your relationship (see above about equality). Midwifery has developed its own language that most women don’t understand, so don’t use abbreviations and acronyms when talking with them. Never say ‘not allowed’, ‘high risk’, ‘failure to progress’ (and multiple other negative phrases). Work with colleagues to be aware of what you are saying – collect examples and discuss together about how certain language makes you feel. Remind yourself that women may remember your words for ever.

Keep up to date with evidence

Read and discuss research articles and papers. Go to conferences and keep learning (and having fun!).

Try to remember every day why you wanted to be a midwife

When things get you down, know that with each smile, each kind word, each caring action you are changing the world for at least one person, and often more than one. Remember the ripple effect.

Remain humble in the face of the amazing things you will see almost every day

Know that, however many women you’ve looked after, however many births you’ve witnessed, you will never have seen the one that’s around the next corner.

…And finally, look after yourself

Be proud of the work you do, but recognise the stresses and challenges as well as the excitement and rewards. Being a midwife is a huge responsibility. Make sure you have people around you who understand this and can support you. Read Sensitive midwifery by Caroline Flint. And enjoy your midwifery career! **TPM**

Further resources

Albany Midwifery Practice: thealbanymodel.com

References

1. Flint C (1986). Sensitive midwifery, Oxford: Butterworth-Heinemann Ltd.
2. Reed B (2016). Birth in focus, London: Pinter and Martin Ltd.
3. Schiller R (2017). Why human rights in childbirth matter, London: Pinter and Martin Ltd.

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