Working with children and families

Working as a midwife

Pam
Julie is a midwife who works in a local midwifery-led maternity unit. She qualified as a midwife in 1985, but decided on her career much earlier.

Julie Stein
I always wanted to be a midwife. When I was thirteen years old my sister was born, and I was fascinated by the care that the midwife gave in the postnatal period after the child was born when my mother came home, and I just, as I grew older, I decided that I would like to work with people and give care to, particularly, women and their babies.

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Julie describes some of the elements involved in her job

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The midwife's role is to provide care for the mother and baby, throughout the antenatal period, throughout labour and delivery, and throughout the postnatal period. The midwife is responsible upon her own account for providing that care without recourse to any other practitioner, if everything is normal. But she must be able to recognise when things deviate from the normal, and she must call in a registered medical practitioner in that instance. There is an element of pre-pregnancy counselling, family planning, and general health education, also plays a great part in the role. The midwife's role is governed by the midwife's rules, and the code of practice which are laid down by the UKCC, the governing body for nurses midwives and health visitors in the United Kingdom, and that stipulates that we should visit after a baby's born for a period of not less than ten, not more than twenty eight days. And they must also be able to carry out emergency treatment in the absence of a medical practitioner, so that although we might never be called upon to perform for example a breach delivery, we must be able to do that if an emergency arose.

Record keeping is an important aspect of the midwife's role, it's a statutory requirement that she makes records as soon as possible after the event has occurred whatever that may be, and that she keeps them for a period of twenty five years after the child is born. A large part of the midwife's role is to be an advocate for the woman. She's there in an advisory capacity, and she will support the woman in her decisions, giving her informed choice, but assisting her to make a choice that's suitable for her, in her individual circumstances, and supporting her, in relation to other health professionals in her decision making.

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Julie sees the ability to build a relationship with the parents as of tantamount importance.

Julie Stein
I think the most important thing of all is to have good communication skills. The ability to listen to the individual's needs, understand what they're saying and act upon their requirements. To tailor care really to the individual's needs is the most important thing of all. The midwife needs to have a non-judgemental attitude, which can be very difficult to overcome. You need a high level of self awareness to be able to overcome the perceptions that we all have, that we all take with us into any job. But you need to be able to do that because you need people from all walks of life, and you meet people in many different circumstances. Usually midwives are respected as professionals. Probably one of the most respected, really, of health professions, and that definitely helps, but there's always a need for the midwife to be able to get onto the mother's level in order to communicate with her. A relationship needs to be built with the

individual, and it's ideal if that can occur over time, but it's not always possible with the way that that we work for that to happen. So you may only have a very short time, so you need to be able to develop the relationship, a relationship of trust, and mutual respect, in order to get the best out of it for both the mother and the midwife.

Sound clinical knowledge and practice, based upon current research findings are vital. One of the major criticisms of the midwifery profession in the past has been that of conflicting advice being given, and if we base our care upon current research, then that should not happen, the mother should achieve continuity of care through us all giving the same advice to the mother. The midwife needs to be able to liaise with other healthcare professionals, involving them wherever necessary, and at what ever stage is appropriate, to plan and deliver individualised care for each mother and baby. And she needs also to be able to refer to self-help support and lay groups where appropriate, utilising the valuable resources that are available within a community. It is very much a community occupation, and traditionally the midwife was a central figure in a close knit community. Everybody knew her and she would deliver several generations of children. That doesn't happen so much these days. We tend to find that with the way that we work that mothers are seeing more than one midwife, they're seeing more than one face, and that can fragment care. It is very satisfying very rewarding for the midwife to be able to develop a relationship with her clientele and get to know them and build up a relationship over time, perhaps looking after the family through several pregnancies and maybe sometimes as well going on to different generations.

Julie Stein
I asked Julie which questions parents most frequently have.

Julie Stein
It's a constant checking to ensure that that everything is normal. That is a major part of the midwife's role, and mothers want to know that all is well with themselves and with their babies, so it's a constant reassurance that all is well. Other frequently asked questions are about pain relief in labour, antenatal, how women are going to cope with it that concerns them in the antenatal period. Another frequently mentioned aspect of the role is that of screening tests in pregnancy, the value of screening tests, and whether women should have them carried out. In labour, again a constant reassurance that all is progressing normally, and postnatal, reassurance and feeding is probably the major topic for discussion postnatal.

A major impact upon the midwife's role has been the advent of the changing childbirth report in 1993, which was a government report to look at what women want from the maternity services, and to make recommendations as to where we should go with maternity services. The result of that has been a requirement for more flexibility of working patterns from midwives, to facilitate working in teams. Part of the changing childbirth requirement is that women have a named midwife, and because of shift patterns and family commitments on the midwife's part, it isn't always possible for a woman just to see one midwife throughout. So, the requirement for women to have a named midwife has precipitated the organisation into teams, of midwives, so that midwives may work in a group of five or six midwives, covering a specific geographical area, within which all the women will come under this team of midwives for their care. This team of midwives also covers labour suite, postnatal ward, that's day and night duty, and antenatal clinic. So whilst the ideal is that, the women will get to know a group of midwives, and have a named midwife among them, it isn't always as straight forward as, that might suggest because with shift patterns, days off, holidays etc., you can imagine that you may very well have fragmentation of care built into that way of working.

On a personal level, since October 1998 the unit within which I work has become midwifery lead with midwives working still in teams, but midwives leading care, and referring the mother to consultant obstetrician, G.P, physiotherapist, social worker, health visitor as is necessary. so that has been quite a change really, and midwifery skills have been honed by the need to rely upon our own skills as midwives in this process of ensuring that all is normal and detecting deviation from the norm. Part of changing childbirth was part of the recommendation from that report was a requirement, to offer women choice of place of delivery. Various research studies have shown that throughout the seventies and early eighties, the idea that childbirth could only be said to be normal in retrospect, and that all deliveries should take

place in a high-tech consultant unit, is not actually the case, that's not the safest place with the majority of women to deliver. Delivering in such a place will invite unnecessary intervention which then breeds intervention. The changing childbirth report, was aimed at, providing alternative places for women to have their care to deliver their babies and to be cared for afterwards, and midwifery led care has developed from that.