Stories in Midwifery

Reflection Inquiry Action

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About the authors

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- homebirth models of care
- maternity workplace culture
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Her other research interests include:
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Her research interests include:
- students’ learning in the clinical area
- online teaching and learning
- simulation in midwifery education.
About this resource

Overview
This resource presents an in-depth look at the midwifery profession and the services provided by midwives. The stories are told from the perspectives of mothers, fathers and midwives, and are real-life experiences. From these personal experiences, readers will have the opportunity to reflect on the story and gain insight into topics.

The aim of this book is to provide the reader with a unique way of learning. In place of a standard textbook, this book encourages exploration of a topic beyond the confines of its pages. It is quite similar to the way we learn in everyday life: we listen, reflect on the information, investigate the topic further and ultimately develop an understanding and greater appreciation of a subject.

Using the resource
This book is designed for people who are interested in all aspects of midwifery. This can range from those undertaking certificate-level qualifications to undergraduate degrees and postgraduate studies. This resource is useful and informative for students from disciplines such as midwifery, nursing and medicine, or those undertaking any course that involves caring for women and their babies.

The book can be used in more than one way: as a teaching tool to facilitate students in researching a topic, or within a tertiary education setting where students have a more self-directed exploratory approach.

It is expected that this resource will be used online so that the reader may watch and listen to the stories of the participants. Alternatively, the transcripts of the stories can be read within the hard copy version of the book.

Structure of the resource
Using stories to relay information is a powerful way of learning. Relating information to actual events and experiences of people allows for a higher likelihood of knowledge retention. It personalises and humanises the story, so that the reader can link the topic to a person, instead of recalling words on a page. This way of learning engages the listener, allows for reflection and promotes an authentic learning experience.

Each chapter focuses on a particular aspect of midwifery/mother experience. Among others, these range from the experience of a homebirth to that of an emergency caesarean section. Clinicians (midwives and obstetricians) also provide input into other topics such as perinatal mental health, assisted reproductive techniques and caring for women having a vaginal breech birth. Within each chapter are a number of headings that guide the reader to explore the topic.

REFLECTION
The reader is asked to think widely about what they have listened to and/or read. The questions in this section will guide and stimulate reflective thinking.

INQUIRY
This section widens the topic for the reader by providing questions and further resources to guide learning.

ACTION
The reader is asked to apply their knowledge of a topic within the boundaries of their own midwifery practice.
CHAPTER 1
Continuity of midwifery care

INTRODUCTION
This chapter provides an overview of midwifery continuity of care from three perspectives: a mother, a midwife and a midwifery student. Midwifery continuity of care can be defined as care provided to a woman throughout pregnancy, birth and the early parenting period, from one midwife or a small group of midwives (Sandall et al., 2013). Midwifery continuity of care has been found to be highly satisfying to both the woman and the midwife as a relationship of trust is built (Collins et al., 2010; Fereday et al., 2009). The demonstrated benefits of midwifery-led continuity of care are a reduced need for epidural pain relief, reduced obstetric interventions (including caesarean section) and less neonatal complications (McLachlan et al., 2012; Sandall et al., 2013). Due to the trusting relationship and benefits to women and babies, continuity of care experiences are incorporated into midwifery education programs.

The Australian midwifery curriculum requires midwifery students to complete ‘at least ten continuity of midwifery care experiences’ (Australian Nursing and Midwifery Accreditation Council, 2014). In recent years, the curriculum has changed the number of continuity of care experiences from 30 to 20 (Australian Nursing and Midwifery Accreditation Council, 2014) and now to at least 10. There has been criticism over the years that the continuity of care experiences can be challenging for students to achieve, and it has been recommended that there be no prescriptive number of experiences (McLachlan et al., 2012). Despite the numbers, both women and midwifery students value the continuity of care experience (Aune & Ingebrigtsen, 2012; Gray et al., 2012). Therefore, the number of continuity of care experiences remains at a minimum of 10 to provide students with quality learning and exposure to interpersonal continuity (also known as relational continuity).

Sarah’s story
View Sarah’s story or read the transcript.

Sarah chose midwifery-led continuity of care for her first baby, Isla. She describes how she met a small group of four midwives who provided care to her. Sarah states she mostly saw Christine, and felt
confident seeing the same midwife who attended the birth of Isla. In addition, Sarah had continuity of care from a midwifery student (Tamara) who was present throughout Sarah’s antenatal care and the birth of her daughter. Sarah developed a trusting professional relationship with both the midwife and the student during her pregnancy. She describes how her birth was very intimate with the only people present being her husband, Christine and Tamara.

Sarah describes the midwifery student, Tamara, as being particularly helpful in assisting her to breastfeed immediately at birth. Sarah enjoyed staying in the hospital for a few days in order to receive support with breastfeeding Isla. Sarah continues to tell her story of early mothering.

**Reflection**

1. Think about how Sarah describes her birth as intimate. What factors contributed to Sarah’s intimate birth experience?

2. Sarah discusses how the student midwife was there to support her with breastfeeding straight away. Consider the unique position of midwifery students to support women with initiating breastfeeding as soon as possible after birth.

3. Reflect on Sarah’s account of the benefits of staying in hospital in the first few days after Isla’s birth.

4. Sarah continues to describe establishing breastfeeding in the first few weeks. Consider some of the challenges women experience when establishing breastfeeding in the first weeks of the baby’s life.

**Inquiry**

1. Read Chapters 1 and 2 in Midwifery Continuity of Care (Homer, Brodie & Leap, 2008). Then discuss the definitions of midwifery continuity of care and the evidence that supports the benefits of this model of care.

2. Read the article ‘Challenging midwifery care, challenging midwives and challenging the system’ by Homer (2006) and debate the differences/similarities between midwifery continuity of care and midwifery continuity of care.

3. What are the benefits of the experience midwifery students gain in providing continuity of midwifery care?

4. Midwives and midwifery students who work in midwifery continuity of care have to be on call to attend births. Think about how midwives and students who provide continuity of care manage their work–life balance.

5. List the advantages for women who leave hospital shortly after birth, usually around 4 hours after giving birth and within 24 to 48 hours.

6. Sarah stated, ‘I think I was really lucky, my husband was very helpful. I think he couldn’t believe how hard breastfeeding actually could be at the beginning’. Consult the following articles: ‘Women’s perceptions and experiences of breastfeeding support: a metasynthesis’ (Schmied et al., 2011) and ‘A meta-ethnographic synthesis of women’s experience of breastfeeding’ (Burns et al., 2010). Discuss what kind of support is helpful to women in establishing and maintaining breastfeeding.

**Action**

1. It is proposed that midwifery continuity of care is beneficial for women. Consult the literature on midwifery continuity of care and write a list of the benefits for women and babies.

2. How can women in your local hospital catchment (geographical) area access midwifery continuity of care models?

3. What factors, issues and conditions may exclude the woman from having access to midwifery continuity of care?

4. Discuss the use of the Australian College of Midwives’ National Midwifery Guidelines for Consultation and Referral (2013) when providing midwifery continuity of care.

5. Discuss how midwifery continuity of care models can be advantageous for women who have complexities in their pregnancy, including women from low socioeconomic circumstances.

6. Identify a number of reasons that might require consultation and referral to an obstetrician or other practitioner for a woman choosing midwifery-led continuity of care.

Text links

Tamara’s story

View Tamara’s story or read the transcript.

Tamara describes how the continuity of care experience helped her learning because she knew the woman. She also describes how the women are keen to assist the student with learning. Tamara experienced one woman confiding in her a very personal traumatic life event because she felt a relationship of trust with Tamara. The relationship with the woman and her family is described by Tamara as one of the best and most positive aspect of her clinical education. In addition, the extra clinical hours that the continuity of care experience provided for Tamara and other midwifery students have been described as highly valuable.

Part of Tamara’s story focuses on providing midwifery continuity of care to Sarah alongside a caseload midwife who works in a small midwifery group practice.

Reflection

1. Think about the ways in which continuity of care experiences have helped your learning in the clinical setting.
2. Working with women in a continuity of care experience means that the relationship has the potential for becoming a friendship. Reflect on the differences between friendships and professional relationships.

CHAPTER 1 • CONTINUITY OF MIDWIFERY CARE

3. Think about some of the feelings you may experience if a woman for whom you have provided continuity of care decides she no longer wants to participate in the program and have you present at her birth.
4. Think about some of the feelings you may experience if a woman for whom you are providing continuity of care experiences a miscarriage or fetal death in utero.

Inquiry

1. How can you enhance your midwifery continuity of care experiences?
2. What factors do you need to consider when on call for a woman’s birth?
3. How will you manage your work–life balance?
4. How will you manage the professional boundaries that have the potential to become blurred?

Action

1. Write down a statement that you can practise to invite women to participate in the midwifery student continuity of care program.
2. Design and produce a leaflet or pamphlet to offer women when you invite them to participate in the continuity of care experience.
3. Set 10 realistic goals and strategies within a specified time frame for achieving the midwifery continuity of care program. For example, ‘Next time I work in the antenatal setting, I will ask a midwife to introduce me to women who may be interested in participating in the continuity of care program’.
4. Write a list of supports (both professional and personal) you can access if you feel that the continuity of care experiences are becoming overwhelming or if you experience a sad event such as one of the women you are providing continuity of care to suffers from pregnancy loss.
5. Write a reflective journal of the learning experiences you have gained from continuity of care experiences that you may not have achieved in other clinical settings.
6. In your reflective journal, discuss the scope of practice of a midwifery student in line with the National Competency Standards for the Midwife mentioned earlier in the chapter.
Christine’s story

Christine tells her story of how she became a midwife working in a midwifery continuity of care practice. Christine says that her undergraduate midwifery degree prepared her to work in continuity of care. Christine states that working in midwifery continuity of care makes her feel like a real midwife. Part of feeling like a real midwife is working across the scope of practice with women. Christine states that providing continuity of care to Sarah was a great experience. She also talks about the relationship she has with the women that she provides with continuity of midwifery care and her small midwifery group practice in a positive manner. Christine also values teaching students as a great part of her work as a midwife.

Reflection
1. Think about how midwifery continuity of care improves outcomes for women and their babies.
2. Christine describes the positive relationship she develops with women. Think about how the relationships impact on her professional life.
3. Think about the way you need to work as a midwife providing continuity of midwifery care and the relationships you need to have with your colleagues (including obstetricians) when you work in this way.
4. As described by Christine, working in midwifery continuity of care can be hectic at times. Think about ways you can manage your work–life balance.

Inquiry
1. How can you work towards becoming a midwife who provides continuity of care?
2. What do you need to consider when you graduate if you want to work in continuity of midwifery care?
3. How will you prepare to apply for a position in midwifery continuity of care?

Action
1. Prepare a goal sheet of the skills you think are necessary to work in continuity of care.
2. If you prefer not to work in continuity of care and are planning to work in one area of midwifery, provide a statement of how you will maintain all your skills to work across the scope of practice as a midwife.
3. Identify and write down the attributes you need to work in a small team.
4. Prepare an application for a midwifery continuity of care position within 2 years of graduating. Include in your application the experience you have of continuity of care from your midwifery degree in addition to the skills and attributes you would bring to the position.

Text links
A FINAL WORD

Sarah, Christine and Tamara talk about their positive experiences of midwifery continuity of care. Sarah’s satisfaction with knowing her midwife and having a student midwife with her mirrors the literature of women feeling satisfied with the experience of midwifery continuity of care (Fereday et al., 2009; Sandall et al., 2013). Sarah describes a positive and intimate birth experience with great support in the early mothering period and, in particular, in establishing breastfeeding. There have been several government reports that recommend the expansion of publicly funded midwifery-led models of care (Australian Department of Health and Ageing, 2009; New South Wales Health, 2010). Sarah states that she felt quite ‘disheartened’ with the fragmented model of care she received from the hospital and her general practitioner doctor at the beginning of her pregnancy. Many women are unable to obtain midwifery-led care due to the lack of models. Think about how Australia can expand midwifery-led continuity of care in the public sector so more women like Sarah can access the service.

Midwifery students value the continuity of care experiences that provide an opportunity to develop meaningful, trusting relationships with women. The experiences increase the clinical hours for the midwifery students. As Tamara says, it is easier to learn and practise midwifery skills when you know the woman. Some challenges faced by students during the continuity of care experiences include struggling with the professional boundaries, being on call for births and managing a healthy work–life balance. Midwifery is emotional work (Hunter, 2001) and midwifery students and midwives need to manage their emotional connections with women in professional relationships. Overall, Tamara describes how providing continuity of care as a midwifery student gave her glimpses into becoming a ‘real midwife’. Midwifery students are in a unique position to provide midwifery continuity of care and should feel privileged to have the opportunity, despite some of the challenges.

Christine describes being prepared to work in midwifery continuity of care from her degree. New graduate midwives working in midwifery continuity of care within the first year or two of practice have said that they felt prepared to work in continuity of care from their degree and that they felt like a real midwife when working in midwifery continuity of care (Cummins, Denney-Wilson & Homer, 2015). Christine reports feeling like a real midwife by keeping her skills up-to-date and not being stuck in only one area of midwifery practice. She is also supported by the team she works alongside (Cummins, Denney-Wilson & Homer, 2015). Christine describes the relationship with the women as the best thing about working in continuity of care and the relationship with the small group of midwives as highly satisfying. Christine has a flexible and autonomous way of working in midwifery continuity of care, with great outcomes for the mother and baby.
CHAPTER 1
Sarah’s story

My name’s Sarah and this is Isla. And I had my baby with the midwifery group practice at a public hospital in Sydney.

My pregnancy was easy, as far as pregnancies go. I didn’t have any nausea or any complications. I felt really good the whole time and I gave birth at 3 days before my due day. As part of the group practice, I just had regular appointments, generally with the same midwife. Which was great. It meant I did know who I was seeing every week, and I always felt confident that we were on the same wavelength and that they understood who I was and what I was going through. And I also had a student midwife who was with me the whole time.

In the group practice, there were a number of midwives. I usually saw one, Christine, every visit. There were a few times I met other midwives which was encouraged because you don’t know who’s going to be on shift on the day you give birth. So in the end, I probably met about four of the other midwives. All of them were lovely, I felt really comfortable with them. And I just happened to be lucky that I got my midwife on the day. She happened to be on shift when I went into labour.

I feel like I had a really good relationship with Christine, my midwife. I feel like we were on the same page, we had a similar sort of sense of humour. I quite enjoyed seeing her every appointment. It wasn’t like a doctor’s appointment, it was sort of meeting up with someone for a chat. And you happened to be also having … she was also checking my measurements, checking I was okay. It was very casual and that was really nice. Most visits Tammy, the student, would come as well, and sometimes she would actually run the appointment, just to get more experience. And I always felt really comfortable with both of them. It was something I didn’t feel with the GP I’d seen at the beginning. I felt really disheartened at the beginning and so when I did get into this group practice, it was such a relief. I can’t explain how relieved I was to be able to have my pregnancy and birth the way I really had always envisioned it. So I feel incredibly fortunate to be able to have that opportunity.

My birth experience

So my birth experience was quite straightforward. I was lucky in that I spent most of it at home. I laboured for about 11 hours before, at the urging of my husband, to finally go to the hospital. We rang the midwife a couple of times and I seemed to be managing the pain quite well so I don’t think they thought I needed to come in as urgently as my husband did. And we got there with an hour to spare, just enough time to fill the bath. And she arrived very suddenly, shot out. She had the cord around her neck a couple of times, but she was fine. She came out, got her colour really quickly and had a very healthy set of lungs when she emerged. And everything was okay.

To manage the contractions, I did a lot of breathing and a lot of sound, which … I’d take big breaths in and sort of made a lot of sound as the end of the wave, I suppose. I found that made a huge difference. I think it was something else to concentrate on, rather than the contractions.

My husband helped me through the labour by being in the room at all times. I remember him saying to me, just go back to sleep, we were told we should rest. And I thought, ‘That’s not going to happen and you’re going to be with me the whole time’. And it progressed quite quickly and I just wanted him to be with me the whole time. I didn’t expect him to do anything; I knew there’s not much he could do. But I just felt a lot more comfortable and felt I could get through each contraction if he was there to hold my hand.

Having a water birth was something that I was really hoping I could do when I was thinking about having a baby. I thought I’d also need the shower more when I was at home, but it turns out that was incredibly uncomfortable. It wasn’t something that actually made me feel any better. But as soon as I got in the bath at the hospital, everything just slowed down a little bit. I felt a bit more in control. Just the adrenaline sort of calmed down a bit and I just felt calmer.
And she shot out really quickly. And I just remember sort of bringing her to the surface and just sort of watching all the colours change on her skin. And looking at her, I just couldn’t believe how alert she was, like, just there were these big eyes and she looked like a person. That was really … I don’t know why that surprised me but it was this abstract thing that was now real.

So I was actually really glad when I rang and knew that at 7 am, Christine was going to come on to shift and I could hopefully deliver when she was there. I would have been happy to deliver with any of the midwives. That was the good thing about the group practice. I knew almost all of them or at least met them once.

But there was something nice about being able to share that with her because she’s the person I’d seen the most. And it was also really nice to have the student midwife there, for her to arrive at the last minute. And just have the only people in the room were the student and the midwife and my husband. So it was really intimate. It didn’t feel intrusive; it was just exactly what I wanted for my birth.

I think we had 4 hours in the room to ourselves in the birth centre.

We sat in the double bed and we just had a chance to just be, we were just left to our own devices. And that was not intrusive. We didn’t have any visitors, it was just a chance to get to know each other. And once she stopped crying, we could finally realise what had happened. We were now three instead of two.

**Breastfeeding**

I attempted breastfeeding pretty much straight away. She definitely had a good suck; she just wasn’t sucking on the right part. She wasn’t quite latching on, but she definitely knew what she was doing. So I wasn’t really worried about it. But it was nice, like straight away, having that help. It was something that obviously is very important at the beginning. And so straight away the student midwife was helping me trying to latch on and she was very encouraging.

I think by the end of the first week we were more than established. I think I was really lucky, my husband was very helpful. I think he couldn’t believe how hard breastfeeding actually could be at the beginning. I mean there were definitely tears, as you get quite stressed ‘cause all you’re thinking is ‘I just want to feed my baby, and she’s hungry’. And it takes a few days, obviously, for the milk to come in. And you’ve got hormones and it feels very overwhelming at first. But once it’s established, it was like, it just feels like such a good achievement.

Like you have this relationship that’s, I don’t know how to describe it really. It’s just like I could give her something, like more than just holding her. Like I could feed her, I was giving her life.

**Midwifery support with early mothering**

The first few days I stayed two nights in the hospital. I’m glad I did that, I think. I could have gone home probably earlier. I was more than … I recovered really well; it was a very straightforward birth. But I’m just glad I had the midwives on call when I had any questions. Especially with the breastfeeding, I just really wanted to leave the hospital feeling confident that I was doing the right thing. And just having that buzzer in the middle of the night—saying, ‘Why is she doing this?’ or ‘Why won’t she settle?’—that was very comforting. I’m very glad I didn’t go home straight away.

I remember feeling really glad that when we arrived home that we would have a midwife visit the next day. So we arrived home on the Saturday and a midwife gave us a call. And she came and visited us on the Sunday. And we had another visit about 4 days later. So the first visit was when every member of our family was also over. That felt a bit crazy. She told us we’re doing okay, what we should watch out for, just reminding us to wake her up to feed her and helping a little bit more with the breastfeeding, which still was a bit touch and go. And by the time we had the next visit, about 4 days later, she was attaching a lot better. We really only needed those two visits. I did get another phone call later to ask if we wanted another visit. But we were feeling pretty good. We figured it was okay, we could go forward without any more help.
CHAPTER 1

Tamara

My name's Tamara Ellis. I've recently completed my 3-year Bachelor of Midwifery. I'm currently working as a new graduate midwife. I have been for a few months now.

Continuity of care experiences

As a midwifery student, I completed 35 continuity of care experiences. The course requirement was 30 and I did extra. I really enjoyed doing them.

Continuity of care helped my learning as a midwifery student in many different ways. Firstly, as a student, we worked in the GP shared care system at the hospital. My hospital actually had two models of care: GP shared care and the group practice caseload midwives. And generally as a student, we worked in the GP shared care system. In third year we did a brief stint with the continuity of care MGP midwives.

So the continuity of care experiences enabled me to work with women throughout the whole continuum of pregnancy, through their antenatal experiences, their labour experiences, their birth experiences and their early days as a mother. So it really did enable me to see birth's not just about that one day, turning up in the birthing unit, the woman having her baby, catching her baby; it's so much more than that. It's about the whole journey, the pregnancy journey, the journey of becoming a mother. And I guess working with a woman and a family throughout that whole experience for a woman, really enables you to see that.

Another thing I learnt, I guess, is I always felt much more comfortable practising my midwifery skills with a woman that I knew and that I'd developed a relationship with. And they were all also generally quite keen to help your learning as well. They really enjoyed ... it's such a reciprocal relationship, I found. You supported them and answered questions and helped them and they mostly really enjoyed the fact that they were helping your learning.

It also gave me a lot of opportunities. I tried to make the most of that. A lot of opportunities to increase my learning. Whether it be in the antenatal clinic, in the birthing unit or sometimes women would need to be referred on, they'd need to go to the pregnancy day stay unit, and making the most of those opportunities as well for extra learning. I found that really helpful.

We don't get a lot of clinical experience. So I saw continuity of care as an opportunity for me to just gain as much clinical experience as I could, and I really enjoyed that. And support her through that and be a familiar face through all of that, rather than somebody going through that generally fragmented hospital system and not knowing anyone and getting lost in that system. You were, as a student, often a constant for that woman through those experiences.

Setting professional boundaries

So I found ... one of the things that I really found helpful in my learning was learning to set professional and personal boundaries with women. This is something in the beginning I found really difficult. So for me, over the course of 3 years, I found that very helpful and I can see how much I progressed in that way over the 3 years. And my 'continuity of care' women definitely helped me, helped me with that.

I also found that women often confided in me and I would ... for example, I had one woman who had confided that she had a history of sexual abuse. So learning to keep trust, keep that trust going, but also realising that things like that were often out of my scope of practice, and how to deal with those situations. And we actually got her a place in one of the group practices with a group practice midwife. I worked with that midwife and with that woman throughout her pregnancy, again seeing the referrals that took place. And then being there at her birth and seeing how much of a difference that these things made to her and made to her birth and made to her experience. And then how much that affected her transition into motherhood as well.

I could really see how that continuity of care and that experience, in particular, helped her so much in having a normal birth. And in feeling safe and having a good experience and how important that was for her in healing, in a small way, and also in her transition to motherhood and becoming a mother. It really was very valuable for her. And also very satisfying for me, as a student and as a student midwife, to see what a difference that made for her and the small part that I may have played in that and supporting her through such a difficult and amazing time.
Building relationships

For me, one of the best and most positive things about the continuity of care experiences was the relationships I had the opportunity to develop with women and their families, getting to know them quite intimately. And it was such an honour to be in that position, to watch them go through pregnancy, learn about their hopes, their fears, what they wanted for their birth, what their ideals were. And to be able to help them and support them with those things, to arrive at the birthing unit when they were in labour and to see their faces. They were mostly happy to see a face that they knew. And to watch them have their baby and to support them through that. And to see a family together following that, to see them with their little, their baby.

And not even necessarily the experience that they wanted or that they saw themselves having—sometimes things happen that are beyond anyone’s control. But even in those instances, women, trying your best to make sure that they feel in control and that they feel informed and that they know what’s going on and, really I always tried to do that, to spend that time.

Often the midwife herself would be very busy with that woman’s care. So something as a student we can do, is just be with the woman, be with her and talk to her and reassure her and, if you can, be honest with her. And as a student this was something I felt I could do more than the midwife, just be with the woman, and that was fantastic.

Challenges with providing continuity of care

There were a couple of challenges, I found, with the continuity of care experiences. Namely these were, I guess, being on call; sometimes that was difficult. It was also exciting sometimes as well, but sometimes it was difficult. Especially in the early days, I think, before I really learnt to set limits. And I think I got a lot better at that as time progressed, as time went on over the 3 years.

Another difficulty I faced, or I found, was fitting in the continuity of care experiences with my uni life and my home life and my hospital clinical work. But I also found this was a good learning experience as well because time management is such an important thing to learn and is such another big learning curve as a midwife and I think that really helped. It has really helped me with time management.

Providing continuity of care to Sarah

My experiences in providing care to Sarah were fantastic, actually. I really enjoyed helping, or supporting, Sarah through her pregnancy journey. And she taught me so much. Sarah really had a fantastic outlook. And she really throughout, from the beginning, she trusted her body. She believed, just believed in normal birth. That was just the way she saw pregnancy and birth and that was fantastic.

I really learnt from her that, ‘the less you do, the more you give’. Which I found quite a tricky concept to grasp. I sort of felt with her that I should be doing more, I should be, you know, as a student often I busied myself, I wanted to be seen as competent. But with Sarah, I really learnt that; that especially during her birth … I was just there and she was giving birth. It was her that was doing it all. I didn’t need to do anything. And she did it, she gave birth on her own really. She did it all herself. She really trusted her body and she did it. And I learnt a lot from that.

Another thing I learnt with Sarah was just some insight into the transition into motherhood and early days of being a mother, of becoming a mother, becoming a family. I think Sarah’s little baby, right from the moment she came out, was quite unsettled. So that was very challenging for her. And also breastfeeding was a bit of a challenge. So again, seeing those things through her eyes, the way she dealt with that, the way they as a family dealt with that.

Babies are unsettled. Babies do do that, it is normal. Breastfeeding is hard for many women. It is a learned thing for women and babies. And understanding that and explaining that, trying to help explain that to Sarah. And also seeing that myself, that it is normal and sitting with that. And just being there to support women and to tell them that it is normal. And to help them and to give them tips. And also for me learning from the midwife I worked with as well. Learning how she dealt with that with Sarah. The information and the wisdom that she could impart. Her knowledge of those things I learnt.

Also, being a part of Sarah’s experience was great because Sarah was with a group practice. Her pregnancy care and her birth was with a group practice midwife. So that was great for me as well, working with that midwife. And really getting to know that midwife as well. And the three of us developed a good, professional relationship. And that was great, it was great learning for me as well.
Future midwifery goals

One day I would love to work in continuity of care, soon I hope. That's my goal. I'm trying to gain as much experience as I can. I'm trying to increase my skills as a midwife. I'm putting myself out of my comfort zone and learning suturing and learning different things that I will need as a group practice midwife with that goal in mind. That's something I would love to do. I just feel like it would be the ultimate for me, working across the continuum of pregnancy, labour, birth and early motherhood using all my skills as a midwife.

And it's funny actually, the group practice midwife that I did work with, we get on very well. And when I became a new graduate midwife, she said to me, 'I'd love you to join this group in the future sometime when you've done your new grad year. We'd love you to join our group'. So that was a confidence booster for me and something I would definitely love to pursue in the future.

Another great thing I found about the continuity of care experiences was the glimpses I got of how it is to be a real midwife. Working, I guess, working so closely with a woman throughout her pregnancy and birth, answering questions, referring women on to other care, being a bridge between the midwife and the woman, being on call. All of these things, sort of, gave me glimpses into how it is to be a real midwife. More than any other thing, I think. More than clinical experiences or anything else. It really gave you those insights into what it is to be a midwife. And to be with a woman and a family.
CHAPTER 1

Christine

I’m Christine Turner. I work in a publicly funded midwifery group practice model in a large tertiary hospital in Sydney.

Becoming a group practice midwife

I became a midwife providing continuity of care in midwifery group practice following my postgrad rotations. So I did a Bachelor of Midwifery and then I did a new grad rotation throughout all areas of the hospital. And a position became available once I’d finished my last placement and I wanted to make sure that I kept up all my skills. So in birthing, postnatally, antenatally. So I applied for it and got it and I’ve been working in it since then.

My degree focused a lot on continuity of care, which made me feel that that’s what we were preparing ourselves for. We weren’t preparing ourselves to be stuck in one place. So I feel it did prepare us to work in midwifery group practice.

The practical training we had was every aspect of midwifery and I was fortunate as a student to have a 2- or 3-month placement with a midwifery group practice at the hospital I’m currently working at, right at the end of my training. So it kind of brought everything together for me. So it just was like a natural progression to go into midwifery group practice. Doing something else didn’t actually make sense to me.

I chose to work this way because once I graduated I didn’t want to be stuck working in one area. I wanted to use all the skills that I’d learnt. So I didn’t want to be a midwife who become used to working just in postnatal or antenatal. I wanted to make sure that I continued using all the skills that I’d learnt.

The relationship with the women

The relationship with the women is one of the things that actually keeps me in the job. I’ve actually met some beautiful women who’ve come back for their second, third, even fourth babies with me. So for some of them I’ve known them for 5 years throughout their whole childbearing years. And I find you get feedback from the women that, when they come in, in labour and they know you, they don’t feel like they need to tell you their story. They don’t need to give you any information because you know them. And then following them up at home afterwards, once they’ve got their newborns, it’s just nice to actually be able to go into their environment; they feel relaxed.

Working with Sarah

When I was looking after Sarah throughout her pregnancy, she was absolutely lovely. I really enjoyed getting to know her throughout the pregnancy. Working in a group practice, I’m not always on call. So, you know, there was a chance that when she came in to labour I wouldn’t have been on call. But I’m very glad that I was.

Sarah did remarkably well with her labour and birth. She did the majority of the labour at home. We … our women call us when they’re at home, so they call us for advice. So we obviously do a lot of education antenatally with women about things that you can use at home, tools to use at home. Things like massage, showers, heat packs, all of those sorts of things.

So we find a lot of our women feel very comfortable labouring for as long as they, you know, further along in their labour because they have had that education. And also they’ve got us on the phone. So we’ll often speak to a woman two or three times before they actually come in. In Sarah’s case, she actually came in and was fully dilated. So I guess that shows that she did feel confident and comfortable with labouring at home for that amount of time.

And we find that a lot of our women are like that. Not every woman, ‘cause every woman’s different. But a lot of our women do feel much more comfortable labouring as long as possible at home. And we find they … less women come in too early or not in established labour. More women come in, you know, almost transitional or about to have a baby, which has been quite common with us lately.

And we just find that a lot of our women, they’re not interested in pain relief options as much as, I suppose, the general population that you see in the hospital. So we have less rates of epidurals, less rates of intervention medically, less rate of caesarean section rate across the board with all of our women compared to the hospital, general population of women.
She had a really, really beautiful birth experience with myself and a student midwife who followed her through the whole experience as well. And then we did get to see her postnatally as well. And then again for her postnatal checks. So really for the whole process I was able to look after her. It was a joy to look after Sarah.

**Having a student working with us in group practice**

Having a student working with us in group practice is something that my group in particular really, really love. For us it’s a great opportunity for us to teach and to show the students how we work.

Every midwife works slightly different and the feedback we get from students is that it’s great to sort of see how different midwives do things. For them it’s a … they can see how they want to work or how they may not want to work. So I think for them it find very, very beneficial in that way, in an educational way.

And one student in particular that we had looking after one of our women following through was Tammy, who was following through Sarah. And I know that Sarah really enjoyed the relationship that she built with Tammy. Tammy was there for most of her appointments, she was there when she had her baby and I know that she saw her postnatally as well.

And I think that that relationship, on top of the relationship that I had with her, she had an extra person to feel comfortable with. And I think that that really had a big benefit for her and in how her pregnancy and labour and birth went. And I know that for the student it was very, very beneficial as well.

**What the women say**

One of the other things that women tell us is how intimate and private their birth experiences feel. So we try and maintain a calm environment, so unless we need someone for assistance it’s generally just the midwife, sometimes the student midwife with the couple when they’re having the baby. So a lot of women say it just felt nice and close and calm and quiet and intimate and private, which is what we hope to achieve and they’re telling us that we’re doing that so that’s good.

**Working in midwifery group practice**

As the primary midwife, I provide care for four women per month. Within the group practice, being five midwives, so each of us having four women we’re the primary carer for. So it equates to 20 women per month.

The best thing about working in this way, personally, is the professional relationships that I have. So working in a group with four other midwives, you’re talking to each other on a daily basis. You have to communicate with each other about things. So you actually create really good friendships with them. And I think in any workplace, the people you work with make, you know, your life, your work enjoyable if you get along with them very, very well.

So that’s one of the things that keeps me in the job — my workmates. And the other is because I’m not losing any skills. I’ve gained skills, you know, increasingly getting more skills. I just feel like I’m doing what a midwife should do. Doing the entire journey with the women.

I think one of the greatest challenges, working in my job, is things can get very hectic at times. So I may have a day where I have 10 appointments to see women antenatally. And then I get that phone call that I’ve got a woman in labour. So it can be a bit of a juggle trying to communicate with the women to say, ‘We need to reschedule your appointment’ while arranging when’s the best time to get the woman in.

So there’s a lot of juggling with time. You have to be really good at time management. You need to be able to realise how much time things are going to take so that you don’t, you don’t give yourself too short a time, or too much time for it. So it can be hectic juggling things around.

Some days are really, really busy, others are much quieter. And you find that, you know, you’ll have a very busy week where every woman wants to have their baby in that week. And you just think please, just one day without a birth this week would be nice. But then you’ll have a quiet week so it, it evens out. So sometimes you feel you’re working long, long hours but then the next week you feel like you’re not working that much at all.

I would definitely recommend midwives work in this way. I know it’s not for everybody. I know that people have other things outside of work, that you know, they may not be able to work this way. But if you’re wanting to maintain all your skills, all your midwifery skills, gain more skills, be autonomous — because you’re very autonomous in this job, so I work out my day the way I need to. So anyone who wants to maintain skills, get along with people at work, be autonomous, I would definitely recommend it.
As well as working very closely within the group of midwives, we also have an obstetrician at the hospital who only looks after the women in our group specifically. We meet with her once a week so she knows if there’s anything out of the ordinary, any complications arise, we refer to her. And she liaises very, very closely with us. The best thing about that is that even if something does happen with our women, we don’t hand over care, we continue care. So we still, wherever their journey takes them, they’ve still got that continuity with the same group of midwives looking after them the whole way.

I think that continuity of care with women is actually really beneficial for helping women feel comfortable going home, establishing breastfeeding, getting used to what it’s like to be a mother. So we try to establish breastfeeding as soon as the baby’s born. So baby’s put skin-to-skin on the mother’s chest, and we assist women with establishing breastfeeding in the hospital so that they feel confident when they go home. So we go and see them for checks at home postnatally. It’s very rare that I have a woman come back for her 6- to 8-week check-up and she’s not breastfeeding. It’s very rare.