AIMS For a better birth...

An interview with Sarah Odling Smee

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Interview by Leslie Altic

What first attracted you to being a midwife, tell us a bit about your journey and how you got to where you are today?

I have to be honest and say that I am not one of those people who *always* knew that they wanted to be a midwife. My whole life, my career pathway has been a series of happenstance and opportunities that came my way. That is until I turned 33 and became pregnant with my daughter and received the most excellent midwifery care.

At that time, I was one of the few women receiving caseload care delivered by two named midwives. This included my booking interview, all my antenatal appointments and attendance of the birth of my precious daughter. I still feel emotional and have a heart full of love when I think of those midwives and the care they afforded me.

During my maternity leave, I had a period of reflection looking back at my varied careers and wondered what would come next now that I was a parent. The transition to parenthood fundamentally changes a person and now I needed more from a job. Whatever I chose to do was going to require retraining and actively pursuing a goal. I knew it would have to be soul-nourishing, worthwhile, and positively contribute to society in order to motivate me to make a drastic change. My recent experience of being in receipt of midwifery care, and how safe and supported I felt throughout it, fitted all of my criteria, and so I

had what I call my 'Midwife Crisis'. I was going to be a midwife, but how? Having left school at 16 without a portfolio of exam certificates, and leaving home at 17, university was never a reality for me.

I talked endlessly to my husband, friends and family about wanting to pursue midwifery. To my husband it was a no brainer, 'OK then, do it. Find out what you need to do, and I will support you in every way'. Little did we know that it would involve two years of night classes to obtain my access to university certificate, followed by three subsequent years applying, before I was successful in gaining a place at Queen's University Belfast.

Then came three years of full-time education learning my skills whilst living on a bursary and the support of friends and family. I was 34 years old (2010) when I had my daughter and decided to pursue a career in midwifery, and 40 years old when I eventually began the degree. I qualified in 2019 and commenced my post as a newly qualified midwife in The Royal Jubilee Maternity Hospital as soon as I became a registered midwife. I had to constantly remind myself throughout this journey of the end goal and the positive role model I was being to my young daughter, that it was 'never too late' to get an education and that sacrifice with such an end goal was worthwhile. I eventually joined the Continuity of Midwifery Carer (CoMC) team in January 2024 and finally feel like the care that I give resembles that which I received as a first-time expectant parent.

What are you most proud of in your career to date?

I am proud of so many elements of being a midwife, it is hard to highlight only one, but really the most rewarding experience is realising that I have been the midwife for those women in my care that my midwives had been for me. Pregnancy and childbirth is a wild experience and is not always a smooth and joyous time for everyone. Giving holistic care, being able to empathise with women and support them through the emotions of childbirth and transition to parenthood with confidence is to me, hugely rewarding.

As a midwife working in the CoMC team, can you tell us about your role and what you enjoy about working in this way?

CoMC describes a model of care that provides women with care from the same midwife or small team of midwives during the pregnancy, birth and the early postnatal period with referral to specialist obstetric care as needed. My role within this model of care involves primarily the coordination and provision of care built on a relationship developed over time. I am the named midwife for a mixed risk caseload of women who are receiving universal and additional care across the pregnancy continuum. This caseload will include between 30-33 women and will be reduced based on acuity[1] and complexity.

I work as a CoMC midwife within Team Origin which is a mixed-risk geographical based team in North Belfast. Team Origin prioritises women likely to experience poor outcomes within pregnancy; the team is based in an area of high social deprivation, preterm birth and stillbirth. There are eight midwives within my team and one maternity support worker. Each midwife will book 36 women per annum which is equivalent to three new women joining our caseloads each month. The CoMC team will provide around

the clock availability for a birth to women within the entire team's caseloads.

A typical working week will include meeting new pregnant mothers at their antenatal booking appointments, undertaking antenatal appointments within the community and the hospital, and facilitating postnatal visits within the mother's own home. I also undertake two periods of birth availability where I am available to support women in labour and birth. I work 37.5 hours per week and the birth availability periods last for 12 hours. I arrange my own diary and working week.

Within Team Origin we arrange regular 'Meet the Midwife' sessions where women within the entire CoMC team's caseload have the opportunity to meet other midwives within the team. These sessions are very beneficial as women not only meet the other midwives, but they also meet women within their own locality. Occasionally, if multiple women are in labour at one time, our core maternity midwives provide care until I or another member of my team is able to take over. The team also undertakes antenatal education for women within our caseloads to include birth preparation and infant feeding sessions. Some midwives within my team also provide complementary therapies such as reflexology for women within our caseloads.

I enjoy the variety of care that I get to provide in all elements of midwifery. Previously I worked on a postnatal ward for four years where I felt like I had developed an expertise but had become fearful of antenatal and intrapartum care as my skills in these areas had lapsed. In a CoMC model, all our skills are maintained and continually developed. I prefer the pace of work having autonomy of my own diary which allows me time to really be with women and accommodate their needs. I enjoy developing meaningful relationships with women and seeing their whole journey playout. Having a small team of eight midwives creates an environment for meaningful and trusting relationships to develop between us as individuals. This enables good and effective communication within the team to ensure we have insight into each other's caseloads.

What are the practicalities of working in a Continuity of Carer team and how do you make it work successfully?

There has definitely been a learning curve for me in dealing with the practicalities of the CoMC model. Sometimes it can feel a little lonely as you are often a sole worker and, as a sociable person, that can sometimes be a challenge. The interactions with women are always rewarding but having a colleague to share your day with always results in a learning opportunity where we can share our skills and approaches to different situations and/or challenges. However, as our team has recently expanded, these days are few and far between. We have an amazingly supportive team who have made me feel valued and safe and we are a constant support for each other. We also have a linked obstetrician who supports us with any concerns, leading to quicker escalation and a reduction in unnecessary appointments. This is reassuring and a great support branch to have access to.

It is essential to have good support at home, especially if you have children. Obviously, practicalities include maintaining a vehicle and being confident in navigating areas you may not be familiar with, but I find getting daylight and fresh air, even if it is just to and from the car, has made a huge difference to my

wellbeing. Hospital wards often have very little daylight especially at work stations and the temperature can be stifling which can leave me feeling exhausted.

Being on birth availability overnight takes time to adjust to. There is a certain level of anxiety about not hearing the phone ring or struggling to maintain a deep sleep but I am slowly getting better at this. If not called into the birthing suite during the night, we use the following day flexibly to catch up on administrative work, this can include following up on referrals, checking blood results, and responding to queries women may have messaged me with. It is also a fantastic chance to keep up to date with mandatory training and CPD which often lapses in other clinical areas due to time pressures and service demands. Sometimes it is difficult to predict the postnatal workload as often many babies arrive within quick succession and then we have a lull within the team's postnatal caseload. In this case, flexible days can be used to support your colleague assisting with postnatal home visits.

As a team, we meet each month to discuss any concerns, changes in practice, clinical updates and to discuss any complex cases. We have a CoMC secure Microsoft Team's channel that is updated daily regarding women within each midwife's caseload. We also have constant communication within the CoMC Trust WhatsApp group for support and information sharing regarding needing advice or handover. Up and coming births are communicated via this digital platform and now that the Belfast Trust has gone fully digital within the implementation of Encompass,[2] we now have the ability to access records instantly.

What do you see as the advantages of the Continuity of Carer model of care for your clients?

CoMC clients are very forthcoming with their praise for this model. It has so many advantages. Women appreciate not having to explain their story at every interaction. They trust us and feel well supported because we know them and their situation and understand their care needs. They have a point of contact for their reassurance and advice without having to wait for their next scheduled appointment. Appointments are not hurried and they are welcome to bring children to their appointments, which I love too, especially when they become my little helpers. You can see the bonding occurring as they listen to their sibling's heartbeat and stroke their mother's tummy. Women feel like individuals and not just clients. I struggle to identify any disadvantages.

AIMS continues to campaign for continuity of carer and physiological informed maternity services in the UK. How do you see Northern Ireland's role in pushing this forward and helping to ensure improved maternity services for all?

As CoMC is a regional implementation plan within Northern Ireland and is supported by both the department of health policy and Public Health Agency. There is a drive and commitment to transform maternity services to enable CoMC to become the standard model of care offered to all women within Northern Ireland. All health and social care organisations in Northern Ireland have commitment to the implementation of CoMC using a gradual phased implementation plan of growth and spread of further teams across the region. The CoMC team and the lead midwife work hard to gather both quantitative and qualitative data of the benefits of CoMC care. Improved maternity services are evident in the areas

receiving this model, including a reduction in preterm births and an increase in breast feeding rates as early intervention has always been a key factor in health promotion and wellbeing. The feedback from women on discharge from CoMC has been overwhelmingly positive, often with women returning to this model of care in subsequent pregnancies. Midwives really value having autonomy, flexibility and self-management of their caseload which should hopefully boost retention of midwives in the workforce as their job satisfaction increases. My team and I will continue to advocate for further access to CoMC across the Belfast Trust as additional teams are implemented. We will keep our voices loud when campaigning for better resources, as CoMC works for both midwives, families and society as a whole.

Author Bio: AIMS volunteer Leslie Altic is involved with shaping maternity services in Northern Ireland through local Maternity Service Liaison Committees, regional policy working groups and campaigning charities.

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[1] In medical terms, acuity is synonymous with the level and intensity of care a patient requires.

[2] https://dhcni.hscni.net/digital-portfolio/encompass