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At the heart of normality

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Midwife at the heart of normality - being with women in childbirth
(Southern General, Glasgow, 16 January 2015)

This was a well-attended, well thought out and presented study day for midwives in Greater Glasgow and Clyde area, organised by Lisa Allan, Community Midwife, Glasgow and Liz Miller UWS lecturer. It was a wonderful range of experienced and interesting speakers - Hilary Patrick, Evelyn Frame, Yvonne Bronsky, Mary Ross Davie, Helen Shallow, Maureen McSherry, Geraldine Butcher and Gillian Smith, with a focus on the quality of relationship between midwives and women.

Yvonne Bronsky emphasised the need to make the quality of care count, regardless of the building or environment.

Mary Ross Davie presented her powerful findings from her SMILI study in 2013.[1] Mary's research clearly showed that the continued presence of a supportive midwife during labour, whom the woman trusts and with whom she feels safe, leads to improved outcomes in terms of reduced intervention, increased normality and satisfaction. Even though the women and midwives had not met prior to labour, many midwives developed this trust and relationship through rapport, often created by good 'banter'. Mary highlighted, from several studies across the world, that women tell us they want the presence of a positive, calm, kind carer ; to be treated with respect as an individual, informed and involved in decisions and to receive praise and encouragement.

Geraldine Butcher presented her award winning work within her Fear Clinic in Ayrshire and Arran. The source of women's fear of childbirth is varied and sometimes unknown, but includes other women's stories and not trusting staff. Within my work as a midwife I also see previous difficult birth experience as a major source of fear. Geraldine highlighted communication between women and midwives as one of the top issues.

Helen Shallow engaged us in discussing scenarios, exploring ways in which we might communicate with women in response to their wishes. This challenged us to really focus on the language we use, both verbal and bodily, as well as our understanding of our autonomy as midwives. We explored how we might maintain autonomy which can be particularly challenging when dealing with policies, which are inherently 'guidelines'.

For me, the thread which wove throughout, was that the way we are present and relate to women is not an additional 'nice extra touch', but is fundamental to the well being and outcome for both mother and

baby. This presence and good relationship is core to, and must be embedded within, excellent clinical care. However, on hearing examples of poor relational care, perhaps harsh words, impatient behaviour by the midwife, or inappropriate expression of stress to the women, I'm prompted to ask, '*but why do midwives behave like this*?'

Unless we have the human side of midwifery correct, the relationship, presence, rapport and trust between women and midwives, we will, as Mary Ross-Davie's work shows us, continue to have avoidable poor outcomes. I strongly suggest that improving guidelines, and pushing for excellence is worthless if midwives are not supported in achieving this along the difficult, and often conflicting, path between meeting guidelines and women's needs and wishes.

Every midwife must feel safe, knowing they can trust and rely on peers, management and other disciplines to provide a positive working environment conducive to enabling midwives to give the required time and quality of care: adequate staffing; appropriate working hours and timely breaks; the ability to ask questions, seek help or support without fear of ridicule or being chastised; the ability to come to work without fear, achieving good job satisfaction without undue stress and exhaustion.

Midwives enter this profession passionate about good care for women. The consequence of time constraints, policies, increasing expectations and understaffing leaves midwives stressed to breaking point as shown by the birth Project Group 2014 survey on midwives experience.[2] Midwives are then unable to provide optimum support and may lash out in inappropriate ways and as Mary's work show, outcomes suffer.

This study day provided an excellent opportunity to not only hear about innovative work, but to explore how we might use this knowledge and awareness: it strengthened my growing awareness of the importance of building real practical, support for midwives that enables them to remain healthy and well and emotionally strong, so they can, in turn, be the amazing support and presence which women not only want, but need. This is not an optional extra, or 'the icing on the cake' it is a fundamental basic ingredient.

I was invited to attend this study day to present two break out sessions using wellbeing and resilience techniques based on Capacitar practices. I offer this work as a means for women and midwives to discover simple, yet effective ways for managing stress, anxiety and fear. This day confirmed for me that it is essential we find ways to enable midwives to care for themselves and be supported in their very valuable work.

Jenny Patterson

References

1. Ross-Davie MC, Cheyne H, Niven C (2013) Measuring the quality and quantity of professional intrapartum support: testing a computerised systematic observation tool in the clinical setting BMC Pregnancy Childbirth. 13:163. doi: 10.1186/1471-2393-13-163.
2. Birth Project Group (2015) Work in Progress. AIMS journal Vol:27 No:2.