

Midwifery Survival Guide

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Note

Healthcare practice and knowledge are constantly changing and developing as new research and treatments, changes in procedures, drugs and equipment become available.

The author and publishers have, as far as is possible, taken care to confirm that the information complies with the latest standards of practice and legislation.

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by

Jacqui Williams



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Preface

What will it be like to be a newly-qualified midwife? Reaching this milestone achievement really brought out mixed feelings in me. I was so pleased and proud to have got through the 3 years of training (plus an interruption) and to have finally qualified. Then the NMC sent me my PIN and that's when it really sank in.

The PIN meant that it wasn't a dream, or I wasn't being strung along — it had actually happened. I also had a job to go to at my training Trust. This was the point at which I started thinking about the responsibility that comes with the job, and it's fair to say that a healthy amount of fear started to creep in. I hoped I would be a good midwife — that I would do no harm, advocate for the women I cared for and generally keep up with everything, my family included (without their support I wouldn't have qualified in the first place). I finally accepted that I was a qualified midwife when the midwives I was working with saw me and said, 'Oh, look at you in your uniform! Well done!'

On starting my job, there was a month's induction period, during which all of us who were starting jobs within the Trust attended compulsory training days. These covered obstetric emergencies, where to get our passwords, how to fill in extra duty forms (very important), and there was further training on epidurals, suturing and administering drugs — we all passed a test to enable us to do drug rounds on the ward. It was a very full-on month, but training took place during office hours and most of my cohort was kept together for teaching. We all went to various clinical areas for a couple of days' induction here and there.

At the end of the month, each of us was allocated our rotation — that is, the clinical area we would work in for the first few months before moving around the hospital to other areas. Mine happened to be the delivery suite. I am so glad I went there first as until this point, I had never been unsupervised or on my own in a room at a birth — for every other minute around that point yes, but not for the birth itself. I was daunted to say the least, but as you may hear people say, it is a bit like gaining confidence after passing your driving test. Everybody is uncertain of something, and needs experience of it in the driving seat.

My Trust provided a preceptorship period of about 3 months. Due to the busy nature of midwifery units, your allocated preceptor may not be working the same shifts as you or even working in your area, so much of making contact and getting together will be self-directed. At the very least, there is an experienced midwife

who you can go to and ask questions.

The first year following qualification has a steep learning curve. You will gain experience, learn new skills and clinical procedures and learn to care for women. Prep creeps in too, as you continue to write reflections on experiences you have been in and learnt from or wish to learn from. You must remember to request days off and annual leave far enough in advance that it is possible, not forgetting that if something crops up, swapping shifts with colleagues means that one of you can't work.

I found my cohort who stayed on at the unit to be brilliant support — friends I was able to discuss things with that no one else would have understood. Wherever you work, the other midwives will soon become good friends as you settle in. Although people don't often say it out loud, everybody has crises of confidence. It's not just you. If you need help, ask for it. If you need support, ask for it — it's there. Also, a book like this will be really helpful during the third year of the midwifery programme and in the first year of practice — quick and easy to dip into if you have a query.

The 'newly-qualified' part of being a midwife seems to stop when the cohort beneath you in training qualify, or when you get your band 6 — whichever happens soonest. The thing to remember is that you can do it. You have passed a lot of exams to get to this point. No one is expecting you to be world class on day one. All midwives were newly-qualified at some point and most can remember being so. Being a midwife is one the most rewarding professions in existence, go for it!

Andrea Simpson
Registered Midwife
Student Midwife 2006–2009
De Montfort University
Leicester, 2011

Contributors

Claire Agnew RN(Adult), DipHE Nursing, PGCE, ENB124, ENB 998, Senior Nurse Clinical Practice Development, University Hospitals of Leicester NHS Trust, Leicester.

Rowena Doughy MSc, PGDE, BA (Hons), ADM, RN, RM. Senior Lecturer in Midwifery and Supervisor of Midwives, De Montfort University, Leicester.

Deborah Dowsett MA BA(Hons) DPSN RGN, Senior Lecturer - Nursing, School of Nursing and Midwifery, De Montfort University, Leicester.

John Fowler PhD MA, BA, DipN, CertED, RGN, RMN, RCNT, RNT, Principal Lecturer - Nursing, School of Nursing and Midwifery, De Montfort University, Leicester.

Bernadette Gregory Masters in Midwifery (MMID) BA (Hons) Health Studies Diploma in Adult Education, PGCEA, RM, ADM, Senior Lecturer in Midwifery, De Montfort University, Leicester.

Karen Mee BSc (Hons) (Open) RGN, RM, Post Graduate Certificate Managing Health and Social Care , Supervisor of Midwives, Practice Learning Lead for the Women's and Children's Division, University Hospitals Leicester.

Jethi Modhvadia Bsc (Midwifery) Diploma in Midwifery, Midwife - mainly working and promoting the low risk midwifery area. University Hospitals of Leicester NHS Trust, Leicester

Sue Nyombi Senior Lecturer in Midwifery De Montfort University, Leicester.

Molly Patterson MSc, BA (Hons) RN, RM, Research and Development Midwife, University Hospitals of Leicester NHS Trust, Leicester.

Kevin Power MA, BA(Hons), Dip(N), CertEd, RSCN, RGN, Associate Head of School, School of Nursing and Midwifery, De Montfort University, Leicester.

Andrea Simpson Diploma in Higher Education, RM, Midwife, De Montfort University, Leicester.

Jacqui Williams MA (Distance Education) PGCEA, BSc (Hons) ADM, RGN, RM Senior Lecturer in Midwifery, De Montfort University, Leicester.

Zaheera Essat BSc, PhD, RM, Midwife, University Hospitals of Leicester NHS Trust and part time Midwifery Lecturer, De Montfort University, Leicester.

Now I am a qualified midwife

'To be eligible to practice as a midwife a person must hold a midwifery qualification, have current registration as a midwife with the NMC, and meet the NMC Standards for updating her midwifery practice. In addition she must have given notice of her intention to practice to the local supervising authority in every area that she intends to practice in.'

'Midwives Rules and Standards' (NMC 2004)

- **How do I prepare for an interview for a midwifery post?**
- **How do I adjust to becoming a qualified midwife?**
- **How do I work with others and become part of the team?**
- **How do I manage my time?**
- **How do I get to grips with working unsocial hours?**
- **How do I deal with experienced maternity care assistants?**
- **How can I evaluate midwifery practice?**
- **Working in a research role**

How do I prepare for an interview for a midwifery post?

Claire Agnew/Jacqui Williams

Creating the right impression at interview takes preparation. For some jobs you may be the only applicant. Other jobs may have 10 or 20 applicants for one position. No job will be yours automatically. You need to find ways of getting the edge over other applicants, and this means preparation and presentation.

Getting an interview will depend on your application form, which must be both concise and comprehensive. To give yourself the best chance of being shortlisted ensure your application form addresses the following:

- Do not write in blue ink when your application form asks for black.
- Ensure that your handwriting is legible.
- Fill in every section.
- Make sure that the supporting statement box includes personal qualities.
- What have you done outside of work that could have a positive effect on your midwifery practice?
- You should demonstrate insight into the role that you are applying for. Do not simply say, 'I want to work in this unit to increase my skills in normal midwifery care.'
- Articulate that you are motivated and that you will demonstrate commitment to and fit into the team.

Pointers for applying for posts and interviews

If possible, try to make an informal visit before applying for a post. If the role is a potential promotion within your existing area, arrange to see the senior midwife, practice development midwife or midwifery manager. This will give you an opportunity to find out others' expectations of the role that you are applying for and will aid your preparation; it will also demonstrate your interest and commitment. Work on your *curriculum vitae* and application form to ensure that they reflect your suitability for the post.

If you are unsuccessful, try not to be too disappointed. The more sought after or senior the job, the greater the interest and competition will be. Do your best to learn from the experience, in terms of things that you can improve on in future applications and also in terms of character development. Following most interviews there will be the opportunity to receive feedback; if this is not offered to you, then ask. Try to treat this positively and make sure that you are willing to listen, learn and develop.

See the boxes opposite for some top tips for interviews and for some examples of questions that you may be asked at interview.

Top tips for interviews

- Research the role that you are applying for
- Dress smartly — you are a professional
- Read the job description thoroughly and think through what the role involves
- Think of some possible scenarios that you may be asked about; where possible, answer questions with reference to previous experiences that you have learnt from
- Think of some questions to ask the panel — write these down so that you can refer to them if need be
- Take your professional profile with you and offer it to the panel to look at
- Arrive in good time — this will allow you to collect your thoughts.

Questions you may be asked at interview

- Why do you want this post?
- How do you deal with stress?
- What is important to you as a midwife?
- What do you understand by the term 'midwifery supervision'?
- What do you understand by the term 'clinical governance'?
- What do you understand by [insert the name of any current Government initiative or publication]?
- What qualities do you possess that you can bring to this role?
- Who or what has most inspired you?
- Tell me about a recent article that you have read, which has influenced your practice.

How do I adjust to becoming a qualified midwife?

Penny Tremayne/Jacqui Williams

Transition: a reality shock

Cast your mind back a few years — can you remember why you wanted to become a midwife? You may have answered the question as follows:

- I want to make a difference to families' lives.
- I want to work as a professional in every sense of the word.
- I want to contribute to society.

Hopefully nothing has changed. As a student midwife, there is a tendency to wish the time away. However, when you first put on the uniform, there is a mixture of emotions — not only are you now visible as a registered midwife, you actually are one. Even the most confident newly qualified midwife may wish to reverse time and return to the safety of being a student. Fear, excitement and anxiety are all normal. You may recall people harping on about 'lifelong learning' at university, and while you will pursue further education, the learning of 'real-life midwifery' begins once you register. A useful analogy is learning to drive — you must achieve a required level of proficiency to qualify, but it is only through experience that you truly develop, refining your skills and adapting appropriately.

So there are differences — yes, you are now professionally accountable, you have a different uniform and likely greater responsibility in the maternity setting that you work in, but the fundamentals of midwifery care have not changed.

What does a midwifery manager expect of a newly registered midwife?

Their expectations are that you will:

- Deliver a high standard of care.
- Be kind and caring to women, their partners and families and to other members of staff.
- Be honest and trustworthy.
- Communicate effectively.
- Demonstrate initiative and use common sense.
- Prioritise your workload.
- Be a good team worker.

- In time, be expected to supervise staff, work as a team leader and delegate work appropriately.
- Be punctual, neat and tidy.

You will already have demonstrated many of these attributes as a student midwife. However, it is likely that you will still feel nervous. You need to be kind to yourself and understand that it is normal to be apprehensive.

Locasto and Kochanek (1989) explain a ‘reality shock’ that nurse educators go through, and it may be useful to explore this concept to better understand the experience of the newly qualified midwife.

In the ‘honeymoon period’ (as a newly registered midwife) there is a sense of novelty. No longer dependent on a means-tested bursary, qualification means that you now have a salary and some decent money at long last. The hard work of the previous three years has resulted in its ultimate goal and there is a sense of achievement. Finally, the work setting welcomes you as a part of a team.

However, shock and rejection can follow. Shock comprises five phases:

- **Moral outrage** — newly registered midwives can find the intensity of shifts too much, being asked to come in on ‘days off’ to cover for sick colleagues, and having to work extended shifts due to staff shortages. Managers often want midwives to take on different roles — what time is there to do that?
- **Rejection** — despite every intention to be ‘the best midwife’, limited resources, confrontations and frustrations with other staff can make the newly registered midwife feel as though she is a failure. There may be the perception that others are much better.
- **Fatigue** — adapting to the new role can leave newly registered midwives physically and mentally exhausted. Fatigue can impact on their social lives, compromising relationships and leaving them too tired to pursue hobbies.
- **Perceptual distortion** — newly registered midwives can think that they are not working as effectively as their peers and can develop anger towards the maternity setting that they work within. This can be vented at meetings, where contributions can be hyper-critical, superficial and lacking in objectivity. All in all, perceptions can be far too negative. It is as if newly registered midwives are in ‘too deep’ and in a state of ‘shock’.
- **Resolution** — this is the final stage, and refers to recovery or resolution.

During this difficult time, various strategies can help midwives adapt. For instance, the assistance of role models can be helpful. Although many areas have a preceptorship programme, newly registered midwives can also seek solace away from the work setting, with people who are sometimes better able to help

them make sense of their situation. Another strategy is to keep a reflective diary, which can then be used to identify issues and to develop and change practice accordingly. Such strategies can reduce the intensity of these midwives' work and as a sense of objectivity dawns, some can even find an amusing side to it all.

A nursing study by Benner (1984) identified five levels of competency in clinical practice, namely: 'novice', 'advanced beginner', 'competent', 'proficient' and 'expert'. In this seminal piece of writing, Benner considers the complexity of nursing; it is acknowledged that proficient nurses will have often worked with a similar patient population for 3–5 years, and that expert nurses frequently have an intuitive grasp of situations. The same can be applied to midwifery practice. You mustn't forget that it is unfair to compare yourself to midwives who are more experienced than yourself. Realise that registration and starting work is a transition that can involve aspects of reality shock. Try to set up strategies that will support you through this time, so that your transition is less 'shock and rejection' and more 'honeymoon and resolution'.

Your coworkers will expect you to ask questions and be in need of support. A small, alphabetically arranged notebook can act as an *aide memoire* and save you having to ask the same questions repeatedly.

Good luck!

How do I work with others and become part of the team?

Karen Jackson/Jacqui Williams

Becoming part of a team

When you qualify, the prospect of becoming part of a team can be daunting — for one thing, all of your colleagues seem to know each other already. You will be keen to make a good impression.

You need to spend some time understanding how your new team works. Who are the core midwives? Which teams of medical staff will you work inter-professionally with? How does the on-call system work? This knowledge is essential if you are to promptly refer to an appropriate professional when you need a colleague to review the woman you are caring for. If you are working within a new trust, you will also need to familiarise yourself with the documentation used.

It is one of your preceptor's duties to introduce you to colleagues and to

members of the multidisciplinary team. Do your best to remember their names. Although some people have a knack for this, it can be tricky at first. Name badges and photo boards on the ward may help to jog your memory. It can also help to get to know a bit about your colleagues. For instance, do they have children? What are their hobbies or interests? This knowledge enables you to take an interest in your colleagues — they will often appreciate being asked about particular events, such as a birthday party or their child's first day at school. Knowledge of your colleagues' lives outside of work can also help you to understand why they may, on occasion, not be their usual selves.

You will need to get to know the particular roles and responsibilities of different members of the team. Is there a consultant midwife? Who does the off duty? Who is responsible for students? Who has expertise at screening, or at managing patients with complex needs, such as those with diabetes or who are experiencing bereavement?

You will also need to be aware of any cliques within the team and do your best to avoid being drawn into them. You must tread the fine line between trying to get on with everybody and alienating your colleagues. Keep an open mind to begin with and choose your loyalties carefully. Inevitably, you will find that there are some people that you get on with less well than others. Accept this and focus on being polite, courteous and professional at all times while on duty.

One of the most useful things that you can do is to get to know your ward clerk, if you have one. They are often mines of useful information, with networks of contacts in many areas — they can potentially save you having to make numerous, frustrating phone calls to get things done.

Time management and prioritisation are difficult skills to learn and like so much else in midwifery, will be invisible when done well. A useful starting point for ward-based staff is a sheet of paper highlighting your allocated women, which states what needs doing and when. Are there observations to be made, infusions to be read or observed, or medicines to be given? This sheet gives an hour-by-hour breakdown of your workload in terms of tasks.

You must think about how to organise yourself. Do you really have to go to the same woman three times in the space of 30 minutes, attending to different elements of care? This will be tiring for her and for you, and will add to the distance walked during a shift. When starting in a new area, you should make sure that you can access all the equipment that you will need. Use your first few days to find out where things are kept and how they are ordered.

To make your contact more effective, think about how you can cluster care. You must be mindful of colleagues' workloads when planning your own. For

example, it would be unreasonable to present your colleague with a drug chart five minutes before intravenous antibiotics are due, and expect them to drop everything and administer the drugs for you. Such tasks must be discussed at the beginning of the shift, so that your colleagues can manage their own workloads and be aware of the tasks that they have to schedule in.

If and when you are up to date with your work, you should think about how to use your time. Try to avoid sitting at the desk making casual conversation with other staff — while this can be relaxing and useful for short periods of time, there are some useful things that you can be doing. You might offer to help colleagues, or ensure that areas are tidy and that supplies are well-stocked — think how frustrating it is when somebody else has used the last of something and not replaced it. The label ‘lazy’ is easy to get and extremely difficult to get rid of, so it is best avoided in the first place!

Midwives working in a community setting should be especially mindful of safety, and should ensure that they keep a diary for planning visits, putting scheduled clinics into the diary first and then planning other appointments around them.

Working with others

What do ‘leadership’ and ‘being in charge’ mean to you? These are not necessarily the same thing. Think about the people you worked with as a student midwife — what were the leadership skills that you admired in them? Here are some of the things that are considered to be important:

- Fairness in workload allocation (this includes balancing allocations of women in normal labour and those with complex needs).
- A willingness to help others without being asked.
- Noticing when your colleagues are struggling and supporting them, without taking over.
- Taking the lead when the situation demands it, such as in an emergency.

These are key points to consider in terms of your professional development, as through experience and continuing education you will prepare to, ultimately, take a more senior role within the team.