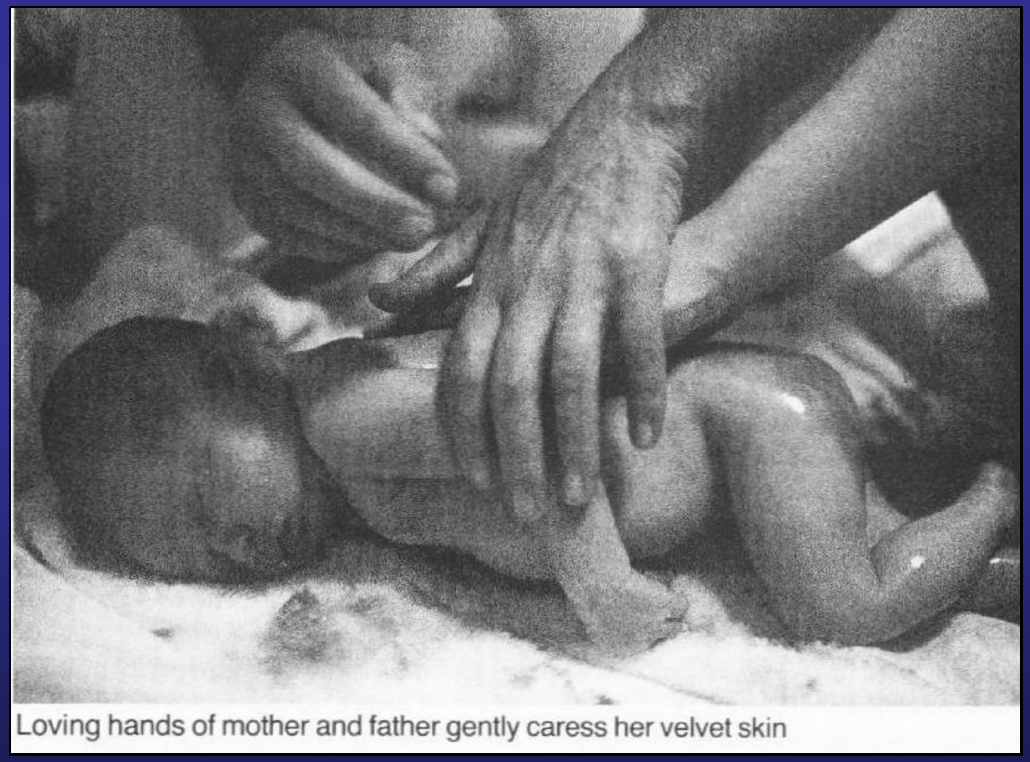
Is process compatible with caring?



Loving hands of mother and father gently caress her velvet skin

An exploration of the ongoing challenges

to promote normal [& positive] birth

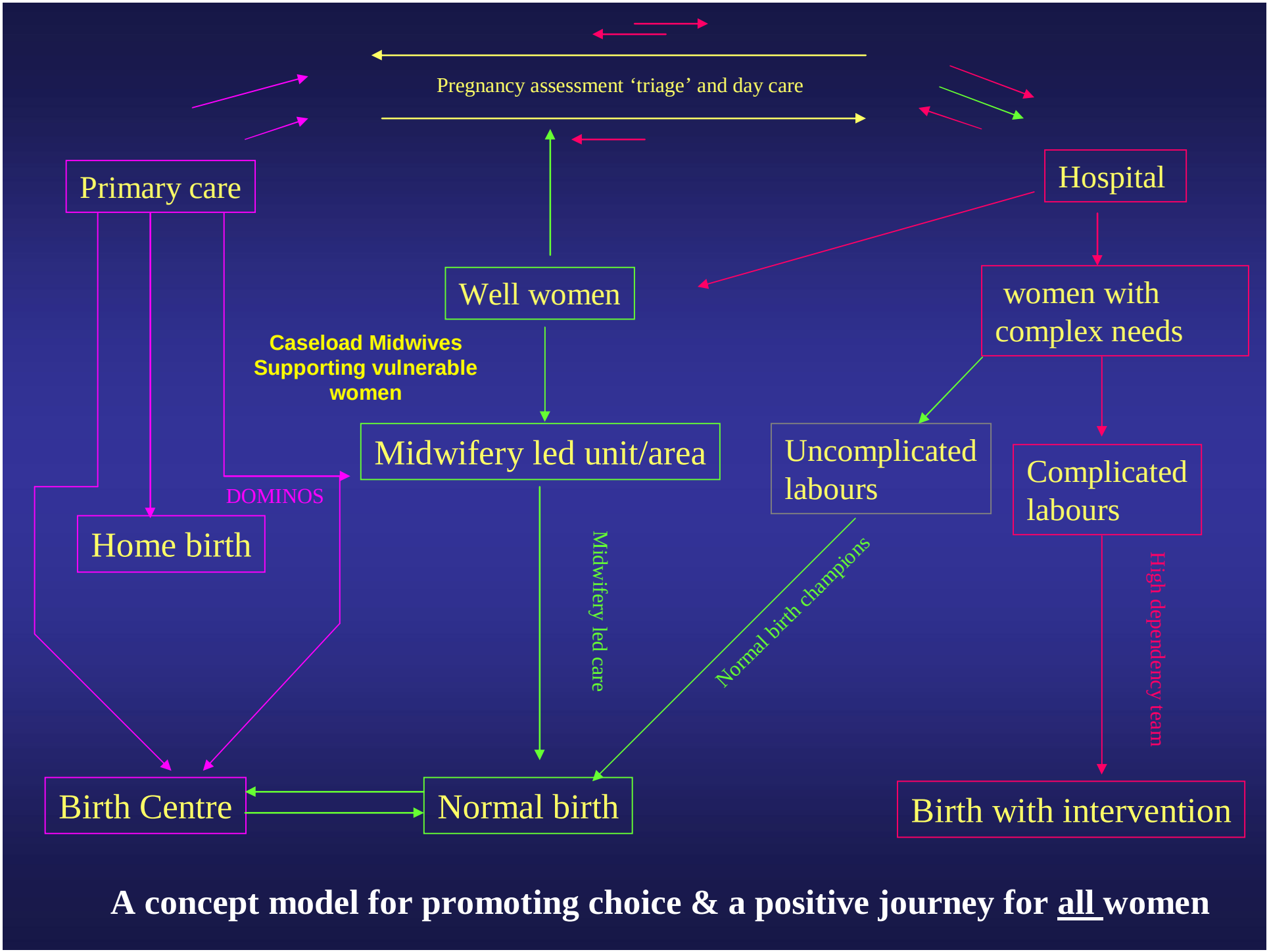
in modern obstetric led labour wards

Helen Shallow

HoM/Consultant Midwife

Calderdale & Huddersfield

NHS Foundation Trust



A concept model for promoting choice & a positive journey for all women

The challenges facing midwives

- Throughput leads to Production line
- IOL & El CS every day
- Reduced length of stays
- Capacity of buildings
- Staffing buildings not women
- Inappropriate buildings with little storage
- Sickness / absence
- Retiring & Part time midwives – reduced skill mix
- Efficiency savings – cut backs

Consider this

- How do you calculate your normal birth rate? is it
  - vaginal birth with IoL augmentation and epidural
  - or
  - Is it normal birth with maximum support and minimum intervention?

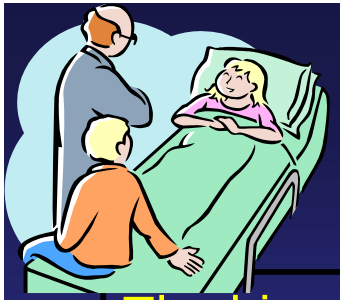
  They are *not* the same and this is important in terms of safety effectiveness and womens' experience

Processing - what does it look like?

- Language
- Culture
- Environment
- Midwives' approach to pain
- Low and high risk dichotomy

Language portrays the process

What's on the board	Who is in the room
The SRoM in room 3	Paula in room 3 SRoM @
The board has been cleared	Women have gone home
Trial of scar	Paula is planning VBAC
Room 3 	Paula is pacing the floor and about to use the pool
'why didn't you phone first'	Hi my name's Sarah come on in
'Room 3 is warded' (that is she has been transferred to a post natal area)	Paula is in bed snuggling with baby and partner



vulnerable

Cultural processing

powerful

The hierarchy - paternalistic patronising & constraining	Partnership & woman centred Mother - Midwife – Doctor
The dominant medical model	Social Model - only possible in Birth Centres & at home?
Scientific superiority	Combining the art *and* science
Technological know how	Skilled watchful waiting, listening and attending
I know best /better than you	I believe you, let me explain what I think may be happening
The induction industry Leading to:	Women go to 42 weeks and then have <u>real</u> choice options
ARM, 'synt'- epidural or epidural ARM & 'synt'	Rest well, keep well nourished, intimacy with your partner, patience

Environmental processing

- Room lay out for the convenience of staff not women
- Cluttered
- Stainless steel
- Noisy
- Alarms
- Central monitoring
- Bright lights
- Lack of privacy
- Not enough birthing rooms
- Move ‘em on and move ‘em out

Net result? - Fear for mothers and fear for midwives

Environment

Is this so far from today's reality?

Is *this* where we want to be?

Environmental modelling

Would this be so hard to achieve?

Or this?

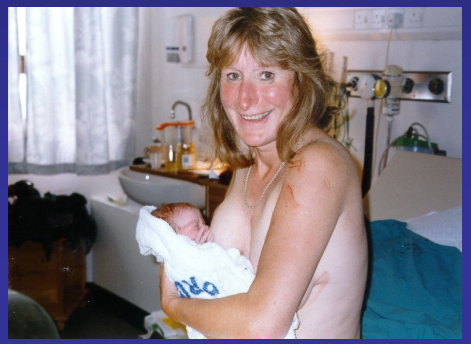
The Birth Environment Matters

Processing pain

Control the pain & relieve the pain	Strategies to work ***with*** the pain
She's making too much noise	Noise and free expression essential in order to let go
She's had enough I'm getting her an epidural ☹	Maximum intense support to see her through
Well what did you expect you *will* feel pain – it hurts	Tell me how you feel , what does it feel like?
You're not in labour these aren't labour pains	Pain is what a woman says it is
Opiates and anti emetics	Of course you can have, but try this first

Sarah

Sarah cried when she saw this image:



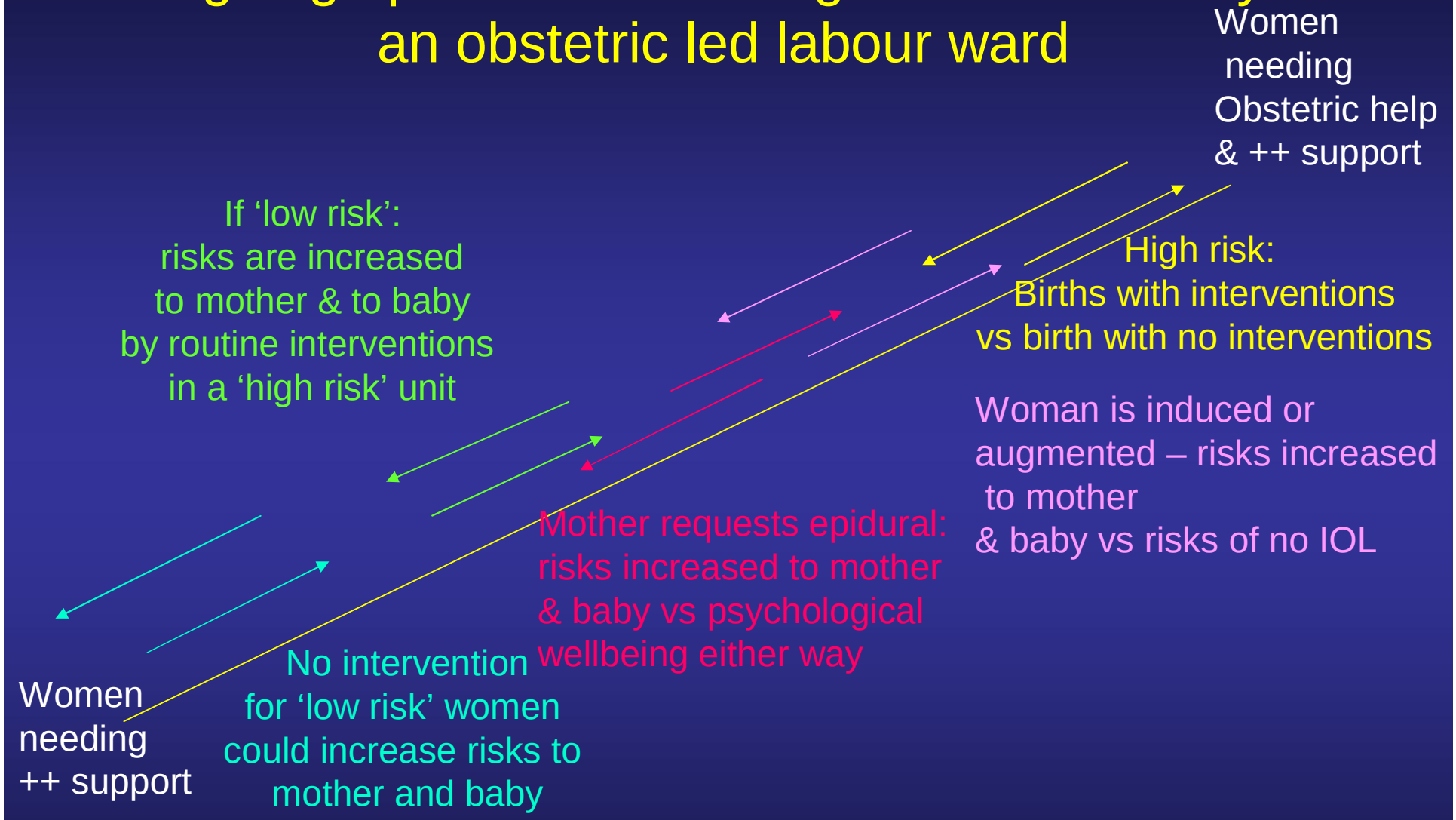
Pat 1993

'I never knew a woman could feel like that. No-one held my hand, no-one touched me. I had to run my own bath when I was scared and in pain'

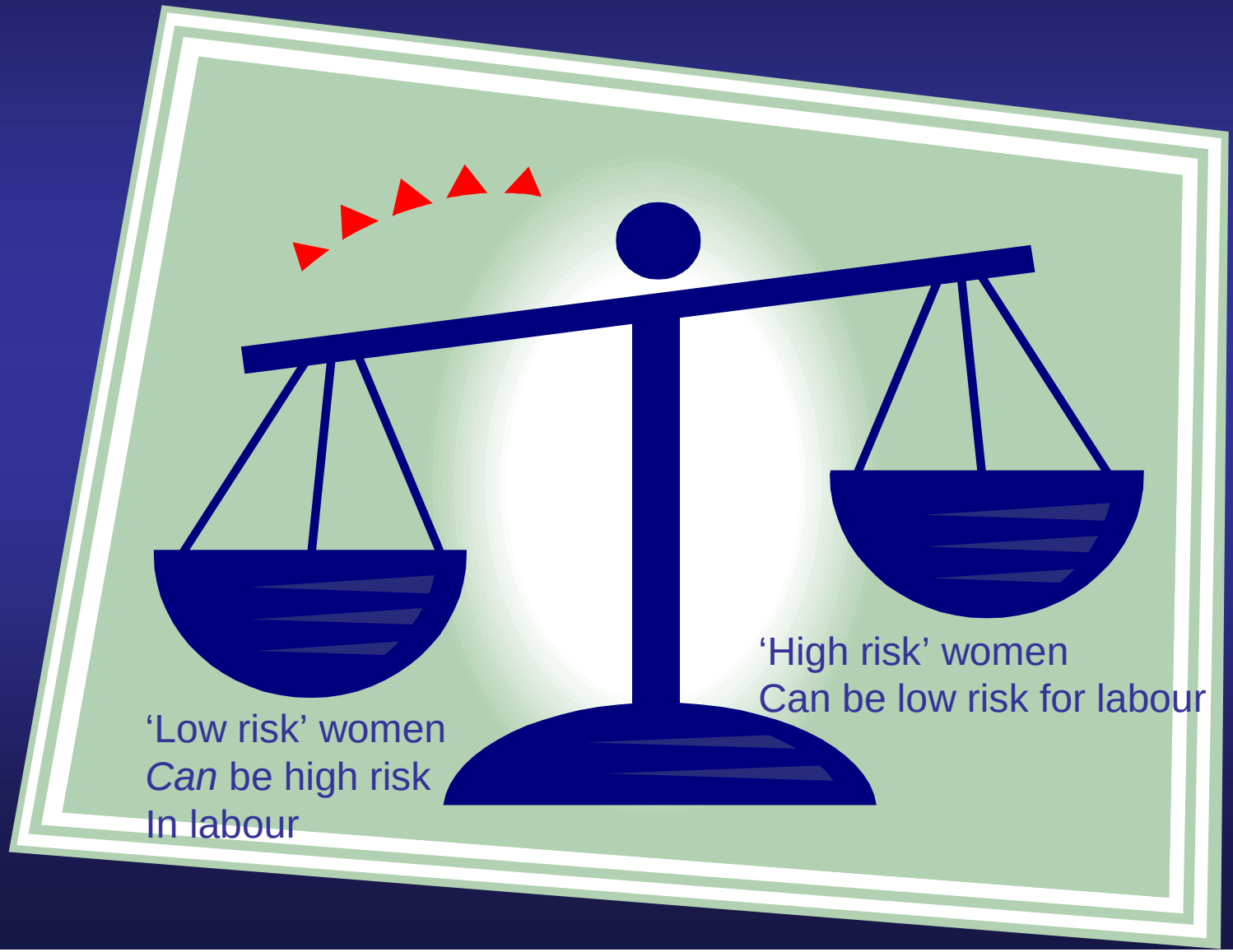
Sarah and her 2nd baby 2007

Sarah & Pat – Both low intervention VBAC

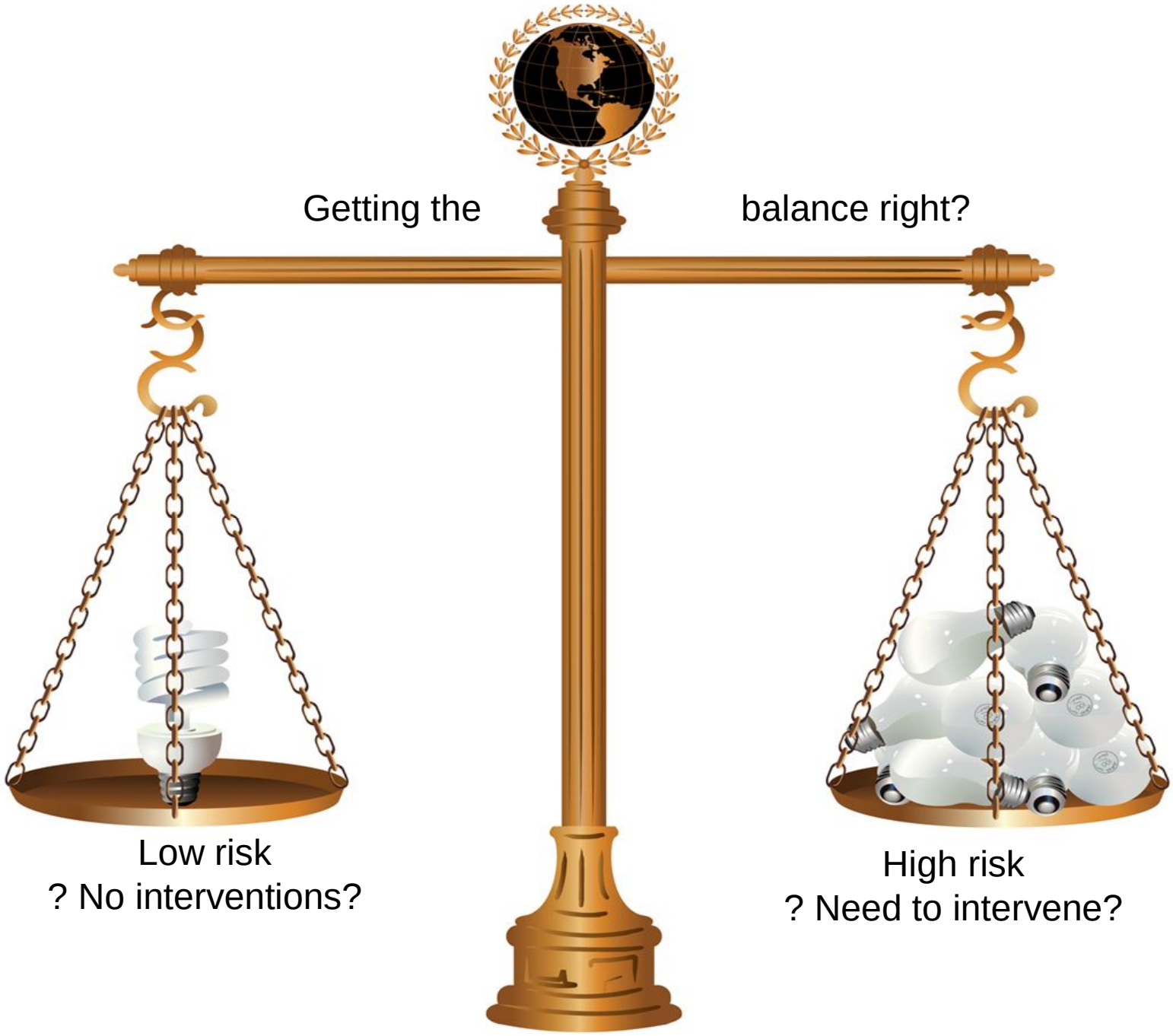
Weighing up the ‘low risk’ ‘high risk’ dichotomy on an obstetric led labour ward



The current imbalance

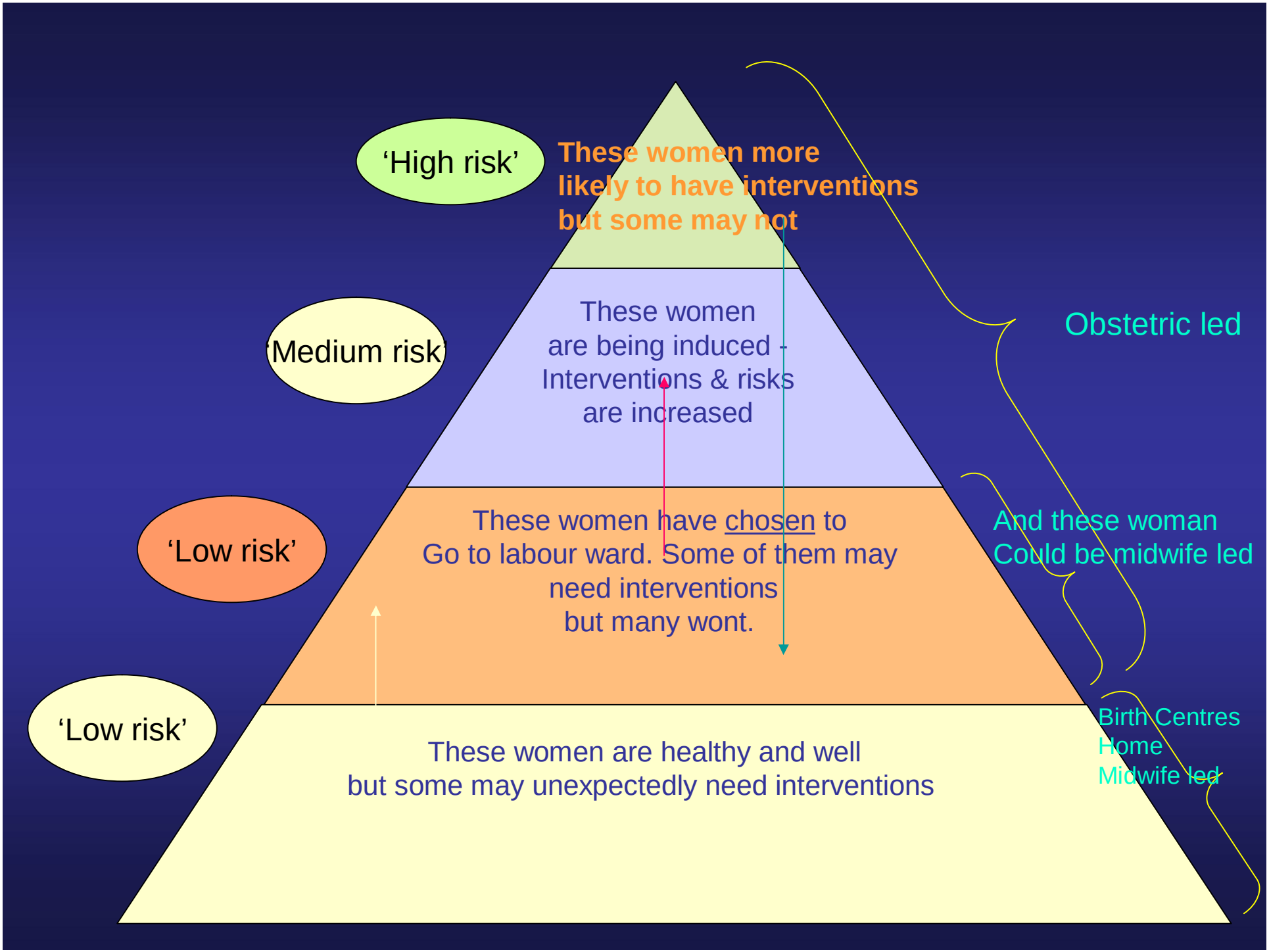


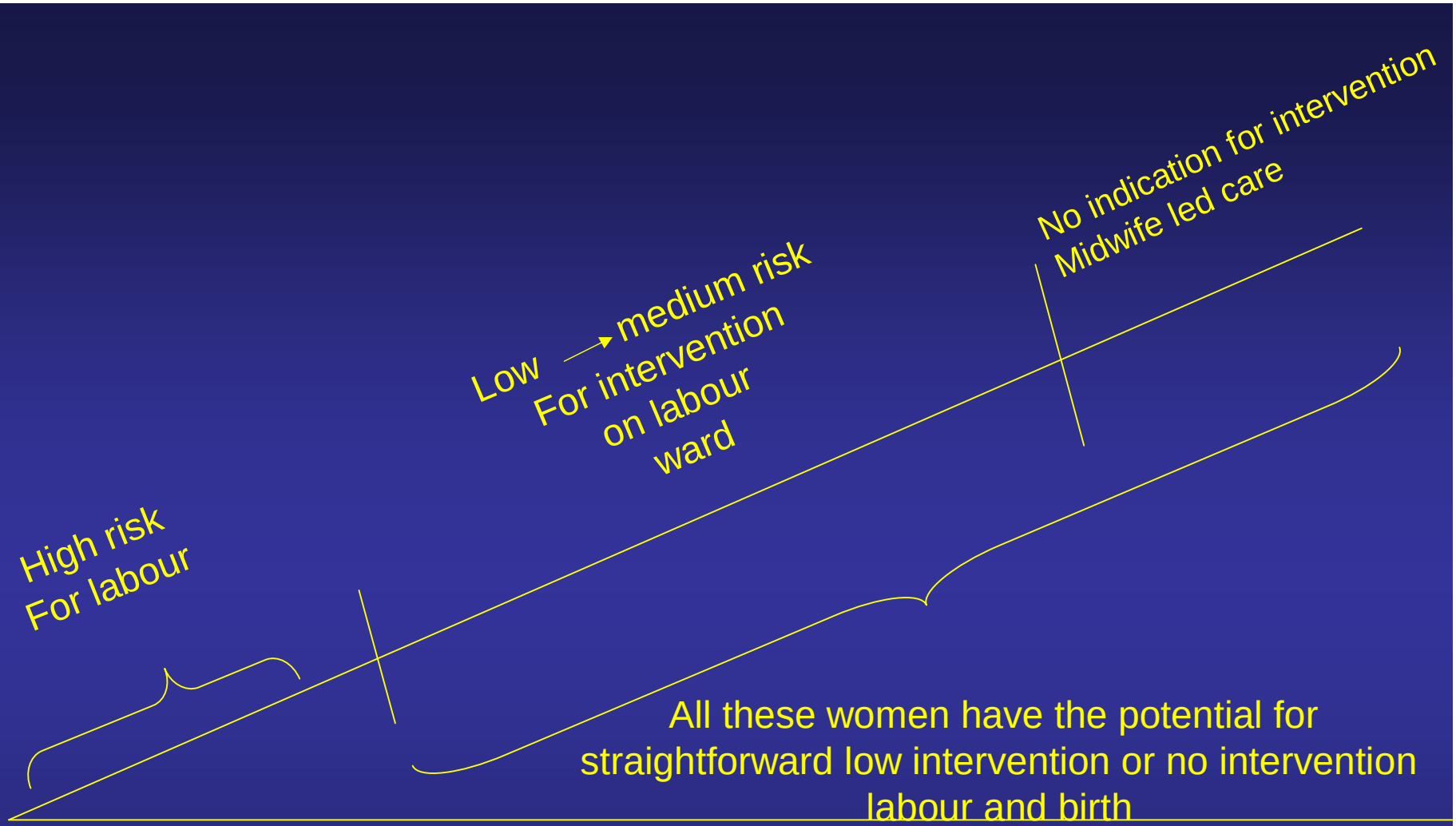
Getting the balance right?



Low risk
? No interventions?

High risk
? Need to intervene?


‘High risk’
These women more likely to have interventions but some may not
‘Medium risk’
These women are being induced - Interventions & risks are increased
Obstetric led
‘Low risk’
These women have chosen to Go to labour ward. Some of them may need interventions but many wont.
And these woman Could be midwife led
‘Low risk’
These women are healthy and well but some may unexpectedly need interventions
Birth Centres
Home
Midwife led



These women
require intervention
& additional surveillance
but should still have a
positive birth

Reducing length of stay driving process and ‘patient flow’

- ✓Care back in community where it belongs
- ✓Back in security of own home & family
- ✓Better chance to rest
- ✓Birth is [generally] not an illness
- ✓Family & friends can visit at will

HOWEVER

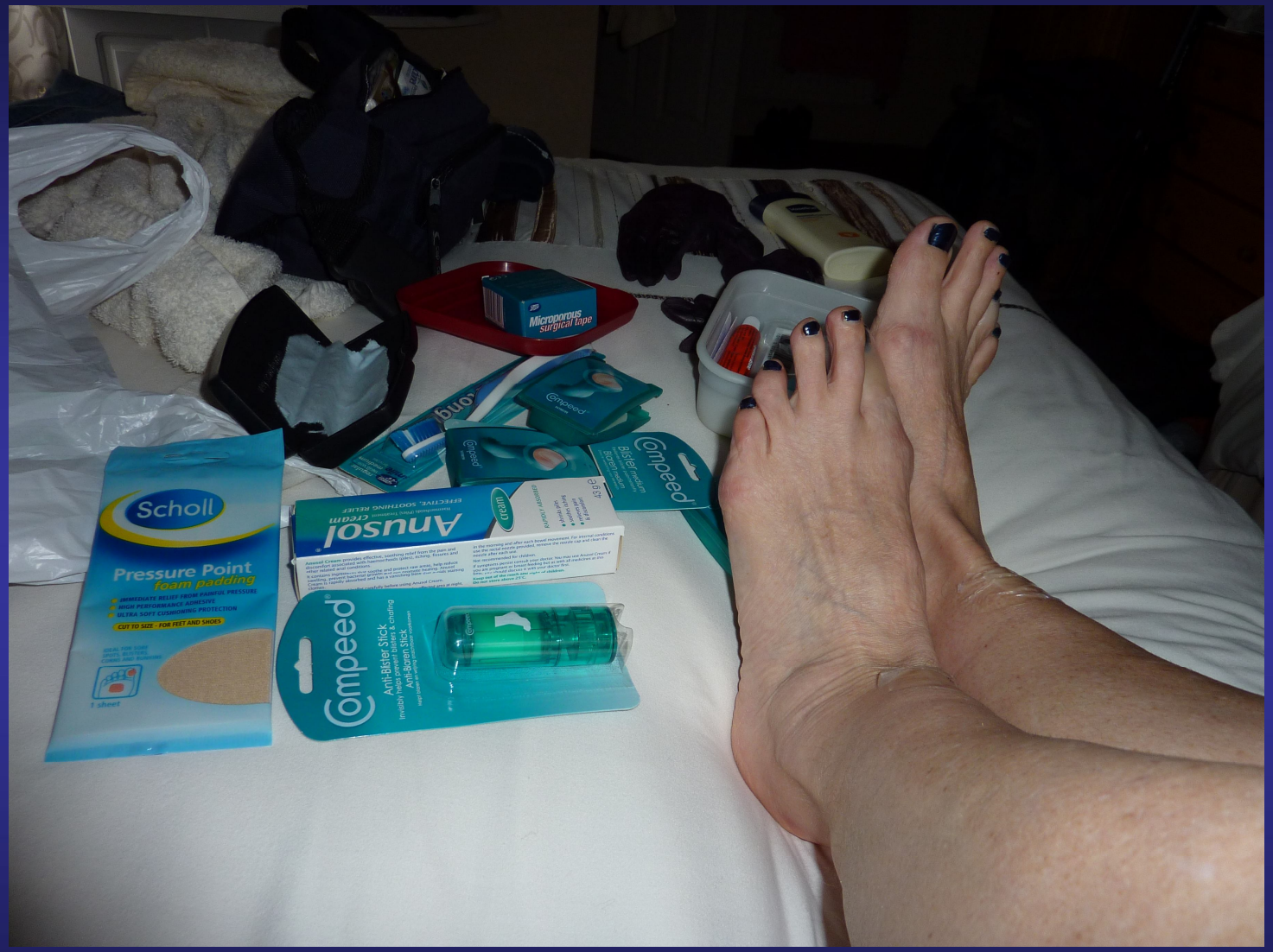
- Is there enough professional support at home?
- Breast feeding is not sustained
- Rising neonatal admissions - poor feeding
- Community caseloads overly large
- Inadequate time to spend with women
- Midwives doing more social work less midwifery – does someone else do our midwifery for us? – MSWs? Doulas?

Where is Midwifery heading with all this?

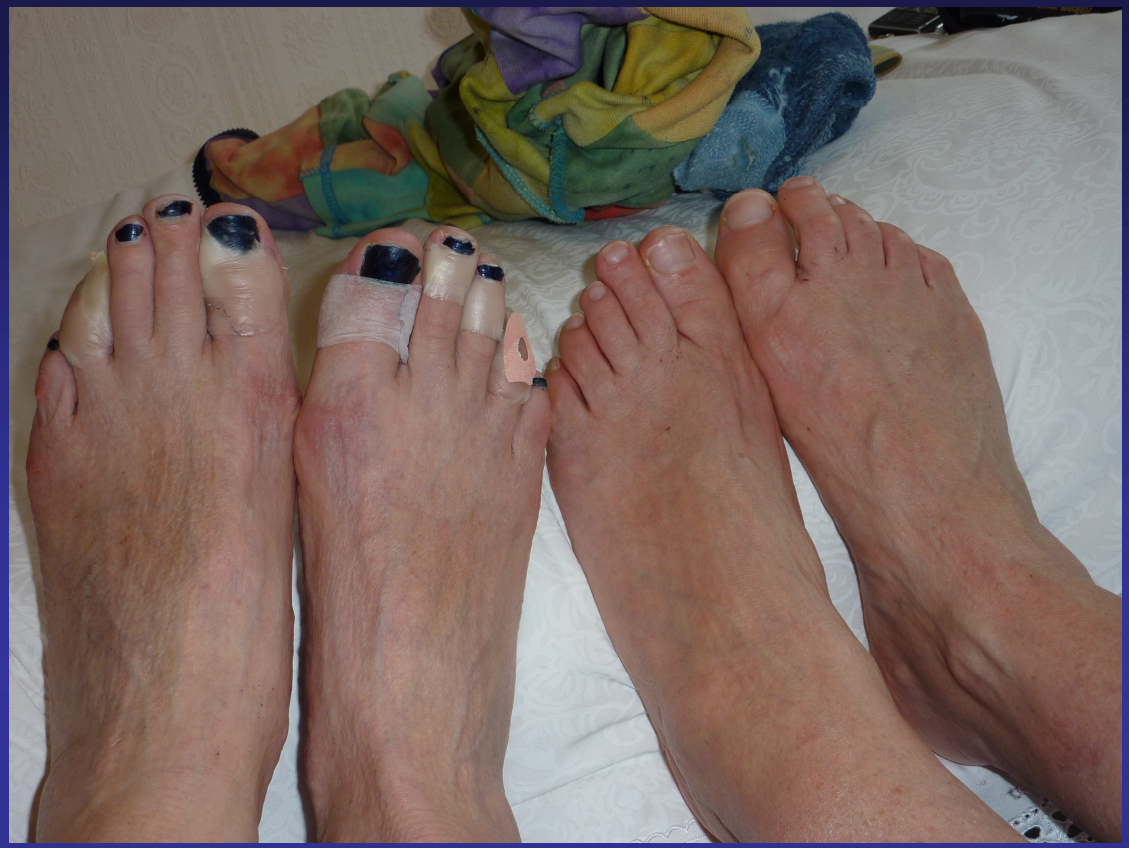
We must not sleep walk into professional demise

A parallel story

St Bees day 1 Coast to Coast walk



Still a long way to go and feet beginning to HURT like hell



Pat:

I don’t understand why your feet are so sore. Mine aren’t !

Same boots same socks as 1st week

Helen:

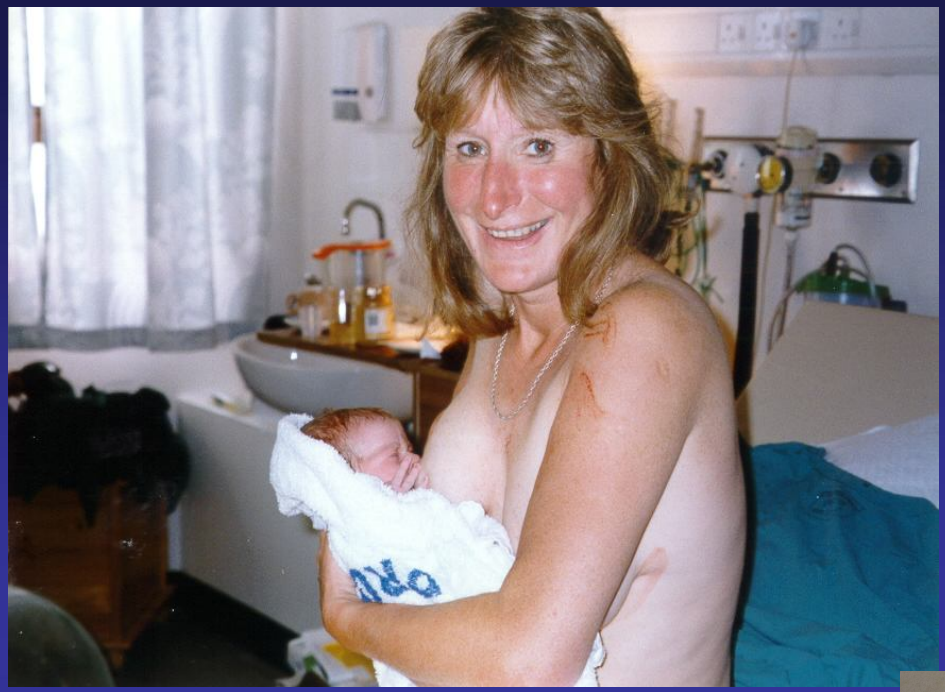
Well I don’t understand either but they ARE sore, so sore

Pat exasperated:

Then take the day off- get a taxi, get a BUS – YOU DON’T HAVE TO DO THIS


‘Pat will you STOP
Offering me the epidural
And just HELP me to see
this through. PLEASE’
High Hawsker 1/4
Fylingthorpe 2 1/2
Robin Hood’s Bay 2 1/2
(B1447)
Northcliffe
Seaview

Helen the mad [ly ecstatic] wife. I've Done it!!



The Midwife Helen [taking photo]
supporting
the mother Pat & Baby Joanna
through to VBAC 1993

The mother Pat supporting the
midwife Helen ‘seeing her through’
to the end of the
Coast to Coast
2010

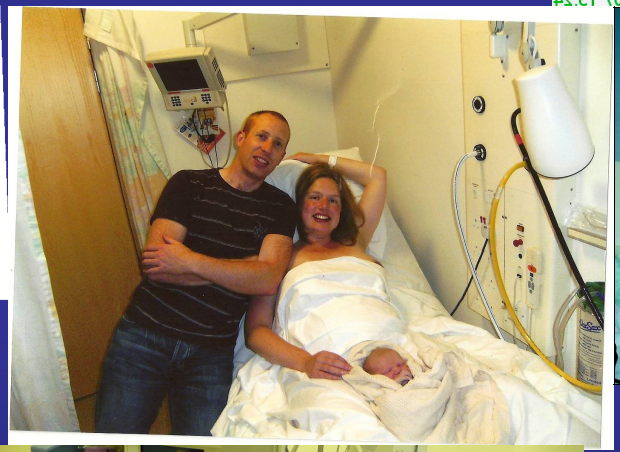
So *is* process compatible with caring?

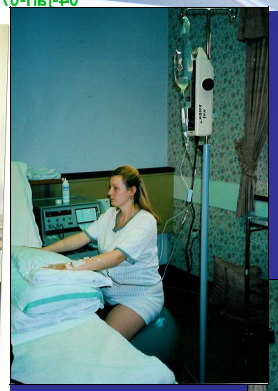
- Many midwives are doing their best under difficult circumstances
- Institutionalised behaviours are caused by stress and the defense against anxiety
  - If I connect I have to care
  - But once we know what these behaviours are

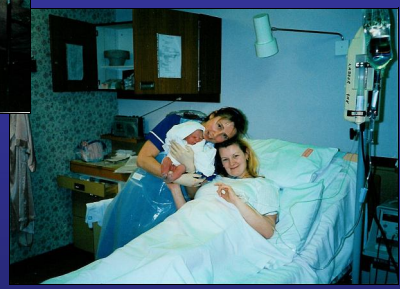
    We can and must do something about them

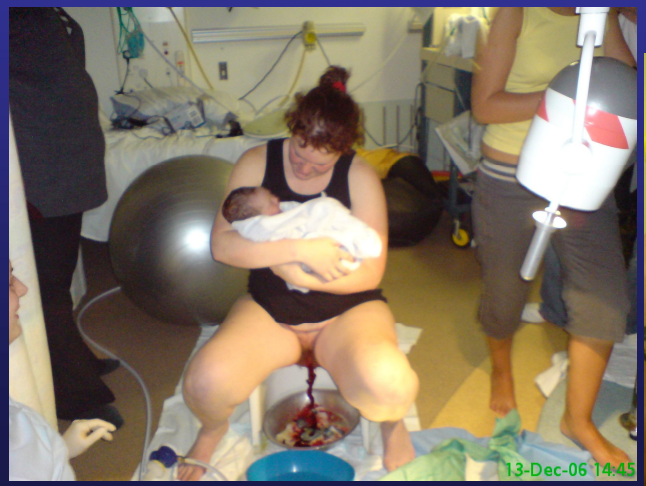
Normalising and creating positive birthing experiences in a high risk environment instead of processing women is possible

It's up to you and all of us to make this happen









You are the guardians
of pregnancy & birth and
the key to safeguarding and
promoting positive birth
for all women

Thank you for listening