Practising Midwifery in Ireland: Current Obstacles Facing Midwives Who Seek to Support Normality

Report on Birth Project Group Workshop, Dublin, Seomra Spraoi, 14th June, 2014

Background

The Birth Project Group wanted to hold this workshop concentrating on the problems articulated by newly qualified students and students completing their internship for midwives seeking to support normality for women in our hospitals.

Our rates of intervention are high in Ireland:

http://aimsireland.com/files/csectionrates2011

http://aimsireland.com/files/dublin

Normal birth is the exception, not the rule.

There are three major complicating factors, two historic, which lie behind these rates of intervention:

1. the so-called combined care model of antenatal care, underwritten by the 59 year old Maternity and Infant Care scheme, which privileges GP care and the involvement of a consultant obstetrician over midwife involvement in antenatal care and midwifery-led care

2. extensive private practice by consultant obstetricians, involving roughly 40% of all pregnant women; this influences heavily consultant decision-making and hospital over community services, to the detriment of midwifery-led services and approaches. Women who attend private combined care, or go fully private with just an obstetrician, experience significantly higher rates of intervention (Murphy, D. and Fahey, T., 2013; Lutomski et al, 2014).

3. extensive staffing cutbacks since 2010; none of the 19 maternity units in Ireland conforms to Birthrate Plus ratios. The two Dublin hospitals, where our student placements are located, with the numbers of births in 2013, totalling just under 9,000 each, have ratios of 1 midwife to 40 women and 1 midwife to 48 women respectively. These ratios are further complicated by an often poor skills mix in the course of any given shift.

The priority is to process women though poorly supported institutional care as quickly as possible. There is also a deeply embedded problem of how and why many midwives in Ireland find it preferable to support the status quo of an obstetric interventionist paradigm, without attempting to maintain or improve their own practice in respect of normal birth. On the one hand, all these factors lead to a midwifery setting that consistently pushes women towards unnecessary

intervention with resulting iatrogenic harm and, on the other hand, within that same setting, midwives who do not recognise complex circumstances for women as they arise. Thus midwives normalise poor outcomes while failing to examine the fact that these outcomes are often the result of poor basic care.

Points made at the Birth Gathering, March 29 2014

In March 2014, at a meeting of the Dublin Birth Gathering, a loose coalition of mostly direct entry midwives, midwifery students, and birth activists discussed the issues in a session and these were summarised as *"We can't withstand the pressure any more*" (McCarthy, 2014).

Anne McCarthy, who works with equality and diversity issues, sat in on this session and made the following notes from the group's exchanges.

1) The positives

- Working with the mothers
- Mothers/women who have planned well
- When we get good feedback from the mothers/women
- The freedom to choose to work where one can have autonomy

2) The Challenges

- Direct entry midwives are criticised a lot
- The "illusion of consent"
- There is a disconnect between the mother and the midwife
- When the mother has lack of knowledge about herself and the birthing process
- The lack of teaming
- The person who is in charge of a shift dictates the atmosphere and affects the work: eg. when the lights are lowered to help a mother, a senior puts them back on high without reference to midwife or mother
- Some midwives will go sick to avoid certain shift managers
- We never ever get praised or receive positive feedback
- A constant question is "How much do I have to be today?"
- Lack of culture of teaching
- Preceptorship course is more about documentation and detaining rather than pedagogy
- Those few of us of us who do get a chance to work and offer holistic support to women are referred to as working in 'fluffy land' by midwives focused on throughput only
- There are issues concerning harassment and bullying of of midwives in how they are supervised and managed.

3) The way forward

- We need time to be with the mother
- We need to use our own brain
- We want to learn to be a teacher of others
- There needs to be a discussion regarding leadership and midwifery

- The disconnect between current managerial practice/culture and frontline midwifery needs to be addressed
- Supervisory training appropriate to the role of midwife needs to be developed
- Create an atmosphere of encouragement and support for midwives and especially
- Develop peer support mechanisms for midwives (UCC have a model of peer support groups)
- Foster communication skills
- Evidence based website
- Develop a position paper on midwifery

Summary and conclusion

The group brought forward a number of issues that require serious thinking. They are currently in bullet point form to allow for qualitative reflection from those who attended.

Despite real structural and cultural challenges facing this unique profession, the group communicated real care for their mothers and each other as professional midwives (McCarthy, 2014).

The June 14th BPG Workshop

Many of the points made above came out during the workshop in June.

It comprised three sessions:

-identifying and talking through the context of the problems as they are experiences individually

-exploring what might be able to be done

-a final session, led by Jenny Patterson from the BPG, introducing the Capacitar wellbeing practices to help support participants in their working day.

The issues and concerns set out below came from participants, writing in their own voice.

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On preceptorship

'From a student's perspective I would like to suggest the following. From my little experience to date, it is clear that a negative preceptorship can have a very negative and sometimes detrimental effect on students.'

'The student can sometimes have very negative experiences on placement as a result of the relationship and experience with a preceptor. The student feels they must accept this bad experience as a 'rite of passage' and they often feel unsupported by hospital and college staff.'

‘There is a divide and a lack of cohesion between the hierarchy of midwifery hospital staff and the college. This can contribute to the lack of communication, understanding, openness and debate between students and all staff (college and hospital).’

‘No training is given to midwives on how to become good teachers and preceptors. It is part of the role of the midwife to be a preceptor. Some excel in this role and drive the student to do better, by providing a no-judgement zone and an atmosphere of acceptance. Others are not so adept at the role of preceptor, and end up blaming the student or just not teaching them. Some midwives request not to be preceptors, but they are denied in their request. Complaints have been made, verbally and officially, but nothing is done, and they continue as preceptors. Student’s live in fear of their preceptor allocation, and yet still have to learn.’

‘I propose that senior midwifery hospital staff and senior college midwifery staff create a Preceptorship Programme of Excellence. Main key points to be addressed:

1. Committee established "Preceptorship Committee" with members of college and hospital staff. Non-biased and non-judgemental.
2. Volunteer only preceptorship - incentivised.
3. Preceptors should be assessed formally
4. Formal structure of assessment should be implemented.
5. Should be appraised, reviewed, assessed by committee.
6. Students should complete a confidential anonymous questionnaire after each placement and these should be assessed ongoing.
7. Preceptors who don't meet their expectations and roles should be removed from preceptorship programme.
8. Educate the preceptor. Ongoing training should take place. Preceptors should be answerable and accountable.’

The obstacles, problems and issues facing direct entry midwives

‘We have no support, either from our college or from within the institution in which we work. If anything goes wrong, if we get sick, if a family member dies, if we get pregnant, if God forbid, we make a mistake, we are on our own. In my first year, a qualified midwife once told me the greatest advice in surviving this system “trust no-one”. The thing is, when things do go wrong; you make a mistake, you are part of an emergency which goes wrong, you witness substandard care, you WANT to trust someone. You want there to be someone you trust and can rely on to have your back. It’s a system of litigation prophylaxis, and the blame game is a constant undercurrent. As students the attitude is that, we should be respectful and never contradict. Don’t speak up to your superiors (midwives, doctors…anyone really) as you should be humble in your knowledge and experience, regardless of what you see.’

‘The hospitals are understaffed. It’s been the case for years, but never has it been felt more than now. Sometimes students outnumber midwives two to one on the wards. How can one midwife teach two students, take care of a case load of women and babies and ensure good care?’

‘Any emotional or psychological problems brought about by experiences in work are looked upon as our problem. “Take it to the college counsellor, I don’t want to know”. This is what we have been told from the start. We use the service as best we can but sometimes even they don’t understand the pressures we face.’

‘The tension between the college and the hospital is obvious, even to students. Neither want to step on each other’s toes, yet need to carve out their own territory. They bicker with each other, trying to seem professional and pleasant, all while flying the flag of student welfare. They each have their own agenda, their own priorities but most of all self- preservation is their driving force. ‘

‘We are isolated, adrift and alone. We whisper our experiences, woes and sobs to each other with backward glances and promises not to tell anyone. We need support.’

What newly qualified midwives and interns see

‘Mothers and babies receiving substandard midwifery care. Just a bed number. Vital signs to be taken, antibiotics to be given. No room for common sense. No time to care before the next bell rings.

‘Women putting up with being invisible, not demanding to be seen. When they do 'demand' to be SEEN I get shocked and upset by my reaction. My slap back to who I am deep down and where I've had to shelve that part of me who cares who wants to care.
Rush them in, rush them through, rush them out. To nothing. To surviving. To putting up with. To getting on with. No Love.’

‘The problem for me where I work is sharing shifts with new and wise midwives who have had enough. Each shift brings the same words of frustration and disillusionment.
We want to be midwives. We want to care with competency and love for mothers and babies. We are limited by chronic understaffing, exhausted, stressed out midwives, and the constant pressure from misplaced obstetric protocols, the shadow of active management and the fear of litigation.’

‘I am afraid that I start losing faith in normal birth. I know how it should be, but it is so different from what I see every day that I start doubting that it really is possible. I don't think I know how to support women anymore.’

‘The number of instrumentals is worrying. Babies and women come up to the wards scarred - physically and emotionally. I often have to leave the room to cry when I see their small bruised faces with deep cuts from badly applied forceps on them. It seems everybody knows which doctors do this, but nobody speaks up. Doctors don't get to see the consequences as there is little or no continuity of care(r). I have started collecting hospital numbers to see if a pattern emerges.’

‘Sometimes I get angry with the women. For not knowing. For accepting without any questions. For not speaking up for themselves and demanding better services and choices.’

‘This is not the midwife I want to be: afraid, bitter and frustrated.’

‘I decided to become a midwife after the wonderful care I received from a very special midwife at my last child's birth. I had very romantic ideas about what midwives do, their supportive role in caring for women during such an emotional time in their lives. I believe this still to be true although my rose tinted glasses have well and truly been smashed. I give my all to caring and supporting women, sometimes to my own detriment! I feel passionately about women's choice and right to determine their own path in birth. My superiors do not see it this way. Yes, I call them ‘my superiors’ that because I am definitely seen as a subordinate, even by my fellow midwives and

by some doctors, but certainly the midwives make me feel like that more than the doctors!'

'I love meeting women who have made some preparation for birth and have thought about what they would like to happen. I close the door to the world and it's just me and the couple, love it! I wish more women would take the time to do this, to be a part of the decision making. So many women don't; they " leave it up to the professionals" believing that their birth will be facilitated by the best practice. Unfortunately this doesn't always happen and plenty of practices prevail that are not evidence based and it's the luck of the draw what kind of midwife the women meets on that day, how trusting women are! They don't realise the politics and agenda that are simmering just beneath the surface.'

'I actually despair for the women of Ireland. I'm just so upset at the cover ups and the apathy! What can be done?'

'I have to leave, for my family, their future and for my own career as a midwife. I have to go to a country that supports midwives, I know the grass is not always greener but it's got to be better than here. I'm sorry for the women, that they now have less chance of getting a midwife on the day that "gets it" but for my own soul I must go. I can see myself slowly changing and the longer I stay in this system the more I won't like myself or my practice.'

"Good job ... gone bad"

'Women may think:

"That must be an amazing job"…. "Birth, new life, how wonderful"….. "How lovely it must be to cuddle babies all day"…. "That's a great profession, a job for life"

The reality is starkly different and women end up saying:

"I was left all day and no-one came to help me" … "I was frightened, the room was suddenly filled with people, I didn't know if my baby was going to be OK" …. "Oh, my neighbour had an awful time, they dragged the baby out of her" …. "Did you see that hospital in the paper again, another baby…."'

'In a profession already oozing with risk and fear due to the medicalised model of care we are now experiencing an age of litigation, media publicity and hypersensitisation.'

'Birth is no longer always normal, safe or happy for families or care providers.'

'Women are fearful, anxious, watching, recording…. Midwives are fearful, anxious, watching, recording… '

'Maternity services that should be welcoming, embracing and secure are becoming facilities run by stressed, overworked, and unwell staff who are being advised to obtain consent and document everything as a priority of care rather than a given. Consent and documentation, a fundamental role of any midwife or doctor, who bases their care on best practice. A care provider who has the

interest of the woman and family at the forefront. Other aspects of care such as continuity of carer and advocacy have been pushed aside.'

'Instead, we are obtaining consent and documenting in line with a myriad of fear, heightened by the media coverage and litigation that is hitting maternity services in Ireland.'

'Continuous fetal monitoring in labour is routinely being used, caesarean section rates are set to rise as a result of increased fear and increased intervention.'

'Women and their partners are watching, worried, afraid that they could be next... wondering if the person that is looking after them has their best interests at heart, or if they could be the next family to face heartbreak at the hands of an overstretched system.'

'Admission units and emergency rooms are inundated with women and partners who are fearful for their pregnancy, who have been watching to news and using the internet to diagnose possible outcomes. Normality, psychological nurturing and education have been lost somewhere along the way.'

On the Ground - Midwives and Managers

'Midwives are stressed and fearful, the level of morale is at rock bottom and the level of bullying is heightened. Experienced midwives are watchful of less experienced staff and instead of supporting and educating, they are undermining and often contentious and aggressive in their attitude.'

'Basic psychological and physical care for women and for co-workers has been lost amid this frenzy.'

'Midwives are watching, worried, afraid that they could be next…..wondering if the person they are looking after will find something in their practice that they can keep with them and take to the high courts. That this couple may be the people who will make the most of this overstretched system and gain financially.'

'It's just so scary, I don't want to do it anymore … I know I say too much sometimes, they could hang you'.

'In this age of litigation we have to gain consent for every procedure. Be careful with your documentation. It could be us tomorrow, this is what we work with'

'Managers rely on lip service to try and pull together their team of staff. New measures are hastily being put into place before the media vultures scoop into another unit. Fear of being highlighted for poor practice when these measures should have been implemented for the wellbeing of the family unit within our care long before now. These changes are overwhelmingly significant to both mothers and midwives, but it is too little too late for some'

What can be done?

‘Be 'With Woman'...a Midwife, it’s what I trained to do. Yet this profession was a passion for many of us, and I see on a daily basis that the constraints of the system, the hierarchically-led environment, the lack of on the ground support has made us dispassionate and akin to robots.’

‘Every day I hear stories of fellow midwives leaving the system, dispirited and unsupported they have reached burnout stage, no longer having the energy to fight the system, they go along with the diatribe, suppressing their natural instinct, afraid that if seen to be different as they will be blackballed, there is no joy going to work and feeling alienated, or the odd one out.’

‘Yet I know they do try every day to try and make birth better for the women in their care, no matter how bad the day, that passion and the love of midwifery is still there, engrained in their core.’

‘I became a midwife, I know, because of my experience many years ago when I birthed my own children. .These experiences instilled in me a passion to become a midwife, my thinking being that somebody has got to be able to do this better, somebody has to be able to empower women in their birth choices, someone has to give women a voice, someone has to listen to women and listen some more...the journey for me has not been an easy one and as a student I suffered at the hands of these same midwives.’

‘Learning to fake it until you make it was a mantra talked among us students. We looked to the day that we might be able to stop faking it and practice in a way that was true to the belief., However for many of my fellow midwives this has not been the case, and optimism on qualifying has on many occasion turned to despair.’

‘A body like the Royal College of Midwives you see can make a difference: to have a strong body behind you that backs up your practice, supporting midwives to support women’.

‘But we are bereft of leadership and guidance, and we have no voice. And yes there are some really bad apples among us. However many of us do care, and do try every day to make women’s experiences a better one.’

Two personal perspectives on daily practice

A long established midwife: ‘There’s something rotten in the state of Denmark’

‘I’ve been a nurse and a midwife for nearly 20 years (more than half that time as a practising midwife). I’ve seen ups and downs and lived through them. I’ve stood on the picket line, cried, studied, had my own children, worked, loved, hated, but always stayed...always came back for more. Because I love my job. I love being a midwife, love supporting women. Love seeing newly pregnant women growing, nurturing and loving their babies in utero and then amazingly, powerfully, and sometimes ecstatically birthing those babies into this world.I love to promote natural birth. The mothers of the babies I do get to catch have generally had a healthy, non-interventionist pregnancy and birth, and they are thrilled with themselves that they have achieved such a feat.

And I can see it is an achievement. If you come to any Irish hospital in 2014, expecting maternity care, you are subjecting yourself to any amount of non-research based, personally opinionated, and sometimes sub-standard care, that depends entirely on the care-giver you meet on any given day.

I remember looking up to (and sometimes fearing) the midwives whom I learnt from. I remember wondering if things will still be the same when I am their age. Well, I am their age now and I really think things are worse now than they ever were.

The level of fear among my colleagues and I is shocking. It is pure luck that I have not been involved in any major incident that I have seen others go through.
I have heard midwives say the best place to work is postnatal, as they never end up in court.
My husband said recently that if it gets too much and I need to pack it in, that's ok-we'll manage!!
I'm thinking I could do agency work, or mind children, anything to just get away from a system that has me so disillusioned, because I feel by staying I am colluding with all that is wrong with it.

I know personally how good it can be. And because of my own experiences, having my own children, under the care of just one, trusted midwife, in the comfort and safety of my own home, I wish so much that every woman can experience that. But I also know that home birth isn't for everyone personally or medically. So why can women not experience something similar to what I had, even if they are attending a hospital. Can we consider caseload midwifery? Can we ensure that national, evidence-based guidelines, are compulsory for every midwife and doctor to follow? Can we have workshops on how to prevent trauma to women and their babies? Can we apologise straight away when things go wrong, even if it was out of our control? And, especially if it was within our control to prevent it? Can we all remember that we are providing a service, that the customer is always right? Can we stop treating our midwives with disappointment and contempt if they make a mistake? Can we start supporting each other, rather than finding a scapegoat or someone to blame?

I keep saying to myself "If I'm not part of the solution, I'm part of the problem".

Becoming a Midwife

'My parents were very proud when I told them I succeeded and was going to start university in the September to become a Midwife. They thought this was brilliant because not only was I going to get a degree I was going to have a profession, a vocation, a career. I entered the midwifery world as a mature student, which some say is brave. Giving up a job, a steady income and no thoughts of study or hard work, to begin something I really didn't know anything about. Other than if you work hard enough you will become a midwife in the end. Delivering babies, looking after the new mummy's and the their newborns, doesn't it sound wonderful!

Four years of hard, hard work. Giving up part time jobs because the unpaid student shift work meant you were unable to work set days/evenings.
The internship was like heaven.....pay day.....although it was the first year of the reduced pay scale it was better than nothing! Luckily for me I survived through my internship. I didn't have any issues with Preceptorship and I gained a lot of experience in the process, but little did my friends/family/colleagues know I dreaded each and every day, what was to become of this day, this week, asking myself, 'Do I really know what I'm doing?', 'Everyone seems to know so much more than I do', 'How can I really become a midwife with this little knowledge?'

Well I did become a midwife, I obviously did know enough. But I didn't know everything. I still don't! Midwifery is an on going training programme, I wish someone had told me, 'don't expect to know everything', 'It's ok to ask questions', it may have reduced the anxiety slightly!

I still go into my chosen career, my vocation, my profession with a slight panic.....'what is going to happen today?' 'Are we going to have staff?' 'Is there going to be a queue outside the labour ward with women "needing" to get in?'

Every day I wonder is this going to get better or is this just the way it is. Is this the maternity service that is being provided? I hope not because I long for the day that my profession, my vocation, my career is more than just a job.'

Conclusion

It is fair to say that the workshop ended on a sobering note with the Capacitar work vitally needed to help even rebalance all of us as participants and to help with letting go of the burden of the work, of thinking about it and discussing it.

The following number of months proved more difficult still for midwives and students.

In rapid succession we had:
-the suspension by the HSE from practice of the independent midwife Philomena Canning
-three inquests into maternal death ending with a medical misadventure verdict for Dhara Kivlehan, Nora Hyland and Sally Rowlette
-confirmation from the State Claims Agency of a 67 million euro payout in the last five years for catastrophic failures of care in our 19 maternity units

And in 2015:

-confirmation also of 67 extreme incidents in our units during 2014, leading to permanent incapacity or death
- the HIQA report on perinatal deaths in Portlaoise Hospital confirming that there were multiple failures of care, management and oversight within the hospital and at HSE regional and national level
-the Trinity college Dublin Student Union survey revealing extensive bullying and victimisation on the two placement hospitals attached to the TCD midwifery programmes.

These events were all outcomes of the many issues and systemic failures highlighted in the BPG workshop. The BPG's own online survey carried out in the autumn of 2014, highlighted anew all these issues and the group has begun to publish these findings (Mander, 2015; BPG/Mander, 2015).

In November 2014, the Minister for Health announced the convening of a national maternity strategy review group. That group, which has yet to report, may be able to change some of the core aspects leading to sub-optimal conditions of practice, and indifferent to poor outcomes for women and their babies. The group may be able to focus on policies and measures to support normality in birth, hitherto never stated as national policy in Ireland.

An implementation group set up in the wake of the TCD SU survey on bullying may be able to develop supports and procedures that will lead to a much improved learning environment, a much improved approach to preceptorship and much safer conditions for our midwifery students.

Only through concerted efforts will we be able to make the support of normality in birth a commonplace experience for women in Irish maternity services.

August 2015

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