Mairi Calder, Midwife, discusses transition, learning and development as a newly qualified midwife

Transition from student to registered professional

I felt a range of emotions as I started my post as a newly qualified midwife (NQM). I felt there was never going to be a time that I would feel definitively confident, but I needed to step out of my comfort zone and 'just do it!' On my first day I was shown around the unit in the morning and then had my first woman in the afternoon. It was interesting because as soon as I was assigned my first woman, the nerves disappeared, and things just fell into place. I felt confident in my ability to deliver compassionate care of the highest standard to women and their families.

The reality is that from one day to the next, your title changes from 'student' to 'newly qualified midwife'. I realised it was important for me to feel self-assured in my abilities and remember the feedback I had received over my three years of learning. I remembered that by the end of third year, more often than not, I felt I could manage a woman's care on my own, even if that care was always shared with a qualified midwife. I felt enthusiastic and excited about spreading my midwifery wings. At the same time, I had to remind myself that it was time for me to do so and there was no such thing as feeling 100% ready, I mustered up every inch of courage I had! The transition was not without some anxiety and nerves; however, I knew there were, and still are, other midwives I can go to if I need some guidance, or just a moment of reflection! I remember, one of them said to me, "Mairi, the most important thing I can see is that you care". This flipped my thinking around from thinking that asking too many questions showed a lack of knowledge to recognising that the most significant midwifery value is to give the woman the best, most compassionate, person-centred care that I can. It is more than ok to ask for help and actually shows other midwives your thinking process and builds trust that you will seek guidance if unsure! Team work is key.

I experienced some mild transition shock around a couple of months into my role as an NQM, this transpired as fatigue and an increase in migraines. I coped by speaking to family and friends about it and solidifying my self-care routine. I find the concept really interesting and think it could be highlighted during the NQM induction weeks. Throughout, I have been well-supported by my colleagues and team leader. In addition, we have had retire and return (R&R) midwives specifically allocated to shifts with newly qualified midwives. These midwives have been extremely valuable in helping us settle into the ward. Whilst I now hold the title of 'midwife', there have still been specific skills to be supervised and checked such as the dispensing of intravenous drugs and intravenous cannulation. R&R midwives have been there to supervise, as well as provide guidance in more technical skills such as perineal suturing.

Impact, Learning and Support

The labour ward is a fast-paced working environment, which requires midwives to practice effectively, often under pressure and with time constraints. However, this was especially felt during the pandemic. Some relief is felt as I sink into my couch after a busy shift. When I walk onto the unit, there is an “on switch” which activates in my brain, which maybe comes down a few notches on my break but never fully relaxes. It is only after a busy shift that I can fully relax, however as my peers also often experience, dreams of work and looking after women are not uncommon between shifts (pandemic or not!)!

An initiative which I was excited about was the NHSGCC Flying start NQP Signifier Badge which I received at the NQM induction. This signifies that we are new and may need extra guidance. Whilst some midwives were unaware of the badge and I received many questions, I took the opportunity to raise awareness of the badge.

The NQM role has not been without its challenges however, I have always managed to solve issues myself or at times, with the help of my colleagues. One particular instance stands out to me involving a woman who had a caesarean birth. Post-operative recovery went smooth from a clinical point of view however, she herself was very distant and vacant with myself, her birth partners and her baby. I put it down to being exhausted, sore and having had a long night in labour. However, upon arrival at the postnatal ward she was deeply distressed and upset at the prospect of having to share a bay with other new mothers and their babies. I kindly explained that there were no side rooms available. She threatened to discharge herself and take the baby with her. I strongly advised that she stayed in hospital as we were only a few hours post operation and reaffirmed that we would support her by getting her some pain relief, helping with baby care and making her as comfortable as possible. I also attempted to normalise the mix of emotions which can occur just a few hours after birth. This did not help, and she further reiterated that she would not be staying in the postnatal ward and would be discharging herself. I had exhausted my efforts and knew I needed support from my colleagues. I explained the situation to the midwives on the postnatal ward and an experienced midwife came with me to see her. She reluctantly accepted some pain relief and her birthing partners encouraged her to stay.

Upon returning back to labour ward, it remained a delicate situation, I did not feel it had come to a positive conclusion. She remained highly upset and I was worried for her mental health. I debriefed with the midwife in charge who sent medical staff round to see her. I explained to the midwife in charge that I found the situation very difficult and at times did not know how to respond to her. I felt out of my depth and as though I had been put on the spot with her birth partners watching me, as well as staff in the postnatal ward. I felt blindsided by her change in behaviour upon arrival to the ward and felt I should have picked up on this before leaving labour ward. It is my role as a midwife to get to know the woman and it almost felt I had failed by not recognising she was struggling and was deeply distressed.

The debrief with the labour ward charge midwife was very helpful as it allowed me to share my thoughts and feelings. I knew that she was not able to think rationally at that time and it was her mental health that was causing her so much distress. Later on, the experienced post-natal midwife came to labour ward to debrief with me and she reaffirmed what I thought which was that my woman had been highly upset and distressed and we needed to deliver her the most compassionate care. I was able to share with her that I found the situation very difficult and did not know how to respond to her threatening to discharge herself.

One thing that I will take away from this is the advice from the postnatal midwife which was 'one step at a time', and to try and aim for small milestones such as providing pain relief and then revisit the woman's feelings.

Flying Start NHS programme

The NHSGGC Flying Start Portal is a good resource as it provides information on the programme and how to complete reflections. I have found it very useful to have this resource. It was also helpful to hear about Flying Start towards the end of third year and at the Induction as it has helped prepare us. At Induction, we also heard from the Practice Education team who provided a valuable session for NQM's. The Flying Start programme is something my NQM peers and I are keen to complete as it is the final part of our induction as NQMs. In regard to the situation aforementioned and perhaps some other challenges I have had, it would have been helpful to have had a Flying Start facilitator to further debrief with. However, I hadn't been assigned one at this time.

I have started thinking about relating my learning and development to the Flying Start outcomes and have been keeping note of specific scenarios that I could reflect on as part of the Flying Start journey. These include emergencies, team communication and dealing with adverse outcomes. I have also attended professional development days such as water birth study day and completed the newborn examination course to be signed off as a newborn examiner, these are both examples of learning that I could reflect on.

In relation to the Flying Start competencies, I could reflect on cannulation which could fit under "clinical practice"- delivering safe care and enhancing person-centred care. I have started a word document with scenarios that I can use for my Flying Start portfolio.