

BARBARA STRAWBRIDGE

SIZE 5

Audio Producer: Rachel Simpson

It's about life, and the beginning of life - as midwives, we are there for our woman and our families and nobody can explain how special that job is.

My name as Barbara Strawbridge. I am currently working as the Interim Clinical Risk Midwife for the Northern Health and Social Care Trust, which is in Northern Ireland. My substantive post is a Sister at the Causeway Maternity Unit in Culrain, by the North coast.

If you come through the doors you'll be faced with another two sets of doors, which you will have to buzz to gain access to the unit. My role as an Interim Clinical Risk Midwife involves reviewing clinical incidents, and, as part of that process, we look at the cases, we identify any learning and we implement action plans to take that learning forward. Obstetric emergencies do happen to women on a regular basis, but it's making sure that our systems and processes for the management of those are robust and that our staff are trained and skilled in the management of those incidents and that our policies actually reflect current evidence base.

This is a typical delivery room. We do have the labour ward bed - at the minute it's just flat but it can turn into like a chair, and these are the scales where we would weigh the baby. The paper was just put on to the scales just so that, whenever you put the baby on, there's, they're not on the hard cold surface - they've already had a shock coming into the big world out of the comfort of their mummy's tummy. I tend to work mostly Monday to Friday in my Clinical Risk role, and I would do the occasional short shift in my clinical role as a midwife on the unit. It's nice to actually have some contact with my mummies and see, just to see the babies. Bringing life into the world is really rewarding, and hearing that baby's first cry. Their wee hands curling up, the smell of them even, the smell of the baby. Every woman that gives birth to a baby, that is the most precious time in life. And to actually see a woman's joy when she has given birth. I just cannot explain to you, what that is. The love that you will see in their faces. I just can't even put into words, how precious that is.

My own personal experience, I don't have the best obstetric history in life. I had a lot of IVF treatments. I'm very blessed to have a child of my own - I tried for years and I thank God every day that I have a lovely daughter and I appreciate birth and so whenever a new life comes into the world, I just think that is so special, because of my own experiences, and I've had foetal loss as well, so I can understand wholeheartedly what it's like to have lost a baby, and how you never, ever forget that experience for as long as you live. You learn to live with it, but you never forget it, and I think that whenever you've had those type of experiences, then you can relate to women, whenever that has happened to them.

I think you are so focused on yourself at that particular time and your grief process is so great, that sometimes you don't even remember very clearly, it's the little things you remember - you remember how people speak to you. And you remember things are going on around the ward as well, about how busy it is, maybe and the noises. If they're late in their pregnancy and they've had a loss or a stillbirth, we try to make sure that the environment is as quiet and conducive for them as possible, to be able to go through that grieving process. In the early days we try to make sure that there's somebody dedicated to look after that woman, and they build up a relationship and a rapport with that woman, and that helps them approach those difficult things around post-mortem and burials and all those sort of issues that have to be addressed as part of the bereavement care.

Then we have what we call our quiet room, and our quiet room is an area where a woman who has been bereaved or a family who have had a bereavement or a stillbirth or a late foetal loss can come in here into homely surroundings, they can bring their baby in here, they can bring family members in here, where they can sit in a quiet environment with their baby. It's like a living room - it's got a sofa, nice homely curtains. We've got pictures on the wall. The room is totally non-clinical - very useful room.

I qualified in November 1992, so I have been a midwife since then and there's been a lot of changes and maternity care is a fast moving service. There's new developments come out on a regular basis. There's evidence comes out that changes our practice. We have to make sure that we keep ourselves up to date. So there's a lot of learning and development and you never stop learning as a midwife. You always learn something new, every single day that you come into work.

And that's our clean utility area. We have various emergency boxes, we do PROMPT training here. So we train our staff and the management, all for obstetric emergencies, on a regular basis, and those boxes, then, are the equipment that you would need in the management of some of the obstetric emergencies that we have. For example, over here is the box for postpartum haemorrhage and then, inside that box, you will have all the equipment that you will need. So whenever that emergency call comes out, a member of staff will be allocated to go get the box and then we would initiate our emergency procedures. And we do regular drills and allow staff to practise in a very neutral, un-stressful type environment, on how they would manage it, so that if it ever actually happens, it comes to them very quickly.

The most rewarding thing about my current role within clinical risk, is that we make the difference for a woman. So we are constantly trying to improve the quality of what we do on, on a day to day basis, and it's also about supporting a culture of learning. It's not about reviewing incidents and trying to find blame. It's actually about saying, 'Right, OK, let's see what we can do to change this for the next time around.'

Over the last number of years, that quality improvement work, that the NHS has now focused on, has certainly made a significant difference to ensuring that the policies and procedures that we have are evidence based and rigorous. Checklists and things that we use are memory jogs for us, so that we are making sure that we do everything that we need to do to make sure that what we're doing is safe and of a high standard.

I do remember a lady who delivered twins. She actually came back when her twins were four, to say hello. That was lovely to see her twins. They were two wee peas in a pod, and they were gorgeous and I was so delighted that she had never forgotten me, because that to me proved that I had made a positive impact on the lady's life and at such a special time in her life giving birth to her twins. So yeah, those are the things that make it all worthwhile. If my daughter said she wanted to be a midwife, I'd say, I would say yes, because, you know, if you have a burning ambition to be something in your life, you have to embrace that, go for it, because, if you don't, you would only live with regret, and yes, if you want to be a midwife you go for it. It's the best job in the world.