Day in the Life of a One to One Midwife

I struggled with my midwifery training due to my attitude about the way that UK NHS midwifery care is usually organised. I knew it was bad for women and also for midwives, and I entered the course wondering if I would actually practice as a midwife at the other end. One lecturer recognizing this commented she wished there was a course she could write just for me. And then on the horizon appeared One to One who were just starting out. Their ethos of care exactly matched mine, and I watched with eager eyes as they grew. I knew I had to work here, and as my third year ended my thoughts turned to how I would work in this model of care. Caseloading would be hard I knew, but this was it, this was where I had to be. I belonged here and I would deal with the ‘hardship’ of caseloading.

And then somehow I chose not to go to One to One and instead went to work at a local trust for a year. During this year I experienced many wonderful events and people, but also found myself dreading the next shift, who I would be on with, who the shift leader would be, and how many women I would be juggling. I was prepared for the reality of the NHS, yet it was still hard to deal with and I became a shadow of my former self. I was tearful and afraid to speak up, yet I thought I would stick it out until I got to band 6. However then I spoke to my friend who did follow “my path” and went straight to One to One. I came off the phone and sobbed, then immediately sent off my application to One to One. And of course I got the job.

I did harbour certain apprehensions before starting with One to One. I thought my life would not be my own and that I would be called upon day and night. I had become used to working 3-4 days and then having longer periods of time off and knew I would miss them. I wondered how I would cope with a 24/7 on call, living and breathing midwifery, and being out at all hours day and night at the beck and call of my women. It’s not like that. The life of a One to One midwife is certainly never boring I grant you that, but my fears were unfounded. I love my job, I have found my place.

It’s hard to describe even a typical day, never mind a typical week or month. It’s not like that. It’s not typical. Of course there are the routine visits that are scheduled in. All midwives work these differently as you can choose to do these when you like, but of course when it’s convenient for your women. However you build a relationship with your women, and you accommodate them and they accommodate you and they respect that you have a life outside of work and only contact you when they really need to (in the most part!!). I try to schedule routine visits for the week and keep weekends free to spend with my children, and whilst there are the visits that have to be done of a weekend of necessity, they tend not to spoil the weekend and I nip out and do them when the kids are at clubs or otherwise engaged. These visits sometimes don’t even feel like work!! And following up these visits in the form of admin etc. is done from the comfort of my own sofa, with a cup of tea in hand or in the garden in the sun.

Then there are the triage visits and calls, which, when they are “your women”, who you’ve got to know, you don’t mind, as you just want to make sure they’re ok. Sometimes they are at inconvenient times, but I remind myself of all the other things I had to miss working the shifts that I was told to work, and then I don’t feel so bad. And I don’t miss the weeks of night shifts or working all weekend. The times I am out in the night it’s at a woman’s birth, in a (usually) comfy house, with access to food, drink and toilets whenever I want, and I’m looking after that woman and that woman only. The sense of achievement and satisfaction is immense when your primip who wondered could she really home birth looks up and incredulously says “I did it”, or your multip who the hospital denied a homebirth because of ‘risk factors’ that don’t make sense when applied to the woman in front of you telling her
story, also has her amazing birth and tells you ‘I just want to ring the hospital right now and tell them all about this’. And when you get home and rearrange the day’s visits with the rest of your women, they love to hear the reasons why and the birth stories you have to share.

I also love being able to give true evidence based care, instead of having to abide by hospital policies designed to fit the needs of the hospital, insurance company etc. Women are given time, space and evidence to make up their own minds about how they wish things to go. I also remember the first time I had a second stage over two hours, and the relief of not having a doctor/shift leader knocking at the door. Mum was ok, baby was ok, and so was I. It just took time to unfold in the natural rhythm of birth.

Time off is managed between you and your ‘buddy’, so that you look after her women when she’s on annual leave and she looks after yours. This buddy system is invaluable, as you attend births together, bounce problems off each other, arrange any ‘protected time’ due to tiredness, the need to go for a swim, or nights off necessary that can’t be covered by annual leave.

But working for One to One isn’t just about the practice. It’s investing in the company as a whole, and allowing yourself to grow as a midwife rather than stagnating because other people are doing the job you are interested in. If you’re interested in mental health for example you’re encouraged to step forward, to develop links, to get involved in writing practice points for the other midwives to be guided by, to attend mental health forums and disseminate information to other midwives in training sessions to share the knowledge. If you like parent education, you may wish to improve the ways things are done, write class plans, formulate games to play in classes, or take the lead in organising your own area’s parent-ed. These are just a couple of examples of how as a midwife you can follow your interests and improve what’s happening in a small but fast growing company and in the process improve other midwives lives and the whole experience for the woman.

So I have taken on include practice point writing for postdates pregnancy and fetal heart rate monitoring, and in proof reading and improving other practice points so that the latest research is reflected and the midwifery perspective is central. I attend practice point meetings with senior management and other midwives and we are all equally valued and listened to. Other things in my diary include teaching hypnobirthing classes; attending events such as at Mothercare to share with women the fantastic news about One to One; attending coffee mornings for new parents-to-be and new parents and attending health professional events and meetings to inform them of the work we do.

It’s never boring, and in many ways challenging in terms of managing your competing demands and juggling your diary, and also backing up your team. You may think your day is sorted, but then a team member rings, and all of a sudden you find yourself being called as second midwife for a birth. But I can honestly say I have never looked back. I love this job. It’s where I belong.

One to One Midwife