


The experience of midwives leaving Lead  
Maternity Carer (LMC)  
practice:  
A phenomenological study



**DISSERTATION**

**AUT**

**2008 – 2009**

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# Findings



## Main themes

**Feeling betrayed**  
**Feeling responsible**  
**Feeling outraged**  
**Feelings of joy**  
**Feelings of relief**

# Feeling betrayed



- The care LMCs provided for women was defined by values which came from their own personal integrity and belief in shared rights and responsibilities.
- When these values were not the values of colleagues they worked with the LMCs described feeling angry and betrayed.

# ANNE



*“One of the first births I had, the midwife who was on duty that day, was not an easy person she was quite antagonistic. The baby was born with the cord very, very tightly around the neck.*

*So I called for assistance...*

# ANNE



*“I can remember bagging the baby and just her coming in and thinking thank goodness someone else is here to help me and (the midwife) walking passed me and just glancing.*

*And so it was that.....lack of professional obligation to the mother and to the baby. That was so stunningly shocking.”*

# LIZZY



- ▣ For Lizzy the sense of betrayal came from an incident when she had cared for a woman in an abusive relationship. When the client had gone away without letting her know, Lizzy had continued to visit the woman's house and left text messages hoping to make contact. The woman hadn't responded.

# LIZZY



- Eventually the woman returned without contacting Lizzy and the Plunket nurse visited to find the baby abused and in distress. Her immediate response had been to blame Lizzy for not providing care.

# LIZZY



*“And they rang me and said, Where the heck have you been, and I said ‘excuse me’, and they ripped into me because they were very concerned about what they had just walked into..*

*It made me feel terrible,..... it’s like I’m not like that, and I have tried, so when I had explained to them over the phone, the situation, they apologised and said we are so sorry this is dreadful...”*



# BETH



- ▣ The LMCs felt not only betrayed by colleagues but also occasionally by the women that they cared for. Beth described how she gone out of her way to support a client by providing her care in the evenings after the woman had finished work.

# BETH



- The woman had phoned Beth over weekends without considering that Beth also had a family and needed private time. On the Evaluation Form from the woman the woman had complained that she hadn't been the sole focus of Beth's attention during her visits.

# BETH



*“Anyway in the evaluation it was said that I would receive personal phone calls during our appointment time, and this is a woman who would often text me on Saturday afternoon or Sunday afternoons to change appointment times and that sort of thing. It was like a double standard.”*

# Feeling responsible



When the LMCs' provided care for women and their babies they described feeling responsible for not only the care of the woman, but also for managing both normal and unexpected outcomes.

# BETH



*“The baby subsequently died at about 5 months old. So that was sort of sad, and I guess it makes you feel very aware... for the outcome ... and you do hear the stories from other people... I sort of felt I’m in control but this is my total responsibility and potentially it could have been...”*

# Feeling responsible



Anne, Lizzy and Beth, talked about feeling responsible towards the women they cared for in a caring nurturing way.

The midwives described a natural way of working with women which was both affirming and empowering.

# BETH



- *“One of the very first births I went to, actually was a home birth, I was a relatively new midwife, it would have been maybe number 12. I went to this birth and this woman, it was her second baby. She had this baby and it was down on the floor and she looked at me and said “Can I pick it up now.” And I just sort of said, you can do whatever you want, it’s your baby, I do remember that.”*

# Feeling responsible



- The sense of wholeness described by the LMCs, of feeling responsible for the wellbeing of their clients, was also how they viewed pregnancy, labour and birth. Anne described how, when she worked with women, the family/whanau were very much part of the partnership.



# ANNE



- *“... and I can remember a young woman turning up with her mother who as thirty-four weeks gestation, she didn't look as if she was in stunning labour or anything else, but she wasn't particularly comfortable, and I would always ask, if mothers were there, what their births were like, and I said to the mother what do you think...”*

# ANNE



*“and she said “I delivered fast and I delivered at thirty-four weeks”. There was no mucking around...she had the baby in the ambulance outside the doors at the base hospital.”*

# Feeling outraged



- The LMCs described being confronted to the point of feeling overwhelmed and outraged when they saw their clients and their babies treated with neither care nor respect.
- They described seeing women being abused and disempowered by both systems and their dysfunctional families.

# ANNE



- A series of events which involved the care of a client, with whom Anne had developed a close professional relationship, contributed to Anne's decision to leave LMC practice. Anne had first met the woman at thirty-four weeks gestation, she described her client as being extremely big at 160 kilograms but she felt, despite her size, she was in good health and would birth well.

# ANNE



*“... She turned up at the Hospital saying that she couldn't feel the baby move... So they couldn't hear the heart beat at all, they certainly couldn't get a trace on the CTG... So then of course the scanner came in, ...it showed a heartbeat, so then there was a medic-lego way of working up there, the registrar on duty decided to do a ve...*

# ANNE



- *...And ruptured her membranes with a one centimeter dilated cervix. And I think, no I know I became emotionally exhausted from my distress of seeing what had been done to her and could have been done differently with a bit more informed consent and decision making.”*

# ANNE



Not only was the woman's safety put at risk but also her baby. The baby would have been expected to have been well with a normal birth but following the induction and caesarian could have died.

# ANNE



- ▣ *“...But no-one was actually thinking about the baby. So when the baby did come out, the baby was white, lifeless, and the doctor who took the baby, with a one Apgar, put the baby wrong way around on the Ohio, and I sat and I looked and I thought I haven't got the energy for this anymore, I've done my dash, this is not my responsibility and I called the midwife...”*



# ANNE



- *...the Core midwife, the doctor needs help, and she walked away. It was horrible, it was awful and I thought here we go again, so I sort of went to the doctor and turned the baby round and the doctor didn't seem to know what to..."*

# LIZZY



- A sense of outrage was also experienced when the midwives worked with women living in an environment where drugs, alcohol and physical abuse were a regular occurrence. The values of care, respect and trust which defined how the LMCs' provided their care were severely tested.

# LIZZY



- A woman Lizzy had cared for had left the district and returned without letting Lizzy know and her baby was admitted to hospital.
- Lizzy describes what she found when she visited the woman and her baby who had been admitted to tertiary care:

# LIZZY



*“...And this baby ....., had, it was, it was on it’s death bed really...It was dry, it was dehydrated, it’s eyes were rolling back into its head, it was jittering, having seizures, and it had massive bruising and it also had a big intracranial bleed inside. Once they had done all its tests it confirmed that it had a obviously knocked against the wall or not well, anyway I went up, when I was up there baby had a hat on there was huge concern around the whole situation...”*

# LIZZY



- *...And her mother was there, the grandmother and she'd got quite close to me and she'd had a hard life... And she said to me Lizzy take that 'fing baby's hat off and have a look...I took baby's hat off and there were cigarette burns on it's head. She said what are those spots, you know what they are don't you Lizzy..."*

# Feeling Outraged



- When LMCs work with women in violent relationships, and where there is physical assault and drug abuse, they are at grave risk themselves of becoming traumatised as they try to support and provide care for their clients and their clients' families/whanau.

# Feelings of joy



The joy of working and supporting women through labours they had planned for was described by the LMCs in terms of the pure joy. One of a number of experiences Lizzy talked about held special significance for her.

# LIZZY



*“...but this lady was at home on her own and there was a big log fire. A little wee cottage, tiny like a railway cottage, and cold, she had this log fire going and she just kneeled in front of the fire and birthed her baby on her hands and knees and my colleague and I...*



# LIZZY



- *“...We were right by the fire just for the warmth and the rest of the house was freezing cold, and we had this beautiful warm fire it was a lovely birth and a home birth. No intervention Yes, that was awesome. I’ll never forget that...”*

# Feelings of joy



Being alongside women and supporting their normal process in an holistic way was described by the LMCs in the way they worked. They trusted, respected and valued the process and as such were part of the supportive environment which surrounded and included the woman and her family/whanau.

# BETH



- What this meant to Beth was that it was the woman who was in charge and she was there to encourage and provide professional care and expertise.

# BETH



*“... I remember one woman, I actually had a student midwife, it was just amazing, just beautiful, she had a really rapid birth and she was on hands and knees sort of leaning over a bean bag and I was behind her. She had the baby, we passed the baby through onto the bean bag there, and you just saw this woman scoop this baby up like this, onto her chest and that was really special, because that student said this is the way it’s supposed to be.”*

# Feelings of relief



The decision to leave LMC practice was not made lightly. Beth had felt that the expectations of women of LMCs had changed from her early years in practice. After a number of phone calls from clients who assumed Beth should be there for them anytime they wanted her, she decided it was time to leave.

# BETH



*“I hung up the phone and I said to my husband, I walked out here and said to him ‘What would you say if I said I’m not taking anymore bookings I don’t want to deal with this anymore’ and he said fine, do whatever you want and on the Tuesday , on the Tuesday we had a midwifery meeting I said I’m not taking anymore. So it was very spontaneous but it was just to do with those three phone calls on a Saturday night and I just thought I don’t want this bother anymore...”*

# LIZZY



Overtime, Lizzy had also considered leaving LMC practice. She had been deeply affected by the negative experiences she had seen in terms of the disrespect and the violent relationships of the women she cared for.

# LIZZY



*“...Probably a year, we had about a year of just thinking I’m ready to exit this. It made me look at gosh, do I want to carry on with this thing and no, the answer is no...”*



# ANNE



As for Beth and Lizzy, Anne had contemplated the possibility of leaving her practice for a year or more. After a series of incidents which had left her outraged and exhausted, the sustainability of practice was no longer there for her.

# ANNE



*“We just sort of cast fate to the wind, I just got out of bed this morning and I just said to my husband, I said I don't want to do this anymore.”*

# Sustainability of LMC practice



For the midwives their expectations of responsibility, respect and trust, had been challenged by clients, clients' families/whanau as well as colleagues and other health professionals.

Over time, the impact of these experiences became overwhelming and they no longer found their practices sustainable.

# Findings



The findings represent a particular time and place recognising that there were values implicit in LMC practice for the midwives and therefore in their leaving.

# Finding the balance



Themes which sustained the LMCs and their practice were described as:

- **Feeling responsible:** which recognised the importance of autonomous practice for the midwives
- **Feelings of joy:** related the pleasure the midwives gained from working with their clients in the model of continuity-of-care.

# Finding the balance



Professional relationships based on a lack of accountability and respect, featured in the following themes, undermined the LMCs practice and resulted in their decision to leave.

**Feeling betrayed**

**Feeling outraged**

**Feeling relieved**

# Recommendations



Allocation of points for Professional Supervision, recognised by the New Zealand Midwifery Council for recertification, would support LMCs in their practice as well as maintaining Practising Certificates.

# Recommendations



A 'on-line support' for LMCs, similar to the New Zealand College of Midwives Resolutions Committee, could also support LMCs to stay in practice.





# COMMENTS AND QUESTIONS