

The experience of the Birth Centre midwives

WORKING IN A FRAGILE SERVICE

The experience of the Birth Centre midwives was of working in a fractured service with little support either for the Birth Centre itself or for the midwives staffing it. This had an ultimately devastating effect both on the service itself and on many individual midwives, leading the majority of them to leave within the first two years:

The issue is it's a very fragile service. (Manager 3)

Their experience of the Birth Centre was to leave some of the midwives in a fragile state themselves. Walsh (2007) describes how working in an unsupported birth centre can be experienced as organisational bullying, and many of the midwives who were interviewed in this study seem to have experienced it as such. One midwife wept throughout her interview as she recalled her time at the Birth Centre, and many were visibly upset at times as they described the experience. One interviewee summed up the impact of working at the Birth Centre on the midwives:

A lot of sadness. An awful lot of sadness and quiet despair. (External 2)

How the Birth Centre came to have this effect will be explored in this chapter.

RECRUITING FROM 'OUTSIDE'

Nearly all of the midwives were appointed from outside the area, so had little idea of the background to the Birth Centre and what they were getting themselves into when they accepted the jobs:

We needed midwives who were committed to the Centre's principles because we hadn't that commitment from the [local] midwives because they were still grieving the loss of their maternity unit. . . . They got outside midwives . . . and they were all committed, experienced midwives who totally wanted to make the Birth Centre work. (External 3)

These appointments were very much driven by the Health Authority Working Group that was set up to drive forward the Birth Centre. The trust and midwifery managers therefore inherited a number of newly appointed and idealistic midwives who had no idea of the opposition or, at best, ambivalence of their new employers and managers with regard to the Birth Centre. The awakening of the midwives to their situation was therefore bound to be a painful one. Some of the midwives later described how they felt themselves to be pawns in a game:

I started going to meetings about the Birth Centre and became increasingly cross about the whole thing because I just felt like we were misrepresented and people weren't listening to the Birth Centre and how it worked. (Midwife 1)

The midwife who was initially appointed to the post of Birth Centre coordinator resigned on her first day, partly in response to the grading of the post and partly because of how she foresaw things developing as a result of that low grading (Shallow, 2003). Unlike the other Birth Centre midwives, she had been involved in the setting up of the Birth Centre, and so was more aware of its context and history. Her moment of epiphany came during a uniform fitting:

It was clear to me that the coordinator would have very little influence over how the facility would be run. . . . I felt I would be starting the job not with one hand tied behind my back, but with both, firmly secured. (Shallow, 2003, p. 23)

The other midwives, finding themselves in a difficult situation, tried initially to make the most of the opportunities that they believed the Birth Centre offered them and their clients:

I kind of knew there was unease but when I first arrived, when I got the job, I didn't really ask how long the contract was or how long the Birth Centre was going to be open because, to be honest, I was so glad to go to a birth centre, I didn't mind if it only lasted a year. (Midwife 1)

This approach had some success, and there were many positive experiences, especially early on. However, from the beginning it was clear that the midwives were going to struggle to make the Birth Centre a success, and even early enthusiasm and experiences were shadowed by struggle:

It all sounds very negative; it wasn't. I did have some good experiences and I worked with some fantastic, innovative midwives who did their best to promote the Birth Centre, to get it to work, to put a positive face towards the GPs. (Midwife 6)

ISOLATION AND FRUSTRATION: PAIN AND POWERLESSNESS AT WORK

Recognising that there was little support at a high level for the Birth Centre, one strategy that the midwives tried was just getting on with the job without reference to the wider maternity service:

What marred it really was that we spent the whole time fighting really to be left alone, for them to leave us working how we were working, so I think that spoiled it really. (Midwife 1)

We were not part of the decision-making process at all. We were kept firmly out of the loop because God forbid that we knew too much. (Midwife 2)

The pervasive lack of communication caused a sense of isolation and almost a siege mentality among the Birth Centre midwives:

We were just sort of kept a lid on and a lot of that seemed to be lack of information . . . we all felt there was a bit of a hidden agenda . . . [gives example]. . . I knew nothing about it at all and I was furious . . . why didn't somebody just let us know? . . . it was the old mushroom thing, you know, keep them in the dark. (Midwife 3)

Things all seemed to come through the back door rather than the front door; we always heard about them last. (Midwife 12)

The midwives became increasingly frustrated, feeling that they were being forced into confrontational situations that were not of their making:

I went to quite a few meetings to try and stop it [the cessation of 24-hour staffing], but it was 'fait accompli' . . . by the time they were actually consulting with us I think it had already been finalised, and you were banging your head on a brick wall basically. There was no point. You just made a name for yourself as being somebody who stood up for the rights of women really. (Midwife 12)

This metaphor of banging one's head against a brick wall was repeated in the same or similar language by other interviewees. It is a very telling metaphor, as it conveys frustration, pain, futility, powerlessness, conflict, and a sense of not being listened to:

I think motivation was going . . . I just felt as though I'd got a massive lump on my forehead from banging my head against a wall the whole time. (Midwife 3)

Another midwife also described the frustration of working at the Birth Centre, using similar language:

All the time there seemed to be stumbling blocks . . . I did some waterbirth guidelines . . . they ended up going through after about 18 months, and everything took just such a long time to get anywhere, even one step forward . . . we got it all the time, constantly; I suppose the words that I want to say are 'beat us down.' (Midwife 3)

The following midwife makes the connection between blocking behaviours and power explicit:

Every time we wanted to do something, we had to jump through so many flipping hoops . . . we were the Birth Centre midwives, we knew what needed to be done, yet no one ever listened to us . . . it was awful . . . she [the Birth Centre coordinator] felt she had no support. She had support from us lot but not from where the power was. (Midwife 2)

The midwives felt that they had no real involvement in the decision-making process in relation to the Birth Centre, or any understanding of that process. The feeling of being subject to conspiracy by others understandably took hold:

I remember being at various meetings and suddenly finding out things. I think, well hold on a minute, I'm supposed to be the coordinator of this Birth Centre and decisions are being made and taken in rooms where I'm not present, and I'm finding out around a table, and it makes you feel stupid. (Midwife 6)

One of the areas in which the midwives encountered difficulties was being allowed to accept first-time mothers for Birth Centre care, an issue that has been reported for other birth centres (Fraser *et al.*, 2003). Initially the midwives had been told that they should not accept women having their first babies for the first 6 months after the Birth Centre opened, but when the time came to review this policy, no decision was forthcoming from managers. This state of affairs continued for a further year, until a new Chief Executive came into post and one of the Birth Centre midwives had the opportunity to bring this matter to his attention:

Next EDG [Executive Directors' Group] he said why can't the Birth Centre take primips? Everybody looked at each other and said 'We don't know', and he said, 'Right then, they can do it.' And that was it, simple, five minutes but it had taken the rest of them a year . . . it's pathetic. They couldn't organise a piss-up in a brewery . . . so you know really it was the whole bag of lies and deceit and . . . nobody being honest with us. (Midwife 2)

It is noteworthy that this simple clinical operational decision was only finally resolved by the most senior non-clinical manager in the trust. This conversation between an F-grade midwife and the Chief Executive resolved

an issue that none of the intermediate levels of management was willing to decide.

The frustration felt by the midwives about the organisational aspects of their working lives contrasted with the quality and enjoyment of their clinical experience. This made for a somewhat ambivalent work experience, as summarised by one midwife:

We were so pleased because . . . we'd beaten the targets, we'd got an excellent safety record, we'd had women coming from here, there and everywhere wanting to have their babies with us, and the feedback, the satisfaction from these women . . . was wonderful. But it was as though we were kept down . . . we were kept in our place . . . we couldn't develop in the way we felt we ought to be able to develop, and there were a lot of very negative attitudes towards the Birth Centre and also, in some ways, towards the midwives who were there. (Midwife 3)

However, the organisational constraints under which the midwives were working did affect their clinical experience, as they found themselves unable to influence policy making and exercise their clinical judgement fully:

We were trying to give midwife-led care and that was always frustrating because we were only allowed to give care that the obstetricians felt that a midwife could give . . . my training enabled me to look after pregnant women and to be able to make a clinical decision, and to refer on appropriately . . . we were never given that autonomy. (Midwife 6)

This midwife identified a lack of trust as key to the attitudes that she encountered. She felt that there was no trust in the midwives' clinical abilities or judgement, and that therefore they were not given the autonomy necessary for the job that they had been asked to do:

You know, these midwives have all undergone training, they were all enthusiastic. Not one midwife in the unit would want to put a woman, a baby, a family at risk . . . you've got to be enthusiastic because, you know, sadly, in this culture at the moment, that the odds are against you . . . and I just wish there would have been total support, total trust in midwives. . . . Midwives were not allowed to manage the unit, midwives were not allowed to judge. (Midwife 6)

Although it quickly became apparent that there was a pervasive lack of support for the Birth Centre, the midwives tried to make the Birth Centre a success despite this:

We'd done everything. We'd had banners printed which got stolen, we'd had promotion in the press, we did everything. We had a garden party every year, open days; we did everything because we wanted the women to come through the doors. (Midwife 2)

Walsh (2007, p. 31) also describes how a sense of being subjected to 'a tactic of "grinding down"' was reported by the midwives in the birth centre that he studied. Walsh's participants, despite working in a successful birth centre, experienced this grinding down as being manipulated by middle managers who were themselves being used by faceless power brokers further up the hierarchy, a situation that has clear parallels with that described here. Walsh (2007) also discusses how being under threat can become a way of life for birth centre midwives, and that the experience of this is deeply personal, as we have also found.

However, for the midwives whom we interviewed, optimism turned to despair and anger as they realised their inability to influence the situation, and that they were fighting a battle they could not win:

There were a few of us that were keen to do everything to keep the Birth Centre the way it was and to keep it open . . . everybody felt from the very beginning that they were trying to close it, but I was always kind of optimistic . . . and everybody kept saying to me 'They'll let you down, don't believe them, they'll let you down.' . . . So I was ever optimistic, but sadly let down by them [management]. (Midwife 1)

This sense of being let down was felt on a personal level, and has been enduring. The midwives had been recruited on the basis of their energy, enthusiasm and vision, but once they were in post those qualities became problematic both for the midwives and for their managers. Most of the interviewees expressed an ongoing feeling of anger about what had happened, and had experienced a loss of trust in managers that they still felt at the time of the interviews:

I just felt betrayed. I just felt we'd been misled, unsupported and a million other different negative adjectives I could think of; they're just not pleasant. (Midwife 1)

My biggest disappointment was the management. (Midwife 6)

What I don't like is people lying to me because it infers that I am an idiot and I don't know what is going on, and I don't want to work for people like that who just want to lie to me. (Midwife 2)

It was clear from the interviews that many of the midwives continued to be deeply affected several years later by what had happened to them at the Birth Centre. It is possible to surmise that their negative experience will continue to affect their attitude to health service management in particular for some time. Most of the midwives had left not only the Birth Centre but also the NHS trust as the situation worsened (seven midwives resigned within the first 10 months), and other trusts will have inherited the midwives' understandable cynicism and demoralisation, and other midwives will have heard them talk about their experiences. It is beyond the scope of this study to explore how this loss of trust and sense of betrayal affects the wider maternity service in the longer term, but this issue is of concern, given that midwifery is dogged by problems of retention and morale (Ball *et al.*, 2002; Kirkham and Morgan, 2006; Kirkham *et al.*, 2006).

BATTLE BY ATTRITION: THE OPERATIONALISATION OF NON-SUPPORT

Opposition to the Birth Centre has been described at length in the previous chapter. Alongside active opposition, there is also its passive flip side, namely non-support:

She [the Birth Centre coordinator] didn't seem to have support from anywhere else. There didn't seem to be any proper line of management . . . there didn't seem to be any infrastructure to support the Birth Centre. (Midwife 5)

It can be harder to identify non-support than outright opposition, as non-support works by default through inaction, passivity and silence. Some of this non-support can be seen in the lack of communication and absence of

facilitative management outlined above. The vacuum left by lack of support is quickly filled by a culture of inert chicanery:

It was very, very clear to me that they were all playing some kind of political game . . . the Chief Executive . . . you could see in his eyes 'Where is this coming from? I didn't know this', I was being led astray . . . but we battled on. (External 3)

The lack of a formal opening was seen by many of those who were interviewed as indicative of the pervasive non-support for the Birth Centre:

They needed help . . . from the trust to promote it and that wasn't forthcoming . . . they let those midwives down because it should've had its formal opening, it should have been celebrated and there should've been a lot more publicity. There should've been the website, there should've been all sorts of things that would've helped women to make a decision to go and give birth there. (External 2)

Despite persistent lobbying for a formal opening ceremony (the Royal College of Midwives even offered its General Secretary), none ever took place. The local media picked up on reluctance to celebrate the initiative and concluded, in the event, that the trust wanted to close the Birth Centre:

There was a lot of media coverage about the Birth Centre, and always it was like 'The Trust are threatening to close' . . . all this kind of negative stuff in the media all the time. (Midwife 1)

Fraser *et al.* (2003) have identified media support and cooperation as essential to the success of a birth centre. The opposite happened here:

I spent a lot of my time with journalists telling them 'Please don't print things that are negative, because you're actually undermining the Birth Centre. Although you're wanting to bring it to people's attention what the trust are doing, by doing that, you're stopping women booking.' So it's a catch-22. (External 2)

Local press coverage of possible closure led to rumours circulating, which further exacerbated the situation:

It does knock morale I think quite a bit when these rumours start going around. And of course, you see the ladies and they're hearing the rumours as well. (Midwife 7)

This negative publicity was compounded by the lack of positive publicity and marketing of the Birth Centre by the trust:

We realised we weren't getting any publicity. We didn't really have any management backing, we didn't have community midwives' backing, we had women who didn't even know about the Birth Centre. (Midwife 12)

Inevitably, the impact of this was the spiralling downwards of what was intended to be a flagship service. This will be explored in the next chapter. Moreover, the experience of the Birth Centre midwives who were working in this fragile situation was, in the main, a painful one. All of the midwives whom we interviewed had paid a personal price in their attempt to make the Birth Centre a success and provide a good service to local women despite the lack of support that they received. The Birth Centre was therefore unable to achieve its potential to be 'a place where like-minded midwives can turn the rhetoric of modern maternity care into reality, without feeling vulnerable and deviant' (Kirkham, 2003, p. 260).

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