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Graduate midwives making a difference
By Cate Nagle and Elizabeth Collis

This article presents select results from the 2014 graduate year midwifery program projects at Western Health and the significance of these findings in improving the quality and safety of pregnancy care.

The projects were developed to align with Western Health’s strategic focus on ‘best care’ framework and the National Safety and Quality Health Service Standards (ACSQHC, 2011). Descriptive approaches were undertaken to assess women’s experience of care with a particular focus on the coordination and continuity of pregnancy care using 2013/14 data. Midwives were self-selected to work in groups on these projects, which were identified by managers.

Project 1: A review of birthing women that were at low risk of complications records revealed 61% women received midwife-led care and 55% women saw a four different midwives.

Project 2: A review of records of women booking for pregnancy care with a body mass index (BMI) >35 revealed that 24% women saw the same midwife for all four consultations and 7% saw the same doctor; 46% women saw a four different midwives and 20% saw a four different doctors; 13% women saw a 10 different clinicians. In this high risk group, 23% did not see a doctor in pregnancy.

Project 3: Women who experienced complications in pregnancy were surveyed. Overall women’s experience of care was positive; 61% described that midwives and doctors were ‘always’ sensitive and understanding and 60% responded that their worries, anxieties or concerns were ‘always’ taken seriously. However, 31% never saw the same midwife and 21% never saw the same doctor. Waiting >30 minutes in clinic was a common experience; women experienced midwifery and medical appointments as rushed (36% and 52% respectively). These projects have provided valuable insights and findings have informed the implementation of clinical pathways.

Project 4: An electronic survey of midwives’ care of women with decreased fetal movements (DFM) obtained a 53% response rate (n=78). There was considerable variation regarding the definition of DFM and the advice provided to women. Midwives described establishing what is the normal pattern of fetal movements for the woman as part of their assessment (n=12), numerous timeframes were used to measure movements. Advice reported was inconsistent with best practice including to drink cold liquid (n=23), and the use of a kick-chart (n=32). This project will inform educational activities and has increased awareness of best practice for DFM.

Reference

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