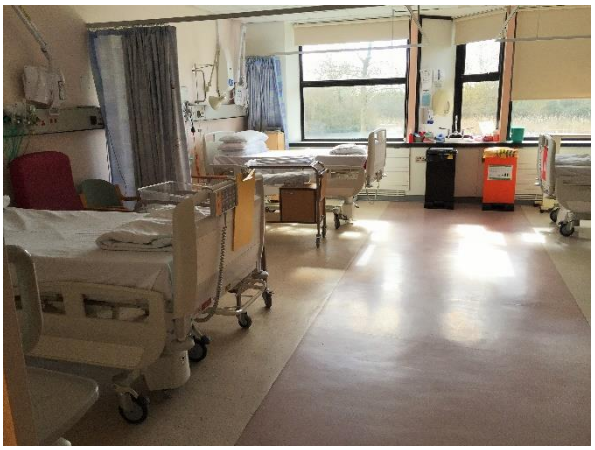
2016 England Transcultural Trip

Kristin Dougall
Kristy Dumlao

Day #1 Journal - Kristin Dougall

During my trip in Eastbourne, there was so much to see and do! During our first day exploring the healthcare system of Eastbourne and East Sussex, we were taken on a tour to three different obstetric settings: the Eastbourne Midwifery Unit (EMU) at the Eastbourne District General Hospital, Conquest Hospital in Hastings, and the Crowborough Birthing Centre. Out of the three sites, the EMU and Crowborough Birthing Centre were for only low-risk births since these healthcare settings were run by midwives only. If a laboring patient was determined to be high-risk or was to have a cesarean-section, they would be sent an hour away to Conquest Hospital where they could be cared for by physicians and theatres (operating rooms) would be operational.



Left: Postpartum room at Eastbourne Midwifery Unit
Right: Postpartum unit at Conquest Hospital

It was interesting to see how these three settings differed from hospitals here in the United States. Midwives here in the United States are rare where they are very common in the United Kingdom. They complete a variety of tasks, such as performing antepartum, postpartum, and neonatal assessments, monitor laboring patients, deliver infants, and providing patient education. A notable difference between the U.S. and the U.K. is the establishment of *community midwives*. These midwives and some health specialists make house visits to do check-ups on newborns after birth. Because of this, a pediatrician is not seen until six months after birth! While touring the three facilities, I noticed that both hospitals have separate obstetric units. Unlike the United States, these units are considered independent departments among the others. For example, the different units include labor and delivery, health/day assessment, antepartum, postpartum, and theatres (operating rooms).

Day #2 Journal - Kristin Dougall

We had the privilege to spend a day at the University of Brighton at Eastbourne. Here, we sat through two classes alongside midwifery students. Unlike Illinois State University classes, each class had about 15-20 students in it and students ranged from vast age groups, backgrounds, and origin. For instance, I met a midwifery student in her early thirties who was married with two children and was originally from Portland, Oregon! Since the classroom size was smaller, it was nice to see how closely the instructors interacted with the students.

Between classes, we explored the school's simulation rooms. We were introduced to two rooms: one was set up as a hospital setting while the other was prepared as if the patient was in their own home. Like the Mennonite College of Nursing's simulation lab, the two rooms had cameras so instructors can watch the simulation taking place. The only difference between how we carry out our simulations at ISU and at the University of Brighton at Eastbourne is that

Eastbourne instructors are often part of the simulation and wear an earpiece that tells them what to do in each scenario.

Left: The hospital scenario simulation room at the University of Brighton at Eastbourne
Right: The home scenario simulation room with Instructor Thelma Lackey at the University of Brighton at Eastbourne

We learned a lot while talking to the midwifery students once classes had finished! Unlike in the United States where we go transition from high school to a college or university, students in England go to college for two years after secondary school before attending university for three years. At the midwifery program at the University of Brighton at Eastbourne, the midwifery students spend about fifty percent of their time in theory and the other fifty percent in clinicals! This program is only three years-long because the students have two weeks off for their winter break, another two weeks for their spring/Easter break, and three weeks for summer break.

Overall, it was very interesting to see the variety of healthcare settings and how to receive the education to become a midwife. Since the population of Eastbourne and East Sussex in general contains great diversity, such as populations who are from Zimbabwe, India, and the Philippines, it was important for both the currently employed midwives and midwifery students

to demonstrate culturally competent care. The city of Eastbourne is LGQBT-friendly, so an example of appropriate care was how the midwives were careful not to assume the relationship of those who were with the mother before, during, and after birth. In the end, both the midwives and midwifery students understood that families come in different forms and cared for them appropriately.

Birthing tub inside one of the two labor rooms at Crowborough Birthing Centre.

Midwives Eunice and Julie, Kristy, and I in the birthing tub inside the "Lily Pad" at the Eastbourne Midwifery Unit.

Day #3 Journal - Kristy Dumlao

When I woke up this morning, I had those nervous excitement tingles you get the first day of "real" clinical. Now that Kristin and I had had time to adjust and become comfortable in our little part of the U.K. (local grocery shopping, walking along the cliffs at Beachy Head, chatting with our floormates about

their units in the hospital), we were going to be parting ways for the day. I would be shadowing a midwife from the Eastbourne Community Office, and Kristin was to be on the Eastbourne Midwifery Unit (affectionately called EMU). After I was introduced to the Eastbourne Community staff, my assigned midwife had to look at the bookings scheduled in the diary, make phone calls and discuss things with the other midwives in order to organize her day.

Left: Sunday jaunt to Beachy Head, complete with cliffs and rolling hills
Right: My obsession with what lives inside the cliff holes (surely not hobbits)

First, the midwife and I had bookings, which were pretty much the initial assessments at the beginning of a pregnancy. In my Maternal-Newborn clinical, I mostly had mothers getting ready to deliver or in recovery, so it was a new thing for me to be able to listen to several mothers about their history and their concerns. One of the mothers had to relay all of her past pregnancies, inside and outside of the UK, and I was amazed at all the details she remembered (think 4-5 birth weights and complications!). The midwife always asked about the mother's birth plan, where she plans to have the baby, and who would be involved, and added this to her notes.

The midwife also gave the mother her own booklet that she would take home and bring to her next bookings. This was full of the midwife's notes (and future notes), a schedule of what to expect in upcoming appointments and the 24 hour midwife line for any questions or concerns the mother may have.

After the bookings, the midwife and I went out to do home visits. This was done mainly to check up on the mother and baby in the home environment in the days/weeks after delivery, which is not normally done in the US. In some cases, the midwife was discharging mother and baby at home. We started off each home visit with a little small talk, asking about mother and baby and then physically assessing the baby. I learned that sometimes it does not always go in that order when one mother started crying halfway through the visit. I did not want the mother to feel uncomfortable around me, the American student observer, so I took my cues from the midwife and observed how she calmly paused, talked about what to expect with postpartum blues and engaged the mother. I could tell there was a level of trust between the two women, and in some ways, the mother took more comfort from the midwife than from her husband, who was trying to be supportive of her, too. I really appreciated being invited into homes and into conversations between the midwife and the families! In one visit, the midwife and the parents laughed when I said "diaper" (which the English refer to as a nappy). Like I mentioned earlier, the midwife wrote notes in the booklet that was provided to the mother in the beginning of care, which is so different from the electronic system that we use in the hospital these days.

By this time, my head was crammed with so much culture and information. I had seen mothers in the first trimester and after delivery, and now the midwife and I were off to the antepartum clinic. The women who came in were mostly in their 3rd trimester, and we did the usual assessments and asked about any concerns or changes in the plan of care. While the

midwife was supportive of the mother's privacy, I felt that she also advocated for me, asking if it was okay that an "American nursing student" was in the room and allowing me to listen to fetal heartbeats and palpate heads. When I finished palpating a head, one mother commented, "Oh, that wasn't too bad. It hurts a lot more when the midwife does it," to which the midwife replied, "Yes, I guess it's the same in America, then. The English midwifery students are also a lot more gentle than we are in the beginning."

Although the US and the UK definitely share some similarities in mother-baby care, the shadowing experience was amazing and eye-opening for me, seeing the autonomy of a midwife, the relationship between her and the mother and all of this tied up in English culture. This was just one day, and I am sure that there are more nuances in the culture and delivery of care that I just did not grasp or notice or it did not occur for that day. But I felt so enriched to have this cultural perspective in my nursing education and humbled that the English midwives really supported my presence and education with them. I love being abroad, immersed in English culture and widening my understanding of nursing and midwifery!

Can you read the message on the bracelet? (at Crowborough Birthing Centre)

Day #3 Journal - Kristy Dumlao

Yesterday, I was hustling and bustling about with the midwife. Today, Kristin and I were on the EMU together, and we got to see a vaginal birth. It was my first vaginal live birth ever, and it was accompanied with a midwife and nitrous oxide gas! Currently, we do not use nitrous oxide gas as much in the US for labor and delivery, so I was interested in seeing how it was administered. I thought the mother would be breathing the gas throughout the whole labor. But instead, when the contraction started, the mother would hold the mask to her face, breathing it in as the contraction rolled through her, and then removing it after it ended. The midwife made sure the mother knew her options for pain relief from the beginning, but her labor progressed fairly quickly and she delivered her second child without an injection.

No mom just yet!

Ready and waiting for baby!

I think I was truly surprised that the midwife stayed in the room for the whole labor (except once to run and grab supplies). I think I knew that the midwife would, but sometimes you do not know how long labor and delivery will be. And I guess I am used to nurses coming in and out of rooms frequently, that it really took me aback when the midwife sat down on a stool in the room. She did her assessments, talked the mother through her contractions and how things were progressing, offered suggestions (standing up, ice chips, etc.) and asked her and her partner what they needed. During all of that, she was talking to Kristin and I, teaching and reviewing concepts with us. She had this calm, pleasant demeanor in a very intense room, and I think that grounded the mother and her partner as well as me. After the delivery, while the parents were holding and bonding with the newborn, the midwife was cleaning up around them a bit, and I caught a glimpse of the mother turning to touch the midwife's arm and murmur, "Thank you," to

her. I think that small gesture really reflected for me the relationship between midwife and mother. And as I venture further into my nursing career, I think that gesture in combination with all that I have seen in Eastbourne has deepened my desire to grow and become a more culturally-aware, trustworthy and compassionate nurse for those under my care.

Spring 2016 England Transcultural Trip

Tea time on the EMU!