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FIELD
NOTES

During a skills drills session on management of the breech, seven midwives were practising the delivery manoeuvres in a small classroom with the help of a synthetic pelvis, vulva and thighs and plastic baby. All the demonstrations and practical participation took place with the 'woman' lying flat on her back with her legs up and hips abducted. Moreover, the 'dummy' was designed with a flat back representing the female body in a permanent supine and therefore passive position.

One midwife, Silvie, brought up the fact that the only occasion she would be likely to manage a breech would be in the community, at a home birth or BBA

Silvie went on to say how she would, therefore, want to promote the normal physiology of birth by encouraging the woman to be upright or in the all fours position. It should be noted that this caused a certain amount of 'raised eyebrow' looks from the rest of the group. They seemed interested but no one else agreed with this or offered this midwife any support in her challenge.

The proposition appeared to make the group facilitator, Anne, a senior midwife from the Trust, uncomfortable. She explained that such a management would contravene Trust policy guidelines. She went on to say that there was no research evidence to substantiate such an approach.

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Risk Management Voice Approach

Evidence based practice (RCT) to inform standardised care

Midwifery voice

Birth can be seen as a normal physiological process

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When some of the midwives later got together and flipped the dummy vulva over, to simulate the all fours position (with great difficulty considering its lack of arms and flat back design), in order to practise delivering the breech the other way round, everyone, including Anne, the group facilitator, appeared to get confused.

This is neither a remarkable or unexpected observation; doing something upside down for the first time is bound to be disorientating. What was interesting, however, was the way Anne reacted to this situation – she simply withdrew from the group, hastily leaving the room, which left the rest of the group (including myself) feeling confused and uncomfortable. In the face of this challenge, essentially a midwifery challenge based upon an understanding of, and conviction in, the mechanics of normal labour, this senior midwife acted as if her authority had been undermined.

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'I think you might be on to something. I know that myself and several collegues during certain circumstances do that to protect the Woman'

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