

## A day in the life of... a Jubilee Midwife

The Jubilee Team was established in June 2012. One of the main roles of the Jubilee Team is supporting women to give birth at home, by providing a dedicated [Home Birth Service](#). Here a Jubilee Midwife shares two accounts of 'a day in the life of' a Jubilee Midwife.

**08:30**

Receive the morning text from coordinating midwife. I only have 3 planned visits today.

**08:45**

My first visit of the day cancels as she had family visiting. We rearrange for another day and time.

**12:00**

Leave the house to attend my first visit. This lady had her baby at home a little over 2 weeks ago. This is most likely my last visit.

**12:30**

Mum and baby both well and thriving. I can discharge to the health visitor. It's always a little sad to discharge as we've spent so long in the pregnancy working together.

**12:30**

Arrive at my next visit. This lady lives on the second floor in a block of flats. As I climb the stairs with my antenatal bag it occurs to me that no one has home births, who live in ground floor flats or in buildings with working lifts! Lol Everything is well, the pregnancy is advancing normally. We arrange the next appointment.

**13:30**

I pop to have a catch up with a friend as I'm in her area. This ends up being a "put the world to rights" visit and I realise I've spent the afternoon there.

[The Jubilee Team work their hours to suit the needs of the service]

**18:00**

Back home, have some tea and catch up with TV I've missed. Very rarely watch real time TV, everything is taped.

**22:00**

Off to bed.

**23:55**

My phone rings. It's a colleague asking me to attend a delivery, she is also on her way but due to the distance and the fact this lady is on her 5th baby, she feels I'll be needed as well as the birth could be imminent.

**00:05**

In the car on my way. Mrs A lives in a rural area which means navigating most of the journey down country lanes in the pitch black of night. Luckily I know where the village is. The sky is clear and the stars are bright, which can be distracting.

**00:40**

I get to the set of two terraces that contain the house I need to be at, but as is common in this part of the country there are no house numbers. I take a chance and park near the first set. I climb the

steps, as the houses are set back from the road (more steps!!!) I have my torch in one hand and as much equipment as I can carry in the other. I look for lights as at this time of night everyone else should be in bed. As I'm peering through windows I can't see the house number I'm looking for. As I trudge down the steps and return to the car to try the second set I notice a police car across the road. I move my car around the back thinking that maybe that's how I gain access to the house. I'm wrong and the police car is still watching me, although at this point I hope they get out as they might be able to help. As I park for the third time and go up my 3rd set of steps I can now see a flashing light that the dad-to-be has set up to aid in finding his house. I could have used that 2 sets of steps ago!

#### **00:50**

The police car has now moved on after seeing that the strange lady carrying heavy bags looking through windows with a torch isn't anything sinister. At the house Mrs A is quite distressed and finding contractions quite painful. I start the entonox which immediately relieves some of the anxiety. As this is Mrs A's 5th baby I decide after doing some observations and listening to a happy baby's heart that I will set out the equipment and delivery pack.

#### **01:00**

My colleague arrives, she had gotten slightly lost in the countryside, we blame the sat nav. Everything progresses nicely.

#### **01:10**

Mrs A states that she would like to push. We encourage her to listen to her body and go with it.

#### **01:20**

After a few contractions of pushing. We find that the baby doesn't like this stage and its heart rate is showing signs of distress. After a quick examination my colleague finds that Mrs A isn't quite ready to push. We listen again to baby's heart and it is still not correct. We quickly reposition Mrs A into a position more likely to settle baby. Whilst my colleague talks to Mr and Mrs A I call an ambulance as we will need to transfer to Derriford or could possibly have a shocked baby at delivery. I also call labour ward to inform the sister on of our situation.

#### **01:25**

Mrs A is understandably upset by this development but can't stop pushing. We actively encourage this as the sooner the baby is out the better.

#### **01:27**

We have a delivery of a lovely baby girl. She is quite shocked but after some vigorous stimulation and drying up she responds well.

#### **01:30**

Ambulance arrives at the house. We ask the crew to wait until we have a placenta before letting them continue with their shift.

#### **01:35**

We have a healthy placenta and the ambulance can leave as mum and baby are both well.

#### **03:10**

I enlist Mr A's help in getting my equipment back down the steps and into my car. Then I am back in my car on my way home. My colleague is still at the house but won't be too far behind me.

**04:15**

I am now back in my warm bed, luckily I don't have any visits until the afternoon, lie in for me, yay :-)

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**08:40**

Staring at my work phone as I haven't received a text from the coordinating midwife. I feel a slight sense of alarm as normally that means it's me and I've forgotten. After talking to message handling I'm told it wasn't me but the midwife is out at a delivery and has been most of the night, I volunteer to cover, an offer that is swiftly accepted.

Text the other members of the team that are working to find out what work they have planned for the day.

**10:00**

After returning some texts from women with queries I leave my house to attend my first visit.

**10:15**

Whilst on the way my phone rings, I quickly glance at it and see its message handling. I look for a safe place to stop to return the call.

**10:25**

My safe place turns out to be the lay by outside the naval base. So with curious looks from the guards on the gate I return the call. A lady, Mrs B, has called in as she thinks her labour has started. This is her 3rd baby and she has chosen to have her baby at home. We agree that something is going on but I am not needed this minute. I agree to see her after my first visit.

**10:45**

Arrive at my first visit late. I apologise profusely. My women are understanding as they realise the nature of this job. From talking to the new parents, I establish that baby is thriving and mum is well. I weigh the baby and take blood for the newborn screening test. The family are doing great and everyone is happy.

**11:30**

After knocking on the door to the house I believe belongs to lady in labour I try the door, it's open so I call out "midwife". A woman comes out of the living room, clearly pregnant, looking at me strangely, I greet her "hi, midwife" all I get is a blank look. Just as I'm starting to worry I've walked into the wrong house a pregnant lady appears panting heavily. It turns out the lady who greeted me was confused as I'm not the regular midwife who she's met before. After introductions I am shown into the living room. I quickly text my 2nd visit of the day to advise her that I am running late.

**11:50**

After completing an antenatal assessment and an internal exam I know that Mrs B is in the latent phase of labour. She is 4cm but the contractions are irregular and mild. I believe that it won't be too long before this becomes active labour. After discussing the finding with Mrs B and her husband we decide that I will go away and return when the contractions become stronger.

**12:20**

Arrive at the house of my second visit. This is mum's second baby. I am there to weigh the baby as it is now 3 days old. Everything is well with mum and baby, the visit progresses smoothly. Once I am reassured that things are good I arrange the next appointment and then leave.

**12:45**

I've stopped at a corner shop to pick up some lunch as I believe I won't be able to pop home for some lunch as planned. Whilst queuing to pay, Mrs B's husband calls me. He states that the contractions are now a lot stronger and Mrs B can't talk through them. "I'm on my way" luckily the corner shop was 4 doors down from Mrs B. I quickly text my last visit of the day to tell them that I am unable to make it and I will re arrange when I am able to talk.

**12:50**

Mr B helps me to carry my equipment up the steps leading to the house. Once everything is inside I start to assess Mrs B. From just looking at her I can see that these contractions are now causing her more distress, I gently feel her tummy and can also feel the contractions are stronger. I listen in to baby's heartbeat and find he is well.

**13:00**

After watching a few contractions I decide to call a second midwife. It is routine to have 2 midwives attend a delivery at home. After a quick discussion and a brief history my second midwife decides she hasn't got time to buy the onions to cook for tea and will be right with me.

**13:45**

My second midwife arrives, things are progressing well. Mrs B is now using entonox well, so well in fact I don't think we'll have enough between us. We call for more entonox.

**14:10**

Our entonox is delivered by another midwife who leaves us with plenty to finish this labour.

**14:53**

Baby B is born.

**15:30**

Mrs B is comfortably on the sofa cradling her newborn baby with Mr B quickly texting and making the obligatory phone calls.

**17:00**

We leave the family in a happy haze. My second midwife continues on to buy her onion and I go to Derriford to replace my kit, complete the admin on the delivery and return 6 empty entonox cylinders.

**19:00**

Arrive home with a smile due to the feeling of helping a lady to birth her baby at home