

2021

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Gale, S. and Hogan, S. (2021). 'Experiences of midwives working in rural communities', South West Clinical School Journal, 1 (1).

<http://hdl.handle.net/10026.1/19719>

<https://doi.org/10.24382/n4yw-7v72>

South West Clinical School Journal

University of Plymouth

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#400WORDS: RESEARCH PROPOSAL

Experiences of midwives working in rural communities

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Submission date: 25th July 2019 | Accepted for publication: 2nd July 2020

Background

Midwives working in rural communities face a number of challenges when developing maternity services for women and families. Good outcomes are linked to choice; accessibility and a skilled workforce (Cumberlege 2016; Hallowell et al 2011; Kings Fund 2008). Trust Midwives are working in partnership with the Local Maternity Service System and Kernow Maternity Voices Partnership (MPV) to develop an effective and sustainable model of care in Cornwall and the Isles of Scilly. There are three key elements:

1. Choice – utilising birth centres and home birth
2. A Continuity of Carer model for women living in rural communities
3. Nurturing a skilled workforce through innovative teaching

Aim and objectives

The study will demonstrate the experiences of Midwives and Maternity Support Workers (MSWs) working in rural continuity teams and the value of bespoke training packages to support them in practice.

Method

Qualitative research methodology.

Discussion

Community midwifery services must be designed around the particular needs of the local population if they are to thrive and be recognised as essential at a time when resources are limited. In Cornwall and the Isles of Scilly women choose to give birth in one of the four birth centres: at home or within the Obstetric Unit. Maintaining this level of choice ensures services are rooted in the local community even if that area is very rural and geographically isolated.

A continuity of carer pathway has been shown to improve outcomes for the mother, baby, and family (Sandall 2016). Team Chi Kernow (*Home Cornwall*) are a team of midwives and support workers based in rural North Cornwall. The team provide continuity for women wishing a homebirth or to give birth in a free-standing birth centre. Women living in rural communities may feel isolated and may have difficulty accessing services due to poor transport links and financial pressures. The team offer home visits in the antenatal period to all women in the area as part of the plan of care.

Conclusion

Midwives and MSWs based in rural areas require well-developed decision-making skills; an ability to act quickly and independently in an emergency and an in-depth knowledge of the community they serve. Although a level of autonomy and experience is a prerequisite, the need to provide regular and effective support and guidance is essential. We have developed a bespoke training package that reinforces effective team working and communication in emergency situations.

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