

### Work Experience-Midwifery/Paediatric

From Tuesday 13<sup>th</sup> of July to Friday 16<sup>th</sup> of July, I took part in a voluntary work experience course organised by my Head of year/Pastoral team and the preferred hospital of my choice (the name of the hospital will be withheld for confidentiality reasons in line with data protection). Seeing as the opportunity to do work experience in Year 10 wasn't offered to my classmates and I, due to the recent events of Covid-19 for the past year and its effect on going out to socialize with the general public, including work environments. I still took it upon myself to see if it was possible to complete a personal, private course organised by my school Pastoral team and the designated hospital that I wanted to volunteer at. Unlike majority of my peers and school mates, I was lucky and fortunate enough to have my mother work at the hospital/institution of my preference, this meant that I was given a first-hand opportunity to be admitted into the hospital's work experience course for the week. In this review, I will be taking you through all the eventful and lively events that occurred throughout my week at the hospital.

#### DAY 1- Tuesday 13<sup>th</sup> July

- ✂ Once arriving at the hospital with my mother, I was given a very warm and kind welcoming by the team along with a work experience program to follow for the week, including a name badge/lanyard that made me feel included. I was paired up with a young Healthcare Assistant (commonly referred to as an HCA) on the ward for the day, and my role was to "shadow her" and follow her around the ward, observing what she does to ensure the care and safety of the new-mothers and their new-borns.
- ✂ After meeting her, she orientated me around the unit, including the "Treatment Room" where all the equipment is kept. During orientation, it was stressed to me the importance of keeping my mask on at all times and wearing a pair of disposable latex gloves and aprons before seeing women as a result of Covid-19. And 5-step handwashing was pivotal in everything I did on the ward.
- ✂ Being on the ward meant you had to keep track of your women at all times, whether that be if them or their baby have eaten, if their catheters have been emptied etc. In this case, it was the latter. For example, the HCA I was working with needed to change a women's urinary catheter. A catheter is a tube that's inserted into the women's vagina, to her bladder, allowing her to urinate freely into the bag on the other end of the tube without having to get up as most women struggle with walking around after birth; it must be changed every few hours.
- ✂ The HCA would grab a cardboard bowl to empty the urine into and dispose of in the "sleuze", which is the waste disposal room where all the sanitary equipment's kept. I closely observed everything she did, from greeting the women to disposing her urine; she remained completely professional and respectful, maintaining the woman's dignity when draining out the women's catheter, and at no moment did she display unprofessionalism and disrespect, which is an important care value in healthcare. After this, she checked and changed out a few more catheters.
- ✂ Around this time, it was reaching 1 o'clock, which meant that the maternal observations (obs) needed to be done. These observations are simply checks of the mother's - and sometimes baby's - health, referring to the measurement of her temperature, heart rate, respiratory rate,

and blood pressure; I gathered that they're done every 4 hours seeing as another round of obs were set to be done again at 5 o'clock.

- ✂ A portable machine/monitor is used to complete these obs; the monitor contains a blood pressure cuff of two sizes (one for "normal sized" women and one for bigger women) to ensure the accuracy of the result. The machine also contains a pulse reader and a professional thermometer with plenty of disposable plastic layers on the thermometer for each woman that's disposed of after each use.
- ✂ The obs looked very complicated at first seeing as there are a lot of wires and buttons on the machine, however, after observing the HCA do the obs a couple times, I started getting the hang of it. Obs are an important part of postnatal care, as it justifies and finalizes the health of the mother before her discharge.
- ✂ The HCA I was working with allowed me to do a couple obs, under her supervision as it's good for me to have an attempt at postnatal care. Doing obs for the first time was quite nerve wracking because there were quite a few steps and I didn't want to mess them up; however, after doing them a couple times I managed to understand what I was doing.
- ✂ After this, the HCA and I needed to change some beds of discharged women for new women to come and stay in. Changing hospital beds is very much different from changing my bed at home.
- ✂ For example, alcoholic wipes are needed to wipe down the mattress (thoroughly) to get all the blood or urine that may have seeped through the sheets off, for both mother and baby. The rest of the room is wiped down also, including the tables, bed rails, and chairs. A fresh new bed sheet and pillowcase is put on the mattress for both mother and baby, along with a new hospital gown. It is very important that all rooms must be cleaned thoroughly to get rid of any and all residual blood or urine for the next family, and the HCA and I must dispose of our gloves and aprons.
- ✂ **My takeaway from Day 1 was that the job is very busy and wild especially when you are new.**

## **DAY 2- Wednesday 14<sup>th</sup> July**

- ✂ My second day was much busier and livelier than my first, as I was bit more familiar with the environment and knew what to expect. I was assigned to a new healthcare professional to work with today, however she was a midwife.
- ✂ Upon my arrival, I was given the opportunity to change into a full PPE (protective personal equipment), including wearing blue hospital scrubs. This was a definite advantage as it gave me more of an opportunity to participate than shadow.
- ✂ For example, the midwife allowed me to observe her do new-born checks, where she used her stethoscope to monitor the baby's heartbeat and perform maternal obs on both mother and baby ready for discharge.
- ✂ After observing the midwife, I was given the opportunity to escort a paediatric nurse who was currently taking a baby for a brain scan (because the mother of the baby took cocaine and other recreational drugs whilst pregnant) to the neonatal intensive care unit (NICU).
- ✂ The brain scan was performed on the baby by the doctor with successful results.
- ✂ After said brain scan, I took the baby and her results back to the mother to be updated to the system.
- ✂ I was given the opportunity to take another baby to another scan at the NICU where I waited for the doctor to come and check him. Whilst waiting for the NICU nurse, the paediatric nurse I escorted asked two other students on work experience if they'd like to witness a twin emergency C-section.

- ✂ Upon hearing this, I was very intrigued and quickly asked if I could join them to witness this birth. I followed them to the theatre, where I was amazed and astonished at the total of 14 people on the theatre team needed to deliver the twins. Seeing as there were two babies being delivered, there needed to be: 2 obstetricians, 2 paediatric nurses, 1 anaesthetist, 3 nurses, 2 midwives, 1 HCA and 1 porter.
- ✂ Once the babies were delivered, I watched as the paediatric nurses used suction tubes to clear the babies' airways allowing them to breathe and measured their height and weight. The surgeons also began to suture the woman's caesarean cut.
- ✂ After the astonishing sight, I returned to the NICU to the baby I once brought waiting for the results of his brain scan (it was a long, long wait), to then return to ward to be put on the system.
- ✂ After this I changed a couple beds after discharge and completed a few more obs later, so many to the point where my mum was begging me to leave so we could go home.
- ✂ **My takeaway from day 2 is that you never know where you're needed on the job (whether it be theatre or the NICU) and each place comes with its own challenges.**

### **DAY 3- Thursday 15<sup>th</sup> July**

- ✂ As the days went on, I understood more and developed more of a familiarity in the environment.
- ✂ I wasn't necessarily assigned to work alongside anyone today, this meant I spent my morning observing my mum doing *her* job, she was in the DAU (day assessment unit- this is the area where mother and baby go through surveillance during pregnancy) running hypertension clinic - which involved checking women with preeclampsia in pregnancy, meaning they have blood pressure problems during pregnancy that could put them and their baby at risk if not managed properly.
- ✂ After a short while, I left to the DAU and helped clean and prepare the couches for women who have come to have their babies monitored on the cardiotocograph (CTG, in simple terms). It was really fascinating to hear the babies' heartbeats as they sounded like a horse race.
- ✂ I also had the opportunity to observe a phlebotomy session, which is having a blood test done; what was interesting was that some of the women were needlephobic and the way the well-trained midwives were able to calm her down and have the blood test done was very reassuring.
- ✂ I also participated in a urinalysis, meaning checking of the women's urine for any infection.
- ✂ A midwife was giving a woman with poorly controlled diabetes dietary advice who was a regular attendant; it was very evident that she was told what to eat and what not to eat, but she decided to disobey.
- ✂ I spent my afternoon back in the ward simply doing what was asked of me and helped wherever needed helping. This meant getting women water if they needed it, getting them fresh pads and hospital pants, or answering their buzzes.
- ✂ One buzz in particular made my day, this being the woman who I observed deliver her twin boys the day before. Once entering, I instantly realized and excitedly reminded her. I felt a bond and connection to this particular woman and her babies as I watched their birth, meaning I assisted her very passionately.
- ✂ She needed help changing one of the twins as it was difficult doing it alone after a C-section. Me being a baby-lover instantly did so and offered to change the other twin who had a full blowout and continued to poo and urinate even whilst being changed and stained his clothes.

- ⌘ My take home message from this day was that it was surprising for me how many women come through the DAU because of problems in their pregnancy. I always thought pregnancy was a normal process, but not all pregnancies are as smooth and fluffy as it seems to the outside world.
- ⌘ Another take home message was that as special as pregnancy is I was quite surprised that some women wouldn't take it as serious and adhere to medical advice, in case of the women with poor diabetes.

#### **DAY 4- Friday 16<sup>th</sup> July**

- ⌘ This was my last day; I was excited as always but also sad that this exciting and phenomenal experience was coming to an end.
- ⌘ I continued my daily chores on the ward, being answering buzzers and changing beds on the ward.
- ⌘ I worked closely with a midwife today who was performing new-born examinations for the babies going home today from the ward. She examined the babies from head-to-toe. What I found daunting was the way the baby's hips were examined as she bends them from side-to-side, but she assured me and the mother that it was completely normal.
- ⌘ I spent the rest of the day helping out the ward managers, where I was sent down to the pharmacy to pick up a women's medication to take home. The pharmacists denied my request for the medication as my only proof of ID was my work experience one and it wasn't the trust's, making it inadequate, which I felt was safe as random people couldn't access the medication.

Overall, I was very glad I was given the opportunity to attend this work experience as it was a very eye-opening experience and made me view childbirth and pregnancy differently. I also had the opportunity to witness women who were in early labour and the pain they went through. I was born through C-section, so after witnessing one for myself, it made me more appreciative of what my mum and many women go through to get their babies delivered safely. Maternity is not all about childbirth and pretty baby clothes and this work experience definitely opened my eyes to that. Each and every one of the women on the ward all work effortlessly as a team on a day-to-day basis to ensure that babies leave the hospital safely, which a profession I admire and see myself is working in, in the future.