A day in the life of a midwife

May 8, 2014

It’s 9am, and registered midwife Kel Hawthorn is seeing her first client of the day, first time mother Beverly Essue and her partner Brian McCallum.

Kel, who works with RPA’s Midwifery Group Practice, a service that provides a personalised continuity of care for low-risk expectant mothers, sees a caseload of 40 women a year.

“Friends recommended the program when I first became pregnant, and I called every day for weeks to get in – luckily it worked,” Beverly said.

For Beverly and Brian, seeing the same midwife and being able to develop a strong relationship with her throughout the pregnancy has been very reassuring.

Throughout today’s appointment they discuss with Kel the parenting classes they’ve attended, pain relief techniques and get a blood pressure test before moving on to the ultrasound to check the baby’s position and heartbeat.

“The process has been very exciting. We’ve felt really well supported from very early on, because we see the same midwife regularly,” Beverly said.

“We have about a month to go until we meet our baby, and we have the reassurance that we are delivering in a major hospital and will get regular home visits from Kel after the birth.”

For Kel, the role of a midwife is important as they are expert in the normal and natural. They can, and do, collaborate with obstetric specialists when required, but midwives reduce the fragmentation and medicalisation of care that often results in women experiencing long waiting times and care inconsistencies.

“It is a magical experience to share with expecting parents the first time they hear the baby’s heartbeat, or see it on the ultrasound monitor,” said Kel.

At 10.30am, Kel receives a visit from her second appointment for the day, Maysee Chang, a first time mother currently at 32 weeks. Not as far along in her pregnancy as Beverley, she has just attended her first antenatal class and found the video they screened a daunting experience. Kel is quick to offer reassurance and answers her questions on what to expect at the birth.
“This is my first time so I’m not sure what to expect, but Kel is doing a fantastic job and I’m very happy. She reassures me that I’m on the right track and that everything is ok. She’s a lifeline.”

Kel knew she wanted to be a midwife from the age of eight, but her parents talked her out of it because of the unsociable hours and the need, at the time, to train as a nurse before becoming a midwife. Instead, Kel worked as a public relations consultant for several years before the University of Technology established a Bachelor of Midwifery course that didn’t require nursing as a pre-requisite.

“I was so happy to be accepted, I danced around the room when the notification came through,” she said.

“It’s such a rewarding experience to see an anxious couple at 12 weeks pregnancy become happy confident parents with a new baby. It’s the best job in the world.”

Kel’s third appointment for the day is an 11.30am home visit with new mother Geraldine Radomski and her husband Thomas, who welcomed baby Abigail two weeks ago.

Mothers in the MGP program are often ready to go home just four to six hours after birth.

“The hospital was busy, and I wanted to be home with the quiet and my creature comforts as soon as I could,” Geraldine said. “Knowing that Kel was coming to visit afterwards was reassuring and gave me confidence.”

Geraldine and Thomas have been receiving home visits from Kel from the day their baby girl was born. During the visits, Kel checks the baby’s weight and general wellbeing, and answers any questions the new parents might have.

Thomas appreciated that the MGP made sure partners took a role and were actively involved in the lead up to the birth and the delivery.

“There’s a real difference between when our parents had kids and would be in hospital a couple of weeks, and this model,” he said.

“It’s good to get home so quickly and start caring for Abigail in our own home right from the start.”