

Comment



Julie Wray

Valuing mothers – and babies, too

I visited a local NHS Trust recently and I was immediately struck by the friendliness of the staff on arrival and throughout my stay. Without exception, the staff I met wore smiles, were courteous, helpful and looked happy to be at work. The warm atmosphere was refreshing and powerful; for too long now I have dreaded visiting hospitals but on this day it was a pleasure.

I discovered later that the Trust ran a scheme called 'Being a patient' – a kind of training programme that emphasises the need to consider the patient at the heart of their work. In other words, the scheme enforces the explicit message that everyone is a potential patient and service user.

The scheme involves every member of staff, from porters to managers, and embraces a patient-centred philosophy. On the one hand this programme could be interpreted as a PR strategy and has all the hallmarks of a Disney or McDonald's approach to business acumen. Yet on the other hand it could be viewed as a positive and humanistic move. By treating all staff equally, the message is that they are cared for, valued and, moreover, that they genuinely care about patients and their experience.

This ethos reminded me of those all-important early lessons during my training days, way back in the 1970s. The notion of being a patient and caring for a loved one was engrained from day one. These values were consolidated during my midwifery training where woman-centredness was promoted and practised.

I recognise that in large organisations such as the NHS it is challenging to achieve a culture that values the patient and creates an ambience of caring and respect for one another, irrespective of who you are. Putting the patient at the centre should be a reality and not rhetoric. I know that in theory most midwives aim to do this, with the grounded mantra of 'woman-centeredness' philosophy. But this is not happening consistently on

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a day-to-day basis and I wonder why.

Time to listen

Time – or the lack of it – and busyness due to the sheer weight and volume of work are the most frequently quoted factors that midwives claim deters them from being with women and practising woman-centredness. A recent comment made to me by a busy and tired midwife illustrates a good point:

It is luxury these days to be able to sit with a woman and simply chat and talk to her in a relaxed way... I miss this aspect of my work but it [talking] is not valued as real work anymore.

Have we really lost those opportunities to interact with women by talking and listening?

Feelings towards babies

A further dimension in this debate is the value and emphasis on the baby and, more broadly, the family. I wonder whether the midwives consider the baby as a patient or service user? The answer to this question is rather complex and I imagine various responses would emerge.

People sometimes ask me: "Do midwives need to like babies?" I was once asked by someone who was considering midwifery training whether it was an imperative to like babies. This made me think about how often I heard midwives say that they preferred to care for women rather than the babies. Of

course this anecdotal view may not be a true reflection for the majority of midwives. But thinking about the value that is placed upon the baby as a person and individual I am not sure how, and if, the ethos of 'being a patient' translates across. Is it the case that the midwifery profession relies on the mother to interact with the baby and engage with the baby as a person? Certainly, for babies who are sick and cared for on a neonatal intensive care and special care unit, different issues apply. But how do we view the well baby in our care and interactions? I think this debate could be fascinating and your views and comments about this are very welcome.

A private matter

Another issue that intrigues me is how we address the baby's privacy and dignity. During a period of fieldwork on postnatal wards (Wray 2006) I noted that some mothers screen the bed to ensure privacy for their baby, especially during nappy changing and feeding. However, on neonatal intensive care and special care units, privacy and dignity are managed (or not) in different ways. Babies are often nursed in the nude and on public display. Is this right?

To return to my original discussion on 'being a patient' in midwifery with all its complexities and skills, are we genuinely baby friendly (and I'm not talking about breastfeeding)? Is it time to re-evaluate our values and beliefs in relation to the baby? **TPM**

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REFERENCES

Wray J (2006). 'Seeking to explore what matters to women about postnatal care'. *British Journal of Midwifery*, 17 (5): 204-208.