Report

The Community Midwifery Care in Great Britain and in The Czech Republic

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Abstract

Key words: community midwifery care – midwives – birth centers led by midwives – education of midwives.

The STSM was focused on community midwifery care and on education of midwifery student. There were discussed problems of Czech midwives with their work in community and comparison with British midwives. During the STSM I visited Bournemouth University, NHS maternity unit in Poole, NHS Dorchester maternity unit with doing really community midwifery care, NHS birth centre led by midwives in New Forrest. The aim of the STSM was to describe British system of midwifery community care and to bring this idea to the Czech republic.

Introduction

The community midwifery care in The Czech republic is still, in these days, inaccessible to all women. About ninety percent of midwives are working in hospitals and less than ten percent of midwives are in community (Dorazilová, 2013). The situation is bad because of lack of government support and because the historical gap in real community work in midwifery. In The Czech republic, there are three professional organizations with no common point of view of midwifery. For Czech midwives, there are still no uniform standards of midwifery care. There are no established supervisions for community midwives. The community midwifery care of British midwives is for Czech midwives nice example like the real community midwifery work could be.

I work as an assistant at Department of Nursing and Midwifery at University of West Bohemia in Pilsen. I also work like an independent midwife and I am studying the doctoral study, too. The topic of my doctoral theses is Community midwifery care of women in puerperium.

I was very happy, I had an opportunity to be in inspired by British midwives and specialist of midwifery. It is very important for my work with students of midwifery and for my doctoral theses too.

The aims of the STSM were:

- To compare Czech and British system of community midwifery care (competence, education of midwives, cooperation in the profession, history of community midwifery care – establishing supervisions for midwives, establishing birth centres for midwives, actual trends in midwifery)
To discuss about education of midwifery students – the school subjects, the practical education, the discussion with students and with assistant of midwifery and sociology of medicine (Prof. Edwin van Teijlingen).

This report will begin with an overview of the work carried out during the STSM, followed by a discussion and analysis of the issues which emerged. Lastly, the report will conclude with a discussion of the development of future collaborative activities.

Description of work carried out during the STSM

<table>
<thead>
<tr>
<th>Date</th>
<th>Program of the day</th>
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<tbody>
<tr>
<td>10th October</td>
<td>The first meeting with Prof. Edwin van Teijlingen, University tour, meeting with assistants of midwifery, making the daily plan of my STSM.</td>
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<tr>
<td>11th October</td>
<td>My lecture for midwifery students at Bournemouth University (about the midwifery situation in the Czech republic), Meeting with midwife and midwife supervisor Mrs. Jilly Ireland, tour of NHS maternity unity in Poole.</td>
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<tr>
<td>12th October</td>
<td>I spent all the day in community with community midwife (Caren) from NHS Community midwifery Centre.</td>
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<tr>
<td>13th October</td>
<td>Meeting with an independent midwife Michelle Irving. We spoked about midwifery work like an independent midwife and also about our doctoral study.</td>
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<tr>
<td>14th October</td>
<td>Tour of Birth centre in Bournemouth (discussing with midwife and midwife supervisor Sarah Parsons about urgent situations during births with practical training on models – prolapse of cord, shoulder dystocia), tour of NHS birth centre led by midwives in New Forrest.</td>
</tr>
<tr>
<td>15th October</td>
<td>Departure (by international bus)</td>
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Three specific activities will be discussed in more detail. Firstly the meeting with Prof. Edwin van Teijlingen and visit of Bournemouth University, the secondly the experience with own community midwifery work in Weymouth, and third the visit of birth centres led by midwives.

1. Meeting with Professor Edwin van Teijlingen and visit of Bournemouth University

The meeting with Professor Edwin van Teijlingen was very kind and very inspirative for me. It was really honor for me to see, with which energy is he trying to help developed countries and make them better conditions for midwives. It was really inspiring for me to see his education and overview about midwifery topics, also he is not a midwife. We spoked together mainly about philosophy of currently trends in the Czech midwifery care. Concretely about absence of community midwifery care, about not allowing home births for women with their own midwife. And also about the trend, when the doulas are at home births instead midwives. We spoked also about large medicalizations of births and the associated problem of teaching our students. Professor van Teijlingen gave me expert advices what is possible to improve the situation.

Picture no 1. Me at Bournemouth University
The meeting with students of midwifery and with assistants of midwifery at Bournemouth University was really inspiring for me too! I had a lecture about situation of midwifery in The Czech Republic and we shared our situations. We spoke about practical education, about possibilities to be in community during their study, about possibilities to be during home births – against our students. After my lecture, I spoke with one student from Poland (Paulina Proksa), which lives in Great Britain for ten years. She offered, she will come to our school to meet together with our students to motivate them to try to do some changes in midwifery system in The Czech Republic.

Picture no 2. My lecture for students of midwifery at Bournemouth University.

2. The experience with own community midwifery work in Weymouth

At the early morning on 12th of October I travelled by train with Prof. Edwin van Teijlingen to 50kms distance Weymouth to visit NHS Community midwifery Centre. Professor handed me to care of community midwife Caren. I saw how the community midwives planned all the day and how they are preparing for their visiting in community. I was witness of two visits in community environment. More practical information I found in article of Prof. Teijlingen and Mrs. Ireland (Teijlingen, Ireland, 2014). The first visit
was at woman on the start of pregnancy. We made pregnancy consultation and established pregnancy documentation of women, we did also blood collection. The second visit in community environment was at women in puerperium. The woman was the 5\textsuperscript{th} day after section caesarea. She had some problems with breastfeeding and with icterus at the baby. We did control of weight of baby and control of looking of baby. We gave women some advice and made her sure, everything is going well.

After these two visits in community, we were at Community Surgery Centre, where we did eight pregnancy consultations. It was really important for me, because I had chance to improve my practical skills and to discuss with Caren about individual problems of women. I saw woman with psychiatric problems – manic depression and Caren explained me the specific of midwifery care about this woman. There are specialists of midwives, who are really interested in psychological support and they are trained to work with pregnant woman with psychic problems.

Picture no 3. The start of the day at NHS Community midwifery Centre in Weymouth.
Picture no 4. Midwife Caren and me, we are going to the community for two visits.

Picture no 5. Me and pregnant woman during pregnancy meeting in Community Surgery Center.
3. Visit of birth centres led by midwives

During my STSM I visited four maternity midwifery led units or birth centres. It was really deep insight for me, because in our country, there is still any this type of midwifery care. I could on my own eyes see, how midwives could work independently. I was very pleasantly shocked how midwives have respect for every pregnant and birthing woman. Matter of course were: choosing of birth position, privacy, choosing water birth or natural painkillers, being in the room with your own midwife.

In maternity unit in Poole, I met Mrs. Jenny Ireland, the wife of Prof. Edwin van Teijlingen. Mrs. Ireland spoked with me about midwifery work at this unit and she toured us in this unit. It was really very interesting to see midwives in actions.

Picture no 6. Midwife in NHS maternity unit in Poole.

Picture no 7. Prof. E. van Teijlingen and Mrs. Jenny Ireland.
The environment of maternity units and of birth centres led by midwives was very pleasure and supportive for all new mother. Every rooms were very spacious with large bath and with aids for comfort labour (birth chair, mattress). The rooms for mothers after birth were furnished also for fathers and to promote contact parenthood.

I was really positively shocked from visit at NHS birth centre led by midwives in New Forrest. This birth centre is placed in the centre of natural park with free living horses. Every woman has an opportunity during her labour go to this park and be in contact with clear nature to support her in her very important and sensitive times…

Picture no 8. NHS Birth Centre led by midwives in Bournemouth

Picture no 9. Midwife Sarah Parsons during her training midwifery skills.
Picture no 10. NHS Birth centre led by midwives in New Forrest.

Picture no 11. NHS Birth centre led by midwives in New Forrest – park beside birth centre.
Findings of the STSM

During this STSM The Community Midwifery Care in Great Britain and in The Czech Republic I found many interesting information and I had chance to try to understand the differences in community midwifery care.

Three key findings are summarised below:

1. **The competences of midwives.** "The maternity services within the Czech Republic are based on a medicalised and paternalistic system where Obstetricians maintain power and control over maternity care (Church, 2016)". Against it is very kind and for women supportive system of midwifery care in Great Britain. The profession of midwife is in the country fully respected and midwives have chance to work during their full competences.

2. **The education of midwifery students.** During this stage I saw that students of midwifery in Great Britain are much better trained to promote women during natural childbirths. The students are very well trained in haptic skills and in community (with eventuality to be during home births). These students are trained and examined from midwives and not from doctors. The students have much more new and specific literature for variety of topic of midwifery.

3. **The philosophy of midwifery.** I founded very supportive environment between midwives together. During my stage I didn’t see any rivalry or criticism on another midwife. I very appreciate the system of supervision. I think that it is very important to have a chance to speak together about some cases and topics, trends in midwifery. I feel from British system of midwifery the highest aim – to promote healthy pregnancy and natural childbirth with full respect to woman and to each other. There is also seen partnership between midwives and doctors.

Discussion

The situation of Czech system of midwifery is nowadays in complicate situation. The main of midwives is in hospital practice and only few midwives are working in community. But there is problem that community midwives have no midwifery standards for their work and have no supervision. There is still huge rivalry between community midwives, this type of work is sometimes taken as private business, so there is very pure sharing of knowledges and experiences. In the book of American midwife Anne Frye, there are some advices for new midwives, which want to do midwifery community work. There are also recommendation about collaboration between midwives and practicing supervision (Frye, 2013).

The second problem of Czech midwifery community care is payment. The government rule says, that every woman could have payed from health insurance one visit of midwife in pregnancy and three in postpartum time. But there is still problem, that to have it free of pay, the gynaecology must the visit of midwife recommend and then the insurance must agree with payment. And these two arguments cause it is not reimbursed.
During discussion with Prof. Edwin van Teijlingen I strongly felt the support of British society to have their midwives, which are understood like a supporters of healthy pregnancy, natural birth and healthy motherhood (Deery and collective, 2015). This is also the difference between our countries. In our researches about community midwifery care, there are results that it is useless by people. It is because, they don’t know, what are the competences of midwives in community. After the year 1993, there was privatization of gynecology ambulances and the areal community care vanished.

The other problem, which could be discussed is the fact that in The Czech republic, there is no some scholarly midwifery journal, which could inform midwives about midwifery topics. The literature for midwives is very often translated from English, but it takes some year to be available in Czech. The publishing activity of Czech midwives is very low.

The education of midwifery students in the Czech republic should be changed in favor of better practice. The students of midwives have no many opportunities to practice in community and to promote natural childbirths, because we have no some birth center led by midwives. Our students practice very often in big perinatal clinics, where is no time and space for promote natural childbirth (Hrešanová, 2014). From these days, there is activity of group Jak Jinak. They are trying to things change and they are trying to establish the first birth center led by midwives in our country (Jak Jinak, 2014).

**Future Collaborations**

I dare to hope, that we will be with Professor van Teijlingen in touch. He promised to help me with some changes in our midwifery system – to try to established newsletter for midwives, to improve practical education for our students, to write some articles about midwifery situations in our both countries.

**Acknowledgments**

I would like to send my sincere thanks to Professor Edwin van Teijlingen for supporting my visit, for his hospitality and his time which he gave me. I would like to thank him also for organising such an interesting week of visits and meetings. I would also like to thank Mrs. Jenny Ireland, Mrs. Michelle Irwing and to Mrs. Sarah Parson for their time which they gave to me and for nice midwifery inspiration like it could be to be a midwife in her whole strength and love.

**References**


