Reflection for Primary Under Supervision

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This journey has brought so many transitions and learning curves. I believe that this semester my biggest challenges in clinical work are more in the prenatal areas or with newborns postpartum. There are still so many random problems or things individual clients bring to the table with concerns or risks that sometimes I am not sure what to do. I do know how to find out and look into it, which is also acceptable, but I do feel like fully being by myself as a midwife, I can't just turn to my preceptor and ask if she knows anything about it. Sometimes she does, and other times she doesn't. I am meaning questions about rare medical complications like a patient with lupus in remission in pregnancy type things. That overall unknown of what a client will bring are some areas I struggle with how to smoothly say I am not sure yet but I will look into it and find out more for you. I use up-to-date a lot to fix these or try to research them before I see a patient when I am preparing for my work week precharting. This fixes a lot, but there are still random spontaneous questions sometimes.

Other challenges are differing from my preceptor now that I am making my own decisions. One big one is the difference in how we manage hemorrhages. She is more medication-heavy and quick to do something due to so many patients hemorrhaging with or without risk factors. I have seen that, and it is unique to our area despite nutrition talks, proper iron levels or supplementation, not rushing labor or other interventions contributing, etc. I have since done more research on some of the active management we provide and on on-set times for medication and realized we weren't giving meds time to kick in her way and were probably giving more meds than we needed as a result. We have since discussed both of our preferences and have been trying to wait longer before administering any, waiting for on-set, and changing

doses or administration methods and order of medications around and finding what still works well but also fits more evidence-based care and as little needed as possible.

I have managed really straight forward births mostly this whole term besides some hemorrhages but they are so common over here, they are almost normal in a way in how they feel. We just transported someone last night but I wasn't full primary on it as we were just trying to split the work to get everything solved as fast as possible. We had a laboring mom call with SROM and said "oh no I feel a cord maybe" and we were 1.5 hours away and our backup midwife was still 20 minutes away. Her husband checked and couldn't tell us definitive information but in the meantime we got her into exaggerated inversion to relieve pressure, were calming her and trying to assess further over the phone. The baby was moving well the entire time which was reassuring. The mom checked herself and said it was an elbow so we thought compound presentation, and she said no pulsing was felt. We kept her in an inversion until the midwife arrived to assess more and when she got there, it was a footling breech who was vertex on US a week prior with a foot sticking down in her vagina. We transported with EMS and she had a cesarean section safely.

The prompting questions on this to evaluate the situation and telling the family how to manage it themselves as if it was a cord prolapse was all information I was familiar with and was reassuring that I knew what to do. Additionally, I was able to fax records, call and give SBAR, call 911 for EMS to be initiated, chart the key events, and help with clinical decisions all at the same time. I debriefed with my preceptor after because she had given them the option to wait till the backup midwife got there to assess or call EMS right away and they chose to wait. I personally as a new midwife would have immediately got EMS on the way for a possible cord

prolapse to not delay care if that was truly what was happening, especially because they were 40 minutes from a hospital. That was how I would have managed differently.

My clinical learning strategy went from watching my preceptor and basic skills and really working on patient interaction with them and efficiency to now I work on researching why I am doing something and small details of a compilation or subject to deeply understand it. Then I use that to decide how I want to manage patients that makes me feel safe and gives them full autonomy still. It is more of a leading and evidence-based approach now than it is a following and learning-based approach. My strategy is typically to reflect on my weak spots in skills, things I feel unsure about, don't know the evidence behind it, or that caused a problem/complication. Once identified, I research this subject thoroughly and usually make a document on it or incorporate it into care discussions, labor, birth, or postpartum. Then try to review later if it made any differences and if I need to continue to make changes.

I had never done SBAR live to a person until this semester as my preceptor preferred to make the calls and let me continue to hands-on manage. So this whole trimester has been growing my interprofessional communication skills. I do well with SBAR now and calling EMS and giving proper report. I know what information to have ahead of time and have always had a good professional voice and demeaner on the phone. It was a fairly easy transition once I began doing it. I also have worked with OB's we transferred to and have been able to kindly advocate for patients desires like dad helping catch still. I offer it as "If this is possible, they would greatly appreciate it, but we understand if you aren't comfortable with this." These interactions tend to go beautifully.

Our chart review process is to review a patients chart for completness and accuracy or anything that was missed each trimester. After labor and birth usually we will discuss with each

other to review how it went and things we could do differently. Then we participate in chart review with other midwives I believe quarterly not monthly which is something I have been discussing with my preceptor. Overall, I feel there has been so much growth and I am excited to see how much more being on my own fully holds for me.