Lead maternity career chch part of a group practice Ann (Lorna D interviewing )

**I know you have other info - I know you**

**When in lock down … how were you feeling about that**

Initially was away and all I could think was we need PPE etc and your family worry about bringing it home

Communication side?

Oh my god no good with tech. Phone ok

Said we will do what we have to do

Does not feel you have the same information, cannot read body language - felt scary will we miss things?

Having to work with women all over place – from home, hospital

7 women over that time . All of them early pregnancy women I could see further on.

Bookings on phone that was ok Earlyy pregnancy interviews I could do over phone - unless they were anxious then saw in them in clinical or further along

Saw in clinic if anxious

Prob saw women face to face more than I should have

Wasn’t comfortable with all guidelines – not working

Guidelines - threw them out the window really

Looked to social medica and what others were doing

College and ministry guidelines - but we saw women more than that

Prob saw some more than that

**Did you know about MoH telehealth**

Yes, but a thousand different sources

getting lots overwhelming we did what we had to do

When 36 weeks I saw fortnightly -most keen to be seen some, happy to talk others , some in clinic

I used face time

**What for?**

Bookings.

**Did that give an added dimension**

Seeing the face? **-**I stopped as not concentration and found using telephone on speaker

Face so close felt self conscious

Started zoom but just used with a couple then didn’t use face time just phone

Chatted at car - have conversation at car and bring them into clinic

**Any Conversations with others, GP or Obs**

No

Phone if had to speak to a registrar

Mother and Babies useless -not interested

Had a mother - high risk – saw them last pregnancy

They said she was not current client etc etc She was an in the past, last time but had not seen her this time - silly rules drove me mad

GPs hard to get hold of not seeing anyone – frustrating.

We wore that did a lot of extra visits as no other available. No one.

Situations was – lots of visits doing GP work

**More reliance on midwives- Used phone more than usual but do you use phone for consultations them a lot usually**

If people ring with problems yes . Not for general visits no

Only if home and hospital staff checked then or a birth and I could noT get there

I use phone – if txt ring and have a chat do that a lot driving round

But prefer to see people

**You Made it work**

We said do what feels right

Postnatal saying 15 mins, wear mask

If been in labour with them for for 10 hours – ended up taking it off

So shared all bugs by the so didn’t use on follow up visits

Got to be a bit sensible

Would ask - if want me to I will

Some women wore masks but if been in labour then thought way putting a mask on now

If had got community cases here would have had to change

**Barriers? Eg didn’t like face time it became a barrier**

If writing typing- doing that while looking at someone so would put on speaker phone to type

Type while on speaker phone - expect it now

Often do booking and paper work at home, do screening print forms and then meet at home or in clinic

Use phone a lot now

**Has it Changed practice have you**

No like to have printer on

Have info to print out forms screening , US, first bloods

**What about info sharing ? Not same**

Did that on face time , conversion, they would see my face - funny at times

Used photos to chat sent a photo of baby or the pad or what you have got

Can save yourself a lot time

Part practice Before

Yes, women says A bit of blood – show me how much . sometime say a lot and there is a pin prick other times they say not much and there is a pad sodden fresh blood

**Amazing what can do with photos**

Incredible I do that a lot

There are situations when the women cannot travel or unwell will still do a phone consult – did it in past as well

**Any Maori or other ethnicities**

Let me grab diary can’t remember that’s how bad it is

I did

Any difference in how they responded to diff communication in lock down

2 Indian women over that time

One whose father was Maori otherwise no

Indian women wore masks even now – came in with masks even last week more cautious

**Did they want to use phone**

Both second timers so alright – Were they keener to speak on phone. One happy to leave visit for longer . No both Ok

More affected by what is happening at home. Indian women even now. Everyone at home wearing masks so more thoughtful about masks even if just unwell

**ESL – is it a barrier to less face to face communication?**

Both had good English. A lot from the south have very good language . Most here are well educated

**We talked about guidelines**

Yes College put some out and MoH - differed

College more practical for the midwife the MoH not realistic not understand how mid wives work

GPs backed off, had a friend a nurse in GP. Nurses were out front one set PPE not allowed to the toilet 4 hour shifts restricted fluid …

Info limited – all on back foot

No PPE, no hand sanitizer, Husband has a still so was making hand santizer for practice

Caught on the hop

College more useful – more sensible

Over whelming

Used common sense

Did what we needed to do to provide best care

**Future learning needs ? If something on tech etc ….**

Not sure we will keep it out forever – not sure vaccines that close

I would be interested if something available if easy to use but not too long

**Not one size fits all**

Doctors were doing on line ringing from home- felt like midwives only ones doing face to face

We wrote scribes that were not necessarily in our role

But we were re -prescribing when usually but easier for women would not usually women could not get contact, say you don’t want to come in felt none wanted then

Things happening that were .. not..,,aah well interesting different

Women finding it hard to get contact with GP

We did some prescriptions that had been prescribed before by GP but usually would not have

Felt no one wanted to see them

**Based on your experience anything key impact changed your practice at all**

No don’t think so

I would practice differently if we had Covid in the community

Some leaving scales outside weighing baby in boot car - for gods sake when no cases not necessary

Could leave scales let family weigh themselves washing scales

OK we did not do that

Can tell a lot from seeing them the baby – well? cann’t always - as people say they are really wet when they are not

Only way to gauge putting baby on the scales

**Talking about touch smell etc (L)**

Now fancy machines but feeling pause palpating tells you a lot

**That wonderful, thank you**

Will keep you posted