**Midwifery transcript**

Lisa – Oral consent conversation taped

**Start with basic information?**

Community based midwife

LMC

MZ European/Maori

People you work with? NZ Maori and Pacifica

1st year of practice

Working in community based maternity – anetnatal , post partum and beyond, Through pregnancy

Usually home and clinic based . Clinics closed in lock down so mainly home based visit

**When did telemedicine come in?**

For me it did not really work

Most clientele I work with do not have reliable access to the internet for financial reasons so…

**Did you try?**

A did a couple who could so I did have a couple I could call then then pop in and rush out

Culturally its really rude to rush in take BP palpate baby and run out

**Did you have any Guidance about what was expected of you during lock down ?**

Eventually

**Tell me more?**

It took a while for any guidance to come thru and it came through in bits and bobs from different places

When it started coming thru guidance was Extending visits to make them longer between - longer between visits . Phone contact in between and go in for as short a time as possible, minimise closeness and leave again pretty quickly.

**So assessment before hand and then using a form of telehealth you phone phone or internet …….**

I didn’t get that opportunity

There was some suggestion people pass scales through the window, mother weighs the baby

But when people living close together - privacy issues etc

So saying …Didn’t want to do that

**Where was this information coming from?**

NZCoM - regional and national. Ministry of Health

At times one contradicted each other

Then info through social media , Canterbury midwives page, other stuff general info from people talking about it and from the DHB

**The information was it contradictory?**

Took a long time before any guidance came out. But the info did not take into account that not everyone has accessibility that maybe the College or the MoH thought. That everyone does have access to internet

**Can you expand on that is that because of the clientele you work for?**

Yes the guidelines that did get sent out near the end assume everyone has access to an internet or phone . Do as much as you can by phone or internet

Again assume people have access when in fact they don’t

**Not just devices and internet its that sort of access?**

Yes

**Have you done anything like telehealth before?**

No

**How did it feel when you were thrown in**

You have got No idea what you are doing

I suppose its

My big issue even with College meetings and education things is that there are lots of missed opportunities when things are done by phone or by on line. A little coment. Things like scratching hands, scratching the heck out of their hands Don’t see that or pick up that up in the same as you do when you see people. So makes you think what dot you pick up not aware of

**Did it affect you?**

Not personally . As I said I was one who kept seeing my women . You couldn’t just leave them not see them at all

**You felt you had that responsibility**

Yes but you are risking trapping something between houses or heaven forbid back home

**How comfortable where you when you did do telehealth?**

Rarely awkward asking about pregnancy and potentially personal questions

**So not always great**

When they call you for e.g. bleeding or an issue with pregnancy can ask ?s with no worry about feeling uncomfortable

But when have some of these conversation especially early pregnancy can just feel awkward and uncomfortable I suppose

**When you were told you had to do telemedicine conversations - safest during lockdown - where you advised what modality to use?**

Told me about phone and zoom became the big thing . I still do not know how to set up a zoom meeting

**In the telehealth conversations you did have were there any other health professionals with you or just on your own with the women**

Just most often did them in my car, generally while driving somewhere . Time management isn’t it

Maybe part of this job as well – make a lot of calls in car to get the job done

I always made time to talk but did not know if anyone else was listening can ask if its OK to talk . But you have no idea of anyone else is listening to conversation

Where you hands free while talking to the women

Yes

**Tell me about your exp during Covid when you were working with it what made it easier Tips for others**

Uhm don’t know – very hard to - very short conversations – not a normal chat on the phone , not its about … You know GP calls short sharp chat - this what’s going on - changes the role

Changes midwifery role and how you work with women

No not same mutual conversations that go both ways. Not sure how you would make that happen

**Did they know you were changing way working with the women?**

Sent a txt asked what was a good time to call , where they free at the time

Found some phone numbers I was given didn’t work - chasing tail all the time

**You talked about body langiage, equipment - any other things that impacted on you ?**

Using zoom was not an effective for assessment

Impacting on me ? No – on the women

(explanation by Mel )

Probably some of my higher risk women physically seeing them is a big part of knowing they are safe and are well

Can be in violent homes or drug use – seeing them is iprtant– comes down to social issues. If not seeing people (pause) preferred seeing them

**What about Maori and other ethnicities?**

Can not do work if cannot access

If we go into lock down again or things got worse has to be a point when things have to cut out People like me have to make the call

The inequity what helps them what service will that women get if she has no access to anything ‘That women gets left behind

**M – as she does not have access its an inequity?**

May not be financial may be control or anything . It is not the cost it is the women being controlled

**Other ethnicities ? any onewhere English is not their first language?**

I have a couple women who do not speak English

Use the phone translation service.

But cannot do a three way phone call

**Have you had feedback from anyone**

From one of then

Flyting in doing doing a physical assessment and out is a bit rude . I said I agree.

Culturally that is rude as well.

**That was the way people advised you to do your visit (reiterated by M)**

Didn’t last for long thought thank goodness

**In hindsight what did or would have supported your use of telemedicine?**

I don’t know actually

Was thinking about this listening to news

2 more cases in ChCH

What would you do and I do not know unfortunately

**If in another part of chch people could use equip etc would it be easier?**

I suspect so

**Where you aware of MoH guidelines**

Did not know there were any

**You talked guidelines you got from NZCom**

**Did they have any**

Not aware they just preferred it done on line

Conversation then physical assessment

**Did you have a mental check list template you used ?**

You do the same as for antenatal clinic

Go through the questions you ask routinely

Made sure they were Ok being stuck at home for a long time

**Examples ?**

Biggest one How is your baby moving? Reiterated that as important.

The other one – doing urine analysis but all preeclampsia screening

But also straight up asking “How are you feeling?” Are you coping in geeral? Survivingthe madness of it al.l

Open questions How are you doing I ask a lot in clinic too. IT gives people the opportunity to dump if they want

What is going on ?

What do you want to talk to me about

**Open ended conversation**

I know that sucks - are you alright with it all

**Have you had any training in using tele med equip etc ?**

No

**Have you sourced any PD in technical aspects of telemed**

No

**Lastly – if we go into lockdown again what key learning needs have you identified. What would you like to know**

For me, I How do I manage my case load and the complexities of my case load from a distance

That is the harder part of it isn’t it – that’s definitely it. How to do that and how you do it from a distance

Interesting everyone else seemed to shut down we didn’t

**We being mid wives?**

That is how I felt a little bit

**By everyone else who - ?**

The GPs and everyone shut down but we didn’t get that option

A bit on the nose too

**Has it (tele health) changed your practice at all or would it in the in future?**

No

I am prob a bit weird like that

If any thing probably made me firmer about like my phone going off crazy hours, outside business hours. If important make that call if not send a text in normal hours

Although I still see everything its about respecting that phone as a business tool not a 24 hr attachment

**So triaging knowing what was coming through what wasn’t?**

**Anything else?**

No.

My biggest thing with Telemedicine is and always has been (which why I did this) it needed to be more aware and if anything to be more thoughtful of people who do not fit in the box

**Can you expand on that for me**

That people that you know, whether Maori or Pacific, really low socioeconomic or those that choose to live off the grid whatever those that that do not fit in - do not for in the European work 9-5, pay bills, have internet, don’t tick right boxes end up with poorer health outcomes

This is another way it leads to poor hour health outcomes

**While in lock down any critical incidents you could not use telehealth for**

Yes, I had to take them into hospital , a 23 weeker Pre RM - Premature Rapture Membranes

So have labours births so completely in contact with people anyway . In our job unavoidable anyway

**Do you want a copy of transcript** – No