**Thanks ?s etc (Mel)**

Midwife (New Grad)

Clients ethnicity etc – Most at work on zoom booking visits Indian Aust MZ European

NZ European

New Grad in first year

Working as a Community midwife – self employed in practice with three other midwives working in community

**Type pts?**

You saw a variety during lock down?

Mostly booking process

When you first meet the women you go thru a booking process with?s about health past maternity experience how they have gone before, background, health, medical conditions consent for blood products etc . Wide general overview. How the practice works the NZ service ----- things re our own individual practice e.g. covering emergency care, holidays etc What they are looking for in pregnancy and birth experience.

**What stages ?**

Most in first 12 weeks

A few in early second trimeseter that I had already arranged that zoom then physica examination

Because of covid trying to restrict contact

Talking part on zoom , how feeling , baby movements etc usual antenatal questions on zoom

Next day doing BOP, Abdo palpation etc

***So limiting contact time (M)***

I did not like it . I had this feeling I would miss something

Seeing but not faced to face

Felt like a booking visit rushed

G home he had zoom meetings for work, kids for school a juggle how many one internet at times etc

**So your husband and kids had work that impacted on you**

absolutely

**You said you thought you would miss something?**

You know me a worrier anyway.

Out of routine and 15 mins seeing them did not seem enough time

Also limiting number of visits we were doing

On top of that being new worried me - Was I going to miss something

**What I am hearing is you miss the time sitting down with women ? Where did the15 mins come from?**

There were guidelines

We are in and out of people’s home what are you bringing in and out? Perhaps Corona virus

I found it stressful

Not sure if was because its my first year practice and it was enhancing that nervousness , etc

**The goal posts you were comfortable with had changed?**

**That was stressful - you found it difficult?**

Worry going into someone’s home you have been careful , have they been ?

Sanitising system in the back of the car

Changing clothes etc

**The time you spent on like used zoom - did you use a phone?**

Yes if they did not have computers or ipads or one of us could not hear

Became quite expensive to be fair.

I got caught out with one person when their audio didn’t work - phone bill $200 that month

Before Covid did you ever use teleconferencing for any other consultations

At Ara not - zoom but ??? what was it

Yes online lectures.

Oh and skype with friends overseas

**So using something like zoom or skype not foreign for you but harder for women some times?**

I did a booking with a pt in her car at work

**Why in car?**

No idea self employed work in vineyards in North Cant – maybe a lunch time or something?

**First time how comfortable ?**

I the start had an ipad and computer, notes on one zoom on other, then learnt to share screen and that became easier

**Where did you zooming from? You were at home then?**

Mostly women at home and me to in X’s bedroom as had the best light

Practice meetings too which were interesting

**Where did you get info how to provide care?**

Mixture NZ College MW and DHB how to structure how long to visit

Local branch of CoM ad my mentor talking thru what she was doing.

**Other people present?**

Partner of women a few times with 2 or 3

**No students?**

No

**Practice meetings – brief overview?**

At that stage had 6 midwifes – the most IT savvy sent the links at beginning sent 3 links (as 40 ins) One would close and then we went into the next then zoom opened it up

Done it a couple of times since then

Nice to sit and have achat

**Purpose of meetings?**

Debrief births that week

Go over case loads , discuss cases, also cover for leave that type of thing

**So to discuss clients you held as a practice that you may interact with**

Yes

**Looking back – what tips or strategies would you share?**

Be organised before call with everything you need

Have a back up option. If tech fails, Have enough devices in house for the family

A lot educating the women how to get int zoom, turning on sound and video – that kind of systems things

**Anything that worked particularly well ?**

Time efficient

Get through talking then write out forms etc

Could fax prescription extra through Vaginet (??? My sp) system

I loved could be half dressed PJ bottoms niec top

Once turned up at a house with odd socks

**Whats Vaginet? (not sure I have this word right DCS)**

An electronic system for collating womens notes women can connect thru an app

Has bloods, scans etc auto fills with info from Vaginet

**So not effective way of using time?**

Half hour zoom, then having to go and do a physical exam, drive to her house, Do a15 min physical then home

Anything that could not send by (Kitiaki ??? DS) then drive there drop in a box etc not able to hand things over I guess

Was there Info to women about zoom or were you the one that gave them that info? Did you ring before and say we are meeting on zoom.?

They would contact me about me being their midwife ‘Then have an email or txt dissuasion , link by email if problems email back

**So toing and froing getting stuff organised ?**

**Was approach diff with diff ethnicities eg Indian**

Not really comm sometimes a bit difficult if zoom cut out, could not hear as clearly or speak clearly you lose a bit of body language

**(where to hold hands etc Mel)**

**What about clients where eng as a second eocn language?**

Zoom did not make diff still have to think about language you are using how tech - no different

**What about sending women to consultation, others for scans lactation consultant – IP ? did it change**

I like being able to see things via Kitaki (???) hard not knowing if a referral showed up is difficult . Scans faxed to radiology but sent copy to woman also if she turned up and they did not have it

**Any critical instances**

No

**Did you get the any feedback from women?**

No just all relieved when finished and we went back to face to face

Must have been weird have the conversation without seeing you face to face

The first visit is building relationship

Must have been strange

The women who did the phone she miscarried 4 days later had to send her to hospital etc and never meeting her, ever.

**Challenges barrier on zoom we have talked about not talked, talked about length zoom (40 mins ) changes in visits . So any enablers?**

G (husband) Intial ones he set up for me – I had difficulty setting up with ipad until I learnt to screen share on computer He was the IT help so was my 8 year old once

**Confidentiality?**

The family on strict instructions not to come into Cs bedroom until door open. Briefed them about not listening ect

**Any format you went through when doing Anti natal appts?**

Two way Badger net set up then have the head to toe prompting

Zoom notes more comprehensive could go back as had a little more time

Also not so obvious you are sitting there typing . When in front of them it seems rude.

**Did you know about the MoH had guideline**

NO

**Aware of any from elsewhere?**

No

Info from College NZCoMW

No guidelines just info on minimum no visits limiting contact .Not anything re zoom and how to do consultation

Does not mean it was not around – overloaded at the time

**Was there info about how to engage pts ?**

No would have liked something

**Any reading? No info about covid lockdown this is how you should change practice etc ? When having to switch to tlehealrh anything about how best to engage clients using a virtual consultation**

No but would have liked something

**Any reading or looking into it since?**

No ignoring thinking about if we might have to go back

**Looking forward – key learning needs you would have if we went back?**

I do not see any info about how. It was a wing it situation if guidelines I will have to go and find that would have been useful . I was so new just keeping brain working on what I had to do in a midwifery sense . Make it work . Look at what other midwives are doing

**Where mid wives sharing at that time**

Yes , formally and informally as new grads lots and finding out what other practices doing discussion at local NzCoM meetings too…

**Anything else that would have made that time easier**

No

May be around internet reliability etc esp with so many in house needing internet access and devises

Told to so did it tech not thought through

**Using telehealth will it change future practice?**

No, Not in terms working women with women No. But for meetings absolutely huge scope

Why not change way work with women?

Mid wifery too much about relationship with people the physical touch and knowing . Rather than Maybe the medical model. It does not feel right to not be laying eyes on women and really seeing how they are, getting a sense of h they are feeling not what they are telling you through a head on the computer screen

Not getting a sense of how they are

**Are you talking about the non verbal comm**

I do some visits and you get so much info you pick up about their environment interactions with others a sense of the dynamics

**What other things can you pick up?**

Stress levels re easy to hide on zoom see then face to face better sense of that

Sense what else going on in life with children family she would not tell but but while there you see it in action

**Lastly anything else you want to add?**

Access to devices and internet and if guideline send out make known they exist

**Copy transcript?**

**NO**