Melanie 4

Intr/consent

**Demographics**

Lactation consultant southland .5 – Baby friendly hospital co-ord

See all clients re breast feeding in the region

People with issues/

A lot drop in as they know they can

See three or 4 a day

19 years in the role

Before that ?

LMC midwife – 40 years , own child core mid wife worked neonatal at home with my children

**In lock down what change for you?**

Ca me suddenly but could see it coming , fearful for self and family

A Friday mid march – 2 hrs notice that my office would be used for red zone for covid pts

Got Out – took what I could - lost computer telephone and physical space

Because of risk chose to work from home

Set up a face book page to let all know I no longer had phone I could be contacted thru hospital email

Lots calls from others not maternity

Busy without them any way

Using face book or calling them

Had Hospital connectivity from home too after a of couple days

emailing with their number - them I would call to their home

Did sense emotional distress

Have long pauses to get themselves together

Did messaging throug facebook

Not all had face book connection though

Saw 26 who I had ongoing messaging with on face book

I put up some posts to deal with common issues , Reflux, crying , low weight, mastitis - way more than usual

Seemed like Midwives did post natal visits by text

Latching difficulty basis of many issues including mastitis

People wanted donor milk

Fortunately some offered milk

Cut corners had them contact each other

Did not worry about red tape

Used phone but hard due to peoples distress

**Did you use messenger app**?

Hadn’t done that as people sent in videos

Commented and videoed back

Video made by others seemed to help them with what to do

We did zoom but more between me manager and director did not do for lactation consulting

**When talking to women what age /ethnicity ?**

More rural as they were not getting seem

Ethnicity – Indian rural communities nepalise – often came via their networks

Across board really

Referrals form social workers – the wider system parent counsellors in Otago southland knew how to contact me

Not a lot of local referral from local LMCs - Superficial attention to what going on

The women very much at home and isolated

Wanting to breast feed and for it to work for them

**Comment mel re pandemic -** When displaced with very ittle tech how comfortable were you with the face book page

Felt it was quick way of doing what had to be done

A lot f people were face book savy used Southland LC

**Is it still going?**

Yes when I see them in hospital this is a good way of staying in touch after or they can look up things there already

Saves then 1 and a half they hours travel

People getting mastitis out there in rural areas – usually about issue with baby not latching on

**Mel comment on rural access**

**When used phone any other present – part other children ?**

Not sure who was present because I think they were solo conversations

One had crying baby present

Had failed gain weight not getting milk out , was a positional problem

Had been to P three times

Followed up later in hospital

A lot lost she suffered hugely the paediatrician was helping

**Were the phone calls longer than usual visits to clinic – what was nature of them**

Interactive , tried to explain what was going on

All diff some calls met with silence other times “I get I’, t yes of course

Some wanted to ring back send picture message m e me back

Sad ones – the baby doesn’t get idea latching

Phone not working lead to face book self help page

Losts of early posts re being safe with Covid lots negative message contradictory that were contradictory re safety

A clamour of info and misinformation and anxiety

**Where from?**

Our workplace, US Aus, even China later reassuring

Baby hospitals - Auckland very anxious saying is it safe?

Felt we needed to say please continue to Breast Feed it gives immunity

I just had to keep giving information.

Worked for 2 from months home

When got back computer gone no phone. Felt lost at work

Only messages for last 4 weeks

Don’t know who deleted early stuff

There were 17 waiting for attention on voice massages

Miss communications a bit sad

I felt maternity - I know up to their necks - but could have been more reseptive to breast feeding mothers

A way of recording – there wasn’t any way

**Critical instances – most time needed support for breast feeding ?**

They were people who had been admitted for mastitis – there were crying babes visits GP no help. At the time at under LMC care but care by txt to them rather than working out what going on That was critical by the time they found their way to me

**What feedback were you getting from the women?**

Thanks , thanks or time , very helpful, sometimes no feedbak

On was going concern where weight and feeding issues

I heled a lot maybe

There to listen, A brief ok thanks summing up

**Positives of face book and phone ?**

Anxious myself using phone, more direct contact with their their high anxiety realise something a miss and can not sort instantly

Positives uhm – for me putting information together to post and having them saying positives and thanks and others wanting to sign up and student mid wives– others not in our area too wanting to sign up

**People looking for info really**

**You said some Indian and Nepalese women**

**? barriers for them**

I think they are blown away by the intensity of becoming a mother in absence of their cultural support (also Chinese Japanese )

Not having their own mothers, nanny mother in law or other support.

I have some to realise after lock down They have an intense experience if induction or esp if caesarian they get fluids , opioids - they are just knocked sideways by all of the above . Opiods have a stronger deeper response they seem seem barley able to move or respond let alone learn to breast feed then sent home , they and baby do not now what to do . Bodies still recovering So much harder when English is not their first language , no support, their body and baby not connecting not enough physical help to breast feed when home

**YOU are saying their own culture is part of the barrier too?**

Grief as well as joy, due to lack outstanding , missing own mothers and support

Dealing with Primal huge changes that are blunted by IV fluid and opioids

? if grief is the right word

A SENSE OF THINGS NOT RIGHT WHEN IT SOULD BE A JOYFL TIME BUT ONE OF GREAT DEPLETION FOR THEM

**Over load for them?**

Those people IT literate able to articulate questions on face book and messanger

**Used to using it to contact families?**

Yes

**Any guidelines to support you in your practice.**

Prob was from Pub Health person in Southland

High anxiety myself and just seemed a step for far to do other than I was already.

**Where you dealing with question 24/7 or a working day**

They were coming in all hours often messaging at 11pm

**Work day changed ?**

Yes, people very anxious

They were people I had met – 2 had perinatal deaths in their history - felt they needed a response . Doing quiet well but needed to know it

**Public health any help or training guidelines**

I didn’t pick up on them as one more clammer I didn’t need

Luckily eventually level 3 then back to work level 2

I may have taken on another platform if we hadn’t gone back

**After its happened if we thin about your exp – what did you need? What could make easier for you**

I think it was easy enough but I sense the attitude to Breast feeding and midwife support remains superficial I would likei t to be taken more seriously . I think everyone else did

**Can not change LMC - but setting up at home – what would make that easier ?**

Non really . I though I just had to do it as no directives anywhere

Not much direction had to figure out for myself

Did what I could do myself - did not come from upper echelons

**Aware of MoH guidelines?**

Not yet

**Will the the experience change future practice?**

**You mentioned keeping fb page**

Made me more aware of suitability of discharge

Needs to translate into what women and babies can do

People flipping out without being able to manage easily

**Anything else?**

Not eveyone has access to telehealth

The 20’s and 30 year olds wonderfully adept I become more so

Certainly a very solid way of proviing visual imagery r advice but some difficulties not always see what’s going on a lot of the time

**The videos , were they of feeding and latching**

In one case a video showed more of what wasn’t going on – but the women thought everything was ok

Was able to show here video of a baby getting a strong flow of milk

What was the question?

The baby not close enough in, tweaks that could make a difference

**When in office do they send you pictures ?**

I have had a lot of interesting pictures over time but there is such a wide variety of difference that people can not find on goggle . An under photographed field

**There is is you book Mary ???**

**Are you still there ???**

Pause

Like to see results.

Transcription no – just end results

All trying to do best in our own way

Our manager had a diff info every day

Own stress – managing to do what you could . Settled by end was it easier then

Easier to settle when we knew there was no community transmission

The Bluff cluster knew someone that died – I was the only one who could go to supermarket felt like a possum in headlights till no transmission in community