

Reflection

Endorsed Midwife/IBCLC in Private Practice

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I am thankful that I have had a wide and varied career including working within a busy tertiary hospital, country health service, private hospitals and a continuity midwifery model spanning over 20 years. In these roles I have been able to provide

care to women, generally for only one day, in the course of their pregnancy or labour care. This fragmented care has encouraged me to branch out into private practice so that I can provide care to women throughout the continuum of their pregnancy and beyond whilst using all of my acquired skills.

As a Medicare-Endorsed Midwife I am able to provide care to women throughout their pregnancy and up to six weeks postpartum including the ordering of tests and scans. Developing therapeutic relationships with women to enhance their experience of pregnancy and new parenting has been a long held philosophy of mine. I love seeing families build their confidence through empowering, evidence-based, holistic care that sees them thrive and not just survive the start of their parenting journey.

Care of mothers during pregnancy can have a significant impact on the birthing experience of both mother and baby and their health after the birth. Maternal mental health, ongoing family commitments and ideals of what a new parent should be, do or look like are all pressures placed on new families. Families and support people often catastrophise pain in childbirth and often this is due to a lack of understanding of normal birth processes or fear. Catastrophising has profound effects on self-belief, attachment to baby and to the process of labour itself. Likewise women have lost the ability to trust their bodies

and natural instincts. The advent of social media and Google has replaced family support and isolated women further. Some women would rather seek the advice of strangers in a Facebook group than seek evidence-based accessible care options. If I can ease some of that pressure or fear for women through education and support then that burden of stress is lessened for that day.

However, the majority of my private practice is supporting mothers to succeed in breastfeeding. When I had my child, I was completely disillusioned with the fragmented hospital/obstetric care on offer to me. Even though I was already a midwife and IBCLC, I felt ill equipped to be a new parent and most of all to breastfeed. My son had a tongue-tie and my experience and feelings were completely dismissed. If it wasn't for two supportive IBCLC colleagues of mine – I would have given up. Women can have so many reasons why they feel they cannot breastfeed including oral restrictions, poor milk supply and latch problems. I sit with women, debrief about their experiences so far in their journey and unravel what is currently happening and how they are feeling to gain some clarity about the next step we may wish to take. New mothers are often overwhelmed and a simple care plan helps them get back on track. The range of care options available to women is wide and varied, however some women simply do not know where to look.

Overall, the balance in my work life is rewarding. I love that I can use my skills in so many ways across the continuum. I am constantly evolving, learning and reflecting on the care I provide and seek to give women the knowledge and skills to succeed. ■

