

This work has been submitted to **NECTAR**, the **Northampton Electronic Collection of Theses and Research**.

Article

Title: Clinicians in the classroom: the matron

Creators: Power, A. and Briody, P.

DOI: [10.12968/bjom.2016.24.6.441](https://doi.org/10.12968/bjom.2016.24.6.441)

Example citation: Power, A. and Briody, P. (2016) Clinicians in the classroom: the matron. *British Journal of Midwifery*. **24**(6), pp. 441-443. 0969-4900.

It is advisable to refer to the [publisher's version](#) if you intend to cite from this work.

Version: Accepted version

Note: This document is the accepted manuscript version of a published work that appeared in final form in the *British Journal of Midwifery*, copyright © MA Healthcare, after peer review and technical editing by the publisher. To access the final edited and published work see <http://www.magonlinelibrary.com/doi/10.12968/bjom.2016.24.6.441>.

<http://nectar.northampton.ac.uk/8586/>



This document is the accepted manuscript version of a published work that appeared in final form in the British Journal of Midwifery, copyright © MA Healthcare, after peer review and technical editing by the publisher. To access the final edited and published work see

<http://www.magonlinelibrary.com/doi/10.12968/bjom.2016.24.6.441>

Clinicians in the Classroom: the Matron

Abstract

This is the fourth in a series of articles exploring expert clinicians' participation in teaching pre-registration midwifery students in the classroom setting. This article will consider sessions facilitated by Paula Briody, Matron for Intrapartum Care, Northampton General Hospital NHS Trust. Paula facilitates sessions with students in the third year of their programme of study entitled 'working as a professional' and 'employer/employee responsibilities'. Students at the University of Northampton are privileged to be taught by an expert clinician such as Paula whose varied career to date has equipped her with a unique skills set which she is keen to share with the next generation of midwives. The unpredictable nature of the clinical area means senior midwives such as Paula cannot commit to facilitating student learning in the hospital environment as the demands of the service must come first; however by timetabling classroom-based sessions students are guaranteed protected time to learn about this key position.

Keywords: Matron; clinical leadership; pre-registration midwifery education; midwifery recruitment

Matron: role and responsibilities

The NHS Plan (Department of Health (DH)) cited the introduction of matron posts in England as key to the NHS Policy Objectives in order to give senior midwives and nurses the authority to 'get the basics right on the ward' (2000:5). The Royal College of Midwives (RCM, 2008) suggests the responsibilities of a matron typically include:

- Ensuring that care on the wards, delivery suite and antenatal clinic is high quality, woman-centred and effectively managed
- Providing professional leadership
- Taking responsibility for the quality surveys, protocol developments and updating
- Taking responsibility for the environment, health and safety issues and the quality of food

- Defusing complaints

This role is currently particularly challenging in the context of a rising birth-rate; an increase in the proportion of 'complex cases' as a result of social, economic and clinical challenges (Power, 2016); staff shortages and an impending 'retirement time bomb' (RCM, 2015:2) as approximately 4,628 midwives retired between 2010 and 2016 (Centre for Workforce Intelligence, 2012).

The journey to becoming a Matron: Paula's story

I qualified as a Registered General Nurse in January 1985 and worked for several years as a staff nurse in oncology and female surgery/gynaecology before commencing my midwifery training in November 1988. I qualified in April 1990 and so my journey as a midwife began. I worked in all areas of midwifery and was passionate about providing women/family centred care to ensure that women were empowered and fully informed of their choices to achieve a positive birth outcome.

I spent a couple of years living in San Francisco where I worked with a group of independent midwives providing antenatal, intrapartum and postnatal care for women who had opted for homebirth. Obstetric care in the state of California is very different to the UK: community midwifery does not exist and there is no support for homebirth unless you employ an independent midwife.

On my return to the UK in 2002 I was employed as a community midwife in Northampton. At that time we did not have a birth centre and homebirth was becoming more popular. At booking and during the antenatal period low risk women were offered the option to birth at home and gradually the percentage of women choosing to birth at home was rising. It became quite difficult to support the ever growing number of homebirths and cover antenatal clinics and postnatal visits and so the concept of a home birth team was discussed.

We decided that as the home birth rate had increased to 5% a designated team was needed to provide the home birth service to ensure that the service was safe and sustainable. The idea was conceived in 2009 and in April 2010 the home birth team was born! The team would provide antenatal visits at home, be available for birth 24/7 and provide postnatal care. The team celebrated their 6th birthday this year and have attended over 1500 home births. In 2011 they won the RCM Implementing Government Policy Award.

I then took a career break and went to work in Australia. I worked on the delivery suite in a private hospital which was very different to what I had been used to as working as an autonomous midwife in the UK. The model of care was obstetric-led and at times a challenging environment to work in, but during my time there I was able to ensure women I cared for were empowered and had informed choice regarding birth options.

I returned to the UK permanently in May 2012 and worked on the maternity day unit helping to implement and support the area as the unit was now seeing women for triaging who were over 20 weeks' gestation. This involved

multidisciplinary working and ensuring that women were signposted to the correct area.

In December 2012 I was appointed as Matron for Intrapartum Care. My areas of responsibility are labour ward, maternity day unit, home birth team and as from December 2013 our birth centre. Shortly after I came into post we were successful in a bid to obtain funding to improve the environment and we used that money to develop the birth centre which has 4 birth rooms (3 with pools), a new pool room on labour ward which can be used for high risk women and a new ward area close to labour ward for inductions of labour and high risk antenatal and postnatal women.

During my time in post I have endeavoured to reduce our lower section caesarean section (LSCS) rate and increase our normal births supported by midwives. A birth after caesarean (BAC) clinic was started and has been very successful in increasing our vaginal birth after caesarean (VBAC) rate. The LSCS rate has gone down and now the challenge is to sustain that along with our increase in normal birth rate.

I also co-run a weekly 'Meet the Matrons' clinic this is open to women in the antenatal and postnatal periods. It runs all day once a week. The rationale for setting up the clinic was because I was always keen to meet face to face with anybody who had issues/complaints/concerns in the antenatal period. It became apparent that this service was very much needed, so we decided to start pilot a clinic which is proving to be very successful! Students are more than welcome to contact me if they wish to attend one of the sessions.

I have always been very conscious of how important it is to have a happy and supportive work environment, so that women are cared for by midwives who come to work feeling happy, valued and supported. I take a very proactive approach with regards to recruitment ensuring that I am involved in all of the shortlisting and interview process. I feel ultimately responsible for all midwives that are employed to work in my unit and want to ensure that those we employ share our core value of being 'with woman' to provide high quality women/family centred care.

Why teach?

My journey into teaching and involvement with the university really stemmed from my involvement in recruitment. I am as passionate about midwifery today as I was when I started in 1988. It is a privilege to be a midwife and be part of a woman's journey into motherhood. When I interview midwives whether they be students about to qualify or experienced midwives I want to be able to hear and feel their passion too. I feel that it is so important that students understand that being a midwife really means 'with woman', watching and listening. As Matron for Intrapartum Care I am acutely aware that it takes a huge amount of compassion, care and courage to support a woman through labour and in today's labour wards the focus can shift to caring for pumps and monitors etc. with a danger of losing sight of the needs of the woman and her partner. Of course there is always going to be a percentage of women who need high risk care and

we all need to be competent in this area but we must as midwives always keep the woman at the centre of care and this at times can be challenging.

In terms of my involvement with pre-registration midwifery education I think it is very important for placement providers to work closely with education providers to educate and support the future midwifery workforce. I personally feel it is hugely important as a clinician to be involved with the university to prepare students for the realities of life as a midwife as this transition can be very difficult.

The sessions

To date my involvement in the classroom has been with third year students as part of a module which explores how contemporary midwifery practice requires midwives to demonstrate the ability to work autonomously within legal and ethical frameworks. The sessions were entitled 'working as a professional' and 'employer/employee relations' and areas covered can be seen in box 1. From the next academic year I will also be facilitating 'working as a professional' sessions with students in the first and second years of their programme of study as the concept of professionalism in all domains should be introduced early in students' training and revisited throughout the course.

- NMC Code
- An awareness of policies, procedures and guidelines
- The requirement to be professional at all times, including an awareness of safe and appropriate use of social media
- Respect for colleagues, women and families
- The importance of multi-disciplinary working
- An awareness of appearance
- Appropriate behaviours
- Organisational Culture and how to promote a positive work culture
- Multi-disciplinary and multi-professional working
- Autonomy and Continuing Professional Development (CPD) - midwives are responsible for their own individual practise and have a responsibility to keep up to date with current knowledge
- Pay Structure
- Mandatory training for preceptor midwives
- Midwifery supervision

Summary

Despite the complex demands of modern day maternity services; further complicated by ongoing staff shortages; women and their families demand and deserve a safe service provided by midwives who are knowledgeable, research-aware and professional. Policy dictates that matrons should take the lead in ensuring women receive high quality care in clean and safe environments and if service user expectations are not met their remit includes the management and resolution of complaints (DH, 2000). By having a senior clinician with such wide-ranging responsibilities come into the classroom, student midwives will be

better equipped to meet the expectations of service users, policymakers and their prospective employers.

References

Centre for Workforce Intelligence (2012) Workforce Risks and Opportunities: Midwives. Education Commissioning Risks Summary from 2012. *Centre for Workforce Intelligence* [online]. Available from: <file:///C:/Users/Alison%20Power/Downloads/WRO%20ECRS%202012%20Midwives%20Mar%202012.pdf>. [Accessed 18.09.15]

Department of Health (DH) (2000) The NHS Plan: a plan for investment, a plan for reform. A Summary. *The National Archives* [online]. Available from: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh.digitalassets/@dh/@en/@ps/documents/digitalasset/dh_118523.pdf. [Accessed 09.05.16]

Royal College of Midwives (RCM) (2015) State of Maternity Services Report 2015. *Royal College of Midwives*. [online]. Available from: <https://www.rcm.org.uk/sites/default/files/RCM%20State%20of%20Maternity%20Services%20Report%202015.pdf>. [Accessed 29.10.15]

Royal College of Midwives (RCM) (2008) Position Statement No.2 Modern matrons in maternity services. *RCM* [online]. Available from: <https://www.rcm.org.uk/news-views-and-analysis/analysis/position-statement-no-2-modern-matrons-in-the-maternity-services>. [Accessed 09.05.16]

Alison Power

Paula Briody (Matron for Intrapartum Care, Northampton General Hospital NHS Trust)