Sensitive Issues in Midwifery Practice
Dr Allison Cummins, Dr Christine Catling, Ms Nicole Watts, Ms Raechel Wright

Aim: To introduce first year students to the unspoken and sensitive nature of midwifery practice
• Situations of high emotion
• The intimate nature of midwifery work
• Topics that have the potential to be emotionally distressing or embarrassing

First Workshop: Conducted in the first teaching session, first class of 1st year.
Activity 1: Getting to know someone in your area – divide group by train line.
Activity 2: Introducing touch – The Human Knot
Activity 3: In groups discuss how the following topics make you feel:
- Forceps
- HIV
- Abortion
- Domestic Violence
- Stillbirth
- Domestic Violence
- Same Sex Birth
- Twins Normal Birth
- STDs
- Same Couples
- Delivery
- Miscarriage
- Chlamydia
- Violence
- Episiotomy

Activity 4: In groups discuss how viewing photos of pregnant naked women and the sounds of women in labour make you feel

Final activity: 10 minute meditation session

Second workshop: Conducted in the last teaching session before 1st years’ clinical practice
Activity: Students are asked to think about their current support systems and find new ones. A session on self-care and mindfulness equips students to care for themselves in situations of high stress in midwifery.

Evaluation: We aimed to equip 1st year students with personal and professional tools to discuss sensitive issues in midwifery and promote self-care through two workshops. Design: Quantitative and qualitative data were collected pre and post workshops using a survey. Measurements: Feeling more comfortable, confident and knowledgeable was measured using a paired t-test from responses pre and post workshop survey. Content analysis was performed on the qualitative survey responses.

Findings: There were significant increases in the students feeling more comfortable to discuss sensitive issues in midwifery following the first workshop. They found meeting new people, respecting opinions, normalising confronting topics to be valuable and useful. The second workshop found significant differences in being more confident and knowledgeable to access and try new self-care strategies in both their personal and professional life. Conclusion: Through embedding these first year workshops early in the degree we hope to address attrition rates and facilitate the students’ to become the compassionate, caring, woman-centred midwives that they envisioned. The workshops have the potential for replication in other universities to support and nurture beginning midwifery students.