

# RECOLLECTIONS FROM BMID STUDENTS

## BECCODDINGTON

My name is Bec Coddington, I started studying the Bachelor of Midwifery in 2005 with the first cohort at University of Technology Sydney.

When I started in the BMid I was only twenty-one and one of the youngest in the class by quite some years. At the time, almost all students in the cohort were mature age women with significant life experience. I was so excited to be there, surrounded by other women who were equally as fascinated by pregnancy and birth. I felt like I had found where I belonged.

Midwifery legends were teaching us such as Nicky Leap, Pat Brodie, Lin Lock and Caroline Homer. Rachel Smith was my favourite lecturer; she always had the best stories. I remember buying the book edited by Mavis Kirkham called *'The midwife-mother relationship'* and reading it multiple times cover to cover. Every chapter has pencil marks of underlined and circled text. In particular, I was so inspired by the chapter written by Nicky Leap 'The less we do, the more we give' and enamoured with the ideas and stories put forward about relationship-based care that acknowledged the woman's innate capacity to give birth without the need for anyone to 'do things' to her!

I absolutely loved the theory, but soon realised I didn't know what I was in for with the practical. I struggled a lot with the reality of how midwifery was practised in the hospital where I was doing clinical placement. I found many of the midwives were very harsh with us and out to prove a point that the BMid wasn't a legitimate pathway. A lot of the midwifery care I saw was also quite dehumanised, which I found very distressing. I had no idea how to handle this and ended up taking a leave of absence. I worked as a carer for people with disabilities for a while and had a brief brush with floristry, but midwifery was calling me, so I returned to university and changed hospitals, eventually completing the BMid in 2008.

Unexpectedly, my midwifery career has led me down the path of Academia. Following the completion of my degree, I was encouraged to return to UTS and complete a Bachelor of Midwifery Honours. I found this experience so challenging and rewarding! I started studying Honours with an 11-month-old baby and used to do my research work from home in his nap time. I wrote a Discourse Analysis on the peak professional bodies' submissions to the 2009 National Maternity Services Review. It was deeply political and really helped me to understand the power dynamics at play in maternity care on a whole new level. Doing Honours was quite transformative for me, as I discovered I had an interest in research and good capacity for academic writing. Once I developed



an appetite for qualitative research, it didn't take much convincing for me to do a PhD and it was a great joy to do this alongside my dear friend Athena Hammond. My PhD explored midwives' experiences of providing publicly funded homebirth in Australia, resulting in a theory about the transformational power of exposure to homebirth for hospital-based midwives. I had another baby whilst completing my PhD which was a bit crazy, but somehow, we made it work!

After having two homebirths myself, I became very passionate about this model of care and choice of birthplace for women and have continued to pursue this as a research interest. I have also engaged in some local maternity consumer activism, advocating for an upgraded birth unit and increase to MGP for women of the Illawarra. I have run a small business providing childbirth education and professional birth support, worked as a second midwife attending homebirths with a local Privately Practising Midwife and worked at Wollongong Uni teaching public health.

I now work as a Midwifery Lecturer and Researcher at UTS. It's so fun being a lecturer in a degree where I was once a student, and I get to share the joy with my colleagues Belle Sheehy and Heike Roth who were both also UTS BMids!

I have spent the last couple of years working as an academic mentor for Aboriginal and Torres Strait Islander BMid students, which has been incredibly rewarding. Increasing the number of First Nations midwives is a significant priority area and I am committed to playing a role in ensuring Aboriginal and Torres Strait Islander midwifery students at UTS have the best chance of success through removing structural barriers.

Mentoring the next generation of midwives is a great privilege and I am constantly impressed by their intellect and enthusiasm. I teach several theory and research subjects and love challenging students to dig a little deeper and question their assumptions. For the most part, students are very open to this, and we get to see great transformations of the mind and heart in the classroom.

I have an intensely curious mind and I feel so lucky that I get to satisfy this with research. Being surrounded by super intelligent, thoughtful colleagues makes me so happy and I am very grateful to have a wonderful collaborative team at UTS.

Over the years I have been extremely privileged to be mentored by many fabulous midwives and midwifery academics, including my Honours and PhD supervisors. Their support and belief in me have helped me immeasurably, and I now enjoy providing that mentorship to others. As the saying goes 'you can't be what you can't see.' I never thought of myself as an academic, or really knew what one was before I came to UTS, and I never expected to still be here 17 years later. Now I talk a lot

## MICHELLE RICHARDS

My name is Michelle Richards. I commenced the Bachelor of Midwifery at UniSA, Underdale campus in February 2002 and completed in December 2004.

I thoroughly enjoyed my time at university though it was a transformative and sometimes stressful experience. The women I studied with were wonderful, with some still friends today. I loved the lectures and discussions, I learned how to write academically and the social aspects helped. There was a lot of clinical and theoretical work crammed into those three years and looking back I wonder how I, and many others with small children, managed, but it was so worth it and I miss those days very much.

It is fair to say that we were regarded with a fair amount of derision and sometimes outright hostility from other healthcare professionals. It took a long time for them to realise that we could and would emerge as competent midwives. It was certainly difficult initially arriving on placement, but I imagined student nurses feeling the same. I had to grow a thick skin and take the time to prove myself, which made some days very hard, but I was determined to achieve my goal.

I completed my graduate year at the Lyell McEwin Hospital and went on to work there for another 13 years,

to our students about the power they have to make a difference and always let them know that I was once a BMid, just like them!

I do feel sad when students tell me stories indicating that women are still receiving dehumanised care in institutional settings and that we haven't come a huge way in increasing the availability of relationship-based models of care, despite all the evidence supporting them as gold-standard. However, I live in hope that each new cohort of midwives graduating from the BMid will go out and provide high quality, compassionate, evidence-based care that will surely turn the tides in the right direction!

I don't have any plans to go anywhere soon, and I have promised several students I will still be here for them when they come back to do Honours! I plan to continue advocating for increased access to homebirth and high-quality models of care and plan to keep researching care provider attitudes and experiences. I will also continue doing my part in working with the Aboriginal and Torres Strait Islander community to increase the number of First Nations midwives and midwifery researchers.

initially as a rotational Midwife working in all areas of maternity services and later, upskilling to become a Clinical Midwife in the Birthing and Assessment Unit. I now work part-time in an Obstetrics & Gynaecology Practice and as an Agency Midwife, which I thoroughly enjoy for the flexibility and work/ life balance that it provides and I may choose to pursue longer-term contracts interstate. I enjoy education and could see that as a potential role in the future.



## ALISON ISAAC

I was a late bloomer, starting my Bachelor of Midwifery (BMid) in 2011 and graduating in 2013 when I was 34 years old. I never wanted to become a nurse, so I went down a different path straight out of school and didn't hear about the BMid course until the mid-2000's. At that time, I was working in finance for a major Australian insurance organisation as an executive assistant/investor relations coordinator. I knew that one day I would be able to fulfil my lifelong dream of becoming a midwife, and when I was financially able to support myself through 3 years of full-time study and ready for a career change, I applied. I attended University of Technology, Sydney, which was where I had always wanted to do my BMid because they had been offering the course longer than other universities in New South Wales at the time and they had an esteemed reputation in nursing and midwifery education.

The BMid was not like anything I imagined it to be, being a midwife is not what I expected it would be, but I embraced it and decided if anything I would finish my degree as I had never been to university before. It challenged me so much, but I was so proud of the grades I was able to achieve. I made beautiful friends who were the best support for surviving the course, and placements, which were much more of an adjustment personally. My BMid university years were some of the best of my life!

A huge barrier was not having done any science subjects for my HSC such as chemistry and biology, and being a mature age student, some of the anatomy and physiology lectures made me wonder in the first few weeks if I was cut out for this. Surviving the first semester and giving my brain time to adjust to learning was challenging but rewarding. Completing those subjects with Ds and HDs was one of my proudest achievements.

I decided in my 3rd year that if I couldn't work within 30 minutes of where I lived in Sydney, I wasn't commuting and I wasn't moving. I would leave Sydney and work somewhere completely different so I could experience life in a rural part of Australia. So, I applied for positions in regional and rural NSW as well as in Darwin. As it turned out, I was offered a new graduate position in Broken Hill and in 2014 I packed up my life to head off on a 1-year outback adventure... I loved the change in pace so much and this is where I finally felt like I could be the midwife I wanted to be when I undertook this degree. On an average ward shift, between two midwives, we usually



had 2-3 women and babies to look after and maybe one woman in labour. Everything fell into place and felt like maternity care was as it should be. Broken Hill has some beautiful midwives, and we were able to provide women and newborns care like I had never seen in my tertiary hospital training outside a Midwifery Group Practice (MGP) program. During that year, Broken Hill began their MGP feasibility project and in 2015 launched their MGP, so of course I had to stay another year. And then another. And then our lovely Midwifery Unit Manager left, and no one wanted her position because no one in the team wanted to give up clinical care and it's very difficult to recruit midwives to Broken Hill. As a midwife in her third year, I put my hand up to have a go, as leadership was a direction I had planned to pursue eventually, and that's what I did for the next 5 years.

It was funny, because starting out as a BMid, people often gave you their unsolicited opinions on "direct-entry midwives" like we were getting a degree out of a cereal packet. A common theme was that you were not qualified to work rural/remote due to a lack of nursing experience, inability to safely care for women with complexities or be utilised elsewhere in the facility. During my time at Broken Hill, one of the most isolated maternity services in NSW, half of the all the midwives were BMids as well as the entire midwifery leadership team comprising of a MUM, CMC, MGP Team Leader and Core Team Leader. I was the last to join those ranks in 2017. I don't think BMids are disadvantaged at all, in fact, I think it's the opposite. 3 years of midwifery specific education sets you up to be a great midwife. Pregnant women and newborns need great midwives.

Late in 2021 I decided it was time to return to Sydney. I am a solo mum to a 3.5-year-old boy, and I wanted him to have family around him. So, I started applying for part-time positions in Sydney. In February we made the heart-wrenching 1200km move back to the big smoke and I am now working as a CMC3 at Liverpool Hospital in their Early Pregnancy Assessment Service (EPAS). I work as a solo clinician 0.8 FTE and job-share with another 0.6 part-time FTE to cover a 7-day service, providing direct clinical care and expert advice to other clinicians seeing women with early pregnancy complications such as miscarriage/ectopic/molar pregnancy throughout the Liverpool and Fairfield catchment areas.

It has been so nice to return to providing clinical care, giving it up was one of the challenges of becoming a manager so early in my midwifery career, but I am very grateful for that experience. Settling back into a tertiary system has been a learning curve, but I am happy to be a small fish in a big pond and try to make a difficult experience for a woman as positive as it can be with personal, woman-centred care.

My future is uncertain from here. I feel like there are many different directions a midwifery career can take and the experiences I have had working both rural (almost remote) and tertiary, as a ward midwife, MGP midwife, MUM and CMC have been as diverse as they have been unpredictable. However, like many others

in our profession, I am not sure whether the public healthcare system in its current state is where I want to spend the next 20 years of my working life as well as wondering how we can improve the system for women and midwives.

## SUSAN HOFF

*Suzi Hoff works as the District Manager Women's Health and Wellbeing, Mid North Coast Local Health District*

I thought others might be interested in this newspaper article in the Adelaide Advertiser, 9 February 2002, which was when the two new Bachelor of Midwifery courses commenced in South Australia. That's me on the left about to start at Flinders University, under the wonderful tutelage of Jen Byrne, Pauline Glover, and Yoni Luxford with lots of guidance and support from Nicky Leap, Pat Brodie, Roz Donnellan-Fernandez, Marijke Eastaugh, and the many women and consumer activists. The other student in the photograph was at Uni SA. When the first-year students attended training or ACMI events, we would be asked to stand up and always received a joyful cheer from the other attendees. We knew all those midwives, women, educators, and academics had been working for decades to get these courses started and they were celebrating their achievement and applauding themselves as much as us. I was so grateful to be enrolled, it changed my career and my life.



This next picture is from my clinical placement in Papua New Guinea in 2004, which was such a lifetime highlight. I went on to do my graduate placement year at Northern Women's Community Midwives, with public homebirth options, admission rights to Lyell McEwin Hospital with a continuity caseload of women and working alongside the best in the 'biz' - what a dream.



I then moved to Gumbaynggirr Country in rural NSW and worked as a clinical Midwife Specialist with the Aboriginal Community in Bowraville and Coffs Harbour for 15 years. I have continued to work for the Mid North Coast Local Health District but in a management role, as the District Strategic Lead for women's programs including the Aboriginal Maternal and Infant Health Service and Women's Health and Domestic Violence programs. I have taught midwives at Southern Cross University, undertaken a little bit of research and peer review and am slowly completing a Masters of Midwifery online with the University of Newcastle.

Thanks to all the wonderful women that guided me here.

