I: So, you’ve signed your consent forms and after reading everything, you’re happy to go ahead?

Michaela: Yes, that’s fine.

I: Right, so first of all, thank you so much for agreeing to participate.

Michaela: Thank you for having me.

I: So, can I start of by asking….can you tell me about your role as a midwife?

Michaela: So, I’ve just finished emm my training last week, so emm….do you mean tell you about what my role will be or tell you about what I’ve been doing for the last 3 years?

I: Tell me about what you’ve been doing over the last 3 years.

Michaela: So over the past 3 years I’ve basically just been learning about how to be an independent autonomous practitioner….you’re very, you know, you like follow your mentor to the toilet [laughs]….everything is very like someone is always standing over your shoulder, then by 2nd year they start to loosen the strings….you’re doing it alone, but there’s someone there at the desk available for you. The most important part of the role though is caring for the women. Yeah, to learn all the skills, but the most important thing you can be for the women is compassionate and kind.

I: Yeah, sure.

Michaela: Anybody can learn skills but I believe it takes a special kinda person to give that compassion; they’re only going to get that birth once, I mean they might have other babies, but they’re only going to have that one birth at that time once and you can’t take that back. So for me it’s just about being skilled, being knowledgeable, but above all else listening to the women and being kind and compassionate.

I: Yeah. So, obviously you were saying about carrying that forward, these are what you would say are the main sorta focus then of the path ahead?

Michaela: As a midwife, yeah. So obviously you’ve got to like adhere to the NMC guidelines and everything and you need to be, you know, you need to keep up to date with your skills and you need to be safe as people’s lives are in your hands, but you read all the NMC requirements like all the way through – it’s about how you speak to people, it’s about how you treat people; equality, you know respecting them, diversity and just compassion all the way through.

I: Yep.

Michaela: I can’t stress enough how important that is.

I: Yeah….

Michaela: I just think some people don’t quite get it, or they forget sometimes; there’s no place for that….

I: I understand what you mean. So, can I ask, is termination of pregnancy something you’ve come across?

Michaela: Not at the moment. I’ve not actually cared for women, but I’ve been aware that there are women in the ward having terminations, so it’s just been….emm….that I had to have 40 births to finish my degree so that’s been my focus. I finished a bit early and had some time out to go to Greece, so I’ve maybe had a little bit less time than other girls that have dealt with it in their training.

I: OK.

Michaela: They tend to try and let a student see at least 1 woman who’s maybe having a loss or a termination because that’s good practise and you know, we try as much as we can to get that training, but there are things that maybe are priorities and for me it was to get….so I’ve just finished my shifts last week and I never got my 40th birth to til the 2nd last shift so I didn’t have really any more time to do anything else above and beyond that.

I: Right, OK….So a time factor thing then?

Michaela: Yeah.

I: So, can I ask, in relation obviously to the subject of termination of pregnancy….how do *you* feel about that? Professionally?

Michaela: Well, I just think….well….it’s a woman’s right. It’s part of heath care. It’s part of women’s sexual reproductive health care. I think that I’m really glad that I work in [name of place] because women have free….access to health care; to safe health care, it’s legal here to access that health care. So as a professional, I’m proud to be part of the NHS and part of this country where the law does protect women.

I: OK. So, going on what you’ve just said then, obviously, emm, just to clarify….are you prepared to participate in the procedure of termination?

Michaela: Yes.

I: OK. Again, in the same vein, what do you think constitutes participation in a termination procedure?

M: Hmmm….

I: So, from a midwife’s point of view….let’s look at it that way.

Michaela: So, for me, it would just be any care of a woman undergoing that procedure even if it just meant doing tea relief….even if I wasn’t doing her whole care – any sort of contact with her though, I have a responsibility to give her good care….and from things that I’ve heard, you know, there are midwives who don’t even feel comfortable doing a tea relief for someone who’s maybe had a termination and is just recovering….so even if you’re just going to be there and maybe if they need you for that half hour….there are midwives who don’t feel comfortable just doing that. I just think that as a professional, we have a responsibility and no one has duped me in to what is involved in being a midwife….I know from one full end of the spectrum to the other, my personal views might be different to those women, because, you know….I was raised as a Catholic, I am a Catholic. However, I don’t think personally that I could have a termination, but I have absolutely no qualms about other people having a termination….I also know when I step in that door and I’m wearing that uniform, it doesn’t matter what I think, women make choices all the time that I don’t agree with – whether it be how they act, if they smoke during their pregnancy, if they’re taking drugs….it doesn’t mean that they get any less care than anyone else; it’s my responsibility to leave my views and personal beliefs at the door and any sort of participation….for the most part it’s medical staff that do it and midwives are just involved in the care aspect of it. In my view, from what I know of it, we don’t really have a huge part in the actual procedure type scenario.

I: Yeah…the actual *act*, if you like?

Michaela: Yeah cos it’s more sorta, if you think what we call it as MTOP, so medical termination of pregnancy….I’m not a Dr, I’m not medical staff….midwives are experts in “normal”….they’re experts in care and compassion and that’s what I’m good at. I would be willing to do anything to make sure that she has the best care.

I: Yeah. So, you’re saying your main focus is **the woman**?

Michaela: Yeah, absolutely.

I: Am I right in saying that regardless of how she feels, well what she wants to do?....

Michaela: Yeah….what she looks like, how she sounds, what her motivation is; that doesn’t matter to me that’s not part of my job. Midwife literally means “with woman” and that’s what I’m there for – I’m there to be with her. There are so many reasons why people choose to do that….you know to make the choices; whether that’s to carry on a pregnancy, to terminate a pregnancy….women – you hear midwives speaking – it’s not my personal type of thing….but you hear midwives saying oh she’s in having *another* baby….it’s like, we don’t get to choose – that’s that woman’s choice….if she wants to have the baby, if she wants to have 20 kids, no kids; if she doesn’t want to use contraception that’s ok….that’s not my choice. That’s her choice. It’s her body.

I: Am I right in saying you’re completely without judgement?

Michaela: Yeah – that’s a fundamental part of being a midwife. Who am I to judge? We should not be judging.

I: Thinking of that then….you had kinda touched on it already….I said about professionally and you said about your personal beliefs….are you quite good at putting them in to 2 separate boxes?

Michaela: Yeah, you have to be, otherwise you would never….I feel like when you’re working with human beings, especially in such an intimate profession and such an intimate part of their lives; you know women share….that was a shock to me! Women will literally share anything with you because they’re putting all their trust in you….they’re growing a human being from scratch and they’re about to deliver it into this world. They’re scared, they’re nervous, they’re anxious and excited….they will literally give you every single part of themselves and they’ll say look after me. I think everything else has to stay at the door….I literally just put my arms round them and take the best care.

I: At such a pivotal point in their lives?

Michaela: Yeah.

I: So, would you say that your personal views are very much different from your professional views?

Michaela: Emmm….in terms of this or lots of things?

I: In terms of termination….

Michaela: So as I said before, I’m a Catholic….I was raised a Catholic so I was taught that all life is sacred and that abortion or termination is a sin. There’s a part of me that still feels like a Catholic….I still feel that belonging, whether that’s just….there’s also a huge part of me that’s a feminist who doesn’t want to do what men from 2000 years ago are telling me to do [laughs]. So there are parts of my religion that I just disregard. I don’t personally feel that I could have a terminations o I used to say that I was pro-life/pro-choice but over the last few years I’ve been reflecting and I don’t think you can be both. I am pro-choice.

I: Do you think your journey in becoming a midwife has helped you to distinguish….?

Michaela: Yeah….even before I became a midwife I thought how could I ever choose….I had it in the back of my mind that I could never tell people what to do….you know I would hate for someone to tell me what to do with my body. Although I feel like I could never have a termination, you can never say never. You don’t know. Until I’m in a situation where I think actually I just can’t have a baby right now or….how the baby was conceived or whatever….it would not fit with me being mentally well for the rest of my life….maybe like the baby isn’t compatible with life; you know there’s so many different things – social, mental, physical that people may choose to do that….so I would never say never….but I really feel that I probably wouldn’t. I was also brought up to always just respect everyone and take their opinions as valuable so I just don’t ever think that it’s my place to tell anyone what to do.

I: Yeah….Would it be fair to say that your pre-understandings of termination of pregnancy have changed now?

Michaela: Yeah….very different….even in my family, growing up….my sister fell pregnant at a really young age and there were no qualms about….like there would never be an option for her. So….it just isn’t a thing in my family. I know if I decided that I was having a termination I would be coming up against my family….because it’s just not what we believe….but there’s also lots of other things I would be coming up against my family with. I’m not like a *good* Catholic….I’m a raging feminist and I just think don’t tell me what to do with my body.

I: Yeah. So, see those feminist views, do you think they’ve always been within you?

Michaela: Oh yeah. I think that’s really what led me to midwifery. It’s only been upon this journey….like I started to realise I’ve always had opinions in the back of my mind about things like this. It’s only been upon becoming a reflective practitioner that I think….like what would you do if you were face with a situation where you go into a ward and you have to deal with this woman….not even deal with, that’s a really bad use of words….*care for* her and I would care for her because I want to be a midwife….I want to be with woman and that might be the hardest decision of that woman’s life; she might be getting it from all angles like I would if I was in her shoes….like if it was my sister if it was my niece….I just always think I’m going to treat you as if you were me or someone I really care about. I would be really upset if someone treated them badly. That’s what my fundamental morals lie….I’m going to be a good person and I’m going to be kind to this woman regardless of her choices.

I: Yeah….and moving forward, this is what you will do?

Michaela: Yeah, that’s the midwife I will be and women deserve that.

I: I understand. So, if I say the term conscientious objection….what does that mean to you?

Michaela: So my understanding of conscientious objection is that healthcare professionals can say….actually I can’t be involved in that woman’s care because it doesn’t sit right with my belief system; it doesn’t sit right with what I believe to be right or wrong, or I’ll be judged in another life, or you know by a higher power if I get involved in this care. So far I’ve not met anyone in practise that’s really been speaking bout that….emmm….but I’m aware that there was quite a big case in [name of city] about 2 midwives who’d moved from 1 unit where they didn’t really deal with terminations to a unit that did, so I’ve kinda followed that and I know that those 2 – well I’ve never met them in person and nobody really speaks about them in practise….maybe once at the Southern there was a little bit of chat but it wasn’t….it was just I think in passing – like are they still working kinda thing and I think they said like they were the ones who were in court and that was it really.

I: Yeah….

Michaela: Nothing else was said about it so I’ve never really come across anyone that has objected.

I: That was going to be my next question….have you experienced objection at all….

Michaela: I don’t know as a student I would really have been aware as it’s my job to stay focussed on my unit or my woman….it’s not a student’s place to get involved and I tried to….I try to stay away from the politics because I just think it’s nonsense [laughs] emmm….but it tends to be from what I’ve seen, the same people who care for those who have terminations or loss as in my experience, they’re maybe good at juggling a few people at the same time. There could be people objecting and the staff just know as they work with each other all the time but I wasn’t really aware of it….so….

I: So it could be working as a team….and getting to know your team then?

Michaela: Yeah….

I: So as far as conscientious objection goes then….do you think those people who do object to participation….do you think it would put a strain on non-objectors?

Michaela: I think they would just work as a team. Thinking of an example….you know that case of those 2 midwives who went to court….they were obviously working in a team where they didn’t have to come across that as they just worked in such a way that it wasn’t a thing but it wasn’t until they moved to a new unit then all of a sudden they were in a new team and….emmm….

I: You mean the dynamics had shifted then?

Michaela: Yeah, I don’t know if this is going to be another question but….

I: That’s fine just fire away….

Michaela: For me I just personally don’t think that conscientious objection should be a thing because I think if you’re coming in to the role of a midwife you’re actively choosing to….especially now at this time….maybe years ago it was different when people had to do nursing first and then people only really did midwifery as an extra or they would do mental health nursing to get a promotion and they maybe fell into midwifery by accident. They would go and do it for maybe 18 months and then they would get a promotion and think actually I really enjoyed it. I’ve had lots of mentors who were like oh I just came here for 18 months like 26 years ago….you know they just fell into it. So in that circumstance if it wasn’t a plan, but for me, I’ve chosen this life, I’ve came here for 3 years; noone’s duped me into this – this is part of my job. So for me I just think….as I said before, midwife means with woman and that goes from preconception all the way up to post-natal and everything in between and whatever her journey is, whatever her pregnancy journey is, whatever her loss or termination; whatever her story is, I just don’t really know….I just don’t really think it should be a thing.

I: Yeah, OK. So, from just what you’ve said there to picking up what you said about the past as in people had done midwifery as an extra….do you feel that now, in present times, that in society as a whole, do you think this topic has become more acceptable now?

Michaela: Mmmm….

I: Are people less judgemental….you know?

M: I maybe would have thought so a couple of years ago before this nonsense that’s been going on in Northern Ireland and America….it’s 2019 and women still don’t have control over their bodies….I mean how ridiculous is that? Then I suppose that’s a flip side to me saying that there shouldn’t be conscientious objection….I’m now taking that hcp’s right away from them to object….

I: But it’s how you feel, you know, deep down….

Michaela: If you’ve grown up believing that you would go to hell….or….I don’t know; I just don’t see why you would then go and put yourself through these years of education if you know for a fact that you can’t….fulfil the whole role of the job….I’m maybe going back and forward now.

I: It’s an emotive topic that opens up so many ways of looking at this so that’s good because obviously it makes you sit back and look at what you’re saying….

Michaela: Yeah, I’m reflecting here….

I: It’s your experiences, it’s your thoughts and views; so you’re completely different to the next person to the next and the next, so whatever you say and whatever you feel are your opinions, your views. So because of the whole Northern Ireland thing and American thing, it’s everywhere you turn….

Michaela: And that’s great because people are thinking more, talking about it and it is good to be raising awareness and to be talking about it. I think the thing for me though, what you were saying about putting a strain on the team….some people maybe don’t come from a background of being particularly religious or maybe don’t have any sort of understanding that people have these beliefs….of a higher power that has control, that faith has such a….it can be such a taboo subject even still in this day….like people don’t know what to….especially in the [name of district]people don’t like to talk about their faith, it’s all that what school did you go to….[laughs] emmm….I think in terms of putting a strain on the team some people might be like….well for me, it wouldn’t put a strain on me but I would be…. I would be like are you really a midwife, but I wouldn’t say….I would be quite happy then to care for that woman. Where is the line drawn…what’s if someone said this woman is smoking 3 bags of heroin every day of her pregnancy….that really goes against everything I believe in….that would be equally as hard for some people to deal with because you really cannot see how this woman should ever be….well you hear people talking….how should this woman ever be pregnant….she should be sterilized; things like that. So some people who are not really leaving judgement at the door which is really difficult to do but also essential, what’s to….you know say well I’m not looking after women who take drugs in their pregnancy, it just doesn’t sit well – like the baby’s going to addicted now and I’ve cared for that woman so….you know there’s a line of everyone – as you say, everyone is different and everyone has a line they don’t want to cross and I just feel like as a professional you’re signing up to take this role regardless….you’re supposed to leave your feelings at the door. It’s a really hard one.

I: Do you feel that it’s quite clear from the outset that duties will be undertaken….is it still pretty fresh in your mind I can imagine the last few years have been a whirlwind, but is it clear from the start what you’re coming in to?

Michaela: Yeah as a professional person you know when you come to a course like this….like the 1st week it’s like be really careful what you put on Facebook because you are now the professional….you embody this professionalism and your behaviour follows you and you never know who you’ll meet, so at all times of my life now I can’t just go and have a mad night out and put it on Facebook….and that’s OK because I’ve had a long hard think about what I want to do – I want to be this professional person; it’s absolutely what I want to do and I’m not just being duped at all. The NMC are very clear from the outset guidance is very very clear and that’s why I feel like if you’ve signed up to this to be this professional person, you can’t really be picking and choosing….although I do understand like I said from my background growing up like how deep rooted belief and feelings are….it’s hard. I’m just going to keep changing my mind back and forward [laughs]….it’s constantly reflecting….

I: Do you think as time goes on as you progress, do you think your views might chop and change….is it fair to say as you move on in your career….that they might change? With regards to the term conscientious objection?

Michaela: Yeah….probably….yeah probably days where I feel stronger than others where I feel should it even be an option for people; maybe days where I’ll say absolutely that was right for her not to care for that woman or actually this is a ridiculous thing….we should be giving women all the same care. I don’t think that my views of leaving my own personal feelings at the door….caring for women at all times of their pregnancy journey will ever change; but I think it’s fair to say that I am reflective as a person, particularly in the last 3 years and I do come and go with either sides of arguments all the time [laughs].

I: Do you think that reflection, reflexivity is a really important part of your work? Coming together as a team, having meetings….have you had experience of that where you’ve had meetings where you reflect?

Michaela: It’s more a 1 to 1 basis with a mentor; we do it with lecturers, we do it with each other, peers are quite reflective like in our friend group….being reflective is a huge part of being a hcp as practise is constantly changing, research changes, you know you constantly need to be better. I think it would be interesting for someone who maybe conscientiously objected….for that person to then reflect….they don’t have to change what they believe or how they feel….but maybe have a meeting to reflect and see how it could impact on the team….on that woman’s care….is there now a midwife caring for 2 women because I couldn’t do that, you know so I think reflection for everyone is good whether or not….if someone objects maybe people are stepping back not wanting to rock the boat….it would be good for everyone on the team to reflect.

I: Yeah.

Michaela: It’s a very important aspect in midwifery care for people to reflect constantly and for the women….the woman wouldn’t really know that this was happening because she would just get the midwife who came in the door….reflection is huge.

I: I really appreciate this chat. Finally, is there anything else on the subject that you would like to add?

Michaela: Hmmm….I think just back to what I was saying about compassion….I think women could really benefit from having a midwife at that part of their journey….like terminations can take place on other wards….gynaecological and things, but women might need someone who really know what’s going on with their hormones….whether or not they’re continuing the pregnancy it’s already started happening to the body….already feeling changes and someone who is an expert in what that means for a woman and knows what she’s experiencing I think would make the woman’s journey better….

I: Maybe that comes back to being with woman then?

Michaela: Yes….being like a guardian, a gatekeeper – like I’m just here to protect this space for you….I can give you comfort….I’m a professional friend.

I: Yeah….that’s a really good point….there are other professions involved here, like anaesthetists, obstetricians, gynaecologists, pharmacists, nurses….and midwives….

Michaela: Nurses are great but they do what Drs tell them whereas midwives are autonomous practitioners and there’s such a big difference….they are the experts in normal and being *with women* and I just really feel that kindness and compassion is their expertise as well and when would you need that more than when you’re on this journey….regardless of what the outcome will be.

I: Thank you so much for taking part.