

# Acting up as the labour ward matron

As an experienced labour ward coordinator, Sophie Windsor has faced a variety of new challenges since stepping up to cover the role of labour ward matron.

For the past month, I have been acting up as the labour ward matron, while the current matron is on a secondment. As an experienced labour ward coordinator, I am used to the increasingly heavy demands that the day-to-day running of a busy London obstetric-led unit entails.

I had initially thought that my main challenges would be line-managing my peers, conflict resolution and making sure the rota meets the demands of the unit and the needs of the staff. During the last month, I have managed and dealt with all of the situations I had initial concerns about. While I have had to have difficult discussions with staff, typically around sickness reviews, as it turned out these have not been my biggest challenges.

During my first month in post, we had the highest number of births for 1 month that we have ever had (I should have realised the significance of starting a new post in September), along with a Care Quality Commission visit—this was a baptism of fire! As a coordinator, I am used to prioritising workload, assessing capacity issues and mobilising staff to areas of high acuity. When the workload gets unmanageable I call the labour ward matron. Now, I am that person who the labour ward coordinator calls.

On one particular day, the labour ward was extremely busy, with women attending triage in labour at a rate that felt like every 2 minutes. The postnatal ward was full and the labour ward needed to accommodate all the women arriving in labour. Closing a maternity unit should never be the first port of call when capacity becomes extremely busy, as this would have an impact on all the women expecting to give birth at that unit. Reflecting on how I managed that day, I realise that there are several things that need to be done, operationally, to maintain

the safety of the unit. These include:

- Redeploying midwives working in management roles and specialist posts to work clinically, caring for women. This ensures that all women receive 1:1 care in labour
- Discharging low-risk women, facilitating midwifery discharges by undertaking examination of the newborns. A smooth flow of discharges will ensure that there is space for new admissions
- Ensuring that there is an efficient consultant ward round on the antenatal and postnatal wards to confirm that high-risk women have plans of care and can be discharged home if appropriate
- Review all the inductions of labour with a consultant obstetrician; do the inductions need to happen today? Can any inductions be transferred to sister site?
- Reviewing staffing for the next 24 hours; do we need to over-establish midwives to accommodate the increase in service demands?

When a unit is extremely busy, it makes sense that stock items will be used far more quickly than in quieter times. Therefore, ensuring that critical stock levels are available should not be overlooked.

While I was working clinically to support the unit through a busy period, my email inbox continued to fill up. Initially, the number of emails I was receiving every day slightly overwhelmed me and I felt responsible to respond to every one immediately. As the month has gone on, I have become very organised—this, I feel, is the key to being successful in my current post. It can be easy to double-book oneself and any meetings need to be added to the diary immediately, otherwise there is a risk that one can forget.

Each morning I attend the labour ward handover. This is an opportunity to know what is happening on labour ward, address any arising issues, review staffing levels and be a source of senior clinical support to both midwives and obstetricians. It is also important to liaise with other

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areas within the unit, such as triage, day assessment unit antenatal clinic, and the antenatal and postnatal ward, as they have a direct impact on the workload through the labour ward. Ensuring that the whole unit is efficient in streamlining work and communicating effectively improves teamwork and shares ideas on how to improve the unit. Being a visible manager is important to truly know the issues arising and offer an opportunity to talk to staff, listen to their concerns, and update them on the changes and progress of wider issues of which they may not be aware.

The biggest challenge has been managing the situation calmly when the acuity seemed to be getting out of control. I am really enjoying acting up as the labour ward matron. I think it's important that members of staff are given the opportunity to act up into roles temporarily because, firstly, it allows that person to see if they like the post, giving them the opportunity to apply for positions knowing that they enjoy the role. Secondly, it ensures that there is succession planning in place, in case of an emergency or sudden availability of that post. I have had a positive insight into what it means to be a senior manager and the responsibility that the position brings with it. Thankfully, I have not felt alone during my move into this new role. The inpatient matron and deputy head of midwifery have been an invaluable source of support and guidance throughout my transition.

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