Transcultural Experience to England

Student Journals by:
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Day 1

The first day in Brighton was spent at the New Sussex Hospital. Gracie and I were oriented on the unit. I met with student midwives and faculty. We were given a tour around the unit and the rest of the hospital. We saw the tub rooms, delivery rooms, and postpartum ward.

Coastal view on the way to Brighton University in Eastbourne, England
Day 2
The second day in Brighton, I got the opportunity to work alongside a midwife in a labor and delivery ward. While on the unit, I got to assist in two deliveries. The first delivery was very quick because she has delivered multiple times before. There were no complications. The second birth was longer than the first, being the patient’s first child. While laboring, she spent time in the tub. The midwife used laughing gas for pain management. When approaching delivery, the patient received an epidural. In English culture, the midwife is in charge of all care during pregnancy and the labor and delivery process unless there are further complications that require more specialized care. The midwife was in the patient’s room constantly throughout labor and recorded fetal heart rate and assessed the mother frequently. They also complete vaginal checks every four hours. I was amazed to see the one-on-one care and attention that midwives give to their patients; because the midwife only has one patient at a time, they are able to dedicate all of their efforts onto one person. The baby was delivered with the assistance of an obstetrician because of fetal distress. The doctor used forceps to assist with the delivery. After the delivery of the baby, the mother and baby are typically sent home within twelve to twenty-four hours. When comparing the English practices to American hospital practices, we tend to hold our patients longer. The English believe labor is a natural process, and the mother and baby do best when recovering at home rather than the hospital.

Tea and scones in a small town outside of Eastbourne.
Day 3
The third day in Brighton was spent doing home visits. This experience was unique in itself because the midwife went off the hospital campus and visited both prenatal and delivering patients. The morning was spent driving and assessing patients’ homes for safe home births. Midwives carry anything needed in a hospital setting in their cars; any thing from gauze to IV tubing to necessary drugs. The midwife often made sure if there was a problem that could arise during delivery, emergency protocols could be employed quickly and immediately. The afternoon was spent reviewing breastfeeding techniques with the mother. Mothers also have the option to rent tubs or deliver on the floor.

View of Brighton from the Brighton Pier.
Day 4

On the fourth day, I was in the clinic. In England, when a female becomes pregnant, she goes to see the midwife at the clinic. The prenatal care is paid for by the National Health System (NHS), which is funded by taxpayers. Patients have the option of paying for private insurance, but many opt not to. The appointments were every twenty minutes. Because of the socialized medical system, patients often have to wait longer to be seen by a specialist. The appointments are shorter and more brief than in the States. During pregnancy, women are responsible for carrying their own medical records and must bring them to every appointment throughout their pregnancy and newborn visits. The paperwork is then stored at the local hospital.
Day 5

On the fifth day, we had the opportunity to sit in on a third-year midwifery lecture at the University of Brighton’s midwifery campus in Eastbourne, detailing change in healthcare. During the class, the professors spoke about different issues within the NHS, such as lack of funds. I was asked to talk about the healthcare system in the United States and compare it to the English healthcare system. In England, they do not have Pyxis machines; they have a single key in each unit that is used to dispense medication. The hospitals are funded by the government, and therefore do not have computers or electronic patient records. The midwives are encouraged to learn autonomy during their schooling to prepare them for their careers.
Journal 1: Brighton, England

As I stepped out of the airport in England, I was excited and eager to learn about the English culture and their health care system. I had always known the English culture utilizes midwives significantly more than the United States, but it was interesting to see how much autonomy the midwives have in England compared to the obstetric nurses in America.

On my first day, we were given a tour of the hospital which was located right next to the beach, making for a pleasant walk every morning and beautiful views from patient rooms. The hospital in Brighton is a beautiful old building filled with character and history. The walls in the hallways were decorated with pictures of nurses working at that very hospital hundreds of years ago, along with information about the history of Florence Nightingale. As we made our way to the 13th floor, we were welcomed by midwifery students and a cup of tea in their break room. Their break room was filled with couches and magazines because the nurses and midwives are given a full hour break every shift. Some of them use that time to eat, rest, or even nap in the break room.

On the second day, I joined a midwife named Louise who was doing house visits. This was an incredible opportunity because we don’t really do this in the states. When we went to the houses of the patients, each family was very welcoming, offered tea and food, and was very excited for Louise to be in their home. Louise started off by asking basic questions about how the family has been doing since the new baby arrived, if the mother has any pain or trouble breastfeeding, or if they have any concerns. Once the family was comfortable around her and able to open up and share their concerns, she moved on to physical examinations of the mother and baby. In Brighton, the midwives visit the day after the mother and baby are discharged from the hospital, again at 10 days, and as many times as the family wants in between. Louise was very compassionate and made sure each family knew she or another midwife would visit every single day for the next 10 days if they wanted, which gave families the option to be reassured they are recovering properly and to have someone there each day to address any concerns that arise throughout time.
Although I did not get to see a home birth, I was able to accompany Louise to a home of a patient who was in labor but not yet ready to deliver. At the house, the husband of the patient filled up the birthing pool with water while Louise did a physical assessment on the mother. She listened to fetal and mother heart sounds, felt for the baby’s position, and did a sweep to feel the baby’s head. This patient was practicing hypnobirthing which is very common in England. The pregnant women will attend about 4 classes, lasting two hours each, learning how to cope with labor without medications. They use tactics like relaxing music, breathing patterns, and learning how to work with their body instead of fighting the contractions.

On the third day, I was able to go to the Tarnier’s Children’s Centre. This is a building in Brighton where they offer classes to pregnant women, new parents, and children. They have things like mommy-and-me classes for different age groups which strengthens the bond between mother and baby while also allowing the new parents to meet other parents. During my time here, I was able to work with a midwife named Lynn. She welcomed pregnant women into her office to discuss past medical history, labs, birth plans, and any concerns the mothers have. She went through a packet of information, making sure to ask every question in the packet to ensure that she has all the medical information she needs before the mother gives birth.

On the fourth day, I was able to go to the hospital and watch a water birth and a caesarian section. I was working with a midwife named Penny who started her day by getting shift report of her patients and spending time to introduce herself so the women would feel comfortable around her if they delivered during her shift. One of the very first things we did this day was get the water ready for a water birth. This was an incredible experience to be able to watch because the mother has been working hard on her hypnobreathing and the father was very involved, offering the midwife and his wife assistance whenever he got the chance. Once the baby was born, the midwife immediately gave the baby to the mother for skin-to-skin until the umbilical cord stopped pulsating. Once it was done pulsating, the baby was given to the father for skin-to-skin while the mother got out of the pool to deliver the placenta. They had a large pad on the ground covered with a sheet and a bean bag chair for the mom to lean against. I was surprised by this because going into this trip, I was under the impression that the mother delivers the placenta in the pool.

Once the placenta was delivered, Penny cleaned up the mother and we brought her to her room where their family could get settled in, have some alone time, and try to breastfeed the baby. Because the midwives have more autonomy here than nurses in the states, Penny was able to give the baby vitamin K and give the mom some medications without a doctor’s prescription. They have a list of medications in the med room that
tells the midwives exactly which drugs they can give without a physician’s order. After about an hour of being out of the pool, I was able to go in the patient’s room with Penny to watch her suture up the mother. Once this was done, Penny monitored her and the baby for a few more hours and they were discharged within seven hours of giving birth. In the United States, we normally keep the mother and baby in the hospital for at least 24 hours so we are able to do our 24 hour tests on the baby, including a bilirubin and PKU tests. In England, they are able to discharge the families after six hours (it is usually only this early if it is not the first child) because the midwife will be coming to their home within 24 hours to check on the baby. They also only do bilirubin and PKU tests if they have reason to believe the baby needs the test.

On the last day in Brighton, our instructor, Thelma picked us up from our hostel and drove us around the town to see the beautiful views and stop for tea and biscuits. Once we were finished with breakfast, she drove us over to the University of Eastbourne where we met a few students and got to sit in on a midwifery leadership class. The students were doing an assignment about implementing change in their hospital setting which was perfect timing because McKenna and I were able to give our input about the similarities and differences in our healthcare systems. Everyone in the class was very welcoming and willing to teach us about their school system for midwifery. For example, they have to go through a rigorous application process to get into midwifery school. They have to fill out an application, write an essay, take an entrance exam, and do multiple interviews with the staff at the university.

Overall, I think this experience showed me how different healthcare systems truly are. I know we have taken classes where we learn preferences of different cultures but I don’t think I truly understood it until I experienced it. While in working with the midwife staff and seeing the differences in how they do things, I realized how I would probably be very intimidated coming to a different country and having to receive healthcare the way they do it, without having any input to tell them how I am used to healthcare and how I would prefer to be treated. This realization will make me more of a culturally competent nurse because I will understand where my patients are coming from when they request a different form of treatment or ask a lot of question about why and how we do things in the United States.