

Report from Catherine Ricklesford

My elective placement at the Karolinska Institutet (KI) in Stockholm, Sweden, from 22nd March 2008 to 14th June 2008, was funded by the Iolanthe Midwifery Trust, Wellbeing of Women, Erasmus Socrates and Bournemouth University.

My decision to go to Sweden happened within the first few months of my BSc (Hons) midwifery course which I have almost completed at Bournemouth University. I learnt about the Erasmus Socrates exchange programme that offered 3 months in Sweden, Denmark or Finland. I had always been interested in the public health agenda and family centred ethos of Sweden, as well as the fact that breastfeeding initiation and protraction is so prevalent in this country, and I was delighted to be accepted to undertake the placement at KI. Preparation for the visit included regular communication with Iris Ronnevi (Midwifery Lecturer at KI) and Magdalena Palmqvist (Course Administrator at KI), as well as International Placement coordinators at Bournemouth University. The placement was to start with a 3 week course in sexual, reproductive and perinatal health from a transcultural perspective, followed by clinical placements on a rotation to work in antenatal care, including fertility control, delivery and postnatal ward.

My first impressions of Sweden were of a cold, snowy city! I was very grateful for the help of a host student. The other students at the accommodation were welcoming and friendly, a multi cultural group from all over the world and of various disciplines, however, most were post graduate, studying for Masters degrees and PhD's, so I felt quite humble as one of the few undergraduates!



With the 2 students from Uganda, and the lecturer from Zambia on a sightseeing trip to Gamla Stan

Registration on the first day of the transcultural course was very comprehensive and well organised. An information pack was given along with a KI rucksack! Swedish language classes were offered which I accepted. Barbara Welles-Nystrom (KI lecturer) and many other staff from the midwifery department made me feel most welcome. The other students on the course were new student midwives and the two

of us from England. There were also two students from Zambia and two from Uganda. During the course there were discussions about cultural practices around sexual, reproductive and perinatal issues from Sweden, Zambia, Uganda and England, but the content of the course also focussed on birth in other cultures such as Peru, other parts of Africa and America. The course included a take home exam which I completed with the two students from Uganda. We wrote about the use of Intermittent Preventive Treatment for malaria in pregnant women giving details about the customs and rituals of this practice, the settings in which it took place and an analytical view of the ethno-theory supporting this practice. We were pleased to receive an A+ for this work!

The clinical placements began with three weeks in delivery suite at the Karolinska University Hospital in Solna. I learned that this maternity unit caters for the most complex cases in Stockholm in terms of risk, such as pre-eclampsia, premature labour and pre-existing disease. There are just over 5,000 births in this unit, and certainly my first impressions were that of a busy maternity unit. I observed differences from the maternity unit where I have been doing my training in England from the outset. Every midwife at Karolinska Hospital has a healthcare support worker assigned to work with her. The healthcare support worker is the midwife's assistant at births.



With Sophie Green, one of my mentors in Forlossning

On my first shift, my mentor, the healthcare support worker and I were looking after a woman with multi complex needs including female genital mutilation, an issue frequently seen the Karolinska Hospital, yet there was every expectation that this woman would birth ... no one doubted her. This woman did birth, beautifully, and it was my privilege to facilitate the birth. My mentor and all the staff in delivery suite were very welcoming, supportive and encouraging. I was helped to overcome language barriers with the women and their partners and was soon speaking to women in Swedish during the second stage of labour, something which the women stated they appreciated. In England, our midwifery training includes facilitating 40 births and I am pleased to say I achieved this during my placement at Karolinska

Hospital. I was also encouraged and supported to begin suturing and the siting of venflons.

There were some specific differences in maternity practice that I observed between the Karolinska Hospital and the two hospitals where I have undertaken training. In England, I am used to epidurals that leave a woman immobile, yet at the Karolinska Hospital, mobile epidurals were sited allowing the women to remain mobile and utilise a variety of positions, in doing so, achieving a good vaginal birth. Since my placement in Stockholm I am planning to write a research project on the practice of mobile epidurals, finding evidence to show how remaining mobile and in control whilst still having effective pain relief can improve outcomes for women in terms of birth outcome, breastfeeding, and physical and psychological wellbeing.

As this was the central hospital for complex pregnancies, nearly all labours were monitored using a CTG, usually via a fetal scalp electrode (FSE); though by using a FSE, particularly when an epidural was in situ, it meant more freedom of mobility for the woman. All CTGs could be viewed at the Midwives's/Doctors station, and also in the staff room. In addition, there was a computer in each delivery room so the partogram and all care notes were documented by computer. These were also visible on the monitor at the Midwives's/ Doctors' station, so that for a particularly complex pregnancy and labour, staff did not need to keep entering the labour room to assess progress as this could all be observed from outside the room, thus minimising disruption to the labouring woman.

Skin to skin contact following the birth was exclusively promoted and practised. It was general practice in the ward for the Mother and baby to stay in the birth room for at least two hours after the birth. Babies were placed straight to the Mother's chest at birth and stayed there. There was no hurry to weigh the baby and transfer the new family to the postnatal ward. After the birth, the new parents are presented with a beautifully decorated tray of 'Fika', comprising of fresh orange juice, a hot drink and a freshly made open sandwich. A contrast to the tea and toast I'm used to providing in England!

I spent two weeks in the postnatal ward and found this experience to be very enriching. Again, every midwife is allocated a healthcare support worker and the pair was assigned 4-5 rooms of Mothers and babies. The women received excellent care and support. I really got the opportunity to spend a lot of time with women who were experiencing breastfeeding problems and the care that I saw all the women receive was excellent with staff having the time to sit down with them for the amount of time needed. In England, midwives provide home visits to women for the first 10 to 28 days postpartum. This isn't done in Stockholm which is a good reason for excellent postnatal care whilst in hospital. In addition, I spent a morning in the breastfeeding clinic. Women in the postnatal and breastfeeding clinic receive hour long appointments, and these give a fantastic opportunity to be able to take a holistic assessment of the woman and her baby. Following discharge from midwifery

care, the care of the woman and baby is taken over by the public health nurse, a service similar to England.

The last 4 weeks of my placement were at the community midwives clinic in Lidingö. I learned that in Sweden, midwives provide care for women from puberty to menopause. One of the midwives worked in a drop-in centre at a School for teenage girls to access for contraceptive advice. In addition, the midwives in the antenatal clinic prescribed contraceptive pills and devices and also inserted mirena and copper coils. They do cervical smear tests and tests for Chlamydia. They provide pre-pregnancy advice for women then caseload women for the pregnancy including parentcraft classes. They then see the women at 6 weeks post partum and subsequently from then on for family planning, cervical screening and future pregnancy care. In England, women usually receive a 15 minute appointment for antenatal checks. In the Swedish clinic, women receive 30 minutes and if all this time is not needed for the woman then the midwife utilises this time for administrative work. I observed a very efficient and holistic way of working and I learned a lot at this placement which will influence my practice as a midwife. All placements allowed me to participate fully in the care of women and babies and I was supported well in overcoming any language barriers.

I undertook my elective placement in Stockholm for professional and personal reasons. Professionally, I wanted to learn more about the implementation of the public health agenda in Sweden and to learn the care practices with regards to the initiation of breastfeeding and supporting its protraction. I fulfilled these learning objectives very comprehensively and I also learnt so much more besides. It was very beneficial for me to live independently for a while, and I feel I have grown in strength and confidence as a result. Overall, I had a very interesting, educational and life-enriching placement in Stockholm and I am very pleased I had this opportunity. I would like to give special thanks to Magdalena Palmqvist, Iris Ronnevi, Ewa Andersson, Barbara Welles-Nystrom, Cristina Westerberg from the Karolinska Institute and all my mentors in the clinical placements for being so facilitating, supportive and welcoming. I would also like to thank my sponsors: Iolanthe Midwifery Trust, Wellbeing of Women, Erasmus Socrates and Bournemouth University.