**Transcript**

**Michelle Newton – Exploring midwives views and experiences of case load**

My research has focused on maternity care in the public health care system. A lot of women don’t have access to continuity, so when they book to a hospital they can receive care from many doctors and midwives throughout their pregnancy and their labour and birth and after they’ve had their baby. So, nationally there’s a push to improve continuity for women and actually make sure that the maternity experience is satisfying and that they get to know their caregivers. And one way of doing that is a model of care called Case Load. Now, Case Load’s quite a new model of care in Australia and when women book to a hospital they are actually assigned to a midwife who’s their primary carer who provides all of their pregnancy care, then is on-call for their labour and birth and looks after them in hospital and at home after they’ve had their baby. And so this way the woman can develop a relationship with a primary caregiver, get to know them throughout pregnancy and the midwife can get to know the sort of desires. You know it would suggest that it’s a very satisfying way of receiving care. But there’s been very little research about midwives in providing this type of care and whether they like it or not. So my research is actually really focused on the experience and views of midwives offering this type of care in two hospitals in Melbourne.

We need to have a better understanding of the impact of this type of work on midwives. If we’re going to introduce these models we need to understand whether midwives like to work in this way and whether it’s sustainable in the workforce. So, my research has really tried to understand the implications of this type of work. Some people would suggest that it’s a very satisfying way for midwives to work, that they have a high level of autonomy and they develop relationships with the women they care for and that’s very satisfying but others suggest that working on call can lead to high levels of stress and burnout. So we really need to understand those issues if we’re going to sustain these models in the long term.

In the future we expect that there will be a strong push for these sort of models that improve continuity for women and we certainly know governments and the College of Midwives are supporting these models, the introduction of these models. So, if they’re to be sustainable in the long term we need to understand if midwives want to work in this way, how long they can work in this way and whether they’ll, whether it will be a sustainable workforce model. So, this research will contribute to our understanding of this particular model of care and its sustainability in the long term as to whether it will be a feature of maternity services in Australia.