

[Home](#) / Midwife Case Studies

Midwife Case Studies

Topic Progress:

[← Back to Lesson](#)



Most midwives agree that every day is different and they never know what to expect. The good news is though they learn to be very adaptable so don't worry!

Plus you'll have a great team behind you to offer support and guidance if you ever get stuck, which is why being a great team-player is so important to the role.

Here are some real-life examples of challenging midwife scenarios. Would you have done anything differently? Do you think you could handle situations like these?

Case Study 1

I was looking after a lady on labour ward. It was just the two of us in the room. A few hours later her partner arrived on labour ward. They were no longer in a relationship together but they had agreed



The woman was really embarrassed, she kept apologising about his behaviour. Initially I asked him to leave the room and thought it would be best that he had some time to sober up. I explained that he was risking not being able to be at the birth of his child if his behavior continued. He momentarily left, the woman was so upset, she said that he has a problem with alcohol and she was just so embarrassed that he had turned up in such a state.

I explained that our main concern was caring for her and her baby and that he was distracting our care by behaving in the way he was. She then said she would feel much happier if he wasn't on labour ward.

He then arrived back on labour ward after a short time, I asked him politely to leave saying that he was no longer welcome on labour ward due to being intoxicated.

He was upset and angry, I called security and asked them to escort him off the premises and should he return I would have no other choice but to call the police.

Communication was key to this scenario; you need to act in the best interest of mother and baby. The serious nature of this scenario was when she didn't want her ex partner to be on the labour ward, or in her room. We are there to be an advocate for the woman and act in her best interest, it was this point that he was asked to leave and it was important to ensure that you have adequate backup from other members of staff or security to ensure your own safety.

Case Study 2

I was caring for a woman in labour. She was asking for pain relief and I explained that before I could give her pain relief it would be best to find out what stage of labour she was in and to check the wellbeing of the baby.

She then turned to look at me, shouting and swearing at me. She said that she knew that no one was going to care for her. I explained that of course I was going to care for her and her baby, but I just needed to do some checks of her and her baby before I could offer her pain relief as the choices may differ depending on the stage of her labour.

She then swore at me again.



I documented the issue in the notes and then spoke to the labour ward coordinator about allocating another midwife to care for the woman. It was important to stay calm at all times as retaliating would not have improved this situation.

Documentation is important in this scenario. Although you will meet women that deal with their pain in a variety of ways (many will swear) but when someone is aggressive and abusive towards you, then documenting this is highly important.

It may be that the woman did not like the care I was providing or that this was her character and would be the same for anyone that cared for her.

Case Study 3

One of the most memorable births that I was involved with was a lady in a birthing pool. This was her second baby, her first birth had not gone to plan, she had birthed on a very busy night where there was hardly any room on labour ward, so she felt that it wasn't the experience she had hoped for.

She had written quite a comprehensive birth plan, without any great expectations but I could tell that she was hoping that this time might be different.

I had started caring for her while in labour, she was already in the pool at this time and it can be difficult to build a bond starting to care for someone at this time.

We immediately clicked and even though she was in strong labour, in between contractions we were able to build a relationship of trust.

Her partner was very supportive and the way she coped during her labour was for her partner to tell her a story. Every little detail of being in a rock pool, it was a calming technique that I hadn't seen before, but I suppose not too dissimilar from hypnobirthing. It was just so interesting to see how she listened to the story (and chipped in when she wanted more detail or didn't like how he was telling that bit!)

Sometimes when you are with a woman, in labour, it just feels like such a privilege to be a part of their experience. This was one of those births, peaceful, in control and once the baby was born you

Case Study 4

As a student midwife the area that I was working was very large, we could drive a hundred miles a day, in and out of different people's houses and from very socially deprived areas to incredibly wealthy ones. The contrasts in lifestyle were always so great.

It was a cold night and we were called to a home birth. The woman's home was a caravan, no running water, no electricity, no heating. As midwives we will always attend a woman in labour wherever that may be, but this was such a unique place to go to someone in labour. This was such a memorable birth as she really went back to basics, not only with facilities but just her approach to birth and her view on what birthing meant.

She saw pregnancy and birth as a very natural event, she didn't want any pain relief. This was the first birth I saw that had a lotus birth (this is where the umbilical cord is left uncut so the baby remains attached to the placenta until the cord naturally separates a few days later) and where she wanted to eat her placenta afterwards. I just really felt that this was such a different type of birth, and reminded me that each mother's expectation, needs and beliefs are unique. As a midwife we are non-judgmental, but this birth was just memorable from the stark contrast of the technology that is on offer and how everyone can be so different in their belief in their ability to birth.

Case Study 5

I was looking after a woman having her second baby. She had her first baby at 15 and after a few months was unable to look after her baby who was then adopted. Three years later she was in a relationship and pregnant again. She was scared and concerned that because her first baby was (voluntarily) adopted that she would be judged during her pregnancy.

I decided to caseload her, which meant that every appointment I would be there and I would also be 'on call' for her birth. There were several 'false alarms' as we got closer to her due date, but on the night that she went into labour I was there.



labour doesn't need to happen. There is little verbal communication because you know what each other is thinking, their hopes and wishes.

In this situation there was discussions with a wider team including social services, groups that support younger mothers and thorough documentation but it was important to build trust and a relationship. This also highlights the importance of being non-judgemental and supportive

[← Previous Topic](#)

[Next Topic →](#)

Course Progress



Course Navigation



01 - Course Introduction (15 mins)

02 – Maternity Services (60 mins)

03 – Midwife Role (60 mins)

Midwife Priorities

What does the role mean to the people who do it?

Routines and Procedures

Obstetric Emergencies

Challenging Midwife Scenarios

Midwife Case Studies

Midwife Podcast

04 – How to be a stand-out candidate (60 mins)

05 – Applying for a place on a University Course (120 mins)

06 – The Midwife Selection Day (180 mins)

07 – The Midwife Interview (120 mins)