

A day in the life...

To mark the International Year of the Nurse and the Midwife, we met Senior Research Midwife **Malko Adan** on a day back in February before the current crisis

🕒 6.30am

I have my first cup of tea of the day to get me going before my two boys, aged nine and four, wake up at seven. After getting them dressed, we have breakfast together – often cereal, fruit and yoghurt, always a favourite with the kids.

🕒 8.15am

We load up into the car and I drop the boys off – one at daycare nursery, one at school – before heading to work. We live near Wembley and it's about a half-hour drive to Queen Charlotte's Hospital in west London.

Although I've worked in all areas of midwifery, from the labour ward to the community, I'm now part of an antenatal clinic looking after mums-to-be whose babies are at risk of being born early. There aren't many specialist clinics like ours, staffed by obstetricians, midwives and research scientists. The women are often referred after their first antenatal appointment, and we assess the risk factors flagged up by their medical, obstetric or social history. Then we look after them throughout their pregnancy.

🕒 9.30am

Today, Monday, is the clinic day at Queen Charlotte's, although I work across other sites in the Imperial College Healthcare NHS Trust too. Although the clinic starts at nine o'clock, my colleagues are very supportive about me dropping

the kids off in the morning and starting slightly later.

My first patient had a baby last year that was born at 27 weeks and she is now 18 weeks pregnant with her second baby. She comes in every two weeks, however we have a very individualised model of care and how often a woman attends depends on her history, the reason she was referred and what we find clinically.

🕒 11am

A quick five-minute break for a cup of tea – and I make one too for the student midwife who is shadowing me today. In the clinic we supervise both medical students and midwifery students, who learn by working alongside us.

I myself started training in my mid-20s and qualified in 2013, but the first baby I delivered was when I was a student, with my practice mentor beside me. I'll never forget it because I think I cried more than the baby's parents! At the time my first son was quite small, and giving birth to him had been a bit of a blur. So delivering this baby really made me understand what I'd done. It was such a beautiful thing to see.

One thing I know for sure is that people take for granted how amazing and how strong women are



Malko in the specialist clinic at Queen Charlotte's Hospital, part of Imperial College Healthcare NHS Trust (below left)



🕒 1pm

We're really busy so a colleague does a sandwich run to the canteen and I take a quick 10 minutes out to eat mine. Although a proper lunch break is built into the clinic schedule, being a specialist clinic means we always have more patients than appointment times.

Lately, it seems as if quite a lot of midwives are leaving the profession, possibly because of the workload. It's very well documented that we don't have enough midwives.

🕒 1.30pm

A mum-to-be who is taking part in some research arrives.

As well as seeing women for their own care, we ask them if they are happy to be involved in prematurity studies. The local area is very diverse and it's really important to make sure our research findings are representative of all – rather than just some – of the population.

This particular patient is helping me with my own research project, funded by the Mary Seacole Foundation and Health Education England (Mary Seacole was a Jamaican-Scottish nurse, caring for soldiers in the Crimean War around the same time as Florence Nightingale). I'm researching ways of reducing the inequality of outcomes experienced by women from Black African and Black Caribbean backgrounds, who have a higher rate of preterm birth in the UK. Part of this is simply speaking to these patients because no one has ever looked at things from their perspective.

On non-clinic days, I'll also work on this research, as well as the PhD I am doing. However, if I'm in the office and a patient calls with a worry or a question, that takes priority. When you know a woman's history, understand how she feels and have the specialist knowledge to be able to explain certain things to her, a real bond develops.

🕒 2.30pm

One mum-to-be doesn't turn up for her appointment and I make a note to follow it up, then get on to the next patient. This time tomorrow I'll be speaking about preterm birth at a conference, so I also quickly add a reminder to check through my presentation tonight.

🕒 4.45pm

The last patient leaves the clinic, which officially ends at 4.30pm, but we often run on. After a 10-minute team debrief, we pack up the clinical area and take everything back to our office. I leave a message on the voicemail of the patient

who didn't attend today as we need to know she's OK.

🕒 5.05pm

I grab my bag and coat and brave the London traffic, praying I'll be there in time to pick up my little one from nursery, which closes at six o'clock. My eldest is collected from school by my mum.

🕒 6.30pm

Dinner with the kids – the boys are big fans of spaghetti bolognese! I made a batch last night so getting it on the table is very quick.

🕒 7.30pm

Mum lives just five minutes away and – very kindly – she watches the boys while I go to the gym. She is a godsend!

Most of the things I do outside work revolve around the kids – like taking them

swimming – but this year

I made a vow to myself that I was going to be healthier. So I now go to the gym a few times a week. A lot of healthcare professionals spend so much time looking after

other people that we don't

really look after ourselves – we preach a model of self-care but don't practise it ourselves!

🕒 9pm

With the boys asleep, I finally read through tomorrow's presentation.

🕒 10.30pm

Tired now, I head to bed. In my time as a midwife, I have delivered more than 100 babies and been involved in many more births. One funny thing is how some of the dads – even the big burly guys – can get a little bit light-headed at the moment of birth. We've had quite a few pass out!

To tell the truth, no one really knows what they're going to be like until they're in that situation. But one thing I know for sure is that people take for granted how amazing and how strong women are. Motherhood really is a very special thing.



Mary Seacole