

Documenting compassion and teamwork in maternity care

In this series of photographs, I document experiences of some expectant parents cared for by a multidisciplinary team at the Queen Mary Maternity Unit at West Middlesex University Hospital, part of Chelsea and Westminster Hospital NHS Foundation Trust, in London, UK. For this project, I spent a week capturing aspects of the work of consultant obstetrician and Labour Ward Lead Osaeloke Osakwe, who cared for my wife and newborn daughter in 2020.

These photographs depict moments that may typically go unnoticed in visual portrayals of maternity care. The images highlight the full team of health-care professionals involved in the caesarean birth of a baby—midwives, scrub nurses, maternity support workers, anaesthetic operating department practitioners, obstetric surgeons, and anaesthetists.

The impact of the COVID-19 pandemic on the UK's National Health Service (NHS), staffing shortages among health-care workers, and the high need for health services has been well documented by the media. Funding, support, and training challenges have hampered recruitment of health professionals, but these challenges have not changed the compassion, humanity, and high-quality care delivered by the dedicated workforce.

These photographs capture a maternity unit staffed by and serving its local community. My series of pictures shines a light on a busy maternity service facing challenges, while documenting how highly skilled, diverse, and compassionate NHS staff support expectant families. In doing so, the images illuminate the importance of inclusive, respectful, and individualised care, which is integral to facilitating fulfilling births for service users, while also maintaining their safety.

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I am a London-based photographer who lectures on visual culture at Royal Holloway, University of London, UK; I explore ways of telling stories about people using portraiture and social documentary. This photography project was done in collaboration with NHS staff from the Queen Mary Maternity Unit at West Middlesex Hospital, part of Chelsea and Westminster Hospital NHS Foundation Trust. I took the photographs and wrote the accompanying text and am grateful for support from Osaeloke Osakwe and the Chelsea and Westminster NHS Foundation Trust communications team.



Team briefing

Consultant obstetrician and Labour Ward Lead Osaeloke Osakwe oversees the team-briefing meeting before the start of the elective caesarean section list. The team consists of two obstetric surgeons (Osaeloke Osakwe and Afnan Zuhair), two anaesthetists (consultant Dominika Dabrowska and trainee anaesthetist Daniel O'Neill), operating department practitioners (Tina Brough and Maristelle Belista), a scrub team (Godofredo Arinas and Gretchen Almares), midwives (Gema Montoya and Venus Francisco), and a maternity support worker (Diane Stokoe) who also acts as the theatre circulator. The team go through the schedule for the day, discussing the case history for each expectant parent scheduled for a caesarean section, ensuring the whole team is aware of the obstetric and anaesthetic history, birth preferences and wishes, and any special equipment or steps required. This enables the team to anticipate issues that may arise and ensures that they are prepared to manage any potential complications. Patient safety is paramount when preparing for major surgery and extensive briefing and handover with the entire

team present before the start of the theatre list allows staff to prepare, establish, and agree the order of the list, based on risk assessment and anticipated complexity.



Regional anaesthesia

This photograph depicts Natalie talking with her partner Kunal as staff prepare for her caesarean section. Before the procedure begins, it is important that appropriate anaesthesia is selected and administered. The preferred anaesthetic option for caesarean sections is usually a regional anaesthetic, such as a spinal block, an epidural, or a combined spinal and epidural block. Regional anaesthetic increases safety and avoids the risks associated with a general anaesthetic. It also allows expectant parents to be awake during the birth and for a partner to be present.



The birth

This photograph captures the birth of the baby. Natalie and Kunal meet their baby for the first time and the baby takes its first breath. At West Middlesex University Hospital, gentle caesarean section is the preferred option offered, if appropriate. The lights in the theatre are dimmed leaving only the operating lights on to create a calm and soothing ambience. The parents are offered the option of playing music of their choice and staff limit discussion to

only essential procedure-related communication to ensure the focus is on the parents and the birth of their baby. The baby when born is passed directly onto the mother's chest, delayed cord clamping is practised, and the baby is stimulated on the mother's chest to ensure skin-to-skin contact is not interrupted and bonding can take place immediately.



Managing complexities

Natalie and Kunal share some early moments with their baby while the surgeons are out of frame because they are swapping sides so the consultant can take over the procedure due to a complexity that has arisen. Complexities arising from previous surgery such as dense adhesions, difficult access into the abdominal cavity, and obstetric haemorrhage can sometimes occur unexpectedly during caesarean sections. The team ensure that the most experienced clinician is responsible for the care of the service user, so every elective caesarean section list has a consultant obstetrician and a consultant anaesthetist present. This ensures that any obstetric or anaesthetic complexities are managed as safely and effectively as possible.



Keeping calm and carrying on

Natalie looks towards her partner Kunal and their newborn baby while surgery continues. Once any challenging situations have been appropriately managed, the surgeons swap sides again to continue with the operation. Patient safety is at the forefront of every step taken by the theatre team. While any challenges are swiftly managed by more senior members of the team, they are also important learning opportunities for trainees in how to manage them. Clear and concise communication ensures that the team remain focused on the task at hand and the parents are not panicked. Bonding with their baby continues uninterrupted. Osaeloke Osakwe says: "My experience of maternity has taught me to expect the unexpected. In theatre, it's crucial to keep calm, be aware of your surroundings and offer reassurance to both the people you're working with and the expectant parents. I'm always thinking one step ahead, mindful that if things need to change then I need to communicate this clearly to everyone involved."



The team

Team members Diane Stokoe (maternity support worker), Susie Bonifant (midwife), Godofredo Arinas (scrub nurse), Maristelle Belista and Tina Brough (anaesthetic operating department practitioners), and Dominika Dabrowska (anaesthetist) monitor the operation vigilantly. Their input and expertise enable the team to successfully manage any complexities. The care that service users receive depends largely on the cohesiveness and effectiveness of the multidisciplinary team providing it. Many factors come into play and must be considered to ensure positive outcomes for expectant parents and their babies. Even in the midst of challenging working conditions, staff shortages, and funding constraints, the team's determination and dedication to providing outstanding care does not waver. High levels of preparation, good communication, respect for individuals, and listening to the individual needs of patients and their loved ones ensures compassionate care. Osaeloke Osakwe notes: "Everyone goes above and beyond in the work they do. It's not simply about having respect for the people that are in the same specialty as you but recognising that people from other specialties are contributing to the care of the people we are looking after. Everyone is equally important—from the domestic staff cleaning the theatre and turning it around for the next birth to the medical staff performing the caesarean section. Nobody should be made to feel that their contribution is not valued or important."



Bonding with the baby

Kunal spends some time admiring and bonding with his baby on the resuscitator. Skin-to-skin contact with Natalie had been interrupted in this case because routine checks on the baby showed that the baby was cold, so the baby was put under the resuscitator for warmth. While encouraging skin-to-skin contact which aids mother and baby bonding, the team ensure this is carried out safely by checking the baby's temperature regularly and transferring them to the resuscitator if the baby requires additional warmth. The father is encouraged to stay with the baby if this happens, so that the baby is not separated from both parents.



Completing the operation

The operation is not finished until the abdominal incision has been closed completely. This is carried out under the watchful eyes of Afnan Zuhair and the consultant, Osaeloke Osakwe, who ensures that the tissues are handled with the utmost care and bleeding is appropriately controlled at every layer to avoid intra-abdominal collections or haematoma formation within tissues which can lead to infection and wound breakdown.



The next operation

Consultant anaesthetist Dominika Dabrowska ensures that Krishna's vital signs are within normal limits after the regional anaesthesia has been sited. She keeps the expectant parent informed and ensures all safety checks have been done before the caesarean section can begin. Krishna's husband, Khom, looks on with keen interest as he is also kept informed of Krishna's vital signs and the safety checks to ensure that he is actively involved in the care being delivered to his wife. Osaeloke Osakwe observes: "I feel it's important to acknowledge birth partners by name, while also ensuring they are included in conversations and have the opportunity to ask questions. They are present and part of the birth. This journey is their journey too."



Gentle caesarean section

Midwife Jordanne Lewis-Shodeinde assists with gentle caesarean section by taking the baby from the surgeons with sterile gloves and placing the baby directly onto Krishna's chest immediately after birth. Khom captures photographs and videos of this precious moment and mother and baby bonding is encouraged with skin-to-skin contact.



Congratulations are in order

Osaeloke Osakwe and Afnan Zuhair congratulate Khom on the new addition to his and Krishna's family. Khom smiles as he holds his bundle of joy, proudly showing the newborn baby to the surgeons, who are equally pleased with another joyful outcome.



Listening and respect

As team leader, it is important to Osaeloke Osakwe that everyone coming through the unit receives the best care possible, and that personal preferences are acknowledged and incorporated in their care. He believes strongly that it is his role to keep service users safe, valued, and respected. Therefore, he advocates for safe, evidence-based, and compassionate care for all service users but is also keen for this care to be individualised and respectful of their personal and cultural preferences and diversity. Osaeloke Osakwe explains: “My aim is to ensure that every person I interact with feels respected and heard. This includes not only the people I’m looking after but also members of my multidisciplinary team. It is important that they feel valued too.”