Asavari: Hi and welcome to ultrasounds, a podcast by OBGYN delivered. I'm Asavari.

Rachel: And I'm Rachel, and we're thrilled to have Joanne Bailey joining us again to discuss her career in midwifery. If you missed our last episode, we talked about routine prenatal care with Joanne, so be sure to check that out. But for those of you that missed it, Joanne Bailey is the director of the Nurse Midwifery Service and graduate of the University of Michigan Nurse Midwifery program. She also teaches Women's Health and the Women Studies department at U of M and her goal is to continue to hold space for normal birth in a hospital. Health setting. Her other interests include nurse midwifery, care for underserved populations, particularly women from Mexico and Central America. Joining thank you so much for joining us again.

Joanne: My pleasure to be with you all.

Awesome. So to start off, we just wanted to get a sense of how midwives and OBGYN's vary in term of what they see what practice settings they have and how their care practices differ?

J: Yeah. So that's like the $1,000,000 question really. And so perhaps because I assume most people who are tuning in here have really thought about what an obstetrician gynecologist profession looks like, I'll say that the Venn diagram of the things that we do overlaps a fair amount, but nurse midwives. Primarily take care of women and birthing families during pregnancy, labor, birth, and postpartum. And we also do routine gynecologic care. So that's most of what we do. So we do some minor procedures. Placing IUD's and some of my colleagues do colposcopies, but we very specifically do not do surgeries and so if we think about, that's one. Of the one of the big hallmarks of a different difference between the medical pathway as an obstetrician gynecologist and as a. There's midwife. What I would. Say about all of that is that the world is best when we are working together as a team and we do offer, you know, different philosophical basis and understanding of pregnancy, labor, birth and really the well woman or well person. Life course and when we work together with the team as a team with our physician colleagues, I think that's when our patients get just extraordinarily excellent. To care, we really focused on education and anticipatory guidance and in health promotion, and I looked to my physician colleagues for really helping manage complex pregnancies, the medical complications associated with gynecologic and really reproductive healthcare. And for all those surgical skills. So I would never want to practice in a setting where I didn't have wonderful obstetrician, gynecologist colleagues to provide that extended and continuum of care outside of care, that where my expertise lies. So I would say that in the my vision of it is that we work really. Closely together as a team and for those of you who have worked at our University of Michigan sites, I think we, but particularly in the birth center, you can see a lot of how that partnership unfolds. You know in what I would consider what are the optimal relationships.

R: Yeah, absolutely. And I can just speak to, I was just on a labor and delivery shift yesterday actually. And I was kind of surprised and happy to see that we actually have, like a nurse, midwife laborists who works directly with the OBGYNs And then, of course, there's midwives who see their own patients too, on labor and delivery. And yeah, it's been really cool to see how they all work together, and we're all just really just working towards the goal of giving our patients really great care. And you touched on this already, but what unique perspective do you feel that midwives bring to that care team we're discussing?

J: I think a constant reminder, obviously we're all looking for complications and like I've said before, making sure we're all providing this really robust circle of safety around our patients. But one of the

things that the middle I spend a lot of energy thinking about as well is the process and the experience. Of the patients and the family members, like really thinking about the life course model of, not only do we want someone to come through. With physical physically intact, right where mother and baby are healthy by our general normal parameters of and our expectations, but also that that process of giving birth and however the birth unfolds, that it be an empowering and. And no matter what, it's a life changing. Experience for that family, and it really rests on all of us to make sure that that's a non traumatic experience and that people come away feeling confident and capable as parents in, in the process. And so I think that what we as midwives often. Also consider is this larger picture of how do we nourish not only that physical side or the physical safety, but also an emotional and a spiritual and really family oriented perspective as well. So I you know. That requires a lot of time and intention and is really hard for many people, including midwives and physicians, and many practices to be able to dedicate that time towards that nourishment. And so I think of that interdisciplinary model really helps us frame our care. Where we're speaking to everybody's strengths.

A: Yeah, that's really awesome. And I love the focus on kind of the emotional and spiritual aspects of birth as well to make sure that the whole experience is super empowering for patients and their family. So that's really great. Can you describe your own journey in your career to becoming a midwife and what made you initially interested?

J: Yeah, it's a really interesting question. When I was or well, I think it's interesting for me, it's probably boring for you all. But when I was an undergraduate student, I felt like I had a very strong calling to serve in Women's Health. And at that time I translated that directly into being a physician. And I didn't. Didn't really even consider other health professions in. Associated with women's healthcare. So I did like many other students, I did like the Pre Med course etcetera and then I was a healthcare volunteer in Honduras in Central America for about 3 years and is still my long term plan. Have been to come back and go to medical school and I during that stint I was really exposed to all sorts of different healthcare professionals, including many people who came to volunteer from Europe and also the United. States and one of the people I worked with was a midwife from England where midwifery is much more the standard birth care compared to the United States. Like almost everybody sees the midwife, unless they have high risk complications. And spending time with her really made me think, oh, I thought midwives just attended home births and we're really functioning mostly outside of the healthcare system though, and I have to say, I've also really come to appreciate that access and the ability to access home birth, but that's different. Podcast. But I was able to when I moved back to the United States, I really looked much more seriously at Nursing and midwifery pathway as a profession that really resonated so much with my own belief structure. And so ultimately I ended up like. Having kind of both sets of applications and then chose to go in the direction of midwifery. So I did a. Second, or an accelerated program as a in undergraduate nursing or a bachelors in nursing that took about a year and a half. And then I went directly into the midwifery program from there and midwifery is in most cases or nurse midwifery in most cases is a. Masters level program, but there are some programs in the country where it's a doctorate and nursing. And I'd say that that. And really for. Me like I love my physician colleagues so much, and I'm also profoundly grateful for having found the right profession for me. So I mostly encourage people to really do some additional exploration when they're thinking that there's only one trajectory to become a women's healthcare provider.

R: Yeah, I think that's really important. And I think one, it's helpful for us to hear as we're kind of just starting our careers, you know, just about other people's paths because you kind of learn listening to a

lot of people that they might have taken a little, you know, twists and turns. I think it's also really important for people who are interested in this to or interest in healthcare in general, you know, to learn about all the possible. Careers on that because I feel like I've even in Med school so far, just been exposed to so many other professions. I had never really thought about or even knew existed like. You know, speech, language pathology, or respiratory therapists or, you know, just the wide range of people who work in the hospital. But I thank you so much for sharing your kind of personal experience. And and it's interesting that it was seemed like kind of really a late in the game decision. You had applications to medical school and midwifery. And I think that's also just helpful for people to know that, you know, it's never too late to kind of. Change your path if you feel like something is. Gonna fit you better. We'd also love to hear about any initiatives you're part of at Michigan Medicine and your. Career as a midwife.

J: Yeah. So I joined the midwifery program. 19 years ago almost, and have been director of the Midwives for the last 17, so I kind of quickly became director, even though the midwife group has really expanded and grown over those years, so other initiatives that I'm part of, so I'm. And the leadership group that directs the women, you know, the bomb Voigtlander Women's Hospital. So I sit at the table and really think about how do we shift and change our. Maternity care to provide the safest and also most satisfying care for all the families. So I'm over the years so I still have. I still have a clinical practice. I still, I love catching babies. I love being in the birth center, but I also like having the bird's eye view of how do we tweak this and that to make it the easiest possible thing to provide the most evidence based. There for example. So one of the things that. Have sort of backed into sideways as really working on that electronic medical record where you sort of tweak and work on to make it really easy to order the correct antibiotics. For example, if someone ends up needing a cesarean so trying to make the massage and change the electronic medical record. Process to help support the best model of care. Thinking about other initiatives at this point in my career, I'm really thinking about how do we share the things that have been effective for us here with other institutions. And so that's kind of where I see the evolution and where I put some of my energy is how to. How to share those best practices and? What I'm always interested in is how do you do the nuts and bolts of the best practice? It's really great to, like, read a paper that says that everybody should be doing XY and Z, but how do you change your practice to have that happen? Is it's just much harder, right? And so thinking about sharing that information.

A: Yeah, that's really awesome to hear all of the leadership experiences. You're part of the different initiatives you're part of as well. I noticed earlier we talked about some of the interests you had working in global health. I was wondering if you could talk. About that a little bit.

So a lot of that. Global health work was actually work that I did over 10 years ago and thinking about or, you know, giving some like context as I was a single parent for most of my children's, like schooling. Period. They're they're now older, 22 and 26, but I really had to move away from doing more global health outreach. So I did a lot of extended work in Honduras where I had worked as a healthcare volunteer years before and. Being a single parent, once I got stuck in Honduras. Well, once I get stuck in Honduras for like an additional 6 days beyond what I planned and I had left my kids back in the United States or, you know, back here in town with a babysitter, and that did not feel good today. And I I really shifted my life around deciding that I wasn't going to. Go places where my kids are in a different country at the same. Time and my plan had been once they transitioned to being out of the house was to move towards more global health work again, and the pandemic and all of the kind of disruption got in the way. And now I'm at a place of like, OK, well, where and how can I be? Of most service and I'm still thinking about what that is, you know? Is that just working more at the state level as opposed to just,

uh, you know, at the University of Michigan or is that getting involved more in midweek free training? In in in countries with with fewer resources and I'm just sort of sitting in the question which I guess what I'd want to say for all the people listening to the podcast is you don't have to know how it the story is going to go, right? Sometimes you just wait for it to unfold a little bit of like, how what is the next best step. Perhaps for me personally, but also for me to serve in the best way or most effective way possible, so I would just say I'm waiting in some ways for what are those next steps as I look at the. Next stages of my career.

R: Yeah, I think that's really helpful too. You know, we obviously put a lot of emphasis on like, you know, deciding your career and you know what school you're gonna go to, etcetera to kind of accomplish that. But I think just hearing. Your kind of story there, you know, actually, these decisions keep coming up over and over and over again throughout your career and you have many, you know, many options ahead of you, not just kind of at the start of your career. And so I think that's really helpful for us to think about as you know, we're in this beginning part, but there's so much, you know remaining to unfold.

J: Yeah. And I would say that. My general experience is that the windy path is the most interesting, and sometimes you know, just like a windy path, you can't see where it's going to go. You know, 10 steps ahead. You can only see the next two steps, and that's an OK space to be in one of the best. Can I tell a story? Here random story so like I said, I was this healthcare volunteer in Honduras and we would be the steady stream of. Steady stream of volunteers would come for some level stent and one of the volunteers was this physician. This internal medicine physician who had, like, the total vision, you know, like the pipeline and it was a straight pipeline like undergraduate degree and whatever Biochem or something, and then Med school. And then her residency and internal medicine and that straight on pipeline plunked her out at the end into an HMO, where she had essentially a job for the rest of her life. And she worked there for about 3 years. Others and then started looking around and was like. Is this my life you know? Is this where I wanted to go? Is this where I need to be and is who she had come to Honduras for a month? She'd taken a leave thinking that maybe that was going to give her the new inside her journey or the way in which she would feel like she was going to be able to serve. I think in general the conclusion was no, probably being here in Honduras or you know this work is not the end all be all. But I think the. The drive to, you know, here's my next step. And here's my next step was so strong that I'm pretty sure she didn't really look around of, like, what was satisfying in her life and how was a meaningful life or how to build that for herself and didn't really even have the space to think about that until she'd already got to the. And of, you know, all of this training pathway and you know, I think that was beautiful that then she was starting to explore. But I do believe that maybe she would have been best served by some other additional exploring along the along the pathway because that was certainly a moment of kind of crisis for her. Love, like who is she? And what does she want?

R: Absolutely. And yeah, I think along with that, you know your own preferences and priorities in your life change throughout too. So it's hard to, you know, set that straight path at one point in your life when you're also going to change as. A person and I think your story kind of illustrated that too. Like you'd picture yourself doing this global work and then found like with your family situation that didn't. Feel right anymore and you reevaluate it and I think that's, you know, really important for us all to do to make. We're, you know, we're getting the satisfaction out of our careers that we are ultimately, you know, want.

J: Yeah, I mean I think so. For me personally, it's the connections and the relationships with people. So that certainly with my patients and families that I care for, but also my colleagues and my broader set of colleagues. So there's lots of different ways to find joy and passion in the work. That we're doing and keeping your sense of self within that too. And for me, what is so exciting is just sort of being witness. I mean, that's why I love being with people during birth, etcetera is being witnessed to these potentially traumatic but also hugely transformational points in their lives. And so it's such an honor to be with people in that and it's and then in the end. It's not just. Patients and families. It's our colleagues, you know, so being having enough energy and intention to bear witness to all of that is, to me, very nourishing and inspires me and that. Transcends just the nitty gritty or the nuts and bolts of like the parts of work that we're doing.

R: Yeah. And our next question for you is going to be what is the most rewarding part of your job? And it sounds like you might have just answered that, but on. The flip side, what do you find challenging about your work?

J: Well, I think so. Thinking about the challenging parts besides for like really horrible situations, right, which we can all say. Are just terrible, like an unexpected intrauterine fetal demise, for example. It's just heart. Wrenching and devastating for everyone in that process or, you know, being with someone who's choosing to end a pregnancy, you know, a highly desired pregnancy. But then they got a diagnosis where then they're. Choosing to end the pregnancy and so, of course, that emotional, heart wrenching, Ness. That's like hard, but also. For me, I guess I find that sometimes that's where I can be of most service right to be present in a support and not trying to shy away from this very painful moment, I. I would say. What ends up being the most challenging is to not overextend myself right of like. Making choices of where I'm committing to provide or what I'm doing from a work perspective, what I'm doing from a social and a family perspective for myself so that I feel like I have some balance and I can be present and connected with whatever I'm doing. In general, I think we all really struggle with the just the workload demands and starting to feel like an automaton in that process as opposed to that deep connection, which is where we are so well nourished and. And you have to be well rested enough to be open to that and you have to feel like you're not neglecting your family terribly when you're trying to be present at work. So it's finding that balance that we all struggle with and the 24/7 culture. Sure, right. It's so easy to. I mean people love it when I respond to emails at 2:00 in the morning or something. But that is a. Really bad habit. So trying to be both a. Both model that balance and continually and continually find what that is. That's the hardest part.

A: Yeah, I definitely have to agree. I can definitely imagine at places like Michigan where there's so many opportunities to care for different types of patients be involved in different types of works and different settings be a part of all these different initiatives. It's really important to ground yourself and see what your goals are for your career. What priorities you have, not just in your career and in your life, kind of like you said earlier, but I really liked when you said making sure that you have the opportunity to still be connected to what you're doing and you're not like a robot essentially while you're doing your work. In other. We were also just wondering what advice you would have for someone who's interested in midwifery.

J: I mean, midwifery is interesting. Because you have to go through this two step process of becoming a nurse first, unless you're already a nurse. So I think it's really important to explore those options, to talk to people. In the profession have the honest discussions about the pros and cons for it, because

midwifery. Midwifery is still a growing. Or I would say midwifery is still not the standard of care, right? Being a midwife is such an awesome job where I feel like or a profession or career is is a way to. It's a way to practice autonomously, but also in a team based model and to provide just amazing supportive care for families. And I would never do. I personally would never. I never wish, oh I should have done some other pathway and thinking into tapping into midwifery. As far as that that age-old? Old career or the age-old rule of supporting other birthing parents during the labor process, and that is the core of midwifery of being that companion and support and even you know, the Latin, the Latin root of obstetrics actually is midwifery, so. So it's really this like fundamental profession as far as being with people during pregnancy, labor and birth.

R: Yeah. And it's also just cool to hear those little bits of history, you know, for anyone who's interested in in reproductive healthcare. Just good to know where it all came from and kind of the roles and directions it's taken. Thank you so much for sharing so much of your personal experience with us, Joanne. I think it's really awesome to hear and we'll be very appreciated by our listeners and to our audience. Thank you for tuning in. Subscribe to ultrasounds wherever you get your podcast. For more high yield topic reviews and recent news, you can follow us on Instagram or Twitter at OBGYN_delivered, or find more topic review, outlines and free question banks at our website, www.OBGYNdelivered.com. And always remember we put in the labor so you can deliver.