The previous two articles on this topic explored some of the issues around the advantages and disadvantages of habits, customs and traditions and took a backwards look in order to see how some traditions developed. In some cases, traditions have grown from customs which were eminently logical at the time of creation but, as environmental and other changes occurred over time, they have become illogical, unnecessary or even potentially harmful. This final article exploring this area considers one of the trickiest issues in midwifery; how we can improve practice by looking at whether our habits are beneficial.

The Daily Clash of Theory and Habit

Right now, somewhere in the world, there probably exists a midwife who is being challenged by a student. The midwife has just done something (almost certainly with good intentions) that the student thinks may not be the ‘right’ or ‘best’ way of doing it. Perhaps the student learned something different from a lecture, book, tutor or previous mentor. The student is passionate about being with women and also has the best of intentions; the midwife, however, may well feel threatened by the challenge.

We can all feel threatened when challenged about our habits, for lots of reasons. Although we can value someone as a person while being less certain about the value of an aspect of their behaviour in a particular situation, this distinction may be forgotten by one or both people in the midst of conversation. On a practical level, we have busy lives (especially in practice) and there is often enough to do without having to continually think about why we are doing something and debate the relative merits of other ways of doing it. In any case, many practice-related habits are too complex to be easily labelled as “good” or “bad” and, even if you somehow find time to think about all of this, popular wisdom says it takes a month to acquire a new habit. It’s a wonder that anything ever changes!

Why have we always done it that way?

So, humans develop habits in order to save time and make life easier and more ordered. Habits are not intrinsically bad but we all probably have habits that could benefit from being reconsidered. While there is a sense in which taking time out to think about habits and customs on a regular basis sort of goes against the whole reason for developing them in the first place, I believe that there can be huge value in looking at our habits, whether this is as a result of being challenged or because we are looking for ways to improve our practice.

So how and where do we start? Some of the most common habits that we develop as midwives include:

- Developing a ‘patter’ of things we say at certain times; when handing out a leaflet about the triple test, when giving information about an intervention such as vitamin K or as we prepare for an abdominal examination.

- Doing or arranging things in a particular way; laying out a delivery pack in a particular order, taking notes during handover in a set format or teaching something in the same way to every student.

- Performing hand skills (such as taking blood or giving injections) the same way every time or asking each woman to get into a particular position each time we carry out a vaginal examination.

- Writing ‘set pieces’; when we record the results of an examination or the details of the birth, third stage and early postnatal period.

All of these habits confer benefits in that they save us time and enable us to work efficiently, yet the potential downsides include that we may not be placing as much emphasis on individualised care as we think we are, that we miss opportunities to improve what we are doing or that we may omit important details. As I discussed last month, it is sometimes possible to trace the story of how a habit developed over time, and doing so may sometimes cause us to realise that the habit is no longer useful. (Or it may cause us to realise that it remains very useful!)

Some of the most important things that we can ask ourselves include:

- Why did I begin doing this? (The initial reason may have passed).

- Is this useful, beneficial, kind and / or supported by evidence? (However, many of the kindnesses that midwives do for women, such as mopping hot brows, have not been researched, so there is a need to be discerning here!)

- Is this in alignment with the ideals I hold as a midwife?
That last question is, to me, perhaps the most important message. We are all trying to do our best, and habits, customs and traditions are only human. No-one is perfect, and I don’t know of one midwife who would claim to be. I also don’t think there is any shame at all in realising that we are doing something that is not in alignment with our ideals only because we have always done it that way. The key, I feel, is in being able to smile at our humanity and see if we can’t find a better habit to adopt in time for the next generation of students to challenge!