THE MAGAZINE OF THE ROYAL COLLEGE OF MIDWIVES

midwives

VOLUME 25 / JANUARY 2022

midwives

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4 LDPE Recycle your magazine's plastic wrap – check your local LDPE facilities to find out how.

RCM Board chair Giuseppe Labriola discusses its role and importance

Welcome

The board has a vital role to play in ensuring the RCM is a strong, vibrant organisation that meets its strategic objectives. We do this by setting out our vision and strategy – and ensuring that, day in and day out, the RCM performs against this.

All members of the RCM board are working in midwifery or support worker roles, and are elected by RCM members. We each bring different perspectives from our professional lives and by speaking to midwives and maternity support workers in practice. This is so important as you, our members, are at the basis of all our decision-making.

We use this information to draw up strategic plans and goals with underpinning priorities. RCM staff expect the board to scrutinise what they do, to challenge appropriately and to feed in new ideas. The board has a particularly important role to play in ensuring that the RCM remains fit for purpose in a rapidly changing world.

For me, it has been an exciting and challenging two years since being appointed as chair. In that time, I've supported new board members, worked with chief executive Gill Walton, helped strengthen the board's engagement with the executive team and, of course, faced the challenges that the pandemic has brought for all of us.

My role as chair is to provide leadership of the RCM board and ensure it is effective in all aspects of what it does. What this means in practice is promoting a culture of openness and debate – encouraging engagement in board meetings, and drawing upon board members' skills, experience and knowledge.

We endeavour to do the very best for RCM members

A typical meeting involves a review of the risk register, looking at how the RCM is delivering on its strategic goals. The board reviews finances to ensure that members' money is protected and that the RCM is in the best shape. The meeting typically features an update from its various committees that each board member chairs – for example, audit and risk, or the pensions committee.

The board also requests updates on strategic topics – last month, we heard about the work the RCM is doing for leadership. In future months, we will focus on continuity of care and maternity support workers. I think I speak for all of the board when I say that this is a responsibility we feel keenly, and we endeavour to do the very best for RCM members.

coming soon

RCM conference

4–5 October 2022 – ICC, Wales

RCM's annual conference returns for an in-person two day event across 4–5 October 2022 at ICC, Wales!

We are looking forward to coming together to discuss, share and celebrate the midwifery profession revelling in the opportunity to support each other, share stories and experiences and look forward to the future.

Royal College of Midwives

To register your interest for the 2022 conference, visit our website

rcmconference.org.uk

midwives

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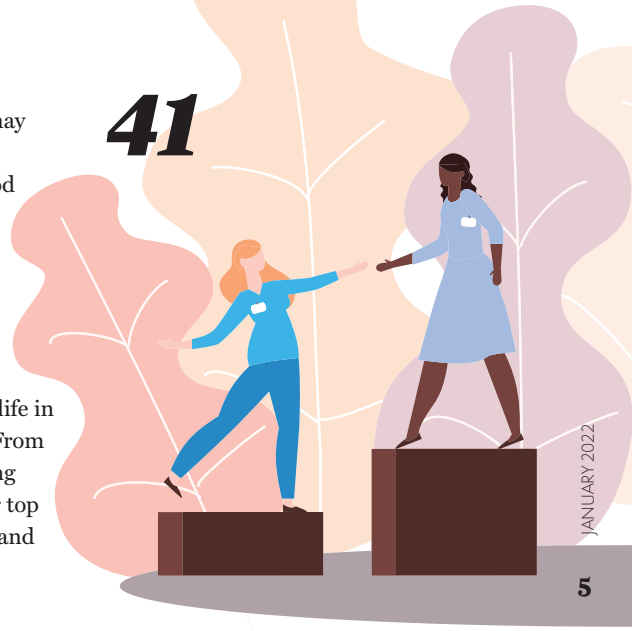
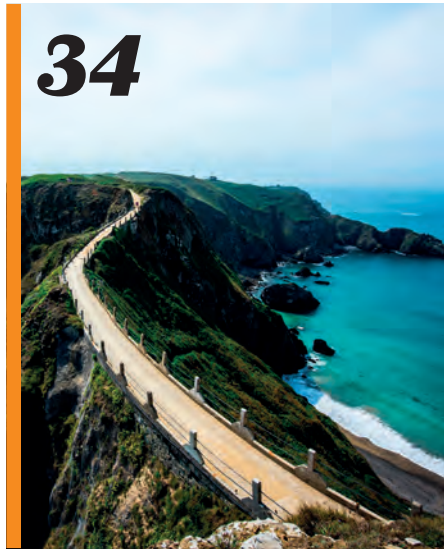


Caring for you

External submission

News

The longer read



Voice of...

Talking point

Refresher

Voice of a mother

In brief

YOUR PROFESSIONAL MIDWIFERY NEWS

NICE revises labour guidance

NICE has published updated guidelines on inducing labour that no longer propose induction at 39 weeks to groups at higher risk of complications, such as Black, Asian and minority ethnic women and those needing assisted pregnancy.

Many organisations (including the RCM) wrote to NICE to object that evidence to support such a recommendation is lacking; blanket 'offering' of induction at 39 weeks to Black, Asian and minority ethnic women was tantamount to racism; the perceived pressure would be distressing to women; and that there is inadequate data on the longer-term impact on babies and parents.

The revision has been welcomed, though current guidance is still to offer induction as long as women are well informed. Elizabeth Duff, NCT's senior policy advisor, said it was highly questionable whether staffing levels in maternity care allow time for women to ask questions. "It is extremely important that pregnant women and their partners feel in control of decisions about their care."

View the new guidance at nice.org.uk/guidance/ng207

READ
The annual NHS Maternity Statistics, England, 2020-21 can be read at bit.ly/MaternityStats20-21

one to watch

SIGN
Sign the petition calling on the health secretary to take urgent action to tackle the maternity crisis and prioritise investment in maternity services at bit.ly/MaternityPetition

WATCH
Missed the National Maternity Safety Conference? Watch it here for £10: vimeo.com/ondemand/matsafety2021

Pregnancy-related deaths

Stark statistics

The MBRRACE-UK *Saving Lives, Improving Mothers' Care* report 2021 focuses on 2017-19, where 191 women of a total of 2,173,810 women giving birth in the UK died during or up to six weeks after the end of pregnancy from associated causes.

Heart disease remains the leading cause of death, followed by epilepsy and stroke, sepsis, and thrombosis/blood clots. Maternal suicide remains the leading pregnancy-related cause of death over the first year after giving birth. Women living in the most deprived areas are twice as likely to die than those in the most affluent areas. The report also shows the continuing gap between the mortality rates for women from Black, Asian, or minority ethnic backgrounds and those from white backgrounds. Mortality rates among Black women are four times higher than those for white women, and roughly twice as high for women from an Asian or other minority ethnic background.

RCM director for professional midwifery, Dr Mary Ross-Davie, said: "It's crucial that clinicians are aware of this increased risk and have a low threshold for assessment or admission of Black, Asian, or minority ethnic women to ensure they receive the appropriate assessment and specialist care." She also noted the RCM has long called for specialist perinatal mental health provision in all trusts and health boards, and that the report had again highlighted why it was vital.

Angela McConville, NCT's chief executive, said it again showed: "the stark effects of socioeconomic and ethnic backgrounds on pregnancies."

She added: "MBRRACE-UK researchers found that in 67% of these cases, improvements in care could have made a difference to the outcome."

Government appointment

New chief midwife for Scotland

The Scottish Government has announced the appointment of Justine Craig as the new chief midwifery officer for Scotland.

Commenting on Justine's appointment, Jon Skewes, RCM executive director for external relations, said: "The RCM knows Justine well and we are delighted to hear of her appointment. The timing of Justine's appointment is also fortuitous as the RCM has appointed Jaki Lambert as its new director for Scotland starting in early 2022. I am sure Jaki will also welcome this announcement and will look forward to working collaboratively and constructively with Justine for the benefit of women and maternity staff."

SUBSTANCE ABUSE

A survey of 623 midwives has revealed just over a quarter have turned to drugs and alcohol, 10% admitted they have attended work under the influence of alcohol and 6% under the influence of drugs. Coventry University's Dr Sally Pezaro and Dr Gemma Pearce, Nottingham Trent University's Dr Karen Maher and Birmingham City University's Dr Liz Bailey collaborated on the research, which found:

- Problematic substance use occurred in response to work-related stress and anxiety, bullying, traumatic incidents and the need to function as a midwife
- Barriers to seeking help included fear of repercussions, shame, stigma, practicalities and a perceived lack of available or required support. While 11% of those affected said they had sought help, 27% felt they should seek help but have not
- 37% indicated concern about a colleague's substance use.

Dr Pezaro said: "This data should make people stand up and listen to the plight of midwives." She is now researching whether COVID-19 has exacerbated this problem.

More at bit.ly/MidwifeSubstanceSurvey. Take part in the new research at bit.ly/SurveyTakePart

TOMMY'S LAUNCHES PREMATURE BABY APP

Pregnancy charity Tommy's has created a free app, called My Prem Baby, to support parents through premature birth, from finding out they are at risk to bringing their babies home. The app was developed with parents and experts. It features:

- Personalised content each week
- Mood tracking to help counter the risks of postnatal mental health
- Weight logs to track the baby's development
- Feeding logs and timers
- Shareable diary entries to keep loved ones updated
- All the latest findings from Tommy's researchers
- Expert information and impartial advice
- Real-life stories from other families.

My Prem Baby is free to download from the Apple and Android app stores.
Visit tommys.org/myprembaby

CORRECTION

In *Midwives'* November 2021 issue, in Rebeccah Davies' welcome, it was reported that MSWs from her trust would be doing apprenticeships in Bristol. This was an error: they will be attending Birmingham City University. We apologise for any confusion that was caused.

Clinical trials

New pregnancy trial guidelines

A new grading system to improve safety during clinical trials involving pregnant women has been co-developed by University College London (UCL) researchers and an international team of experts. Published in *Prenatal Diagnosis*, the new severity grading system, known as MFAET Version1.0, has key definitions and responses for adverse events (AE) that can occur in trials.

The paper highlights that recording and reporting AEs using standardised grading allows for better comparisons of safety data between clinical trials. For first-in-human or early-phase trials in particular, the grading is vital to determine what dose of medication can be safely offered.

UCL's Professor Anna David, who led the research, explained: "For example, the pandemic meant pregnant and lactating women were excluded from many clinical trials around COVID-19, leaving an information vacuum. This means that women and healthcare providers have to make treatment decisions without appropriate safety information."

The definitions have been adopted by the Medical Dictionary for Regulatory Activities and it is hoped they will be used in trials and by industry and other regulatory authorities.

Miscarriage

A new hope

NICE has published updated guidance on miscarriage, stating that women at a high risk of pregnancy loss, including those experiencing bleeding in early pregnancy and those who have experienced at least one miscarriage, should be offered the hormone drug progesterone.

NICE chief executive Professor Gillian Leng said: "The research evidence is clear that progesterone will not be able to prevent every miscarriage, and therefore our committee has called for more research to be carried out in this area. However, it will be of benefit to some women and as an inexpensive treatment option can be made available to women on the NHS from today."
Read more at nice.org.uk/guidance/ng126

MIDIRS *Digest*

1 A cultural lens on Shared Decision Making (SDM), Sarah Esegbona-Adeigbe

2 Examining the relationship between pregnant women more likely to be affected by severe COVID-19 and uptake of vaccination in pregnancy in the UK, Alice Allen

3 For low-income women receiving prenatal care, race matters, Lindsey Garfield, Dina Tell, Lisa Masinter et al

4 Exploring the birth stories of women on the autism spectrum, Laura Foran Lewis, Hannah Schirling, Emma Beaudoin et al

5 Women's experiences of planning a home birth in mid- to high-income countries: a systematic review protocol, Maria Healy, Olufikayo Bamidele, Patricia Gillen

The above papers are published in *MIDIRS Digest*. Access them at www.midirs.org

Some *Evidence Based Midwifery* papers are reprinted in MIDIRS Digest. Visit bit.ly/EBMJournal

midirs

IMAGES: ISTOCK / ALAMY

Fetal transmission

COVID-19 in the womb

Unborn babies could become infected with COVID-19 if their gut is exposed to the virus, finds a new study published in *An International Journal of Obstetrics & Gynaecology*, and led by University College London (UCL) researchers with Great Ormond Street Hospital for Children and the National Institute for Health Research Great Ormond Street Biomedical Research Centre.

Although the study did not look specifically at mothers with COVID-19 and transmission to an unborn baby, it found that certain fetal organs, such as the intestine, are more susceptible to infection than others. The researchers say that opportunity for the virus to infect the fetus is extremely limited as the placenta acts as a highly effective shield, and highlight that the biggest risk to the fetus is if the mother becomes very unwell with COVID-19, which could lead to preterm birth.

UCL's Professor Anna David, who co-authored the research, added: "Vaccination against COVID-19 is known to be safe in pregnancy and reduces the chance of infection to very low levels. The results of this study provide definitive information regarding the susceptibility of the fetus to COVID-19 infection. Our findings support current policy that vaccination is the best way for mothers to protect their unborn baby from COVID-19."
Read more at bit.ly/CovidUnborn

Private healthcare

Going private

An *openDemocracy* survey of nearly 7,000 people and 500 NHS staff has shown an alarming increase in the number of people opting to pay for private treatment rather than face longer waits – and in many cases, NHS staff have advised them to in the face of unprecedented demand, mounting staff shortages and cuts to NHS services.

Forty per cent of respondents were told the NHS can't offer them the treatment they need. Half of these said an NHS worker then told them they would instead have to pay privately for the treatment they needed. Most of the NHS staff responding (68%) said the problem had got worse in the past decade, with only 12% blaming the pandemic. Ninety-eight per cent of the frontline NHS staff who responded said they had felt worried that a patient's health would deteriorate due to the waiting time for an NHS treatment.

Thirty-eight per cent of patients said an NHS worker had told them they'd get seen more quickly if they accepted a private healthcare referral. Nearly three in five frontline NHS workers said they'd had to refer patients to an NHS-funded private provider. Of these, 70% had misgivings, but felt they had little choice.

OpenDemocracy said this demonstrated the critical need to invest in the NHS quickly and redress problems over staffing, which have been building for years and will take years to resolve. Pressure group Doctors for the NHS said: "Privatisation is happening one worried person at a time."
Read at bit.ly/OpenDemSurvey

What's on?

JAN
National Walk Your Dog Month: get active to keep the winter blues at bay

JAN
Dry January bit.ly/NoDrink

3 JAN
Festival of Sleep Day, acknowledging the importance of rest

17 JAN
Samaritans' Brew Monday: a virtual get-together to make time for a chat bit.ly/SamaritanBrew

1 FEB
LGBT+ History Month begins bit.ly/LGBTHist

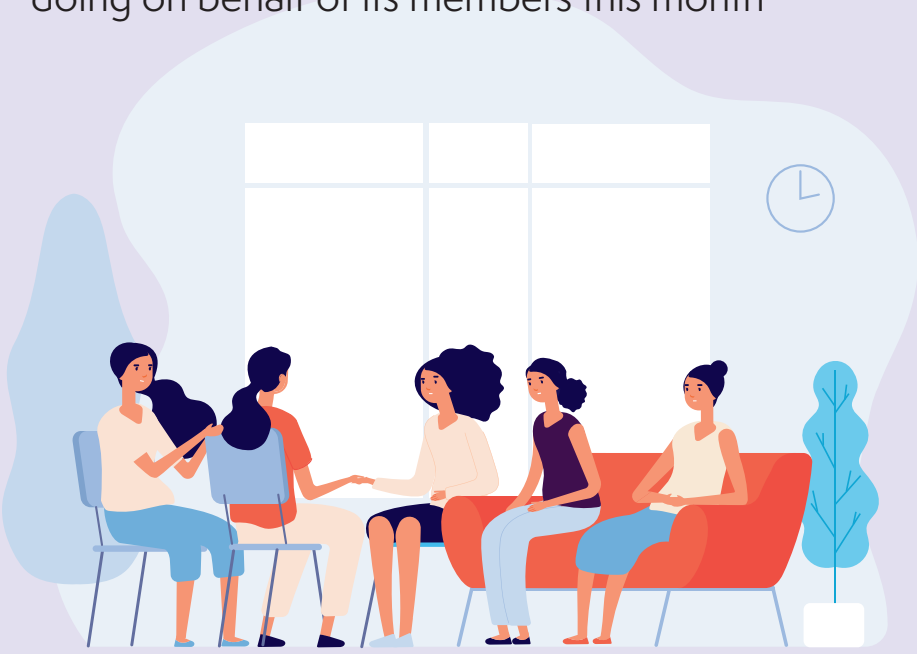
1 FEB
Dignity Action Day for care services workers bit.ly/DAD2022

6 FEB
Time to Talk Day: talking about your mental health is more important than ever

7-13 FEB
Sexual Abuse and Sexual Violence Awareness Week #itsnotok bit.ly/SAbuseAwareness and bit.ly/SAbuseCampaign

Working for you

Here's a round-up of what the RCM has been doing on behalf of its members this month



Re:Birth update

At the end of 2021, the RCM held a series of listening groups to discuss the attitudes to different types of birth and the language used for each. For example, terms such as 'normal birth' to describe a straightforward physiological birth may be commonplace professionally, but for women and birthing people the term carries a judgemental implication.

Five listening groups of 10 people (midwives, obstetricians and service users) conducted two-hour sessions to discuss the implications of different terminology.

The data from those meetings is now in the qualitative analysis phase and there are plans to hold more listening groups with students and lesser heard voices such as asylum seekers and refugees, as well as service users in mental health support groups. There will also be a survey for service users and professionals,.

As Mary Ross-Davie, RCM director for professional midwifery, says: "This is to really try to pin down the specific language that's used. The RCM is also undertaking a literature review to look at language use and its context. We're looking at how the risks and benefits of different types of birth are presented to provide a consistent reference for professionals." The Re:Birth project's findings will be released in March.

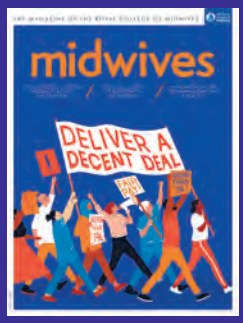
CQC STATE OF CARE REPORT

Value NHS staff and invest in them and the services they work in said the RCM in response to the CQC's State of Care report in October.

Gill Walton, RCM chief executive said: "Years, if not decades, of underinvestment in maternity services and the wider NHS have left the service and its staff buckling under the weight of the demands on them. Prior to the pandemic, staff shortages and the lack of adequate funding were already chronic. COVID-19 has exposed more issues, placed more pressures on staff and has further affected existing staff shortages. Undoubtedly the pandemic has exposed starkly and brutally how precarious our health and care services are.

"This government and future ones must value staff, they must value the work they do, support their health and wellbeing and invest in them and the services they work in. Our NHS is as good as it is, despite the lack of resources, because of the efforts, dedication and goodwill of its staff. However, years of understaffing and the effects of the pandemic have left many of them burnt out, fragile, exhausted and demoralised. This has been worsened by the government's late and inadequate pay award, which sent a clear message to NHS staff that they are not valued by the government. Our NHS needs urgently needs more staff and a significant injection of money and resources to stop it collapsing altogether and it make it fit for future."

Midwives goes digital, again
After the success of *Midwives'* first-ever digital issue in July 2021, we will now run a digital issue in July 2022. Not only will this mean that the content is bang up to date but it's a leaner, greener way to get your midwifery news and views. To receive your copy, remember to update your details with RCM Connect and 'opt in' to email contact.



SMF and MidSocs
The Student Midwives Forum (SMF) is excited to pilot a new way to engage with midwifery society committees throughout 2022.

The SMF aims to provide a networking opportunities to MidSoc committees. It will enable them to communicate with other MidSocs, share best practice and be in direct contact with individual SMF representatives.

The pilot will be supported by RCM staff and will take place in Scotland as well as the North and South of England. So, if you are a MidSoc committee member based in any of the areas mentioned above, do get involved.

STAY UP TO DATE
Contact the RCM on 0300 303 0444, email *enquiries@rcm.org.uk* or update your details via the My RCM portal

RCM in brief

Equality

We are turning the tide

The *Turning the Tide* report published last year highlighted historic and endemic inequalities faced by Black, Asian and minority ethnic healthcare professionals in the NHS. Among the report's recommendations was a call for support through a mentoring programme, something to which the RCM responded, as part of its Race Matters and Caring for You initiatives, working with *Turning the Tide* report author Dr Gloria Rowland to develop a mentoring programme.

The RCM's mentoring scheme will offer experienced NHS professionals (maternity and other) from different leadership and management positions, as mentors. The platform will then help to pair up midwives and MSWs of colour with a mentor. Mentees will review the mentor profiles on the platform and approach the one they feel can help and support them. Each pair will then decide how they want to progress – it's expected they will meet for one to two hours over six to 10 sessions, spread over six to 12 months. Some basic guidance and rules around how it will work for each mentor and mentee will be in place, along with resources to set learning and development.

Suzanne Tyler, RCM executive director for services to members, said: "Mentoring helps career development, enhances skills and experience, and widens the networks that staff can go to for more advice and support. We must see changes in the culture of the NHS to have real equity and equality. This means eradicating racism and removing the barriers to career development and progression that these staff face.

"There is a dearth of senior leaders of colour in maternity and we hope this mentoring programme will be a catalyst for positive change for these staff and the wider NHS."

Initially the mentoring scheme is open to Black, Asian and minority ethnic midwives and MSWs, but there are plans to widen this to all midwives and MSWs in the future. The platform will also link to other RCM resources that support career development such as its online learning platform i-learn.

Appointments

New RCM director for Scotland

Scotland's professional advisor for midwifery and perinatal care, Jaki Lambert, has been appointed as the RCM's new director for Scotland. Jaki will start in the role in February 2022.

Jaki said: "I am delighted to have been appointed to this role, because I am driven by a belief in midwifery and the impact midwifery care has on lives. I am looking forward to representing the voice of midwives and maternity support workers across Scotland to promote midwives' contribution to safe, high-quality maternity care that is key to the future health of Scotland.

"I want to see midwifery develop with a clear career pathway, strengthened leadership and succession planning and a recognition of the role of the midwife in changing lives. I also want to take this opportunity to recognise the dedication of midwives, maternity support workers and their colleagues across Scotland who have continued throughout the pandemic to provide an essential service."

Jaki who lives in Argyll and Bute, brings a broad wealth of experience from almost a quarter of a century as a midwife and has a master's degree in public health. Currently she is the professional advisor for midwifery and perinatal care in the Scottish Chief Nursing Office's Directorate. She has worked across many areas of midwifery including senior positions in education, research and management and latterly standing in for Scotland's chief midwife.

Jon Skewes, RCM's executive director for external relations, said: "Jaki's appointment is a real coup for the RCM and for our members across the country. She has a deep knowledge of maternity and midwifery and will be a real champion for midwives and maternity support workers professionally and the trade union. She has had a key role in supporting and steering Scotland's maternity services and staff through the pandemic, and she brings that incredible drive and determination to her role at the RCM."

Continuity of carer

Saving lives

In response to the MBRRACE-UK *Saving Lives, Improving Mothers' Care* report 2021, Dr Mary Ross-Davie, RCM director for professional midwifery, said: "This report is tragic, but there is much learning that can be taken from its recommendations if we are to achieve a reduction in maternal deaths. Working with the RCOG and other partners, the RCM is committed to improving the safety and quality of maternity care.

"We know that continuity of carer significantly improves outcomes for all women from all backgrounds, particularly those in areas of high socioeconomic disadvantage. However, the current shortage of midwives in England means the delivery of continuity of carer is a huge challenge. That's why the RCM has called for more investment in recruiting and retaining staff so this can be implemented safely."

MISCARRIAGE CARE

A consultation on new miscarriage care guidelines has been launched by the RCOG.

Commenting on the consultation, Dr Mary Ross-Davie, RCM director for professional midwifery, said: "Miscarriage is, unfortunately, a very common and often traumatic experience. We have heard too long from too many women that the right care and support has not always been in place for them at this difficult time. Services in this area, like many others around pregnancy and other areas of women's health, do not have the funding and resources to do this as effectively as they should and that needs to change.

"Unfortunately, some women go on to have more than one miscarriage. It is vital that we do all we possibly can to reduce the chances of miscarriages and recurrent miscarriages happening. The type of service and support for women outlined in this draft guidance should go a long way to address this."

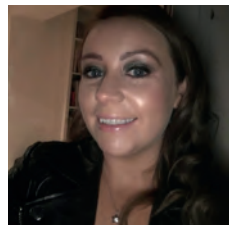
Student midwives

Welcome to the SMF

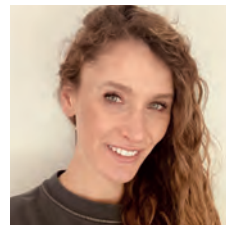
Lucy Richards

Ashley Sandsmith

Leah Underwood



Shauna McCabe



Melanie Harington

The RCM Student Midwives Forum (SMF) debates and discusses issues affecting student midwives at local and national levels to inform the work of the RCM on behalf of student midwife members.

The forum's objectives are:

- to identify and debate issues of interest and concern to student midwives and agree the course of action
- contribute to and actively support the development of formal links between university midwifery societies, RCM branches and the RCM
- to be the face and voice of student midwives in all RCM communications and actively encourage contribution from midwifery societies.

The 10 SMF members represent each country and region: four from England and two from each of the Celtic countries. Members serve for two years or until graduation. This year we are delighted to welcome new members:

Lucy Richards, University of South Wales, representing Wales
Ashley Sandsmith, Canterbury Christ Church University, representing England South
Leah Underwood, University of Central Lancashire, representing England North
Shauna McCabe, Queen's University Belfast, representing Northern Ireland
Melanie Harington, Queen's University Belfast, representing Northern Ireland.

They join continuing members:
Morgan John, Cardiff University, representing Wales
Renée Bull, Swansea University, representing Wales
Helen Kaye, University of the West of Scotland, representing Scotland
Alice Allen, Edinburgh Napier, representing Scotland
Lisa Rollinson, De Montfort University, representing Midlands and East England
Enitan Taiwo, University of Greenwich, representing London
Jade McCombe, Queens University Belfast, representing Northern Ireland.

We bid fond farewell to:
Fiona Howard, University of Plymouth, representing England North
Jo Williams, University of Bradford, representing England South
Ella Simpson, Queen's University Belfast, representing Northern Ireland.

The SMF and the RCM would like to thank you for all of your hard work as part of the SMF and wish you well in your next steps.

2021 has been an active year for SMF. It ran a series of student-related webinars, chaired at the RCM annual conference, and ran an active social media SMF network as well as raising themes and trends on behalf of student midwives with the RCM. These issues were acted on – one example is the RCM-produced Q&A in the student section of the website.

As we bid farewell to serving SMF members, it's important to note that this isn't the end. Once SMF members graduate and leave the SMF forum, they are invited to be part of an SMF alumni group. While this is still in its infancy, it is hoped that the RCM can learn from their transitions through NQM and preceptorship and beyond, to understand how best to support these members.

MIDWIVES STUDENT MAGAZINE

From March 2022, not only will all student members only receive the magazine digitally, but the SMF will also take over its own section in the digital issue. This is for student members to raise issues they are facing, share tips and hints and support each other on their journey into midwifery. If you would like to submit features or get involved in shaping the content of the SMF pages, please email rebecca@midwives.co.uk

IMAGE: SHUTTERSTOCK

Fighting for your future

The RCM has come a long way in 140 years and, while there is much to celebrate, the focus is firmly on what's still to be achieved

What is now the Royal College of Midwives was created in 1881, when Zepherina Veitch, a midwife at the British Lying-In Hospital in London, and Louisa Hubbard, the editor of a women's journal, *Work and Leisure*, set up the Matron's Aid or Trained Midwives Registration Society, intending to "raise the efficiency and improve the status of midwives and to petition parliament for their recognition".

Its name was changed in 1886 to the Midwives Institute, to show that it was also intended to promote education and training for midwives. Midwife Rosaline Paget organised the first-ever series of lectures at the College. She helped found its library, a club room and the journal *Nursing Notes* to boost professional discussion and membership.

In 1902, the first Midwives Act for England and Wales was passed. The Central Midwives Board became custodian of the Midwives Roll, to prevent unqualified or unregistered women from practising midwifery. An employment register was created, and the Midwives Act of 1936 gave control of a salaried midwifery service to local authorities.

The organisation became the Royal College of Midwives in 1947 and was the main provider of five-yearly residential refresher courses for midwives, developing teaching and courses in clinical practice.

After the Second World War, there were big changes in the organisation and provision of maternity services, including more hospital births and the increased use of medical intervention. After the introduction of the Industrial Relations Act in 1976, members voted to become a trade union as well as a professional organisation. The RCM had become the voice of midwifery.

A 21st-century trade union

Jon Skewes is the RCM's executive director of external relations. He joined the RCM as head of industrial relations in 1999, following HR director and national officer roles in a central London college and in Unison; he will retire at the end of April 2022 after 23 years with the RCM.

He has overseen many key advances

The RCM had become the voice of midwifery

of the RCM in its journey to its current role as a 21st-century trade union. He helped to negotiate Agenda for Change, which achieved much higher grading for midwives in 2005 and gave midwives parity with other groups, including health visitors.

The RCM negotiated a job evaluation scheme that underpins the grading of everybody in the NHS, based on job worth and on the principles of equal value between men and women, based on over 90 test cases. Other achievements for the RCM include a recent review of the pay system, the introduction into membership of maternity support workers in around 2010-11, and affiliation to the TUC in 2015.

Another key moment for Jon was 2014, when the RCM took its first industrial action in England and Northern Ireland – and won. The NHS Pay Review Board had recommended a 1% pay rise for NHS workers. Jon notes that the then health secretary Jeremy Hunt, "right at the height of austerity, only added the 1% to people at the top of every pay band, but not to everybody else who were working their way up the pay bands. I think members felt so antagonised, undervalued by that action, that they decided that they would take action for the first time in the history of the RCM.

"And it was hugely successful. The image of people on strike is maybe a coal miner with a donkey jacket on. But this was women with cake and dogs and babies singing and being quite joyous, but also making clear points that they weren't to be played around with, that the kind of trust that is implicit in NHS employment between them and the government had been broken, and that they weren't going to stand for it.

"It was done in a way that didn't put at risk any pregnant woman or her family. And we know – because we were polling while we were doing it – that the popularity of midwives went up during that period."

Time to act

Jon was deeply involved in influencing the government to increase the number of midwives and MSWs. There is currently another pledge from the NHS to boost numbers by about 2,000, he says, because as the complexity of practice increases so does the need

for more midwives. "The demands of continuity of carer and safety that have been identified in various reports about failing services and improving outcomes, have meant that the demand has grown and it's been the RCM that secured those pledges from government for more midwives.

"But the experience of COVID and of coping with this horrific pandemic, if you're a clinician in the NHS, means that our members don't feel very valued." Recent surveys have shown that 57% of midwives think that they might leave the NHS. "That figure has risen beyond anything that I've ever seen in my career to date," he says.

From summer 2021, numbers employed began to fall. "It's really time to act. We now think that the shortage of midwives is so great that they should be qualifying for recruitment and retention premia, so we'll be working towards that. We've also just completed an agreement on flexible working with NHS employers.

"I sit on the TUC general council on behalf of the RCM and I think that we are seen as a modern, go-ahead, pragmatic, effective, really well-managed, well-led organisation. So if I played a role in that, I think that's great. It's time to hand over to other people who will be equally as good, if not better. I'd like to see the RCM take on an even bigger leadership role across the NHS, working with other people, as we're starting to do, like our relationship with baby care charities, with the RCOG, with other unions. I have loved my time at the RCM and I think we have the best members, activists and staff.

"I have no doubt the RCM will be a force to be reckoned with and I will always be a fierce supporter."

The RCM will continue to be a force to be reckoned with

As Jon notes, the fight is on for the next pay deal, to improve pensions and the working lives of members, and to boost the numbers of midwives – it's a crisis facing midwifery services that has been exacerbated by, though not caused by, the pandemic – and it's a fight that the RCM is asking members to back. Whether that's marching in the streets or meeting your local MP, it's vital that you make your voices heard.

Deliver a decent deal

2020 and 2021 saw pushback against a bitterly disappointing pay offer of 1% in England and Wales from the Department for Health and Social Care. RCM in Scotland had managed, through negotiations with other Scottish trade unions and the Scottish government, to secure an offer of 4%. Scotland's outcome showed that pay restraint is a political choice, not an economic necessity and the RCM wasn't standing for it in England and Wales.

The RCM used all avenues available to make the case to politicians across the UK to get their support and put pressure on the government. It wrote to members of the UK and Scottish Parliaments, members of the Senedd, the Northern Ireland Assembly and to the prime minister directly, raised motions to the annual Trades Union Congress and joined forces with other NHS trades unions to lobby members of Parliament to secure the support of 106 MPs for a motion backing a "meaningful pay rise" for NHS staff.

The RCM takes its first industrial action in 2014

NHS workers march to demand that the goverment delivers a decent deal on pay

In January 2021, the RCM submitted its evidence in detail to the Pay review Body. The evidence included the lived experience of those midwives and MSWs trying their best to deliver safe care to women and their families in a service that is struggling with long-standing staff shortages. The statistics painted a dire picture where 83% didn't feel their service had the right number of staff to operate safely and 40% regularly work additional, unpaid overtime just to keep services running. What followed was a summer of lobbying MPs under the banner of Deliver a Decent Deal. The government took the Pay Review Body recommendation and in July awarded 3% pay rise, backdated to April 2021.

As Jon notes, it shows the importance of working with other professional bodies "to speak truth to power and translate anger into solutions" and the importance of the RCM in communicating with members in the workplaces, in the staff rooms, on noticeboards or in person, to take action.

Making a stand

March with Midwives are supporters of midwifery that want to highlight the crisis in maternity services. What started with one social media post asking "Who would march with me?" saw thousands of people join more than 70 vigils across England, Scotland and Wales calling for urgent action to the midwifery staffing crisis. The media attention showed that there is a lot of power in midwives using their voices.

Another great example is Cheryl Samuels' petition to Sajid Javid to solve the staffing crisis with investment - urgently. The petition (at the time of writing) has nearly 120,000 signatures and is the most signed petition on Change.org (sign the petition at **bit.ly/MaternityPetition**).

The voices of midwives and MSWs – either through actions such as marches, petitions, member surveys, the activists network and direct contact with MPs – add weight to the arguments and will help the RCM to achieve change. Overleaf are just some of what the RCM was able to achieve for its members in 2021.

Royal College of Midwives

supporting midwives and mSWs

From negotiating on pay to developing advice and guidance to keep you safe through COVID, the RCM continues to support its members to practise safely and professionally, standing up for them and standing with them at all times. Here's a small selection of what we did in 2021.

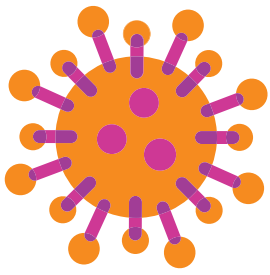
From legal representation to training, we deliver RCM products and services that offer value for money and meet the needs of our members.

37
presentations given on pension changes to RCM branches

£250k
Secured in compensation for our members

£500k
spent on legal support for members

988
members supported through local and NMC processes



25
professional briefings produced, including 16 relating to COVID

854
events held, including five virtual conferences

Armed with input from our members, the RCM secured an increase in the baseline pay offer, and highlighted the challenges in maternity services, creating headlines and triggering high level discussions.

2,082
media interviews

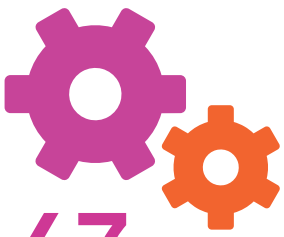
13,234
mentions in the media

Responded to
65
consultations

Responded to
12
parliamentary and government calls for evidence

The RCM is at the heart of debate and decision-making. Whether on social media or the corridors of power, we actively build networks, alliances and partnerships.

108
mentors and counting for our new Black, Asian and minority ethnic mentoring platform



47
collaborations across our professional and trade union functions

126,500
followers on social media

100s
of meetings with NHS decision-makers

149
new activists trained

Whether marching in the streets or meeting your MP, make your voices heard

Using our voices

Layla Da Silva-Raina is the Maternity Voices chair for Waltham Forest. In her words, she's a "go-between for service users and healthcare professionals to ensure patient voices are heard". As a measure of the crisis currently facing maternity services, Maternity Voices has been supporting midwives and MSWs in their calls for political action and managed to secure a meeting with local MP Iain Duncan Smith.

The meeting was arranged by a local doula who invited Leyla to attend as a service user representative. "In the days leading up to the meeting I was quite nervous. I have never been to the House of Commons before, so it was a mixture of excitement and nerves. I prepared by making sure I had relevant feedback from service users, in order to highlight how the shortage of midwives was directly affecting parents/families and the care they are receiving."

Leyla often uses local community Facebook groups to seek out views and experiences from service users. "I am always flooded with messages from mums and dads, really keen to give feedback about our local maternity services," she says. "When I posted about my upcoming meeting with Iain Duncan Smith, I was really grateful to see that so many parents had an interest in sharing their experiences with me."

It meant that she had plenty to say in the meeting and that helped her overcome her nerves. "He seemed really engaged in our discussion and interested in service user experiences. We discussed a few of the things that would help make a difference to midwifery in general, and some of the things we believed the government could do to encourage more people to study, qualify and then practice as midwives." After the meeting, Iain gave them a small tour explaining the history behind some of the displays and artwork on the walls before visiting the terrace to take in the views. It was a pleasant

As a group we were listened to and heard

end to the experience and has left Leyla feeling ready to raise the issues with more MPs. "I definitely feel that as a group we were listened to and heard. This meeting was just the beginning of the journey, I [left] feeling like there may be a real opportunity for change on the road ahead."

At a meeting of RCM activists in the North West during 2021's pay campaign, Greater Manchester mayor Andy Burnham told attendees that speaking to your local MP is the most powerful thing you can do to affect change. MPs (as with members of the Scottish and Welsh Parliaments and the Northern Ireland Assembly) have a duty to raise in parliament, issues that are affecting their local constituents. If they hear about the crisis facing maternity services firsthand from frontline workers then they will take notice, and they will engage with organisations such as the RCM to find solutions. Meeting your MP at their local surgery might seem daunting but it is more of an informal chat where you share your experiences and views, and you don't have to go by yourself – you can go with a group of your colleagues. Leyla's experience was a friendly discussion that left her feeling empowered. Meeting your MP is the most effective way to nudge your MP into raising an issue with government ministers. And the RCM needs you to make your voice heard, to help us to fight for your future.

MORE INFO

The RCM has created a guide and a video to meeting your local MP at bit.ly/RCMMeetYourLocalMP
Listen to the podcast to discover more about the RCM's political work at bit.ly/RCMInfluencingLobbying

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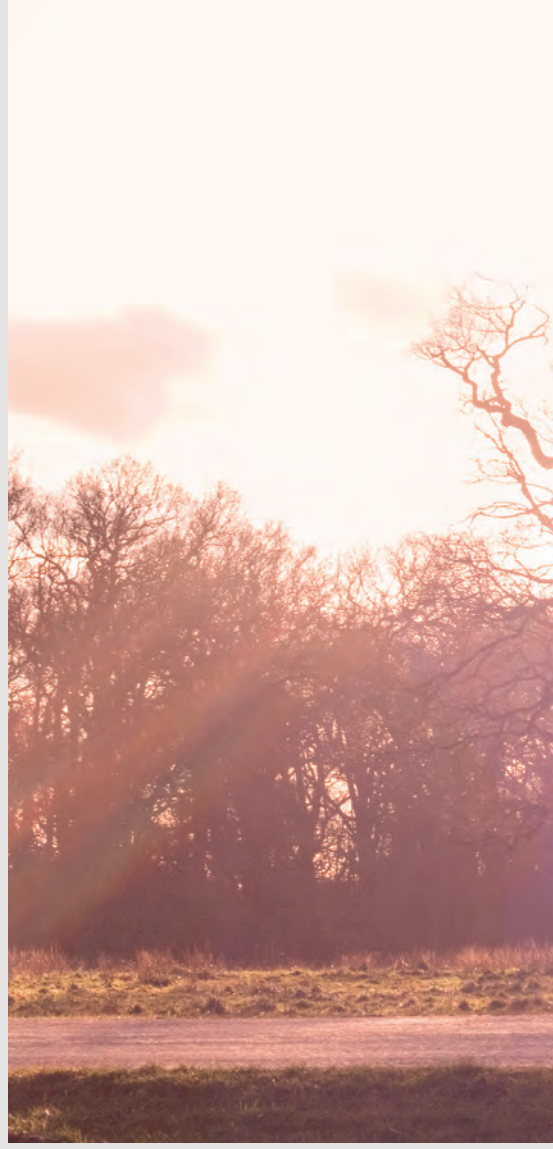

New Year's resolutions

Are promises made to ourselves at the beginning of January destined to fail by midway through the month? Not necessarily...

Part of the problem with New Year's resolutions is that they involve sweeping change and grand gestures that involve far more time, energy and attention than any of us actually have. And then there's the guilt for failing to stick to them. The secret is to keep it simple. Making some small changes, things that don't require too much effort, may mean that they start to make a big difference to your life.

1 Get drinking

Water, that is. The RCM's campaign to improve workplace access to hydration was in response to reports that some midwives are working whole shifts without being able to drink or take a break. This has been exacerbated by Covid-19, with some units and shift managers arguing that carrying a fluid bottle (even if individually labelled) on a unit is a cross-infection risk. There is no evidence to support this; however, there is strong evidence surrounding the dangers of dehydration and its impact on people's ability to think and make good decisions. The RCM has issued the following workplace guidance:

"Midwives should be able to have access to water in a room while they are caring for a woman who is known to be Covid-19 negative, with sensible ordinary precautions, such as moving more than 2m away to remove a mask to have a drink, or using a straw to drink while continuing to wear a mask. If the woman is known to have Covid-19 or has symptoms of Covid-19, the donning and doffing of PPE is likely to need to be

Make an effort to go to bed an hour earlier than you would normally

more closely managed – but midwives must therefore be released to doff their PPE in order to be able to have a drink and pass urine at least every four hours. Midwifery managers should not stop midwives, student midwives or maternity support workers taking their own water bottles into clinical areas – it presents no more risk than the woman drinking her own water."

Even when you are not at work, try to drink six to eight glasses of water a day (rather than tea, coffee or soft drinks) to boost your mood, improve your decision making and support your body's functions. For more, visit **bit.ly/RCMhydration**

2 Get an RCM health and safety representative in your local RCM branch

These reps are there to support members on workplace issues that relate to health, safety and wellbeing. Moreover, they are there to challenge bad practice and task employers with making sure the environment is healthy, safe from hazards and a positive place to work. Once approached by a member, the reps will gather evidence and initiate conversations with senior managers and the safety team within the trust or board to resolve the concerns. For more information, visit **bit.ly/RCMhealthandsafetyreps**

3 Start 'mugging' people

Mugs of kindness are a great way to spread wellbeing. Simple to put together and not costing much, they can bring happiness and boost morale. The mugs can contain anything from some lip balm, a pen, some sweets or a small tube of hand cream, to some individually wrapped tea bags and biscuits.

It's not really about what's in the mug – it's about the act of giving and receiving. Set up an email or a way for maternity staff to start nominating colleagues and a way to donate a nominal amount to fund the gifts and then get giving. If there's a local RCM branch then they could help with the organisation too.

4 Take up walking

It may seem odd in the coldest, darkest months of the year to encourage people to get outside but it's the best way to beat the winter blues. January is National Walk Your Dog Month, with the aim of getting more people to take regular short walks to keep active and appreciate time with a pet.

Even if you don't have a dog, a 10-minute walk once or twice a day is a good way to boost vitamin D and get some fresh air. This year, there have been record numbers of dogs handed in to shelters, so-called 'lockdown pets' that many people took on while working from home but couldn't keep once they returned to normal working patterns. Shelter staff don't have the time to walk them all daily so why not volunteer as a walker at your local shelter and give these unloved pooches something to look forward to? You may even find that you enjoy the company on your walk.

5 Get some sleep

Regularly having a poor night's sleep is linked to a host of health conditions such as an increased risk of being overweight, developing type 2 diabetes, or developing heart disease or having a stroke, not to mention that it will lead to low mood, irritability and poor concentration. However, getting more sleep is easier said than done. Most people need to unwind after work by watching TV or scanning their phones and those with families may feel that once the kids are in bed it is their time to unwind. A simple solution is to make a note of the time you

usually go to bed and make an effort to go an hour earlier than you would normally. It's a step closer to achieving the optimum sleeping time of eight hours a night.

6 Learn how to breathe

As odd as that sounds, taking five minutes a day to focus on your breathing will bring you a calmness and a sense of being better able to manage stress – as midwives Gemma Nealson and Georgia McGuinness discovered. Their staffroom five-minute mindfulness sessions, named 'Wellbeing5', had such a positive effect on colleagues that their techniques were taken up in health boards across Scotland. The sessions focus on breathing, which works to physiologically trigger the parasympathetic nervous system. As you breathe in, your heart rate goes up, and as you breathe out your heart rate goes down. By simply choosing to breathe slowly, with a longer, slower breath out, your heart rate will also begin to slow. The nature of the nervous system means that it is impossible to be stressed and relaxed at the same time. So, when your body recognises the slowing of the respiratory and cardiovascular system, it

It's a good idea to make time regularly to do something that you enjoy

IMAGES: ISTOCK / ALAMY

elicits the relaxation response, switching off the sympathetic nervous system, or 'fight or flight' response, and therefore creating calm. Gemma and Georgia created a five-point script to help you focus on your breathing.

1. Rate your stress – sit comfortably and think honestly about how you're feeling

2. Body awareness – notice how you're sitting and acknowledge any areas of your body that are tight with tension. Try to release this as you breathe

3. Mindfulness – allow your senses to wander and pick up on anything they notice – a noise outside perhaps, or warmth from a radiator – just notice it

4. Breathing – now acknowledge how you are breathing and let yourself take a slow breath in and a slower breath out

5. Re-rate your stress – before you open your eyes, just notice now if your stress levels have come down from when you checked five minutes ago.

Go to **wellbeing5.com**, follow the full script and start to feel the benefit.

7 Consider returning to work

If you are retired and still on the NMC register, then you can return to work on a flexible basis. Plenty of midwives did just that during the first year of the pandemic. It not only relieved the pressure on frontline staff having an extra pair of hands but it proved a great way to pass on skills and knowledge to NQMs. As it would be working on a flexible basis, it offers the chance to do something that you enjoyed and feel passionate about without it feeling like a full-time responsibility. For more information, visit **bit.ly/FlexibleRetirement** or **bit.ly/PensionerReemployment**.

8 It's good to talk

Many midwives report feeling at crisis point, experiencing burn-out due to chronic understaffing and impossible workloads. Sometimes, just talking to someone about it can help lighten the load. The Samaritans are holding a 'Brew Monday' on 17 January to encourage people to talk about how they are feeling over a cup of tea, but it's important to note that their lines are always open. Even if you feel silly or self-conscious, it's a good thing to be able to talk anonymously about how you're really feeling. They listen and don't judge – call free on 116 123 or you can email **jo@samaritans.org**

9 Be kinder to yourself

This is a really important yet often overlooked resolution. It can often feel like our waking hours are spent juggling everything in our busy lives but how many of us have stopped to think about how amazing we are for doing this? It takes a lot of effort and a lot of skill, and while we may not always feel successful, it's important to acknowledge what's involved in doing this every single day. And why it's equally important not to be too hard on ourselves when we don't always get it right. In the interests of being kinder to yourself, it's a good idea to make time regularly to do something that you enjoy – whether that's a hobby such as knitting, sewing, scrapbooking or drawing, or whether it's watching a movie or TV series that you like. Whatever it is, make the time in 2022 because you are worth it.

10 Make eating healthier and simpler

Slimming World joined forces with the RCM in 2012 to help give weight management guidance during pregnancy and after birth. It has helped maternity professionals to have difficult conversations with the women in their care and raise awareness of the health complications of obesity in pregnancy and beyond. Through the partnership, Slimming World has been able to research the health and nutritional needs of midwifery professionals. It has created healthy eating advice that is tailored to midwives' needs, such as tips for healthy eating on shifts, how to avoid unhealthy snacks and guides for how to eat well during menopause. If you want to take some small, easy steps to improving what you eat then visit **slimmingworld.co.uk**. To get started, why not try these simple, one-serving meals – perfect to make beforehand and take with you when you are on shift or on call, at any time of the day.

CHICKEN SOUP

Put 6 skinless chicken thighs, a chopped onion, 2 chopped garlic cloves, 4 peppercorns, 1 cm piece grated root ginger, 3 peeled chopped carrots, 4 chopped celery sticks, 1 cinnamon stick, 1 sprig of thyme, chopped parsley and 1.2 litres chicken stock into a saucepan and bring to the boil. Reduce the heat to medium and cook for 45-50 minutes or until the chicken and vegetables are tender. Remove the chicken with a slotted spoon. Take out and discard the bones, then cut the chicken into large bite-sized strips and return to the soup. Season to taste and serve. Save any leftovers for another day.

HAM AND TOMATO CRISPBREADS

Top 4 Ryvita Original and Dark Rye Crispbreads with lean ham slices and sliced cherry tomatoes. Sprinkle over ground black pepper and serve with a salad.

BAKED OATS

Mix 160g plain porridge with a 1 level tbsp sweetener, 4 beaten eggs, 300g fat-free natural Greek yogurt and a few drops of vanilla extract. Tip into a small ovenproof dish and bake at 200°C/ fan 180°C/gas 6 until browned. Top with lots of fresh or frozen and defrosted fruit to serve.

VEGGIE SANDWICH

Mix 1 tbsp mustard powder with some fat-free fromage frais to make a dressing. Spread on to 2 slices of wholemeal bread (from a small 400g loaf). Top with some spinach leaves, vegetarian slices and sliced tomato and radish. Season to taste and serve with a chunky salad.

CRUSTLESS MINI QUICHES

Preheat your oven to 180°C/fan 160°C/gas 4. Put 125g peeled and diced butternut squash, 2 tbsp water and seasoning in a saucepan. Cover and cook until tender. Add 50g baby spinach and leave to wilt. Stir in 1 sliced roasted red pepper in brine and 4 sliced spring onions. Crack 5 eggs into a bowl, add ½ tsp paprika and beat well. Spray a muffin tin with low-calorie cooking spray. Divide the squash mixture between the compartments, pour in the eggs and bake for 20 minutes or until set. Enjoy hot or cold with salad. Save any leftovers for another day.

All recipes are taken from Slimming World's collection. Recipes are based on Slimming World's Food Optimising plan and the liberating concept of Free Food – food that is naturally lower in energy density (calories per gram) and most satiating, so you stay fuller for longer. To find out more about Slimming World and how to join, visit slimmingworld.co.uk or slimmingworld.ie, or call 0344 897 8000 or 01 656 9696. ©Slimming World 2022

Slimming WORLD

IMAGES: SLIMMING WORLD / ALEX LUCK, GARETH MORGANS. 'SLIMMING WORLD' IS A TRADEMARK OF MILES-BRAMWELL EXECUTIVE SERVICES OPERATING AS SLIMMING WORLD.

The importance of maintaining skin-to-skin contact for mum and baby during the COVID crisis

Expert midwife, Marie Louise, in partnership with WaterWipes, the world's purest baby wipes, shares her advice and the benefits of skin-to-skin contact, as part of Kangaroo Care Day, while navigating the COVID-19 pandemic.

Skin-to-skin contact and kangaroo care, is a key element in maternity, neonatal and premature baby care. Immediate and ongoing skin-to-skin contact provides both physiological and psychological benefits to all newborn neonates.[1]

Research shows that skin-to-skin contact immediately after birth is hugely important in helping newborns adjust to life outside the womb, supporting mothers to initiate breastfeeding, as well as helping them both develop a strong bond.[1] It is also linked to regulating baby's breathing, heart rate, oxygen levels and temperature, and decreasing the chance of postnatal depression.[2]

How has COVID-19 impacted immediate skin-to-skin?

The coronavirus pandemic has resulted in the implementation of hygiene measures that focus on limiting infection rates, which includes some changes to how parents might engage in skin-to-skin. This can cause additional worry and confusion for new parents.

Changes including social distancing, lockdown and isolation have created challenges and further complications for many families. A Royal College of Midwives report stated that together, they pose a risk to immediate, close and loving contact between the mother and newborn infant, as well as with the other parent and wider family.[3]

In the same report it is noted that some instances, mother-baby contact has been reported as being reduced or stopped. 40% of UK infant feeding services in a recent (unpublished) survey reported that staffing has reduced because of the COVID-19 pandemic, and 30% report that parental access to neonatal units is 'very restricted'.[3]

How can healthcare professionals support new mothers during this time?

Guidelines from the Royal College of Midwives encourage healthcare professionals to support parents with skin-to-skin, and states that separating healthy and non-symptomatic mothers and babies should be avoided to help reduce anxiety and fear. Visual face-to-face interaction with parents is also important for newborn brain development.[3]

The World Health Organization advises that mothers should continue to share a room with their babies from birth and be able to breastfeed and practice skin-to-skin contact – even when COVID-19 infections are suspected or confirmed.[4]

Despite the restrictions caused by COVID-19, healthcare professionals should support new parents to do skin-to-skin, and parents should be reassured that skin-to-skin is still encouraged, safe to do and has numerous benefits for both mother and baby.

About WaterWipes

WaterWipes, the world's purest baby wipes, contain just two ingredients, 99.9% water and a drop of fruit extract. WaterWipes are now 100% biodegradable wipes and also 100% plant based and compostable wipes*. They have been validated by the Skin Health Alliance as being 'purer than cotton wool and water and are so gentle they can be used on premature babies. For more information on WaterWipes, **please visit the WaterWipes Healthcare page.**

1. Moore ER, Bergman N, Anderson GC, et al. *Early skin-to-skin contact for mothers and their healthy newborn infants*. Cochrane Database Syst Rev 2016;11:CD003519
2. Unicef, Skin to Skin contact, Available from: https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/skin-to-skin-contact/: Last accessed April 2021
3. Royal College of Midwives report, Optimising mother-baby contact and infant feeding in a pandemic; 2020, Available from: https://www.rcm.org.uk/media/4142/optimising-mother-baby-contact-and-infant-feeding-in-a-pandemic-version-2-final-24th-june-2020.pdf : Last accessed April 2021
4. World Health Organization, New research highlights risks of separating newborns from mothers during COVID-19 pandemic, March 2021, Available from:https://www.who.int/news/item/16-03-2021-new-research-highlights-risks-of-separating-newborns-from-mothers-during-covid-19-pandemic Last accessed April 2021

High hopes

The Higher Development Award is a Health Education England backed personal development programme created specifically for healthcare support workers

Around 400 people have completed Health Education England's Higher Development Award (HDA) since it was launched in London six years ago, including many maternity support workers (MSWs). The course is about developing skills, building confidence and opening doors.

"This course has really opened my eyes and my mouth – I can raise things, I can speak with confidence, and if there is negative feedback, I know not to take it personally. Doing this course has helped me overcome all sorts of things," says Zorina Noguerio, a Band 3 MSW at Kingston Hospital in south-west London. She began the HDA programme at Lambeth College in August last year having learnt about it in an email from the RCM.

Educated in India, it was the opportunity to improve her English and maths that appealed to Zorina initially – but the course has already delivered much more. She says: "You learn about how to develop yourself, your interpersonal skills, how to cope with stress, improve communication, about emotional intelligence, motivation, team building and how to be assertive. I've learned a lot about myself, the skills I have to offer and how to improve them."

The programme

Offered at three levels depending on a learner's proficiency and qualifications at the outset, the HDA offers functional skills training alongside leadership abilities levels, including a Level 3 diploma in leadership and management on completion.

Daniel Gonzalez, curriculum manager for English and maths, says: "The majority of our learners are seeking to complete the Level 3 award to qualify for the nursing apprenticeship and nursing associate programmes; in the past year, there has been a higher interest from those professionals working within midwifery looking to access a career as MSWs and those considering becoming a registered midwife."

As well as helping support workers gain the qualifications they need to take the next step in their careers, the HDA programme also aims to unlock confidence and leadership qualities they can take back to their current roles.

You learn how to cope with stress and be assertive

I don't have to be afraid – there is no right or wrong answer

As management development consultant and programme tutor Desiree Cox explains: "A big part of it is the service improvement project students do at the end of Level 3 – they have to come up with an idea, work through it and problem-solve, and we support them in how they could implement that change.

"The ideas we've seen have been fantastic. I remember one MSW who went back to her workplace with a plan for breastfeeding clinics specifically for members of different communities and nationalities to address language and cultural differences. It was quite a small project – but you could see it would make a big difference to those women.

"This approach is important for two reasons – it gets support workers thinking about the improvements they can make to their workplace, either for their patients or their colleagues, and it's a way of saying to the organisation that has released and supported them – 'This is what you get back, whether that's financial savings, better patient experience or employee satisfaction.'"

Applying the learning

Just a few months in, Zorina (pictured) believes the course has already helped her at work: "Before I started, I might just have written that the woman has been seen, asked about breastfeeding support and the observations of the baby have been done. But, now I have reflected on it, I write more about the person I'm seeing and the baby's needs as well; maybe the baby isn't latching, not drinking much or is very sleepy.

"Women do confide in MSWs and we might be the only person that they tell a key thing to that could show something is wrong. This course has really opened my eyes to how important my role is."

She also credits what she learned on the course with helping her overcome a specific stumbling block at work: "For years, I wasn't sure how I should be plotting on the graphs when you measure the TCB [transcutaneous bilirubinometry]. I used to tell the midwife I'd forgotten. But then, after starting this course, I just asked the doctor one day 'Please explain how this graph works' – and now I feel confident to do it. Other people might say that's the paediatrician's job, but I think it's about being part of the team and sharing the workload."

More than anything, what the course does is "develop confidence", adds Desiree. "They develop self-awareness and emotional intelligence – the ability to identify their strengths and improvement areas, to learn about themselves, and build relationships."

Zorina agrees that feeling more confident in her role has had a knock-on effect, "It's helped me think about working as a team, cooperating and sharing jobs," she says. "I am trained to take blood pressures and do blood sugar monitoring, so if the midwife is busy, I can say 'leave that to me' and if there are any abnormal signs, I can share that information with them and brief the doctor. You can't just say 'that's not my job' if you're able to do it and give the midwife more time – it makes for a much easier working environment."

An unexpected benefit has been that she now looks out for her mental health as well as that of her colleagues. "It's also taught me about how to manage stress, which is really important at the moment with the shortage of staff – knowing what the triggers are and how to seek help. And I've been able to put this into practice in the workplace. I've asked the manager on the postnatal ward if she can relieve us so everyone in the team can just take a 10-minute break – just to sit down, drink a cup of tea – which I know can make a massive difference to the rest of the day."

IMAGE: ISTOCK / SHUTTERSTOCK

Structure and support

The HDA course is set to be accessible to all clinical staff looking to further themselves and their careers, explains Daniel: "During Level 1 and Level 2, learners will complete the relevant English and maths qualifications while they attend the introductory diplomas in higher development.

"Level 1 is an introductory path to management skills for health professionals, with a high focus on self-development. Level 2 is based on team leading skills and coaching. Level 3 has a higher level of performance-based achievement to provide candidates with a high knowledge of motivational interviewing, advance communication, presentation skills and team dynamics."

With online and home learning elements sitting alongside six full days in college – one a month across the six-month programme at each level – it's a format that works well. "I have really liked being face to face with the tutors – and they give support 24/7," says Zorina. "We have their numbers and their emails, and they always try to help with any problem. We have a group chat for the students as well, where you can ask questions and share knowledge, which is really positive."

Many students will progress to better-paid jobs or training

While the course has transformed her confidence, getting started was not easy for Zorina: "At first, I was nervous and scared about all sorts of things. This was my return to learning after a long time and I worried if I would be able to do it. I'm 50 years old, so I thought people might be a lot younger than me. I'm not a confident person and my self-esteem has been quite low – but that has really changed on this course. It's showing me I don't have to be afraid to speak – there is no right or wrong answer, and everybody is here to learn."

To the future

Zorina sees opportunities ahead, including the chance to go for a Band 4 position – and she's not alone, says Chris Glover, a nurse and freelance trainer on the course. "Many students will go on to progress to better-paid jobs, or further training, but they don't only develop in relation to work – many tell us they develop in other areas of their lives too."

The success of the programme has been recognised more widely too; in December 2020 it won the *Nursing Times* award for Best Workplace for Learning and Development, and it has secured £200,000 innovation funding for employment and skills from the Mayor of London to support the delivery of the course – a first for a health-based training programme.

Work is now under way to roll out the programme nationwide, firstly in the Wessex region and then the Nottingham area. "I would urge MSWs interested in the programme to look at the Lambeth College website and, if they're not in London, to get in touch anyway – we will signpost them to the programme in other areas if we can," says Desiree.

Chris adds: "For anyone hesitant, I would say give Level 1 a go and see if it's for you – my prediction would be that you'll be hooked. There is such a lot to gain for you, and for your place of work."

MORE INFO

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1 Lansinoh (2021) Postpartum Survey. Internal Lansinoh report. Unpublished.

2 Bourdillon, K., McCausland, T., Jones, S. (2020) The impact of birth-related injury and pain on breastfeeding outcomes. British Journal of Midwifery. Vol 28:1.

Tamara Molina Montalvo

A midwife

Tamara has been working in Yemen for Médecins Sans Frontières, an international organisation providing lifesaving medical care for countries affected by conflict

In Yemen, you never know what's going to happen. Six years of civil war have pushed Yemen's healthcare system to the brink of collapse. And for expectant mothers, reaching a hospital to give birth can be a matter of life or death. Last year, I worked on my first ever assignment with Médecins Sans Frontières (MSF) in Abs hospital, northern Yemen, helping the births of more than 600 babies per month. Life is hard here – the UN estimates 20.5 million Yemenis lack safe water and sanitation, while acute malnutrition rates in women and children are among the highest in the world. Having a baby is difficult at the best of times, but in Yemen there are no resources to prepare you for birth. Women here can't access antenatal care: clinics are far away and transport is too expensive. Without this, it is tricky for midwives to assess how the pregnancy is going or pick up problems early on.

In addition, women face serious delays in getting here. The dangerous roads mean women must travel for hours to reach a hospital. By the time they arrive, lots of them are already in critical condition and face complications such as obstructed labour, pre-eclampsia, eclampsia and haemorrhage. I'd never seen a case of eclampsia in all of the four years I spent working in the NHS. It was quite a shock to the system and taught me to adapt to delivering babies with very limited equipment. Of course, I learnt so much from the incredible team of Yemeni midwives I worked with. They taught me you have to be prepared for anything when a woman arrives at the ward.

In Yemen, you have to be prepared for anything

I saw a lot of breech births; the team were able to manage these deliveries with their eyes closed. I learnt a lot from these brilliant women and valued being part of such a passionate team – even though we didn't speak the same language, we all understood each other.

I won't pretend working for three months in Yemen was easy. The working hours were long and the conditions were tough. It takes a lot of strength. But when you see that the work you're doing is making a difference to so many women's lives, it's incredibly rewarding.

I remember one woman having a particularly difficult delivery – we couldn't consult the gynaecologist because she was in the theatre performing a C-section, so it was just me and two other midwives helping her. The delivery was successful, and the expression on the mother's face was amazing – she was so happy when she saw her baby for the first time. These are the moments I keep in my mind.

I am now working on my second MSF project – in Bangladesh, providing maternity care for Rohingya women in a refugee camp.

MORE INFO

To get involved with MSF, visit msf.org.uk/midwife

Island life

Janice Warman discovers that the practicalities of maternity services differs from island to island around the UK, but the passion for good care is the same

Where on the UK mainland might you take a boat to your antenatal clinic and take a Medevac plane to give birth? The answer is nowhere. But offshore, on the independently governed islands of Guernsey, Jersey and the Isle of Man, one or both of those eventualities might come to pass, and giving birth is both very much the same and very different.

Working as a midwife on these islands and some of their satellites is not an option that many midwives take, as populations are small. But those who do make the move say they love island life. They can finish work and go swimming or surfing, live in small, friendly, safe communities, and it takes 10 minutes to drive to work.

Importantly, they are able to offer continuity of care to their mothers in an environment that is not crowded or rushed. "Working in Guernsey offers the ability to deliver midwifery care on a stunning island that has excellent midwife-to-mother ratios, enabling our midwives to have time to care," says Annabel Nicholas, head of midwifery on Guernsey. "We have seven obstetricians, so that we have one on call 24 hours a day, and about 35 midwives serving a population of approximately 63,000 people.

"Living on an island has had its benefits and challenges over the last couple of years. The increased use of digital communication during the pandemic has meant that it is much easier to communicate with colleagues in other remote communities. I meet with the heads of midwifery from the Isle of Man and Jersey every four to six weeks, supported by the RCM from Wales and Northern Ireland – their directors usually join us for those calls.

Guernsey

"I've been in Guernsey just over five years. I love the island and the lifestyle. In the maternity service, we have the opportunity and time to give really good, high-quality care. We have our busy spells, but in general, our families can stay with us for longer because we have the capacity to facilitate that."

Midwife Tracy Ward moved to Guernsey from Middlesbrough in 2016 with her air traffic controller husband and their two young children. They haven't looked back. "Back in the UK we had no work-life balance. We seemed to constantly work opposite to each other and had very little free time to spend as a family. Here, we get lots of downtime, we live two minutes from the beaches and beautiful walks, we appreciated the outdoors so much more and we have really embraced the slower pace of life."

Guernsey has a significantly lower birth rate than Middlesbrough, she says, "which allows us to have more time to provide the individual one to one care that families appreciate. We have a lovely team of staff and we all know each other in work and outside of work. A lot of us are not from Guernsey originally so we don't have family here, and we become a real support network for each other.

"We tend to follow a woman all the way through their antenatal, birth and postnatal experience; we don't have dedicated labour ward or postnatal ward midwives – we are one unit, so it makes caring for women through the entire process easier.

"We do sometimes have to transfer women off-island to the UK; if this happens, a midwife will go with them for support. We use a Medevac plane, which is staffed with healthcare professionals. There is an ambulance from the hospital to the airport, straight onto the plane. And then from the airport in an ambulance to the hospital there. But we only do it if the mum and the baby are well enough to travel."

IMAGES: SHUTTERSTOCK / GETTY / ALAMY / ISTOCK

We embrace the slower pace of life here

Women who live in Alderney will come to Guernsey to deliver their babies and tend to come a couple of weeks before their due date and stay on Guernsey, she says. "There have been times where they have gone into labour early and then they're brought over by emergency transport."

Pregnant women in Herm and Sark come over on the marine ambulance, the Flying Christine III, when they think they're in labour. "Very occasionally, we've had to send a midwife to them if they're too far progressed.

"In Alderney, they have an antenatal clinic taken to them and women on Herm and Sark come here for their appointments. Alderney has a hospital, but they don't have midwives. Sark has a small doctor's surgery that has one GP."

Jersey

Dana Scott, interim head of midwifery and associate chief nurse, arrived on Jersey 15 months ago with a sizeable to-do list.

She is overseeing a two-year £6.5m refurbishment project in the maternity unit at Jersey General Hospital in St Helier. "We are running a service while we are having a refurbishment. It's quite challenging at the minute!" she says.

Jersey has 49 full-time equivalent midwives and a population of 107,800. "We have an excellent team of community midwives and this year we have a 5.5% homebirth rate compared with 2% in the UK. We have excellent breastfeeding rates. In January 2021, we achieved stage one of the Baby Friendly Initiative. We are excited that we have just appointed, in October 2021, an infant feeding specialist midwife, our first midwife specialist post in Jersey."

We have a 5.5% homebirth rate

Three more specialist midwives have been appointed, with another on Dana's wish list – a public health midwife.

"In the past 12 months, we've moved mountains when I look how far we've come. We're hitting our targets to deliver a better service for women and to make it more accessible and personalised."

Dana helped to set up a Maternity Voices Partnership, which will canvas service users' thoughts on their pregnancy and care journey and has even been involved along with staff and other service users in choosing the internal colours for the refurbishment.

"We set up a Public Health Partnership group, where we work with NGOs, government agencies, public health and schools health across the island to look at how we can all send the same messages about smoking cessation, reduction of alcohol, better food and nutrition and reducing obesity.

"Part of our strategy is that women will be able to book directly with the midwife," she explains. "At the moment, women have to see their GP and be referred to maternity and there'll be a cost for having the consultation and the referral."

There are currently two midwife vacancies on Jersey, and three specialist roles will be advertised soon. Dana has suggested the island should have a director of midwifery. "In order to put maternity on the map, a director of midwifery services needs a seat at the executive table to wave the flag for women's health and maternity care."

Isle of Man

Barbara Roberts, head of midwifery at Manx Care on the Isle of Man, says: "Manx Care delivers one-to-one care that is never compromised for women in established labour. Because it's an island population, you see the same families coming through your service. And if you are here long enough, you can actually be quite privileged and deliver the baby of a baby you delivered!"

There are currently 36 full-time equivalent midwives on the Isle of Man, which has a population of 85,000, and there are seven vacancies. "The Isle of Man has the ability to offer a really good work-life balance. We obviously have a smaller population, lower crime rates and arguably our biggest attraction is our lower tax bracket," she says. "We do also offer midwives a relocation package."

This offers incentive payments, up to £7,000 in relocation expenses and a subsidy on rental accommodation costs, which can be higher than in other areas of the UK. Manx Care also has a preceptorship package for newly qualified midwives.

"I do think mothers get a good birthing experience here, because we don't have the same pressures of numbers coming through the service," says Barbara. There's no requirement for women to go home. If mums are trying to breastfeed and they are having difficulty in getting that established, there is the leeway for them to stay on the postnatal ward to establish the feeding.

"Women can be discharged anytime from 14 days onwards, but if a woman requires a midwife, she can receive the support of a midwife for the full 28 days."

This year Manx Care has its own first – a first-year student midwife, working in conjunction with Salford University.

The student, Jess Roberts, is a Manx resident – and Barbara's daughter. She will get her practical experience on the island and her theory and academia at Salford University.

"I think if it proves successful with students, recruitment is difficult and growing your own is perhaps the only way we're going to get out of it in the longer term."

The Jane Crookall Maternity Unit at Noble's Hospital, Douglas, Isle of Man, has a 17-bed maternity unit with a four-bed delivery suite, a dedicated maternity theatre and one home-from-home, low-risk birthing unit. There are two birthing pools.

Healthcare on all three islands is not provided by the NHS but by separate health services, and midwives are sensitive to the fact that GP visits, A&E visits and ambulance rides may be charged for, depending on the island. Antenatal care and acute or secondary care is free. On the Isle of Man, healthcare is free for residents and visitors from the UK, and there is a reciprocal health agreement with the UK.

Above all, it's the personal links with their patients that midwives of these islands enjoy. "I've been here since 1997," says Barbara. "Women I cared for 15 or 20 years ago – you can still see them, they still recognise you and still come up to you and have a chat with you. You see people and they were babies you delivered. I was at a New Year's Eve party and a lady came up to me and said: "You delivered my baby back in 1999!"

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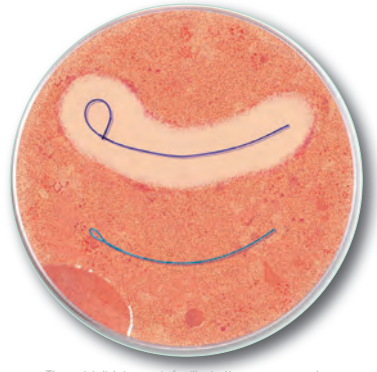

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1. Ming X, Rothenburger S, Yang D. In vitro antibacterial efficacy of Monocryl Plus Antibacterial Suture (poliglecaprone 25 with triclosan). Surg Infect (Larchmt). 2007;8(2):201-207. **2.** Rothenburger S, Spangler D, Bhende S, Burkley D. In vitro antimicrobial evaluation of Coated VICRYL* Plus Antibacterial Suture (coated polyglactin 910 with triclosan) using zone of inhibition assays. Surg Infect (Larchmt). 2002;3(suppl 1):S79-S87. **3.** Ming X, Rothenburger S, Nichols MM. In vivo in vitro antibacterial efficacy of PDS* Plus (polydioxanone with Triclosan) Suture. Surg Infect (Larchmt). 2008;9(4):451-457. **4.** Ethicon, LAB100028658v3 STRATAFIX Knotless Tissue Control Device. Instructions for Use. Data on File. **5.** Ethicon, 100326296 Time Zero Tissue Holding - Competitive Claims Comparisons for STRATAFIX™ Knotless Tissue Control Devices vs Various Products. May 2015. Data on File. **6.** Ethicon, AST-2011-0210. Study to evaluate the tissue holding performance at time zero of DOLFIN PDS™ PLUS barbed suture sizes 1 and 2-0 vs dyed PDS™ II Plus suture sizes 1 and 2-0 in a continuous stitch pattern—Project DOLFIN 11822. July 2011. Data on File. **7.** Ethicon, AST-2011-0341. Performance testing of DOLFIN PDS™ PLUS size 3-0 suture—tissue holding 10 cm incision. August, 2011. Data on File. **8.** Ethicon, PSE 09-0204, project number 11822. Exploratory histological and biomechanical evaluation of DOLFIN following closure of the ventral abdominal wall in a porcine model at 7+/-1 days. July 2010. Data on File. **9.** Ethicon, PSE 10-0012, project number 11822. Model development: histological and biomechanical evaluation of 3-0 DOLFIN barbed suture prototypes, 3-0 Quill suture, and 3-0 V-loc suture at 7+/-1 days following closure of the ventral abdominal wall in a rabbit model. August 2011. Data on File. **10.** Ethicon, AST-2013-0603. Performance Testing of STRATAFIX™ SYMMETRIC PDS™ PLUS Size 0 & 1 Devices – Initiation Strength in Porcine Tissue. April 2014. Data on File. **11.** Greenberg J, Goldman R. Barbed Suture: A Review of the Technology and Clinical Uses in Obstetrics and Gynecology. Rev Obstet Gynecol. 2013;6(3-4):107-115. **12.** Ethicon, 06TR071 Study Report for in vitro evaluation of microbial barrier properties of DERMABOND™ ProTape, December 2006, Data on File. **13.** Ethicon, 20210201 Transparency of DERMABOND PRINEO R&D Memo. February, 2021. Data on File. **14.** Ethicon, LAB 0013100 Rev 6 - DERMABOND™ PRINEO™ Skin Closure System Instructions for Use Package Insert. Jan 2020. Data on File. **15.** Ethicon, 100216627 Report for mapping strains in DERMABOND™ PRINEO™ Skin Closure System 22 cm (DP22) Comparative Study, August 2014. Data on File. **16.** De Cock E, van Nooten F, Mueller K, Tan R. Changing the surgical wound closure management pathway: time and supplies with PRINEO vs. standard of care for abdominoplasty surgery in Germany. Poster presented at: International Society for Pharmacoeconomics and Outcomes Research, 11th Annual European Congress: November 2008; Athens, Greece. (142179-200603).

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The future is now

The NMC's Future Midwife standards were released with a fanfare, but several weeks later,everyone's attention was focused on a new and deadly virus

In November 2019, the NMC published its new Future Midwife standards of proficiency for midwives, setting out what midwives need to know, understand and be able to do in order to safely and effectively practice in the UK.

Reflecting the latest evidence and the much-altered context in which midwives work, they are a significant departure in many respects from their 2009 predecessors – for example, covering continuity of care and carer for the first time, and clearly articulating the role of the midwife as central to the care of every woman and baby, including where there are complexities or additional needs.

But within weeks of the official launch of the standards, in early 2020 the pandemic hit, bringing a world of new challenges for maternity services. While universities have continued to prepare and move over to programmes based on the new standards, have services and midwives themselves begun to make the transition? Or has the importance of the new standards been lost under the pressure of the pandemic?

STANDARDS OF PROFICIENCY: SIX INTER-RELATED DOMAINS

1. Being an accountable, autonomous, professional midwife
2. Safe and effective midwifery care: promoting and providing continuity of care and carer
3. Universal care for all women and newborn infants
4. Additional care for women and newborn infants with complications
5. Promoting excellence: the midwife as colleague, scholar and leader
6. The midwife as skilled practitioner

Jacqui Williams

SENIOR MIDWIFERY ADVISOR (EDUCATION), NMC

To provide the best midwifery care, midwives must meet the needs, views and preferences of women, newborn infants and their families. The NMC's Future Midwife standards help us do that. They define what we expect a midwife to know, understand and be capable of doing. The standards are based on the best global evidence of what's needed to deliver safe, effective and kind woman-centred care.

Educators are doing a huge amount of work to prepare midwifery practice supervisors and practice assessors so they can support midwifery students on the new programmes. But my concern is whether enough midwives are yet thinking about what these standards mean for them.

Revalidation provides an opportunity for midwives to think about these standards and what they mean for their own practice and continuing professional development. As midwives, we can use the standards to reflect on our practice and identify any further learning needs, and discuss it with line managers or colleagues.

For me, the fundamental question for midwives to ask is: "Are there any areas of the standards where I'd benefit from further development to improve my practice?"

The standards articulate what a midwife does, using the Framework for Maternal and Newborn Health from the work in *The Lancet*'s Series on Midwifery. Human rights, ethics and cultural competency are embedded throughout the standards, and our definition of safety includes physical, psychological, spiritual and cultural safety for all women and their newborn infants.

We don't talk about clinical risk any more. Instead, we highlight how important the role of the midwife is in giving universal care to all women and newborns. And where there are additional needs or complexities, the standards make clear the role of the midwife in coordinating care while still providing midwifery care.

When there is a focus on these additional needs, women can miss out on essential midwifery care – this is where the evidence-based framework is so important. The language, and the philosophy underpinning it, is important in defining the approach to care.

When I talk about these standards being transformative, I mean they're transformative in terms of the care women, babies and families can expect to receive from midwives. That relies on all of us committing to learning and developing our own practice, and the standards are a great way to do that.

I'm really keen to continue this conversation and would be pleased to hear from RCM branches and regional representatives, so please get in touch.

MORE INFO

You can email Jacqui at jacqui.williams@nmc-uk.org

Sally Ashton-May

LEAD MIDWIFE, NATIONAL NURSING & MIDWIFERY TEAM, HEALTH EDUCATION ENGLAND (HEE)

The standards make clear our role in coordinating care while still providing midwifery care

HEE has a responsibility to assure the quality and safety of the learning environment for student midwives. Part of that is monitoring the implementation of the new standards – because if they're not being embedded within maternity systems, a disparity can arise between what students learn in university and what they see in practice.

Many universities have already moved over to programmes based on the new standards, and some students in the system will still be moving between the old and new standards. For a midwifery workforce already under extreme pressure from COVID-19, we know it's a big ask to support students in new proficiencies that are quite different in some respects to what they have seen before.

What we are hearing from directors and heads of midwifery is that this is just one more thing on their plate – but we know if students are not properly supported to practise in services what they're learning in theory, those students might not stay; we have to think about reducing attrition in the future workforce.

The Department for Health and Social Care commissioned HEE to establish a Future Nurse, Future Midwife Strategic Assurance Board, which is the vehicle we're using to drive forward and support the implementation of the Future Midwife standards in a cohesive way.

Part of that is raising awareness of how the standards relate to the wider picture, how they support the safety agenda, the diversity agenda and the development agenda, and also how we respond to the Ockenden recommendations and the *Turning the Tide* report. For example, the NMC has created a document mapping the Ockenden recommendations to the domains of the new standards.

We want services to understand why the standards are so vital above and beyond training students, because if services are benchmarking against the Future Midwife standards that puts them in the best possible shape to deliver the best, safest care for women, babies and families.

We want midwives to see the new standards in terms of what they mean for their practice, and how they can support and develop students. Crucially, they also have a big part to play in driving through the shift in language that runs through the new standards; if midwives are mindful of moving away from the language of high risk and low risk themselves, they can lead that important change throughout maternity services.

Fiona Gibb

HEAD OF EDUCATION, RCM

The standards were a long time in the making, with many midwifery professionals and relevant stakeholders coming together to identify essentially "What does a midwife do?" and "What does a midwife need to know and be competent in at the point of registration?"

They are different from what came before both in format and content, even in terms of some of the skills. For example, student midwives will be trained to undertake the examination of newborns – something a lot of midwives in practice might not be doing themselves.

Other things that stand out for me are the emphasis on pharmacology, preparing midwives to take on prescribing qualifications, and the greater awareness of genetics and genomics, which are coming onto the agenda through pregnancy screening pathways and genetic counselling.

My experience is that the roll-out has been patchy in terms of what people understand about the standards. The perception is that they are very much focused on student midwives, with qualified midwives perhaps not realising that they are also about their own development and skills. With the challenges of COVID-19, it's completely understandable that the message got a bit lost – but we're here now, with a lot to catch up on.

By September 2022, the midwifery programmes at all 55 universities will be validated against the new standards, and there are students across the country who have already transitioned to their new curriculums. Problems could arise where there are gaps in knowledge; for example, where midwives don't have a clear understanding of what student midwives should be undertaking, or where midwives don't have the confidence or competence to support them.

The RCM will be working with the NMC to raise awareness of the standards in 2022, promoting them through our platforms and networks – including the Student Midwives Forum and leaders' forums – and liaising across the four countries. We are also working to reorganise our i-learn platform so that the modules are aligned to the domains of the new standards.

It is so important that midwives read this document and identify for themselves where they feel confident and where they have gaps; we will be listening and looking at ways to support them in those areas, as will our practice educator colleagues.

The standards are our benchmark for making sure we're all providing the best care, based on the most up-to-date evidence, but the message needs to be disseminated and we all need to support each other.

Heather Bower

PROFESSIONAL ADVISOR FOR EDUCATION, RCM

It's not that midwives don't know these new standards exist, more that they don't necessarily understand that they apply to them as well as to students – these are the standards of proficiency for all midwives.

While a lot of the proficiencies are very familiar, they have been repackaged with a new structure, new emphases and even some new skills, so there are areas where midwives will need more support and development.

For instance, one of the proficiencies sets out that midwives must be able to demonstrate the ability to provide continuity of carer across the continuum of care. While that's in line with maternity services policy, not all midwives are currently doing it, but they will need to be able to support students to achieve that.

Midwives also need to understand the new emphasis on leadership – the midwife as colleague scholar and leader, and the idea that everyone is a leader, which will be quite new to many midwives.

And there is far greater emphasis on supporting women with complex additional needs – medical, social and psychological complications – than in the previous standards. We know since 2009 the level of complexity has increased enormously in the women we're looking after, and so this is incredibly relevant.

The new standards also state that students at the end of their programme should be able to carry out physical examinations of newborns. If all midwives now need to complete training in order to be able to do that, that will be incredibly taxing on services.

Midwives will need support and development, but we have to be realistic about what can be achieved and the timeframe needed. From what we are hearing, professional development has been pared back to the absolute minimum during the pandemic, so that is going to impact any ability to train midwives to meet these proficiencies. Lead midwives for education across the UK are looking at ways to do this – the NMC, HEE and the RCM are all putting together plans to raise awareness.

By September 2022, all education programmes will have to be compliant with the new NMC standards, so all midwives need to know about them. If not, the risk is that without the midwives to support and assess them in these standards, students won't be able to meet them. And if we don't get midwives up to speed, we're also letting women and babies down because we know these standards are based on the latest evidence for providing the best care for mothers and their children.

MORE INFO

Read the Future Midwife standards at nmc.org.uk/standards/standards-for-midwives

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HIB/68/1021

Date of preparation: October 2021

1 Seeing red

More than 70% of blood transfusions involve the use of red cells, while 25% involves plasma and platelets.

2 Protecting the fetus

Anti-D is a powerful antibody that protects babies from rhesus disease – or haemolytic disease of the fetus and newborn – a disease in which a mother's body creates an antibody that destroys her unborn child's red blood cells.

3 Clinical competence

Midwives must not administer blood unless they have received appropriate training and been assessed as clinically competent.

4 Positive ID

A positive bedside patient identification (asking the woman to state her full name and date of birth) is key. Midwives should also verify that:

- The woman's blood group is clearly identified on the blood report
- The blood group on the report is compatible with the blood group printed on the component label
- The laboratory-generated label attached to the component and the transfusion prescription are identical
- The component has not expired, and both the donation number and blood group on the component are identical to the laboratory-generated label on the pack.

5 Risk assessments

Midwives must undertake a full risk assessment prior to administering blood and must do a separate risk assessment prior to each unit transfused.

SHOT

Serious Hazards of Transfusion (SHOT) aims to improve patient safety in blood transfusion, raise standards of hospital transfusion practice and educate users on transfusion hazards and their prevention. Since the scheme's inception in 1996, the incidence of wrong blood transfused to the wrong patient has remained a consistent error

MORE INFO

For more information, visit shotuk.org
For further reading, visit bit.ly/BJM-transfusion

Dear diary

The RCM Alliance Partnership offers a mutually beneficial exchange of information and support between sympathetic organisations and RCM members. Here's a look at long-standing partner Emma's Diary

Since 2004, the RCM has joined forces with carefully selected commercial organisations in order to better support midwives and maternity support workers (MSWs). The Alliance programme was set up after the RCM explored the idea of working collaboratively with strategic partners to bring greater benefits to its members. Organisations that share common goals and values are in a prime position to deliver key messages to pregnant women and families and, through their own research, produce resources to be shared among midwifery professionals and the women in their care.

Through association with recognised brands, the RCM has been able to raise its profile, promote evidence-based research and disseminate information, as well as open channels of communication with the public in a way that wouldn't ordinarily be possible for a trade union. It's important to note too that everything produced through the Alliance is carefully reviewed by the RCM, which means partners benefit from the RCM's knowledge and the weight of its international medical credentials, while midwives and mothers can rely on the resources and products being evidence-based, current and accurate.

IMAGE: ISTOCK

In 17 years, the partnership programme has helped support and inform RCM campaigns, education and training, while the revenue generation has taken some of the pressure off annual subscription income and helped to support the RCM's own resources as well as sponsor events such as the annual conference and the awards. Research grants and bursaries, leaflets, websites, i-learn modules, webinars, educational resources, research and evidence-based practice are all direct beneficiaries of the Alliance.

Emma's Diary

Emma's Diary joined the Alliance in August 2016, with a view to working with the RCM to support the needs of women and improve their health and wellbeing in pregnancy and beyond. Content is continuously adapted to address key issues facing women during the perinatal period and the Emma's Diary team are in a great position to find out what support would be most useful. For example, two years ago, Emma's Diary began a research project into the use of apps among new parents. The research showed that this group used apps several times per day to get advice on everything from breastfeeding to sleep and baby development milestones. Of the 1,000 surveyed people, 63% said they would like to see Emma's Diary extend its current antenatal app to cover the postnatal period (up to 24 months). Emma's Diary listened and delivered; the app now sees around 22,000 downloads and three million screen views every month.

Resources are evidence-based, current and accurate

It's a great example of why Emma's Diary is such a valuable partner for the RCM. Not only can it reach service users, but it also means that evidence-based information and key messages can be delivered to women in the perinatal period in a way that best suits them. To this end, RCM articles covering sepsis awareness, postnatal depression, vaccinations in pregnancy and elements of the Blue Top Guidance on Care in Labour ('Questions to ask your midwife at antenatal appointments') are included in the Emma's Diary pack that's handed out to women at their booking appointment and in *A Guide to Labour and Birth* that's handed out at the 34-week antenatal check.

Jo Tanner, RCM director of communication and engagement, said: "Midwives want to be able to signpost the women and families in their care to the best advice and support. That's why it's great to have Emma's Diary as part of the RCM Alliance Partnership. We work with them on the content on their website, publication and apps so our members can be reassured that it's good, evidence-based information."

The partnership is highly valued by Emma's Diary too. As its managing director Nicholas Watts comments: "We are delighted to be working alongside the RCM as an Alliance Partner; over the past 30 years we have worked closely with the healthcare professional community to provide credible information, advice and online support to pregnant women and new parents.

"We continually ask expectant parents and health professionals what information or tools they need and develop easy-to-digest formats that include the Emma's Diary website, app, a thriving supportive social community and our printed publications that can be handed out by midwives to their pregnant women.

"We value our partnership with the RCM and feel it enables us to provide information and understanding to improve the health and wellbeing of women and new families which is something we are very passionate about and committed to delivering."

MORE INFO

Read more about the Alliance Partners at rcm.org.uk/about-us/alliance-partners

The Labour Information Pack and Emma's Diary Guide are provided free of charge to GPs and midwives across the UK, and available for you to give complimentary copies to all pregnant women in your care. To place an order please call 01628 535 482. Alternatively, email with your order details at orders@emmasdiary.co.uk

Go your own way

Lucy Ackroyd desperately wanted her birth, unlike her IVF conception, to be as free from interventions as possible

In 2015, I went through IVF treatment at Homerton Hospital and stayed on for my pregnancy care. I was told he was a 'big' baby so I was tested twice for gestational diabetes, but all the way through I was healthy and there were no issues – everything was normal.

IVF is an invasive process and having been through a deeply medicalised way of getting pregnant, I really didn't want a highly medicalised birth as well.

During my antenatal care I don't think I ever saw the same midwife twice, but I was 32 and it was my first child, so I didn't question this. I said from day one that I intended to use the birth centre and each time I was told: "We'll come to that" or "Wait until the birth choices clinic." Maybe they didn't have time, hadn't read my notes, or were just shelving it so it would be someone else's responsibility – whatever the reason, I felt fobbed off.

It got further and further down the line – at about 36 weeks I had a meeting with the consultant who made it patently clear to me that I was disallowed from using the birthing centre completely. I asked for the rationale and felt I wasn't really given one – just that I was high risk because it was an IVF pregnancy. I was also told I'd have to be induced at 38 weeks because the baby was 'big' and there was also apparently an increased chance of the placenta giving out in IVF pregnancies the longer they progressed.

I was distraught. I went away and researched it, I found a couple of studies, but not any compelling evidence, so I went back to try and reason with the consultant. This ended with a heated discussion and me crying through the

Lucy was barred from having a homebirth but had one (by accident) anyway

My midwife had a 'your baby, your body, your birth' attitude

sheer anger and frustration of not being listened to. The message was, 'If you don't do what we say you're putting yourself and your baby at risk.' I therefore chose, at 37 weeks pregnant, to move to North Middlesex Hospital for my care.

I was listened to

I was given an absolutely amazing community midwife who had a 'your baby, your body, your birth' attitude. She explained that they treated IVF pregnancies the same as any other normal low-risk pregnancy; there was no recommendation around induction and no forcing me on to the labour ward, although there was still a discussion around the risks. I was astounded how things could vary so markedly between hospitals, but utterly delighted to be treated as 'normal'.

Sadly, I did end up having a traumatic birth, a cascade of interventions and an emergency caesarean section, and suffered badly with PTSD and postnatal depression. That's another story, but one I attribute to the crisis we are facing in maternity care. This is the reason I was compelled to stand with March with Midwives in November 2021.

My homebirth was an incredibly healing process

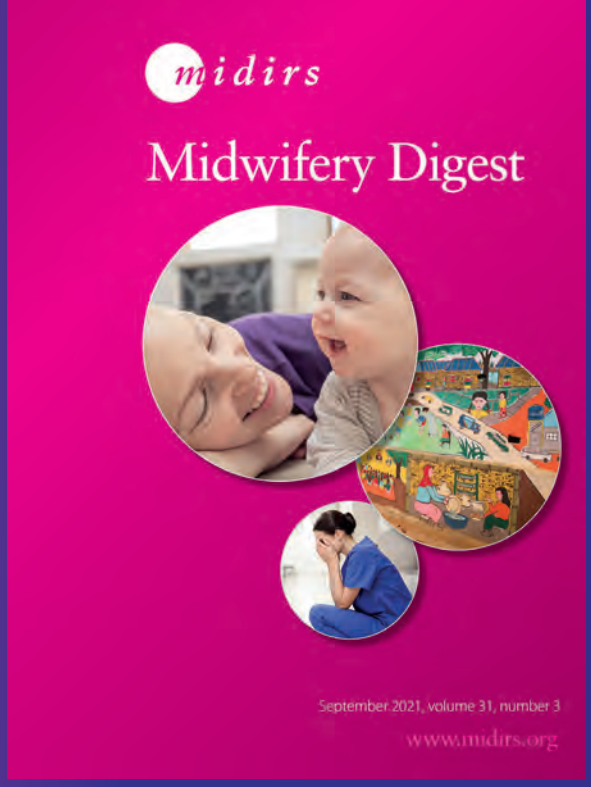
Despite the birth trauma, because I'd had such good antenatal care there, I went back to North Middlesex for my second pregnancy – a VBAC [vaginal birth after caesarean] under the care of an amazing consultant midwife. I only ever saw her and she was an incredible advocate. She wrote all over my notes: 'This person needs to be allowed into the birthing suite.' She explained to me what the research said, what the risks might be, but it made it clear it was my decision and she would support me. The feeling was completely different.

I was still 'disallowed' a homebirth (something I now know I could have pushed for), but, ironically, ended up having an accidental homebirth on the bathroom floor with just my husband, our amazing doula and emergency services on the phone. I certainly wanted a hands-off birth second time around; I'm not sure I would've chosen it to be that hands-off, but ultimately it was an incredibly healing process. I felt indestructible afterwards, like Superwoman – markedly different from my first birth.

If I try to verbalise what was so different about these two experiences, I would say it all rests with decent communication and being empowered to make a decision within the realms of safety, rather than being forced into something. It's the difference between feeling passive, like things are happening to you, beyond your control, and having autonomy over your own body and birth.

Write for us!

We are interested in you, your research, your studies, your individual experiences and insights as a midwife, student midwife or MSW.



As the RCM's information provider, we are passionate about providing midwives, student midwives and maternity support workers with opportunities to share and promote their work to the wider midwifery community.

MIDIRS Midwifery Digest **provides the perfect platform for you to share your knowledge and experiences with those caring for women, babies and their families during pregnancy, birth and the postnatal period.**

Our journal

MIDIRS Midwifery Digest is a quarterly, academic journal available in print or PDF format. Its sections cover the whole midwifery spectrum including: *Midwifery & Education, Pregnancy, Labour & Birth, Postnatal, Neonatal & Infant Care*.

Part of the Royal College of Midwives' portfolio of educational resources, the *Digest* is read by midwives and student midwives, but is also relevant to anyone working with pregnant women, new mothers, babies and parents.

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We accept original articles from midwives, students, MSWs and health care professionals involved in maternity care. Whether you are a clinician, a student, or a new or established author, we welcome your contribution. Our dedicated editorial team can advise and support you with your paper.

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For further information

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Revision Date: April 2021

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