THE MAGAZINE OF THE ROYAL COLLEGE OF MIDWIVES

midwives

VOLUME 25 / JULY 2022

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RCM executive director of trade union Suzanne Tyler on fighting for the future we want

Welcome

June saw midwives from across the country coming together in London to stand in solidarity alongside other trade unions calling on the government to make good its support for all NHS workers. The power in a union lies in this camaraderie, where together we express our anger, but also our belief in ourselves and in each other.

At June's rally, we raised our voices to say "enough is enough" and that "we deserve better" because midwives and maternity support workers (MSWs) have made enormous sacrifices. You deliver tremendous care and are now struggling in the face of staff shortages, poor pay, overwork and exhaustion.

It doesn't have to be this way. No one, least of all the RCM, wants to see midwives and MSWs leaving – so we must continue to fight together and support each other.

Solidarity and unity of purpose also underpins the RCM's Race Matters initiative. This is not a project aimed at a single moment in time – this is a fundamental commitment from the RCM to make itself a more equal, more diverse and more inclusive organisation.

I've learnt a huge amount over the past two years about what it means to be an anti-racist ally. I welcome the challenges I have received from Black and brown members: the charge that we must do better, must listen more and must amplify the voices of midwives and MSWs of colour. I've been inspired by the many Black and brown midwives who are actively changing workplace cultures and pushing through ceilings that seem to be made of brick, not glass.

Together, we can be empowered

The growing number of midwives of colour in senior leadership positions is testimony to the power of solidarity, mutual support and the belief that the world can be better.

Mostly I have learnt that injustice experienced by one is injustice for all. As Nobel Peace Prize winner Malala Yousafzai said: "I raise up my voice not so that I can shout, but so that those without a voice can be heard; we cannot all succeed when half of us are held back."

So, I will continue to use my white privilege to take action to address racism and discrimination – and I know RCM members are joining me. Together, we do not need to fear the future: we can be focused, we can be determined, we can be hopeful and we can be empowered.

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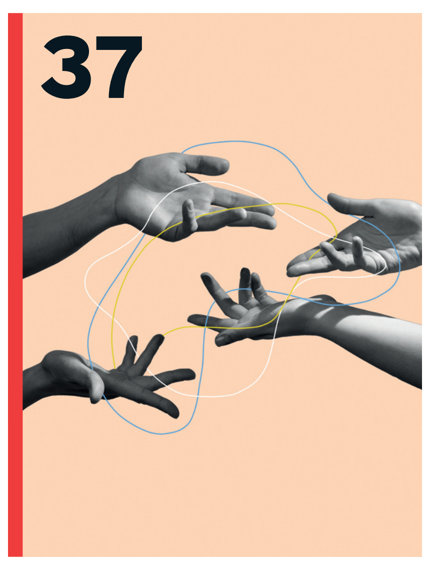

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Becky's story shows the importance of listening to women, birthing people and their families

In brief

YOUR PROFESSIONAL MIDWIFERY NEWS

Whistleblowers' Bill makes progress

A Bill to protect whistleblowers and whistleblowing in accordance with the public interest had its first reading in the House of Commons in April. The Doctors' Association UK (DAUK) is supporting it "in the sad knowledge that healthcare staff are still often hounded, persecuted and punished for pointing out issues of patient safety where there should not be any – and this must stop".

DAUK Chair Dr Jenny Vaughan said: "Healthcare staff need to be able raise patient safety issues all of the time. We're trained to do that, expect it, and point this out as best we can. But sometimes poor safety arises because of the way we are told to work. Then it can be just as hard for staff to speak up as it is for anyone else – because we can also be threatened, sanctioned, isolated, ignored and bullied. Blowing the whistle for us means saving lives in the end."

The RCM also believes that standing up for high standards saves lives and that we should be able to do that without fear. To support this, the RCM has released a guide for raising concerns – you can access it here.

one to watch

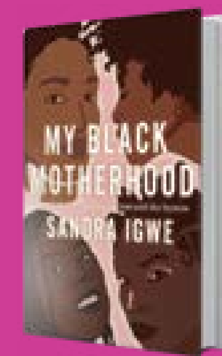
SUPPORT

PAY US PROPERLY

The TUC and all NHS trade unions are demanding better. On 18 June, trade unions marched in support of workers bearing the brunt of the cost of living crisis and demanded that every worker needs a real pay rise in 2022. See page 14 for more.

RECOMMEND

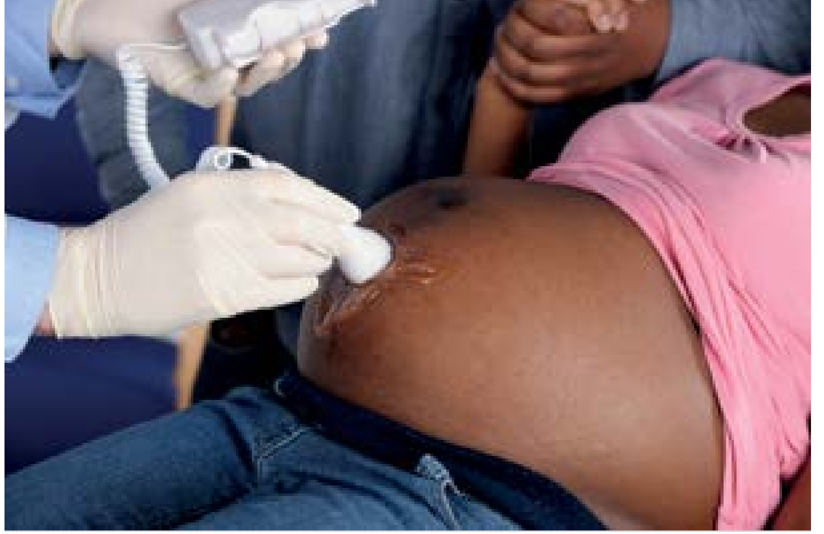
My Black Motherhood: Mental Health, Stigma, Racism and the System by Sandra Igwe, Jessica Kingsley Publishers. Sandra shares her journey as a young Black mother, burdened by cultural expectations.



CELEBRATE

5 July: **happy 74th birthday, NHS** – and thank you.

IMAGES: GETTY / ISTOCK / SHUTTERSTOCK



Equality, diversity and inclusion

Racism risks safety

A year-long inquiry by the charity Birthrights into racism in UK maternity care has revealed extensive evidence of racial injustice. The report, *Systemic racism, not broken bodies*, calls for major changes to address the problem.

More than 300 people interviewed revealed they felt unsafe, were not being listened to, and that concerns about pain and contractions were routinely dismissed (see page 50). Many said serious medical conditions, such as jaundice or sepsis, were not recognised as policies and training use white skin as the norm. Midwives described a "toxic" working environment where staff bullied each other, and a "blame culture" that meant there was a fear of speaking up about or calling out racism.

Read more about the RCM's Race Matters campaign on page 18. In addition, the RCM has long called for an end to NHS charging for migrant women on the grounds of safety and racial equality. Read the RCM's position statement here.

One in 10 women have left work due to experiencing menopause symptoms

Safety at work

COVID-19 guidance

The RCM, UNISON, the TUC, Maternity Action, Unite the Union and The Society of Radiographers – which all provide guidance to women during pregnancy or support women at work – say the removal of COVID-19 guidance for employers is very concerning. It undermines the legal regulations and requirements that should be in place to manage the risk of COVID-19 in the workplace for expectant mothers and could expose pregnant employees to harm at work.

A joint letter sent to the government has urged it to republish clear, accessible guidance for all UK employers to ensure compliance with the legal duty to protect the health and safety of pregnant employees in the workplace. UNISON General Secretary Christina McAnea said: "The pandemic is far from over. Expectant mothers are among those most at risk from the virus. The government should be taking the lead and ensuring employers have access to the most up-to-date guidance, not taking it away."

MENOPAUSE STUDY

The largest-ever survey of menopausal women has revealed a shocking lack of basic support and a stigma that means the needs of menopausal women are being ignored in the workplace and by healthcare providers.

The study, carried out for the Channel 4 documentary *Davina McCall: Sex, Mind and the Menopause*, shows that 77% of women find at least one menopause symptom 'very difficult', with sleeping (84%), brain fog (73%) and anxiety or depression (69%) the most likely. Meanwhile, 44% of women say their ability to work has been affected and 52% have lost confidence. Most menopausal women say their workplace has no basic support in place. One in 10 have left work due to their symptoms.

Jemima Olchawski, chief executive of gender equality and women's rights charity The Fawcett Society, said: "This is a huge loss to those women but also to our economy. What's so frustrating is that this is completely unnecessary. Our research shows that providing flexible working options, training for managers and support networks would hugely benefit women and in turn encourage them to stay in the workforce. The government needs to make urgent changes."

Read the *Menopause and the Workplace* report here.

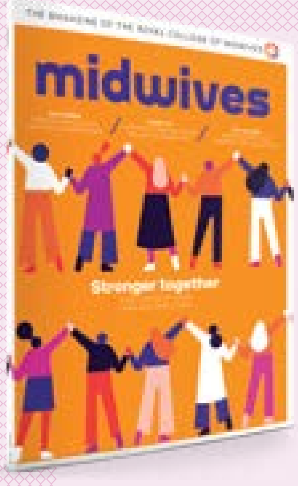
Vaccination

Increased uptake in COVID-19 vaccine

With COVID-19 numbers rising again, it's vital to get vaccinated. New UK Health Security Agency figures (UKHSA) show nearly three in five (59.5%) women who gave birth in January 2022 had received at least one COVID-19 vaccine dose, up from 53.7% in December 2021. Of those, over half (50.6%) had received two doses, up from 43.3% in December 2021. This follows new research from St George's, University of London and the Royal College of Obstetricians and Gynaecologists (RCOG) that reinforces the safety of the vaccine, finding that it reduced stillbirths by 15%.

Gill Walton, RCM chief executive, said: "This is really welcome news because we know that having the vaccine is the best way for women to protect themselves, their baby and their families. Hundreds of thousands of pregnant women across the UK, Europe and the USA have had the vaccine with no harms reported. We must not forget that this potentially deadly virus is still circulating at high levels. As COVID-19 restrictions loosen, it is more important than ever to have the jab".

Worryingly, the UKHSA figures show COVID-19 vaccine uptake remains low among Black pregnant women and those living in the most deprived areas. St George's and the RCOG say a concerted effort is needed to reach these women with information.



THANK YOU

"I have just received the latest *Midwives* magazine [May] and read 'Caring for you –Thank you'. I was inspired to add my own:

"Thank you to my wonderful tutor who told me to 'hang in there' when I wanted to quit my training, the matron who allocated me to delivery suite on my first day as a new midwife and to all the mothers who have made it worthwhile for 42 years."

Regards, Penny Taylor *Recently retired midwife*

MIDIRS Digest

1 Why are some voices not heard? Exploring how maternity care can be improved for women with limited English. Joanne Cull, Nafiza Anwar, Emma Brooks, Jenny Cunningham, Jane Forman, Denise Hall

2 Black, Asian and minority ethnic midwives' perceptions of the maternity workplace culture, Jaspreet Garcha

3 'The sudden shift' — an evaluation of the attitudes of student midwives to online learning during the COVID-19 pandemic. Nikki Lacey, Grace Thomas

4 Fathers providing kangaroo care in neonatal intensive care units: a scoping review. Qiuxia Dong, Mary Steen, Diane Wepa

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**

IMAGES: ISTOCK / SHUTTERSTOCK

Staff shortage

Leaving the profession

Despite an overall increase in the number of midwives on its register, the NMC has raised concerns about the numbers that are leaving the profession. The RCM echoes its concerns, and says the number of NHS midwives is also falling as staff are struggling to keep pace with rising demands on maternity services, and the gaps to cover those leaving are not being plugged.

RCM chief executive Gill Walton said: "We are already 2,000 midwives short in England, yet the number continues to fall while demands on maternity services grow. Other UK countries are also facing pressures. This is not sustainable and is without doubt affecting the safety and quality of care for women, babies and their families.

"It is also putting massive and unreasonable pressures on NHS midwives and maternity support workers – already battered by the pandemic – and many are starting to vote with their feet. They are deeply concerned they cannot do their job well and safely, and the excessive demands on them are also hitting their mental and physical health. In many places, staff goodwill is keeping services safe and afloat. This situation is chipping away at the morale and resilience of an already fragile workforce. We must support, protect and enable them to do what they came into the profession to do: deliver the best possible care to women and babies."

RCM analysis of the latest official NHS workforce statistics show that in the 12 months to June 2022, England's NHS midwifery workforce shrank by 677 midwives, continuing a downward trend. Read RCM's public affairs advisor Stuart Bonar's blog here.

The number of NHS midwives is falling as the gaps to cover those leaving are not being plugged

Harmful practices

Collaboration Award

A coalition of charities campaigning for a complete ban on virginity testing and hymenoplasty won the Best Coalition or Collaboration Award in May at the Sheila McKechnie National Campaigner Awards.

The Iranian and Kurdish Women's Rights Organisation, MEWso: Rebuilding the Lives of Vulnerable Women, and Karma Nirvana, representing women and girls coerced into virginity testing and hymenoplasty, came together with the RCM and RCOG to challenge the dangerous myths around 'virginity'.

Both the World Health Organization and the United Nations have called for virginity testing to be banned. Yet a BBC Investigation found 21 UK clinics that offered the harmful practice – which at the time was legal and readily available – along with hymenoplasty, the connected, invasive surgery to reconstruct the hymen. Together, the coalition's campaigns persuaded the government to amend the Health and Care Bill, making virginity testing and hymenoplasty illegal, alongside it being illegal for a UK resident to offer or carry out virginity testing outside the UK.

What's on?

JULY
Group B Strep Awareness Month

JULY
Talk to us #WeListen campaign – Samaritans

1 JULY
120th anniversary of the Midwives Act

2 JULY
London Pride

3 JULY
National Bereaved Parents Day

15 JULY
Tolpuddle Festival

18 JULY
Black Leaders Awareness Day

18 JULY-17 AUG
South Asian Heritage Month

30 JULY
World Day Against Trafficking in Persons

1-8 AUG
World Breastfeeding week

30 AUG
Grief Awareness Day

Working for you

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

Quitting over pay

A poll of NHS staff has revealed that four out of five NHS health workers (80%) would quit the NHS over widespread concerns about their pay. Of those considering leaving, 79% say an inflation-busting pay rise would persuade them to stay. The results came as thousands of NHS workers and the RCM joined the TUC's cost of living rally in London in June.

The majority of the more than 2,000 people who responded to the poll said the main reasons they are considering leaving the NHS was because their pay was not keeping up with inflation, and that the increasing cost of driving for work and hospital parking charges meant they have no other choice. Alarmingly, one in five staff (22%) are now either actively looking to leave the NHS – or are already in the process of leaving – for better-paid jobs, which will further worsen staff shortages.

After pay, feeling undervalued by the government and their employer was most likely to make people consider leaving. This was cited by nearly two-thirds of staff (64%).

The survey was run by the #WithNHSStaff campaign, which represents 13 NHS health unions, including the RCM, UNISON, Unite, the Chartered Society of Physiotherapy and the GMB.

MILEAGE RATE INCREASE

Northern Ireland Health Minister Robin Swann has said a new mileage rate will apply to all work-related car travel by Agenda for Change staff, including Trust-employed community midwives.

Rates are currently £0.56 per mile for the first 3,500 miles and £0.20 for each mile thereafter. The increase means the rate paid for mileage incurred above 3,500 miles will now be £0.30 per mile for a six-month period. Mary Caddell, the RCM's regional officer for Northern Ireland, said the announcement was welcome news, "particularly for those midwives who are required to use their vehicles frequently for work. The RCM – along with other unions in Northern Ireland – have been calling for this for some time."

A midwife who wished to remain anonymous said: "As a community midwife, I cover a huge geographical area. This is exceptionally costly. The women we care for are also being affected by increased fuel costs, with some unable to afford to make journeys for appointments. This means they are relying on us more to facilitate care in their homes."

It will take time to introduce the new rates via staff payrolls. The RCM and other unions are asking employers and the Northern Ireland Department of Health if fuel cards can urgently be made available to those who have exceeded the 3,500-mile threshold.

IMAGES: ALAMY / SHUTTERSTOCK

RCM in brief

RCM publications update
Guidance on migrant women – position statement: Caring for migrant women statement and pocket guide: Caring for migrant women pocket guide
Supporting the implementation of Ockendon 1: Solution Series: Solution Series
Informed decision-making: Informed Decision-Making
Care outside guidance: Care Outside Guidance
Safer staffing position statement: Safer Staffing Statement
Standing up for higher standards: Standing up for higher standards

England Women's Health Ambassador role
The RCM has welcomed Dame Lesley Regan's appointment as the first Women's Health Ambassador for England. Gill Walton said: "Dame Lesley is a good friend of the RCM and a fervent champion for women's health, and I heartily welcome her appointment. I could not think of anyone more skilled, qualified or suitable, and with the experience and knowledge needed to take on this challenging and important role."

Save the date
17 November – All Ireland joint midwifery conference, organised by RCM NI and the Irish Nurses & Midwives Organisation, to be held in Cavan.

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

Queen's Jubilee Honours

CBE for RCM's chief executive

Gill Walton, the chief executive and general secretary of the RCM, has expressed her joy and delight at being appointed a CBE in the Queen's Jubilee Honours. Gill said it is a reflection of the importance of midwifery.

Gill said: "I am truly honoured to have been appointed a CBE by Her Majesty the Queen, and I am so proud to receive the award on behalf of midwives and maternity support workers, of all those working in maternity services. Every day, women and families across the country are supported and cared for through pregnancy, labour, birth and in the postnatal period by passionate, committed staff. Being a midwife is something I feel in my core, so to receive this award is both humbling and gratifying."

Before joining the RCM in 2017, Gill had more than 30 years' experience of delivering care and leading maternity services. She has often advised on improvement programmes within maternity services, including in support of Morecambe Bay following the Kirkup report in 2015. Always a proponent of woman-centred care, Gill is passionate about the difference midwives can make for women as their advocates.

"Midwives make a difference. They support women and families at some of the most joyous, but also some of the most anxious, times. The past few years have been really tough for maternity services, and the challenges continue. Yet midwives and maternity support workers keep going, supporting those in their care and striving for safe, high-quality care. I'm so proud to be part of this profession. Having this recognised by Her Majesty in such a special year is just fantastic."

Gill has been instrumental in ensuring that the voices of the RCM's 50,000 members are heard by policymakers across the UK. Her collaborative approach – working with partners across maternity services, from clinicians to service users – has made the RCM a trusted voice in maternity reform. The One Voice partnership, established by Gill and the past president of the RCOG, Lesley Regan, brings together organisations working in and around maternity care to offer a solution-focused approach to the challenges facing services – something that has never been more necessary.

Andrea Sutcliffe, chief executive and registrar of the NMC, said: "I'm so pleased to see Gill honoured with a CBE. Gill is a fantastic leader of the midwifery profession and has made a huge difference to improving maternity services for the benefit of women, their babies and families."

Karen Jewell, chief midwifery officer for Wales, said: "I am so delighted that Gill has been honoured on this very special occasion. Gill is a strong advocate for midwives and families and has also brought together the four nations. This is extremely well deserved."

Working conditions

Survey of Scottish members

An RCM survey of members in Scotland has shown half say they rarely have enough staff to provide safe care for women, while seven out of 10 midwives are thinking of leaving due to low staffing levels and frustration with the quality of care they can provide. As one respondent said: "I love being a midwife, but I hate the care I am giving."

Nearly all (88%) said they have significant work-related stress, and nearly all said they are missing breaks, with over half saying this happens two to three times a week. Many do not even get the chance to have a drink or go to the toilet on 12-hour shifts.

The RCM has made recommendations to address these issues, including a call for more support for early-career midwives. There is also a need to ensure midwives have time for essential education and development, which is key to safer and better care. An accurate tool to determine midwifery staffing levels is also overdue.

Jaki Lambert, RCM director for Scotland, said: "There is a disconnect between what maternity services need and what is available to them in terms of funding, professional development, resources and staffing. It is only the incredible determination, skill and sheer willpower of midwives and their colleagues that are holding services up. Without action, the staff – and the system they are propping up – will break. This is not safe, it's not sustainable, and it's not acceptable."

Action on pay

Scottish pay offer won't cut it

The RCM in Scotland has responded to a pay offer of 5% for its members with anger and disappointment. The pay offer, which is well below inflation, is not enough to retain staff who have already had enough of years of pay that has not kept pace with inflation and the rising cost of living.

A recent RCM survey of midwives in Scotland has shown how low morale is, with seven out of 10 midwives considering leaving the NHS. The RCM said the offer is an insult and could be the final straw for those already considering leaving midwifery.

Jaki Lambert, RCM's director for Scotland, said: "If they accept this offer, they will not see any real-terms improvement in their pay from last year. We called on the Scottish government for an inflation-proof pay rise, so this offer will not cut it.

"We've also laid out the reasons why a decent pay increase was so desperately needed to improve recruitment and retention challenges, and to ensure more staff don't head for the door."

The RCM will now move to consult with its members and are urging all members to have their say and respond to the consultation.

WORKFORCE ISSUES

RCM's Gill Walton has given evidence to the House of Commons Health and Social Care Select Committee in an inquiry into NHS workforce issues. The RCM has offered the government solutions to the recruitment and retention crisis, one of which is flexible working.

June's NHS workforce report revealed that the number of midwives in England is now lower than at the time of the last general election. The previous report showed a drop of 677 midwives over the preceding 12 months. This, coupled with an existing shortage of well over 2,000 midwives, means maternity services across England continue to suffer.

Gill said: "The RCM has warned for years that a shortage of midwives is impacting the delivery of safe care. The Ockenden report once again cited understaffing as a key factor in the tragedies that happened at Shrewsbury and Telford. Also, the majority of Care Quality Commission reports into failed or failing maternity services tell us every time that understaffing is a key contributing factor. When will the government realise that their own manifesto commitment to 'make the NHS the best place in the world to give birth' won't work without enough midwives?"

Watch Gill give evidence here, and **watch the whole session here**

Equality, Diversity and Inclusion

End racism in the NHS

In response to the report into racial injustice in UK maternity care by pregnancy and childbirth charity Birthrights, Gill Walton said: "It is a wake-up call for all of us in maternity care that we are not making the progress needed to deliver consistent care for all women, regardless of ethnicity or skin colour. It saddens me even more that some of the racism they face has come from the very staff there to care for them.

"The RCM is committed to being anti-racist, supporting midwives and maternity support workers [MSWs] of colour and improving the care given to Black and Asian women. Our NHS should be a place where Black and brown women – and staff – are listened to and feel safe, cared for and supported. But sadly this is too often not the case."

The RCM has been working hard to address these issues via its Race Matters programme. This aims to improve maternity care and outcomes for women and staff who are Black, Asian and minority ethnic. As part of the programme, the RCM put forward a motion at the TUC Black Workers' Conference to decolonise the midwifery curriculum, calling for better training in assessing different skin tones.

The RCM has been highlighting the disproportionate number of disciplinary cases against Black, Asian and minority ethnic midwives; it has just completed a survey of their experiences, which it will report on. The RCM has also been championing the maternity rights of migrant women in the UK and recently published guidance on caring for them.

Last year also saw the RCM launch a mentoring scheme to support the career development of Black, Asian, and minority ethnic midwives and MSWs, with the aim of creating more leaders from Black, Asian and minority ethnic communities in maternity services.

Gill added: "We can and must turn this around so that women – whatever their race, skin colour, religion or ethnicity – are treated equally and respectfully by the NHS and its workers. All of us – from the RCM to governments and NHS Trusts and Boards - must do more and must do better."

Language and communication

Re:Birth: report released

The RCM's collaborative Re:Birth project has developed a shared language for pregnancy, labour and birth that improves communication and helps build trust.

The RCM's Gill Walton said: "There has been a heated debate around the term 'normal birth'. Whatever your personal perspectives, it's clear the term means many different things to different people, which has caused confusion and upset.

"This has raised questions about all the terms we use to describe different types of birth. How can we ensure the language we use helps support safe and high-quality care? Which terms serve our maternity community best? Many of us in maternity care, including the Royal College of Midwives, believe that this language needs to be reviewed and, in a sense, reborn. Hence, Re:Birth."

Re:Birth has received input from thousands of people, including nearly 1,500 who had given birth in the past five years.

Shirley Cramer CBE, the independent chair of the project, said: "Pregnancy and birth are extraordinarily personal, and personalising care is central to good outcomes and experience. Women were keen to tell us how terms such as 'failure to progress' or 'lack of maternal effort' can contribute to feelings of failure and trauma. In every aspect of our lives, language matters. We hope Re:Birth will help to embed a shared, respectful way of discussing birth."

Read the report's findings here.

I-LEARN

- **Caring for You** – Promoting compassionate and supportive workplaces; Building resilient practitioners*; Coroner's Court; Appreciating dyslexia; Home birth midwife: is it for you?; Lone working: advice and good practice; Staying safe with social media; Undermining and bullying behaviours in the workplace
- **ABC** – Human factors: reducing errors in maternity care
- **Tommy's** – Saving babies' lives: addressing stillbirth
- **Voice of a mother**- Communication in labour: a personal perspective

(*this module has mindfulness and other tools to build resilience)

IMAGES: GETTY / ISTOCK

United we stand

On 18 June, RCM members joined thousands of workers in a TUC rally in London to call for better pay and more support for working people

The rapidly rising cost of living and years of poor pay increases that have not kept pace with inflation mean more NHS staff and other workers are struggling with day-to-day living costs. Trade unions say the situation is worsening by the week, with more staff falling into debt and turning to food banks to feed their families.

Alice Sorby, RCM director for employment relations, says: "All the health unions have warned the government that the NHS staff recruitment and retention crisis cannot be solved without a game-changing retention package and an inflation-busting pay rise. Without this, the NHS will continue to lose staff at alarming rates. Staff have had enough, and they are now at breaking point – it's within the government's gift to turn this worsening situation around by paying all NHS staff what they are worth."

More than 63% of NHS staff recently surveyed said the stress and pressure of staffing shortages was affecting their health, with 70% saying they are unable to provide the quality of care they would like. The unions say that understaffing is now at unprecedented levels

– and this is having a detrimental impact on the physical and mental health of their members, who are frustrated that they are stuck in a system that is preventing them deliver quality care to patients.

Claire Sullivan, the Chartered Society of Physiotherapy's director of employment relations and union services, added: "These shocking figures must act as a wake-up call. NHS staff are exhausted and overworked after the hardest two years of their working lives. More than ever, the NHS must be able to recruit new staff and retain its current workforce; a real-term pay rise is essential in making that a reality."

At the rally, the RCM also highlighted the long-standing and chronic midwife staffing shortages in the NHS. England is 2,000 midwives short of the numbers needed, and this is worsening every month. June's NHS workforce figures for England revealed that the number of midwives in England is now lower than at the time of the last general election. The previous NHS workforce report showed a 12-month drop of 677 midwives.

Gill Walton, the RCM's chief executive, was one of the keynote speakers at the rally. She drove home the message about the impact that staffing shortages, underinvestment and pay rapidly falling behind the real cost of living is having on maternity services and its staff.

Suzanne Tyler, executive director of trade union at the RCM and a member of the TUC General Council, said: "The government has to listen to the impact their policies and intransigence are having on our members, on other working people across this country and on the services they provide. Maternity services are in crisis, with rising demands and without the staffing and resources to meet them. Its staff are fragile, overwhelmed and deeply demoralised – and many are choosing to leave the NHS because they cannot deliver the safe and high-quality care they want to.

We must see this government significantly step up its investment in maternity services and their staff, and give them the inflation-busting pay rise they need and deserve. This is why we joined the TUC rally: to demand better for maternity services, for midwives, for midwifery support workers [MSWs] and for all workers.

"I am proud that the RCM gives voice to midwives and MSWs at local and national level, with government and employers – but also within the trade union movement. We were at the head of the TUC rally and the experience of midwives and MSWs got a massive response. Being an effective trade union is about negotiating, influencing sometimes shouting and always building bridges, that's my job leading the RCM trade union – with 50,000 members behind me I feel powerful."

▲ RCM members sent a strong message

▲ Pay for midwifery workers and the staffing shortage were key issues

IMAGE: GETTY

MEET THE RCM TRADE UNION TEAM

SUZANNE TYLER, executive director, trade union

ALICE SORBY, director for employment relations

LYNN COLLINS, director of field services

Listen to the RCM podcast Your Trade Union here

MORE INFO

Find out more about the RCM and the TUC here

Watch Gill Walton's speech at the rally here

Advertorial

Training places

Based in Tooting, London, St George's University Hospitals NHS Foundation Trust is a large teaching hospital with a maternity unit that cares for more than 5,000 women each year. We take great pride in promoting midwifery by delivering holistic woman-centred care to our diverse local community. Our enthusiastic and dynamic midwifery and obstetric teams work closely together, with a positive embedded multidisciplinary team (MDT) culture.

We strive to provide excellent clinical support and pastoral care to those who decide to join our vibrant maternity team. In line with this, we recognise the vital role our preceptee midwives and maternity support worker (MSW) colleagues play in the St George's MDT. Thus, we are proud to present new projects that we've developed: our revamped preceptorship programme, and our brand new maternity helpline and MSW programme.

Mark of quality

Our preceptorship programme was recently updated to respond to the needs of our Band 5 midwives, and has been awarded a CapitalMidwife quality mark. As a Trust, we are committed to supporting newly registered midwives, with a programme aimed at offering high-quality clinical training and pastoral care. In particular, we created four bespoke study days for midwives to learn in a friendly environment while sharing experiences with fellow preceptees. The feedback so far has been very positive: "I loved the study day: it gave me the opportunity to understand very important topics and to interact and get to know all my colleagues," one participant said.

We are also working with the CapitalMidwife consortium to recruit internationally educated midwives to our preceptorship programme and our thriving midwifery team. Also, we work in proud partnership with Kingston University to deliver our new MSW programme, to train and upskill our MSW colleagues to become Band 3s. It is offered to all our Band 2 colleagues in maternity and will support them to provide the best evidence-based care to women and their families. We are developing two different courses, which will run twice per year.

Almost all our current Band 2 colleagues are enthusiastic and positive about this chance to progress in their careers: "The opportunity for progression from Band 2 to Band 3 is one I'm grateful for. This course will allow me to develop my skills earning a chance to take on further responsibilities confidently and competently while supporting mothers and their babies," an MSW said.

Moreover, we are delighted to announce a new maternity telephone helpline for both expecting and new parents that provides direct access to support from our team of midwives. Parents can call 0208 725 2777 seven days a week for support and advice. We strive to provide easier access to the right maternity care. The feedback we've had so far is extremely positive.

The place to be

We are committed to meet the specific and individual needs of women who come from a wide range of social and cultural backgrounds. Our aim is to improve retention, enhance clinical support to midwifery staff whilst improving quality of care across our maternity service for all women and their families. We have several vacancies available across the service. Come and join us at St George's!

CONTACT US
maternity.practicesupport@stgeorges.nhs.uk
0208 7252033
VISIT OUR WEBSITE
Maternity - St George's University Hospitals NHS Foundation Trust
FOLLOW US ON
Instagram and Twitter

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.

Your article can be used as evidence of continuing professional development and NMC revalidation requirements, demonstrating a commitment and interest in extending your own and others' knowledge.

Original articles published in the *Digest*, are added to the Maternity and Infant Care (MIC) database and can be accessed by subscribers. You are immediately sharing your work with an even wider audience and further contributing to the improvement of maternity care.

Who writes for the Digest?

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.

Submitting a paper

Depending on the content, articles vary between 1000 words for viewpoint/discussion papers to 3500 for research papers. Author guidelines and details of how to submit your article can be found on www.midirs.org.

For further information

For informal enquiries, questions or support with your submission, please contact MIDIRS Digest Editor, Sara Webb at: sara.webb@rcm.org.uk.

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race matters

June marked the second anniversary of the RCM's Race Matters campaign. It has achieved much, despite being overshadowed by the COVID-19 pandemic – and, importantly, it has much more to do

Safe and high-quality maternity care is the right of all women; so too is the right to equity and equality in the workplace. But for too many, this is not the case because of the colour of their skin. Recent reports such as *Systemic racism, not broken bodies* by the charity Birthrights show a system rife with racism from caregivers, less choice for Black and brown mothers – who experienced being ignored or not believed when talking about their pregnancy and care – and even coercion. Meanwhile, staff surveys continue to highlight the disproportionate number of disciplinary cases against Black, Asian and minority ethnic midwives alongside instances of racial bias and career-limiting assumptions.

The RCM's Race Matters campaign aims to improve maternity care and outcomes for Black, Asian and minority ethnic women and working conditions in the NHS for Black, Asian and minority ethnic staff. Despite COVID-19, the RCM has never wavered from its commitment to equality; its Race Matters campaign has been steadily transforming maternity services, working alongside others who have been instrumental in improving racial equality in healthcare.

ILLUSTRATION: BETH GOODY

Jane Bekoe

HEAD OF EQUALITY, DIVERSITY AND INCLUSION AT THE RCM

Jane was formerly a Race Matters project midwife and is delighted that this role will be filled again by someone she can work alongside. "We're going to engage and increase the membership of Black and Asian members and get them involved," she says.

In Jane's former role, she engaged with members initially by giving them an open question. "I asked: what has your membership been about? I picked up the themes of what they were saying, and formulated questions based around them. After nine months of the process, I've come up with three themes: visibility, representation and support.

"Based on those three areas, most of the people talk about the support that they felt was lacking in the representation by our organisation and in their workplace. Where there were Black and Asian reps, they felt that the engagement was better, but in some areas they have no representation. Where there are higher rates of referral to the NMC, there's no support in terms of writing statements and how to manage the case."

So far, Jane's proudest achievement is that she has been able to transfer all her previous skills and have an impact within the RCM – even though, she notes, "I came into the equality, diversity and inclusion (EDI) world by default, based on the lived experiences of employees in the NHS. I've also implemented a Race to Lunch workshop, which occurs bi-monthly. Anyone can join and the topics are about race and members."

The workshops were launched in March, with topics including membership, ethnicity and healthy eating, and midwives and research on ethnic groups.

Jane is passionate about collaborative working: "Collaborating with others can get you further ahead on the journey. It's about stakeholders and trying to fix a broken puzzle. And really just strengthening that stakeholder engagement, and making sure things are a two-way street – because sometimes people will take from you, but you're not really getting that professional relationship back."

She has also become the founder of a staff network at the RCM for Black and Asian staff – the first of its kind – which the members have named Diversity.

"This is going to be an inclusion network for everyone. The next step will be how we introduce people with protected characteristics, because I want it to be a space in which people who also have an interest in supporting the network's cause could come or be a part of, even if they did not want to disclose if they have a protected characteristic."

There are nine protected characteristics: age; race; sex; disability; pregnancy and maternity; religion or belief; married or civil partner status; sexual orientation; or gender reassignment. All of these come under the Equality Act 2010.

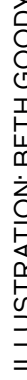


ILLUSTRATION: BETH GOODY

Benash Nazmeen

ASSISTANT PROFESSOR IN MIDWIFERY AT THE UNIVERSITY OF BRADFORD AND RCM FELLOW

Benash says she feels very privileged to have become an RCM fellow: "I feel that it's a great opportunity for me to be able to continue doing the work. The RCM fellowship means that I can support the RCM, but also remain objective and be able to be a critical friend."

She and Hannah Thompson, a midwifery lecturer at Sheffield Hallam University – "a brilliant midwife and amazing ally" – are running a series of non-profit cultural competency and safety workshops for maternity care professionals. "We've had successful and popular sessions on infertility and bereavement, and we've covered culturally sensitive topics such as continuity, stereotypes and biases, and how assumptions can make care worse. We're sending people back to work much more culturally sensitive." Benash and Hannah are putting the coursework into book format to reach those who can't attend the workshops.

Benash is co-founder and director of the Association of South Asian Midwives. "We have a growing number of members who come to us for pastoral support and for safe spaces, who we are able to advocate for in different areas regarding different concerns they may have," she says. Benash is also on the MBRRACE-UK panel and a specialist advisor for the Care Quality Commission on EDI and governance, as well as midwifery. She co-chaired the Birthrights report *Systemic racism, not broken bodies.*

Benash feels that calling Race Matters a campaign would be a disservice. "This is more than a campaign – it's a movement, and you can see the difference. The commitment is there and we can feel that as members. This is really difficult and lonely work sometimes. And what I'm most proud of is what people have put into action after they've either seen or heard from me or when they have interacted with me.

"It's a slow, hard, long road. It's a marathon, not a sprint, but I like to think of it as a relay. It's not any one person's responsibility, and I feel confident that if I'm unable to go on, I can hand over a baton to all of those who have been inspired by what they've seen, heard and are passionate about. I think the most challenging issue has been the level of ignorance. I don't mean that disrespectfully – I think a lot of people don't realise or even think race is an issue, which is making me realise that the majority of the people in the workforce don't realise how much it affects our colleagues and the service users we care for."

Race Matters is more than a campaign – it's a movement

FIGHTING RACISM: RCM RACE MATTERS AWARD 2021 WINNERS FATIMA GHOUCH AND SAMUKELISO SIBANDA, NORTHAMPTON GENERAL HOSPITAL NHS TRUST

Midwives Fatima and Samukeliso built on their own life experiences to give voices to the voiceless among colleagues and women. Their approach has improved birth outcomes for local Black, Asian and minority ethnic communities while improving staff experiences.

They were able to show evidence for the impact they have made – for example, homebirth rates rose and stillbirth rates fell among Black, Asian and minority ethnic women in their communities.

They introduced reverse monitoring, with directors coming into clinical areas to experience the working lives of Black midwives. They used Black Lives Matter to open challenging conversations with colleagues and are demonstrating how small things really matter. They achieved much in eight months to put race awareness, inclusion and respect firmly on the agenda.

They embody the principle that if midwives' voices are heard, so too are women's voices. They have shown that change is possible and have overcome resistance to make services and working environments for Black, Asian and minority ethnic midwives better.

DECOLONISING EDUCATION

At the TUC Black Workers' Conference in May, the RCM put forward a motion to decolonise the midwifery curriculum, calling for better training for midwives in assessing women and babies with different skin tones. The lack of teaching about darker skin tones in midwifery education could be exacerbating racial inequalities in maternity care; this is an area that the RCM is championing and which it will highlight at its conference later in the year.

Skin examination is an important part of assessing the health of mothers and newborn babies. Traditionally, teaching has been based on lighter skin colours. This could leave midwives without the skills needed to accurately assess women and babies with darker skin colours.

This is starting to change in student midwifery education and in ongoing training for midwives, but the situation is patchy across the UK.

Jane Bekoe says: "This one small step is a huge opportunity to change the narrative – and, most crucially, could improve pregnancy and maternal outcomes for Black, Asian and minority ethnic women. These efforts must also travel right through the theory and practice of all midwives. Improving colour awareness will lead to improved and safer maternity care."

Inequalities in maternity services are shown in the stark statistics on mortality rates for Black and Asian women. They are respectively four times and twice more likely to die in and around pregnancy than white women. Additionally, Asian infants are three times more likely to die in their first year than white infants.

ILLUSTRATION: BETH GOODY

Nafiza Anwar

LEAD MATERNAL MEDICINE MIDWIFE FOR NORTH EAST LONDON AND RCM FELLOW

Surprisingly, Nafiza never thought being an RCM fellow would happen to her. "I'm still very much buzzing from it! It's probably the biggest achievement in my career. Because it's about acknowledgement, it's about recognition. I feel very privileged to be part of the RCM fellowship family, because I think with that behind me, I can support the RCM to support members from the minority groups and uphold the union's principles. I think the RCM is doing some amazing stuff with Race Matters. I feel honoured to be part of the fellowship and to be able to support and guide.

"With the Association of South Asian Midwives, our main objective was obviously to support South Asians in the workforce and in the community. But we now have members from all marginalised communities – we are open to everybody," Nafiza says.

"The barriers that are there because you are Black or brown are enormous, and people have lost trust. You don't want to be going to work and be miserable. It affects your mental health and your wellbeing," she adds.

"All those factors are there; for example, the way the universities select the interview processes – all these things are seen through that white lens. We have to look at how we can make it equitable and fit for all.

"We held the Through the Dark Lens conference last November, which celebrated Black and brown excellence within the perinatal health services. There is so much good work going on by Black and brown individuals, groups and organisations, but we never hear of it. The conference was a success, so we are holding another one this November.

▲ Nafiza and Benash (standing, second and fifth from left) with members of the Association of South Asian Midwives

"We did some collaborative work with the Society of African Caribbean Midwives, which was initially to facilitate a safe space session for marginalised midwives. There are many Black and brown midwives out there who have been stuck at certain levels.

"When we do try to improve ourselves or attain the experiences or the skills that we need to move higher up the professional ladder, we're not supported, or we don't seem to get the same opportunities as our white counterparts. The report *What we need to thrive: experiences of ethnically marginalised midwifery professionals in the workplace* was written as a result of that.

Nafiza is optimistic about the future. "Following on from COVID-19 and Black Lives Matter, we have got a momentum going. For the first time ever, we are talking about race, we're talking about racism, we're talking about sensitive issues that we never spoke about. We can see now that it's everywhere and still there's so much work to be done because it keeps coming up."

[Watch the RCM's Break The Bias webinar here]

Wendy Olayiwola

NATIONAL MATERNITY LEAD FOR EQUALITY FOR NHS ENGLAND AND NHS IMPROVEMENT, RCM FELLOW AND PROFESSIONAL MIDWIFERY ADVOCATE

"I was delighted to be made an RCM fellow," Wendy says. "In all honesty, I didn't expect to receive the award, so it was an excellent surprise! There are many deserving ethnic minority midwives out there, so if my award spurs them into applying, that is good. Furthermore, the award makes me more determined to do even more to improve outcomes for Black and minority ethnic women, while encouraging and supporting my colleagues to raise the bar for maternity care.

"My work in advocating for equality in care and outcomes for Black, Asian and minority ethnic women goes beyond my current role. Previously, I worked in a community with a predominantly Black and brown population, with the challenging issue of poor access to care and poor outcomes. The national picture of unequal outcomes was represented starkly in this area. The service implemented initiatives at the local level to begin to address the challenges. My current role gives me the opportunity to do much more at a national level.

"Women living in the most deprived areas are twice as likely to experience neonatal deaths and four times more at risk of stillbirth. So these are the challenges we face."

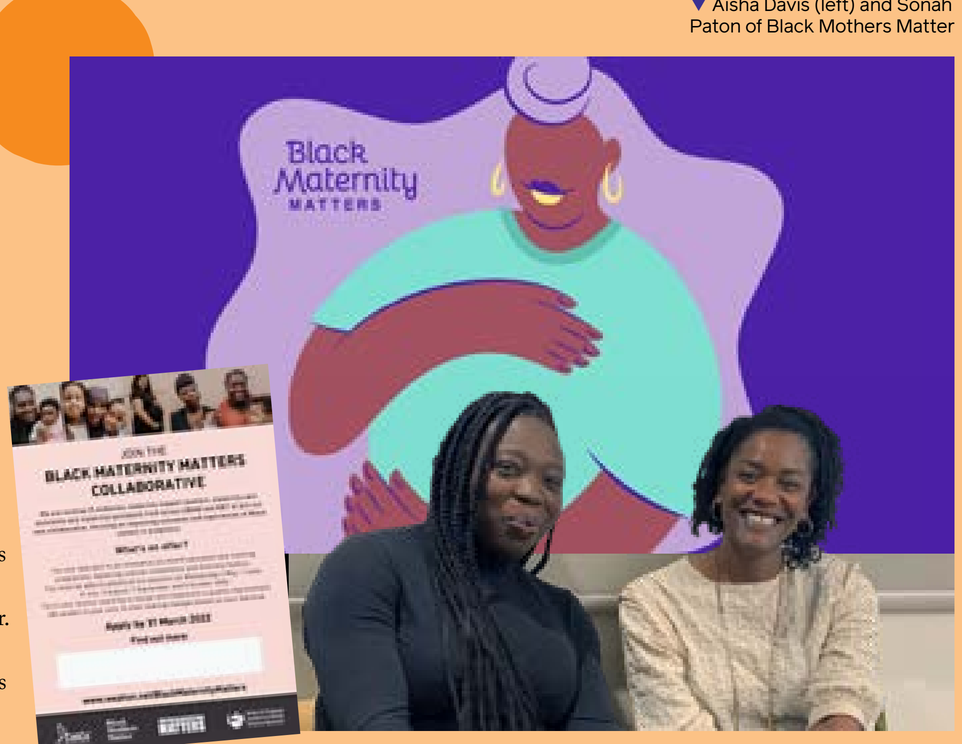
Nevertheless, there may be 'green shoots', Wendy says. "We have seen a reduction in maternal deaths among Black women, from five times greater than for other groups to four times greater. But there's a lot left to be done."

The most recent NHS Workforce Race Equality Standard data shows that in 2021 only 29% of Black midwives reported that their organisation acted fairly with regard to career progression or promotion, compared with 86% of white and 70% of Asian midwives, Wendy says. "This is in addition to the fact that 32% of Black midwives, as opposed to 19% of Asian and 9% of white midwives, have said they've experienced discrimination at work from service users, their relatives and other members of the public. Specifically, 33% of Black midwives reported discrimination from managers, compared with 22% of Asian and 6% of white midwives."

But Wendy is nevertheless optimistic: "I am excited about the opportunities that exist to reduce maternal and neonatal deaths through positive action, and to make maternity teams diverse and caring ones that provide opportunities for all their staff. I am fully committed to implementing NHS England's equity and equality guidance and look forward to supporting the Local Maternity Neonatal System and Integrated Care Boards to support equity of maternity care provision."

Only 29% of Black midwives reported that their organisation acted fairly with regard to career progression or promotion

Ann Remmers
MATERNAL AND NEONATAL CLINICAL LEAD, WEST OF ENGLAND ACADEMIC HEALTH SCIENCE NETWORK (WEAHSN)



Aisha Davis (left) and Sonah Paton of Black Mothers Matter

"Our project is called Black Maternity Matters," Ann says. "We met Aisha Davis and Sonah Paton, who run the Bristol-based organisation Black Mothers Matter. They formed Black Mothers Matter as friends who shared their own experiences of childbirth and realised that they had experienced aspects of racism during their care. The group's aim is to support Black women during pregnancy and childbirth. Their vision was that one day, Black mothers would no longer be disproportionately at risk of harm during pregnancy and the first year after birth."

WEAHSN won funds from The Health Foundation to develop a training and learning collaborative to address inequalities for Black women. They asked Black Mothers Matter and two other organisations – Representation Matters and the Bristol-based Building Cohesive Communities (BCohCo) to help them set up the programme to provide bespoke cultural competency and diversity training for the project.

Black Maternity Matters is a collaboration between WEAHSN, Black Mothers Matter, Representation Matters, BCohCo, the Bristol, North Somerset and South Gloucestershire Local Maternity System, the North Bristol NHS Trust and the University Hospitals Bristol and Weston NHS Trust.

The six-month programme includes staff that work in maternity and neonatal services as well as doctors and other healthcare providers. Seventeen midwives and maternity support workers are currently going through the programme. Two midwife champions have been appointed; they will influence and provide input and maternity expertise into the training programme.

I still talk to people who say 'how is it that Black women have worse outcomes?'

"The programme begins with participants examining their unconscious biases and the role of individuals in perpetuating unsafe systems of care for Black women. They are also helped to see the world through the lens of others and interacting with people from different cultures and backgrounds," Ann says.

"We're very conscious that a midwife or a maternity support worker may go through the programme, and it will open their eyes to how they can change individually, but it's very difficult when you go back into your work environment if you then come up against biases.

"I still talk to people who say, 'how is it that Black women have worse outcomes?' Recently, I've even heard someone say: 'I just thought it was to do with genetic make-up'; there are intelligent people that still don't know. And when I said, 'actually no, it's to do with racism', they've been quite shocked – 'How can that be?' – and I said, 'that's because you and I are looking at it through a different lens because we're white and we don't see it'.

"The statistics are so shocking, it's almost unbelievable. And as I say, I think some people still think it can't possibly be to do with racism; because they don't see it, they think it can't be happening. So having the Race Matters programme is constantly keeping that in people's vision," Ann says.

With the RCM's Race Matters movement now fully under way, with consciousness being raised and improvements achieved, it's clear the campaign has never wavered from its commitment to change. The future for racial equality for midwives and birthing mothers is looking brighter. The new approach has improved the birth outcomes for local Black, Asian and minority ethnic communities as well as improving staff experiences.

RCM conference

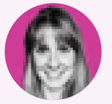
The welcome return of the two-day event, free to all members, will take place on 4-5 October 2022 at ICC Wales

SOME OF YOUR SPEAKERS

Mark Williams

Patricia Gillian

Paula McFadden



Clare Worgan

Candice Noonan

This year's theme is Recover, Reflect, Renew – Setting the course for maternity services. This will be the first in-person annual conference for two years. It will be an opportunity to reflect on the challenges and learning during the pandemic, as well as a celebration of the work undertaken by our members.

Don't miss

- The keynote address from **Dr Joan Myers OBE** who will talk about her passion for equality, diversity and inclusion as well as her approach to not just surviving but thriving in the NHS
- **Sandra Igwe,** the founder of @motherhoodgroup and author of *My Black Motherhood*, and mental health campaigner **Mark Williams** will talk about challenging the stigma of perinatal mental health
- **Patricia Gillian** and **Paula McFadden** of Ulster University will be discussing health and wellbeing, exploring quality of working life and coping during the COVID 19 pandemic
- **Candice Noonan**, RCM maternity support worker of the year, and **Clare Worgan,** head of training and education at SANDS, will discuss why high-quality bereavement care is everyone's business.

We will also hear from the UK's chief nursing officers, who will provide a UK-wide perspective on post-COVID maternity services. This will be your opportunity to hear from the RCM chief executive about future policies and innovations. Among the 75 exhibitors, you will have the opportunity to talk to RCM stewards in confidence as part of the RCM Caring for You campaign, and student midwifery societies are displaying posters reflecting the views of students on the future of maternity services.

Book your free place at the live event at **rcmconference.org.uk** and in the meantime join the conversation and have your say by following **@MidwivesRCM** and **#rcmcon22**

book now

Join us for the return of RCM's annual conference, an in-person two day event across 4-5 October 2022 at ICC, Wales!

4-5 October 2022 - ICC, Wales

RECOVER, REFLECT, RENEW

Setting the course for maternity services

The RCM Conference is a sustainable event

- Our programmes are digital only
- Bring your own waterbottle to fill up on site
- Public trasport is widely available to access the venue

How to get to the conference

www.iccwales.com/getting-here

fflecsi bus service

Newport's brand new fflecsi 'on-request' bus service, ICC Wales is quick, easy and inexpensive to reach from any location across the city

Great Western Railway

Delegates attending a conference at ICC Wales can now enjoy an exclusive rate when travelling by train with Great Western Railway to Newport

Newport Bus services

Newport Bus services travel on the Chepstow Road with the closest bus stop located a five-minute walk from ICC Wales

free to book for RCM members
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rcmconference.org.uk

On-calls

Alice Sorby explains the RCM standpoint regarding on-calls and says the health, safety and wellbeing of staff is key

Q I'm being asked to work more on-calls to cover staff shortages and it's not sustainable. What can I do – can I refuse?

At the RCM, on-calls are something we are hearing about more and more from our members.

Traditionally, it was midwives working in the community or in caseload/continuity teams who worked on-calls to cover intrapartum care. However, recently we have heard that RCM members across all settings are increasingly being asked to work on-calls to cover staff shortages.

The workforce data for England from NHS Digital shows the number of midwives has dropped by 677 over the past 12 months on top of an existing shortage of well over 2,000 midwives. As services strive to ensure gaps in rotas are filled, the increase in on-calls isn't surprising – but it is concerning. Burnout and work-related stress is common among midwives; the latest NHS Staff Survey (England) showed that two out of three midwives have felt unwell as a result of work-related stress, and many respondents to the RCM Scotland member survey told us they had suffered stress, anxiety and other mental health difficulties attributed to their work.

We are developing RCM guidance to set out how on-calls should and shouldn't be used. This is to ensure that all our members – from managers under pressure in staffing shifts, to midwives and maternity support workers (MSWs) working extra hours, and the workplace representatives standing up for them – understand the law, the NHS terms and conditions of service, plus the RCM's position and how we will support you. A brief overview is provided here.

Regularly using on-calls to cover for labour ward shortages is really just forced overtime

The RCM's position

On-calls should not be rostered immediately before a day off or a period of annual leave. Regulation 24 of the Working Time Regulations 1998 states that, where a worker is required to work during a period that would otherwise be a rest period or rest break, "his employer shall wherever possible allow him to take an equivalent period of compensatory rest".

It is our position that compensatory rest should be taken immediately or as soon as possible after being called out, so a period of leave would therefore start after that. On-calls should be rostered only before a working day/night to ensure this is the case.

However, it isn't just an issue of compensatory rest: a good work/life balance is absolutely key to the health, safety and wellbeing of staff – and, importantly, to staff retention. Unless the NHS retains experienced staff, we cannot hope to close the shortages.

Regularly using on-calls to cover for labour ward and other

shortages is symptomatic of chronic staff deficiencies, and is really just forced overtime. We will challenge this at a local level and continue to raise it nationally with employers.

The Working Time Regulations are intended to support the health and safety of workers by setting minimum requirements for working hours, rest periods and annual leave – they should not be breached. The RCM will always support services to make the case for safe staffing and a staffing establishment compliant with Birthrate Plus so that inappropriate use of on-calls should not happen.

Annex 29 of the Agenda for Change: NHS Terms and Conditions of Service Handbook sets out principles for harmonised on-call arrangements to be agreed locally; Scotland and Wales have national on-call agreements while Northern Ireland has a regional policy. On-call arrangements must be consistent with the principles of equal pay for work of equal value, and an equality assessment must be carried out if there are any proposed changes to on-call arrangements.

Agenda for Change

The RCM also considers that the timings and frequency of on-calls should be included in equality assessments, which should consider not only the protected characteristics of those affected but also staff groups across the organisation. The purpose of an equality assessment is to assess whether there are unintended consequences for some groups and whether the policy will be fully effective for all target groups. It is good practice to start equality assessments at the policy development stage to ensure they are inclusive. While it is the employer's responsibility to carry out an equality assessment, it is good practice to monitor and review the assessment in partnership with local RCM workplace representatives.

The final consideration is to make sure that if any changes to on-call working arrangements are being planned, then meaningful consultation takes place and the views of midwives and MSWs are taken into account.

The Advisory, Conciliation and Arbitration Service (ACAS) guidance states that employees should be involved in change at the earliest stage, and that communication should be clear, accessible and honest.

The impact of changes should be monitored and reviewed in partnership with RCM workplace representatives; this should include the effects on the health, safety and wellbeing of staff. We will support our members by making sure that their voices are heard in local consultations.

The current staff shortages mean that none of this is easy, and we don't pretend it is. But ultimately we cannot afford staffing levels to get any worse, and that means keeping midwives in the NHS. To do that, preventing excess hours and preserving a fair work/life balance is absolutely crucial.

IMAGE: ISTOCK

Grow and thrive

Gardening offers amazing therapeutic benefits. If you're feeling stressed, run down or burnt out, consider dabbling with dahlias

Biophilia is a wonderful term coined in the 1970s by psychologist Erich Fromm to describe the energising and soothing effects of being surrounded by nature. Our relationship with nature has been key to our survival; for example, only part of the light spectrum is visible to our eyes, but helps us distinguish edible plants from poisonous ones – something very important for our prehistoric ancestors.

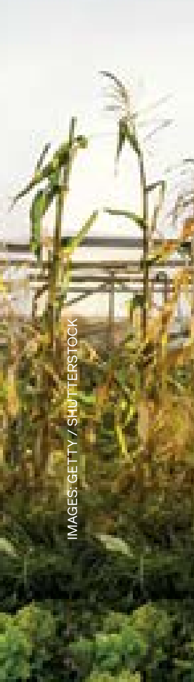
But what about today? What is it about nature that evokes such a strong neurological response that hospital patients have experienced quicker recovery times and a reduced need for pain relief when exposed to it? Marta Delgado Lombardo, a researcher at Berkeley in California, writes at *Senses and Spaces* that all sensory information passes from the centre of the brain to the outer cortex, where it is processed, and neurons release opioids as the information is processed. The more complex the information, the more pleasure is derived. Nature, it seems, is the right form of complex information.

Planteria, a horticultural company, notes that: "Being in or around nature makes us feel good; our physical and mental wellbeing depends on us spending time in a natural environment. Studies have shown evidence of positive benefits of human interaction with nature, such as improved productivity, lower levels of stress, enhanced learning and even improved recovery rates following illness. Researchers have found that more than 90% of people would imagine themselves in a natural setting when asked to think of a place where they felt relaxed and calm."

While it can be good for our wellbeing to simply sit in a park or garden, interacting with nature through gardening offers another level of therapeutic benefit.

Gardening offers low-impact exercise (unless you're doing heavy digging) and a chance to be completely absorbed in a stress-free, creative task. It doesn't have to be complex; planting bulbs or vegetables in the ground, or in a pot if you're short on space, is simple and rewarding – both in and of itself and in watching the plant grow.

There's a school of thought about how 'being in the moment' enables you to stop worrying about past or present concerns or feeling anxious about the future and instead enjoy what's happening right now. Plenty of activities can induce that state of mind, such as knitting, playing a musical instrument, building a model, cooking, gardening, and so on – and all will help you experience the sense of wellbeing it brings. But gardening creates a fundamentally powerful connection to nature that's even better for your mental health and wellbeing.



IMAGES: GETTY / SHUTTERSTOCK

WHY NOT TRY? GROWING TOMATOES

If you've never felt an indication to try gardening before, then give these simple steps a go and see how it makes you feel:

Step 1 – Choose a sunny spot in the garden or find a suitable container (terracotta rather than plastic as it allows the roots to breathe).

Step 2 – Either dig a small hole and line it with peat-free compost or fill your container with the compost – in both cases, leave a small space about the size of the pot your tomato plant is in.

Step 3 – Put your hand around the base of the plant where it meets the soil, turn it upside down and gently ease the pot off the roots.

Step 4 – Turn the plant the right way up and slot the root ball into the space that you've left in the compost. The top level of soil in the plant should be level with the soil in the container or ground that you've prepared.

Step 5 – Press gently but firmly around the soil level and the base of the plant. Then water well.

Step 6 – Use tomato plant feed regularly when you water as soon as the fruits start appearing. You can pinch off side shoots to create one main stem and encourage fruiting, but you don't have to if you don't feel confident.

Step 7 – Enjoy the fruits of your labour with fresh tomatoes!

Midwife Glenis Lewis-Ragout rediscovered the joy of gardening during the pandemic and credits it with helping her through the trauma

Growing up on the Caribbean island of Tobago meant being in contact with the natural environment. I was privileged to witness my parents and grandparents grow their own fruits and vegetables. I had no interest in gardening except for playing in nature with my siblings. I was unaware that growing up in a nature-filled environment would have a life-transforming impact on my life here in England.

When I came to the UK to study nursing and then midwifery, gardening simply wasn't a part of my life – until seven years ago, when my husband excitedly came home and announced that he had been given an allotment plot. I was excited for him and went along to visit.

As soon as I entered the space, I was immediately taken back to being in Tobago surrounded by the natural environment. The variations in the green of the leaves, butterflies, bees, different colours, touching the soil – all these elements embraced me, and I was immediately hooked on this allotment space. Although I was not able to do much at that time due to a period of illness, nature in her own way started my recovery process.

The allotment was my saving grace during the height of the pandemic. Although I worked from home doing telephone consultations with women, I would escape to this space for its therapeutic values, away from the noise of the world.

When I visited, I would immediately feel a sense of peace and calm. Physical exercise even became more important during that period, as well as eating the fruits and vegetables from the allotment to try and remain healthy.

Returning to the busy clinical setting of Homerton Healthcare NHS Foundation Trust was challenging. However, my focus shifted to passing on my love for gardening and wanting to encourage others to do take it up so that they too could ultimately reap its numerous benefits.

Two very generous allotment garden neighbours donated approximately 200 tomato plants to the maternity unit, as well as pumpkins. These were received gratefully by the staff. They plan to do the same again this year. Approximately 300 vegetable plants were given to the hard-working staff, and I encouraged every single one of my colleagues to give gardening a go!

When I visited the allotment, I would immediately feel a sense of peace and calm

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HIB/76/0222

Date of preparation: February 2022

Eat more, lose weight

Can it really be possible? Yes, says Slimming World, by understanding low energy density foods

The key to weight loss is often said to be no more complicated than eating less and moving more. The trouble is modern life has become less and less active for many of us, so we burn off fewer calories than we formerly would have done. Additionally, eating less can feel like it needs our full concentration not to give in to hunger. With convenient, tasty and high-calorie foods readily available, it's just too easy to end up consuming more calories than our bodies need.

However, understanding energy density can help you lose weight without feeling hungry or unsatisfied and help maintain weight loss in the long term. Energy density is the amount of energy (or calories: kcal) per gram of food. Lower energy density foods provide less energy per gram, which means you can eat larger portions while taking in fewer calories. The greater amount of food will help you feel full and satisfy your appetite – making it a great strategy for weight loss.

Low energy density foods are:

- Foods with high water content, such as fresh fruit and vegetables, pulses, soups and stews
- Foods containing fibre, such as wholegrains and vegetables
- Foods that are lower in fat, including low-fat and fat-free dairy products
- High-protein foods, such as lean meat, poultry, fish, eggs and pulses.

Slimming World, in partnership with the British Nutrition Foundation, has created a handy guide that includes more information and examples of low energy density menus. Read the guide at **bit.ly/SWenergydensity**

IMAGES: SLIMMING WORLD/GARETH MORGANS, KATE WHITTAKER, MAJA SMEND

SMOKY SPANISH MEATBALLS WITH PATATAS BRAVAS

Serves four
Ready in one hour

- 1.5kg floury potatoes, peeled and cut into small chunks
- Low-calorie cooking spray
- 500g passata
- Half tsp dried chilli flakes
- One tbsp smoked paprika
- One tsp Tabasco sauce
- Two tbsp red wine vinegar
- Four garlic cloves, crushed
- Three back bacon rashers, visible fat removed
- 750g lean pork mince (5% fat or less)
- Finely grated zest of one small unwaxed lemon, plus wedges to serve
- Two tbsp chopped fresh parsley, plus extra to serve

Preheat the oven to 220°C/fan 200°C/gas 7. Cook the potatoes in a saucepan of boiling water over a high heat for five-six minutes or until almost tender. Drain well. Line the base of a roasting tin with non-stick baking paper and spray with low-calorie cooking spray. Arrange the potatoes in the tin so that they aren't touching and spray each one again. Roast for 45 minutes or until golden, turning once.

Meanwhile, put the passata, chilli, one teaspoon of smoked paprika, Tabasco, vinegar and half the garlic into a medium saucepan over a low heat. Part-cover and simmer for 20 minutes or until reduced and thickened. Season to taste, cover and keep hot.

Once the tomato sauce is

simmering, put the bacon in a food processor and process until finely chopped. Transfer to a mixing bowl, add the pork, lemon zest, parsley, remaining garlic and smoked paprika, three-quarters of a teaspoon of salt and some black pepper and mix well. Shape into 28 walnut-sized meatballs using slightly wet hands.

Spray a large, ovenproof non-stick frying pan with low-calorie cooking spray and place over a medium-high heat. Add the meatballs and fry for five minutes or until nicely browned all over, then transfer the pan to the oven and roast for five minutes or until cooked through.

Remove the potatoes from the oven, toss with the tomato sauce and divide between plates along with the meatballs. Sprinkle over a little extra parsley and serve hot with lemon wedges and vegetables.

BEETROOT FALAFEL BUDDHA BOWL

Serves four
Ready in 50 minutes

- 50g dried couscous
- 100g cooked beetroot (not in vinegar), chopped
- One small red onion, chopped
- Two garlic cloves, peeled
- 400g can chickpeas, drained and rinsed
- One tsp ground cumin
- Low-calorie cooking spray
- 400g dried long-grain rice
- 200g green beans, trimmed and cut into shorter pieces
- 100g frozen soya beans
- Eight radishes, sliced
- One large carrot, shredded
- A small bag of baby spinach
- Half a large cucumber, halved lengthways and sliced
- One medium courgette, grated
- Two tomatoes, roughly chopped
- 125g plain unsweetened soya yogurt with added calcium
- Two tbsp chopped fresh mint, plus extra to serve

Preheat your oven to 200°C/fan 180°C/gas 6. Put the couscous in a bowl and just cover with boiling water. Cover with foil and set aside for 10 minutes.

While the couscous is soaking, blitz the beetroot, onion and garlic in your food processor until coarsely chopped. Add the chickpeas and cumin and blitz until smooth, stopping and using a spatula to scrape down the sides of the processor occasionally. Transfer to a bowl. Fluff up the couscous with a fork and stir it through the beetroot mixture – you should have a coarse mixture that clumps together nicely.

Shape into 20 equal portions, roll into balls and arrange on a non-stick baking tray. Spray with low-calorie cooking spray and bake for 20-25 minutes or until lightly golden and crusty. Meanwhile, cook the rice according to the pack instructions, adding the green beans and soya beans for the final three minutes. Drain in a colander, rinse under cold running water and drain again.

Divide the rice and beans between four shallow bowls or plates, then add the radishes, carrot, spinach, cucumber, courgette and tomatoes, keeping them all apart as much as possible. Top with the falafels. In a small bowl, mix the yogurt, mint, a grind of black pepper and a splash of water, then drizzle it over each bowl. Scatter over the extra mint to serve.

BANANA SPLIT

Serves four
Ready in 10 minutes, plus cooling

- 40g milk chocolate, finely chopped
- 25ml skimmed milk
- Four ripe bananas
- 12 level tbsp reduced fat squirty cream
- 200g fresh cherries
- Two level tsp rainbow sprinkles, to decorate

Melt the chocolate with the milk in a heatproof bowl over a pan of gently simmering water, ensuring the bowl doesn't touch the water (or alternatively, microwave on high power for 30 seconds, then stir and repeat until melted). Stir until cooled to room temperature.

Peel the bananas, then carefully cut a lengthways slit down the centre of each banana for around two-thirds of its length. Open them out slightly and place split-side up on four dishes.

Divide the squirty cream over the slit, add the cherries, then drizzle a quarter of the chocolate sauce over each banana split. Evenly scatter over the sprinkles and serve.

All recipes are taken from Slimming World's collection. Recipes are based on Slimming World's Food Optimising plan. To find out more and how to join, visit slimmingworld.co.uk or slimmingworld.ie, or call 0344 897 8000 or 01656 9696.
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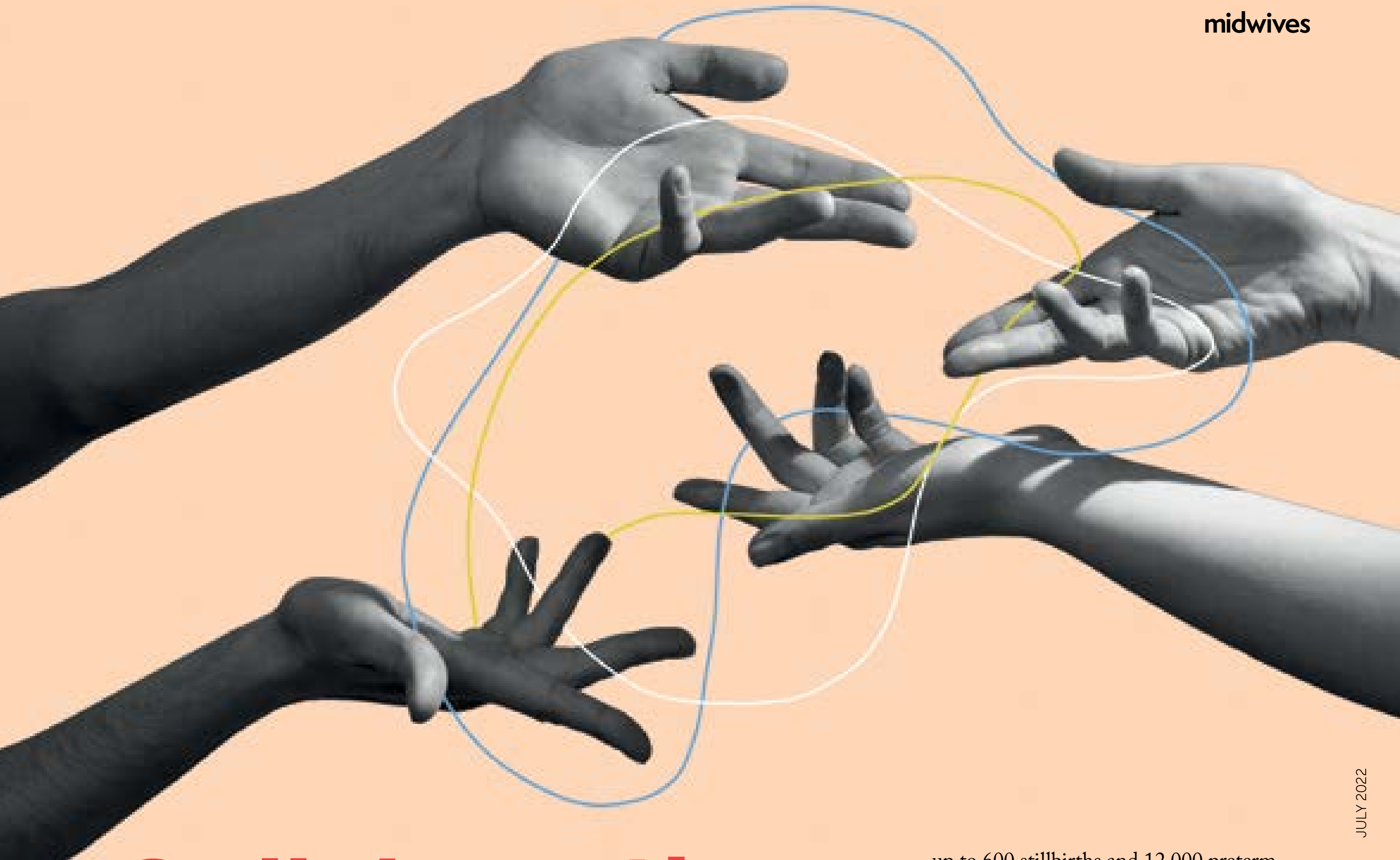

Collaboration and innovation

From its inception in 2019, the Tommy's National Centre for Maternity Improvement, formed in partnership with the RCM and RCOG, has been built on collaboration. Its aims and its work are underpinned by a culture of mutual respect

The Tommy's National Centre for Maternity Improvement brings together obstetricians, midwives, data analysts and behavioural scientists from leading UK universities and clinical centres, as well as women and their families. Collectively, they are working closely to drive innovation and improvement in UK maternity services, with the ultimate aim of reducing stillbirth and preterm birth.

In the UK, around 3,000 babies are stillborn every year and there are around 60,000 premature births – placing us outside the top 20 safest high-income countries in which to give birth. Within the UK, there is wide variation in stillbirth and premature birth rates – which is attributable, at least in part, to disparities in the way guidelines are implemented and the availability and organisation of local resources.

The Centre has a clear vision to change that and make the UK the safest place in the world to give birth. It aims to prevent up to 600 stillbirths and 12,000 preterm births in the UK every year by ensuring all women get the care they need at the right time.

To achieve that end, it has defined four key areas of change: improving the accuracy of risk assessment in early pregnancy; providing context-specific decision support, which makes it easier for midwives and doctors to offer the right care at the right time; changing the approach rather than adding to workload by developing a tool that is fully interoperable with existing systems; and supporting women to make informed decisions about their care during pregnancy.

The Tommy's App

The Centre has developed a new digital tool to improve care by helping healthcare providers assess each woman's risk of pregnancy complications more effectively. The tool replaces the current checklist method of assessing risk by taking the information routinely gathered at antenatal appointments and applying clinically validated algorithms to provide a personalised risk score along with personalised care recommendations.

It provides a far more accurate assessment, explains Dr Jenny Carter, a

IMAGE: ISTOCK

research midwife at King's College London who is involved in the improvement science and evaluation aspect of work at the Centre.

"This app gives a personalised risk assessment based both on previous pregnancies and where the mothers are now – using history as well as their current health and some particular blood and scan results," she says. "Once you have that risk assessment, it also provides personalised treatment and care recommendations based on all the latest guidelines."

The personalised risk assessments are available via an online portal to any midwife or doctor looking after each woman, improving continuity of care. Additionally, a smartphone app gives women tailored information, support and advice to help them make the best choices.

True collaborative working

The project team are developing and now implementing the Tommy's App, initially across five trial sites. The team has a deeply collaborative culture, fuelled by their shared vision and perpetuated by "senior role models who genuinely foster a positive environment of mutual respect", explains Jenny.

For Siobhán Gillespie, project midwife for the practical implementation team at the Centre, it is the first time in her 18-year midwifery career that she has "really felt involved in true collaborative working, where every team member is seen as just as important as any other".

Victoria Komolafe, a midwife and the RCM's national digital advisor, joined the implementation team earlier this year to help ensure midwives' voices are represented. She agrees: "In my experience, there is not a traditional hierarchy within the team. We all have our opinions and expertise, and within the team everyone's opinion counts."

Overcoming challenges

However, reaching a consensus can be a challenge at times, adds Siobhán: "Just this morning I was having a conversation with the digital development midwife about inputting mistakes, and we had different ideas on how to deal with this. I will draw up a document presenting both ideas, to be discussed at the next meeting and we'll reach a consensus as a team about how best to deal with that. No one's view is ever just shut down."

Hannah Wilson, a project midwife involved in the digital development and implementation aspect of the centre's work, says the pressures on everyone's time also present difficulties.

"We have a very senior team of people working across multiple institutions, all of whom are also doing other things – working on other projects or in clinical roles, especially during the pandemic, so getting everyone to look the right way at the right time to move things forwards can be a challenge," she says. Nevertheless, Hannah says the fantastic head of programme, Gemma Thurston, keeps everyone focused.

A cascade of validation

The Centre team carries through its aim to seek out and value all opinions into its engagement with units at the five trial sites in a "cascade of validation", as Siobhán describes. For example, feedback is invited from every member of the team, and everyone can attend the regular check-in meetings. Also, the same training is given to midwives, doctors, and – with some

Showing midwives on the shop floor that their opinions and voices matter

small differences – sonographers too.

But that has required a culture shift: Siobhan notes that midwives are used to initiatives being decided by an executive board and are then faced with having to implement them on the shop floor.

"With the Tommy's App," she says, "Midwives were told from day one that decisions aren't final – they can change and will change with your suggestions and opinions. It's taken a lot of work to convince them that their opinions are really valuable – that we need their feedback and suggestions. Showing midwives on the shop floor that their opinions and voices matter makes a massive difference to their morale.

"As we see midwives becoming invested and passionate about it, they pass that on to the women they care for as well, which makes them more likely to engage."

Once a study is completed to evaluate the app's impact, the aim is to roll it out nationally, and to develop it further to include women who start their pregnancy with pre-existing hypertension or diabetes. The team is also looking at including ways to assess miscarriage risk and elements relating to perinatal mental health too.

THE FOUR PILLARS STRATEGY OF TOMMY'S NATIONAL CENTRE FOR MATERNITY IMPROVEMENT

INNOVATION
Bringing the latest evidence-based digital technology to the NHS front line

IMPLEMENTATION
Practical, simple solutions via improvement methodology

INTEGRATION
Stakeholder collaboration to work with existing systems

IMPACT
Improving outcomes, service user experience, maternity data and allocation of NHS resources

The power of collaboration

With maternity services under intense pressure, rolling out a new device will never be friction-free. But collaboration has again been a force for good, says Dr Christy Burden, consultant senior lecturer in obstetrics and head of the Academic Women's Health Unit at the University of Bristol, who co-leads the practical implementation team.

"It's hard to introduce change, especially with the challenges of COVID-19 over the past few years, but the fact that we're working together – the RCM and RCOG – and can speak to the challenges facing all the different disciplines has been one of the real strengths," Christy says.

Hannah agrees: "You need people with different backgrounds and different experiences looking at the same thing but seeing it in a different way; without including obstetricians, midwives and women, you cannot achieve something positive and sustainable in maternity services – collaboration is the only way to do this right."

Cross-professional consistency is also important because it engenders trust and credibility, adds Jenny: "Talking to healthcare professionals and women within the study, I hear them say time and again 'I trust it', and I think that is down to the evidence behind it, but also the collaborative foundations."

Says Victoria: "The use of AI and new technology in maternity is something people are still wary of, so it's fantastic that the RCM and RCOG are speaking with one voice. That cohesion is so important for women to see, and for other healthcare professionals too. It shows that coming together leads to good things for women and it can be done – we are leading the way on this."

IMAGES: ISTOCK

ABC programme

The Avoiding Brain Injury in Childbirth programme: co-designing new approaches to improve outcomes

This summer marks one year since the Avoiding Brain Injury in Childbirth (ABC) programme was launched. The programme is funded by the Department of Health and Social Care and led by a unique collaboration of the RCM, the Royal College of Obstetricians and Gynaecologists, and The Healthcare Improvement Studies Institute at the University of Cambridge.

The ABC programme aims to support maternity services in improving clinical practice for two significant contributors to avoidable brain injury in childbirth:

- detection and response to suspected fetal deterioration during labour
- management of the obstetric emergency of impacted fetal head during caesarean section.

How the programme was developed

The programme has been based on co-design principles every step of the way. Combining clinical expertise, lived experience and scientific evidence, ABC has involved maternity service staff, women and birth partners right from the beginning.

Wendy Randall, consultant midwife and RCM lead for ABC, explains: "What's unique about this programme is that it's maternity teams, midwives and obstetricians on the shop floor who have directed it – the programme has been investigated by them, tested by them and shaped by them."

ABC is based on evidence and the expertise of clinicians, social scientists, engineers, human factors experts, information scientists and evaluators. The education and training strategy is modelled on the evidence for effective maternity improvement.

Wendy emphasises: "Fundamental to every aspect of the ABC approach is the principle that women and birth partners must be included in all discussions and decisions. Engagement with women and birth partners with lived experience has ensured that communication – and support in voicing concerns – is at the heart of the ABC tools and training materials. And in doing this, the programme's approach is fully aligned with the recommendations of the Ockenden report."

More than 2,000 maternity service staff and users have taken part in online surveys and consultations to gather views. The approaches have undergone extensive user testing and piloting in a variety of maternity settings, with more than 160 maternity staff taking part.

The approaches

ABC offers a holistic approach to monitoring fetal wellbeing during labour, and supports clinicians in detecting and responding to suspected deterioration. A specially developed ABC intrapartum tool prompts clinicians to consider the full clinical picture on fetal wellbeing

ABC has involved maternity service staff, women and birth partners right from the beginning

▲ Their Royal Highnesses The Duchess of Cambridge (left) and The Princess Royal learn about the ABC programme

▼ The Princess, Patron of the RCM, and The Duchess, Patron of the RCOG, opened the organisations' new London headquarters

rather than just focusing on fetal heart rate.

Alongside monitoring and giving regular assessments of fetal heart rate and progress in labour, the ABC intrapartum tool also tracks the development of five key risk factors that might indicate a baby is at significantly higher risk of developing hypoxia during labour.

The tool tracks fetal wellbeing in labour and supports usual care, but when deterioration is suspected, the tool alerts staff and provides an escalation and action grid detailing the correct responses. It provides a visual overview for maternity care professionals to assess fetal wellbeing, as well as a clear communication tool for the team. Developed in consultation with women and birth partners, the tool also enables the person in labour to raise concerns.

The ABC approach to managing impacted fetal head during caesarean section offers clarity on how to declare this obstetric emergency. It also features management algorithms based on the best available evidence for a range of techniques, and a high-quality multi-professional training programme.

The training is relevant for all care professionals who work in maternity theatres, including midwives, obstetricians, anaesthetists, support workers, operating department practitioners and neonatal staff. It is based on the principle that staff who train together work better together in teams for safer outcomes.

The training is designed in the knowledge that impacted fetal head is unpredictable and that there are few opportunities to gain experience in the techniques to remedy it. It includes a 3D animated training video, birth simulation trainer and augmented reality tool.

Golden thread

Wendy says: "Again, the golden thread through the ABC programme is the consistent emphasis on communication and decisions with women and birth partners as members of the team."

Given that a supportive culture is necessary to successfully implement the ABC approach, the programme has developed toolkits to help with this. They summarise the evidence on aspects of safety culture relevant to the two clinical situations – for example, on escalation, situational awareness, civility and psychological safety, and offering challenges. All of these are aligned with the Ockenden report recommendations.

So, what's next? Wendy explains: "Further work is now under way to optimise the approaches, tools and training and to engage widely about how best to support maternity services to implement the improvements. We have listened carefully about the way forward, interviewing 87 stakeholders – including 56 interviews with clinicians and managers to gather views on how a national programme could best be delivered."

The ABC programme can help with implementing the Ockenden report recommendations. "As a national programme, ABC will support maternity services to drive forward improvements by providing national clinical protocols and tools backed by multi-professional training and the safety culture toolkits," Wendy says. "The nationally standardised, evidence-based approaches will help address unwarranted variation in outcomes while supporting clinical judgement."

MORE INFO

To find out more about the ABC programme, join the webinar at 6.30pm on 27 July here.

IMAGE: SHUTTERSTOCK

For more information or to advertise your job vacancy please contact: midwivesjobs@redactive.co.uk

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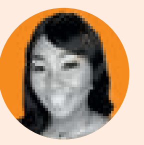
Turning the Tide

This initiative to fight racial discrimination via mentoring is making waves with midwives and MSWs

In October last year, the RCM, in partnership with the Turning the Tide Oversight Group, launched a new mentorship scheme to support Black, Asian and minority ethnic midwives and maternity support workers (MSWs). The scheme links senior and experienced NHS professionals with midwives and MSWs of colour to provide support, networking and guidance to help them progress in their careers. The programme grew from the 2020 *Turning the Tide* report, which recommended targeted mentoring to tackle racial discrimination in the profession.



Dr Gloria Rowland

CHIEF NURSING AND ALLIED HEALTH PROFESSIONAL OFFICER AT SOUTHWEST LONDON INTEGRATED CARE SYSTEM, AUTHOR OF THE TURNING THE TIDE REPORT

The vision is to develop a mentorship programme that meets the personal or career developmental needs of any Black and Asian staff. While other programmes force you to accept a mentor assigned to you, we had the idea to make it more like a dating site: mentors put profiles up and mentees can review them and choose ones they feel will be able to help them – they can act on their own initiative.

We have already seen a drastic improvement in the number of Black, Asian and minority ethnic people in leadership positions. When we started Turning the Tide, there were seven across the UK in head of midwifery (HoM) or director of midwifery (DoM) roles; now there are close to 20, and people of colour in consultant midwife, deputy HoM and other leadership roles too.

Of course other factors contribute to this. However, I know that most people who have come through Turning the Tide have moved up the career ladder. One mentee – with a PhD – had been at Band 6 for years, and recently finally got a Band 8 role and fellowship. For me, this shows mentoring works.

What I want is for people like me to be able to sit back and let those who are rising leaders mentor others coming up behind them so that this spreads out even further. For me, as the first Black African HoM in the UK, it was a lonely place. But that isn't what they'll experience, and in years to come it will get even better.

It is also really important that this should have a knock-on effect on maternity care. We know in some areas, in London especially, the leadership doesn't represent the population they serve. Having the right diversity will also help move the health inequalities agenda forward because staff of similar backgrounds, who have a better understanding of the sociocultural needs of women from Black and Asian backgrounds, will be in decision-making positions – improving health outcomes for those communities.

What's more, our white colleagues mentoring through the programme are enjoying and benefiting from what they're experiencing and learning; they will disseminate that, and that has a ripple effect on the wider culture, reducing racism and discrimination.

I really encourage midwives and MSWs to engage with this process. And I want to thank the RCM for believing in it and acting in partnership with us to make this a reality.

Abigail Griffiths-Golha

IS A MIDWIFE AT HOMERTON HEALTHCARE NHS FOUNDATION TRUST AND A MENTEE

The Turning the Tide mentorship programme spoke to me because over the past three years I have had interviews for three Band 7 roles without success. I have been qualified for 10 years, with experience of working in all areas of maternity. I am a qualified professional midwifery advocate, I can demonstrate leadership behaviours and experience in the roll-out of initiatives, and I support all team members both clinically and with reflective practice. I am currently on a masters programme in advanced midwifery.

Feedback from my failed interviews all centred on what I did well, but could not identify areas to improve on, which was very frustrating and confusing. Due to the lack of robust feedback, I have come to the conclusion that there is an element of unconscious or conscious bias at play. I have a mixed heritage background, and appearance-wise I look Middle Eastern, Mediterranean or south Asian. I very much feel like an 'other' and affected by the subtleties at play in what I can only conclude to be discriminatory practices.

For me, the mentorship has been incredibly valuable. I was first interested in working with my mentor because I grew up in the area where she is now the DoM. She has a lot of experience in all areas of practice, which is something I really respect. We discussed recently how complex discrimination is, and that maybe culture should be included within a learning unit. Whatever it is, it has had a negative effect on me personally and has affected my professional progression.

Having access to a senior, clinically experienced midwife in a mentoring capacity has undoubtedly been very rewarding. In recognising and acknowledging my concerns without making excuses or brushing my thoughts and feelings under the carpet, she has made me feel heard.

Reflecting with her has made me realise that I am not doing anything wrong. Being acknowledged by a DoM for your capacity as a leader in a Band 6 role is incredibly validating. She does not indulge me and focuses very much on 'what next' – moving things forward, and supporting me to keep doing this and that, broaden my horizons and think big.

It is a very positive experience. I feel it would be great if initiatives such as Turning the Tide were to evolve and progress into supporting the mentoring of middle management in how to be mindful and honest on the motivations behind their decision-making processes.

Heidi Beddall,

DIRECTOR OF MIDWIFERY AT BUCKINGHAMSHIRE HEALTHCARE NHS TRUST, IS MENTORING TWO MIDWIVES, INCLUDING ABIGAIL GRIFFITHS-GOLHA

The *Turning the Tide* report landed with me really powerfully because it shone a spotlight not only on the health inequalities experienced by women, but on

the issues facing Black, Asian and ethnic minority staff – not only their experiences during the pandemic, but also how they felt overlooked for opportunities and not always believed by managers. The other thing that came out of the work Gloria did was to highlight how few midwives of colour are in the most senior roles – a pattern reflected across the NHS generally.

I've been very fortunate – I've had a great career and I've opened a lot of doors of opportunity, but reflecting on this report I began to think: did those doors open more easily for me because I'm white? Do I get more opportunities than my counterpart midwives from ethnic minorities? That didn't sit comfortably with me. So, when Gloria asked, I volunteered for the oversight group.

I feel incredibly privileged to be part of this and to be able to make the contribution I wanted to make, and to be an active practitioner of change rather than a passive recipient of all these reports detailing the inherent racial inequalities within the NHS.

Being one of the few white people involved in this project – in the minority rather than the majority – has changed the optics for me, and hearing about peoples' lived experiences has been very powerful.

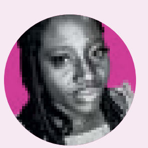
It feels very good to be back personally mentoring people again – to give really dedicated time and to be responsive to their individual mentoring needs. It is incredibly positive to see my mentees' confidence growing, to see them feeling able to open those doors of opportunity for themselves.

It's a very reflexive, respectful relationship and I am benefiting enormously from reverse mentoring too – I'm learning so much from them, from their experience, gaining snippets and insights about what their world looks like and feels like, rather than relying on making assumptions.

It also keeps me grounded in terms of what's happening on the shop floor; after listening to what their needs and experiences are, I can go away and consider whether we're doing the right things by our colleagues.

It's still in its infancy, but I think there is the potential for real traction. I hope we will see these aspirational leaders and experienced midwives gain confidence and make the progress they are looking for in their careers.

Having access to a clinically experienced midwife in a mentoring capacity has been very rewarding



Edith Kumi-Poku IS A SENIOR MIDWIFE AND RCM STEWARD AT BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST, AND A MENTEE

The Turning the Tide mentorship programme began as I was returning to work from long-term sickness and starting six months of non-clinical duties. Before I spoke to my mentor, I'd set out some objectives, but after our conversation I wrote new ones that would help me get more from the work I'm now doing in clinical governance and as an RCM steward. I want to grasp as much as I can while I'm here.

I was also in a pickle about my career stance – I didn't know where I wanted to go and what I wanted to do. My mentor Kit Oriakhi helped me set objectives; we talked about the training, and if I want to apply for Band 7 roles, she's available for interview prep. It's clarified the courses I want to take and the roles I want to go for. And if I'm not sure about something, professionally or personally, or if there's a clash and I'm not happy with where I stand, I can contact Kit any time.

The mentorship programme is like a train – you collect information and you move it along. When Kit made me aware of an increase in CPD funding, I managed to get the lead for education at our Trust to come and speak to maternity about it because we hadn't been made aware. That's helped other staff apply for courses.

I've also started to mentor another midwife through the Turning the Tide programme. I'm learning a lot myself, because the way things are done in her maternity unit is completely different to us, and she qualified years after me so she's been taught differently. As a mentor, you don't have all the answers – you take what you have learned, what other people have learned, put it in a mixing bowl and come up with solutions.

The issues Turning the Tide addresses have been going on for years – so few Black, Asian and minority ethnic midwives break through that glass ceiling and they have to fight hard to do it. But things are changing, in my Trust especially. Both the HoM and DoM, who've been recently appointed, are from ethnic minority backgrounds, and so are some consultant midwives, ward managers and professional midwifery advocates. It means more people of colour are now going for those opportunities because they know they have a chance.

More people of colour are going for opportunities because they know they have a chance

Kit Oriakhi

HEAD OF EDUCATION, PROFESSIONAL DEVELOPMENT AND WORKFORCE FOR NURSING, MIDWIFERY AND ALLIED HEALTH PROFESSIONALS AT NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST, IS MENTORING TWO MIDWIVES, INCLUDING EDITH KUMI-POKU

I think the timing of Turning the Tide was perfect. George Floyd and Black Lives Matter was a moment in time that we will always remember – it ignited an awareness, and Turning the Tide captured that. It's no longer just about having conversations: it's about what we can actually do to alleviate this, starting with baby steps. That's why I fell in love with it. It's wide reaching; it's not just about midwifery, or women in that space from ethnic minorities. This is a movement with so many allies – including the RCM.

I have had mentors in my career – colleagues, professional friends who supported me, although always informally – and this was an opportunity to pass that on. As a mentor, you wear different caps – you are the person your mentee needs you to be in that space. That might be a guide, a confidant, a role model; you might be signposting, offering opinions and ideas, or act as more of a sounding board.

One of my mentees has been transitioning from one role to another, and in that relationship I was in the role of a professional friend, providing a safe space for her to speak openly about issues and concerns in a way she wouldn't have been able to do with her line manager. Just actively listening, not judging.

At the centre of both my mentoring relationships is reflection; I'm holding up a mirror to allow them to make sense of situations. I'm also a guide, offering advice and a range of options, and helping them think them through. It's been helpful for me too – through mentoring, and being so immersed in those conversations, I have built my active listening skills.

My mentees are strong characters, and I'm proud of them both. I hope our relationship is as satisfying for them as it is for me, and that our conversations are impactful in helping them progress, be it vertically or horizontally.

My hope for this programme is that it is sustained. We are creating a community that allows people to see what is actually attainable – that roles they felt were never within their reach are actually achievable with the right support. As they go on to mentor others, that creates a domino effect.

Gemma Poole IS A NEWLY QUALIFIED MIDWIFE AT NOTTINGHAM UNIVERSITY HOSPITAL AND AN NHS CLINICAL ENTREPRENEUR. WITH A BACKGROUND IN ENTREPRENEURSHIP AND HEALTH AND SOCIAL CARE EDUCATION, SHE DESIGNED A PROGRAMME TO DELIVER INCLUSIVE ANTENATAL EDUCATION WORKSHOPS TO HELP TACKLE HEALTH INEQUALITIES FOR BLACK AND BROWN-SKINNED WOMEN AND BIRTHING PEOPLE. SHE IS ALSO A MENTEE

We have all the data showing why Black and brown-skinned people are more likely to die in their maternity journey, and with my training and education background I could see the gaps behind that inequality.

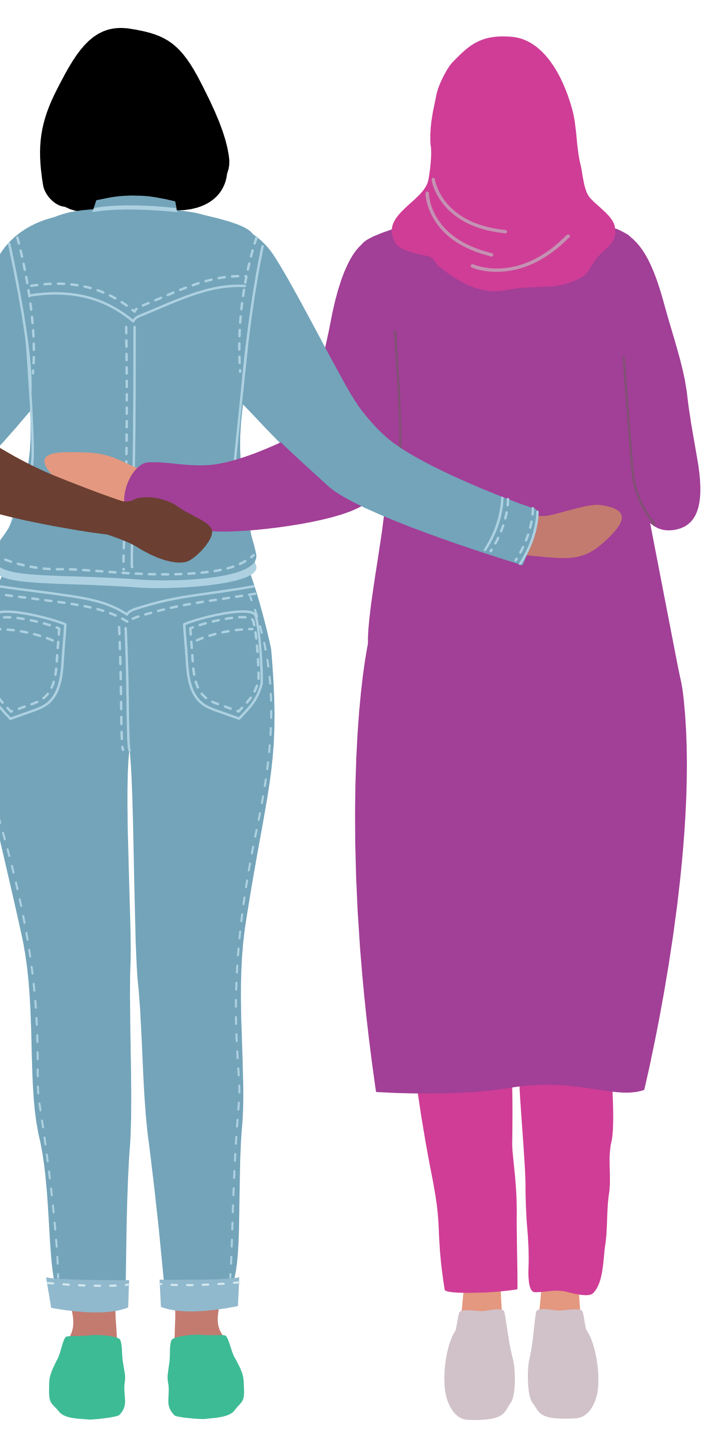
I took the fundamental aspects of how maternity services are falling short in supporting ethnic minorities and put them into a business plan to deliver a series of inclusive, holistic antenatal classes addressing health and social inequalities in tandem, giving people the skills and tools to overcome barriers. With that, I was chosen from more than 300 people to join the NHS Clinical Entrepreneur programme.

The reason I approached Jacqui Williams through the Turning the Tide mentorship programme was because I needed someone influential to help me propel this project forward. The mentorship programme supports the progress of Black and brown people to higher positions – but for me it's a tool to ensure people on the ground can get a better service. It might not be what was originally thought of, but I think it demonstrates how good a resource it is.

I knew Jacqui held a particular lens in terms of understanding the landscape of maternity services and being able to access different groups, so it was a good match for me. But from our first conversation it quickly evolved – where the gaps were and where she slotted in was actually nothing like I'd thought.

Coming into it, I was only thinking about developing the project and getting it to where it needed to go, but the questions Jacqui asked helped me identify some areas of personal development. I am severely dyslexic, which means I can stumble over long words, and that has affected my confidence somewhere along the way. Jacqui gave me some tips and a series of tasks to practise to help me improve my presentation skills, which have been incredibly useful.

I love the concept of the mentorship programme, but I think we need to spread the message about the potential it has. I would urge anyone interested to go for it – even if you don't know how it will make a difference, be open-minded and say yes to every opportunity.



Jacqui Williams

A SENIOR MIDWIFERY EDUCATION ADVISOR FOR THE NURSING AND MIDWIFERY COUNCIL, SHE HAS TWO MENTEES, ONE OF WHOM IS GEMMA POOLE

It's an arrangement that you can tailor to your mentee's needs, which I like. It's meeting the mentee where they are and letting them take the initiative. I think it's very important that this process begins with the mentees choosing their mentors, because by being proactive and taking ownership they will choose a mentor who suits them and can get the best from it.

It can be incredibly powerful for a mentee to share with you where they are right now and where they want to go – and that pathway might not be linear. As a mentor, you haven't necessarily got all the answers. You can be a sounding board and a conduit to other people – I always have my eyes and ears open for people and activities that could be useful to them, and I'm quick to say: 'I don't know much about that, but I know someone who does.'

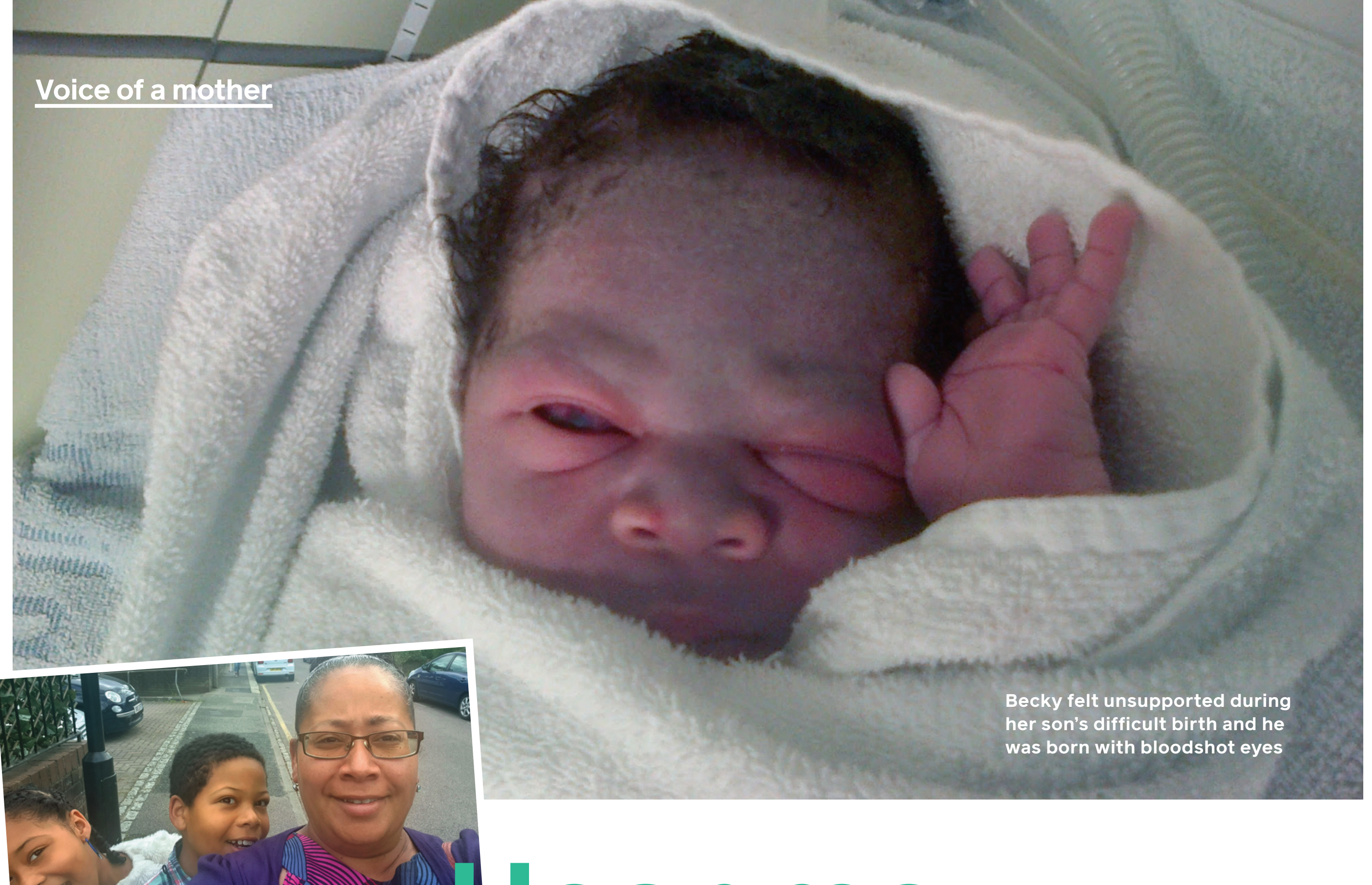
This is a safe space to talk. They can share things they might not feel able to share with others. That said, I do encourage mentees to share aspirations with their line manager and signal that they're interested in doing more. Doing those extra things gets you noticed, and people start viewing you differently. I can have confidence in them, but ultimately they need to have confidence in themselves and take steps to build that.

One of my mentees is looking for a big change in her career and is applying for substantial funding for an external project based around inequalities, which could have real potential. It's about helping her come to her own decision, and if she goes down that route, I can go into more detail with how to approach the application, preparing for interview, that sort of thing.

This programme is about supporting the development of Black and Asian maternity workers – but there are benefits for mentees and mentors. Throughout my career, while I've thought about who I was up against for roles, I've never had to consider ethnicity and racism because of my own background. As a mentor, I've had conversations I wouldn't normally have had that have illuminated this issue for me.

I really hope this programme makes a difference. The proof will be in what happens to these cohorts, and we need to map their future trajectories.

I would urge anyone interested to go for it – be open-minded and say yes to every opportunity



Becky felt unsupported during her son's difficult birth and he was born with bloodshot eyes

Hear me

When Becky went into labour with her second child, she didn't expect the experience to be so traumatic

I knew I'd gone into labour at around 7pm after my third sweep, but it wasn't until 3am that the contractions increased and were coming quickly. My sister and my husband came to the hospital with me. This was my third birth (I'd previously had a miscarriage at 23 weeks that I'd been induced for and had to deliver), so I thought I knew what to expect – but the pain was different, and that made me worry.

At the hospital, I kept feeling the urge to wee. I'd scramble to the toilet with a bursting sensation, but instead there was just a 'hot rod' of pain. The midwife ignored my pain and barely acknowledged me. I kept asking her to check what was happening, how dilated I was and so on, but she refused. She spoke quietly and I couldn't hear her – especially as the gas and air seemed so loud. I said I couldn't hear her, but she made no effort to speak louder. I just wanted her to check what was happening and she wouldn't – she said she knew best, that I wasn't in labour because my waters hadn't broken. I kept saying I was, but she said: "I'll tell you when you're in labour!" I knew something was definitely wrong.

My husband and sister both couldn't bear seeing in me in such pain while no one did anything. They both tried to get the midwife to do something, but she refused. They continued to challenge her that she wasn't listening to me or giving me anything for the pain. My sister, who's a mother of four, could no longer watch and had to leave the room.

Eventually, I checked and there was a lot of fresh blood. That's when the midwife leapt into action, though she still wasn't helpful; she was more panicked than anything else. I asked if I should push because I wasn't feeling any contractions, and because of the pain I could no longer hold the baby in, but she said: "If you want to push, then push." I asked, if I push now, would I damage the baby? She answered: "Just push on your next contraction." I couldn't wait because of the pain, so I said a quick prayer in my mind, gripped onto the bed and started pushing. I still hadn't had any pain relief, even though I was begging.

> **She couldn't see that she had caused a really awful experience**

When he was born, the cord was round his neck, he was purple and his eyes were bloodshot. Because I'd just pushed and had no contractions, my arms had no strength left to hold him. After the consultant had checked and things had calmed down, I didn't want the midwife to think I'd been rude, so I said: "I'm sorry I asked you to speak up, I just couldn't hear you." She nonchalantly said: "Don't worry, I've had that said to me before. People act all kinds of way when in labour." As if I had been her worst patient. I couldn't believe it – she couldn't see that she had caused a really awful experience. But I've put it behind me and count my blessings with my beautiful children.

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

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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.

Your article can be used as evidence of continuing professional development and NMC revalidation requirements, demonstrating a commitment and interest in extending your own and others' knowledge.

Original articles published in the *Digest*, are added to the Maternity and Infant Care (MIC) database and can be accessed by subscribers. You are immediately sharing your work with an even wider audience and further contributing to the improvement of maternity care.

Who writes for the Digest?

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.

Submitting a paper

Depending on the content, articles vary between 1000 words for viewpoint/discussion papers to 3500 for research papers. Author guidelines and details of how to submit your article can be found on www.midirs.org.

For further information

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