THE MAGAZINE OF THE ROYAL COLLEGE OF MIDWIVES

midwives

VOLUME 26 / JULY 2023

midwives

MAKING A CONNECTION
THE MIDWIFERY SKILLSET INCLUDES DIGITAL KNOWHOW

UNIONS IN ACTION
MIDWIVES AND MSWs MAKE THEIR VOICES HEARD

2023 RCM AWARDS
CELEBRATING THE BEST IN MATERNITY CARE

Through the looking glass

COLONIALISM IN HEALTHCARE DISTORTS REALITY – ISN'T IT TIME FOR A DIFFERENT VIEW?

JULY 2023

YOUR BREASTS DURING AND AFTER PREGNANCY

BREAST CANCER IS REPORTED IN 1 IN EVERY 3000 PREGNANCIES.

Which means that around 200 people a year in the UK will be diagnosed with breast cancer during pregnancy, or up to a year after having their baby.[1]

To find out more and download the resource. Or email health@coppafeel.org.

SCAN HERE

CoppaFeel!, the UK's first and only breast cancer awareness charity for young people, are on a mission to ensure that all breast cancers are diagnosed as early as possible. Breast cancer is the most common cancer in the UK and yet a quarter of young people aren't aware they could be affected.

Whilst pregnancy-associated breast cancer (PABC) is rare, women who are diagnosed with breast cancer whilst pregnant are 2x more likely to be diagnosed at stage 4 than women in the general population[2], so it's incredibly important for expectant and new parents to continue to regularly check their chests during and soon after pregnancy.

CoppaFeel!'s pregnancy resource aims to educate and remind pregnant people to continue checking their chests regularly, as well as supporting midwives to encourage the people they support to be breast aware and seek medical advice should they be concerned by chest changes during, or soon after, pregnancy.

During this time, natural changes can occur to the breast tissue including engorgement, tenderness, discomfort, nipple discharge and breast lumps, therefore, knowing what your chest usually looks and feels like, will help people to understand when they should seek medical advice.

This resource was developed in collaboration with Tommy's Pregnancy hub.

1 Statistics from CoppaFeel! - 'Your Breasts During and After Pregnancy, An Information Booklet from CoppaFeel!' 2022
2 Statistics from Public Health England Report – 'Cancer Before, During and After Pregnancy', National Cancer Registration and Analysis Service, June 2018.

midwives

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RCM CEO Gill Walton says events such as the RCM Awards are life-affirming

Welcome

The RCM Awards were held in May, and I cannot tell you how wonderful it was being there. The laughter and chatter in the room reminded everyone that no matter how hard it is in practice (and it is hard), just being together – midwives, maternity support workers, educators, even the odd obstetrician or two – shows how much joy there is in maternity care. I asked everyone to take a moment to stand up and cheer, because celebrating each other is something we don't do often enough.

The RCM Awards do just that. They cover everything, from perinatal mental health to partnership working and all points in between. They celebrate midwifery and the amazing impact each one of you has – whether that's on the women and families in your care, the students taking their first steps into midwifery, or the policy that shapes and guides what we do. You are all incredible.

The awards cover just a fraction of your brilliant work

The awards cover just a fraction of the brilliant work that you are all doing. Not least, the work being done in education that's showcased in this issue. Even though you may not have been nominated, it doesn't mean that you aren't recognised for what you do. We're all so busy that sometimes it is hard to stop and show that appreciation, but it is so important. It can be as simple as a hand on your shoulder from a colleague when you're having a rough day. It's the slightly teary thank you from a mum when you tell her that her baby is moving just as it should be. It's the unspoken thanks from parents when they hold their baby for the first time.

I am so proud to be a midwife – and even prouder to be the chief executive of the RCM. I see your compassion, care and love for each other and the women and families you support.

The award winners and nominees are featured on page 40 of this issue. I encourage you to take a look as there is so much we can learn from each other, and great ideas that we can share and apply to our own workplaces. Watch out for the call to enter the 2024 awards. Together we can make a difference.

midwivesjobs

The perfect place to find the latest midwifery vacancies

Midwives Jobs is the official jobs board for the Royal College of Midwives

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@midwivesjobs

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VOLUME 26 / JULY 2023

News

The longer read

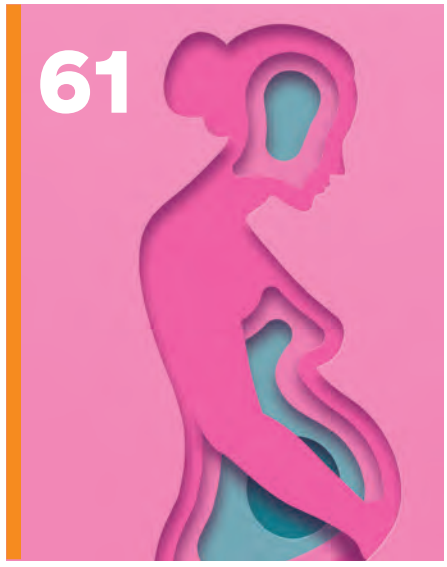
Education

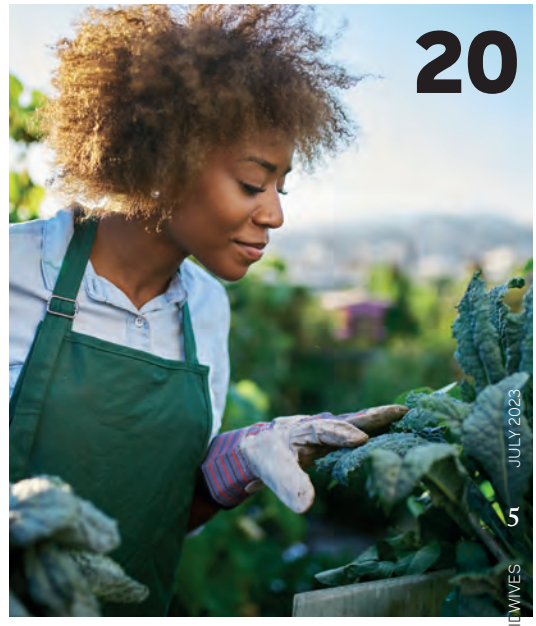
Caring for You

Voice of...

Employment advice

Awards





Refresher

Talking point

External submission

Voice of a mother

In brief

YOUR PROFESSIONAL MIDWIFERY NEWS

Maternal mental health

A report by the Maternal Mental Health Alliance found that many specialist perinatal mental health services do not meet basic standards of care.

One in five women experience mental illness during the perinatal period, and suicide is the leading cause of maternal deaths in the first year after birth. For this reason, a budget is allocated to specialist perinatal mental health services across the UK. However, much of this goes unspent due to staff shortages.

The report noted that none of the Boards and Trusts in Northern Ireland or Wales met the national quality standards created by the Royal College of Psychiatrists' Perinatal Quality Network (PQN). The minimum standard of care that women, babies and families should receive is defined as PQN standards type 1. In England, only 16% of the specialist perinatal mental health community teams met these standards. Two out of 14 Scottish Health Boards met PQN standards for type 1, and there was inadequate provision in remote areas such as Orkney, Shetland Islands and Western Isles.

The RCM's perinatal mental health strategy will be published in the autumn.

Read the report at **bit.ly/MMHA-PMH**

one to watch

READ

Bringing Life to Aberdeen: A History of Maternity and Neonatal Services by Lesley G Dunbar, Alison T McCall, Fiona J Rennie and George G Youngson. RCM's head of education Fiona Gibb authored the chapter on the history of midwifery education.

TRY

Licensed for obstetrics and gynaecology, Hibitane antimicrobial lubricant is now available in single-use bottle.

RESPOND

Birmingham Women's and Children's NHS Foundation Trust is asking for views on its miscarriage paid leave policy so it can be considered in other Trusts and Boards. Visit **bit.ly/BWCH-survey** before the end of July.

IMAGES: ALAMY / SHUTTERSTOCK

Awards and appointments

King's Birthday Honours List for services to women's health

Judith Elizabeth Alison Ledger MBE, founder and CEO of Baby Lifeline
Dr Rosemary McCarthy MBE, head of global workforce, education and research, Health Education England
Jane Elizabeth Scott MBE, divisional bereavement project lead midwife, West Hertfordshire Teaching Hospitals NHS Trust, lead and founder, National Bereavement Midwives' Forum
Richard Antony Stanton, Colin James Griffiths and Kayleigh Rhianon Griffiths MBEs, campaigners for maternity services, Shrewsbury and Telford Hospital NHS Trust
Susie Hewson MBE, founder of Natracare natural period products and campaigner to end period poverty
Dr Edward Patrick Morris CBE, past president, Royal College of Obstetricians and Gynaecologists and consultant gynaecologist, Norfolk and Norwich University NHS Foundation Trust
Professor Aravinthan Coomarasamy OBE, professor of gynaecology and reproductive medicine, University of Birmingham
Elizabeth Jane Brewin OBE, past CEO of Tommy's.
Anju Kumar OBE, consultant obstetrician and gynaecologist
Professor Aravinthan Brewin OBE, professor of gynaecology and reproductive medicine, University of Birmingham

Templeton Prize

Inspiring woman

Dr Edna Adan Ismail, Somaliland's first trained midwife, first female Minister of Foreign Affairs and former First Lady, has been awarded this year's Templeton Prize for her contribution to women's health. At 85 years old, she's spent more than 40 years helping women give birth safely.
Watch at bit.ly/BBCWomansHour_Templeton

Chief midwifery officer

New England CMO

Chief midwifery officer for London Kate Brintworth has been appointed as England's new chief midwifery officer. Kate was the RCM's head of maternity transformation between 2019 and 2020. RCM CEO Gill Walton said: "She will be a dynamic force for good for midwifery and maternity care in England."

Smoking

Yes we Khan

In response to the 2022 Khan review, *Making smoking obsolete*, the government has announced a financial incentive scheme to encourage pregnant women to stop smoking.

Deborah Longe, RCM quality and standards advisor, noted that these schemes have proven effective, but that they must be matched with investment to help women quit.

She said: "Significant reductions in public health budgets have resulted in cuts to smoking cessation services and support, and this needs to be reversed. Also, longstanding and serious midwife shortages are affecting the ability of midwives to offer women advice and support to stop smoking."

STAFF SHORTAGE SOLUTIONS

In February, think tank Resolution Foundation urged the government to drop a focus on "unretiring" people and trying to persuade the over-50s to return to work, with chancellor Jeremy Hunt telling them to "get off the golf course". In midwifery, however, this idea of unretiring staff has been backed by Health Education England and the Maternity Workforce Programme at NHS England in its 'Return to Midwifery' initiative because of the valuable skills and experience being lost.

Resolution Foundation said that the UK risked a continued increase in the rate of economic inactivity putting pressure on employers struggling to find staff. It suggested reform of childcare, along with better support for those on long-term sick leave, would be more effective.

Meanwhile, Amanda Pritchard, chief executive of NHS England, has encouraged school-leavers to "earn while they learn" through NHS apprenticeship schemes. She said that the plan was a "once-in-a-generation opportunity to put the NHS on a sustainable footing".

See pages 35 to 37 for more on midwifery apprenticeships.

SAFEGUARDING GUIDANCE

Nuffield Family Justice Observatory has released revised guidelines for practice when the state takes action to safeguard an unborn or newborn baby. The guidelines cover three stages: pre-birth (conception to labour); within maternity settings and the first court hearing; and when parents leave hospital and return home without their baby.

They aim to help professionals working in this complex and challenging area to better support the parents.

The guidelines are based on the findings of a collaborative, qualitative research study that explored parents' and professionals' perspectives.

Eight local authorities and seven corresponding NHS Trusts in England and Wales took part in the research.

The guidelines can be downloaded at **bit.ly/Nuffield-care**

Research

Missing link

The Principal Investigator Pipeline Programme (PIPP) offered by the National Institute for Health and Care Research is a free career development opportunity available to research midwives. It aims to equip them with the theoretical knowledge, leadership skills and experience needed to become a principal investigator responsible for conducting research at a site.

The programme comprises four elements undertaken over 12 to 18 months, including virtual training, supervised practical, independent learning and mentor support. It is described as a much-needed 'missing link' to help get midwives into research careers.

PIPP opens to applicants in August 2023. Find out more at **bit.ly/NIHR-midwives**

Pre-eclampsia

Under pressure

New tests for pre-eclampsia will be offered to pregnant women on the NHS. In new draft guidance, NICE said midwives could use one of four blood tests to help diagnose suspected preterm pre-eclampsia.

Experts hope the tests will diagnose the condition in the 6% of pregnancies affected by it. Four tests are recommended: DELFIA Xpress PLGF 1-2-3, Delfia Xpress sFlt-1/Xpress PLGF1-2-3 ratio, Elecsys immunoassay sFlt-1/PLGF ratio and Triage PLGF test.

The tests measure levels of placental growth factor (PLGF) in the blood. In pre-eclampsia, levels of PLGF can be abnormally low and could be an indicator that the placenta is not developing properly.

Read more at **bit.ly/NICE-pre-eclampsia**

Florence Nightingale Foundation

Commemorative service

The Florence Nightingale Foundation (FNF) hosted its 58th annual service for nurses and midwives around the world at St Paul's Cathedral in May.

Professor Greta Westwood, CEO of the FNF, said: "Nurse or midwife, or someone who has just come to say thank you, we all give our gratitude and appreciation for your dedication to our professions."

The service included a roll of honour for those who courageously and selflessly provided care during the COVID-19 pandemic.

MIDIRS Digest

1 Pre-eclampsia in pregnancy – a critique of diagnostic urine testing, Louisa Pirie

2 Conducting a sensitive research study on perinatal suicide attempts — the power of Patient and Public Involvement and Engagement (PPIE), Kaat De Backer, Mary Newburn, Rosie Hildersley, Abigail Easter

3 The perspectives of ethnic minority women on the barriers to engaging with perinatal mental health services, Fiona Ama Dougan

4 The experience of midwifery students using simulation-based learning in undergraduate education – a systematic review, Sam Harrison

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

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

midirs

Bonding

The ties that bind

A survey of more than 1,000 mothers by the Parent-Infant Foundation has found that more than one in 10 struggle to bond with their baby, while 73% said they received no information on bonding in the first weeks after giving birth.

Tamora Langley, head of policy at the Parent-Infant Foundation, said: "We understand staff are under huge time pressures, but checking on emotional wellbeing needs to become the norm. Parents who are struggling may need specialist support, but they can only get that if they are confident to speak up in the first place. We must challenge the myth of the 'perfect parent' so that pregnant women feel able to ask for help."

RCM CEO Gill Walton said staff shortages meant midwives often did not have time to help with vital bonding, and called for a national strategy to recruit and train more midwives.

Trade unions

Right to strike

The International Labour Organization (ILO), the UN's labour standards body, has waded into the debate over the UK's "anti-strike laws".

The right to strike has been protected by an ILO convention since 1948. It said the UK government must limit its powers so they "do not interfere with the autonomy and functioning of workers' and employers' organisations".

It stated that the UK government should allow unions to electronically ballot workers – rather than postal votes – and improve consultation with unions.

The TUC, which lodged a complaint last year that the legislation was an attack on the right to strike, described the ILO's comments as a "hugely embarrassing" reprimand for the UK Government.

Contraception

Planning ahead

Professor Dame Lesley Regan, women's health ambassador for England, has said that women are finding it harder to access contraception than they did a decade ago, resulting in more unplanned pregnancies. She said that "destructive" changes made to the NHS commissioning system in England in 2012, which siloed GP surgeries from hospitals, were failing women.

Faculty of Sexual and Reproductive Health research shows that 45% of pregnancies in England are unplanned and, according to the Office for National Statistics, in England and Wales one in four pregnancies ends in termination.

Dame Lesley hopes that the women's health hubs, for which the government has earmarked £25m under the women's health strategy for England, will improve the situation, partly by replacing the sexual health and family planning clinics, which have been cut.

Read the story at **bit.ly/Guardian-contraception**

What's on?

JULY Group B Strep Awareness Month

1 JULY
London Pride

3 JULY
National Bereaved Parents Day

14-16 JULY
Tolpuddle Martyrs Festival

18 JULY
Black Leaders Awareness Day

18 JULY - 17 AUGUST
South Asian Heritage Month

24 JULY
The Big Listen – Samaritans Awareness Day

30 JULY
World Day Against Trafficking Persons

1-7 AUGUST
World Breastfeeding Week

30 AUGUST
Grief Awareness Day

3 SEPTEMBER
EveryWoman Day, to raise awareness and funds for lesser-researched health conditions that seriously affect quality of life for women

13 SEPTEMBER
World Sepsis Day

19-25 SEPTEMBER
Adult Learners Week

Working for you

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

Pay awards in Wales

From 28 April to 15 May, the RCM consulted members in Wales on the government's 'enhanced' offer for 2023/24, which added an extra average 3% 'recovery fee' payment on top of a 5.5% pay offer.

This was a consolidated pay increase for 2022/23, plus a non-consolidated 1.5% on top backdated to April 2022. The 2023/24 offer is a 5% consolidated pay increase. It was the result of intense negotiation with the Welsh Government by the RCM and other health unions. Julie Richards, RCM director for Wales, said at the time that it was "without a doubt the best deal that can be achieved".

Of the 53.7% eligible RCM members working in the NHS in Wales, 66.7% voted to accept the deal. The deal also includes elements from the earlier pay deal, including a commitment from the Welsh Government to look at restoring pay to 2008 levels.

The Welsh Government also committed to looking at 'unsocial hours' allowances and flexible working, increasing staffing levels to address growing shortages and reducing working hours with no loss of pay. There was also a commitment to review the pay offer if Westminster gives Wales extra money for pay.

Julie thanked members for their "willingness and determination to take a stand and take action for better care for women, better working conditions and fairer pay".

PAY AWARD IN ENGLAND

In a turnout of 48% of eligible RCM midwife and maternity support worker (MSW) members working in the NHS in England, 57% voted to accept the revised NHS pay deal.

It builds on the consolidated £1,400 – or 4% for most RCM members – pay award already imposed for 2022/23. The offer included a non-consolidated lump sum of 2% of an individual's salary, plus a one-off 'backlog bonus'. The lump sum will be worth at least £1,250, with many midwives receiving over £2,000. For 2023/24 there will be a consolidated 5% pay award and an increase to Band 1 and the bottom of Band 2 of 10.4%. This will see entry-level pay in the NHS increase to £11.45 per hour, bringing a much-needed uplift for lower-paid staff.

Alice Sorby, director of employment relations at the RCM, said: "The offer was not perfect, and it was not everything we asked for or that midwives and MSWs deserve. However, it was a step forward from the government's entrenched position on 2022/23 pay and improved on its directions to the Pay Review Body for 2023/24. It was the power of the unions standing together, with our members behind us, that brought the government to the table.

"I hope now that we can work together to resolve the issues facing maternity services. This is also about staffing levels, lack of investment, improving working conditions and better care for women, because you cannot have one without the other."

IMAGES: ISTOCK / SHUTTERSTOCK

RCM Board elections
Voting for the new RCM Board members closed on 23 June and the elected members will be attending a two-day induction and observation event on 19 to 20 July before assuming their responsibilities on 1 September.

The RCM Board is responsible for the overall direction and control of the RCM. This includes ensuring that the RCM is efficient, effective, properly managed, supervised and accountable. The Board provides a long-term vision, ensures clarity of purpose by stating our mission and setting strategic goals and objectives, and protects the reputation and values of the RCM.

All members of the RCM Board are practising midwives and MSWs who have been elected by members of the RCM. Visit bit.ly/RCM-Board

RCM conference news
The RCM annual conference will be taking a break in 2023 and coming back stronger in 2024. The conference is a great opportunity for members to come together, network and hear about new policy. That's why the RCM will be using this period to hear from members about what they want from the event, particularly those who have not previously attended.

RCM in brief

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

Transport

Safe travel for Scotland

An RCM motion to the Scottish TUC (STUC) Congress in Dundee called for an overhaul of NHS staff parking permit allocations and safe and accessible public transport options.

There is a lack of public transport available at the right times because NHS staff often start early in the morning and finish later in the evening, with the consequent safety fears for women travelling alone at these times. The unpredictability of the work that midwives and other NHS staff do also means they don't finish within traditional working hours, missing scheduled public transport.

This often leaves using a car as the only safe option for them to travel to and from work. However, even this is difficult because of the haphazard way that employers allocate on-site parking permits for staff.

In two further motions, the RCM called for more flexible working for NHS staff, and an opening up of the apprenticeship scheme to maternity support workers (MSWs).

More flexibility for staff – such as more part-time working or variable shift patterns – will support better recruitment and retention of staff, said the RCM.

Better provision for MSWs to move into midwifery via apprenticeships will widen access to the profession and support the recruitment of midwives. This move would enable the workforce to reflect local demographics and make communities more resilient by giving employment to local people. Taking on the financial burden of a midwifery degree is not an option for many who have caring responsibilities, but an apprenticeship route is a viable option for many.

Northern Ireland

Midwifery in crisis

The need for a maternity strategy in Northern Ireland is now critical, said the RCM, as it launched its report on Northern Ireland's maternity services at an event at Stormont at the end of May.

Karen Murray, RCM director for Northern Ireland, said: "Services are coping because of the incredible efforts of staff, often to the detriment of their mental and physical health, but this is not sustainable. We are seeing far more complicated pregnancies, and this is increasing the demands on midwives and their colleagues."

More than one in four pregnant women in Northern Ireland are now obese, and fewer than half have a weight in the healthy range. Those diagnosed with diabetes have risen from 899 in 2012/13 to 3,177 in 2020/21.

Karen continued: "The recent rise in the number of student midwives is one thing we are getting right – and one that must be sustained."

Following the RCM's maternity report, the Department of Health announced it was commissioning a report into Northern Ireland's midwifery services. The review will be led by Professor Mary Renfrew, a move that was welcomed by the RCM.

Workforce

100,000 unpaid hours

An RCM survey revealed that midwives across England work around 100,000 extra unpaid hours a week to keep maternity services safe. It showed 88% had worked additional unpaid hours, with 25.8% working at least five hours or more unpaid and 87% of respondents saying their maternity units were not staffed safely. Worst-hit was Yorkshire and Humber, where 90.4% said staffing was inadequate.

The latest annual figures show birth rates in England are increasing, with more women requiring complex care and support, while 64% of respondents said they felt burnt out or exhausted at the end of most or all of their shifts.

Extrapolated across the midwifery workforce in England, the RCM estimates this means midwives in England worked 100,000 extra hours unpaid. Dr Suzanne Tyler, RCM executive director, trade union, called on the government to address the desperate need for investment in maternity services: "Report after report has made a direct connection between staffing levels and safety, yet the midwife shortage is worsening and we still have no NHS workforce plan to address it."

Networking

First RCM student conference

On 8 November at Doncaster Racecourse, the RCM will hold its first student conference for students to showcase their work and experiences and hear from key people in maternity on issues that relate to them.

The conference will offer talks and sessions on topics including mental wellbeing, processing trauma, preceptorships by country, neurodiversity, supporting refugees and asylum seekers, as well as innovative work on decolonising the education curriculum.

It has been designed with the Student Midwives Forum (SMF), and the conference will present plenty of opportunities to get involved with the SMF, as well as boost professional networks.

Students are invited to submit abstracts for a poster presentation or elevator pitch that covers collaborative working, finding your voice as a student midwife, overcoming adversity, the student experience, or supporting the mental health of student midwives and the women and families we care for.

The deadline for submission is midday on 13 August 2023. For guidance on how to submit an abstract, visit **bit.ly/RCM-student-midwives-conference23**

EVERY STORY MATTERS

The government has launched a listening exercise to encourage health professionals and members of the public to feed into the COVID-19 inquiry. The aim is to help the inquiry gather stories and personal experiences so it can make recommendations about how to deal with future pandemics more effectively.

"The experiences of midwives, MSWs, student midwives and midwifery educators will be crucial to gaining a better understanding of how the pandemic impacted on their working lives and, ultimately, care for women, babies and families," said RCM chief executive Gill Walton. "I encourage as many as possible to respond to the listening exercise because your stories matter, and sharing what you lived and worked through will help to change things for the better."

'Every Story Matters' will be running throughout the lifetime of the inquiry. Share your stories at **bit.ly/Covid19-inquiry**

Together again

The International Confederation of Midwives (ICM), normally a triennial congress, met in June this year in Bali. COVID-19 has meant that this is the first conference in six years, and the RCM was determined not to waste a moment of it with a packed speaker programme.

RCM executive director, midwife Birte Harlev-Lam spoke on the Re:Birth project, which is the RCM's deep-dive consultation on a shared language for labour and birth in the UK that supports inclusivity.

Mervi Jokinen, president of the European Forum for National Nursing and Midwifery Associations, consultant at the European Midwives Association and professional advisor at the RCM, gave a presentation on 'Global strategic directions for nursing and midwifery', asking 'Can we build better together and transfer evidence into reality in the European region?' See the presentation using the QR code below.

RCM director of policy and practice Sally Ashton-May and RCM head of education Heather Bower presented the work on midwifery degree apprenticeships in the UK, an initiative to improve access to midwifery as a career, increase the numbers of professionals and improve retention in midwifery.

RCM regional head of the south-east of England Clare Livingstone gave a presentation on 'Caring for migrant women in maternity services', which is a poignant reminder of the needs of the global community.

RCM professional policy advisor Janet Fyle MBE spoke on female genital mutilation (FGM), giving a deinfibulation skills workshop using clinical photographs to diagnose FGM types and simulate repair techniques with a deinfibulation model.

On the second day, Heather Bower delivered 'Decolonising the midwifery curriculum' – an exploration of the work that went into developing the RCM's decolonising midwifery education toolkit.

The presentation was a poignant reminder of the needs of the global community

RCM global professional advisor Joy Kemp spoke about the five-year successful twinning partnership between the UK and Bangladesh.

On day three, RCM's policy and practice advisor Lia Brigante presented 'Midwifery-led settings provision in the UK during the COVID-19 pandemic: a survey of practice and provision conducted by the RCM'.

Finally, RCM research advisors Jenny Cunningham and Dr Judith Field spoke on the development and implementation of the RCM's research and development strategy.

Congratulations!

Congratulations to Sheila Brown, senior lecturer in healthcare sciences at Bangor University, who has been accepted to be part of the International Confederation of Midwives Working Group on Indigenous Midwifery.

Congratulations are also in order for RCM's Lia Brigante, who has been elected as an ICM board member for the Europe region.

Her role will be to support the board with the overall governance of ICM, implementing the decisions of the council and formulating a strategic plan.

Lia said that she was honoured to have been elected by fellow midwifery associations and looked forward to "representing the interests of one million midwives globally, improving access to high-quality midwifery care for women and their families across the world, and supporting and strengthening midwifery associations to advance the profession globally".

IMAGES: KATE DARKINS / SHUTTERSTOCK

through the looking glass

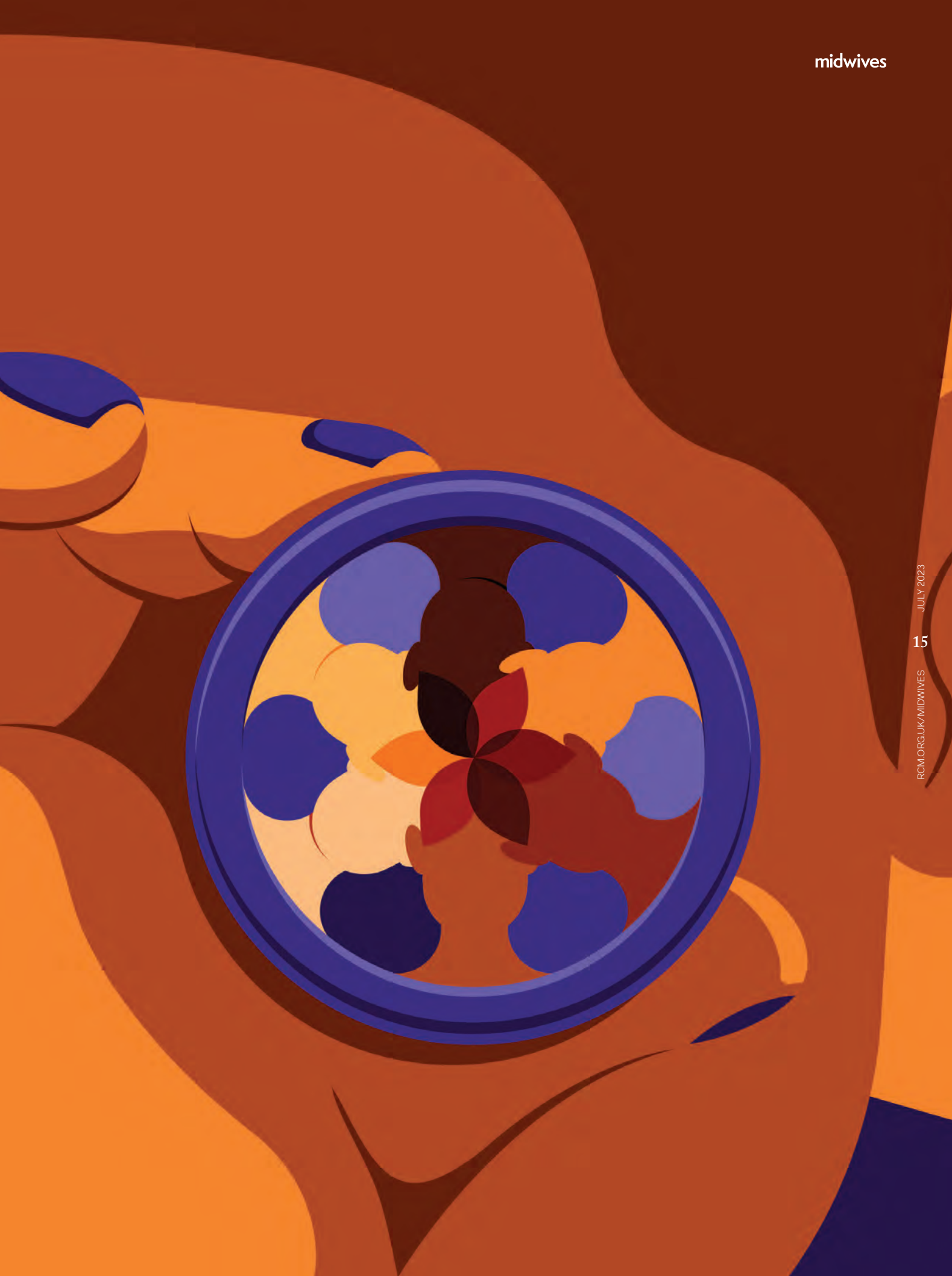
Countless reports highlight disparities in maternity outcomes for Black and brown women, yet little has been done to address the root causes. How can we bring about change for all women?

Five years since it was reported that Black women were five times more likely to die in childbirth than white women (MBRRACE-UK, 2018), the situation has barely improved. According to the Women and Equalities Committee report published in April, that figure has dropped only to just under four times. "Why is change happening so slowly?" asks author Candice Brathwaite in the *Guardian*. "Will I still be shouting about this when my own daughter has children?"

The report itself expresses the same concern, highlighting "glaring and persistent disparities in outcomes for women depending on their ethnicity", the fact that "little progress has been made on reducing rates of maternal deaths" and that "we do not want to read the same tragic statistics for another 20 years".

It goes on to outline the risk factors for women that have poor maternal outcomes, which include pre-existing conditions, socioeconomic factors and health professionals' attitudes that affect the

ILLUSTRATION: BETH GOODY



quality of care women receive – including microaggressions, unconscious bias and racism.

Three contributors to an oral evidence session upon which the report's findings were based said that implicit or explicit racism played a role in women's access to treatment and the care they received. Among them was Amy Gibbs, who reported that Birthrights, of which she was then chief executive, had heard about "Black and brown women feeling deeply unsafe during their maternity care". She gave examples of racial stereotyping, failure to recognise medical conditions in Black and brown babies and their mothers, and a lack of choice and consent around their care options.

Rooted in colonialism

What are the causes of unconscious bias in maternity care? In order to understand, we need to focus on legacies and institutions, says Professor Ipek Demir, sociologist and director of the University of Leeds' Centre for Ethnicity and Racism Studies (CERS).

"Racial inequalities in health around the world do not merely arise due to geographical or regional differences. We need to understand racial and other related inequalities and outcomes having arisen within a context significantly shaped by colonialism, empires and their legacies. Colonial domination and empires are now officially defeated, but coloniality continues.

"That's because colonialism had in its core a set of political, social, economic and cultural but also intellectual hierarchies to justify inequalities, exploitation and slavery," Ipek explains. "Such hierarchies created and normalised a racialised ordering of the world. These racialised orders were codified into the veins of modernity and economic, social and intellectual institutions – including health knowledge, practice and institutions."

Dr Matthew Jolly, national clinical director for the maternity review and women's health at NHS England, who also gave evidence to the Women and Equalities Committee report (2023), told of a "growing insight" that there were areas

THE RCM DECOLONISING MIDWIFERY EDUCATION TOOLKIT AIMS TO:

- raise awareness of all forms of racism and promote greater equality, diversity and inclusion in midwifery education
- increase understanding of midwifery educators, midwives, MSWs and students about decolonising education
- ensure recruitment strategies provide opportunity for students from all ethnic and cultural backgrounds
- educate midwives and students about differences in health assessments, conditions and experiences for minority women and babies and to erase misconceptions about race
- promote equal assessment strategies for all students
- strengthen practice for global majority students.

in which the NHS could be considered "structurally racist". The examples he gave, the report states, "were that the medical understanding of women's bodies was based around a European white woman's body as being the default, and that teaching around recognising health conditions in babies was 'too white-centric'."

The MBRRACE enquiries into maternal mortality also revealed the need for "complex, individualised care and culturally sensitive care". Yet it was found that, for those women who died, they were "often viewed as 'not like me' by medical and care staff", "there was a lack of consideration of cultural factors", the maternity system was not set up for the "multiple and complex problems" of such women, and that microaggressions were a factor.

Targeting education

The need for change is clear: but what can be done, and where should we start? According to Ipek, "we need to interrupt ourselves and cast a critical eye" in order to challenge the racialised orders that underpin our health systems. Indeed, this was the RCM's focus in designing its decolonising midwifery education toolkit, which was launched in March. It sets out to eliminate the continuing influence of colonialism within midwifery education, which can disadvantage students and put pregnant women at risk. The issues it seeks to address include encouraging student recruitment from diverse backgrounds and ensuring the curriculum educates students to care for women and babies from non-white backgrounds (see box).

It was a deliberate starting point, says RCM head of education Heather Bower. "Changing attitudes can begin through education. We don't fully appreciate the white-centric lens that we're delivering education through, and what that means for women who don't fit that description.

"We felt it was important to start with student recruitment because midwifery is less representative of the population in the UK than, for instance, nursing. Everything we do in midwifery has to improve outcomes for women and babies – so if the fact that we don't have a representative midwifery population affects the outcomes, we need to do something about it."

The toolkit, which was inspired by a 2022 RCM Student Midwife Forum seminar on decolonising the curriculum, provides a checklist of considerations for midwifery educators and those involved with midwifery education when recruiting for, planning, delivering and assessing midwifery education. The project was a collaboration between midwifery educators, students and service users among others – Ipek also lent her expertise in race and coloniality.

"We started off by looking at recruitment and thinking about what students see when they first interact with the university – on the webpages or open days – that needs to be more representative. And then thinking about who interviews – making sure that's also representative and that we don't introduce bias into the interview," Heather explains.

"Then we thought about the curriculum, because a lot of our educational theory is based on white perspectives. I know a lot of universities are now more aware of having different skin tones in their models – but textbooks need to catch up. One of the students on the steering group is actually working with a textbook company to try and make it more representative of all populations."

Positive change

That student is Monique Balogun. "I was invited to join the steering group for the toolkit after starting a campaign called Aequalis to improve midwifery resources to represent more ethnicities and cultures in

Teaching around recognising health conditions in babies is 'too white-centric'

ILLUSTRATION: BETH GOODY

order to provide true universal care to our service users," she explains.

"As a student I've had first-hand experience of the difficulties highlighting the lack of support that can sometimes be apparent on placements. Many of us had a lack of understanding regarding university policies and raising concerns relating to discrimination and bullying. There's also minimal information signposting students to mental health services, so we felt it was necessary to highlight this within the toolkit," Monique adds.

It was important to Monique to take part in the project since the toolkit's principles and aims align with those of her own campaign. "I believe that change needs to happen from the point of education. As our communities have become more diverse it's important that we have curriculums and health services that can support the needs of those who access them."

Opening doors

Indeed, in line with the toolkit's aim to improve diversity among those who give maternity care, midwifery apprenticeships are making the profession more accessible to a wider group of people. Samantha Atherley, who is based in London, made her passion to become a midwife a reality via this route.

With a background working as an education welfare officer, Samantha

Colonial empires are officially defeated, but coloniality continues

ILLUSTRATION: BETH GOODY

SETTING THE EXAMPLE

The Race Matters Unsung Hero Award was created to recognise global majority members for their contributions to maternity services and education.

Jayne Bekoe, RCM head of equality, diversity and inclusion, and Edwin Lampert, from award sponsor the Birthing And Maternity Education Online Academy (bamematernity.com), say it's vital to celebrate the work being done to make maternity care more equal, for women and professionals.

"The award was launched following the analysis of the engagement work carried out by the first Race Matters midwife in 2021/22. There were emerging themes whereby many felt unseen and unheard," explains Jayne.

The need for the award was further supported by nominations and "misrepresentation" in awards, she says. "Maternity staff and academics across the awards categories were underrepresented or nonexistent."

"These awards hold deep meaning for us as an organisation as they align perfectly with our core values and mission," Edwin adds. "We recognise the importance of representation and the need to celebrate the exceptional work done by unsung heroes, whether they are midwives, student midwives, MSWs or higher education institution staff."

Thanks to the award, Jayne adds, global majority members "will not only be recognised for their contributions to midwifery services and education within [this] category, but will be

encouraged to apply for all the other categories and empowered to participate in rooms in which they are not usually present".

"We were amazed by the level of work being carried out by all the entries, which ranged from reducing inequalities to championing discrimination in the workplace or for service users and peers."

The RCM will support the winners to champion the decolonising midwifery education toolkit, Jayne adds, alongside its Race to Lunch workshops, its mentorship platform, and the student midwife Race Matters and EDI Champions schemes.

● Turn to page 47 for this year's RCM Race Matters Unsung Heroes Award winners

completed her access to nursing course and began working as a community maternity support worker (MSW) to gain experience. "An advert for the apprenticeship came out one day and I thought, I'm going to jump on that," she says.

As a Black woman in her late 40s at the time and with a large family, Samantha believed a career in midwifery could be out of reach. "When they interviewed me, it was really emotional because it was something that I wanted so badly. I was actually the only one from Whipps Cross [Hospital] to get a place."

But her age, race and experience have worked in Samantha's – and the profession's – favour. "I see where certain cultures are treated in a particular way through midwifery," she says. "But I try to embrace that quite differently, because I've been on many spectrums: I've been an older mother; I also had two children when I was quite young. I fall into every category, and it opens the door for me to look at women individually."

And in East London, where there's a large Asian community and Black African and Caribbean communities, Samantha feels empowered delivering care to these women. "I feel like they feel more heard when they have somebody to represent them."

She recalls an instance as a student when she felt compelled to speak up for a Black woman. "She was birthing really well and the midwife asked her if she wanted to use the pool," says Samantha. "But she was saying, 'I don't want to go in until my husband brings my creams.' The midwife didn't understand; she thought this woman was more interested in creams than anything else. I had to speak up. I said, I understand what she's saying – as a Black woman, when I get out of the bath, the first thing I've got to do is cream my skin because it feels uncomfortable."

An important step

Heather confirms that a copy of the decolonising toolkit has been sent to every lead midwife for education in the UK. "At the moment, our focus is on raising awareness about the work that we've done, so we're presenting in as many places as we can," she says, adding that there is also a plan to develop a decolonising assessment tool.

As for whether the toolkit has the potential to make meaningful change, its contributors are optimistic. "It is there to inspire others to take forward the journey, the thinking we started in this team and the toolkit," Ipek says. "By engaging with and learning from midwives and institutions in other countries, this toolkit has potential to impact on outcomes globally."

"The toolkit was never created as a quick fix or solution to the ongoing issues," says Monique. "I believe it is a starting point from which educators can challenge discrimination and poor practice, but there is a lot more work to be done."

Ultimately, says Heather, the toolkit is about reflection. "It's trying to pinpoint the aspects of unconscious bias that people might not recognise in themselves. So by asking these reflective questions, we've tried to really unpack what that means so that people can challenge themselves."

MORE INFO

For the toolkit, visit **bit.ly/RCM-decolonising-midwifery** or listen to the podcast

Grow and thrive

Gardening offers amazing therapeutic benefits. If you're feeling stressed or run down, get those green fingers out to see for yourself

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 on blog *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, says: "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 the 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 or cooking – 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.

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.

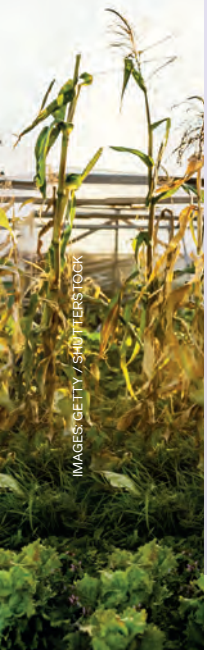
Step 3 – Put your hand around the base of the plant where it meets the soil, turn it upside down and gently ease the pot off the roots.

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!



IMAGES: GETTY / SHUTTERSTOCK

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 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.

IMAGE: SHUTTERSTOCK

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

Making a connection

Technology is an essential component of modern midwifery, but how do we ensure midwives are digitally competent?

The rapid development of digital technology touches every aspect of our lives – including in the NHS. There are hopes that digital transformation across the NHS will reduce the amount of time it takes to access and share information about patients, and that the ability to monitor patients remotely might help deliver better health outcomes.

The digital transformation of the NHS is well under way – but it's about much more than just digital health records. England's 10-year plan aims to utilise technology so those in practice are spending more time using their skills and less time on bureaucracy. Women's records and care plans can be accessed wherever they are, which supports all women, but is vital for those fleeing abuse or asylum seekers who may be relocated with little notice or time to plan.

IMAGE ISTOCK

NHS Scotland's Digital Health and Care Strategy puts digital as a core skill for the workforce. In Northern Ireland, a 10-year plan launched in 2016 also prioritises digital solutions to put quality and safety at the core of processes and systems. Under Wales's digital strategy, the workforce will capture information digitally at the point of care and adopt a digital-first philosophy.

Maternity services are integral to this transformation. For midwives, digital transformation means using technology to support joined-up care, reduce the administrative burden and improve safety. It means capturing data across a woman or birthing person's journey, which has traditionally been recorded on paper notes, with the aim of improving safety and continuity of care.

Digital natives

All midwives are now expected to be able to record and share digital information and data, understand the General Data Protection Regulation (GDPR), keep up to date with evidence-based information and apply digital literacy to their practice, says Fiona Gibb, the RCM's head of education.

In turn, she is seeing rising digital literacy standards across universities and practice-learning partners aligned with the NMC's 2019 standards and proficiencies for midwives. "They have to ensure they've got the capability to develop digital and technological literacy to meet programme outcomes and support students in digital and technological literacy," she says.

But while many graduates coming through into the workforce now are digital natives, Fiona says there's no room for complacency, as they will be expected to use platforms and databases unlike those accessed by the general public.

IMAGE ISTOCK

Overcoming barriers

For digital transformation to be successful, Fiona adds, all midwives must be able to access support and feel confident with using new equipment and systems. There are numerous inhibitors for midwives taking to the digitisation of services, including lack of trust, fear of the pace of change and the feeling of being unprepared.

"There is an expectation that, in order to carry out the role of midwife, you have to engage with digital platforms. If at any point the midwife doesn't feel that they can, there should be guidance and training on-site," says Fiona. However, support isn't consistent, she adds – and this is where digital midwives come in.

In 2018, the Maternity Digital Maturity Assessment (DMA) launched a plan to develop and recruit digital midwives, whose role would be to work with clinical midwives to ensure systems are being used properly and advocate for technology that meets the needs of maternity services.

In 2021, NHSX announced that it was recruiting a digital midwife to support

There are hopes that every maternity unit will have at least one digital midwife to bridge the gap between clinical and digital expertise

DIGITAL MIDWIFE MYTH-BUSTERS

MYTH: Being a digital midwife means being really good at digital technology

"It's not about being a digital expert, but being a leader with skills bespoke to the digital space. Technology moves so fast and services change so rapidly, so we need leadership skills rather than digital skills – and all midwives have leadership skills."

Victoria Komolafe, RCM's professional digital advisor says: "This is about those who have an interest in the transformation that technology can bring to maternity services taking it one step further."

MYTH: Being a digital midwife means constantly using digital technology

Being digitally competent also means knowing when and how to not use technology, says Fiona Gibb, RCM head of education. "Digital transformation within the NHS has been significant for midwives in rural areas, but these midwives, who rely on technology, also need to understand what to do if their connection is poor, the wifi isn't working or a system is down."

Being a digital midwife also means knowing the best way to put information forward to all the women and families they look after. "We have to think of the digital literacy of the people we care for – which means written and spoken guidance is sometimes needed," she says.

Digital transformation means ensuring women and families who don't have access to digital technology aren't disadvantaged.

the digital transformation, and then the NHS put an additional £52m into digitally transforming maternity services. There are hopes that every maternity unit will have at least one digital midwife to bridge the gap between clinical and digital expertise.

Maternity digital leadership is now paving the way for digital transformation across the NHS, says Jules Gudgeon, national digital midwife lead for maternity, whose role is to provide education and advice on where digital can enable and support the workforce.

"As a profession, you can choose to ignore digital technology, or jump on board and ride the wave. Midwifery has embraced it completely; other professions and specialities are looking to us to see what we're doing," she says.

Opportunity knocks

It's not easy to keep up with technological advancements in the healthcare sector since it happens so rapidly, but maternity services are successfully doing this, says Victoria Komolafe, the RCM's professional digital advisor. Her role involves advocating for those working in maternity services to be equipped with the right technology to safely deliver care to women and families, and supporting midwives' learning in the digital space.

"I see us as being ahead of the curve now because we spotted it early, proactively listened to our women and birthing people and embraced digital transformation within maternity services," Victoria says.

One of the benefits of the rapid advancement of digital technology is the various professional development opportunities for midwives and digital leaders in maternity services, she notes. "There are so many opportunities right now for midwives to get involved in to enhance their digital skills and become champions of digital in their organisations and Trusts. Getting involved in digital technology within maternity has never been easier. There are several fellowships, programmes and courses available to midwives who work within, or are interested in, digital transformation."

There are so many opportunities right now for midwives to enhance their digital skills and become champions of digital

These opportunities, she adds, seek to develop and enhance midwives' digital skillsets and improve care using safe and evidence-based technologies.

Opportunities include the NHS Digital Academy, whose aim is to develop its future digital leaders, and the Florence Nightingale Foundation, which provides fully funded Digital Leadership Fellowships. And these opportunities aren't just for the digitally savvy, says Jules.

People who previously weren't sure about digital technology have largely jumped on board in recent years, adds Victoria. "Everyone within maternity services is embracing digital services, which has translated into several courses and fellowships being offered that are tailored to our needs, with qualifications at the end that give us credibility."

IMAGE ISTOCK

DIGITAL MIDWIFERY EDUCATION

Simon Walker

Role: Divisional information specialist (women and children's)
Organisation: Worcestershire Acute Hospitals NHS Trust

The Maternity Digital Health Leadership programme at Imperial College London allowed me to explore new concepts, make wider links to public health and health promotion, and remind myself of skills and knowledge that I already had. The ability to engage with people in other Trusts and expand my network of contacts has been hugely helpful too.

I'm passionate about how digital can be used to support and drive transformational change in maternity. Working in an informatics role, it's not always easy to see how to directly get involved with, influence or support the many initiatives in my Trust, local maternity and neonatal systems, and region to improve services for the benefit of pregnant women and their families. The course has helped me to see better the many opportunities there are, as I believe that the most effective maternity services are holistic and multidisciplinary. The principles of user-centred design, for example, are now firmly at the forefront of my thinking and work practice.

One of the things that stays in my mind was being told on the first day of the course: "We are the current and future leaders who will help shape maternity services for the better." As such, the course has given me both the confidence and the opportunity to critically reflect on my leadership practice. Maternity has such an important role to play in the complex and wide-reaching health system, and training opportunities that help you see beyond your own maternity department, Trust and region are so beneficial.

Sophie Joy

Role: Digital midwife working in project management
Organisation: South, Central and West Commissioning Support Unit

For me, being a midwife has always been about providing the highest-quality care to women, people and their families while being able to work collaboratively to improve maternal and newborn health outcomes. CPD is integral to this, and I applied for the Maternity Digital Health Leadership programme to develop my leadership skills, connect evidence with practice and gain a more informed and holistic view of digital transformation. The course is a mix of online learning, live sessions and group work.

It more than met my expectations as I was able to connect and build my digital community, refine my leadership and learn about the most recent innovations in the digital space. The modules focus on human-centred design, leadership and understanding health and care systems. This meant it was relevant to my work across local, regional and national systems and maternity providers where I lead digital transformation projects.

I would recommend it – the nine months go so quickly and there is a lot to fit in. I'd like to thank all at NHS England and Imperial College London for giving me the opportunity.

Jenny Gough

Role: Digital midwife
Organisation: Magentus (formerly Wellbeing Software)

In autumn 2021 I approached NHS England with the concept of an accredited digital maternity course. Learning about the complexity of maternity and wider health systems highlighted the importance of user-centred design when creating services responsive to the population's needs.

The result was the Maternity Digital Health Leadership programme. Its continuous reflection, encouraged throughout, helped me to identify progress and areas requiring improvement. This course acts as a leveller for digital maternity leaders, expanding our networks and developing us as leaders with invaluable leadership, design and change management skills. I am progressing to a local maternity and neonatal system transformation lead role soon, where I will continue leading on digital maternity transformation and more.

Dawn Cross

Role: Senior digital midwife
Organisation: NHS England
Fellowship: Digital Leadership Fellowship with the Florence Nightingale Foundation

I am the first midwife awarded a Digital Leadership Fellowship with the Florence Nightingale Foundation, and I'm currently working within the digital maternity clinical team at NHS England.

A requirement of the fellowship was to undertake a quality improvement project. I decided to address the issue of the many various platforms digital midwives turn to for publications, training and development by creating a collaborative workspace on the FutureNHS platform. The workspace aligns with objective 12 of the three-year delivery plan for maternity and neonatal services.

The fellowship has provided many opportunities for me and has given me an insight into the wider system's approach, which has enhanced my leadership skills and confidence. I encourage others to seek leadership scholarships or fellowships.

Victoria Komolafe

Role: Professional digital advisor (midwife)
Organisation: RCM
Fellowship: Shuri Network Digital Fellowship for Ethnic Minority Nurses and Midwives

The Shuri network is the first NHS network for global majority women working in or with an interest in digital health. The digital fellowship celebrates difference and diversity, and supports women of colour to succeed in their careers

Spanning six months, the fellowship offers one-to-one coaching, virtual shadowing opportunities with digital and healthcare leaders and insightful weekly learning sessions from industry experts based on the learning needs identified by the cohort.

As a recent graduate, I can attest to it being a transformational experience. On a professional and personal level, I have grown in self-awareness and confidence. The fellowship has reignited my passion and drive for working in digital maternity and making a difference.

The coaching opportunity has been the highlight of this fellowship. I have been on a journey of deep reflection and self-development. I have engaged in thought-provoking conversations that have challenged me to come out of my comfort zone and take naturally uncomfortable steps. Ultimately, the fellowship has given me a new perspective on leadership and the support and confidence required to be an authentic digital leader.

I would encourage all midwives from a global majority background to apply – you will be empowered to overcome career-related challenges, gain insight into various digital health roles, be supported with career progression, and build positive relationships and self-confidence.

The fellowship has given me a new perspective on leadership

Grace Murray

Role: Digital midwife
Organisation: South Tees NHS Foundation Trust
Fellowship: Topol Digital Fellowship

Just days into my new role as a digital midwife, it was evident that digital and midwifery were worlds apart. I was passionate that digital service improvement would improve safety and service user experience for years to come, but for me to do justice to the role I needed to quickly develop my own skills and knowledge.

The Topol Digital Fellowship was the perfect opportunity for me to join those two worlds together as I embarked on improving our Trust's digital maturity.

The fellowship provided candidates with a £15k bursary and supported leading digital transformation; my chosen project was implementing BadgerNet electronic patient records.

The fellowship was invaluable – I was networking with other digitally-minded healthcare professionals and learning about project management, digital leadership, change management and IT alongside my clinical knowledge. It has shaped me into a better digital leader for the future.

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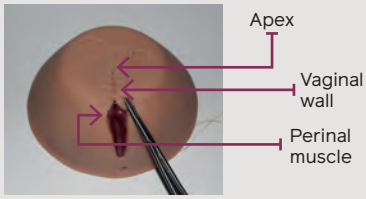

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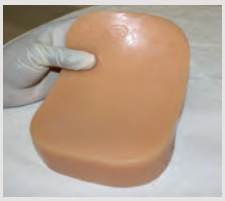
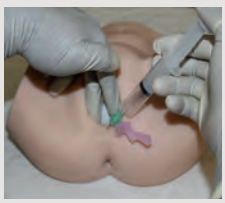


PERI HEALTH FLESH-LIKE SUTURE PAD

Excellent for practicing all the different suturing and knot tying techniques with realistic feedback. Great for maintaining suturing skills following training.



DUAL FUNCTION SIMULATOR

This realistic model is excellent for teaching vaginal/rectal examination, to diagnose buttonhole tear from the vaginal wall leading to the rectal mucosa. The buttonhole can be created anywhere along the posterior vaginal wall for training, as it comes intact. The simulator can also be used to teach infiltration prior to episiotomy.

3D INTERNAL STRUCTURE

- The high-quality material gives realistic feedback during suturing
- It is designed for suturing the vaginal wall/ perineal muscle and the skin
- It is also designed for practicing continuous non lock, subcuticular and interrupted techniques.
- The model is made of high-quality material which allows repeated suturing.
- The wound area is reinforced to improve the tear strength
- Very stable during suturing.

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Lead midwives for education – working together

LMEs work in collaboration across Wales, England, Scotland and Northern Ireland. Here the country representatives discuss their roles, challenges and hopes for midwifery education

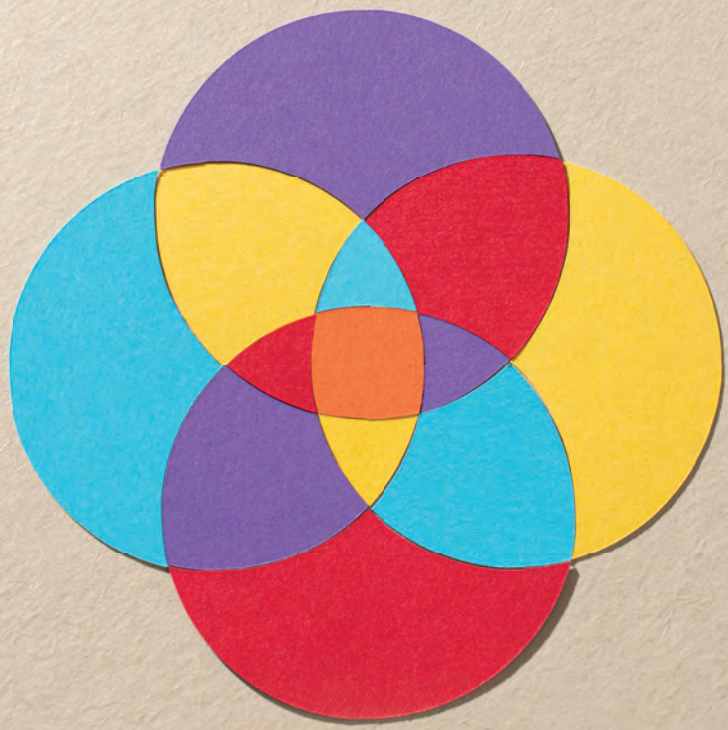


IMAGE: GETTY

LMEs are responsible for the development, delivery and management of midwifery education programmes and are a mandatory role in universities to ensure that NMC (2019) standards are met.

Working with their lecturer teams, they provide degree-level education to meet the needs of the future midwifery workforce: that is, to provide safe, competent care to women, and this requires a high level of professional expertise and academic ability.

A key aspect of the role is leadership and collaboration, so the LME- UK strategic reference group meets regularly to support, guide and develop innovations in evidence-based education and practice.

GRACE THOMAS is lead midwife for education for Wales, head of health professions and reader in midwifery at Cardiff University, and director of the World Health Organization Collaborating Centre for Midwifery Development

The difference between each of the four countries of the UK lies mainly in their health policies, Grace explains. "We have devolved healthcare in Wales. We have a countrywide group for LME Wales, which meets and corresponds regularly, but we also are part of the Senior Strategic Leaders group in Wales. We meet regularly with the directors of midwifery and heads of midwifery. We also meet with Karen Jewell, chief midwifery officer at the Welsh Government, as well as consultant midwives in Wales and the RCM."

The other thing that differs is how education is commissioned and provided in each of the four countries. In Wales, midwifery education is commissioned by the Welsh Government via Health Education and Improvement Wales (HEIW).

The LME's role is also to collaborate with HEIW, and the Strategic Senior Leaders group brings together all those key leaders for maternity services and midwifery education, who work closely together. "That's an advantage of Wales being quite a small country in comparison to England.

"I think what we've done very successfully in Wales through the LME group is ensure that the education of midwives is high on the political and strategic agenda, and included in all discussions about maternity service improvement and safety."

The main challenge at the moment is the retention of both staff and students. "Keeping students on the programme and reducing attrition rates is getting more challenging because there are immense pressures on them in terms of their mental and financial wellbeing. We are seeing a lot more need for intensive pastoral support through the programme.

"The other challenge is maintaining a pipeline of experienced midwifery educators for the future. We're struggling to attract midwives into academia and retain them, because the pay structures in university have not kept up with the NHS."

UK governments are trying to increase the number of midwives in the NHS, Grace says. "But if we don't address the leaky bucket of midwives leaving at the other end, we're never going to get to a place where we have a stable workforce. Retention in practice is a key issue."

Maintaining a pipeline of experienced midwifery educators is a challenge

NICKY CLARK is a senior lecturer at the University of Hull, one of the lead midwives for education for England and chair of the NMC LME strategic reference group

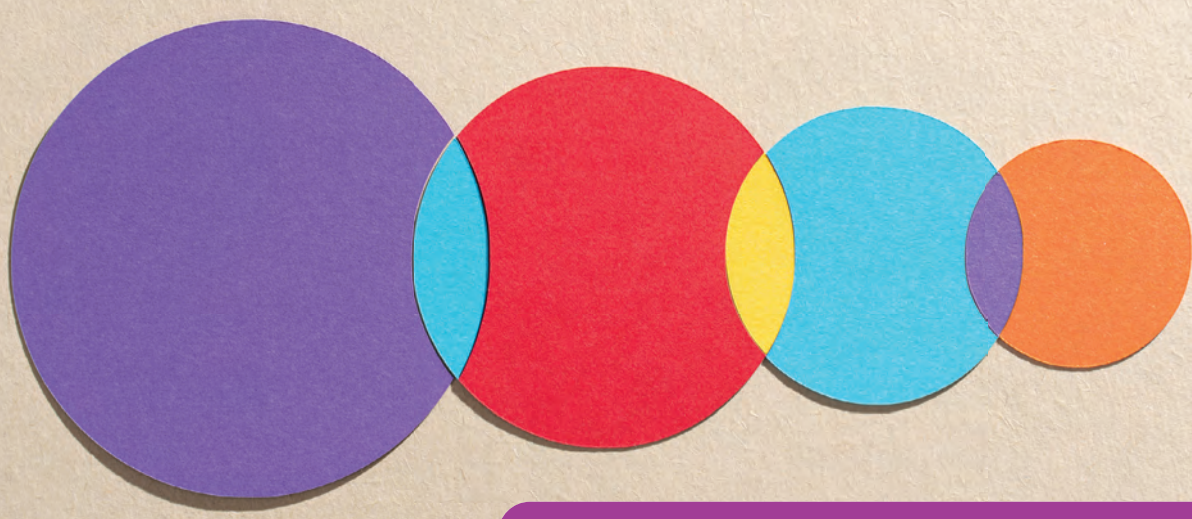
Nicky's main challenge, again, is the retention of students. "Morale in practice is quite low and there is intense scrutiny on midwifery practice. It is an extremely difficult programme, coupled with a highly charged learning environment in maternity settings."

After years of underfunding, practice has been depleted and midwives are struggling, she explains. "The public expectation of midwifery is very high. It's under scrutiny. And there have been several reports highlighting the issues and areas of very poor practice, resulting in serious and very sad outcomes."

The assessment of practice has changed with the standards for student supervision and assessment. There is increased technology and the assessment of practice for students is predominantly online, via PebblePad or other platforms, with national documentation being the electronic Midwifery Ongoing Record of Achievement (eMORA) for England and Northern Ireland. "That is another challenge for midwives to get used to on top of the pressure of working in an already challenging environment and staff shortages."

Many people coming into midwifery education face a drop in salary. "It's not good as we cannot recruit experienced midwives because of this. If we recruit existing lecturers, that makes a vacancy at the university they

IMAGE: GETTY



have left."

When Nicky began her midwife teacher journey in 1989, she was fully funded. "We were funded to undertake the advanced diploma in midwifery, then teacher training. Once you had completed these, you applied for jobs within a school of midwifery. You had protected time and practice, and you were supported for two years. You had to have completed the advanced diploma in midwifery and teacher training before you could be a midwife teacher. Now we take midwives from practice with neither of those. They have to do the teacher training while working with us – and many do their master's while working with us."

This is indicative of the type of changes Nicky would like to see in the whole of the practice. "We want our services to be funded appropriately. I would like recognition of what the requirements are for our students to receive appropriate supervision and education for teachers and midwives. I would like to increase retention in the midwifery profession, because we are losing our midwives and students. At the last count, applications nationally were down 25%.

"A lot of the more experienced midwives have been practising for decades, and there are a lot of newly qualified midwives, but we have lost the middle tier. That's where the attrition is – whether they leave after two years or five years, for less stress and criticism and better working conditions."

DR CONNIE MCLUCKIE is lead midwife for education for Scotland, and a lecturer at Edinburgh Napier University

"We are fortunate that midwifery is a popular career choice and we receive a plentiful supply of high-quality applicants, so we are not anticipating any recruitment issues. Since 2012 our student midwife intakes have trebled across Scotland," she says.

"Our student attrition rates are very low. We're very lucky in respect of that, but life can throw some curveballs. When this happens we work really hard to support the students through it." Connie notes the significance of funding in student retention – it also makes a great deal of difference in how the profession is viewed by the government. "In Scotland, many of our students have access to bursaries, which puts them in a better financial position than some of their UK colleagues. But as their programmes are full-time and require shift work, it is also about us continuing to advocate for students for the cost of living and remuneration, but also for broader issues such as childcare.

"The majority of our students have bursaries. For our colleagues in England, their students are on a loan system and bear the burden of their education. Here the interfaces are closer together. We don't have to reach far to contact the Scottish Government. We're closely connected and I think that is a benefit of being one of the smaller nations of the UK."

But midwifery is in a difficult space, notes Connie, who wants to change the negative narrative. "In Scotland, I hope that we continue to support students in a way that enables them to have a fulfilling academic and clinical midwifery experience. There's also work going on within the Scottish Government looking at workplace cultures and how we can make environments welcoming, supportive and compassionate.

She views her role as significant in making this happen. "There's work to be done in respect of ensuring that all of our communities in Scotland are represented on our midwifery programmes.

"It is said that you can't be what you can't see. So, for me, it really is about developing engagement strategies that will encourage those who might not see themselves yet, but will eventually see themselves in the profession."

DR JANINE STOCKDALE
is a senior lecturer at Queen's University Belfast (QUB) and lead midwife for education for Northern Ireland

I feel proud of how the LMEs work closely together, and support and advise each other

Janine feels the main challenge in her career is as a new LME. "I appreciate the support of other LMEs and their guidance. Within our team, we have been working on our midwifery calendar to make sure that we can prevent any problems with the oversaturation of students in the clinic area. We want to make sure our students get that really good learning experience. But we also want to respect our clinical colleagues, and not have too many students in the clinical area at once.

"As a new LME, my biggest challenge is learning to bring all these elements together for the benefit of our students, the women and the babies they care for – and, of course, for midwifery."

COVID-19 has taken its toll on the mental health of both those in practice and students, who have done much learning online, so Janine is positive about the role of the NMC's declaration supporting health and character. "We've got a very good fitness-to-practise committee that I can refer any student to if I'm worried at all. Each student also has a very good personal tutor relationship with a member of our midwifery academic team, which is important to students who may find themselves in a challenging place."

Her hopes for the future centre on succession planning and ensuring the next generation of educators share her passion. "When I first joined QUB, many of our educators were coming up to retirement; we have grown our team and have young, vibrant lecturers and senior lecturers who are leading really brilliant work."

They have worked closely with clinical partners to develop a student-led Skills Passport, "which we tucked into the back of the eMORA. While the eMORA is the required record of students' achievements, the Skills Passport is for our students to monitor their own growth and development as a practitioner."

The four country LMEs meet four times a year, but are in constant contact by email and don't hesitate to consult each other whenever necessary. During COVID-19, they met weekly online to oversee the swift change from face-to-face to online training. They were developing processes, with new standards coming out to keep students safe in placement learning so that they could graduate on time and enter the workforce. In the future, they plan to continue facing the challenges that midwife training throws at them.

Grace concludes: "The LME group is an amazing team of committed professional midwives, and I feel so proud of how we work very closely together, support and advise one another as we strive to deliver the very best midwifery education across the four countries of the UK."

IMAGE: GETTY

Midwifery apprenticeship graduate

Georgie Saville is one of the first cohort to complete the new midwifery apprenticeship

Prior to starting this apprenticeship degree, I worked as a maternity support worker (MSW) with the community midwives. This role included attending antenatal clinics and taking routine blood tests. I would also attend home visits to provide feeding support, reweigh babies, carry out transcutaneous bilirubin checks on newborns and make the necessary referrals, as well as carry out the newborn blood spot tests. I enjoyed it – but after 10 years I was ready for a new challenge.

I had been contemplating doing training when I saw the advert for the apprenticeship. It was too good an opportunity to miss. You continue to remain an employee and receive the same benefits such as annual leave and sick leave; you do placement hours in your Trust and continue to work some hours within your role as an MSW; and, finally, you gain a midwifery degree and a guaranteed job working as a midwife. The apprenticeship is also completely funded by the Trust.

Emotional rollercoaster

I was most anxious about the academic work the degree would entail, especially as I had not done any for a few years. The University of Greenwich was fantastic in providing extra resources to aid our learning and our lecturers were always on hand to offer support. It was also a huge benefit that I was familiar with most of the maternity staff and clinical areas within the Trust.

The coursework and placement requirements are the same as the usual route – the difference for us was that we were required to work a certain number of hours as an MSW. This initially meant that the degree apprenticeship would run over four years. It was challenging being in two different roles, as I had to be aware of not overstepping boundaries. However, during the second year there was a review that led to the MSW hours being stopped and the course being reduced to three years.

What's great is that the learning within midwifery is continuous. As an MSW I knew the terminology, equipment, procedures and conditions, and as an apprentice I developed a greater understanding of the what, the why and the how.

It could feel like a rollercoaster of emotions. There were times when I doubted my abilities – when I felt that I would never finish that essay, or was overwhelmed with the competencies that we had to get signed off. However, the elation I experienced when I got a good grade or feedback from the women I'd cared for – not to mention when I supported my first birth – was incredible.

The support I received from my colleagues at Darent Valley Hospital was amazing too, with staff loaning me textbooks, taking the time to answer my questions, providing support when I found things challenging and celebrating my achievements. I will always be so grateful. Midwifery is a unique profession and I feel privileged to now call myself a midwife and work alongside so many wonderful maternity staff providing care to women, newborns and families.

Staff supported me when I found things challenging and celebrated my achievements

Grow your own

The registered midwife degree apprenticeships provide an alternative route into midwifery and an irresistible opportunity for "homegrown" midwives in Trusts in England

It's no secret that midwives are leaving the profession in large numbers – particularly in the past three years according to the NMC's 2022 figures – and that the number joining the register is static. Even back in 2018, the HEE's paper *Maternity workforce strategy* noted growing concern about this scenario and suggested widening access to pre-registration midwifery education would be key to boosting numbers. The ground was laid for registered midwife degree apprenticeships (RMDAs).

These provide an NMC-approved and employer-led model of pre-registration midwifery education. The apprentice – typically a maternity support worker (MSW) – remains employed by the Trust for the duration of the programme, combining on-the-job training with a nationally-recognised qualification and professional registration. Tuition fees are paid by the employer, drawing down from an apprenticeship levy, and apprentices are paid a salary. It's a win-win for MSWs and other healthcare professionals looking to move into midwifery and for those for whom doing a traditional degree just isn't possible for reasons of cost, social mobility or caring responsibilities.

Of course, apprentices have the added advantage of already being familiar with the NHS, maternity services and midwifery; they don't experience the 'culture shock' that many pre-registration students encounter on their first placement so are likely to be more resilient practitioners. Plus, they are mostly local, mature applicants who are likely to remain in the Trust in which they have qualified.

As one employer noted: "A lot of them already have a lot of skills – they are doing observations [and] taking bloods. Some of them can already put in cannulas, are doing SBRs [checking serum bilirubin levels] on babies, are helping with breastfeeding – they have many clinical skills already, which is a big advantage."

Pilots and programmes

In 2019, Skills for Health set out the first midwife apprenticeship standard and HEE funded three pilot sites (at the University of Greenwich, University of West London and University of Bedfordshire). Of the pilots, two universities reported zero attrition rates, and the other noted just one person had left the programme. When asked why attrition rates were so low, one university questioned whether it could be because they already knew the job they were committed to wanting to do it, or because they were financially supported and not accruing debt, or whether it could be because they knew the people they were working with and were comfortable in that environment. The evaluation sought to find out.

Three different models of RMDA were approved (four-year, three-year and shortened programmes), and the first programmes commenced in 2020. That makes 2023 the qualifying year for the first cohort.

The RCM was commissioned to undertake an evaluation by the Workforce, Education and Training Directorate NHSE, and it

commissioned Professor Richard Griffin, King's College University, to undertake the evaluation.

Evaluating the experiences

Richard noted that apprentices, employers and universities all articulated that, without the apprenticeship, many would not have been able to become midwives due to their personal circumstances (particularly given the removal of the bursary). One apprentice said: "I was able to do this while I've got a family … when I thought I would never be able to. If I was going to do a degree, I would literally need to leave everything, but doing the [degree] gave me the opportunity to work and fulfil the dream of being a midwife."

NHS employers too recognised the benefits, seeing apprenticeships as a means of addressing skill gaps. While RMDAs have to meet the same admission criteria as any other midwifery student, applications are managed by the Trust and not by UCAS. This means the Trust is invested in recruiting and supporting the apprentice throughout the programme. There's a strict attendance criterion monitored by the university and reported to the Trust. This means the recruitment and oversight are employer-led, and there is a very real sense of employers "growing their own midwives". In addition to boosting workforce supply through low attrition, transition to work and commitment of apprentices to remain working in their host Trust, the evaluation found "spillover" benefits such as a strengthening of the partnership between employers and universities.

The universities noted that the apprentices did not find study any harder than students on the traditional route. In fact, apprentices demonstrated high levels of achievement in academic work and practice and were more confident. The universities reported greater engagement with the education process and their prior integration into the workplace was an advantage. "[They] are more used to the environment and know the people to get support from."

Needs more work

The reported drawbacks seem to be that, for the universities,

They have many clinical skills already, which is a big advantage

regulations and restrictions for monitoring apprentices' attendance caused an additional workload. In one case, the administration duties had led to the university delaying the commencement of the programme.

For the apprentices, three-quarters of survey respondents felt that their colleagues understood the RMDA route, although one noted that her team "sometimes struggled to understand that for some of the time she was working as an MSW, and at other times she was a student".

And for the NHS employers, "backfill" was raised as a possible reason why employers were hesitant to support the programme. University fees are paid for by the apprenticeship levy, but they can't be used to "backfill" salaries. In other apprenticeships, backfill is not usually required because apprentices are working in the same role while they are 'on programme' and 'off programme'.

However, the regulatory NMC requirement for all nursing and midwifery students to be supernumerary means this is not possible for RMDAs as they are required to be additional to the workforce while they are in a student capacity. Trusts are therefore encouraged to work this into their budgets.

Next steps

Following the launch of the RMDA evaluation and the success of the first cohort, the RCM hopes to support the increase of approved programmes across England, as well as push for opportunities in Scotland, Wales and Northern Ireland.

In addition to the evaluation, the RCM has set up a Registered Midwifery Degree Apprenticeships Reference Group for all universities with approved RMDA programmes – and those planning them in the future – to provide support and act as a lobbying group. This will collate data and experiences, and push for government funding of more programmes and places with NHS employers.

MORE INFO
Watch the apprenticeship story at **bit.ly/RCM-apprenticeships**

APPROVED RMDA PROGRAMMES IN ENGLAND

- University of Bedfordshire (three-year and shortened programme)
- University of Birmingham (shortened programme) – approved but not currently running
- University of Cumbria (three-year programme)
- University of Greenwich (three-year programme)
- Huddersfield University (three-year programme) – approved but not currently running
- University of the West of England (three-year programme) – approved but not currently running
- University of West London (three-year programme)
- Wolverhampton University (three-year programme)

IMAGE: SHUTTERSTOCK

You're not alone

Jo Seery, employment law expert at Thompsons Solicitors, on legal support available for RCM members

Q: What process can you expect to go through when you're subject to disciplinary proceedings?

A: When midwives and maternity support workers (MSWs) find themselves facing disciplinary action it can be an overwhelming and distressing experience. However, it is essential to remember that support and guidance are available from the RCM to navigate this challenging process. Your local workplace representatives and your full-time regional and national officers, all of whom are trained and experienced, are on hand to assist and represent you. Should it be needed, specialist lawyers from Thompson's solicitors, who work only for trade unions and never for employers, are also available.

The investigation

Before a midwife or MSW is called to a disciplinary hearing, the employer must carry out a reasonable and fair investigation. The purpose of this is to determine if there is a case to answer. It is essentially a fact-finding exercise.

We advise that you cooperate and carefully review any correspondence from your employer. It is important that you understand the reason for the investigation and are able to respond to any allegations. It is crucial when responding to stick to the facts and be accurate and objective. If you are unsure, seek advice before responding.

In most cases, an investigation meeting will be held. Although there is no statutory right to be accompanied at an investigation meeting, this is likely to be allowed under the employer's disciplinary or performance procedures. Contact RCM Connect immediately on 0300 303 0444 so you are put in contact with your local rep or full-time officer. This will ensure you get advice early on and before attending any investigatory meeting, in case this leads to a disciplinary hearing or a fitness to practise hearing before the NMC.

Your local rep or full-time officer will also be able to assess whether seeking legal advice early on will help evaluate the case and perhaps lead to a resolution at the investigation stage.

Conclusion of the investigation

After an investigation meeting, if it is decided there is a case to answer, you must be informed of this in writing with full details of the allegation. You must also be provided with copies of all the evidence the employer is relying on, including witness statements. An employer who fails to provide relevant evidence is likely to be in breach of the ACAS code of practice, and any subsequent dismissal may be unfair. Your local rep or full-time officer will be with you every step of the way.

You should seek advice before attending an investigatory meeting in case this leads to a disciplinary or fitness to practise hearing

RCM – HERE FOR YOU

RCM members, faced with a problem at work, can call upon the support of their trade union to help them navigate processes and procedures to ensure they are treated fairly. We all hope we will never need it, but here's a quick guide to how to access help and support if problems arise:

- **The first port of call is always your RCM local rep – all our reps are given training to be able to support members, and there's no one better to support you at work than your RCM rep. You'll be asked to complete a representation agreement, so we can make sure we have your correct details, and can keep a record of your case as we work with you on it**
- **It's important to contact your rep as soon as you become aware of an issue, as some legal cases have strict time limits that you will need to adhere to. The earlier we know about an issue the more we can do to help you resolve it quickly**
- **The RCM's team of regional officers (ROs) and national officers (NOs) are there to support and guide our reps – they are all midwives who understand your role, the workplace and your employment rights**
- **If your situation presents legal questions that need to be answered, our RO/NOs can draw on the advice of Thompsons solicitors. We can then offer you further advice based on the law surrounding your case and help you consider next steps**
- **Members referred to the NMC can access support from RO/NOs by contacting RCM Connect, which should be done before making any response to the NMC. Our RO/NOs will work closely with Thompsons solicitors in relation to the fitness to practise process**
- **Should your case proceed to a hearing, we will provide you with legal representation**
- **We know that problems at work can be distressing and upsetting, and we will always try to signpost members to further support if needed.**

IMAGE: ISTOCK

You have a statutory right to be accompanied at a disciplinary hearing, so it is important you let your local rep or full-time officer know as soon as you've been notified of a date. It is also important that you gather your own evidence, including any witnesses, so you put your best case forward. Your local rep or full-time officer will guide and advise you to ensure you put together a strong case and do not inadvertently compromise yourself.

Appeal

Once the outcome of the disciplinary hearing is known, you have a right of appeal if you are unhappy with the decision. The grounds of appeal may be set out in the disciplinary procedures, so it is important to read these carefully and discuss with your representative before submitting an appeal.

The NMC not only holds the registration of individual midwives, but it takes action against midwives who are alleged to have fallen below the expected standards of conduct or competence. Sometimes, issues that arise in a disciplinary can also trigger a referral to the NMC and this will be part of your consideration with your representative on how to respond and or appeal.

RCM Legal Service

If you are facing disciplinary action, please contact your local rep in the first instance via the RCM's 24-hour helpline RCM Connect: 0300 3030444.

The RCM Legal Service covers a range of legal matters, including injuries sustained in and out of work, wills and cover for your family.

MORE INFO

Find out more at **thompsonstradeunion.law/rcm**

RCM Awards

The annual RCM awards are an opportunity to celebrate the very best in midwifery standards, care and innovation. Here are the winners and some of the stand-out entries


23
Awards


2023
RCM Awards
#rcmshortlist

Excellence in Midwifery for Leadership

WINNER: Emilie Edwards **MIDDLESEX UNIVERSITY**

An autistic midwifery lecturer, Emilie works closely with accessibility and neurodiversity networks in higher education institutes and the NHS, using her lived experience to impact positively the midwifery community.

Her membership of university accessibility working groups and the NHS accessibility steering group has helped to raise awareness at an institutional level, while her work with equality, diversity and inclusion (EDI) groups and Maternity Cultural Safety Champion meetings at multiple NHS Trusts has led to the establishment of a working group with six London professional midwifery advocates (PMAs). This has seen the creation of a set of guiding principles to support neurodivergent staff members that could be used by other PMAs.

WHAT THE JUDGES SAID:

"Emilie is a trailblazer and a role model, breaking down barriers and societal taboos surrounding neurodiversity"

RUNNERS-UP

Sian Jones **CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD**

Sian has been at the heart of inspiring positive change, helping to develop women-centred care, professional standards and education. She is also the founder of the All Wales Midwives Journal Club, encouraging midwives to engage with publications and their own personal development.

Rhiannon Kozaczynski **UNIVERSITY OF SOUTH WALES**

A student midwife, Rhiannon has acted as the Year 3 student rep and chair of the Midwifery SSLCG. She has also organised several fundraising events and awareness days in her role as president of the Midwifery Society. Diagnosed with ADHD, she is seen as an inspiration by her peers.

Excellence in Midwifery for Public Health

SPONSORED BY Slimming World — touching hearts, changing lives

RUNNERS-UP

Caroline Buchan and Sharon Gilchrist **NHS LOTHIAN**

An initiative to increase the number of babies in Scotland that are fed exclusively on breast milk at eight weeks saw initial antenatal conversations with expectant families complemented by a postnatal visit in the ward and telephone support for 28 days. Exclusive rates at first health visit have increased.

Sarah Chalhoub **NHS ENGLAND**

During the pandemic, Sarah volunteered as a community champion to help promote health information about pregnancy and vaccination among ethnic minorities. Topics included immunisation, breastfeeding and healthy living.

WINNER: Susan McAuliffe
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

Amid the cost-of-living crisis, public health midwifery matron Susan drove an initiative to increase awareness of the Healthy Start scheme, designed to improve the diets of pregnant women and children from low-income families. Through collaboration with the Manchester Central Foodbank, women had access to a free helpline to support them through the process, while Susan also arranged a discount with the hospital fruit and vegetable store. The initiative saw a rise in the use of the scheme by those eligible from 65% to 73% in less than a year, helping to reduce food insecurity for pregnant women and families.

WHAT THE JUDGES SAID:

"[Susan has the] dedication and tenacity to collaborate with other agencies to deliver healthy food to those who need it"

Excellence in Midwifery for Education & Learning

SPONSORED BY nmc Nursing & Midwifery Council

WINNER: Sarah Morris, Sarah Hookes and Jane Storey **NHS WALES SHARED SERVICES PARTNERSHIP – COMMUNITY PROMPT WALES**

The team developed a bespoke educational training programme for community midwife teams across the whole of Wales, preparing midwives, student midwives and maternity support workers (MSWs) to recognise and manage obstetric emergencies in community settings.

A series of PROMPT training resources were adapted, and a trainer's booklet and electronic resources were developed to support facilitators. All resources were peer-reviewed by a multiprofessional team and the PROMPT Maternity Foundation.

In all, 257 people took part in the pilot, which led to an increase in confidence in being able to handle an emergency situation from 28% to 56%. The programme has since been adapted for the rest of the UK.

WHAT THE JUDGES SAID: *"Innovative and responding to a need to improve safety within maternity services"*

RUNNERS-UP

Swansea University midwifery teaching team
SWANSEA UNIVERSITY
The 'Telling tales with technology: creative digital innovation in midwifery education' campaign saw a push to enhance student learning using digital technologies. These conveyed eight fictional stories on pregnancy, birth and early parenting to help bring learning to life.

Hora Soltani, Frankie Fair, Cath Burke and Jan Smith, maternal and infant health research team
SHEFFIELD HALLAM UNIVERSITY
This project saw the creation of culturally sensitive care training for midwives, designed for use with migrant mothers and families with poorer health outcomes. This has since been adapted for students within the integrated care curriculum, including midwives, nurses and allied healthcare professionals (AHPs).

Excellence in Midwifery for Research

SPONSORED BY Vitabiotics Pregnacare

RUNNERS-UP

Kylie Watson, Kimberley Farrant and Charlie Barber **MANCHESTER UNIVERSITY NHS FOUNDATION TRUST**
This project focused on improving the maternity care of women living in an ethnically diverse and socially deprived area. Listening to feedback from minority ethnic groups and those living in social deprivation has helped to improve services, with further work planned focusing on non-English speakers.

Cardiff and Vale Midwifery Research Team
CARDIFF AND VALE UNIVERSITY HEALTH BOARD
The team of research midwives has facilitated studies in both obstetrics and gynaecology as part of a multidisciplinary team. It has also run its own study with a local university and hospital, with a focus on discovering and facilitating a quick, reliable bedside blood test for maternal sepsis.

WINNER: Sarah-Jayne Ambler
MEDWAY NHS FOUNDATION TRUST

Improving experiences and outcomes for people with learning disabilities accessing maternity services was the focus of the maternity research team at Medway NHS Foundation Trust. The trial led to several steps being implemented to improve the experiences of those with learning difficulties, including better data collection and identification of people affected, staff training, a gathering of easy-to-read documents and collaborative learning with the learning disability service.

As well as developing the understanding of learning disabilities within the Trust and midwife community, this has also helped to highlight the potential of research as a means of influencing practice.

WHAT THE JUDGES SAID: *"This demonstrated how the funding of research can be used to change policy-intensive care and improve outcomes"*

Outstanding Contribution to Midwifery Services: Perinatal Mental Health

WINNER: Yasmeen Akhtar and Melissa Addy

BARNSLEY HOSPITAL NHS FOUNDATION TRUST

Improving the mental health of women and their families in the perinatal period was the aim of the team at Barnsley Hospital. The team holds one-to-one sessions, as well as specialised groups and classes, to help women and their partners prepare for their birth experience and the move into parenthood. These include antenatal educational birth classes and sessions for antenatal and postnatal women on self-confidence and social inclusion.

This is complemented by a therapeutic listening service that provides women and their families with a safe space to discuss their maternity experiences and any concerns they may have. A trauma-focused approach helps women process events, with referrals for additional support available.

WHAT THE JUDGES SAID:

"[There were] multiple options for women to access a range of personalised innovative services and resources. These were developed organically through co-production and feedback"

RUNNERS-UP

Jules Mckoy and Jenny Walsh
UNIVERSITY HOSPITAL SOUTHAMPTON

The Perinatal Pathways screening tool, designed by the team at University Hospital Southampton, provides a digital service to allow screening for perinatal mental health. It uses a range of evidence-based mental health questionnaires and red flag indicators to assess those who may be vulnerable.

Georgina Leech and Laura Walton **KING'S COLLEGE HOSPITAL**

Concerned by a significant increase in referrals to perinatal mental health since the pandemic, the team at King's College Hospital developed a Birth With Confidence workshop. The aim is to capture early referrals and reduce anxiety about birth in a peer support setting.

Outstanding Contribution to Midwifery Services: Pregnancy Loss & Bereavement Care

RUNNERS-UP

Pregnancy loss and bereavement care team **SOUTHERN HEALTH AND SOCIAL CARE TRUST**

A maternity bereavement team offers a range of support including The Listening Rooms, an offsite facility where those affected by loss can find some space. A Pregnancy Loss and Bereavement Working Group recently produced a 'maternity loss grab bag'.

Janet Ballintine and Raffaela Goodby **BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST**

The focus here is on staff who have experienced the loss of a baby or pregnancy. The 'NHS First' policy includes additional paid leave for mothers or partners working for the NHS and support through organisations such as Smallest Things and Tommy's.

WINNER: The Forget Me Not Midwifery Bereavement team

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

The team at South Eastern Health and Social Care Trust have made providing support for those suffering from pregnancy loss and bereavement a priority. Two clinical bereavement midwives are available seven days a week to support women and their families, and can refer people to other support including a bereavement counsellor and charities such as Sands or TinyLife.

A Forget Me Not group also works to provide additional support, including arranging a remembrance day once a year and hosting a fun day for women and their families. The group has also created a Forget Me Not wood to provide a place where families can plant trees to remember their babies and pregnancies that have been lost.

WHAT THE JUDGES SAID:

"[We were] particularly impressed by the Forget Me Not woodland project, which provides a living legacy for bereaved families"

Outstanding Contribution to Midwifery Services: International

RUNNERS-UP

Catherine Reeve-Jones
JHPIEGO INDIA MIDWIFERY PROGRAMME AFFILIATED WITH JOHNS HOPKINS UNIVERSITY
A midwife for more than 20 years, Catherine has helped to develop a new learning pathway and resource package to support the introduction of a new level of midwife in India's health system. The scheme trains existing nurses to become midwives, helping to raise standards, particularly in rural areas.

Diane Lockhart, Amani Family Centre **UGANDA**
For the past six years, Diane has run the Amani Family Centre, providing free, skilled midwifery care to a slum community in Uganda, sub-Saharan Africa. Since then, it has achieved a 100% live maternal and newborn rate among mothers attending in labour.

WINNER: Emily Miscioscia, Maria Velo Higueras, Petra Graf Heule and Silvia Ammann-Fiechter
ROBERT GORDON UNIVERSITY AND ZURICH UNIVERSITY OF APPLIED SCIENCES

Initially developed in 2020 by midwifery lecturers in Aberdeen, the International Student Midwives Network now includes student midwives from Italy, Germany, the Netherlands, Lebanon and Switzerland, as well as the UK. The network aims to create a forum for intercultural learning and the sharing of best practice, with the hope of raising maternity standards and outcomes.

Students currently meet once a month to discuss topics including models of maternity care provision, socio-cultural aspects of midwifery, optimisation of physiology of birth, in-country birth trends, perinatal mental health, infant feeding and midwifery care for women with complex needs. Discussions are now underway to include institutions in Latin America, Africa, Asia and Australia.

WHAT THE JUDGES SAID: *"The project cultivated a shared international identity for midwifery. The focus on strengthening midwifery and young midwifery leaders was impressive"*

Outstanding Contribution to Midwifery Services: Digital

WINNER: Holly Green, Kim Allen and Layla Toomer
SHIP LMNS/UHS TRUST

As part of an initiative to centralise all antenatal concerns and labour calls, the teams at Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Local Maternity and Neonatal Systems (LMNS) and University Hospital Southampton (UHS) created the Healthier Together urgent care app.

This is targeted at pregnant women and birthing people, who can use it to report any concerns during pregnancy, which are broken down into red, amber and green symptoms. Any women with amber-level concerns over 20 weeks are linked to a maternity triage line.

As well as escalating any serious cases, the app also serves to reduce anxiety among women and cut the volume of calls to day assessment units.

WHAT THE JUDGES SAID:
"A fantastic initiative, a clear and passionate presentation and significant potential for scale-up and sustainability"

RUNNERS-UP

Donna James
CARDIFF AND VALE UNIVERSITY HEALTH BOARD
Donna has overseen the digitisation of various processes, including developing a pregnancy referral tool, a maternity sickness notification system, a midwifery sonographer referral package and a digital dashboard to help the health board better understand its performance.

Every Trust across North East and North Cumbria LMNS
SURGICAL SERVICES
Trusts from the North East and North Cumbria LMNS joined forces to create the Digital Midwives Network, designed to ensure shared access to care records to prevent information from falling between different bodies.

Workplace Champion

RUNNERS-UP

Nicola Kacerovskis
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST

Nicola has helped to improve conditions for midwives in the Trust, meeting regularly with senior leaders to ensure concerns are discussed. She has also organised listening events for members seeking support and acts as a menopause champion within the organisation.

The Shropshire RCM branch
SHREWSBURY AND TELFORD NHS TRUST

The Shropshire branch has worked hard to improve conditions for midwives, securing long-term sickness absence management support and flexible working arrangements. A monthly meeting with the maternity senior leadership team ensures a healthy exchange of information.

Josephine Oamen
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST

Josephine has been instrumental in improving the wellbeing of midwifery staff. This has included creating a wellbeing room for staff to access while on duty rather than solely on breaks, and the creation of an app to book treatments including aromatherapy and stress-release massages.

Gemma Short UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

Gemma has worked tirelessly to ensure that staff issues are raised with management, including arranging a weekly catch-up with the head of midwifery to escalate concerns in a timely manner. It also ensures the effects on staff of any changes have been fully considered ahead of implementation.

WINNER:
Kate Griffiths
BASILDON UNIVERSITY HOSPITAL, MID AND SOUTH ESSEX NHS FOUNDATION TRUST

Kate has been RCM steward since 2020. In October 2022, she was instrumental in uncovering concerns about health and safety, which she raised with management. Since then, she has been pushing for measures to be taken to ensure the ongoing safety of staff and service users.

Kate has also been active in resolving other issues surrounding payroll and bank rates, as well as advising RCM members nationally about the benefits of personal injury representation.

WHAT THE JUDGES SAID: *"This entry stood out because the rep did not take the employer's compliance levels at face value. This led to a tenacious campaign to address the situation"*

Equity, Diversity and Inclusion

WINNER: Kate Brintworth
NHS ENGLAND

A diverse team of maternity leaders from NHS England came together with the aim of tackling racism in the workforce. The result was the Anti-Racism Framework and Fellowship, which is currently being piloted with a number of Trusts. This seeks to create cultural change by implementing anti-racism initiatives and creating a safe space in which to discuss racism.

Alongside this, a six-month fellowship was designed to support Band 6 and 7 midwives to help them move into leadership roles. The content of the course included a discussion of racism and its impact, action learning sets and mentoring. Feedback was overwhelmingly positive, and anecdotal evidence suggests it has helped to retain valued staff members.

RUNNERS-UP

Bernadette Chubb and Rebecca Cockings
YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST

This project set out to tackle implicit bias in maternity care. Midwives underwent training in stereotyping and clinical assessment of babies from Black, Asian and minority ethnic families.

ARIA group
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

Training has been rolled out to 170 staff on anti-racism and bias, and an Anti-Racism Implementation Advisory (ARIA) group has been set up to work towards the CapitalMidwife Anti-Racism Framework Bronze award.

Race Matters Unsung Hero – Midwife or Higher Education Institution Staff

WINNER: Maxine Chapman **UNIVERSITY OF LEICESTER**

Maxine has spearheaded an initiative to decolonise the curriculum for student midwives, both through the publication of papers and by encouraging students to think about this in their practice.

As a result, students have become more culturally competent and are better able to identify jaundice in babies from Black and ethnic backgrounds, as well as bruises and rashes on birthing people or babies. She has also gone out of her way to discuss ways in which people from different ethnic backgrounds may approach the birthing process, and has helped students cope with incidents of racism they may have encountered on placements.

WHAT THE JUDGES SAID:
"Maxine is a champion for change in cultures, attitudes and behaviours that improve outcomes for service users and experiences for students"

RUNNERS-UP

Faiza Rehman **CAMBRIDGESHIRE AND PETERBOROUGH INTEGRATED CARE SYSTEM**
Faiza set out to support ethic communities through the maternity process. Working with Barnardo's and Mind, she created a maternity hub made up of mothers from diverse backgrounds.

Mavis Afriyie
LEWISHAM AND GREENWICH NHS TRUST
Mavis has focused on improving the experiences of women and birthing people from Black, Asian and minority ethnic communities. This has seen the production of a cultural humility video for staff.

Cassandra Owusu
NORTH MIDDLESEX UNIVERSITY HOSPITAL
Cassandra regularly goes above and beyond to make sure that her team is supported. She also ensures all women receive the care they deserve, taking particular care of those who do not speak English well.

Race Matters Unsung Hero – Maternity Support Worker or Student

RUNNERS-UP

Monique Balogun
UNIVERSITY OF GREENWICH
Monique has led the way in raising awareness of disparities in the way in which women from Black and ethnic minorities are treated. She identified a particular area in midwifery education that may have a direct impact on the health of mothers and babies, which is being addressed through training.

Valerie Douglas
UNIVERSITY OF HERTFORDSHIRE
A midwifery student, Valerie represents the university at the Chief Midwifery Officer student forum, ensuring the voices of students are heard. She encourages other students in their learning and has contributed to improving the student experience.

Selena Palmer
UNIVERSITY OF LEICESTER
Selena is passionate about attracting people from Black, Asian and ethnic backgrounds to study midwifery. This includes taking an active role at open days, summer schools and through clearing.

WINNER: Emma Lesley
LEWISHAM AND GREENWICH NHS TRUST

With a colleague, Emma has set up a support hub to help families with clothing, household items and food bank vouchers, and collecting and delivering essential items where people have been unable to do so themselves. On one occasion, this even involved sourcing clothing for an older child of a pregnant woman.

WHAT THE JUDGES SAID: *"Emma is an inspiration to others through her compassion, positive attitude and kindness"*

Student Midwife Travel Award

WINNER: Rachel Brackpool LONDON SOUTH BANK UNIVERSITY

Rachel is a great example of someone who has persevered to reach their goal. After two unsuccessful attempts to study midwifery, she finally won a place at the age of 25. Her first year was affected by the pandemic, which meant all teaching was online and – coupled with her neurodiversity and anxiety – she found it overwhelming.

Rachel started to create animated posters to condense presentation slides into more manageable chunks to help with her revision and break down information into step-by-step guides. After fellow students started asking for copies, she realised this would help others and went on to sell 4,000 of her drawings to students worldwide. She is now working with the university research and innovation team to help these reach an even wider audience.

WHAT THE JUDGES SAID:

"The panel felt she demonstrated impact, altruism and courage through sharing both her drawings and her neurodiversity journey"

RUNNERS-UP

Rebecca Gates BANGOR UNIVERSITY

In addition to her studies, Rebecca is part of the student leadership programme. As chair of the university's student midwife society, she has organised many initiatives including bereavement study days, biomechanics for birth study days and an event for International Day of the Midwife.

Holly Berry

UNIVERSITY OF SOUTHAMPTON

Holly has made herself a central part of the student community, arranging events for all three current cohorts. A member of the midwifery society, she goes out of her way to ensure people have the support they need during their studies.

Maternity Support Worker of the Year Award

SPONSORED BY WaterWipes

RUNNERS-UP

Jodie Foran CARDIFF AND VALE UNIVERSITY HEALTH BOARD

Jodie has worked tirelessly to provide advice to women about stopping smoking during pregnancy. This has led to a rise in both the number of referrals to support services and the number of people attending maternity care who admit they have smoked during pregnancy.

Aida Popescu LEWISHAM AND GREENWICH NHS TRUST

As lead MSW, Aida has been instrumental in helping colleagues develop their skills. She oversaw the introduction of a competency document and training for each support worker, as well as the use of transitional care support workers to enable babies to remain with mothers on the postnatal ward.

WINNER: Michala Richardson BIRMINGHAM WOMEN'S AND CHILDREN'S HOSPITAL

Michala has been instrumental in providing evidence of competencies and skills, which has ensured senior maternity support workers receive Band 4 status. Not only has this helped staff, but it also means an MSW can support a midwife to attend home births, removing the need to send two midwives. This has meant more women have been able to have the option of a homebirth.

She is also passionate about infant feeding, attending training on this topic herself and passing on knowledge to colleagues. This has resulted in better communication with the infant feeding team and more women receiving the advice they need. This, in turn, has led to a reduction in the number of readmissions to hospital and better neonatal outcomes.

WHAT THE JUDGES SAID:

"She is an excellent role model in how her leadership skills and qualities have been used to develop the role of the MSW"

Partnership & Team Working

SPONSORED BY WaterWipes

RUNNERS-UP

Pauline Cross and Mavis Afriyie
LEWISHAM COUNCIL

The Cultural Humility Standard was developed to raise awareness of the importance of culture on women and birthing partners. The maternity team at Lewisham Council met with local Black and South Asian women, out of which emerged a video that is now used in mandatory staff training.

The midwifery team
UNIVERSITY OF GREENWICH

The midwifery team at the University of Greenwich helped to shape a midwifery degree apprenticeship, targeting local mature students who had some experience of the NHS. The first cohort has now completed the scheme and are registering as midwives.

WINNERS: Perinatal pelvic health service
SOUTH EAST LONDON INTEGRATED CARE SYSTEM (ICS) LMNS

With around one in three women affected by urinary incontinence after childbirth, the perinatal pelvic health service team at South East London ICS LMNS set about preventing, identifying and treating pelvic floor dysfunction for women in the 12 months after the birth of a child.

The team is made up of four midwives, as well as two pelvic health physiotherapists and a urogynae nurse. They have so far trained more than 1,300 healthcare professionals across the LMNS and delivered pelvic health training to more than 200 women. The proportion of women who felt confident to engage in pelvic floor muscle training rose from 16% to 88% after the class, and 98% of attendees said they were motivated to start this.

WHAT THE JUDGES SAID:

"This demonstrated partnership working on a wide range of levels across systems, and applied innovative solutions to problems"

2023 RCM Honorary Fellows

Professor Fran McConville

Fran McConville was the midwifery adviser at the World Health Organization from November 2012 to March 2023, based in Geneva. Much of her work has been about addressing how women, newborns and their families can access quality, equitable and respectful midwifery care that strengthens women's own capabilities and prevents unnecessary interventions.

Dr Franka Cadée

Franka Cadée is currently serving her second term as president of the International Confederation of Midwives (2017-23). She is an expert on sexual and reproductive justice with a focus on midwifery, with over 30 years of strategy and policy development, advocacy, leadership, research and project and crisis management experience.

She is also a member of the executive board of the Partnership for Maternal, Newborn and Child Health (PMNCH), representing the Health-Care Professional Associations; the chair of the ICM WithWomen charity; and a member of the High-Level Commission on the Nairobi Summit on ICPD25 follow-up.

Dr Edward Morris

Dr Edward Morris is regional medical director for NHS East of England, a post he started in December 2022 following his three-year presidency at the Royal College of Obstetricians and Gynaecologists. He is a consultant in gynaecology at the Norfolk and Norwich University Hospitals NHS Foundation Trust and an honorary senior lecturer at Norwich Medical School at the University of East Anglia.

He is globally recognised for his work throughout his career in patient safety, standards and guideline production.

Karen Jewell, chief midwifery officer, Wales

Karen joined the Welsh Government in November 2016. As chief midwifery officer, she sets the direction for strong midwifery leadership positions across Wales. Karen sees the role as a privilege to serve Welsh families and maternity services colleagues to achieve quality, safe and effective maternity services in Wales.

Karen's midwifery career has seen her work across hospital and community settings, setting up a continuity team and initiating the first substance misuse midwifery post in Wales.

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1. Derma UK Ltd., 'Summary of HibitaneTM Obstetric Cream Product Characteristics (SmPC).' 2021
2. A, Fayez Bakr et al, Effect of Cleansing the Birth Canal with Antiseptic Solution on Maternal and Neonatal Mortality in Alexandria, American Journal of Paediatrics. July 2002, p. 379-383

HIB/99/0623
Date of preparation: June 2023

Infection control

Uniform policies help prevent infection and microbial transmission. In addition to hand hygiene, the following guidance is recommended. Be sure to check the dress policy of your own workplace.

1 **If your hair reaches your collar,** it will need to be tied back (to reduce the incidence of bacterial growth). Hair clips must not have the potential to injure anyone and must comply with health and safety and infection control standards. Long facial hair will also need to be tied back.

2 **Head coverings such as hijab or turban** need to be secured to avoid regular adjustment.

3 **Piercings and jewellery are an infection prevention control hazard** and must be covered (facial jewellery) or removed (tongue studs). A plain ring without stones is allowed, as is one small pair of plain stud earrings.

4 **Be 'bare below the elbow':** wristwatches must be removed at the start of the shift, and clinical areas require a fob watch. If you are Sikh and wear a kara, then you can still do this, providing you push it up your arm and secure it above the elbow.

5 **Make-up should be kept to a minimum.** Those in clinical areas should not wear perfume in case of allergic reactions. False eyelashes compromise infection control and should not be worn.

6 **Fingernails should be kept short and clean.** False nails, nail varnish and nail adornments should not be worn as they pose infection prevention and control risks, as well as health and safety risks.

7 **Any identification badges or lanyards** must be cleaned regularly.

Unions in action

The RCM, like all unions, fights to improve pay and conditions for its members. We hear the stories of inspiration and passion ignited by taking part in union activites

The RCM formally became an affiliate member of the Trades Union Congress (TUC) in 2015 and this year, for the first time, the RCM was represented at every TUC regional conference, with activists attending along with RCM staff. TUC conferences – including regional and national events, women's conferences and conferences for LGBTQ+ workers – are an important part of the union work of the RCM, providing opportunities for midwives and maternity support workers (MSWs) to have their voices heard in the political arena, hear from other unions and share experiences and learning.

IMAGE: SHUTTERSTOCK

Paul Nowak
TUC GENERAL SECRETARY

Just as individual workers are stronger within a union, so unions are stronger together within the TUC. We are a broad family with more than five million members across 48 unions. Our congress and conferences bring people together across the trade union movement. Fundamentally, they are our parliament; as a democratic organisation, they are the way we identify our priorities and give a voice to our members.

Conferences are also an opportunity for people to share experiences, be inspired by the stories of others, recognise shared challenges and take ideas back to their own workplaces. Speaking at conferences is also good for self-development and building confidence. I still remember going to my first union conference and having the opportunity to get up and speak to a room full of people who shared my ideas and concerns – I can't overstate the importance of that.

What is raised at congress never gets lost – that might be big picture stuff, which means coordinating across multiple unions for a huge campaign, or in other cases it might mean securing a meeting with a government minister or organising a press campaign. We report back each year at congress on what has been taken forward, where we have had progress and where we have not. As TUC officers and staff, we are accountable to our members for all the work we do, and they want to see the decisions taken at congress reflected in the work programme of the TUC.

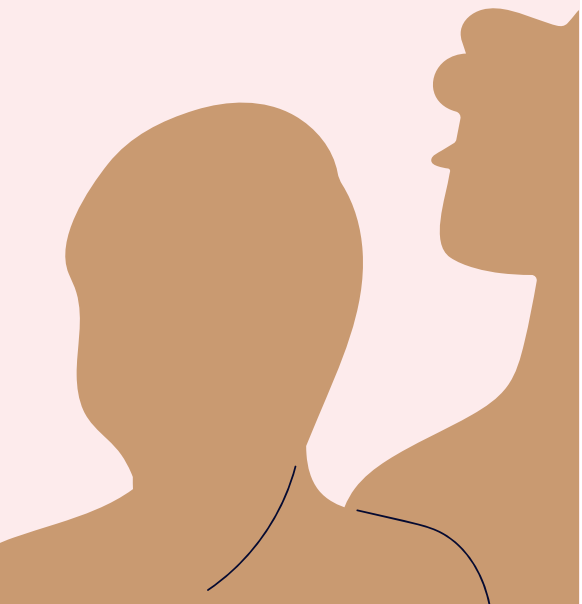
Some issues such as pensions and pay are universal, but the TUC also offers the opportunity to amplify concerns that are particular to one profession so that what matters to you is brought to a wider audience. Our members are not only interested in their own workplaces, but are also reliant on the services provided by other unions – they are concerned with the quality of our public services, which our unions effectively deliver every day.

I am convinced that when unions have strong representatives who have been to conferences and have the confidence to be vocal, they are perceived as most effective and valuable.

But you don't have to be an activist. Being part of the life of the union, taking an interest in what it does and voting on union matters is so important – because, without our members, we're nothing.

That's what makes us different. We are not just a lobby group or a think tank – we represent millions of people in workplaces up and down the country. That means the government has to listen to us, whether they want to or not.

Taking an interest in what the RCM does and voting on union matters is so important



Lorna Duncan
MIDWIFE, SCOTLAND

Midwife Lorna Duncan is an RCM steward within NHS Tayside and attended the 95th annual Scottish TUC Women's Conference in October 2022.

When RCM Scotland director Jaki Lambert mentioned there were two spots available for the conference, I decided to give it a try. To be honest, I imagined it would be a bit dull. My other perception was that, as midwives and the RCM, we were a bit too gentle for all that strident 'fight for your rights' stuff, and I was worried it would be a lot of 'men-bashing'. However, I was wrong. The warmth and friendliness of the welcome instantly put all my worries aside.

We went along with two motions. Jaki presented one about pay and conditions, and mine was about addressing the impact of health inequalities on maternity outcomes. I didn't really know I was speaking until I got there, so I practised in the hotel room. I'd never done any public speaking before, so I was shaking like a leaf at the thought.

You only have a few minutes and they're quite strict about timings; you have a set of traffic lights in front of you, and when the red one goes you have to stop. When I said it was my first time speaking at conference I got a big cheer – I felt like a superstar!

People spoke so passionately, and I was in tears at some of the motions. As midwives, we are in a female-dominated profession, but there were women there from the fire service, the ambulance service and the railways; they are in the minority in their workplaces and have had to fight for basic things such as changing facilities. Some of the discrimination they have experienced is terrible.

That is what unions really are – people working hard in the background for your rights and everything to do with your workplace and conditions. You only really appreciate that when you hear people speak at conference.

People referred to each other as 'sisters', which at first I thought sounded a wee bit cheesy. However, by the end I was as pleased as punch to be one of the sisters. I came away feeling enriched, empowered and informed, with a great sense of togetherness.

It's all very well saying things are terrible, but if you don't do anything about it, you're just a voice that no one hears. That's why I became an activist. I want to rally the troops and help people understand that there is a lot we can do together.

People spoke so passionately at conference, and I was in tears at some of the motions

Sally Grice
MIDWIFE AND RCM ACTIVIST, YORKSHIRE

Sally Grice, a midwife and RCM activist from Mid Yorkshire, attended the TUC Yorkshire and Humber conference in March and presented an RCM motion calling for action on the midwifery staffing crisis.

I've been a workplace activist for two years now. Midwifery can be an exceptionally rewarding and beautiful job, but it can also be quite lonely and challenging. There have been times in my career when I've struggled, but felt I didn't have anyone I could go to. I got involved with activism because I wanted to make a difference; to be that person I'd needed myself in the past, so midwives at my Trust won't feel as I did.

I attend a lot of the RCM training and updates, and I'm never afraid to get stuck in and speak up. When my regional organiser suggested I attend conference I thought, "Why not?" I didn't have much idea about what to expect, but I found it inspirational.

It was very different from the RCM conference, as there were representatives from every kind of workplace union across the region. It was great to chat with the speakers, listen to their experiences and success stories, and be among people who have put so much time and hard work into ensuring working people are treated right.

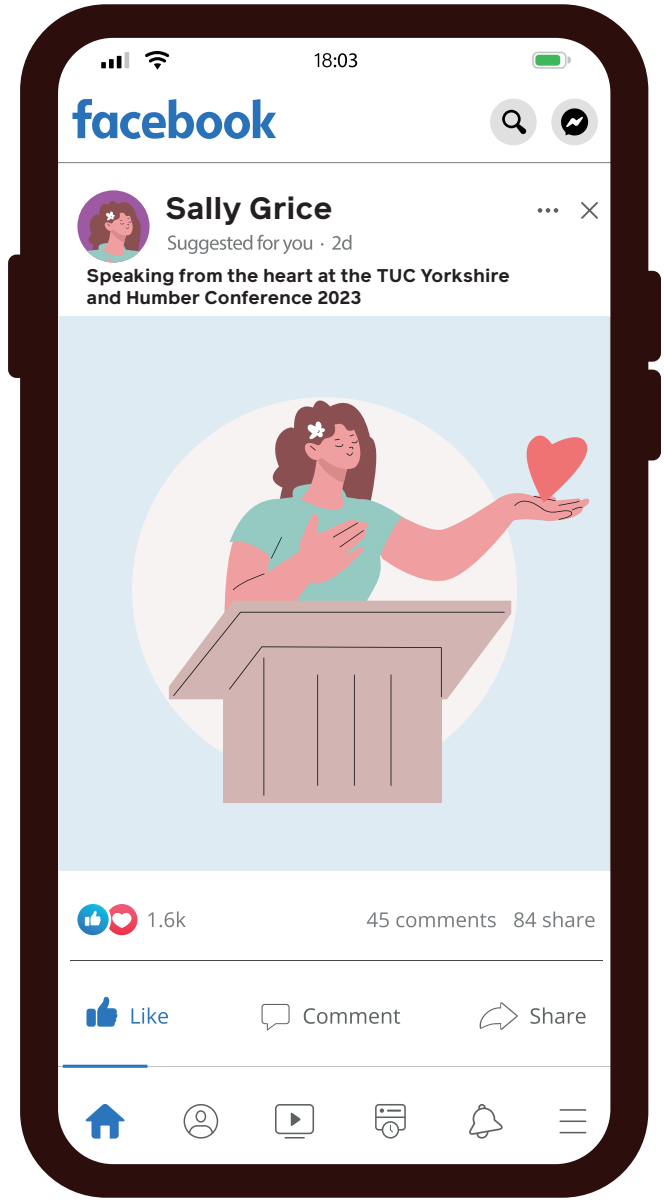
I had two minutes to present. The RCM gave me some stats and guidance around structure, but I was able to speak from the heart as a midwife. It was on Mother's Day, which felt apt. It was quite an emotional moment.

Everyone in the room was so encouraging and supportive. When I'd finished some people gave me a standing ovation. Paul Nowak, the general secretary of the TUC, came up to me afterwards and was very positive.

Having a platform where I could speak about something I feel so passionate about was incredibly rewarding. I came away reinvigorated and even more determined that midwives deserve not just better pay, but better working conditions.

I am proud to be part of the RCM and the work we do in the background. I wanted to share that with my colleagues. I put a photo of me presenting on my Facebook page and I had comments from friends across the NHS thanking me for speaking up.

I want people to know that there are others who care – and when we stick together, we can make a difference.



I am proud to be part of the RCM and the work we do in the background

Nikki Charleston
MIDWIFE, EDINBURGH

Nikki Charleston, a midwife and RCM activist in Edinburgh, attended the 12th annual Scottish TUC LGTBQ+ workers conference in Glasgow at the end of May 2023.

As a person who falls under the LGBTQ+ umbrella, hearing from other LGBTQ+ advocates is really important to me. I threw my hat into the ring for the TUC LGBTQ+ workers conference in London, and then my RCM Scotland colleagues asked me if I wanted to go to the Scottish TUC (STUC) conference too.

While I didn't present a motion, I did speak in support of a motion brought by another union about tackling health and social inequalities and the disproportionately worse health outcomes for LGBTQ+ people.

I spoke from my knowledge as a midwife working in maternity care, where we know LGBTQ+ people can experience significant barriers, resulting in poorer outcomes for them and their newborns – something I'm passionate about addressing.

I had never been a delegate or spoken at a conference before – but being in that community proved to be such a supportive and affirming environment. I felt it was a safe space, which was wonderful.

For each motion, the proposer had eight minutes to speak and the union seconding the motion had four minutes, as did anyone speaking in favour of the motion or refuting it. Not including emergency motions, there were 21 motions presented over two days – all passed unanimously.

Regardless of what union you came from – whether it was transport, public sector, healthcare – we were all there fighting for the same section of society. I have never been in a space like that before, and it was such an affirming experience.

I came away feeling empowered and wanting to go back to my union to share ideas about how to tackle healthcare inequalities for LGBTQ+ people in maternity care, explore how the RCM can build more ties with the STUC, and find ways I can be a voice for equality and diversity within the branch. It lit a fire in my belly, and now I want to use that energy to help people.

It is so important to me that people are treated fairly and safely in the way they deserve and need to be treated – not just equality, but equity. When I started my midwifery training, I never thought I'd end up with a union role. But being able to support my colleagues and friends to have their voices heard – how could I say no to that?

Attending conference lit a fire in my belly, and now I want to use that energy to help people

Lorna Forshaw

MIDWIFE, MANCHESTER

Lorna Forshaw is a core midwife in the antenatal ward at Wythenshawe Hospital, and for the past three years has been RCM health and safety activist for the South Manchester branch. She attended the TUC North West conference in March 2023.

Being an activist was never really on my radar, but when someone suggested I should do it when I came back from maternity leave after my second child, it was an ideal opportunity. We had some branch members who were really good at advocating for our team, and I wanted to be part of that.

I was approached by our regional organiser to represent the RCM and present a motion at the TUC conference. She got me really psyched up about it, so even though I've never done any public speaking before, I agreed.

The RCM had two motions to present – mine was about the midwifery staffing crisis. The room had about 80 people in it from a wide range of unions. More than 20 motions were presented during the day, and mine wasn't until the afternoon. By the time it was my turn to speak, the palpitations had started and I felt sick, but I was so passionate about what I had to say that I just got up and did it.

The first thing I said was that I'd never spoken at conference before and everybody whooped and cheered – there was so much encouragement in the room. People were really listening to me, and it made me feel like I was doing something to help. Afterwards I just felt ace.

The motion was passed and I was proud to have used my voice to escalate the needs of the staff on the shop floor – unless we're telling the right people, we are powerless.

Even though I'm a bit of a dinosaur when it comes to social media, one of the first things I did afterwards was open a Twitter account and share my video – I wanted to show my team what I'd done.

It was so empowering to be among the other trade unions standing up for the rights of their members. We are fighting for the same sorts of causes, and there is a real sense of togetherness in knowing that other people have got your back.

Doing this has given me the confidence to become more involved in future events like this one, as well as demonstrate to my team what it means to be an activist. I hope to do it again in the future, and I would recommend it to anyone who has the opportunity.

Peace Musabi
MIDWIFE, LONDON

Peace Musabi, a maternal medicine specialist midwife/community midwife and RCM steward in London, attended the three-day TUC Black Workers' conference at Congress House in London from 25 to 27 May 2023.

It was my first union conference experience. I went as an RCM delegate, along with two other midwives and two RCM staff, who supported us and answered our questions throughout.

I seconded a motion tabled by the Chartered Society of Physiotherapy about addressing health inequalities. Public speaking is something I've done before, but there were more than 200 delegates in the room so I was quite nervous. However, I was encouraged by the fact that this was something very close to my heart.

Having read the current MBRRACE-UK (Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries) report – which shows that Black women are more than three times more likely to die than white women, and Asian women are 1.8 times more likely to die, with disparities along lines of deprivation and disadvantage as well – I felt I needed to do something about it. To be given an opportunity to speak and add my voice was an honour, and the highlight of the conference for me.

It also helped knowing I had the support of my colleagues, who were there cheering me on. They filmed me speaking and, before I knew it, the video was being shared among my colleagues on Twitter and WhatsApp.

It was inspiring to connect with a diverse group of professionals from other unions, all dedicated to addressing the challenges faced by Black workers and passionate about providing care and services equitably and in a culturally sensitive way. Change is often achieved through collaboration and solidarity. I came away feeling empowered and motivated to make a difference; to continue advocating for birthing people, and for my colleagues too.

I have only been a steward for a year, so I am still learning, which was another motivation to go to conference. It is a great experience that helps you to grow professionally and develop personally. I would encourage anyone given such an opportunity to take it.

I remember looking at the programme for Saturday – the longest day – and wondering how I would get through a whole day of just sitting and listening. But, before I knew it, the day was gone.

People spoke with such passion, sharing their experiences and learning – what better place to be than that?

To be given an opportunity to speak was an honour, and the highlight of the conference for me

IMAGES: SHUTTERSTOCK

Keelie Barrett
MSW AND RCM BOARD MEMBER

Keelie Barrett, an MSW and RCM Board member, attended the TUC North West conference in March 2023.

For those who don't know, the TUC is made up of 48 trade unions from all different sectors that come together and work collaboratively to improve the lives of the 5.5 million working people that they represent. The North West sector represents a workforce of around 800,000 people.

I attended as part of the RCM delegation alongside senior organiser Rae, and midwife and fellow RCM activist Lorna (see page 57).

This was my first time attending a regional TUC event, and I was delighted to be putting forward one of the RCM's motions. This motion was calling for the scrapping of NHS staff parking charges.

The mood in the room throughout the entire day was one of comradeship and solidarity. For me, events like these ignite the passion to continue with your activism and strive for safer, better and fairer conditions for members.

Once it was my turn to address the conference, I went up to the podium to put forward the motion. This was received very positively by the entire room and unanimously supported.

The RCM may be small in comparison to other unions, but make no mistake – our voices at this event were just as loud. I felt real pride in being able to represent the midwives, MSWs and students who are the future workforce.

I would encourage other RCM activists out there to embrace such opportunities, from the personal benefits of developing public speaking skills and gaining confidence to feeling the collective team spirit from the RCM delegation you are attending and the wider trade union movement. I feel events like this are motivating and give us the impetus to continue to strive for better for ourselves, for members and for working people.

The RCM may be small in comparison to other unions, but our voices are just as loud

From ABCDE to BUMP

Judy Bothamley, Maureen Boyle, Luisa Acosta, Reina Fisher-Van Werkhoven and Lacie Ward on why they are using the BUMP acronym to improve clinical assessment of deteriorating maternal health

The *Saving lives, improving mothers' care* reports by MBRRACE-UK have consistently called for better training of staff in recognising and responding to signs of deteriorating health. Systematic reviews using the ABCDE approach and the use of the MEOWs chart are advocated to aid prompt identification and escalation. However, these tools may not effectively capture all the key elements relevant in a maternity setting.

Midwives are not responsible for making a diagnosis, but can instigate initial actions and ensure the right medical staff respond to review the woman in a timely manner. Midwifery lecturers at the University of West London, in conjunction with clinical partners, have developed a simulation-based module to equip senior student midwives with the knowledge and skills to recognise women who may be developing complications.

Significant symptoms

This is a new systematic approach, based on ABCDE assessment, that incorporates the priorities of Bleeding, Uterus, Movements and Pain.

The elements of BUMP are:

BLEEDING

Antenatal: is the woman bleeding? How much? What colour is it? Features of blood loss: is it old or fresh blood? Could it be a show? Could there be concealed bleeding? Does this woman have any vulnerability to blood loss such as anaemia? What may be the cause of the bleeding?

Postnatal: what are the characteristics of the lochia (amount, colour, clots, odour)?

UTERUS

Antenatal: even before measuring fundal height, does it look the correct size for gestation? Is it soft or hard? Feel for contractions.

Postnatal: is the uterus contracted? If not, in the context of PPH, rub up a contraction. Is the uterus involuting at a rate expected? Is the uterus tender when you assess it?

MOVEMENTS (FETAL WELLBEING)

Enquiring about fetal movements is an established aspect of antenatal fetal

IMAGE: SHUTTERSTOCK

SUMMARY OF ABCDE (WITH SOME ADAPTATIONS FOR MATERNITY SETTINGS)

a Assess *airway* – usually assessed by the initial verbal response by the woman.

b Assess *breathing* – note any struggle to complete sentences – if so, use an oxygen saturation monitor and count the respiratory rate.

c Assess *circulation* – predominantly assessed by completing a set of vital signs: pulse, oxygen saturation and blood pressure. Temperature, although not strictly circulation, is normally recorded at the same time. Urine output, concentration of urine and urine testing are key elements of maternity assessment.

d Assess *disability* (level of consciousness) – now includes assessment of confusion and change in behaviour. It is also recommended to test blood sugar levels.

e *Expose* and *examine* the woman using traditional midwifery head-to-toe assessment (see *Head-to-toe examination elements*, right). This will include a more detailed assessment of fetal wellbeing or the assessment of the baby.

assessment. In the context of a woman presenting with concerns, the midwife is likely to proceed to an assessment of the FH and/or a CTG as indicated, as the fetal condition is often a reflection of maternal health.

PAIN

Asking women about any pain they are experiencing, and describing that pain, is an essential element of assessment. While the midwife is not responsible for diagnosis, this review of pain may prompt further investigations and form key information to relay to the doctors as part of an effective referral.

These are common essential aspects of assessment that appear to be an instinctive part of maternal assessment by experienced midwives, but are not overtly recognised or prioritised in ABCDE assessment.

The ABCDE assessment was originally devised in critical care, and has subsequently been adopted in a range of healthcare settings including maternity care, most commonly as part of major obstetric haemorrhage skills drill training. ABCDE assessment by midwives, while helpful in ensuring a systematic approach, has some drawbacks and requires some modification in maternity settings (see *Summary of ABCDE*, left).

Real-life scenarios

In the process of developing a simulation-based module to equip student midwives with the skills of systematic clinical assessment, we aimed to capture the elements and priorities of assessment as they would occur in real-life clinical situations.

We developed several scenarios based on real cases. Using a midwife lecturer as the voice of the woman, we started 'practising' the scenarios with experienced midwives, including ourselves, to see how they would work for the students.

The scenarios all start with the midwife introducing themselves and asking the woman: "How are you?" The woman then answers with a variety of responses indicative of different clinical situations, such as:

- *"I don't feel very well"*
- *"I have a pain under my ribs"*
- *"I'm worried about…"*

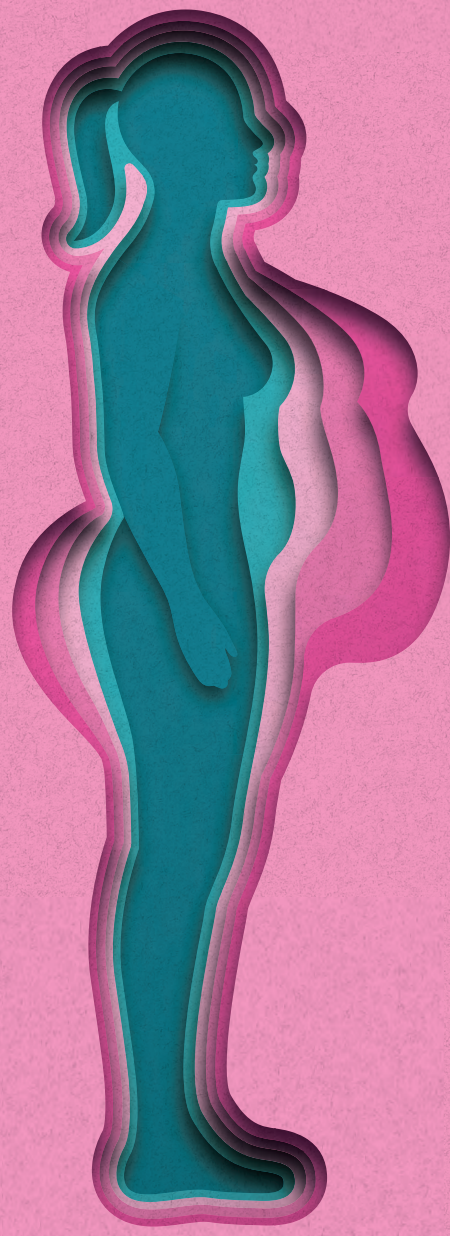


IMAGE: SHUTTERSTOCK

The student is then required to interact with the woman and perform an ABCDE assessment.

It was interesting to note that during the practice sessions, experienced midwives had an instinctive approach to the assessment that did not follow the standard ABCDE approach, but rather showed a priority for assessing BUMP. For example, in one of the scenarios, the woman presents with small vaginal blood loss at 34 weeks. The midwife establishes that the woman is talking to her and therefore her airway is not compromised. The midwife then assesses if there is any ongoing visible blood loss, the tone of the uterus (soft or hard?), fetal condition (fetal heart present or not?), if there is any pain and what the characteristics of that pain are, finally assessing for any signs of labour.

Experienced midwives had an instinctive approach that did not follow the standard ABCDE

The value of experience

These assessments were done in conjunction with the obvious assessment of airway and breathing through talking to the woman and taking a full set of vital signs, which largely covers circulation and would aim to identify any deterioration of the woman's condition due to unseen blood loss. Having met those priorities of assessment, the experienced midwives then continued with the rest of the ABCDE assessment, which for disability would be to assess any level of confusion or changes in behaviour; and expose and examine, which includes any remaining elements of the traditional head-to-toe assessment not already covered.

We quickly concluded that for student midwives, where this approach is not yet instinctive, BUMP would be useful to incorporate into the ABCDE assessment.

A midwifery assessment of a woman will therefore involve:

- A quick review of the airway (A) and breathing (B) by talking to the woman
- An assessment for any signs of bleeding (B). Checking for contraction of the uterus (U) postnatally or the tone of the uterus antenatally
- Checking fetal wellbeing – movements (M), with Sonicaid/CTG as indicated
- A review of any significant pain (P)
- An assessment of the woman's current condition by performing a physical examination (C) that will include a set of basic observations in line with an ABCDE-structured approach
- A review of the level of consciousness (D) by talking to the woman and checking blood sugar level
- Performing a traditional head-to-toe midwifery assessment (E) for any elements not already covered, including examination of the newborn once any life-threatening problems have been addressed
- A review of the woman's history and an assessment of any risk factors.

HEAD-TO-TOE EXAMINATION ELEMENTS FOR ASSESSMENT OF A DETERIORATING CONDITION

ANTENATAL ASSESSMENT

- Review of medical, obstetric, family and current pregnancy history. Estimated date of birth and gestational age
- General physical and psychological wellbeing
- Abdominal palpation including symphysis fundal height measurement. Enquiry regarding fetal movements and fetal heart auscultation/CTG as indicated
- Enquiry regarding any concerns – pain, urine, vaginal loss, headaches, visual disturbances, skin disorders
- Examination of legs – swelling, pain
- BP and urine testing
- Review of any test results.

POSTNATAL ASSESSMENT

- Review of medical, obstetric, family and current pregnancy history
- Labour and delivery details
- Record and review observations of BP, temperature, pulse and respiratory rate
- General physical and psychological wellbeing
- Enquiry and examination regarding any concerns – headaches, visual disturbances, breasts, abdominal pain, skin, rashes, uterine involution, lochia, wounds, urine and bowels, legs, any other pain
- Assessment of the baby – the condition of the baby is linked with maternal wellbeing. In cases of sepsis, the baby's health can be particularly at risk. Consideration should be made of the impact of the mother's health on infant feeding and mother-baby relationships
- Review of any test results.

Joining forces

Marie Buckleygray is a third-year midwifery student at Robert Gordon University. As the chair of the newly formed RCM Scotland Student Midwife Network, she discusses what's involved

Jaki Lambert, RCM director for Scotland, invited four student midwives to start a Scottish student network. The students already had connections to the RCM either through the RCM Student Midwives Forum (SMF) or their work as cohort representatives and presidents of their midwifery societies. I think that due to the geographical challenges of Scotland, anyone who was making a success of their midwifery society would be a good fit to create a network across the whole of Scotland.

At the initial meeting to discuss the concept of a student midwife network, our goals were to establish the network; expand the number of seats available; and for those to include first- and second-year students, not just those in their final year. This would ensure true representation and support continuity by reducing the impact of having to start the network from scratch after graduation each year.

Boosting numbers

As students, we each returned to our universities with the aim of increasing our numbers. At Robert Gordon University (RGU), the midwifery society created a poster advertising the network – the result was another RGU student joining, increasing the seats of the network.

We've managed to get at least two people on board from each university, which is great. As we are all volunteers, we can carve out our roles based on our strengths and what we are able to do. We meet every quarter but talk every week on WhatsApp so we can discuss what's important to us.

The network gives us a voice

We also swap solutions such as fundraising – it can be difficult to do cake sales when people are on islands, so we do virtual walks instead. It's about sharing ways of adapting.

Jaki wanted the network to represent cohorts and facilitate students to discuss the issues they are facing and explore solutions. This in turn, helps the RCM in Scotland identify how it can provide relevant and helpful support. That's exactly what the network does – it gives us a voice. So far, the student network has developed reciprocal arrangements for students attending midwifery society events; arranged speaking sessions from a selection of midwives to showcase options for specialisms in midwifery; attended a Scottish Parliament reception; and met with the NMC to gain clarification on what constitutes a 'birth' when we have to register birth numbers. It's a great start.

Jaki agrees: "Having a forum to hear from our student leaders and activists has been so worthwhile.

"For example, even in this short time we have heard how students are experiencing real financial challenges during their education – in terms of the bursary not reflecting the current cost-of-living crisis and childcare costs, as well as the costs involved in placements, compounded by new NMC guidance.

"We are actively escalating this through the Ministerial Taskforce."

Our network's aim is to be the voice of midwifery students in Scotland and promote their interests with other bodies in parallel with the other newly formed networks that will link to the Strategic Midwifery Leadership Group (SMiLe). Our next step includes developing a student hub online to share our research work as students and promote the network across Scotland.

RCM SCOTLAND STUDENT MIDWIFE NETWORK MEMBERS

Marie Buckleygray Chair, Robert Gordon University
Katie McKenna Deputy chair, University of the West of Scotland
Nic Ferguson, Edinburgh Napier University
Isla Love, University of the West of Scotland
Ella Bendal, Edinburgh Napier University
Chloe Leigh, Robert Gordon University
Siobhan Callaghan, University of the West of Scotland
Julie Dryden, Edinburgh Napier University
Jaki Lambert
Angela Boyle

[RCM SCOTLAND MEMBERS]

Bonnie was involved in the caesarean birth of her son

Helping hand

What is a maternally-assisted caesarean birth? Just ask Bonnie Adair

During my pregnancy, I was diagnosed with vasa previa, where blood vessels cover the cervix (different to placenta previa, where the placenta covers the cervix). Vasa previa is less common and carries a high risk of neonatal death. I was put on pelvic rest from 28 weeks, and told to stay in London until hospital admittance at 32 weeks, for five and a half weeks. Sometimes I was in a private room and sometimes I was on the ward. Aside from the noise, it was difficult being around women going into labour when I'd been told this wasn't an option for me. It was also difficult to navigate the differing advice: whether I had to stay in bed or was allowed to go for a walk in the park next door.

Because of the vasia previa, I was told I would be having an elective caesarean birth. I have a problem with the word 'elective' as there was no choice involved – it was this or the baby could die. I feel a great deal of trauma if things are happening to me and I don't have control – I imagine most people do.

That's when I discovered 'maternally-assisted caesarean births': the mother helps in lifting the baby out and is included in the process, with the whole team communicating a step-by-step account of what is happening. I looked at all the most up-to-date research so I knew the risks and limits of what I was asking for. When my partner and I approached the professionals, I could present my case and, in some instances, update their knowledge. Each doctor's knowledge of the concept varied – one even asked if that meant we just wanted to choose the playlist.

It means the mother helps in lifting the baby out and is included in the process

The midwives were really supportive. They got a message to the doctor who would be doing my caesarean birth (RCOG guidelines are for this between 34 and 36 weeks but research showed there's less need for steroid use and less likelihood of a month in neonatal if done at 37 weeks so I had to fight for that) and he met us for a face-to-face chat. He was great, patient and listened to us. After the conversation, he agreed to 95% of our wishes. He also managed our expectations and warned us that the team may need to take over if things changed in the room.

On the day, I had to scrub up with the surgeon. He advised on a sheet for the cutting because people can find the blood loss disturbing, but after that I was able to see and hear what was going on. This was very comforting. I watched the surgeon lift the head. Once that was free, the team guided my hands under my baby's armpits and I was able to lift him out. I was the second person to touch him and welcome him into the world. The team also stayed silent so our voices were the first he heard. It was so calm and respectful – it felt like a private, magical moment for my family.

I was asked to do a podcast with birthing professionals at King's College Hospital. I am proud to say that King's has now changed its policy to offer maternally-assisted caesarean births because of my experience.

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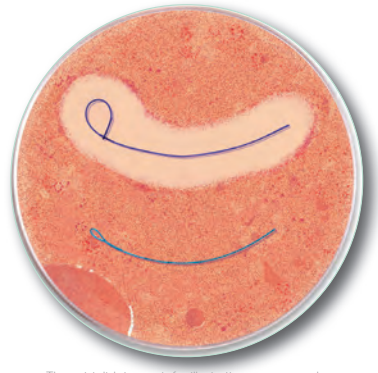

The petri dish image is for illustrative purposes only; zone of inhibition testing results can vary.

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Pregnacare® Original with **19 nutrients** including folic acid and vitamin D as recommended by the Department of Health.

AFTER
Pregnacare® Breast-feeding with **21 nutrients** including 10µg vitamin D and 300mg DHA for mums during lactation.[1]

- ✓ Pregnacare pioneering nutrition in pregnancy for over 30 years
- ✓ Developed with world renowned scientists
- ✓ Supported by unique published clinical research with mums to be[2,3]
- ✓ All Pregnacare supplements contain the exact 400µg folic acid as it contributes to maternal tissue growth during pregnancy

SUPPORTED BY ROYAL COLLEGE OF MIDWIVES

Pregnacare® supplements and the **Royal College of Midwives**; working with midwives for mothers and babies.

From Boots, Superdrug, Holland & Barrett, supermarkets, chemists, health stores & **www.pregnacare.com**

OVER 50 YEARS OF LEADERSHIP IN VITAMIN RESEARCH Est. 1971

Made in Britain

The **ONLY** vitamin company to receive **The Queen's Award** twice for **Innovation** and twice for **International Trade**

QUEEN'S AWARD 4 TIMES WINNER

VITABIOTICS

***Nielsen GB ScanTrack** Total Coverage Value and Unit Retail Sales w/e 22 April 2023. To verify contact Vitabiotics Ltd, 1 Apsley Way, London, NW2 7HF. UK's No.1 pregnancy supplement brand.

1. Journal of the American College of Nutrition, Vol.18, No.5, 487-489 (1999). **2.** L Brough et al. Effect of multiple-micronutrient supplementation on maternal nutrient status, infant birth weight and gestational age at birth in a low-income, multi-ethnic population. British Journal of Nutrition (2010), 104, 437-45. **3.** Agrawal, R. et al. Prospective randomised trial of multiple micronutrients in women undergoing ovulation induction, Reproductive BioMedicine Online December 2011.

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