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Situation

Midwives as experts in normality, do not currently receive any mandatory or formalised training in support of their role in relation to supporting normal, physiological labour and birth in Swansea Bay University Health Board.

The definition of a midwife, as adopted in the 2019 Standards of Proficiency for Midwives (NMC, 2019), describes the core characteristics, which includes optimising the normal biological, psychological, social, and cultural processes of reproduction and early life (Lancet, 2014).

'Too much, too soon'

For women without complications, a midwifery led model of care supports improved pregnancy, birth and early years' outcomes (Brocklehurst et al. 2011). A concern raised in a Lancet Series by Miller et al. (2016) describes a 'Too Much Too Soon' situation whereby the over-medicalisation of normal pregnancy and birth leads to unnecessary intervention causing harm.

Investing in Midwives

We know that midwifery care improves outcomes for women and their babies, reduces intervention and subsequently morbidity and mortality. Midwives to provide this care, need an environment and culture that prioritises and invests in their midwives as they support normal, physiological pregnancy and birth. We suggest that embedding this as a priority and expectation within our mandatory training in Swansea Bay will improve outcomes and experience for our women and their babies, and improve workforce satisfaction.

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Background

Promoting Physiological Birth

The evidence, literature, government reports and international community are unanimous in their definition of the role of the midwife incorporating the optimisation of normal, physiological birth.

In recent years there have been advances in the evidence base, e.g. BUMPES Study, biomechanics, which mean midwives may benefit from an update. We also have a changing maternity system with increased demand on limited resources as a result of population changes, underfunding of the NHS and increased workload on all maternity staff.

Workforce Satisfaction

Evidence suggests newly-qualified midwives are at risk of personal burnout, which may be attributed to the mismatch between their 'ideals' of midwifery and the reality of maternity care (Smith, 2021). We know Midwives can suffer 'moral injury' if their professional values have to compete with organisational and cultural working environments (Smith, 2020).

Normal labour and birth physiology is covered in the 1st year of the midwifery degree in Swansea University, and students at the point of qualification are expected to be experts in normality (NMC, 2019). For the majority, this will have been the last time they will have received any formalised training in this area and the rest is left to what experience and exposure they gain in practice. Currently there is little confidence in newly-qualified midwives as they are not rostered to work in the midwife-led areas.

The Future of Midwifery

The profession's current path is leading midwives towards the increasing medicalisation of labour and childbirth (Odent, 2011).

It has been identified that so often on qualification the midwives' acquisition of additional skills is focussed on the technical: epidurals, suturing, IV drugs, CTGs, emergency skills. Could an appreciation of the role of normal labour and birth sit here too and support a maternity service that values this (Walsh & Steen, 2008).

We should ask the question, 'would providing training in physiological, normal pregnancy and birth improve outcomes, alongside a commitment to valuing the role of the midwife in practice improve outcomes?'

The ICM (2008) in their Position Statement on 'Keeping Birth Normal' argue that "When midwifery education is limited solely to hospitals and medicalised clinical environments it may prevent midwives from practicing the full scope of midwifery practice as outlined in the ICM International Definition of the Midwife. Such experience may impact on the ability of midwives to support women in achieving normal birth."

Therefore, the ICM recommends:

- **promotion of normal birth within maternity settings**
- **enriching midwives' education in order to enhance skills and**

	<p>competencies in normal childbirth</p> <ul style="list-style-type: none"> - Organise educational courses to enhance midwives' practice in normal birth - Establish and use health care indicators and evaluate the results of midwives' practice in normal childbirth.
<p>A</p> <p><i>Assessment</i></p>	<p>2021 in Swansea Bay University Health Board</p> <p>By optimising the fundamental role of our midwives as experts in normality the evidence tells us that we can improve our performance as a Health Board and future outcomes for women and their babies for a healthier Wales.</p> <p>By reinforcing midwifery-led care the evidence tells us we can positively influence the following outcomes:</p> <p>1st degree tears (8.74% in SBUHB, 2021) 2nd degree tears (18.47% in SBUHB, 2021) 3rd degree tears (4% nationally and Wales, NMPA, 2018) Remifentanyl or epidural analgesia (67.85% in SBUHB, 2021) Forceps birth (5.96% in SBUHB, 2021) Ventouse birth (1.03% in SBUHB, 2021) Total LSCS rate (34.2% in SBHUB 2021) National total LSCS rate 26% and Wales 25.7% (NMPA, 2018). PPH ratePPH NMPA >1500mls 3.7%</p> <p><i>(Swansea Bay in 2021)</i></p> <p><u>Performance Indicators</u></p>

By supporting and promoting normal, physiological birth in every setting we will

1. Decrease transfer rate from Midwife-led Areas:

Birthplace Study – total transfer rate before birth = 21.2% for alongside Bay Birth Unit - 37% total transfer rate before birth = 37% (n=524)

11.6% 1st stage

13% 2nd stage

21.4% analgesia

Birthplace Study – total transfer rate before birth = 16.5% for freestanding

Neath Birth Centre - 26% total transfer rate before birth

19% 1st stage

9.25% 2nd stage

No analgesia transfers

Evidence-based training focus to reduce transfers from Midwife-led areas....

- Skills in recognising established labour
- LATENT phase care
- Use of the pool (training, confidence and experience).
- Implementation of the new MLU Guideline for 1st stage of labour.
- Physiology of Birth (Biomechanics).
- True one to one midwifery care; being 'with woman' to reduce need for analgesia.
- Promoting confidence, skill and experience of the midwife.

2. The 36 week 'Place of Birth' Discussion (NICE, 2019 & The 5 Year Vision, 2019) & prioritising Continuity

Midwifery impact:

- Midwives embracing their pivotal role in informing women of their choices and supporting the discussion with passionate, informed advice, based on the evidence.
- Developing relationships with women antenatally and valuing continuity and confidence.
- Decision-Making Aids & antenatal education – supporting woman-centred care and choice
- Listening to women

3. Reducing unnecessary intervention and subsequent

morbidity and mortality, including EM LSCS/instrumental birth, perineal trauma, PPH, SSIs, VTE, breastfeeding (Maternity Vision, 2019 & WHO)

Midwifery Impact

- Facilitating and advocating a woman's choice of positions in 1st and 2nd stages of labour
- Optimising the care of the women on CTG by use of telemetry, use of the CTG in different positions
- CTG use only when indicated
- Lateral positioning with epidurals (BUMPES Study)
- Use of birthing aids
- True 'with woman' one to one care to reduce need for further analgesia
- Birth room environment
- Increased use of the birthing pool on labour ward

SBUHB Current Training Provision:

A survey conducted last year suggested that overall midwives do not feel confident using the pool and would like training in water births.

Our current training provision for midwives includes a Professional Updates day which have covered over the last 3 years the following topics:

Mentorship

Infant Feeding

Clinical Supervision of Midwives

Safeguarding

Governance

Public Health

Contraception

Update from Consultant Midwife

Diabetes

Updates of HIW/RCOG/MBRRACE

Mandatory and Statutory Training Days which cover fetal monitoring and

	<p>NLS/BLS/manual handling and hand hygiene.</p> <p>PROMPT/Community PROMPT which covers multi-disciplinary working and emergency skills and drills.</p> <p>Other mandatory training includes blood sugar monitoring, diabetes and other health board directed mandatory training on ESR e.g. fire safety and information governance.</p>
<p>R</p> <p><i>Recommendation</i></p>	<p>Measurable Improvements – Introducing a Training Package for Midwives</p> <p>In order to make measurable improvements in maternity care we recommend the introduction of a 3-year training package to be delivered for 3.5hrs on the Professional Update Day. It will demonstrate our commitment as a Health Board to improving relevant Key Performance Indicators as well as elevating and valuing the unique role and function of the midwife within our health board. It will aim to:</p> <ul style="list-style-type: none"> - Enhance confidence in midwifery practice for midwives, obstetricians and women - Improve understanding and application of the physiology of labour and birth - Support the unique role and function of midwives to support women during pregnancy and birth - Be relevant to midwives working in all areas - Support newly-qualified midwives - Increase workforce satisfaction <p>As a team of committed midwives working in SBUHB we would aim to deliver the programme over the course of 3 years. The team comprises of</p> <ul style="list-style-type: none"> - <i>Consultant Midwife</i> - <i>Practice Development Midwife</i> - <i>Labour Ward Coordinators</i> - <i>Birth Centre and Bay Birth Unit lead Midwives</i> - <i>Supervisor of Midwives</i> - <i>University Lecturers (alongside proposed NQM programme)</i> - <i>Fetal Surveillance Midwife</i> <p>We recognise this as an opportunity to champion midwifery practice in not only our Health Board, but also across Wales by demonstrating our commitment to the role of the Midwife, with the aim of demonstrating improved outcomes with investment in midwives.</p>

