

Protecting the Public: The Current Regulation of Midwifery

Pregnancy and childbirth has long held a place at the centre of communities globally and as a result, the provision of care to the pregnant woman has been a source of interest and fascination to governments and society alike. The United Kingdom is no exception. At the start of the twentieth century with the enactment of the Midwives Registration Act in 1902, the work of the midwife for the first time became regulated by this early piece of legislation. As the 20th century progressed the regulatory and legal frameworks that governed midwifery also developed, such that the current practice of midwifery and the provision of maternity care is now influenced by a myriad of regulation. Despite these controls there is little empirical data, particularly in relation to the practice of midwives, which demonstrates the effectiveness of these systems and strategies. Whilst it is true that maternal mortality and stillbirth rates have never been lower (Knight et al, 2014), patient safety incidents (NHS England, 2014), and claims of clinical negligence in obstetrics have continued to climb over the past thirty years (NHSLA, 2014). This raises the question of whether the current statutory aim of ‘protecting the public’ is being realised, and whether the regulatory mechanisms which were devised to ensure the health and wellbeing of the public who access the maternity services, undermine or promote quality care. The aim of this study therefore is to explore the perceptions and experiences of governance and regulation in the clinical setting amongst a sample of midwifery practitioners.

The study offers a socio-legal exploration of midwifery governance and legal frameworks (Ewick and Sibley, 1998) and examines the ‘lived experience’ of participants, so that their understanding of regulation and its influence on the role of the midwife could be described and analysed (van Manen, 1990). The study was carried out between March 2012 and March 2013 and included midwives who worked in both the NHS and private sectors in the South East of England. The study gathered quantitative data via an online survey which was distributed to 192 midwives and which had a 70% response rate. It also collected qualitative data via 20 face to face semi-structured interviews. On analysis the data presents a complex picture of regulation particularly in relation to views and opinions of clinical governance, the NMC and statutory supervision. The themes which emerged included; the impact of regulation on the provision of care, the role of regulation in facilitating woman centred care, and unease about mechanisms used to address issues of poor practice. Whilst good practice was evident, concerns and challenges also arose as a result of the regulatory frameworks, which at times did not appear to support the provision of safe quality care as the legislation intended.

References

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