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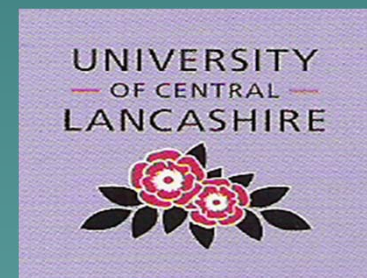
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The Maze of Midwife Practice



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The Role of the Midwife

- ◆ Primary caregiver, knowledge/skills lies within the care of normal pregnancy, birth and afterbirth.
- ◆ The diagnostic skills to identify deviations from the normal and refer appropriately.
- ◆ Where obstetric or other medical involvement is necessary, the midwife continues to be responsible for providing holistic support and continuity of care.
- ◆ To ensure that women and their babies receive the care they need in pregnancy, childbirth and in the postnatal period

The role of the Midwife

- ◆ The role of the midwife, her/his functions and scope of practice is well established in statute
- ◆ Within the statutory framework there is considerable scope for flexibility in the interpretation of the role
- ◆ Often shaped by changes in women's needs and in the political and social environment.



Midwives



Expert

Specialist

Obstetric Nurses

Expert, Specialist, Obstetric Nurses

Expert

- ◆ A person with special skills or training in any art or science'

Specialist

- ◆ A person who concentrates on a particular area of study or activity

Obstetric nurse

- ◆ A person who is trained and skilled to assist the obstetrician

A midwife working on a
postnatal ward states
'sometimes it feels like a
surgical ward with Babies'.
Remmers (2001)

Remmers A (March 2001)
MIDIRS Midwifery Digest vol 1,
supplement 1 ps1.

Essential Midwifery Practice

Firstly, hinges on autonomy

- ◆ Where midwives are autonomous, more likely to be practising as a midwife

(e.g. birth centres, caseloads schemes, primary care environments, research, teaching)

Essential Midwifery Practice

- ◆ **Secondly, the focus is on normality**

Where midwives are focusing on normality (e.g. birth centres, caseloads schemes, primary care environments, research, teaching, **plus hospitals with this focus**) **consultant midwives play an important role**

Essential Midwifery Practice

Thirdly, the focus is on holistic care

- ◆ Where midwives are focusing on holistic care in all areas
- ◆ Includes high risk areas where a midwife operates from both a biomedical model and social model (e.g. specialist roles)

Essential Midwifery Practice

Fourthly, the focus is on the woman

- ◆ Where midwives alignment is with women
- ◆ Not institution

(e.g. public health roles, educational roles)

Finally, the focus is on respecting differences

Where midwives careers have lead them to be either working in high risk areas, in specialist roles, community setting, birth centres

Important to recognise

'every midwife matters'

The Balancing Act

- ◆ In my view, deep within the vast majority of practising midwives, **lives these ideals**
- ◆ Midwives are realist in this current climate
- ◆ What's on offer for the majority of midwives in the UK?
- ◆ A centralised model of care that is largely obstetrically led,
- ◆ Midwives make the most of an imperfect situation by doing what they can within these constraints
- ◆ They are practising midwifery but often not as they would like.

Demands

- ◆ Multiple roles
- ◆ Advocate for women
- ◆ Informed choice
- ◆ Modernisation of NHS
- ◆ Public health agenda (diet, smoking, healthy life styles)
- ◆ Contraception
- ◆ Sexual health (HepB, HIV)
- ◆ Disadvantaged women
- ◆ Multi-ethnic population
- ◆ Multi-cultural
- ◆ Effective communication
- ◆ Evidence-based practice
- ◆ 'Seamless Service'
- ◆ Professional accountability
- ◆ PREP

Constraints

- ◆ Practising within particular frameworks
- ◆ No. of midwives
- ◆ Time and pressure of work
- ◆ low morale
- ◆ 24 hr commitment
- ◆ Conflict between women's choice and local policies
- ◆ Medicalisation of childbirth
- ◆ Authoritarian approach
- ◆ Culture of blame
- ◆ Bullying
- ◆ Own family responsibilities
- ◆ lack of resources

Risk of Burnout

Midwife and Stress

- ◆ Evidence, stressful nature of modern midwifery
- ◆ Models of care that seek greater continuity of care place extra demands on Midwives
- ◆ Shift work, long hours, on-calls, managerial changes, limited resources threaten the quality of midwives work
- ◆ Reduce their capabilities by undermining their physical and health needs
- ◆ Burnout associated with emotional exhaustion, depersonalisation and diminished personal accomplishment

Offset Burnout

- ◆ Potential to offset burnout if midwives are able to exert a reasonable amount of control over their work and decision making
- ◆ Over 50% of midwives work part-time
- ◆ Improving working lives, has had an impact in some areas, more flexibility around working hours, career breaks etc.
- ◆ Supportive role of your supervisor

Midwifery profession strives for:

- ◆ Providing effective midwifery care
- ◆ Improving quality and health outcomes
- ◆ Undertaking evaluation and research
- ◆ Leading and developing practice
- ◆ Innovating and changing practice
- ◆ Developing self and others
- ◆ Working across professional and organisational boundaries

Changing Childbirth (DoH, 1993)

- ◆ Recommended that maternity services should offer choice and control to pregnant women and their families.
- ◆ It also recommended that services should be sensitive; individualised according to need; respectful; accessible and community-based wherever possible.



Vision 2000 RCM

- ◆ A service which listens to women
- ◆ A focus on public health
- ◆ A community orientation
- ◆ Integration across acute and community sectors
- ◆ Normality
- ◆ Midwifery led care
- ◆ Maximised and targeted continuity of carer
- ◆ Dedicated one-to-one midwifery care in labour
- ◆ Family-centred care
- ◆ Clinical excellence
- ◆ Midwifery leadership
- ◆ Partnership

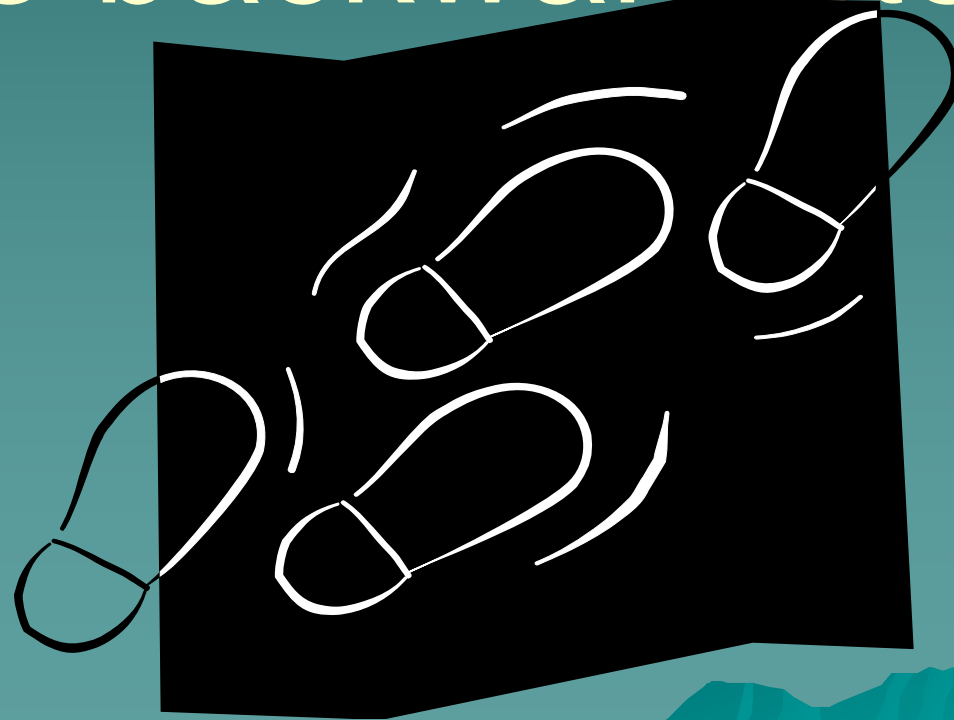
National Campaign for Normal Birth

- ◆ The big push for normal birth
- ◆ Together we can change the way childbirth happens
- ◆ The campaign aims to inspire and support normal birth practices
- ◆ It is a reminder that positive birth experiences can happen despite the constraints and challenges midwives are faced with.

How are midwives going to
achieve this?



Lots of little steps
forward make great
progress even if some
are backward steps



Maternity Support Workers

- ◆ Emerging in many areas of the UK in response to staff shortages.
- ◆ The MSW are supporting the delivery of quality of care, midwives are happy to include them as part of maternity care team
- ◆ In other areas they role may be serving to undermine the midwifery and lead to role confusion for both staff and service users

Midwifery Leadership

- ◆ Midwifery leaders are essential for advancing the midwifery profession
- ◆ Midwifery managers at the centre of maternity strategic and decision making
- ◆ Credible, be empowered to motivate and enthuse midwives
- ◆ Supervision has leadership qualities and there is evidence that midwives value this.
(Stapelton et al, 1998)

Midwives need, E's

- ◆ Encouragement
- ◆ Empowerment
- ◆ Effort
- ◆ Enthusiasm
- ◆ Energy
- ◆ Evidence
- ◆ Excellence



How will we measure success?



- ◆ Building on already established good practice
- ◆ Involving mothers in their own care
- ◆ Evaluating new ways of working
- ◆ Involvement in the wider NHS
- ◆ Dissemination of examples of good practice

It is important to remember!



- ◆ A midwife is the only health professional educated and trained specifically for both the advisory and the clinical aspects of pregnancy, labour and the puerperium (Chalmers, et al, 1989)
- ◆ It must be recognised that some midwives feel more suited to working in hospital whilst others determine very early in their career that community, or a birth centre is where they want to work

Midwifery in the 21st Century

- ◆ Uncertainty and definite changes
- ◆ Autonomy, normality, holistic approach, being with woman, respect for differences in the profession need to be at the heart of midwifery.
- ◆ Have faith in your abilities be a united profession and midwives will go from strength to strength.

