

MCoC What if...? Series



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What if –
I am a student midwife in a
Midwifery Continuity of Carer team?

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This document of the "What if...?" series has been designed for those identifying with any of the following groups:

- I am a student midwife training within a continuity model.
- I am an educator or midwife in clinical practice – how best can I support student midwives?

This document aims to explore the role of student midwives fulfilling their clinical placement within a Midwifery Continuity of Carer team. It offers information on how students might be best supported within continuity models and insight into the existing evidence base underpinning the experiences of students in such models. It also focuses on how midwifery educators, managers and midwives can best support students in their journey to becoming confident and competent practitioners of the future, within an evolving service provision structure.



Introduction

Midwifery Continuity of Carer (MCOC) is one part of a wide-ranging reform of UK maternity services which aim to improve outcomes and experience of care for women and babies. Student midwives have an important role to play in its implementation.

It is likely that many student midwives will work in continuity models once they become midwives as these models become more widespread. The implementation of continuity models of care in England, Scotland and Wales means that the practice learning experience of students is changing alongside our maternity services (Better Births, 2016; Best Start, 2017; Maternity care in Wales: a five year vision, 2019). In the new standards for midwifery proficiency and the pre-registration programme, the Nursing and Midwifery Council (NMC) has outlined developments for the role of the future midwife, including a whole continuity of carer domain (Domain two). All students in the UK will have to demonstrate they are able to provide continuity of care and carer, establishing meaningful relationships with women in their care from pregnancy to birth and beyond. There is no set number to be achieved in terms of continuity experiences within the NMC domain although often universities include a minimum to be met in their midwifery assessment document.

MCOc placement context and evidence

Student midwives in the UK are educated within the structure of maternity services available to their local area of placement. This has often been within fragmented models of care and with some case-loading or continuity learning opportunities as part of their practice placements. There is a robust body of evidence of the benefits to women and babies of continuity of carer and the research into student midwives' experiences is steadily developing. A large proportion of studies has been conducted in Australia where all students must be supported in attaining at least 10 continuity of care experiences before being eligible to register with the Australian Nursing and Midwifery Accreditation council (ANMAC, 2014).

Studies have found that women value student midwives providing continuity of care (Tickle et al 2016) and, in turn, both students and newly-qualified midwives value the relationships built with women within this model (Cummins et al 2015; Moncrieff et al 2020). In New Zealand, where MCOC is established, caseload midwives report high levels of job satisfaction (Crowther et al 2016). Other studies have reported similar findings, including: job satisfaction, a greater sense of autonomy and lower burnout scores compared to other models of midwifery care (Crowther et al 2016; Rawnsdon, 2011; Yoshida 2013; Jepsen et al 2017). Additionally, a good working midwife-mother relationship can increase a midwife's confidence in their ability to provide midwifery care (Cummins et al 2015). Relationships are so central to MCOC that they may contribute to resilience, with midwives working in continuity models taking pride in their work (Crowther et al 2016).

When appropriately implemented, MCOC is a sustainable and manageable way of working for midwives and students in placement. Workplace structures are key to managing the ways in which midwives delivering MCOC cope with their workload. Another of the RCM's 2019 'What If' series, 'What if- My midwifery continuity team is organising how we work?' (RCM 2019), outlines further ways in which continuity teams can be managed in a sustainable manner. Just as midwives working in MCOC models require support structures in place to remain resilient and better protected against burnout, so do student midwives.

Potential issues for student midwives in MCOC

Managing workload	Emotional burnout	Establishing professional boundaries
The nature of MCOC means that midwives have varied working schedules, featuring on-call duty and autonomous working. Student midwives within MCOC or case-loading models have found that it can be difficult to balance the academic demands of a midwifery course with placement requirements (Moncrieff et al 2020).	Student midwives have been identified as a group at a higher risk of burnout, as the relationships developed with women in their care increase vulnerability to secondary traumatic stress (Coldridge & Davies 2017; Davies & Coldridge 2015). Caseload models of care can become emotionally stressful for student midwives (Rawson 2011).	Students have sometimes felt professional boundaries become blurred in MCOC experiences. Perceptions of 'letting women down' (Rawson 2011) might lead to feelings of failure, with students left to manage their own working relationships with women without structured guidance (Moncrieff et al 2020).

Some students may also have a range of practical and individual issues that lead to concerns for them about managing a continuity placement. These may include caring responsibilities, transport issues (for example, not being able to drive or having access to a car) or distance from their home to their placement area. Placement teams, students and educators should work together to come up with appropriate individualised solutions, as they would for more traditional placements.

How to overcome potential issues: What might help?

Tips for student midwives:

- Access the support frameworks provided by your university – know where to find support and who to ask regarding academic or placement concerns.
- Establish workload requirements and expectations with the midwifery team at the beginning of your placement. Ask what is expected of you, discuss what you need to accomplish during this time and set working practices from the outset.
- Establish clear and professional working boundaries with women, following university and practice guidelines.
- Reach out to your continuity team midwives and buddy anytime you need to debrief, some extra support or just to offload.

Tips for midwives:

- **'Linchpin' mentors (Rawson 2011)**
Mentors, or supervisors and assessors under the new NMC standards, are instrumental to student midwives' experience of MCOC. The midwife-student relationship, when developed to form a trusting partnership, can contribute to the provision of a valuable learning environment for the student, enhancing learning experiences and confidence in their role (Moncrieff et al 2020).
- **Continuity team 'buddy' midwife**
Provide student midwives with a buddy midwife in a caseload team and/or a continuity team. This will enable students to mirror working as a continuity midwife and support them in establishing relationship with women and families in the buddy's caseload.
- **Valued team members**
Ensure student midwives are incorporated into the team and valued as members providing MCOC (McKellar et al 2014). Students should attend team meetings and be supported with on calls, they should experience all aspects of working in MCOC as potential future members of continuity teams.
- **Midwifery philosophy of MCOC**
Student midwives look to qualified midwives as role models in their training and midwives' attitudes towards learning experiences and provision of woman-centred care and care personalisation are important (Rawson 2011). Training within MCOC can be a consolidating experience for student midwives, aligning theoretical midwifery philosophy with its application in practice (Moncrieff et al 2020).
- **Self-care**
It is really important that you model approaches to MCOC for students that are sustainable over time. You should discuss with and demonstrate to students how to establish clear professional boundaries with women in their case-load; how to ensure that you have appropriate time off and rest periods and how you build a supportive team culture. Cultivate relationships with your colleagues, ensuring regular check-ins (Crowther et al 2016).
- **Work/life balance**
Relationships between women and other midwives are central to enjoyment of working within MCOC (Cummins et al 2015). However, on-call commitments and the nature of continuity practice can feel unsustainable if appropriate downtime is not enabled, modelled and encouraged by the midwives working with students (Crowther et al 2016).

Tips for midwifery educators:

- Embed MCoC into midwifery programmes**
 Supportive frameworks within the curriculum and flexible programme delivery may help support student midwives. MCoC experiences should be embedded into higher education midwifery programmes, consolidating experience of working within continuity while preparing student midwives to join the future workforce. (Moncrieff et al 2020).
- Clear guidance**
 Develop explicit guidance around MCoC experiences, with the specific requirements and expectations of student midwives and their role outlined. There should also be clear guidance on how to establish professional boundaries with women, including social media contacts as this appears to be an area which is lacking (Jefford et al 2020; McKellar et al 2014). This will help reduce the vulnerability of student midwives to emotional stress or burnout during MCoC learning experiences.
- Continuity of placement site**
 While it may be logistically challenging for university allocations, and there are benefits to students training in different trusts and health boards, studies have shown that continuity of placement site is valued by student midwives in MCoC learning experiences. This continuity of area corresponds to the development of supportive relationships with midwives, enabling students to gain confidence in their practice and learning experience of MCoC (Moncrieff et al 2020).

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