

education & research conference brochure

Oral and poster
presentation abstracts



Royal College
of Midwives

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23 - 24 March 2022

introduction

We are excited to welcome you to the 2022 RCM Education and Research Conference. This is the first time we have brought our education and research conferences together, recognising the impact and influence of both education and research in improving and disseminating safe and effective midwifery care.

It is great to be meeting in person once again, to meet new colleagues with similar interests and to share ideas. The conference will give midwifery researchers and educators a platform to highlight their work, spread understanding of their findings, and of good practice, and provide an opportunity to build professional networks.

The theme for this year's conference is really close to our hearts — ensuring every voice is heard within education, research and midwifery care. Inequities and disparities in midwifery care are now more striking than ever and the RCM is committed to promoting inclusivity and reducing inequalities in care, education and research. A range of inspiring speakers over two days will showcase the fantastic work being done across the country to promote inclusive education, research and practice.

Our plenary speaker, Professor Hora Soltani, will discuss her research into the perinatal mental health of women from minority ethnic backgrounds, diet and nutrition, teenage pregnancy and the experience of migrant women.

Dr Freda McCormick will present recommendations from Northern Ireland to increase inclusivity in pre-registration education to provide high-quality care for LGBTQI+ people.

Dr Ruth Hadebe and Professor Eugene Oteng-Ntim will discuss improving outcomes for vulnerable and deprived women through the provision of midwifery continuity of carer in south-east London.

Amanda Smith will explore improving midwifery education on caring effectively for Black, Asian and minority ethnic women and families.

Dr Jacqui Williams, from the Nursing & Midwifery Council (NMC), will highlight EU directives and new standards in relation to education and practice.

The RCM Research Advisors, Jenny Cunningham and Jude Field, will present highlights from the RCM's Research and Development Strategy.

Professor Julia Sanders, Dr Kirstie Coxon and Sheona Brown will lead a session on the RCM-supported research awards from Wellbeing of Women and The Iolanthe Midwifery Trust. This will be followed by presentations from two award winners, Tomasina Stacey and Judith Cutter, who will discuss their research, their personal journeys and a range of abstracts demonstrating evidence and innovation in midwifery education and research.

Our concluding joint sessions emphasise the importance of education and research working together: Dr Sally Pezaro will present a framework for research-inspired teaching and Professor Jane Sandall will discuss what works, and what doesn't, in reducing inequalities in health care.

We are really excited to welcome you back for our first in-person conference — we hope you enjoy it.

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Education

Reflections on a peer-participatory research approach to understand the experiences of student midwives who identify as Black, Asian and/or minority ethnicities at a UK university

Overview of research

The 'seldom heard voice': Peer participatory research can offer the opportunity for people to contribute their experiential knowledge and contextual understanding of a social community, ensuring it is incorporated into the design and conduct of a research study. The method can offer a voice to 'hidden' groups of people and, if conducted robustly, has the potential to effect positive change within underrepresented communities. The experiences of Black, Asian and minority ethnic student midwives are missing from the literature; the need to hear from them is urgent given that evidence acknowledges inequalities to progression and achievement for Black, Asian and minority ethnic students in higher education, as well as barriers for promotion of Black, Asian and minority ethnic staff in the National Health Service (NHS). This was the starting point for our project.

Aims and objectives: The 'inclusivity' is twofold: first, on a local level, by working in partnership with a student midwife who identified as Black, Asian or from a minority ethnicity we were able to co-create research 'by and for' Black, Asian and minority ethnic student midwives, thus giving voice to their experiences; second, at a macro level, the project aims to effect 'inclusivity' in the political sense of improving equal access to opportunities and progression through the wider dissemination of our findings.

Methodology/ethics: This qualitative study used a peer participatory approach. A student midwife was supported to co-produce a semi-structured interview schedule, conduct online interviews, transcribe and anonymise them and then collaborate in the development of themes. This project received ethical approval from the Faculty of Health, Education and Society Research Ethics Committee at the University of Northampton (ref: FHSRECHEA00222).

Main outcomes and conclusions: This peer-participatory approach acts as a case study with many positive outcomes: It mitigated the risk of not hearing open and honest accounts from Black, Asian and minority ethnic student midwives; it offered an undergraduate/pre-registration student midwife experience of conducting a primary research study; finally, it supported the student researcher to make links between their learning and Domain 5 of the NMC (2019) Standards of proficiency for midwives.



Dr Claire Clews

University of Northampton

Claire Clews has been a midwife working in hospital and community environments in the Midlands before moving into higher education. A fellow of the Higher Education Academy, Claire is currently a Senior Lecturer in Midwifery and Lead Midwife for Education at the University of Northampton. Claire completed her MSc in Professional Healthcare Education in 2007 at Kings College London, then went on to commence a Doctorate in Professional Practice in Healthcare at the University of Northampton. Awarded in 2019, she explored women's stories of labour and birth in water using a methodological approach of narrative inquiry. Claire has also co-authored several publications surrounding recruitment to undergraduate/pre-registration midwifery education.



John Pendleton

University of Northampton

John was a documentary producer/director for the BBC before his career as a community midwife. John joined the University of Northampton as a lecturer in midwifery and became a Fellow of the Higher Education Academy in 2014. He completed his MSc in Practice Education and registered as a teacher with the NMC in 2016. He facilitates learning across all areas of the midwifery curriculum but has a keen interest in homebirth and has led modules on both public health and research methods. His research interests are centred on culture, ethnicity, gender and constructions of identity. He commenced his PhD in 2019, an Interpretative Phenomenological Analysis of the experiences of men who work as midwives, which he plans to submit in 2023.



Aimée Cécile

University of Northampton



Aimée is a second-year student midwife studying at the University of Northampton. Constantly in awe of the beauty midwifery brings, Aimée recognises the honour and privilege of being a student midwife in being able to support birthing people through their journeys, particularly when practising within a Continuity of Care model. Aimée embraced the opportunity to be a peer-participatory research student as part of the University of Northampton, 'Undergraduate Research Bursaries at Northampton' (URB@N) project and would recommend it to her peers. The experience has developed personal capabilities in research, skills of participant interviewing and data analysis as well as offering Aimée the opportunity to consider her own experiences as a student midwife who identifies as Black, Asian or from a minority ethnicity.

Addressing inequalities in perinatal mental health through use of a virtual learning digital patient learning package

Introduction: The Mental Health Policy Research Unit (2020) reported that postnatal depression and other serious mental illnesses, such as psychosis, increased markedly during the COVID-19 pandemic. Up to 15 per cent of women experience perinatal mental health difficulties but these are often undiagnosed (Kendall-Tackett 2017). To address BSc student midwives' knowledge gap and improve outcomes for service users, a virtual reality (VR) Patient Communication Simulator (PCS Spark) is currently being evaluated. The software includes a collection of VR digital patients with conversation capability through artificial intelligence. Students' clinical knowledge can be tested in a new way.

Aims and objectives of the innovation: Key aims are: to evaluate the Patient Communication Simulator (PCS Spark) software; to explore how students react and engage with the virtual reality experience and to improve students' communication skills and detection of perinatal mental illness.

Methodology: A pilot study was undertaken in 2021. Eight third-year student midwives met with the project team immediately after a mental health lecture and tested virtually meeting a digital patient with a diagnosis of postnatal depression. Following this, the students completed an evaluation form.

Outcomes and results of pilot: All students in the sample suggested that the digital platform was positive for improving communication and simulating a virtual consultation well. However, there were some issues with the digital patient's vocabulary and 'lack of empathy'.

Key learning: Initial results demonstrate that this virtual learning package has huge potential to accelerate student midwives' learning. It is intended that, by demonstrating the VR programme, midwifery educators can consider how to incorporate this creatively within their own degree and apprenticeship programmes. The presentation will display how this VR PCS Spark communication package can help to address inequalities in mental health by educating students and potentially improving care and outcomes for maternity care service users.



Gina Finnerty

University of Greenwich

Gina Finnerty is a Senior Lecturer in Midwifery in the School of Health Sciences at the University of Greenwich. She completed a PhD (2007) in midwifery education which had a focus on student midwives' situated learning while on NHS placements. Gina is a Practice Lead in the Institute for Lifecourse Development and is now exploring senior midwives' embodied knowledge. Gina is the midwifery lead for simulation and virtual reality and is a member of the faculty simulation steering group.

Promoting inclusivity in Bangladesh through digital innovation

Aims: Through digital innovation, for members of the Bangladesh Midwifery Society (BMS) to participate fully in their professional association, reducing digital poverty and making midwifery in Bangladesh visible and valued.

Project: BMS was formed in 2010. The RCM and BMS twinned in 2017 to help BMS transform, to be led by midwives and to create a strong organisation, able to advocate for midwives and midwifery within and outside of Bangladesh. The project was funded by UNFPA and will finish in December 2022.

Methodology: Needs assessment was undertaken in 2017 using the International Confederation of Midwives' (ICM) capacity assessment tool (MACAT): total score was 29 per cent, with one of seven sections 'passed'. Specifically identified were BMS' weak membership systems, limited capacity to support member-learning and poor communication. Voting for board members was restricted and non-representative with nurses, not midwives, taking key roles. Strategic planning ensued, with board members engaged in sub-committees to implement different workstreams, supported by UK 'twins' (RCM staff and volunteer RCM members) partnering with BMS counterparts. BMS' new website was the 'backbone' supporting all workstreams, linking to a new cloud-based member

database with online voting facility, and a new online learning platform for members.

Outcomes: 2021 MACAT scores were 57.3 per cent with five of seven sections 'passed'. Membership has increased from four to 2226 paid members. In 2021, 22.5 per cent of members engaged with 4186 e-learning courses. More than 50 per cent of members cast their votes in BMS online board elections in 2018 and 2021 and all board positions are now taken by midwives. All members can access all BMS resources through mobile apps, with dedicated IT support. The programme will be comprehensively evaluated in 2022.

Conclusions: Digital innovation in Bangladesh, as part of a twinning project, has transformed the midwifery association, enabling members to have a voice.

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Joy Kemp

Royal College of Midwives

Joy Kemp is the RCM's Global Professional Advisor. A midwife, educator, researcher and international development expert, Joy has led the RCM's global partnership projects in Cambodia, Nepal, Uganda and, most recently, in Bangladesh. In 2021 she co-authored the textbook *Global Midwifery: Principles, Policy and Practice* with Springer Publishing. Diagnosed with dyslexia as an adult, Joy also has an interest in how dyslexia impacts midwives and others in the workplace. In her spare time, she's a keen cook, knitter, dog walker, musician and cold-water swimmer.

Research

Improving the childbearing experience for women with obesity

Research aims and objectives: Obesity, as defined as a BMI ≥ 30 (kg/m²), has been an established influencing factor for additional care requirements during childbearing. There was a need for empirical research to explore the experiences of obese women and midwives during childbearing to stimulate debate and inform the delivery of care to this client group.

Methodology: This PhD thesis was a qualitative interpretivist study, which secured full ethical approval, and used semi-structured interviews undertaken with obese mothers and midwives who provide maternity care.

Outcomes: This study found that, once an obese mother has been placed on the high-risk medicalised pathway, her choices are reduced and the ability to bring a sense of agency and choice to promote and support her own health is limited. The relationship with the midwife, which could have been focused on promoting the

health and wellbeing of mother and baby, instead becomes a relationship of managing impact in a reductionist way. This makes it harder for both mothers and midwives to raise the issue of obesity and gestational weight gain (GWG), resulting in a tendency not to deal with the issue. Subsequently, the opportunities for health promotion offered by the midwife–mother relationship sustained over seven to eight months are lost.

Conclusions and practice implications: The findings suggest the need to enhance the health promotion role of the midwife, through reviewing the use of BMI, developing discussions about GWG and healthy lifestyle choices with women during pregnancy, and listening to mothers' lay theories, perceptions and concerns around weight. Midwifery care, which uses positive discourses and forward-facing care approaches, supported by continuity of carer schemes and access to midwifery-led care, could enhance the midwife's health promotion role. This could lessen the risk of postpartum weight retention and enhance a new mother's physical and emotional wellbeing.



Dr Rowena Doughty

De Montfort University

I am a committed and passionate registered midwife, whose career has spanned across many areas of midwifery, including practice, management, and education. Currently, I am the Lead Midwife for Education at De Montfort University in Leicester. My professional interests are varied and include research, additional care needs and care of the compromised mother/fetus/neonate, including resuscitation, and the promotion of midwifery-led care and breast-feeding. I have a particular interest in obesity both outside of pregnancy and during childbearing. My PhD, which I completed in 2019, was entitled: *An interpretive exploration of the experiences of mothers with obesity and midwives who care for the obese mother during childbearing* and it explored the psycho-social aspects of the obese woman's experiences of childbearing and midwives' experience of caring for the obese mother during pregnancy, birth and the postnatal period, using a qualitative interpretive framework.

Recruiting underrepresented groups in maternity research: a case study

Background: Disparities in health outcomes are well documented but addressing these is hampered by the underrepresentation of minority groups in clinical research, limiting our ability to generalise findings to diverse communities. Barriers include lack of familiarity with research, the financial burden of participating, concerns about potential harms/exploitation/confidentiality and lack of funding for interpreting services. The National Institute for Health Research (NIHR) funded Research for Equitable Antenatal Care and Health (REACH) study set out to understand how Group Antenatal Care (GANC) might impact on traditionally underserved communities. The study was set in three inner-city maternity services and funding was available for interpreters. Nevertheless, although an ethnically diverse group of women was recruited during the feasibility study, all the participants were university-educated and none had Limited English Proficiency (LEP) and thus were not fully representative of the local population.

Aims: To recruit more linguistically and educationally diverse participants for the pilot trial.

Methods: Recruitment processes were adapted to be more inclusive. The research team engaged with local bilingual health advocates (BHA) embedded in local maternity services and drawn from local communities. Bilingual research staff were also deployed. Midwives were trained to manage diverse groups, including interpreters. The availability of creches was explored. Finally, the recruitment period was extended to include late bookers. Demographic information was collected from participants, and women who declined were asked to fill in a five-minute anonymous survey to help us to understand reasons for declining.

Outcomes: The impact of this approach on recruitment to the pilot trial and lessons learnt about reasons for declining will be reported.

Conclusion: Recruitment of underserved populations is challenging and requires targeted recruitment processes, funding for interpreting services and engagement with local populations and services.

Ethical approval: This study was approved by the North of Scotland Research Ethics Service, REC reference: 16/NS/0090.



FUNDED BY
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Octavia Wiseman

City, University of London

Octavia Wiseman is a Midwife and Research Fellow at City, University of London, focusing on research into group antenatal care for the NIHR-funded Research for Equitable Antenatal Care and Health (REACH) Pregnancy Programme and the EU-Horizon-funded Group Care in the First Thousand Days (GC_1000) Programme. She has worked clinically as a case-loading midwife at King's College Hospital (KCH) and a Consultant Midwife at Lewisham Hospital. Octavia is currently developing Parent Education at KCH and is part of an award-winning multi-disciplinary health team with the lottery-funded Lambeth Early Action Partnership (LEAP) where she helped develop a Maternity Vulnerability Assessment tool (MatVAT) to support identification and care planning for socially vulnerable women which is currently being piloted. She has worked as a clinical human rights trainer for Birthrights and is passionate about improving access to services for non-English speakers and women without access to public funds.

Barriers and facilitators to the uptake of healthy eating messages by pregnant African immigrant women living in the UK: perspectives of the women and midwives

Research objectives:

- To identify the barriers and facilitators to the uptake of healthy eating messages among pregnant African immigrant women living in the UK
- To explore the perspectives of midwives on providing healthy eating advice to pregnant African immigrant women.

Methodology: The research followed the Medical Research Council's (MRC) framework for the development and evaluation of complex interventions and the social constructivist relativist epistemology using the grounded theory methodology. Semi-structured interviews were conducted with seven pregnant Black African women and 19 midwives. Data were analysed using constant comparative analysis towards the development of a substantive theory.

Ethics: Consent was obtained from all participants prior to the interviews. Ethical approval was obtained from the London Brent Research Ethics Committee, Health Research Authority.

Outcomes: Barriers to the uptake of healthy eating messages by pregnant women included: cultural familiarity; the concept of identity; the pregnancy process itself and the non-existence of culturally adapted healthy eating resources to meet their needs. Black pregnant immigrant women talked about their desire to change their eating habits in pregnancy but argued that the healthy eating guide offered to them had unfamiliar foods. The pregnant women reflected on their identity as an important part of their lives. This meant that the healthy eating message offered in pregnancy was 'forcing' a new identity.

Midwives discussed the lack of acknowledgment of the cultural needs of these women, lack of knowledge, biases based on perceptions about their identity, problems with engagement, system access and the unavailability of culturally adapted resources.

Conclusions: The key barriers to the uptake of healthy eating messages were lack of knowledge, engagement, and a lack of culturally appropriate resources. The key facilitator was an availability of culturally appropriate resources. To bridge the inequality gap, interventions, resources, training and policies that are culturally sensitive would be required.



Aniebiet Ekong

Bournemouth University

Aniebiet Ekong is currently a Public Health Nutritionist and a PhD candidate in the department of Medical Science and Public Health, Faculty of Health and Social Sciences, Bournemouth University, Bournemouth. She has a Master's degree in Public Health Nutrition and a first degree in Nutrition and Dietetics. She is now pursuing her doctorate in Maternal Nutrition with a focus on the development of a culturally adapted healthy eating tool for pregnant African immigrant women living in the UK. She is currently specifically investigating the barriers and facilitators to the uptake of healthy eating messages by pregnant African immigrant women living in the UK.



oral presentations

Education

What are UK nurses' and midwives' views and experiences of using social media within their role? A review

Background: Social media is used by pregnant women to seek information regarding their pregnancy. Within the midwifery profession, there is limited engagement or research around social media usage. Therefore, it is unknown if it is creating a positive, supportive childbirth community, or one that instils fear, which has known links to negative outcomes for both mothers and babies. Consequently, it is proposed that social media should be an incorporated element of the role of a midwife.

Aim: To explore the views and experiences of nurses and midwives from the UK when using social media within their professional role.

Methods: With ethics approval from Bournemouth University, a scoping review of the literature was undertaken, incorporating media and health research electronic databases. All literatures were considered to enhance breadth. Titles and abstracts were screened, followed by full review of 74 papers. Data were extracted using a tool that was validated by a second researcher. From this, codes were generated and thematic analysis used.

Results: Eight papers were identified, of varied size and quality. Studies focused on midwives in three, and nurses in five. Five included undergraduate students, and three qualified professionals. 90–96% of participants reported having at least one social media account.

Themes identified were 'Knowledge sharing'; 'Community' and 'Reluctance amongst nurses and midwives to engage'; with subthemes of 'Fear' and 'Uncertainty of what to say'.

Conclusion: There is a significant gap in the literature around nurses and midwives and their experiences of using social media in their professional role. Of the research available, there is a focus on social media usage in education. Professionals reported uncertainty and fear around usage, but when interventions using social media were introduced with appropriate training, outcomes were positive to both students and qualified professionals.

Recommendation: Midwives should have regular training on professional usage of social media.



Anna Marsh

Bournemouth University

Anna Marsh is a Master of Research student at Bournemouth University and the Lead Midwife for Antenatal Clinic at University College London Hospitals NHS Foundation Trust. Her research area of interest is around the use of social media within maternity services. She is currently undertaking a Wellbeing of Women Entry Level Scholarship for Midwives, in partnership with the Royal College of Midwives and the Burdett Trust for Nursing, exploring midwives' experiences of using social media within their professional role. She is encouraging midwives to use Twitter to discuss their views on social media within midwifery, using the hashtag #MidwivesOnSocialMedia. Twitter: @AnnaMarshMW.



Wellbeing of Women, in partnership with the Royal College of Midwives, is proud to announce our 2022 WoW-RCM Training Grants.

We are accepting applications from midwives for research in: **pregnancy, birth and the postpartum period; gynaecological cancers; and general wellbeing surrounding women's reproductive and gynaecological health.**

WoW-RCM Entry-level Research Scholarships (ELS) provide 'pump-priming' funds to enable midwives to be exposed to a research environment and to obtain pilot data that will enhance an application for a research fellowship (PhD or MD). The upper limit for these awards is £20,000 for directly incurred research costs and may include a salary contribution. Two grants will be available in 2022.

Applicants are encouraged to contact research@RCM.org.uk for advice and guidance when developing their research ideas and funding applications.

WoW-RCM Postdoctoral Research Fellowships (PRF) support early career postdoctoral researchers to gather data and strengthen their bids for longer-term substantive funding. The upper limit for these awards is £30,000 for directly incurred research costs. One grant will be available in 2022.

In line with [RCM's Race Matters campaign](#) and our intent to increase involvement and engagement from and support to midwives who identify as Black, Asian or an ethnic minority, we welcome applications from midwives from these communities and/or whose project aims to improve the health outcomes from people from Black, Asian and ethnic minority communities.

Potential advert date: April 2022.

For more information visit www.wellbeingofwomen.org.uk/for-researchers/#our_funding_opportunities or you can contact the WoW research team at research@wellbeingofwomen.org.uk or call 020 3697 6350.

Exploring fairness issues in online Multiple Mini-Interviews; preliminary findings from an evaluation study in admissions to midwifery and nursing programmes at one UK university

Global, COVID-driven restrictions around face-to-face interviews for health care student selection forced admissions staff to rapidly adopt adapted online systems before supporting evidence was available. This has resulted in a largely unknown impact on equality and diversity. We have built and evaluated what we believe is, the first known (asynchronous) videoconference facilitated interview and assessment system uniquely grounded in the Multiple Mini-Interview (MMI) method.

Aim: To evaluate the acceptability of an online MMI and identify fairness issues in health professional admissions for >500 applicants at one UK university.

Methodology: Applicants to midwifery and nursing programmes were interviewed using the online (asynchronous) MMI platform. Applicants were invited to complete evaluation questionnaires post-interview.

Results: We had an applicant response rate of 20 per cent.

Notable themes arising: Over 60 per cent of applicants were accepting/very accepting of the online asynchronous MMI in the context of additional face-to-face applicant days being provided for them to engage with the university directly.

Advantages cited included: reduced costs associated with ensuring appropriate dress code and travel made the interviews more feasible. Anticipated potential Wi-Fi poverty/technical issues were not considered impactful. The MMI interviews we used were pre-recordings using inclusive language by diverse staff, representative of the university community. This promotion of equality was positively evaluated by applicants. Additional time and an intuitive system user interface met the needs of neurodiverse applicants.

Main learning: Our online interview platform did not appear to negatively impact on fairness for applicants in this evaluation. Moreover, while face-to-face interviews were regarded as preferable for many; the majority were accepting of online interviews, citing real advantages. These preliminary findings suggest online interviews grounded in MMI methodology are a fair approach provided human touch points continue with applicant days and the technological interface is softened by inclusive language and design.



Dr Alison Callwood

University of Surrey

Dr Alison Callwood gained her Doctor of Philosophy in 2015 at the University of Surrey. She has a background in midwifery, nursing practice and education for health professions spanning 30 years.

Alison is actively engaged in post-doctoral research exploring admissions to health professions education programmes, particularly fairness issues. She is a Fellow of the Institute of People-Centred AI at the University of Surrey, a member of the Medical Schools Council Selection Alliance MMI Expert Group and INResH (International Network for Researchers in Selection into Health). Alison was awarded Senior Fellowship of the Higher Education Academy and Innovator of the Year in 2018. She holds multiple grants from UKRI and founded a university spinout company to provide online multiple mini-interviews (MMIs).

Her recent work includes exploring the impact AI can bring to recruitment/admissions and how the interface between technology and humans can be softened to facilitate equality, diversity and inclusion (ED&I) and applicant performance.

Research

Addressing inequity in service provision with Tommy's App, a clinical decision tool

Background: Poor perinatal outcomes are more common in those from ethnic minority and socially deprived groups. Disparities in stillbirth and preterm birth persist even after correction for ethnicity and social deprivation, demonstrating that there is wide geographical variation in quality of care. To address this inequity, Tommy's National Centre for Maternity Improvement developed the Tommy's App. This web-based clinical decision tool assesses risk of preterm birth and placenta dysfunction, which can lead to stillbirth, much more accurately than current methods, and recommends best evidence-based care pathways in a format accessible to both women and health care professionals (HCPs).

Aims: To evaluate implementation of Tommy's clinical decision tool in four early-adopter hospitals, in order to inform wider scale-up. The study was approved by London-Bromley REC (Ref.21/PR/1029).

Methods: Decision tool development, including determination of validated risk parameters and integration with NICE care pathways, involved

maternity service users and HCPs in equal partnership. This study is evaluating: maternity service user and provider experience; barriers and facilitators to implementation; reach (whether particular groups are excluded and why), fidelity (degree to which the intervention is delivered as intended); and unintended consequences. Data are gathered through interviews, focus groups, questionnaires and through the App itself. The NASSS framework (Non-adoption or Abandonment of technology by individuals and difficulties achieving Scale-up, Spread and Sustainability) is informing study design and analysis.

Outcomes/results: Findings to date have informed decision tool development and implementation strategy, including those aimed at addressing digital and social exclusion (for example, one-to-one support, language translation, animations, infographics). Other notable findings include: need for engaged high-level local leadership; flexibility in training.

Conclusions: Tommy's App makes providing 'the right care at the right time' easier for HCPs, personalising risk assessment for women, and care according to best evidence. Findings will confirm or refute whether successful implementation in early-adopter sites can be replicated in other settings.



Dr Jenny Carter

Tommy's National Centre for Maternity Improvement

Jenny Carter has worked in maternal health research since 2003, supporting and leading high-quality trials and clinical studies. Most recently focusing on preterm birth and the award-winning St Thomas' Preterm Surveillance Clinic, she established a novel patient and public involvement group and is a founder member of the UK Preterm Clinical Network. She led development of, and continues to manage, the Preterm Clinical Network Database (www.medscinet.net/ukpcn), capturing clinical data on women at risk of preterm birth for use in local audit and collaborative cohort studies. Her PhD work, which focused on risk assessment in threatened preterm labour and development of the QUIPP app, was supported by an NIHR Clinical Doctoral Research Fellowship and resulted in a KCL Outstanding PhD Thesis Prize. Since completing her PhD she was supported by an NIHR Postdoctoral Development and Skills Enhancement Award, and is currently Research Fellow for the Tommy's National Centre for Maternity Improvement.

Co-author

Professor Jane Sandall, Tommy's National Centre for Maternity Improvement.



oral presentations

Education

Student-led virtual antenatal classes. Enhancing student autonomy and tackling placement capacity issues

The Midwifery Expansion Project, funded by Health Education England, provided an opportunity to promote change of tradition and culture in the provision of practice learning, within midwifery education. The project responded to national guidance set out in the *Better births* report (National Maternity Review 2016), the Maternity Transformation Programme (MTP), the standards of proficiency for midwives (Nursing and Midwifery Council (NMC) 2019) and the standards for student supervision and assessment (NMC 2018). The project presented a unique opportunity for regional higher education institutions to think about practice learning environments in a different way, exploring innovative models of student learning to tackle capacity issues.

At the university, we faced issues with both placement capacity and the effects of COVID-19 on learning opportunities for students. Our partner trusts were short-staffed, activities such as antenatal classes were stopped, and resources directed to essential care. Working collaboratively with the MEP Northeast and North Cumbria, I designed, and successfully piloted, virtual student-led antenatal classes for local women and their partners. For our students these classes have increased their sense of autonomy as well as improving presentation skills. For local women and their partners, they provide a valuable service. The classes

were designed with involvement from our local Maternity Voices Partnership groups. Content of the sessions is women-led, which also promotes adaptability, flexibility, and the art of 'thinking fast' for our students. The classes allow us to tackle the 'bottlenecks' we have with placement capacity by taking students out of practice to facilitate them. The classes are welcomed by both of our partner trusts and are completely university-run, so no additional resources are required from an already stretched maternity service. The classes are organised and run entirely by our third-year students with some support from second-year students.

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Paula Brown RM, RN, PMA, BSc (Hons) Nursing, PgC

**Fellow of the Higher Education Academy,
Senior Lecturer in Midwifery, University of Cumbria**

Qualifying as a midwife in 1997, I have 23 years' experience as a midwife in the NHS. I began my career as a team midwife in a continuity of carer team at Arrowe Park Hospital on the Wirral. I went on to become a labour ward co-ordinator at this trust and was responsible for developing the midwifery-led unit and waterbirth facilities. In 2012 I moved to Cumbria to work at Furness General Hospital as a labour ward co-ordinator. This was prior to the Kirkup report and along with the rest of the midwifery team I have been involved in the many changes that have been instigated at the trust.

In 2017 I started work as a lecturer at the University of Cumbria.

I'm currently working on projects that explore/develop alternative placement opportunities, infant mental health and student wellbeing.

Capturing and recognising student achievement in placement through grading of practice

Aim: To ensure a Once for Wales approach that captures and recognises student achievement in placement through grading of practice.

Objectives:

- acknowledge the role of the placement learning providers in supporting students to meet the NMC programme standards
- support practice assessors and academic assessor to clearly identify where students are excelling in practice and those where further support may be required
- to recognise and credit the shared responsibility for assessing and grading student midwifery practice.

Methodology: Until 2019, grading of student midwifery practice was a requirement of the NMC (2009). While there have been some critics (Council of Deans of Health UK-Wide Future Midwife Advisory Group 2017), evidence supports grading of practice (Fisher et al 2017). However, the revised Standards for midwifery education has removed this mandatory element (NMC 2019). Ten years of grading demonstrated that it was valued by both students and midwives. A Once for Wales approach to implementation of the standards was adopted by AEIs, this included grading of practice within the Midwifery Practice Assessment Document (MPAD). Students' practice is assessed formatively and summatively each year. They are graded using the full range of marks by practice assessors in

collaboration with academic assessors against five benchmark statements (skills, knowledge, communication, behaviour and accountability). Students must pass all five to enable progression. Formative and summative grading enables identification of students who require additional targeted support in one or more of the five areas to reach their full potential prior to reassessment.

Outcomes:

- acknowledges benefits of partnership working
- maximising opportunities for students to demonstrate achievement and excellence in their practice
- promotes flexible student placement opportunities across Wales, in particular with pre-qualifying placement.

Conclusions/learning: A Once for Wales approach to grading has received programme approval and provides consistency of experience for students in Wales as well as providing affirmation of the value of practice learning.

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Susie Moore

**Head of Midwifery Education and Lead Midwife
for Education, Swansea University**

Hailing from the South Wales valleys, I left school at 18 and migrated to London where I enjoyed about 12 years of carefree career experimentation. The most sensible jobs included community nursing, journalism and acting. A darker side of my life involved employment as a car parking attendant and working in a creche. In 1998 I qualified as a midwife and began working in a profession that I grew to love.

After over a decade of NHS practice, I joined the midwifery teaching team at Swansea University. As an Associate Professor, I am now the Head of Midwifery Education and Lead Midwife for Education.



Dr Lucie Warren

Cardiff University

I registered as a midwife in 2006 and worked at a busy consultant-led maternity unit in South Wales. I was awarded a full-time PhD scholarship from Research Capacity Building Collaboration, Wales, and completed my PhD in October 2013. I joined the Midwifery teaching team at Cardiff University in 2014. I was seconded to Health Education and Inspectorate Wales (HEIW) as the Programme Manager for the Once for Wales Midwifery Practice Assessment Document (MPAD) where I led on the development and implementation of the MPAD. This has been approved for implementation across all AEs in Wales for September 2022.

I am the Professional Head of Midwifery at Cardiff University and, as senior lecturer, I deliver teaching across the Bachelor of Midwifery programme and also to taught postgraduate courses for registered health professionals. My research interests include maternal health behaviours, Self Determination Theory, and professional resilience.

Research

Autistic women's views and experiences of infant feeding: a systematic review of qualitative evidence

Low breastfeeding rates are driven by multiple bio-psycho-social factors. Experience of breastfeeding is known to differ by maternal demographic factors (age, education and ethnicity) but there is less recognition of factors such as autism and neurodivergence. Aspects of breastfeeding may be particularly challenging for autistic and neurodivergent parents, for example, sensory and processing differences may increase risk of breastfeeding aversion (Gardner et al 2016, Morns et al 2020). Furthermore, communication differences are also likely to result in parents feeling misunderstood by health care professionals and others supporting them on their feeding journey (Pohl et al 2020).

This review aimed to explore the current literature on this topic and synthesise existing qualitative data to gain a greater understanding of autistic and neurodivergent parents' experiences of infant feeding. The review was prospectively registered with PROSPERO (registration number: CRD42021271465) and systematically identified qualitative research, commentaries and personal accounts related to autistic and neurodivergent mothers and infant feeding. Database searching identified 1225 records, with thematic synthesis undertaken on 24 (nine peer-reviewed studies and 15 grey literature) pieces.



Dr Sara Jones

Swansea University

Dr Sara Jones is a lecturer in nursing at Swansea University and a researcher in the Centre for Lactation Infant Feeding and Translational research (LIFT). She qualified as a nurse in 2009 and as a specialist community public health nurse (health visitor) in 2014. Her PhD explored infant feeding approaches and infant growth and since finishing her doctorate in 2020 she has been involved in several post-doctoral funded studies in the field of infant feeding and maternal wellbeing.

Our analysis identified that maternity and infant feeding services lacked understanding of autistic and neurodivergent needs, and were often inaccessible, at a time when autistic mothers already felt a loss of control and lack of social support. Specifically relating to breastfeeding, knowledge and determination were often high and a minority of mothers reported positive breastfeeding experiences. However, sensory challenges, pain and interoceptive differences, exacerbated by a lack of support, made breastfeeding impossible for some. Infant formula was viewed as second-best to breast milk, but a minority of mothers found the ritual of preparing bottles of formula positive. There is an urgent need for maternity and infant feeding services to accommodate the needs of autistic and neurodivergent mothers, including service design and staff training.

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Obesity and normal birth: a qualitative study of obese women's experiences of pregnancy and birth

Currently one-fifth of women in the UK are obese. There is increasing evidence of the detrimental effects obesity has on intrapartum outcomes and a lack of research on how to minimise the associated risks of obesity through non-medicalised interventions and how to support obese women to maximise their opportunity for normal birth.

This work formed part of a wider PhD research programme that aimed to develop a midwifery intervention to promote normal birth among obese women. Using a methodological approach aligned with pragmatism, this research was underpinned by the Medical Research Council framework for the development of complex interventions. This qualitative study used semi-structured interviews and explored postnatal, obese women's experience and views of maternity care, including their experiences of preparation for labour, their experience of their care during labour and what

information on labour and birth and the risks of obesity in pregnancy they wished to receive. Data were analysed using a framework approach. The study was conducted in two NHS hospitals — one in England and one in Scotland. Ethical approval was gained prior to commencement.

Eight postnatal obese women with a body mass index ≥ 35 participated. The overall interpretation 'Being pregnant and obese: obese women's experiences of pregnancy and birth' was underpinned by three key emergent themes: embodiment of obesity; being pregnant and obese and resource intensive maternity care. These findings are encapsulated in a conceptual framework demonstrating the trajectory from the embodiment of obesity, to becoming pregnant as an obese woman, experiencing the maternity care regime for obese women and then returning to being an obese woman again. The findings also demonstrate that obese women have an intrinsic fear of pregnancy and birth, have a desire for normal birth and 'obese pregnancy' presents a window of opportunity for both short- and long-term change.



Dr Angela Kerrigan PhD, MA, BSc (Hons), RM
**Consultant Midwife, University Teaching Hospital
and University of Stirling**

I have been a midwife for 19 years, with most of my career being intrapartum care and research. My current role as Consultant Midwife has a remit focusing on normality and public health. My role involves striving to optimise women's and birthing people's experience of pregnancy and birth and supporting them in their birth choices. It also focuses on the maternity public health agenda aiming to optimise health during pregnancy, including smoking cessation, mental wellbeing and weight management. I am also a Professional Midwifery Advocate, supporting midwives in their professional practice.

My academic career includes my BSc (Hons) degree, MA in Midwifery Studies and my PhD, graduating from University of Stirling in 2018, with my thesis 'Care of obese women during labour: the development of a midwifery intervention to promote normal birth'.

I live in Lancashire with my partner and two children.



pre-recorded elevator pitches

1. A concept-based curriculum framework for the Future Midwife programme

Aims and objectives: In order to meet the requirements of the Nursing and Midwifery Council (NMC) standards of proficiency for midwives (SoPM) (NMC 2019) preparation for Future Midwives (FMs) must include additional programme content. This presents a challenge for midwifery educators who may struggle to include all required content in contemporary midwifery programmes. We explored a popular North American pedagogical approach in the provision of health care education where the focus is on teaching concepts rather than facts. This approach underpins our new midwifery programme at Bangor University.

Innovation and pedagogical approach: Concept based (CB) learning approaches are widely used in Canada and the USA within health care education. The evidence underpinning CB learning stems from neuroscience supporting the notion that knowledge structures in the brain allow individuals to apply information and knowledge to any situation. Giddens and colleagues present concept categories for nursing education that provide an organisation framework in which to organise concepts (Giddens et al 2020). In partnership with all stakeholders, we have adapted Giddens et al's concept categories to develop an organisational framework for midwifery education and have mapped

key concepts from the domains from the SoPM to the adapted concept categories. Adapted Giddens et al's concept categories for midwifery education are 'women and society as health care recipients', 'maternal and newborn health and wellbeing', and 'professional midwifery practice and health care'.

Outcomes: Adapted Giddens et al's concept categories have enabled us to develop a curriculum framework that is underpinned by the school philosophy of intelligent kindness, and also house key concepts from the NMC domains of the SoPM. This approach to midwifery education will support FMs to meet the expectations of the NMC SoPM. We will evaluate the outcome of the new programme to generate the evidence base for this new innovative approach to midwifery education in the UK.

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Sheila Brown

**Lecturer in Midwifery and Lead Midwife for Education,
Bangor University**

I started my career in health care as a nurse in Canada, in 1993, and have worked in maternity care since 1995 spanning Canada, the USA, Australia, and now in Wales. I completed midwifery programmes in both Australia and in Wales, graduating from the 18-month programme at Bangor University in 2005. Before commencing my role as a midwifery lecturer at Bangor University in 2013, I worked as a community midwife in North Wales. I have been the Lead Midwife for Education at Bangor University since 2016. I was seconded to Health Education and Improvement Wales (HEIW) as a part-time Programme Manager for six months to support the implementation of the NMC Standards for Supervision and Assessment in Wales. I am also a PhD Student focusing on what works to prepare student midwives to be responsible and accountable professionals.



Julie Roberts

Midwifery Lecturer, Bangor University

I had worked as a Midwife within Betsi Cadwaladr University Health Board, rotating through all aspects of maternity care provision, prior to joining the fantastic team at Bangor in 2017. Part of my role is the development and innovation of teaching and learning processes for the midwifery programme in addition to providing a conduit between the School and the Practice Learning area. My interest in approaches to student learning has led to wonderful experiences teaching, not only at home, but additionally, as part of a Health Partnership Scheme with Lesotho, using narratives and role play to teach midwifery emergency skills. The use of the lived experience and story-telling as part of the learning process is of particular interest, and these are elements that could be developed to provide more meaningful and purposeful learning experiences.

2. The Student Midwife Care Survey: using service users' views and preferences to inform the development of practice learning models in midwifery

The Student Midwife Care Survey was developed as part of the Midwifery Expansion Project in the North-East and North Cumbria, funded by Health Education England. The development of sustainable practice learning models, which increase capacity for student midwives, is essential to meet future workforce requirements. Establishing learning opportunities which reflect the Maternity Transformation Programme, support continuity and prepare student midwives to provide effective, personalised, care once qualified, is also vital.

This collaborative research acknowledges the importance of service user voices, both in research design and the development of midwifery education. The study aims to establish women's preferences around student midwives' contribution to their maternity care. The findings will be used to inform the development of future models of practice learning, with a particular focus on continuity of carer.

The study utilised an online survey method, via JISC online surveys, with 16 questions developed collaboratively using yes/no or Likert scale

answers and opportunities for free text comments. Questions focused on women's experiences and their views about student involvement in all aspects of midwifery care. The study received approval from the university's ethics committee and was undertaken over a four-week period from December 2021 to January 2022. The survey was distributed to a wide range of maternity and parenting groups in the region via social media.

A total of 134 responses were received; the majority had experienced care from a student midwife. Preliminary analysis shows an overwhelmingly positive response to student midwife care, acknowledging the strength of relationships and the shared learning between women and midwifery students. Almost all respondents suggested that they would like the opportunity to get to know and receive care from the same student midwife during their pregnancy journey. The survey demonstrates the value of seeking service user views to inform the development of women-centred practice learning models in midwifery.



Dr Rosalind Haddrill

Northumbria University

Dr Roz Haddrill trained and worked clinically as a midwife in Sheffield. She has taught at a number of universities in the north of England, most recently at Edinburgh Napier. She has been involved in teaching and supporting both undergraduate and postgraduate health care students, across a variety of programmes, and in the development of pre-registration midwifery curricula. Her PhD focused on late booking for antenatal care. Her research interests include women's perceptions and experiences of maternity care, including access to and uptake of antenatal care and gestational diabetes care.

Co-author

Vikki Smith, Northumbria University.

3. Does a student midwife's personal experience of childbirth affect their philosophy of care and the choices they offer to women?

Background to the study: Mature student midwives often attribute their own birth experience as the catalyst to commence their midwifery studies (Fraser & Hughes 2009). As humans we recall with great clarity events of significant emotion. Traumatic events cause the brain to remain in a fight or flight state (Power & Mullen 2017) with associated situations resulting in an irrational, unconscious panic (Griffin & Tyrell 2006). If a student has unresolved trauma then being exposed to a triggering situation which evokes fear may alter the way they practise to one which is more defensive and aligned to the medical model of childbirth.

Aims of research: To examine student midwives' own personal experience of birth, their perceptions about birth and how these may influence their clinical experience.

Methodology: A qualitative phenomenological approach was adopted and a purposive sample of 10 student midwives were interviewed using a semi-structured method. The transcripts were coded and thematic analysis was used to search for themes.

Ethical approval: Granted by the University ethics committee.

Findings: Three themes were generated from the data: quality of care; the medicalisation of childbirth; and the road to redemption. It was apparent that all students believed in a

physiological philosophy of care, associating good-quality care with perceived control, communication and compassion. However, this is not what they witnessed in clinical practice. A majority of students reported experiencing unexpected flashbacks of their own experience during their clinical placement. Students who had not experienced a subsequent redemptive birth found these flashbacks distressing and felt this affected their clinical judgement.

Conclusions: More research is needed to explore whether student midwives would benefit from counselling prior to their first clinical placement to examine and debrief on their own experience, aiding attrition by managing expectations. Including such a session in the existing midwifery curricula is also recommended.

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Sarah Milnes
University of Leicester

Sarah has been a practising midwife since 2006 and was employed by the University Hospitals of Leicester (UHL) NHS Trust as a fully rotational midwife providing universal and additional care to women throughout the childbirth continuum. Sarah spent two years working within the midwifery research team alongside her clinical role at UHL and, in 2018, undertook further training to become a NIPE trained practitioner.

In 2019, Sarah joined the Midwifery Education Department at the University of Leicester, initially as a part-time seconded lecturer in the first year of delivering the University of Leicester's pioneering four-year Undergraduate MSc Midwifery with Leadership programme. She was appointed to full-time Lecturer in Midwifery and has responsibility as a Year Lead, Module Lead and Personal Tutor. Sarah has recently completed a Master's Degree in Advanced Midwifery Practice at Anglia Ruskin University and achieved her Associate Fellowship to the Higher Education Academy.

4. Why do midwives stay? Exploring the experiences of newly qualified midwives in London

Aim: To explore reasons why newly qualified midwives choose to stay in midwifery in London.

Objectives:

- To identify personal and professional attributes that enable newly qualified midwives to stay in midwifery
- To explore factors that influence newly qualified midwives' decisions about remaining in midwifery in London.

Methodology: This was a mixed methods, sequential explanatory study, which was conducted in two phases:

Phase 1 – survey distributed to all midwives working in four London trusts (n ≈1,200) in December 2020. There were 237 responses (≈19.75%) which were analysed using SPSS (version 27). The survey collected demographic data, and data about intention to leave. It also asked midwives to complete two resilience scales, a previously validated tool (Connor & Davidson 2003), and a scale developed from previous work on resilience in midwifery (Hunter & Warren 2013).

Phase 2 – interviews with 11 newly qualified midwives (NQMs) (qualified within two years) who self-selected from the survey. A semi-structured interview schedule was used to explore findings from the survey, focusing on why these midwives had chosen to stay.

Ethics: Ethical approval was obtained through the University of Greenwich and permission to

distribute the survey was granted by each of the four trusts through their R & D departments.

Results: This paper focuses on results from the interviews. Using applied thematic analysis (Guest et al 2012), three themes were identified: surviving transition, cultural resilience and staying the course. Surviving transition was described using metaphors relating to survival; cultural resilience explored institutional bullying within preceptorship; staying the course described job satisfaction and professional development opportunities that kept the NQMs in midwifery.

Conclusions: Although all 11 midwives interviewed were still in post, they had all experienced traumatic situations which made their transition from student to NQM problematic. Two midwives were planning to leave midwifery. Despite work around supporting NQMs, maternity services still fail to nurture the transition into midwifery.

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Heather Bower

Royal College of Midwives

I am the Professional Adviser for Education at the RCM. My role is to advise on matters of education on behalf of the College, both externally and internally. I work within the Education team, which is part of the Professional team. Prior to this, I was the Lead Midwife for Education at the University of Greenwich, where I worked for seven years, overseeing the quality and standards of the midwifery programme. I am also a doctoral student at the University of Greenwich. My doctoral study explores the reasons why newly qualified midwives choose to stay in post in London. The research uses a mixed methods design, utilising data from a survey and from interviews to gain understanding of why midwives choose to stay. I am interested in what educators can do to better prepare students to become newly qualified midwives and how we as a profession can improve early retention.

5. Teaching in the time of COVID – moving to online assessment

For one of our second-year modules, we had an OSCE (Objective Structured Clinical Examination) assessment on the care of a deteriorating client. As the country went into lockdown, we realised we would need to replace this with an online assessment.

One of the key components of the previous OSCE was a structured and effective handover and we wanted to retain this element.

We asked the students to review some mocked up community midwifery notes and an observations chart that we uploaded onto their learning platform and record themselves doing a three-minute SBAR (Situation-Background-Assessment-Recommendation) handover of their client, based on the information we gave them. We felt this would still assess this important

handover skill while not disadvantaging the students.

At the same time Advance HE asked for expressions of interest to be a Global Assessment Torchbearer. The criterion for this was for an assessment innovation that was created due to the pandemic and would continue to be used afterwards. This project was chosen and was showcased all over the world as part of a celebration of good practice during the pandemic.

All the students that sat this assessment passed and we felt that it showed inclusivity because, as well as the national lockdown, some of our students or their families were shielding, and this facilitated their successful completion of this module.



Kate Sutherland

Kingston University London

I qualified as a midwife in 2010 and subsequently worked in a variety of clinical and governance roles before becoming a Clinical Practice Facilitator, supporting students in clinical practice. It was in this role that I began teaching as an honorary lecturer and discovered a passion for teaching. I joined the Midwifery department at Kingston University as a senior lecturer in June 2020. The primary focus of my teaching has been clinical skills. I remain passionate about practice learning and support for students, and I am currently completing my MSc Research Project looking at the impact of dedicated practice-based support roles.

Co-authors

Tessa Gamble, Lindsay Gillman, Claire Mckellow, Jane Forman, Kingston University London.

6. The impact of COVID-19 on obstetric sonographers' working practices and experiences. An exploratory study

Aim: The aim of the study was to undertake an in-depth exploration into the practices and experiences of obstetric sonographers working during the COVID-19 pandemic.

Background: The impact of the coronavirus (COVID-19) pandemic on obstetric sonographers' practice and resulting physiological and psychological wellbeing is poorly understood and appreciated. As a new phenomenon, there is no published literature on the views and experiences of the obstetric sonography workforce during the pandemic.

Methods: A descriptive, phenomenological study was conducted using virtual semi-structured interviews with six obstetric sonographers located around Scotland (n=6). Interviews were transcribed verbatim and using a reflexive thematic analysis approach, data were analysed using Braun & Clarke's (2006) six-step analytical guide. Ethical approval was granted by Glasgow Caledonian University Ethics Committee.

Findings: Five themes and one sub-theme were produced. Participants experienced a negative psychological response to practising during the COVID-19 pandemic. This was due to several factors, including: the risk of virus transmission

to themselves, family, and the wider community; changing and conflicting PPE guidance; inability to socially distance and barriers to risk mitigation measures. Overall, obstetric sonographers reported pregnant women managed well when attending alone for ultrasound scans and a minority of participants disclosed experience of aggressive behaviour. Participants deduced visitor restrictions resulted in less distraction and increased concentration improving the safety of ultrasound. Obstetric sonographers identified the pandemic as a time for reflection and re-evaluation to inform and improve future practice.

Conclusion: This study highlighted the importance of taking into consideration the experiences and views of obstetric/midwife sonographers working during the pandemic. Participants advocated psychological and managerial support, consistent guidelines, patient education and a review of current working practices.

Keywords: obstetric sonographer, ultrasound, pregnancy, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), COVID-19, personal protective equipment, qualitative, psychological



Lynn McNally

University of the West of Scotland

Lynn is a midwife sonographer and lecturer at the University of the West of Scotland. She qualified as a midwife in 2005 and has worked clinically in various hospital settings and the community. Her career began in Guernsey in the Channel Islands before returning to work in Scotland.

An interest in ultrasonography led her to pursue a PgC in Obstetric Ultrasound at the University of Cumbria in 2014. Recognising the indispensable nature of ultrasound in antenatal care she continued her academic journey by gaining a PgD in Advanced Ultrasound in 2019. While working through the COVID pandemic she was inspired to conduct an empirical research study focusing on the impact of COVID-19 on obstetric/midwife sonographers as part of a MSc in Medical Ultrasound at Glasgow Caledonian University.

Lynn is passionate about supporting students and colleagues from all disciplines to fulfil their academic and personal potential, and to provide kind, caring and compassionate care to all pregnant women.

7. Co-producing an intervention to increase timely initiation and optimum uptake of antenatal care in an ethnically diverse area with high levels of social deprivation

Research aims and objectives: Our research aimed to co-produce and deliver a community-based intervention with maternity services users and stakeholders to enhance timely antenatal care initiation and optimum uptake in an ethnically diverse area with high levels of social deprivation. This abstract presents findings from the co-production element of the wider research study. The objectives of the co-production were to:

- involve a diverse group of women and partners who have had a baby in the past two years, as well as professionals working with pregnant women in the local area
- elicit perspectives from these groups to co-produce and deliver a community-based intervention to increase uptake of antenatal care.

Methodology: We used a range of methods to undertake this co-production work, including an externally facilitated virtual workshop for professionals, small virtual workshops for women and partners, and one-to-one phone calls with both groups of stakeholders. During these co-production conversations, we elicited

perspectives about the different aspects of the community-based intervention we were co-producing including the 'message' (what could be said), 'medium' (what resources to use to say it) and 'method' (how to say it). These were grouped into 'themes' from which the final intervention was developed.

Ethics: Ethical approval was obtained from University of Bedfordshire Ethics Committee.

Outcomes/results: We found that adapting our co-production work to include a variety of methods provided greater flexibility for maternity care professionals, women and, in particular, their partners to take part, enabling a diversity of voices to be heard in developing the intervention. The emerged themes enabled identification of specific factors in order to create an intervention tailor-made to the needs of the women in the study area.

Conclusions: Co-production, using various methods, is an important tool in including a diversity of service user and provider perspectives in research.



Esther Sharma

University of Bedfordshire

Esther is a Research Midwife at the University of Bedfordshire, where she is working on the EnhANCe Project, funded by Wellbeing of Women and the Burdett Trust for Nursing, which aims to increase uptake of antenatal care in an area of low socio-economic status and high ethnic diversity. Esther has over 10 years of clinical midwifery experience, in addition to working in maternity-related public health roles. She has also worked voluntarily in Afghanistan. Esther is currently undertaking PhD research at the London School of Hygiene and Tropical Medicine, exploring perinatal experiences of Afghan refugee women in Serbia.

Co-authors

Pei-Ching Tseng, Shuby Puthussery, University of Bedfordshire.

8. The Once for Wales Midwifery Practice Assessment Document (MPAD): tools to manage the challenges

Aims and objectives: Being a student midwife is both wonderful and a privilege. However, it is evident that it is also challenging (Capper et al 2020, Oates et al 2019). The Nursing and Midwifery Council (NMC) *Standards of proficiency for midwives* (NMC 2019) includes competencies in relation to recognising signs of personal vulnerability and managing personal emotional wellbeing. The Once for Wales Midwifery Practice Assessment Document (MPAD) includes a section on 'managing the challenges' that supports students to meet competencies around self-compassion and self-care. This section of the MPAD draws on key activities recommended by positive psychologist Martin Seligman (Seligman 2011) and the resilience repertoire developed by Hunter & Warren (2015) informed by their research on resilience in midwifery.

Initiative and methodology: The MPAD development group, comprising midwifery educators across Wales, was keen that it included support for student wellbeing. Student focus groups were held in each university to review the draft MPAD. Students were positive about having a section specifically acknowledging the presence of challenges and the inclusion of tools aimed at supporting them to manage these. This section very simply encourages students to prioritise their wellbeing and provides examples of how to promote and support their personal wellbeing. Partnership working, and ongoing discussions

across learning environments in relation to the tools provided in the MPAD to support students to manage challenges, provides a conduit to dissemination of evidence-based supportive mechanisms that will not only benefit students, but may also provide ideas for midwives to support their own personal wellbeing.

Outcomes: Poor mental wellbeing amongst midwives, and attrition from the profession pose significant threats to the provision of safe and effective midwifery and maternity services. Learning strategies to manage challenges, may work to mitigate against poor mental health and consequential loss of future midwives from the profession.

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Sheila Brown

Bangor University

I started my career in health care as a nurse in Canada, in 1993, and have worked in maternity care since 1995 spanning Canada, the USA, Australia, and now in Wales. I completed midwifery programmes in both Australia and in Wales, graduating from the 18-month programme at Bangor University in 2005. Before commencing my role as a midwifery lecturer at Bangor University in 2013, I worked as a community midwife in North Wales. I have been the Lead Midwife for Education at Bangor University since 2016. I was seconded to Health Education and Improvement Wales (HEIW) as a part-time Programme Manager for six months to support the implementation of the NMC Standards for Supervision and Assessment in Wales. I am also a PhD Student focusing on what works to prepare student midwives to be responsible and accountable professionals.



Dr Lucie Warren

Cardiff University

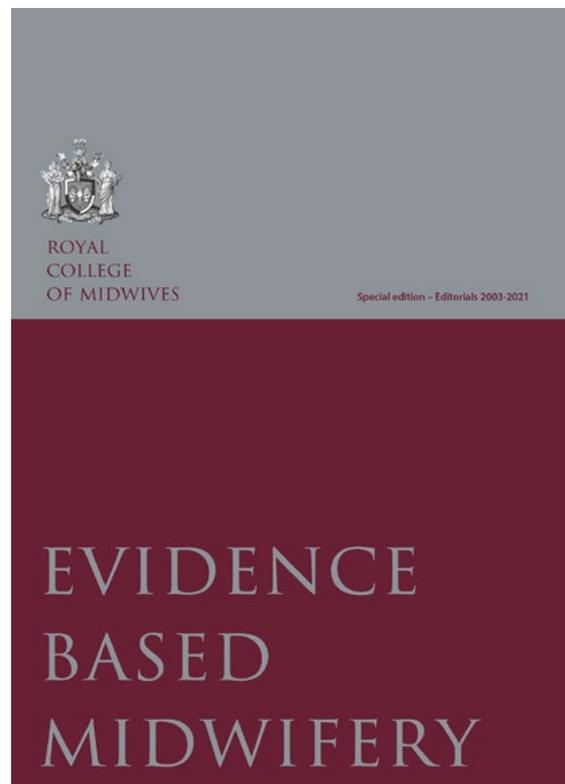
I registered as a midwife in 2006 and worked at a busy consultant-led maternity unit in South Wales. I was awarded a full-time PhD scholarship from Research Capacity Building Collaboration, Wales, and completed my PhD in October 2013. I joined the Midwifery teaching team at Cardiff University in 2014. I was seconded to Health Education and Inspectorate Wales (HEIW) as the Programme Manager for the Once for Wales Midwifery Practice Assessment Document (MPAD) where I led on the development and implementation of the MPAD. This has been approved for implementation across all AEs in Wales for September 2022.

I am the Professional Head of Midwifery at Cardiff University and, as senior lecturer, I deliver teaching across the Bachelor of Midwifery programme and also to taught postgraduate courses for registered health professionals. My research interests include maternal health behaviours, Self Determination Theory, and professional resilience.

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9. Health care professionals' experiences of consenting women to episiotomy: a qualitative study

Background: Episiotomy is a surgical incision of the vaginal wall and perineum, performed by health care professionals (HCPs) in one in seven births. Informed consent to surgery of any description, including episiotomy, is a legal requirement and is fundamental to effective medical practice. The landmark legal case of Montgomery represents a shift from a doctor-assessed standard of what information should be disclosed to a patient making a decision requiring their consent, to a patient-centred standard in which an individual woman's values and preferences are fully recognised. There is some evidence that consent processes on the labour ward in general do not align with the law or professional practice guidance. However, little is known about how HCPs gain consent for episiotomy.

Methods: Ethical approval from the Health Research Authority was gained (REC 17/YH/0212) and a semi-structured interview topic guide was developed for the one-on-one interviews which

lasted between 20–45 minutes. The participants were seven doctors and 10 midwives who worked at an inner-city NHS Foundation Trust hospital. Interviews were audio-recorded, transcribed, and thematically analysed using Braun & Clarke's six-phase approach.

Results: Consent to episiotomy is not always meeting the current legal and professional standards of consent. Four key themes were identified: professional conflict in honouring women's autonomy; minimising women's choices; expressed acquiescence with clinical judgement and professional practice and the law.

Conclusion: Our findings indicate that health care professionals do not always implement consent practices which accord with legal and professional requirements. We suggest that consenting women for an episiotomy is an area of professional practice that needs further scrutiny and should be a training priority for health care professionals.



Lily Hutton

University College London

My career began when I undertook my midwifery training at King's College London. An interest in consent to episiotomy then arose through observation of practice. This led me to undertake the MSc in Women's Health at UCL and align my dissertation with this topic. I now work as a Midwifery lecturer at London South Bank University and am passionate about improving consent processes for both birthing people and healthcare professionals.

10. Providing guidance on foods to avoid or limit during pregnancy by midwives in England

Background: The NHS website gives guidance for pregnant women in England on foods and drinks to avoid or limit because of microbiological, toxicological or teratogenic hazards. These include, for example, some types of soft cheeses, fish/seafood and meat products. This website and information provided directly from midwives are trusted sources of information but the ways in which midwives can be supported to provide information are unknown.

Aims: The aims were: (1) to identify the ways in which midwives provide this information; (2) to determine midwives' confidence and knowledge in providing advice.

Methods: Registered Midwives practising in England completed an online questionnaire. Questions included: (1) demographics; (2) listing the ways they provided information on foods to avoid/limit; (3) what information they provided and their confidence in doing so. Ethics approval was given by the University of Bristol.

Results: The questionnaire was completed by 122 midwives. The most usual methods of providing information were verbal (80%, n=96) and signposting to websites (56%, n=67). Midwives were 'Confident/Very confident' in providing advice for some food items (>80% for eggs, soft cheese, liver/liver products, alcohol).

However, >10% were 'Not at all confident' in providing advice about cured meats (12%, n=14), herbal teas (13%, n=16), white fish (12%, n=14), peanuts (11%, n=13) and game meat/gamebirds (39%, n=48). Specifically in regard to fish, only 53% (n=64) correctly recalled the advice on oily fish, and only 38% (n=46) the advice on tinned tuna.

Conclusion: Midwives were in general knowledgeable about foods to avoid or limit during pregnancy, but there were some foods for which they were unconfident, and some for which recall was mistaken. Delivery of guidance by midwives on foods to avoid or limit needs to be supported by appropriate training and access to resources. Further research on barriers to the delivery and implementation of the NHS guidance is needed.

This work was funded by an MRC Career Development Award (CMT).

Reference

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Dr Caroline Taylor

University of Bristol

Dr Caroline Taylor is a Senior Research Fellow in the Centre for Academic Child Health at the University of Bristol. Her interests are in nutrition in pregnancy and early childhood in relation to health and development. Her previous work in a large UK cohort of pregnant women has unravelled some of the adverse effects on the baby of everyday exposure to environmental pollutants, such as mercury and lead. Her present study is focused on national guidance on foods to avoid or limit during pregnancy, some of which are aimed at avoiding these exposures. She is using questionnaires and interviews with midwives and pregnant women to understand how midwives help women access the guidance and whether women follow the advice. This will help to inform policy on the format and content of the guidance and to identify the need for further educational resources for health care providers.

11. How do maternity services support autistic women and birthing people now? What improvements could be made to help the autistic people and the staff who support them?

Background: Maternity services are accessed at a critical time with the impact of that experience potentially affecting the wellbeing of the mother or birthing parent, their child, the family, and their community. The researcher is an autistic mother, and this project was developed as a Heuristic Inquiry directly from her own experience of childbirth and an initial study with autistic women who had given birth, with the specific intention of identifying potential improvements to support autistic people. The impact of accessing maternity services for an autistic person could be different than that for a person who is not autistic, for example in terms of sensory issues, communication differences and need for information, and social interaction.

Methods: The research is made up of three stages. The first two stages have been carried out in the form of questionnaires with maternity services staff and interviews with a subset of those respondents. Interviews with autistic women and birthing people will be carried out later in 2022.

Current position: Initial findings from the research will be shared, supported by PowerPoint slides. During the session, the researcher will discuss themes identified from quantitative and qualitative data from the surveys and interviews with maternity services staff considered through the lens of autism. This will explore experiences of supporting an autistic person, autism training, policy, and recommendations that staff have made for improvements. It is hoped that this presentation will inspire practitioners to reflect and consider how their service currently supports autistic women and birthing people, and what improvements can be made on direct practice, training, policy and considering relevant national guidance and legislation. The researcher will also outline planned next steps to hear the voices from autistic participants, and to share the research findings to make real, practical difference to services for autistic people.



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Sara King

**Autism Centre for Education and Research (ACER),
University of Birmingham**

Sara is a part-time doctoral researcher with ACER, the University of Birmingham's Autism Centre for Education and Research. She is autistic, with other autistic people in her family. She works as an autism trainer and specialist autism mentor and is committed to learning more about autism and autistic people's experiences to help improve services. She leads a discussion group for autistic women and another for autistic parents for an autism charity.

Sara's PhD was developed from a study she carried out as part of her PGDip in Autism (Adults) which explored autistic women's experiences of maternity services. Sara loves playing Pokémon Go and reading almost any genre of book, but especially fantasy and autobiographies.

A link to Sara's research questionnaire [Online Survey Software | Qualtrics Survey Solutions](#).

RCM blog about Sara's experience and research [My experiences of pregnancy, birth and motherhood as an autistic mum \(rcm.org.uk\)](#)

12. Raising autism awareness in midwifery

I would like to make a presentation on autism awareness in midwifery. My daughter was diagnosed with autism and my new understanding and research led me to discover that I myself had autism and other members of my family. I applied my new learning to my professional environment and saw that more needed to be done to support pregnant women with autism – diagnosed or undiagnosed.

In 2020 I presented at the Virtual International Day of the Midwife Conference (VIDM).

In 2021 I worked with the RCM and developed an e-learning module on the topic which went live on RCM i-learn in May.

More can be done through education of all health care professionals, including midwives, to raise understanding and awareness to improve care outcomes. The publication of the All-Party Parliamentary Group *Review on Autism* in 2019 resulted in the commitment for all health care professionals to have mandatory training in autism awareness. The rollout of the Oliver McGowan Mandatory Training in Learning Disability and Autism by Health Education England (HEE) began in 2021 (<https://www.hee.nhs.uk/our-work/learning-disability/oliver-mcgowan-mandatory-training-learning-disability-autism>).



Diane Fox RM
The Open University

According to the British Medical Council 1 in 100 children in the UK is autistic. It is thought that there is a genetic link so, if a child is autistic, there may be other autistic members of the family. A diagnosis later in life is more common in women and Black and Asian communities according to research by the National Autistic Society (NAS). Some women will never have a diagnosis or support in place.

I will explore how education is key to helping midwives provide individualised care by discussing:

- how autism can affect day to day activities and how this can impact on pregnancy and motherhood
- how women with autism can be more at risk of abuse, exploitation, substance misuse, mental health issues, social services intervention, lack of medical and medication compliance, non-attendance, and premature labour and birth
- what co-existing conditions may be apparent
- how to support and advocate for autistic women using the SPELL framework approach advocated by NAS.

Diane has been a midwife for 16 years and is currently studying for a Masters in Education. She is a volunteer for the Parent to Parent Emotional Support Helpline for the National Autistic Society. She is autistic and carer for her autistic child.

Diane has a specialist interest in promoting understanding and acceptance of autism in midwifery to improve care provision. In 2020 Diane presented at the Virtual International Day of the Midwife Conference (VIDM). In 2021 she collaborated with the RCM to develop an e-learning module on autism and pregnancy. In 2021 the UK Government announced that all health care professionals and students will require mandatory training on autism awareness in order to improve care outcomes.

Please contact Diane if you require any further information or training for your organisation. Email: dianefox10@outlook.com. RCM i-learn module - Autism and Pregnancy: <https://www.ilearn.rcm.org.uk>.



oral presentations

Education

'Why can't we be more Kumbaya?' The experiences of BAME midwifery applicants and students in south-east England

Background: Despite national drivers to increase student diversity, numbers of BAME students on midwifery programmes in south-east England remain low. Little is known about factors that attract and repel potential midwifery applicants from BAME groups, or of their experiences as students.

Aims: To explore the experiences of BAME midwifery applicants and students in south-east England in order to inform a series of toolkits designed to promote inclusive practices in the recruitment and education of student midwives.

Methods: A total of 440 applicants (101 from BAME groups) across three participating universities responded to an online survey designed to elicit factors impacting on their choice of course and their experience at their interview day. Responses from BAME and non-BAME applicants were compared.

Thirteen BAME students and one preceptee midwife participated in online focus groups aiming to explore experiences in university and placement, with a particular emphasis on culture and ethnicity.

Ethical approval was obtained from the relevant university committees. Funding: Health Education England.

Findings: Compared to non-BAME applicants, there was less embodied knowledge about university among BAME respondents' communities and applying to university was more a transactional process than a lifestyle choice. BAME applicants were more likely to find out about a university from a website, rather than from a friend. They were less likely to cite university life, location or halls/accommodation and more likely to cite entry criteria as a reason for applying somewhere. BAME participants were more likely to consider perceived diversity when choosing a university.

Focus group testimonies indicate that BAME students can face discrimination when applying to university, and encounter prejudice, discrimination and racism from peers, teachers and practice supervisors. Non-inclusive behaviour appeared more common in less diverse settings.

Conclusions: Our findings indicate an urgent need for an inclusive education charter and suggest some factors such a charter could include.



Carina Okiki

Oxford Brookes University

Carina Okiki is a midwife in Oxford. She graduated from Oxford Brookes University in 2019. Shortly afterwards, she wrote to Louise Hunter, then the LME at Brookes, to ask why there was not more diversity amongst the midwifery workforce, and to offer to help bring this about. This is how the project we are presenting at the RCM Education and Research Conference was born. Louise secured a small amount of funding from Health Education England, which enabled Carina to devote some time to plan and execute a study of the experiences of BAME midwifery applicants and students at three universities across south-east England. Carina has recently been on maternity leave after the birth of her second child, Sheila.

Co-authors

Ginny Mounce, Giada Giusmin, Louise Hunter, Oxford Brookes University.

Research

Project20: Maternity care mechanisms that improve (or exacerbate) health inequalities. A realist evaluation

Background: Women with low socioeconomic status and social risk factors are at a disproportionate risk of poor birth outcomes and experiences of maternity care. Specialist models of maternity care that offer continuity are known to improve outcomes and reduce health inequalities. However, the mechanisms underlying both inequalities faced by women and improvements seen with specialist models, are not well understood.

Aim: To evaluate two specialist models of midwifery care that provide continuity to women with low socioeconomic status and social risk factors and identify mechanisms that lead to improved outcomes and experiences.

Methods: Realist methodology was used to refine previously constructed programme theories about how women with social risk factors experience maternity care. Longitudinal interviews were undertaken throughout pregnancy and the postnatal period with 20 women with low socioeconomic status and social risk factors. All women received continuity of carer from one or a small team of midwives. Interviews were analysed using thematic framework analysis to identify specific contexts, mechanisms and outcomes relating to their maternity care.

Findings: Three programme theories were refined that highlight specific maternity care

mechanisms that reduce, or exacerbate, health inequalities. Experiences of stigma, discrimination and paternalistic care were reported when women reflected on previous experiences of standard maternity care or were not in the presence of a known midwife during care episodes. The practical and emotional support offered by a known and trusted midwife or team of midwives improved disclosure of social risk factors and eased perceptions of surveillance. The evidence-based information provided by the specialist model midwives enabled active participation, although a need for accessible, culturally sensitive antenatal education was highlighted. The continuity of care offered by the specialist models reduced women's anxiety, enabled the development of a supportive network and improved women's ability to seek timely help. Care in the community by a small team of midwives whom women have had an opportunity to meet during pregnancy appeared to enhance these benefits. Women particularly valued how the specialist model midwives knew their medical and social history and felt this improved safety.

Conclusion: The identification of specific maternity care mechanisms and outcomes supports current policy initiatives to scale up models of care that incorporate continuity and will be useful in future evaluation of services for marginalised groups and those with complex needs.



Dr Hannah Rayment-Jones

King's College London

Dr Hannah Rayment-Jones is a midwife and postdoctoral research fellow in the department of Women and Children's Health at King's College London. Her research focuses on maternal and infant health inequalities and how maternity services can improve outcomes for women living socially complex lives. She is currently funded by the NIHR to develop skills in health data science and analysis of large, linked health and social care databases. This will enable further understanding of inequalities and influences of social deprivation over the life course. She will be presenting the findings of Project20, a realist evaluation of specialist models of care for women with social risk factors, focusing on the underlying maternity care mechanisms that improve (or exacerbate) health inequalities.

The maternity care experience of women living in urban north-west England with a focus on those living in deprived areas and/or from Black, Asian and minority ethnic populations

Background: Inequalities in maternity outcomes for women from Black, Asian and minority ethnic groups and socially deprived areas are well documented; there is less research exploring these women's experiences of maternity care.

Aim: To explore maternity care experiences of women in urban north-west England with a focus on those living in deprived areas and/or with diverse ethnic populations.

Methodology: An online anonymous survey was developed using a validated Experience of Maternity Care (EMC) measure, in addition to demographic, outcome data and narrative responses. A total of 384 women from postcodes with high deprivation and diverse ethnic populations, who had given birth within 10 weeks were recruited from postnatal wards/community clinics from December 2020–December 2021. HRA ethical approval was granted (20/YH/0234). Analysis included descriptive and inferential statistics, and thematic analysis.

Results: The participants comprised 45% (158/350) Asian, 27% (93/350) White and 19% (68/350) Black women and included 59% (206/352) women born outside the UK, speaking 34 different languages. Combined mean scores for pregnancy (49.8/60), intrapartum (51.3/60), and postnatal care (51.1/60) reflected overall positive experiences. There were no significant differences in antenatal or intrapartum experience measures between women from different ethnicities, however it appeared that Black women were more likely than White or Asian women to report positive postnatal experiences ($p=0.027$). 163 women left narrative comments: 48% (78/163) positive, 31% mixed (50/163), and 20% (33/163) negative. Positive comments referred to friendly/supportive staff and excellent care. Negative comments concerned postnatal experience and delays in care and discharge.

Conclusion: The EMC score measures represented positive experiences across the childbirth continuum. Black women being more likely to report a positive postnatal experience is contrary to relevant literature exploring health inequalities in women from Black, Asian and minority ethnic backgrounds and requires further exploration. Qualitative interviews, exploring themes arising from this work, using an appreciative enquiry methodology, are ongoing.



Dr Kylie Watson

Manchester University NHS Foundation Trust

Dr Kylie Watson holds a clinical academic role as a consultant midwife at St Mary's Hospital, Manchester, and is an honorary lecturer at the University of Manchester. She trained in New Zealand but has spent over 20 years working within many different clinical settings in the UK. Kylie completed a full-time NIHR PhD fellowship in 2019. Her clinical leadership roles are primarily focused on midwifery-led care and pathways, including continuity of carer and piloting of a midwifery-led birth after caesarean pathway. Kylie also leads a large birth planning (including supporting women who wish to make a plan outwith recommended guidelines) and postnatal listening service. Kylie's research interests have focused on intrapartum care, including the use of wireless monitoring during labour. Current research is focused on the maternity experiences of women living in areas of social deprivation and from Black, Asian and minority ethnic backgrounds.

Recognising and supporting women in the perinatal period who have experienced previous trauma: results from a systematic review and thematic synthesis

Background: Over a third of pregnant women (~250,000) each year in the UK have experienced trauma such as domestic abuse, childhood trauma or sexual assault. Women who have experienced trauma are more likely to have poorer mental health in the perinatal period, and to smoke, drink alcohol or use drugs in pregnancy. However, at present, maternity care professionals do not discuss trauma with pregnant women.

Objective: A systematic review and meta-synthesis of existing qualitative evidence was undertaken to answer the question: 'How do maternity services use a trauma informed approach to recognise and support women in the perinatal period who have experienced trauma?'

Methods: A systematic literature review was applied in the databases MEDLINE, CINAHL Plus,

Embase, APA Psycinfo, and Global Index Medicus. to identify qualitative studies exploring how maternity care providers can identify women who have experienced previous trauma and provide support accordingly. Studies were thematically synthesised using the method developed by Thomas & Harden.

Results: A total of 28 papers from the USA, Australia, Canada, Sweden and the UK met the study inclusion criteria. The key barriers and facilitators to recognising and supporting women who have experienced previous trauma were identified.

Conclusions and implications of key findings:

This is the first systematic review to research how maternity services should discuss previous trauma with women in the perinatal period, which is an important public health issue. It is critical that maternity care staff have the knowledge and competencies to discuss prior trauma with women, and that the service is structured so that meaningful conversations are facilitated, and staff have the support they need.



Joanne Cull

University of Central Lancashire

Joanne is a midwife and doctoral student at the University of Central Lancashire. She currently holds a National Institute for Health Research Wellbeing of Women Doctoral Fellowship to study how maternity services can empower pregnant women affected by trauma history to seek support. She previously held a Health Education England/National Institute for Health Research Pre-doctoral Clinical Academic Fellowship, during which she completed an MSc in Implementation and Improvement Science at King's College London. Before becoming a midwife she spent 10 years as a Chartered Accountant, undertaking a variety of roles in the private and charitable sectors.

Funding statement

Joanne Cull is funded by a National Institute for Health Research (NIHR) Wellbeing of Women Doctoral Fellowship for this research project.

Disclaimer

This presentation presents independent research funded by the National Institute for Health Research (NIHR) and the charity Wellbeing of Women. The views expressed are those of the author(s) and not necessarily those of Wellbeing of Women, the NHS, the NIHR or the Department of Health and Social Care.



oral presentation

Education

Ensuring every voice is heard: promoting inclusivity in midwifery education

The recent *Saving lives, improving mothers' care* (Knight et al 2019) report highlighted alarming inequalities among Black, Asian and minority ethnic women. More recently, the inquiry report *No one's listening* (All-Party Parliamentary Group on Sickle Cell and Thalassaemia 2021) has highlighted the devastating outcomes and experiences of poor care among people who have sickle cell. This report further exemplifies the poorer health experiences among communities where there is a higher prevalence of haemoglobinopathies. A lack of education among health care professionals was cited as one of the core findings in this report. Further disparities in maternity care have also identified poorer experiences among pregnant women who have learning disabilities.

In view of these findings, our presentation aims to share how we are trying to address these inequalities. Through a pedagogy of enquiry-based learning, which seeks to create midwifery students who have developed inquiring, creative minds, and a desire to apply evidence-based learning to enact positive change in practice, we will illustrate how vital midwifery education is in this process.

We will discuss exemplars of our teaching and learning resources that address inequalities. This presentation will also include a discussion of our learning approaches that are intended to stimulate critical thinking among students, encouraging them to undertake wider reading and exploration of the literature and application to practice. We also work in tandem with a service user group which

actively feeds into our curriculum. This ensures that voices are represented.

Midwifery education is a key catalyst for creating positive changes in practice, specifically where there are inequalities in maternity care. Our presentation seeks to share good and innovative examples of educational practice. We anticipate that these approaches to learning will develop midwifery graduates who are well-informed, able to empower women and make positive contributions to address these inequalities in the future.

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Geraldine Lucas MSC, BSC (Hons) RM

Senior Midwifery Lecturer, University of the West of England

I am an experienced midwifery academic with a clinical health care background in both the NHS and the Royal Navy. I am passionate about improving maternity services for women who might experience barriers accessing maternity care. I am currently working with a team to explore and research the infant feeding experiences of women who have a learning disability. In a practical context, I have international experience having undertaken a twinning project with the RCM, Save the Children and Women 4 Health in Nigeria. My collaborative work included the production of an educational resource that would support the inception of evidence-based practice within midwifery education in Nigeria. I also supported the inclusion of a different assessment that could create enhanced student learning. I have extensive experience working to address sustainable practice within nursing and midwifery.



Claire Nutt

Senior Midwifery Lecturer, University of the West of England

Claire Nutt is a senior midwifery lecturer at the University of the West of England. Previously a perinatal mental health midwife, this important aspect of midwifery care continues to be a specialist interest in both her undergraduate and postgraduate teaching. Claire is also a professional midwifery advocate and part of the teaching team for the new Professional Nurse Advocate, passionate about supporting student midwives, midwives, and nurses with their ability to thrive in practice and education. As part of the facilitation team for both the 'Midwifery Community Partnership' and 'Advocacy' groups, Claire is proud to support teaching and learning development by raising the voices of students, service users, and local third-sector expertise to inform and enrich student midwives' education.

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Midwifery Digest



September 2021, volume 31, number 3

www.midirs.org

As the RCM's information provider, we are passionate about providing midwives, student midwives and maternity support workers with opportunities to share and promote their work to the wider midwifery community.

MIDIRS Midwifery Digest provides the perfect platform for you to share your knowledge and experiences with those caring for women, babies and their families during pregnancy, birth and the postnatal period.

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MIDIRS Midwifery Digest is a quarterly, academic journal available in print or PDF format. Its sections cover the whole midwifery spectrum including: *Midwifery & Education, Pregnancy, Labour & Birth, Postnatal, Neonatal & Infant Care.*

Part of the Royal College of Midwives' portfolio of educational resources, the *Digest* is read by midwives and student midwives, but is also relevant to anyone working with pregnant women, new mothers, babies and parents.

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We accept original articles from midwives, students, MSWs and health care professionals involved in maternity care. Whether you are a clinician, a student, or a new or established author, we welcome your contribution. Our dedicated editorial team can advise and support you with your paper.

Your article can be used as evidence of continuing professional development and NMC revalidation requirements, demonstrating a commitment and interest in extending your own and others' knowledge.

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For informal enquiries, questions or support with your submission, please contact MIDIRS Digest Editor, Sara Webb at: sara.webb@rcm.org.uk.

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Learn, Share & Improve care



poster presentations

Education

Technological Hybrid Approach in Midwifery Education (THAME)

Aims: The aim of this initiative was to explore the learning environment and students' needs and develop a technological hybrid approach in the delivery of midwifery skills education. In so doing, we aimed to support the mental health and wellbeing of practising midwives, student midwives and educators.

Objectives: To identify all potential augmented/virtual/hologram materials; appraise them for effectiveness; create a teaching model and make recommendations for midwifery education.

Methodology: Due to the pandemic, the delivery of midwifery education proved challenging. Alternative means of teaching had to be developed since access to skills labs was restricted. In response to these challenges, we designed and developed an online technological hybrid approach to help facilitate the course delivery, via synchronised streaming and broadcasting using augmented reality models. This was advantageous to students because the pedagogical approach addressed their individual learning style and they could access it remotely from the comfort of their home.

We consider the use of IT journals/specialists, manufacturer guidance to address the issues relating to IT poverty.

Ethics: Ethical approval is not required as the project does not involve humans, therefore minimal risk. Acknowledging previous work in the field and there is no conflict of interest.

Outcomes:

- to inform peers about positive, innovative approaches to improved midwifery education
- to share learning about inclusive approaches to education in relation to augmented reality
- to promote the translation of research into education and practice
- better student engagement and satisfaction
- provides an opportunity to network with others who are interested in the same topic
- supporting learning styles – approaches – pedagogical
- adding to the body of evidence
- reduction in the level of stress and anxiety.

Main learning: Anatomy and physiology; mechanism of labour; obstetric emergencies.



Yetunde Akinnuoye

Middlesex University

Senior Midwifery lecturer working at Middlesex University since 2013, with my background as a Midwifery Manager and Practice Development Midwives. My interest is ensuring excellence in midwifery practice and contextualised pedagogy use of simulation to prepare students to be fit for purpose and practice.



Alvaro Baeza Nunez

Middlesex University

Midwifery Lecturer at Middlesex University, with a strong interest in high-risk pregnancies, pathologies affecting mothers during pregnancy and obstetric emergencies. His recent work involves the use of augmented reality to teach these challenging topics to student midwives. He strongly believes in the importance of linking theory to practice.



Maurina Baron

Middlesex University

MBA; PGdip (Education); BSc(Hons) Psychology; RM. Vice-President CNMA(UK). Senior Lecturer in Midwifery at Middlesex University. Clinical link role at Barking, Havering and Redbridge University Hospitals NHS Trust.



Miranda Leach

City, University of London

Midwifery Lecturer at City, University of London (MSc, RM, FHEA, PGCE). My areas of interests are in teaching excellence and enhancing the student experience in the HEI. I am passionate about tackling inequalities both in academia and in the workplace at large. I have a special interest in policy development and equality, diversity and inclusion (EDI) to bring about a lasting change that is visible and beneficial to those who otherwise been disadvantaged by the current systems in place.

'GeNotes' for maternal and fetal health: an educational genomics platform for health care professionals delivering maternity care

Aims/objectives: 'GeNotes' is a comprehensive online genomics platform to deliver accurate clinical information to health care professionals. A maternal and fetal health branch will provide clinicians involved in maternity care with information about genetic conditions and genomic tests relevant to the pregnancy journey. This will be supported by a genomics encyclopaedia for those motivated to extend their knowledge. It is critical that resources like this are available and accessible. Genomic literacy must be improved so that patients have optimal care and benefit as advances in genomic medicine are translated into real-life testing.

Methodology: A core reference group (CRG) was established in November 2021. National recruitment identified a working group of self-identified clinicians interested in prenatal genomics. In keeping with the multi-disciplinary nature of maternity care, the group includes midwives, obstetricians, clinical geneticists and genetic counsellors.



Donna Kirwan

MPhil, MSc (Res), MSc Genomic Medicine, PGCert.DU, RM, RGN

Lead Midwife for Genomics for NHS England

Donna is a nurse and midwife with clinical experience in fetal medicine, screening, and sonography. In the past she worked for the NHS Fetal Anomaly Screening Programme leading on several national projects to embed antenatal screening within maternity services and as a recruitment practitioner for the 100,000 Genomes Project.

In NHS England she is responsible for supporting the seven NHS Genomic Medicine Service Alliances (GMSAs) lead midwives to embed genomics into mainstream midwifery care. Donna is an active member of Genomics England's Newborn Genomes Programme Stakeholder Group, a member of the Royal College of Obstetricians and Gynaecologists' Genomics Taskforce and the UK Fetal Genomics Groups. She recently co-authored a chapter for the 16th edition of *Mayes' Midwifery* to be launched this year.

Co-authors

Dr Jessica Woods, Dr Kelly Cohen, Leeds Teaching Hospitals NHS Trust.

Dr Kate Tatton-Brown, Genomics Education Programme, Health Education England.

After an introductory meeting, initial resources were identified covering the most common genomic scenarios in maternity care. Each member was allocated a topic. Health Education England (HEE) provided a clear and prescriptive template and this was given to writers to embed information. Ongoing advice and support are provided by the CRG. Each article will be reviewed by the CRG after submission for general evaluation and language and grammar review. The first review of content is underway.

Outcomes/results: Reviewed articles will have final editorial review by the Genomics Education Programme Director and then be submitted to the GeNotes platform. This is planned for Spring 2022 once private and public testing is complete. Ongoing development of the resource will continue in cycles as further topics are identified – striving for an expansive database of clinical scenarios and background knowledge.

Main learning:

- GeNotes will provide genomic information both 'in the clinic' and for extended learning
- GeNotes will also signpost to external resources: management guidelines, external educational resources, and patient information.

Learning to lead: using the NHS Healthcare Leadership Model App in midwifery education

Improving maternity care and developing innovative, safe and high-quality services depends on strengthening maternity leadership, and embedding the importance of understanding, developing and using these skills early. However, breaking down hierarchical perceptions and reinforcing a focus on leadership for all can be challenging for educators. We sought an innovative approach to promoting, and reflecting on leadership skills for student midwives, while improving digital literacy.

The NHS Healthcare Leadership Model supports health and social care staff at all levels to explore personal leadership qualities and organisational culture. It offers a framework of nine connected 'leadership dimensions' which are described in terms of both what they each are, what they are not and why they are important. The NHS Healthcare Leadership Model app provides detailed exploration of the model and allows observations

of leadership behaviours, both personal and those of others, to be recorded for personal development and reflection. It can be downloaded free to mobile devices, enabling contemporaneous recording.

Third-year student midwives were asked to complete a short anonymous survey assessing leadership knowledge and attitude to the topic, before being introduced to the NHS Leadership Model. After discussion of the nine dimensions and explanation of aims and objectives they were also asked to download the App and to record a minimum of nine observations (ideally one per dimension) in clinical practice, reflecting on their own leadership behaviours and qualities, and those around them. Four weeks later a further survey response was requested, evaluating use of the App, awareness of personal leadership qualities and confidence in recognising these in others. Observations were provided anonymously for group reflection. Use of the App was well-evaluated, with significant improvement in understanding and positive attitudes to future leadership development. Continued use with student midwives was proposed based on evaluations.



Holly Morse

Swansea University

Holly Morse is a registered midwife, lecturer and PhD candidate at Swansea University, researching midwifery input to online breastfeeding support. She also completed an MA in Child Welfare in 2007 and an HE Dip in Antenatal Education in 2012. A mum of four, Holly has a professional background spanning social services, education, the NHS and third sector. She has been organising perinatal support groups and running voluntary pregnancy and parenting social media platforms since 2008. She enjoys engaging midwives, students and academics in the creative use of digital innovations for midwifery education. Holly's academic and research interests include academic writing, digital midwifery, midwifery education, infant attachment and breastfeeding.

Using digital technology to widen access to international experiences: the International Student Midwives Network

International learning experiences embedded into midwifery curriculums can help students gain global intercultural perspectives. This can prepare them to become global advocates and leaders who will address the wide variations in midwifery education and competences across the globe. Attempts to internationalise undergraduate midwifery education have been made before, via clinical placements abroad or educational trips. However, these programs present challenges in terms of accessibility and sustainability and they are vulnerable to political, environmental, or global health changes.

Aim: At the start of 2020, lecturers at Robert Gordon University in Aberdeen and Zurich University of Applied Sciences joined forces to design an innovative solution to provide wider and sustainable access to rich intercultural experiences for undergraduate midwifery students.

Methods: Using digital technologies to build a virtual network, the International Student Midwives Network (ISMN) offers students the opportunity

to build peer support relationships with students in different countries. In student-led groups, participants share experiences of their student journey and reflect on similarities and differences in the social context of midwifery, while developing cross-cultural interpersonal and communication skills. At the end of the academic year, they work together to organise a student-led virtual conference where they share their learning with the wider student population at the participating institutions.

Results: A total of 80 students participated in the first cohort in 2020–2021, with very positive results in the pilot evaluation and great student satisfaction. Students reported improved understanding of the international role of the midwife, enhanced interpersonal communication skills, empowerment to work cross-culturally and increased belongingness to the global midwifery profession.

Conclusion: The success of this pilot cohort has led the ISMN to expand during 2021–2022, incorporating additional partner institutions in Europe. A research project is currently under development to formally evaluate the impact and outcomes of this initiative.



Maria Velo Higuerras

Robert Gordon University/Zurich University of Applied Sciences

Maria Velo Higuerras is a midwifery lecturer at Robert Gordon University. She qualified as a midwife in 2013 and has developed her career across Spain, London and now north-east Scotland. Since 2018 she has contributed to the improvement of maternity services by educating future midwives in the values of feminist, woman-centred care and autonomous midwifery. Alongside her colleagues from Zurich University of Applied Sciences, she has developed an innovative online network to internationalise midwifery education to educate global leaders in maternal and newborn health. Her teaching/learning interests are online learning and her current research activity focuses on midwives' attitudes to freebirth.

Exposing racial bias in midwifery education: a content analysis of images and text in *Myles Textbook for Midwives*

Background: Skin colour or race is a key factor in perinatal outcomes for women and babies. Black women are four times more likely to die during childbirth, Black babies have a 112 per cent increased risk of neonatal death. Serious morbidity is higher in all groups of women and babies who do not identify as White. The reasons for this are complex and poorly understood. Midwifery textbooks are integral to midwifery education and practice, not only reflecting curriculum but also presenting discourses and narratives that reveal dominant ideology and hierarchies within the profession. *Myles Textbook for Midwives* (Myles) is the best-selling midwifery textbook globally.

Aims and objectives: To determine how different races and skin colours are represented within *Myles* and whether content is clinically relevant to people of all skin colours.

Methodology: Content analysis of text and images in the most recent edition of *Myles Textbook for Midwives* (2020).

Results: Images overwhelmingly depict light-skinned people of White European appearance. When people of colour are shown they are more likely to be positioned in prominent imagery with no specific link to the chapter topic, indicating cosmetic bias. Description of skin colour in the context of clinical assessment and/or treatment is often applied mostly, or solely, to people with light coloured skin. This included text referring to serious conditions associated with severe morbidity or mortality.

Main learning and implications for practice: Depiction of a light-skinned White European norm and failure to include information that is clinically relevant to the assessment and treatment of people with darker skin colours creates disparity in midwifery education. This may contribute to poorer outcomes for women and babies and negate the experience of people (including midwives) who are not represented. There is an urgent need to identify and address deep-rooted racial bias in midwifery education.



Chlorice Wallace

Midwifery Practice Facilitator at Princess Royal University Hospital and Croydon Health Services

Chlorice completed her midwifery undergraduate training at King's College London and is a recent master's graduate of City, University of London. Her research interests include initiatives that promote evidence-based, woman-centred care. She has also served as a Royal College of Midwives health and safety representative. Her dissertation on the lived experiences of midwives and obstetricians facilitating outpatient induction of labour care in the UK was embedded within the ongoing CHOICE study. Building on her clinical experience across all aspects of maternity and high-dependency care training, Chlorice has a keen interest in the provision of high-quality education for pre-registration midwifery students and preceptorship midwives. Inspiration for the poster presented stemmed from her observation of the impact of educational material that failed to represent effective clinical care of women of different races.

Co-author

Dr Mairi Harkness PhD RM, NMAHP Research Unit, University of Stirling.

Research

m-SEP: Investigation of maternal immunity and testing of physiological and immune-metabolic blood markers for maternal sepsis, designing a diagnostic tool for maternal sepsis

m-SEP is a study that is in the recruitment phase at Cardiff University and University Hospital of Wales. Maternal sepsis is a life-threatening condition defined as organ dysfunction resulting from infection during pregnancy, childbirth, post-abortion, or the postpartum period.

The altered physiology of pregnancy makes the signs and symptoms of sepsis less distinctive in the pregnant population. This can lead to both over-treatment and late identification of sepsis. A review of the literature shows that half of the fatal cases could have been prevented with early detection.

The unmet need is therefore a diagnostic bedside tool that can be performed quickly and accurately on women, to diagnose sepsis.

The objectives of our study are to evaluate the effectiveness of physiological parameters in predicting maternal sepsis and the effectiveness of alternative biomarkers in diagnosing maternal sepsis, including a genomic sepsis-test. We will also be investigating the systemic immune health of women undergoing an uncomplicated pregnancy and labour.

Our methods are to complete a collection of bloods, studying physiological parameters and pregnancy outcomes in our pilot study, their pregnancy journey and women identified on the maternal sepsis pathway.

Our preliminary data collection has shown a trend with physiological parameters and confirmed histopathological chorioamnionitis. The main triggers on the maternal sepsis pathway that correspond with a positive microbiological finding seem to be fetal heart rate changes. The addition of fetal heart rate as a parameter is a recent change on the local sepsis pathway and is not universal practice throughout the UK. This study can lead to changes in practice and service development.

These preliminary findings show that further research and education is paramount. Proposed study days are in place for further development of the sepsis proforma based on these findings and dissemination of tabletop learning to all staff members.



Clare Bertorelli BSc (Hons)

**Specialist Research Midwife, Cardiff & Vale
University Health Board**

I work as part of a specialist midwifery research team in Obstetrics and Gynaecology within Cardiff and Vale NHS Trust. I have been a qualified midwife for the past 14 years, with extensive experience in multiple areas of midwifery.

I am predominantly involved in the recruitment, promotion and delivery of a maternal sepsis study (m-SEP) partnered with Cardiff University.

I feel research provides a multifaceted improvement to the services we are able to offer from the information it harnesses. The opportunity to be part of this appeals to my passion in midwifery care, to benefit our women's experiences, and improve the future service we provide.

Ensuring inclusivity in maternity research

Aims and objectives: My doctoral study aims to understand how women who have experienced previous trauma can be supported within maternity care.

Methodology: I am using critical participatory action research methodology, a framework for researching 'with' (rather than 'about' or 'on') communities most affected by social injustice.

I created a 'research collective' to support my study. This group includes women who have experienced trauma (such as those seeking asylum, victims of rape, sexual abuse and/or female genital mutilation and sufferers of birth trauma), as well as experts from the voluntary sector, and specialist midwives. Several Black, Asian and minority ethnic women are included in the group.

Outcomes/results: Based on my experience so far, my poster will give advice and recommendations



Joanne Cull

University of Central Lancashire

Joanne is a midwife and doctoral student at the University of Central Lancashire. She currently holds a National Institute for Health Research Wellbeing of Women Doctoral Fellowship to study how maternity services can empower pregnant women affected by trauma history to seek support. She previously held a Health Education England/National Institute for Health Research Pre-doctoral Clinical Academic Fellowship, during which she completed an MSc in Implementation and Improvement Science at King's College London. Before becoming a midwife she spent 10 years as a Chartered Accountant, undertaking a variety of roles in the private and charitable sectors.

to researchers who would like to ensure their research is inclusive, and their personal and public involvement (PPI) meaningful. Topics I will cover on the poster include:

- when should you begin to involve the public, patients, carers and service users, and what can you ask them to do?
- how do you make initial contacts with 'difficult to reach' groups, and how do you build strong relationships?
- how can you involve people with limited English proficiency?
- how can you hold inclusive, value-creating virtual meetings?
- how can you improve access to study events?

Main learning: I hope my poster will be a practical and useful source of support to other researchers.

Why are some voices not heard? Exploring how maternity care can be improved for women with limited English

Aims and objectives: There is a robust body of evidence, accumulated over decades, which shows that limited English proficiency is a key factor associated with poorer perinatal outcomes and maternal experience. Our work as midwives and researchers has led us to believe that this is a complex, intersectional issue, which would benefit from further interrogation, reconsideration, and innovative responses.



Jenny Cunningham

Kingston University/Royal College of Midwives

I am a midwife and doctoral student at Kingston University, with a focus on weight stigma in pregnancy. I am also one of the research advisors at the RCM. I am part of a writing group of midwives and researchers who collaborated on this work about the needs of women with limited English proficiency. I previously worked clinically as an integrated midwife and then as a research midwife. My interests lie in supporting the midwifery profession, particularly in the field of research, and amplifying the voices of those often unheard, such as women who cannot speak up due to language difficulties or those who experience stigma.

Methodology: We investigate challenges with current approaches to interpreting provision.

Outcomes/results: We propose a range of potential approaches to improve care for women with limited English proficiency.

Main learning: We argue that language must be viewed as an independent variable in research, as it is often conflated with, or hidden by, wider discussions of ethnicity and migration status.

Our hope is that this poster will illuminate the challenges of providing high-quality care for women with limited English proficiency and propose clear actions to reduce this continued inequity.

Hermeneutic phenomenology to maintain focus upon participant involvement

This presentation relates to my recent PhD and the rationale and experiences of the methodological decisions made during it. The study sought to understand the lived experiences of transition to early parenthood following IVF. Several of the research studies presented may focus on those considered more vulnerable (as specified in the call) however I would argue all individuals sharing personal experiences may be vulnerable and particularly those whose appearance of social capital may mask their anxieties and emotional investment. The time-consuming application to NHS ethics was essential.

Hermeneutic phenomenology relies upon the relationship between researcher and participants, within my study one strengthened by repeated interviews. While many qualitative methodologies rely upon 'bracketing' – the attempt at suspension of one's own perspective – hermeneutic phenomenology advises prior and continuing examination of oneself to identify previous

prejudgements and experience. Interaction with participants and reciprocal dialogue leads to understanding in which useful prejudices are utilised while obstructive ones are minimised. Interviewing is participant-led and commences with 'tell me about...' rather than using a series of pre-prepared questions – the aim being to encourage dialogue in which phenomena will be revealed. Within my study I used couple interviews – the rationale for which was that IVF and parenting is undertaken as a joint experience – yet it potentially minimised maternal and paternal perspective.

Findings indicated an initial deviation from the life path that a couple anticipated; the point of returning to that path occurs at different times for different couples and is influenced by differing factors. The pregnancy may be experienced as a 'tentative' progression, however, following birth parenthood was embraced with an instinctive, baby-led style. Transition to parenthood was aided by social support and reliance on the couple relationship. Consideration of potential siblings arose in early parenthood, as couples recognised ongoing implications of the path travelled.



Elizabeth Gale

University of Greenwich

Dr Liz Gale is an experienced senior lecturer in Midwifery at the University of Greenwich. Her clinical experience was predominantly within caseload midwifery and working as a Sure Start midwife. Since moving into education, much of her teaching is on promoting normality in midwifery care, breastfeeding support, psychosocial aspects of care and supporting vulnerable groups.

Her research interests focus on early parenting, particularly for more marginalised groups and she has undertaken work on young parenthood and on breastfeeding attitudes among school children. She has recently completed her PhD, which was a Heideggerian hermeneutic phenomenological study focused on the transition to parenthood for couples with a pregnancy conceived using in-vitro fertilisation.

Liz feels that hermeneutic phenomenology is a valuable research methodology within midwifery and has recently published an article on this:

Gale L (2022). Using Heideggerian hermeneutic phenomenology for midwifery research studies *The Practising Midwife* Jan 2022:8-10.

Does the way we provide care for higher BMI pregnant women mean women avoid perinatal care?

Aim: This research aimed to explore the effect of perceived choice on 'high-BMI' mothers' experience of pregnancy and birth.

Methods: Ethical approval was granted to survey women who had two+ full-term births in the UK, the latest <3 years ago, and whose recorded booking-in BMI was >29. Twenty women, recruited through social media and the Citizen Scientist networks, returned surveys which were thematically analysed.

Results: Fourteen themes emerged from the data. First-time mothers expected to be fully involved in decision making, but frequently experienced an overly simplistic approach to the label 'high-BMI'. Women reported that care revolved around conversations of BMI-related risks to the exclusion of other factors; statistics were presented in relative rather than absolute terms; and women felt these conversations were solely to enforce compliance with a medicalised labour/birth. The

most commonly reported risk discussion was manual handling risk to midwives, irrespective of women's actual weight. Women also reported disrespectful and shaming language from health care professionals (HCPs). Multiparous women experienced conflict asserting decisions, leading some to decline or avoid wanted care, to avoid conflict or denial of choice. Women reported sequelae ranging from stress, to panic that they or their baby would die.

Conclusion: Being labelled 'high-BMI' affects women's experiences of exercising choice throughout pregnancy and birth, regardless of medical need. Midwives' and obstetricians' response to the label itself may add risk to the pregnancy, inducing additional stress and fear of death (which is a risk factor for traumatic birth and childbirth-related PTSD).

Fear of loss of choice may result in many high-BMI mothers distancing themselves from HCPs during subsequent pregnancies. Our current care models add risk to high-BMI women's pregnancies.

Dr Mari Greenfield

King's College London

Exploring acceptability and feasibility of a wearable device to facilitate home phototherapy treatment for newborn jaundice in rural Scotland: an interpretive description study

Aim: To explore with healthcare professionals (HCPs) and parents acceptability and feasibility of a wearable device to facilitate home phototherapy treatment (PT) for newborn jaundice in rural Scotland.

Design: Interpretive Description.

Methods: Ethical approval was obtained from one NHS board in Scotland. Semi-structured interviews were used with parental dyads (n= 4) and mothers (n= 6) and focus groups with HCPs (n= 9). Miranda Fricker's concept of epistemic injustice, which proposes inequity due to unequal power dynamics between people or systems, provided a theoretical perspective to interpret key findings.

Findings: Although midwives perceived wearable phototherapy devices to influence positively acceptability of home PT, perceived trustworthiness of medical knowledge and quantifiable measurements over parental instincts and midwifery clinical judgement were key findings

found to hinder feasibility of wearable devices to facilitate home PT. The rural aspect of the study became inconsequential because lack of trust in parental capabilities was found to impede home PT being offered to parents. However, all parents wanted the option of home PT and were willing to compromise on size, functions, and usability of phototherapy devices to facilitate home PT in the short term.

Conclusion: This study challenges the dominant medicalised understanding of newborn jaundice focused on SBR levels with a holistic approach centred on the symbiotic relationship between mothers and newborn infants. Supporting maternal-infant bonding to maximise breastfeeding and prevent deterioration of newborn jaundice while positively influencing mothers' mental health and experience of PT. However, parents' epistemic injustice excludes participation in open exchange of information with HCPs, impacting shared decision making. Additionally, positive prejudice towards medicalised care in NHS maternity services results in midwives' loss of confidence, suppressing evolution of professional identity impacting shared decision making within care teams. Consequently, impeding home PT and the use of wearable devices to facilitate home PT in rural Scotland.



Jo Lironi

Robert Gordon University



This research was undertaken as part of a Digital Health and Care Institute funded masters' project through Robert Gordon University (RGU) and is a consequence of my clinical experience as a midwife. Since qualifying from Stirling University in 2007, I have worked as an integrated midwife in the north-east Scottish Highlands, and as a rotational midwife in Ireland and Sydney. I chose to consider newborn jaundice because it is a common condition which separates families for phototherapy treatment. If treated in an appropriate manner it is not life threatening. This study has the potential to inform strategies to help families from rural areas to remain together during phototherapy treatment for jaundice. My interests are in remote and rural midwifery, service improvement and digital health. I am currently a midwifery lecturer at RGU in Aberdeen.

Co-authors

Dr Aileen Grant, Professor Catriona Kennedy, Robert Gordon University.

What factors influence ethnic minority women's participation in maternity research? A systematic review

Background: Women from Black, Asian, or mixed ethnicity backgrounds in the UK experience higher rates of maternal and neonatal mortality and morbidity and report poorer experiences of maternity care. Research is therefore required to further understand how to reduce disparities in care and outcomes, however, it is acknowledged these groups of women are also less likely to be represented in clinical research.

Aim: To investigate factors which influence women's participation in maternity research, particularly those from a minority ethnic background.

Methods: A systematic literature review was conducted to examine the influencing factors for research participation. Searches of the MEDLINE/CINAHL/PsycInfo/Embase databases were performed in March 2021. Inclusion criteria were: papers that explored maternal research participation, and included results which identified a woman's ethnicity. Of 6614 titles screened, 30 papers were retrieved for full text review, of

which 13 met the inclusion criteria. The included studies involved a total of 12,547 women. Due to the methodological heterogeneity of the studies, a convergent integrated approach was used to synthesise the findings, where quantitative data were transformed into a qualitative format and combined with qualitative data for thematic analysis.

Results: Results were divided into themes which explored barriers and facilitators to research participation. The importance of incorporating culturally sensitive communication and recruitment approaches into study design was highlighted as an enabler to enhancing research participation. Distrust and previous poor experiences of health care, and research lacking in personal relevance, were demonstrated to adversely affect the decision to participate in research.

Conclusions: Consideration of a woman's culture and background in the design and the delivery of a maternity research study may facilitate participation. Further research, informed by women from Black, Asian or mixed ethnicity backgrounds, is warranted to develop women-centred recommendations for conducting inclusive maternity research.



Holly Lovell

Guy's and St Thomas' NHS Foundation Trust/King's College London

Holly qualified as a nurse in 2007 in Manchester, and then completed her midwifery training at King's College London in 2012. Holly has worked at St Thomas' Hospital since qualifying, first across two caseload teams, before taking up a position as a research midwife. In this role she has worked on studies investigating a range of pregnancy complications and has also been involved in the Preterm Surveillance Clinic. Holly is currently a Senior Research Midwife, leading on a study investigating treatment for women with GDM. Holly is passionate about improving the racial inequalities that exist both within maternity and research, for both service users and staff. She is a member of the UK R&D Leaders Inclusion working group, the Capital Midwife Anti-Racism framework advisory group at St Thomas' and, also, undertakes an Inclusion Agent role. Holly hopes to develop a clinical academic career, with a focus on addressing racial inequalities.

Challenging choices in pregnancy and childbirth: results of a meta-ethnographic review of the literature

Background: Informed choice is the cornerstone of contemporary maternity care policy within the UK, contributing to safe physical and psychological maternity care. Many choices might be considered 'non-normative': declining or requesting discrete elements of, or atypical care; care outside of guidelines; declining intervention; screening/monitoring of which cultural, social, or institutional norms determine an expectation of acceptance or request for interventions; modes and locations of birth not clinically recommended. Phenomena-specific research is emerging, however, a UK-based holistic approach to exploring a wider understanding of such choices remains elusive.

Aims and objectives:

- To establish what is known about the experiences, views, attitudes, and perceptions of women who make non-normative care choices during pregnancy and childbirth to uncover new understandings, conceptualisations, and theories within existing literature

- To explore the role diversity plays in the decision to make normative choices including medical, social, obstetric and psychological vulnerabilities, previous trauma/experience, and cultural and ethnic background.

Methodology: Systematic review utilising Noblit and Hares (1988) meta-ethnographic approach.

Outcomes and results: Thirty-three studies met the inclusion criteria resulting in three third order constructs: 'influences and motivators'; 'the boiling pot' and 'knowledge as empowerment'. Refutational translation resulted in one third order construct: 'the middle ground'. Line of argument synthesis and theoretical model generation informs ongoing empirical research. The findings of this review suggest that the degree to which choice can be exerted, and how these episodes of care are experienced is influenced by complex factors, including social, cultural, and institutional acceptability of the choices made and women's positioning on the risk continuum.

Conclusions: It is necessary to further explore the underlying sociological processes and experiences of women to then align these with existing knowledge around clinicians' support for such choices to create a firm evidence base upon which to predicate equitable care pathways.



Anna-Marie Madeley

The Open University

Anna is a registered midwife and full-time doctoral researcher in the second year of a three-year PhD programme at the Open University. Prior to this, Anna worked clinically in all areas of maternity and midwifery including institutional and community practice, practice development and in her last clinical post as a senior midwife establishing and leading a successful home birth team. Anna transitioned to midwifery education in 2017, working as a senior lecturer until late 2020, however she remains connected with midwifery education as an associate lecturer with specialist teaching interests in all aspects of contemporary midwifery practice, physiologically informed care, research, individualised and complex care planning and supporting home birth. Anna's previous research explored the experiences of midwives supporting women with complex needs (physical and psychological) who choose to birth at home, which influenced her current doctoral research which explores the experiences of women who make non-normative choices in pregnancy.

In COVID-19, are we blind to domestic violence and abuse or can we gain insight and a clearer viewpoint from using a visionary post-feminist lens?

Background: According to the Office for National Statistics (ONS 2020a), domestic abuse will affect 1:4 women and 1:6 men in their lifetime. The isolating nature of domestic abuse means victims often suffer in silence, especially in the COVID-19 lockdown. Accessing health care services is a window of opportunity to break the impasse and buck the trend that, for two women a week, is fatal (ONS 2020b).

Aim and objectives: To highlight issues around domestic violence and abuse in pregnancy in lockdown:

- To examine the role of the midwife in routine enquiry
- To gain understanding of the implications of the 2020 Domestic Abuse Bill
- To explore how a post-feminist lens could foster a positive impact on care

Methodology: A literature review from a post-feminist perspective, examining some of the issues, particularly in relation to routine enquiry in midwifery.

Findings: As a matter of child protection, issues highlighted in the smooth transition between hospital cot and nursery are discussed, facilitated by the midwife's pivotal role in discharge planning. The long-term repercussions of domestic violence and abuse, jeopardising the developmental health and wellbeing of the child beyond the uterus, are highlighted.

Conclusions: Domestic violence and abuse accounts for 11 per cent of all crimes reported to police in England and Wales (HMIC 2015) yet research suggests inordinate difficulties in estimating the prevalence and incidence. Quite apart from establishing the very varied and complex causes, strategies to address the problem need to be innovative, comprehensive and far-reaching. Whole-system, multi-agency collaboration is key to addressing one of the most enigmatic public health paradoxes of contemporary society. Social distancing attributed to the COVID-19 pandemic has been shown to accentuate the risks for victims in crisis. Public policy, notoriously sluggish in adapting to social phenomena, is put under the microscope with a post-feminist lens, in light of the 2020 Domestic Abuse Bill in the UK Parliament. Heralded as 'landmark legislation', crucially, what the Bill does is create Britain's first ever 'statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, coercive or controlling, and economic' as the government's summary of the legislation states.

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Jacqueline Richards M(CommH), RM

Liverpool John Moores University

Following general nurse training at Manchester Royal Infirmary and gaining professional experience in orthopaedics Jacqueline Richards trained as a midwife at UCLAN. Twelve months at Hospital in Manchester was followed by an overseas placement with VSO. Various public and private sector tutor posts expanded her professional teaching and writing experience, for example, reviewing journal articles prior to publication and proof-reading for the RCM quarterly *Midwives*. Her current experience in education includes tutoring to Masters level and mentorship in the clinical area. She obtained a Masters degree from the Liverpool School of Tropical Medicine. A practising midwife based at Warrington and Halton Teaching Hospitals, Jacqueline also has a current post at Liverpool John Moores University with the Conscientious Objection to Abortion Project, as post-graduate researcher. This presentation represents a *MIDIRS Digest* article due to be published in March 2022 – entitled 'A clearer view to COVID-19 domestic violence and abuse – gaining insight by using a visionary post-feminist lens'.

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How does becoming a Fistula Advocate influence the recovery and reintegration of women affected by obstetric fistula in Sierra Leone? A qualitative study

Aims and objectives: Obstetric fistula (OF) is a childbirth injury resulting in life-altering physical and psychological morbidity, including uncontrollable leaking of urine, which may result in stigma, discrimination, or internalised feelings of shame. Engaging women affected by OF as advocates has been proposed as an effective strategy to raise awareness. Limited literature exists on the experience of those who become advocates. A model of community education, launched in 2008 in Sierra Leone, trained women affected by OF to become volunteer Fistula Advocates (FAs). This study explored their perception of their role and its influence on their recovery and reintegration.

Methodology: This was a qualitative study, undertaken in Sierra Leone, collecting data from seven FAs and three Key Informants, using semi-structured interviews. A thematic approach to data analysis was used. A conceptual framework for

mental health recovery was used to guide analysis. Ethical clearance for this study was granted by both the Sierra Leone Ethics and Scientific Review Committee (SLESRC) and the London School of Hygiene and Tropical Medicine (LSHTM) Ethics Committee (Application number: 011/30).

Results: The intrinsic factors motivating FAs to undertake this role were influenced by psychosocial support received and the possibility for financial independence. Advocates used personal stories in their work to define a new identity, change perceptions and reduce stigma. Benefits were associated with the interactions and relationships created through providing and receiving peer support. Surgical treatment was described as an important factor influencing recovery. Economic empowerment helped recovery and reintegration, and the fact that the FA role is unpaid limits the impact of this.

Conclusions: Overall FAs perceived their role positively. The complexities of recovery from OF were highlighted and connections drawn between the treatment of physical symptoms, the socio-cultural context and mental health recovery.



Zoë Vowles

Guy's and St Thomas' NHS Foundation Trust

FUNDED BY
NIHR | National Institute
for Health Research

Zoë Vowles is a clinical research midwife and NIHR Pre-doctoral Clinical Academic Fellow at Guy's and St Thomas's NHS Foundation Trust/King's College London. Zoë also works as a research assistant with the NIHR ARC South London Maternity and Perinatal Mental Health Theme. Zoë previously undertook work in Sierra Leone as a midwife trainer with Voluntary Services Overseas and Health Poverty Action. After completing an MSc in Public Health at the London School of Hygiene and Tropical Medicine, she worked as a technical midwifery adviser at the International Confederation of Midwives providing support to countries through member associations to strengthen midwives' influence on maternal, newborn and child health policy development for improving services. Zoë's research interests are the role of the midwife in the care of women with multiple long-term conditions and which models of multi-disciplinary care improve pregnancy, birth and postnatal outcomes and experience of maternity care for these women.

Zoë Vowles, Pre-Doctoral Clinical Academic Fellow, (NIHR301095) is funded by Health Education England (HEE)/National Institute for Health Research (NIHR) for their fellowship. The views expressed in this publication are those of the author(s) and not necessarily those of the NIHR, Health Poverty Action, NHS, King's College London or the UK Department of Health and Social Care.

The impact of the coronavirus pandemic on the maternity care experience of women from socially deprived and/or Black, Asian and minority ethnic backgrounds

Background: Clinical outcomes for women with coronavirus from socially deprived areas and Black, Asian and minority ethnic groups have highlighted existing inequalities. Little research has evaluated these groups of women's perspectives on the impact of the pandemic.

Aim: To evaluate women's perspectives on the impact of coronavirus on maternity care in urban north-west England, with a focus on women from socially deprived areas and Black, Asian and minority ethnic groups.

Methodology: Questions about the impact of coronavirus on aspects of care were asked as part of a large online anonymous survey on maternity care experiences. Women were recruited from postnatal wards and community clinics from Dec 2020–Dec 2021. Health Research Authority (HRA) ethical approval was granted (20/YH/0234).

Results: Three hundred and eighty-four women participated with a completion rate of 88% (338/384) comprising 45% (151/338) Asian, 27% (91/338) White and 19% (65/338) Black women.



Dr Kylie Watson

Manchester University NHS Foundation Trust

Dr Kylie Watson holds a clinical academic role as a consultant midwife at St Mary's Hospital, Manchester, and is an honorary lecturer at the University of Manchester. She trained in New Zealand but has spent over 20 years working within many different clinical settings in the UK. Kylie completed a full-time NIHR PhD fellowship in 2019. Her clinical leadership roles are primarily focused on midwifery-led care and pathways, including continuity of carer and piloting of a midwifery-led birth after caesarean pathway. Kylie also leads a large birth planning (including supporting women who wish to make a plan outwith recommended guidelines) and postnatal listening service. Kylie's research interests have focused on intrapartum care, including the use of wireless monitoring during labour. Current research is focused on the maternity experiences of women living in areas of social deprivation and from Black, Asian and minority ethnic backgrounds.

Coronavirus influenced some women's decisions to seek help or advice in the pregnancy or after the baby was born (28%, 96/341). Women also reported impacts on care received during antenatal (27%, 92/339), intrapartum (15%, 52/341), and postnatal (17%, 56/338) periods. White women were more likely than Asian or Black women to feel that coronavirus had impacted on the care they received in the antenatal ($p=0.023$) and intrapartum ($p=0.009$) periods. Themes identifying the rationale for negative responses included visiting and birth partner restrictions (28%, 48/171), reduced staffing (16%, 27/171), difficulty accessing services such as physiotherapy and mental health support (7%, 12/171), and a lack of antenatal education provision (6%, 11/171). Nine women (5%) reported that care was improved due to additional support and safety measures.

Conclusion: The coronavirus pandemic impacted all aspects of women's experiences of care, particularly in the antenatal period, and when considering seeking help or advice. Maternity units should continue to ensure communications that encourage help-seeking behaviours.

Service evaluation of the Birth Reflections Clinic: reviewing the referral pathway, experience of service users and the need for additional services

Aims: To ensure that the Birth Reflections Service (BRS) at University College London Hospitals (UCLH) was meeting the needs of service users, including reviewing referral pathways and exploring the need of further specialist perinatal mental health input within the service.

Methodology: A mixed methods approach was used, including thematic analysis of quantitative and qualitative data.

The first element used retrospective data collection including patient demographics, birth outcomes and mental/social history of BRS users.

The second element used two patient experience questionnaires:

- Questionnaire 1 - sent to 150 BRS users to explore their experience and needs
- Questionnaire 2 - sent to 150 women who had given birth at UCLH during October 2020 who had not used the BRS to explore their birth experience and need for the service.



Leanne Welch

University of Bedfordshire

Leanne Welch is a clinical skills facilitator at Barking, Havering and Redbridge University Hospital NHS Trust and a Midwifery lecturer at London South Bank University. She is currently undertaking a Master's degree in Advanced Clinical Practice at Bedfordshire University where her interest in birth trauma and the current structure of support led to the undertaking of a service evaluation to assess the potential scope for improvement.

Ethics: Ethics not required as this was a service evaluation project.

Results: Data collection – 100 women's data were collected. 61% were primiparous, 43% aged 32–37 and 93% married/with a partner. 66% were White British/White other and 99% did not require an interpreter.

Questionnaire 1 – 36 responses. 78% felt that their expectations were met by the BRS. 64% agreed that further mental health input would be beneficial. Referral pathways varied. Themes were satisfaction at addressing their emotions with a health care practitioner and ongoing feedback or reflection on their own birth/postnatal period.

Questionnaire 2 – 33 responses. 54% of these women agreed that they have found it difficult to process their birth experience and 29% felt they would have benefited from the BRS.

Conclusions: Overall, the service largely meets the expectations of service users. Further input from specialist mental health services may improve experience, although long-term health and social outcomes need further exploration, with consideration for financial implications. Additionally, it appears as though the referral process to BRS is not robust, and recommendations are made for improved guidelines.

Experiences of newly qualified midwives in continuity of carer models

Background: In 2016, The National Maternity Review published *Better births: improving outcomes of maternity services in England – A Five Year Forward View for maternity care*, outlining a blueprint for improving safety and experiences within maternity services across England. In Scotland, the publication of *The best start* (2017) mirrors the ambition set out by *Better births* (2016). In Northern Ireland and Wales, national strategy aims to increase the access to midwifery Continuity of Carer (CoC) teams (Royal College of Midwives (RCM) 2018, Richards 2019).

It is recognised that whole system changes are required in order to achieve the target for this model and examining the role of education in the preparation and ongoing development of the workforce is paramount (Council of Deans of Health 2017). Exploring the experiences of newly qualified midwives (NQM) within CoC teams is essential as they are a critical element to establishing this workforce. Understanding their adaptation to, and growth within, CoC teams may sustain and future-proof such models of care.

Aims and objectives of the research:

- to explore the experiences of NQM who are or who have worked in a midwifery CoC team
- explore the benefits and challenges of working in CoC models as experienced by NQM
- to explore preceptorship support as experienced by NQM in midwifery CoC teams.

Methodology: The methodology employed was a cross-sectional survey of quantitative and qualitative data. NQMs in the United Kingdom who were currently working in a midwifery CoC team as a newly qualified midwife OR who have worked in a CoC team as a newly qualified midwife within the

past two years were eligible for participation. The questionnaire link to JISC was circulated via social media platforms (Facebook and Twitter). Thematic analysis using Braun & Clark (2021) was used to explore and generate themes from qualitative data.

Ethics: Ethics approval for this research has been granted by the University.

Outcomes: Analysis is taking place. Further data analysis and outcomes will be completed by the end of February 2022.

Initial outcomes suggest that there is variation in NQM experiences in CoC teams. This is a highly complex, system-wide issue that needs to be addressed as NMC standards, educational institutes and NHS organisations need to work together to create a shift in emphasis on relationships, autonomy and advocacy: as much a requirement of the role as practical, clinical skills.

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Caitlin Wilson

Three Counties School of Nursing & Midwifery

Caitlin works as a consultant midwife in a joint post with Worcestershire Acute Hospitals NHS Trust and the University of Worcester. Caitlin is the current chair of the Royal College of Midwives UK Consultant Midwife Network. She also is an active member of the National Expert Reference Group for Continuity of Carer with NHS England. As a registered midwife, she has worked in a variety of clinical roles including case-loading midwife, birth centre team leader, practice development, matron and consultant midwife. Caitlin has led on a number of transformational programmes including maternity services reconfiguration and the implementation of the maternity transformation programme at local level. Caitlin's specialist interests are in continuity of carer, student experiences, midwifery autonomy and practice and optimising safe birth.

Co-author

Dr Lucy Hope, University of Worcester.

An exploration of student midwives' perceptions about how knowledgeable and confident they feel in their ability, as they approach entry to the Nursing & Midwifery Council (NMC) professional register, to provide care for women affected by female genital mutilation (FGM)

Research aims and objectives: The aim is to discover whether third-year student midwives in the final six months of their course at a university in south-west London, feel knowledgeable and confident to provide care for women affected by FGM.

Methodology: This study has employed a two-phase exploratory mixed method design. In phase 1, data was gathered from 46 students using a questionnaire. This data was used to inform

development of a semi-structured interview guide. In phase 2, six students were interviewed, using MS Teams.

Ethics: Approval was attained from the university ethics committee prior to the onset of the study.

Preliminary outcomes/results: Participants reported some theoretical knowledge of FGM and were motivated to provide good quality care to this group of women. However, exposure to FGM in practice was highly variable, so some respondents felt that they lacked practical experience. As a result, they wanted a greater focus on this topic within the taught curriculum.

Conclusions: Student midwives approaching course completion would like more formal teaching on the care of women who have experienced FGM. This is particularly important to those students who have had limited exposure to FGM in the clinical environment.



Denise Hall

Kingston and St George's

Denise began working in the NHS in 1983 as a healthcare assistant (HCA). She qualified as a registered general nurse (RGN) in 1988 before embarking on her midwifery career, qualifying as a midwife in 1991. As a clinical midwife Denise worked in a case-loading team and during this time she developed a keen interest in providing culturally competent and sensitive care for women affected by female genital mutilation (FGM). She was instrumental in setting up the first midwifery-led, community-based FGM clinic in London, which provided advice, information, and de-infibulation for affected women.

Denise continues to focus on issues related to FGM with experience at presenting at conferences, both nationally and internationally. She currently works as a senior midwifery lecturer, having joined the faculty at Kingston University & St George's University of London, in March 2017. The poster she is presenting is from her Master of Research Education (MRes) dissertation.



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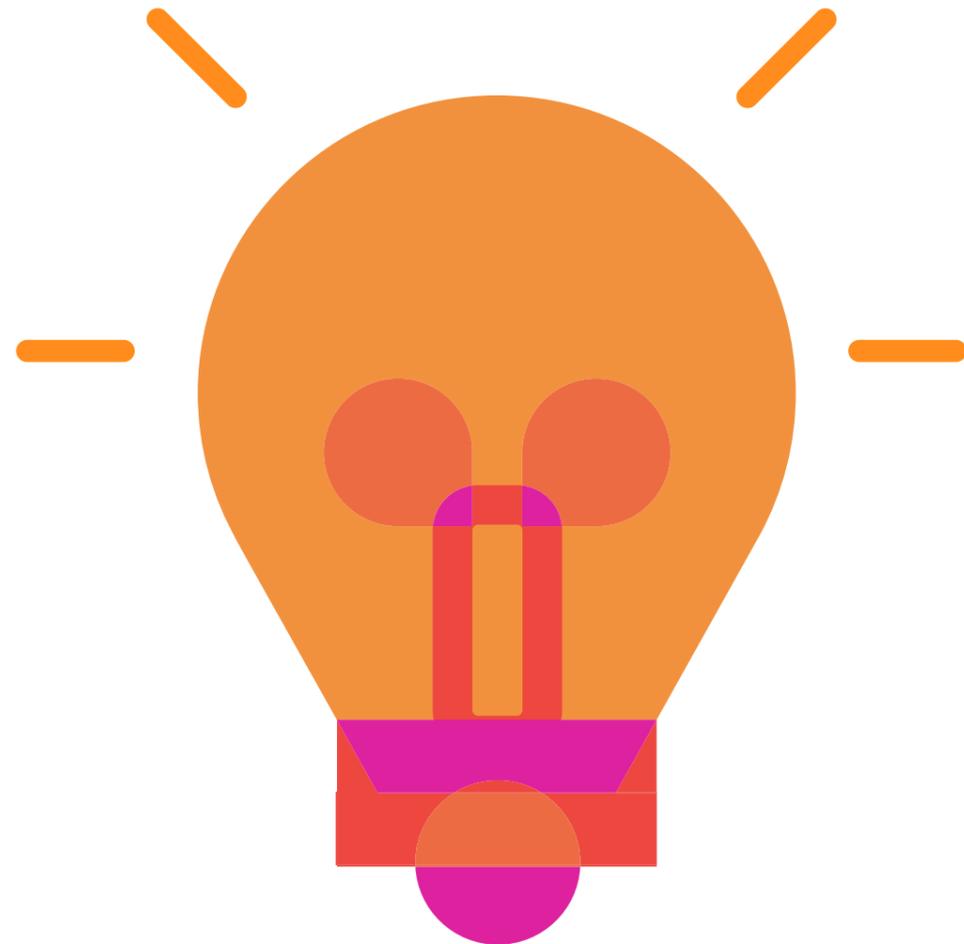
Royal College
of Midwives

Research and development

strategy

2021-2024

Building capacity, sharing knowledge,
improving care



Welcome to the RCM research and development strategy

Almost every element of our practice as midwives is based on research evidence. It is fundamental to what we do and how we do it. I want it to be fundamental to the RCM too, and that is why I'm proud that we're launching this research strategy. All of us have a vested interest in developing and contributing research that improves our practice as midwives, yet it can sometimes seem too daunting or difficult.

With this strategy, the RCM wants to empower and encourage midwives to take an active role in research, to take the leap of faith our predecessors did. Midwifery-led research demonstrated the benefits of water births and removed routine episiotomies, not to mention all the other social and scientific work that midwives have contributed to. Whether it's a small step, like completing a survey for a research study, or a giant leap, like embarking on a career in midwifery research, or doing a PhD, the RCM is here to support you.

This strategy signals the ambition of the RCM to be an organisation that has research evidence at its core and that is committed to enhancing the research capacity and

capability of midwives for the benefit of women, babies and families.

In order for women and their babies to receive high quality care, practice needs to be underpinned by evidence and provided by midwives who think critically about the care that they provide. This critical thinking requires midwives to remain curious, to question usual custom and practice and to develop skills in searching and reading the evidence with a critical eye, in order to inform their decision-making and the care that they provide.

This research strategy provides a framework for the College and its members to embed research-mindedness throughout the profession and fits with the aspirations of the new Nursing and Midwifery Council future midwife standards (NMC, 2019).

As midwives now look to the future, there will never be a more important time for this forward-thinking RCM research strategy to signal that a new generation of midwives are ready to take the lead in building and using the evidence base on which maternity care must be founded.



Billie Hunter

Billie Hunter
RCM Professor
of Midwifery



Helen Cheyne

Helen Cheyne
RCM (Scotland)
Professor of
Midwifery Research



Gill Walton

Gill Walton
RCM Chief Executive



our mission

Promoting midwifery, quality maternity services and professional standards

Supporting our members, individually and collectively

Influencing on behalf of members and the women and families they care for

Our vision for research and development

Promoting midwifery research and evidence-based practice to develop the professional standing of midwifery, the quality of maternity services and professional standards.

Supporting our members, individually and collectively, to build a stronger research and knowledge base, developed by and relevant to midwifery practice.

Influencing systems and practice to embed research across the midwifery profession, including in clinical settings, and to develop improved career pathways for midwives in research.



Our goals for research and development

Building capacity

- Establish the midwifery profession's research needs and provide support for midwives, particularly at the beginning of their research journey
- Raise the profile of midwifery research and those who carry it out
- Highlight the career opportunities in research, including the clinical academic career pathway
- Encourage and support midwives at all levels to develop their evidence-based practice and get involved with research

Collaborating with others

- Strengthen relationships with education and research institutions
- Work with others to develop sustainable funding cycles to support early career researchers and fellowships
- Link with existing midwifery research networks and help to support the establishment of others if needed
- Tap into our membership base to amplify and support appropriate projects which further knowledge and practice

Influencing

- Identify research priorities for midwifery research
- Work with key funders to secure funding for midwifery research
- Demonstrate the importance of engagement with research to academic and clinical employers to develop more midwifery research roles
- Ensure midwives have a seat at the table when developing and deciding research priorities

Next steps for 2020/21:

1. Work with members to understand their research needs and identify priorities for midwifery research
2. Develop a mentorship scheme for midwives requesting support for research proposal writing and funding applications.
3. Develop, promote and support the clinical academic career pathway and the RCM's career framework to demonstrate routes into a research career
4. Collaborate with and support research projects with individuals and groups
5. Support midwives to develop their evidence-based practice





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