Stepping up to public health

M IDFV ERY 2020

Outlined several key messages around the public health (PH) role of the midwife. Their unique contribution to public health is that they work with women... throughout pregnancy, birth... and into the first weeks of family life. Hence, they have a vital role to play in 'improving health and social wellbeing for all women' (Chief Nursing Officers of England, Northern Ireland, Scotland and Wales, 2010: 26). In many instances, midwives' input and involvement in meeting the PH agenda is not acknowledged. Five high-level priorities were outlined by Public Health England (PHE) in 2013, none of which referred to the midwife.

Supporting families to give children and young people the best start in life, through working with health visiting and school nursing, family nurse partnerships and the troubled families programme’ (PHE, 2013: 3).

Midwives are normally the lead professionals at the start of life and thus should be acknowledged as playing a crucial role in ensuring that women and their families benefit from essential PH messages from the start of life and throughout pregnancy, birth... and into the first weeks of family life, through working with health visitors, across all four countries were taken into consideration. Overall 2242 responses were received, which yielded a large quantity of additional significant data.

Seven themes were generated:

1. Scope of midwives’ PH role
2. Training and support for PH role
3. Barriers and facilitators
4. Specific client groups
5. The role of the specialist referral services
6. Time constraints
7. Method of conveying information

FURTHER INFORMATION

To access supporting material, including the model, associated reports and a webinar providing a more detailed look at the project to date, visit rcm.org.uk/publichealth

Women and families – Stepping up to public health

A new public health model for midwives and MSWs has been launched by the RCM. Elizabeth Gomez explains more.

FINDINGS FROM BOTH STUDIES

Informed the development of the online audit questionnaire, which was rolled out to RCM members. Although the focus was on members across England, the views of others, including health visitors, across all four countries were taken into consideration. Overall 2242 responses were received, which yielded a large quantity of additional significant data.

As a first step, the RCM commissioned Cardiff University to undertake the initial qualitative phase of the DH-funded study. Midwives, MSWs and students were recruited through the RCM Facebook page and the membership database. Data were gathered via eight closed online focus groups and themed into the following categories:

1. Scope of midwives’ PH role
2. Training and support for PH role
3. Barriers and facilitators
4. Specific client groups
5. The role of the specialist referral services
6. Time constraints
7. Method of conveying information

FINDINGS FROM BOTH STUDIES

Information about, advice or referral to third sector support in the community

**SUPPORT – INFORMATION – CARE**

**WOMEN AND FAMILIES – STEPPING UP TO PUBLIC HEALTH**

- Preparation for pregnancy, birth and beyond
- Women requiring care outside of the midwife team, while still remaining under the care of their midwife
- Women with additional risk factors
- Some women will fall into both of these specialist categories
- Women with complex social factors
- Information about, advice or referral to third sector support in the community
- Preconception advice, support and care

**DISSEMINATING THE MODEL**

Hubs across England were invited to express an interest in hosting launch events. Initially, 38 trusts responded, and dissemination began in December 2015 and will continue into the summer of 2016.

More recommendations are proposed. Look out for the next issue of Midwives, which will take a more comprehensive look at individual elements of the model.

Elizabeth Gomez, RCM professional advisor – public health, and senior lecturer, University of Central Lancashire

Giving a ‘menu’ of PH topics to women prior to their initial appointment with the midwife, so that the women/family can tailor advice sought to their individual needs. The woman will subsequently sign to say what information has been covered at each appointment.

Rationale: Women expressed concern that although their notes indicated that certain topics had been addressed, they didn’t recall being given the information.

• Providing a repository of PH information on the RCM website for women and families to access. Rationale: Women are telling us that they don’t know which information is correct or safe when surfing the net, and that they don’t think leaflets are the best way of conveying PH messages.

There is a plethora of excellent evidence-based information available, however, it isn’t always easy to find. Providing one website with links to reputable sources, such as NHS Choices, RCOG, SANDS and NICE, will ensure that consistent, reliable advice is accessible for women.

• 1. Learn modules for midwives and MSWs

Rationale: Midwives and MSWs identified a lack of training around some PH topics, resulting in them feeling ill-equipped to breach certain essential topics.

More recommendations are proposed. Look out for the next issue of Midwives, which will take a more comprehensive look at individual elements of the model.