

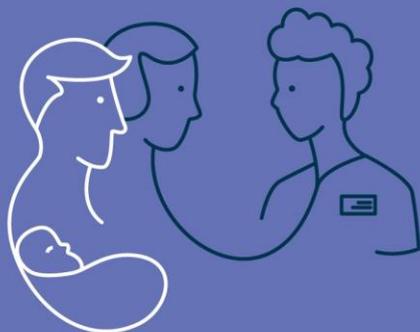
Evidence and engagement for the development of the draft midwifery standards

Introduction

- 1 This document provides summary details of the evidence used to inform the development of the new Standards of proficiency for midwives and the Standards for pre-registration midwifery programmes (the standards) and the engagement we've undertaken to date.
- 2 The standards set out what midwives need to know and be able to do to register with us and practise as a midwife in the UK.

Things we considered

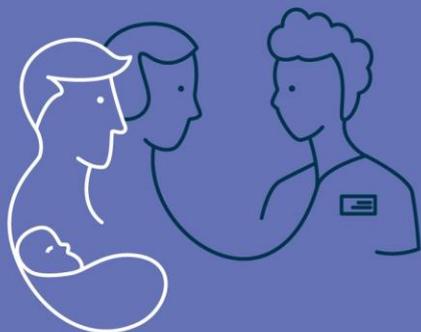
- 3 We've carried out a review of current research evidence, reviews and reports across the four countries of the UK to identify the recommendations and requirements on what midwives should be able to do and the support they should be able to provide at the start of their career.
- 4 A list of the evidence and reports we've looked at to date can be found in annexe one.
- 5 We've looked at the four country maternity strategies, which set out the vision for maternity services in the devolved nations, key reports and inquiries into maternity care failures, national surveys of women's views of maternity care, national safety strategies and other key reports.
- 6 We've also considered the current and evolving challenges for midwifery and maternity services in the UK. These include changing demographic and population health profiles, which result in more complex health needs, the impact of health and social inequalities in pregnancy, and the need to improve the identification and support for women's perinatal mental health.
- 7 We commissioned the University of Dundee to carry out literature reviews of current evidence and the literature based around three key areas: effective education; standards development; and the needs of women, babies and families. The review has presented an evidence-base to inform the specific knowledge and skills that midwives need at the point of entry to our register. An executive summary of each report can be found in annexe two. Please note the evidence that informed these reviews was collected up to July 2018. Reports published since then have not informed these literature reviews but have been taken into consideration in drafting the standards.



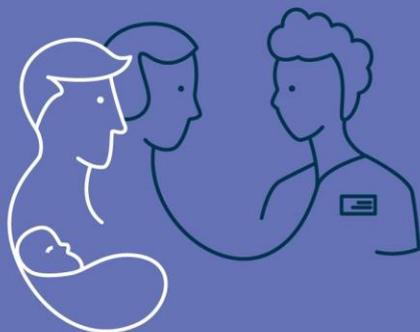
- 8 We've reviewed our own fitness to practise (FtP) data to identify recurring themes that can be addressed in our new standards. Although the data is small in number and we're limited by the amount of detail that can be extracted currently, the themes correlate with the views obtained through our engagement.
- 9 We've undertaken extensive engagement with over 600 individuals and organisations. We've engaged with a broad range of stakeholders including women, partners and families, midwives, student midwives, educators, employers, the Chief Nursing Officers and Chief Midwifery Advisers, Lead Midwives for Education (LMEs), membership organisations, advocacy groups and organisations representing women, babies, partners and families, and other health and social care professionals across the four countries of the UK.
- 10 Our engagement has included: workshops, focus groups, meetings, webinars, a roundtable discussion, Future Midwife Thought Leadership Group meetings and an online virtual thought leadership group. We have also used social media including a Twitter chat with #WeMidwives, an online community for midwives, and blogs and emails to all midwives.
- 11 The discussions at five engagement workshops which took place in Belfast, Cardiff, Glasgow, London and Manchester between 2017 and 2018 were independently analysed. A report detailing the findings can be found in annexe three.

What we've found

- 12 We've found consensus and alignment of views across the evidence and engagement on several themes that should be included in the new standards. In summary, the following were identified as being what midwives should be able to do at the point of registration:
 - 12.1 **Advocacy** – be able to speak up for women their babies, partners and families.
 - 12.2 **Autonomy and accountability** – be able to safely and effectively lead and manage midwifery care for all women, escalating concerns, involving others and delegating responsibilities when appropriate.
 - 12.3 **Communication** – be able to communicate effectively and build relationships with all women, their partners and families.
 - 12.4 **Mental health** – be able to identify and escalate concerns related to the health and mental well-being of women or their babies.



- 12.5 **Women and family centred care** – provide safe, kind, compassionate, respectful care that puts women, her baby and her family’s needs and preferences at the heart of midwifery care.
- 12.6 **Evidence-informed care** – be able to support women to make evidence-based, informed decisions about their own health and care and that of their babies throughout pregnancy, labour, birth and postnatally.
- 12.7 **High quality and safe midwifery care** – optimise normal processes and be able to recognise and act on deviations from these in women and their babies throughout pregnancy, birth and postnatally.
- 12.8 **Interdisciplinary learning and working** – be able to work collaboratively and involve others, such as social workers, nurses, obstetricians, health visitors, GPs to ensure that the needs of women, their babies and families are met at all times.
- 12.9 **Continuity of care and carer** – women should expect to know that their midwife or midwifery team will provide care and support them throughout pregnancy, birth and beyond in a range of settings including the home, community, midwife-led units, and hospital.
- 12.10 **Antenatal and postnatal care** – able to provide support for women and their partners and families in preparation for parenthood and after birth.
- 12.11 **Public health** – be able to protect and improve the health and mental well-being of women, babies, partners and families through prevention and promotion of healthy lifestyle choices.
- 12.12 **Tackling inequalities** – understand and recognise social and health inequalities and how to mitigate them through evidence-based midwifery care.
- 12.13 **Resilience** – able to work in a complex system.
- 13 A number of additional themes have also been mentioned frequently, but with less consistency than the above. They include: pre-conception care, safeguarding and Unicef UK Baby Friendly Standards.
- 14 Specific skills such as providing emergency care, performing episiotomies, suturing, and the newborn and infant physical examination (NIPE) were mentioned. Stakeholders weren’t consistent in their views with some questioning whether this range of skills could be achieved in a three year pre-



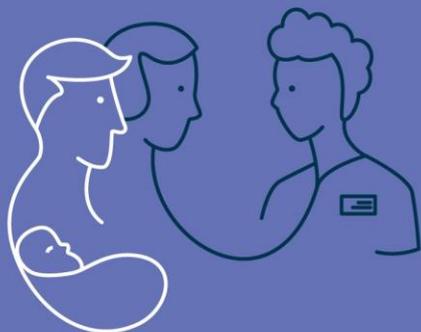
registration education programme and others questioning if these are essential skills to have at the point of registration.

How we've used the evidence and engagement

- 15 The evidence and engagement has informed the drafting and content of the new draft standards.
- 16 We've provided our Council and the Midwifery Panel with regular updates which has given assurances that we've drawn evidence from a wide range of sources.
- 17 Our Council agreed that the Framework for Quality Maternal and Newborn Care (QMNC) published in the Lancet series on midwifery should be the foundation for the development of these draft standards. The framework is highly regarded and widely used internationally, is evidence-based and outlines the essential needs of all childbearing women, babies and families globally. Use of the framework underlines our ambition to develop midwifery standards in a format which is bespoke and familiar to midwives.

Next steps

- 18 We're now consulting on new draft standards of proficiency for midwives and draft standards for pre-registration midwifery programmes.
- 19 The consultation will be open from 12 February to 9 May 2019.
- 20 There are many ways you can get involved in our consultation:
 - 20.1 Complete the consultation survey.
 - 20.2 Join webinars and events and get email updates www.nmc.org.uk/future-midwife.
 - 20.3 Join the conversation on Twitter [@nmcnews](https://twitter.com/nmcnews) by using [#futuremidwife](https://twitter.com/hashtag/futuremidwife).
 - 20.4 Sign up to our newsletters www.nmc.org.uk/news.
- 21 After the consultation has closed the responses will be independently analysed and used to help us to finalise our standards.
- 22 We aim to publish the finished standards in November 2019, but this is subject to the approval of our Council.



Any questions?

- 23 If you have any questions about the consultation please contact the Future Midwife team on consultations@nmc-uk.org.

Annexe one – list of evidence

Evidence	
Evidence	Source
The Lancet Series on Midwifery	
<p>The Lancet Series on Midwifery (Renfrew et al., 2014)</p> <p>i) Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care</p> <p>1 ii) The projected effect of scaling up midwifery</p> <p>iii) Country experience with strengthening of health systems and deployment of midwives in countries with high maternal mortality</p> <p>iv) Framework for quality maternal and newborn care (QMNC)</p>	<p>www.thelancet.com/series/midwifery</p>
Maternity reviews and key reports	
<p>2 Midwifery 2020: Delivering expectations (commissioned by Chief Nursing Officers in England, Northern Ireland, Scotland and Wales, 2010)</p>	<p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216029/dh_119470.pdf</p>
<p>3 A Strategic Vision for Maternity Services in Wales (Welsh Government, 2011)</p>	<p>www.wales.nhs.uk/documents/A%20Strategic%20Vision%20for%20Maternity%20Services%20in%20Wales%20-%20September%202011.pdf</p>
<p>4 A strategy for maternity care in Northern Ireland 2012 - 2018 (Department of Health, Social Services and Public Safety, 2012)</p>	<p>www.health-ni.gov.uk/sites/default/files/publications/dhssps/maternity_strategy.pdf</p>
<p>5 Better Births: Improving outcomes of maternity services in England – A Five Year Forward View for maternity care (NHS England, 2016)</p>	<p>www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf</p>
<p>6 The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland (Scottish Government, 2017)</p>	<p>www.gov.scot/Resource/0051/00513175.pdf</p>
<p>7 Guernsey LSA extraordinary report and Additional evidence report (NMC and Mott MacDonald, 2014)</p>	<p>www.nmc.org.uk/about-us/policy/position-statements/midwifery-in-guernsey/</p>
<p>8 The Report of the Morecambe Bay Investigation (Dr Bill Kirkup CBE, 2015)</p>	<p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/408480/47487_MBI_Accessible_v0.1.pdf</p>

Annexe one – list of evidence

9	National Maternity and Perinatal Audit: Clinical report 2017 – based on births in NHS maternity services between 1 April 2015 and 31 March 2016 (Led by RCOG in partnership with RCM, RCPCH and the LSHTM, 2017)	www.maternityaudit.org.uk/downloads/RCOG%20NMPA%20Clinical%20Report(web).pdf
10	National Maternity and Perinatal Audit: Organisational report 2017 (Led by RCOG in partnership with RCM, RCPCH and the LSHTM, 2017)	www.maternityaudit.org.uk/downloads/NMPA%20organisational%20report%202017.pdf
11	MBRRACE-UK Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2013–15 (2017)	www.npeu.ox.ac.uk/downloads/files/mbrance-uk/reports/MBRRACE-UK%20Maternal%20Report%202017%20-%20Web.pdf
12	MBRRACE-UK Perinatal Mortality Surveillance Enquiry - Term, Singleton, Intrapartum Stillbirth and Intrapartum Related Neonatal Death (2017)	www.npeu.ox.ac.uk/downloads/files/mbrance-uk/reports/MBRRACE-UK%20Intrapartum%20Confidential%20Enquiry%20Report%202017%20-%20final%20version.pdf
13	Perinatal Mortality Surveillance Report – UK Perinatal Deaths for Births from January to December 2015 (2017)	www.npeu.ox.ac.uk/downloads/files/mbrance-uk/reports/MBRRACE-UK-PMS-Report-2015%20FINAL%20FULL%20REPORT.pdf
14	Safer Maternity Care: The National Maternity Safety Strategy - Progress and Next Steps (Department of Health and Social Care, 2017)	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/662969/Safer_maternity_care_-_progress_and_next_steps.pdf
15	Your Birth - We Care: A survey of women's' views of Maternity Care in Wales 2017 (2017)	https://gov.wales/docs/phhs/publications/180116your-birthen.pdf
16	2017 survey of women's experiences of maternity care (Care Quality Commission, 2018)	www.cqc.org.uk/sites/default/files/20180306_mat17_revision.pdf
17	WHO recommendations Intrapartum care for a positive childbirth experience (World Health Organisation, 2018)	http://apps.who.int/iris/bitstream/handle/10665/260178/9789241550215-eng.pdf;jsessionid=A3B3EDE5596984685F50346E611A78AE?sequence=1
18	Lessons Learned Review: The Nursing and Midwifery Council's handling of concerns about midwives' fitness to practise at the Furness General Hospital (Professional Standards Authority, 2018)	www.professionalstandards.org.uk/docs/default-source/publications/nmc-lessons-learned-review-may-2018b2851bf761926971a151ff000072e7a6.pdf

Annexe one – list of evidence

Efficient evidence reviews: NMC Review of Midwifery Education Standards		
19	Review 1. Needs of women, babies and families (University of Dundee, 2018)	NMC commissioned review
20	Review 2. Development of Standards (University of Dundee, 2018)	
21	Review 3. Effective Education (University of Dundee, 2018)	
Review of NMC education standards		
22	Evaluation of the NMC pre-registration standards (IFF Research, 2015)	www.nmc.org.uk/globalassets/sitedocuments/edandqa/iff-research-nmc-pre-registration-standards-final-report.pdf
Stakeholder organisation reports		
23	Reaching out: Involving Fathers in Maternity Care (Royal College of Midwives, 2011)	www.rcm.org.uk/sites/default/files/Father%27s%20Guides%20A4_3_0.pdf
24	RCM standards for midwifery services in the UK (Royal College of Midwives, 2016)	www.rcm.org.uk/sites/default/files/RCM%20Standards%20for%20Midwifery%20Services%20in%20the%20UK%20A4%2016pp%202016_12.pdf
25	High Quality Midwifery Care (Royal College of Midwives)	www.rcm.org.uk/sites/default/files/High%20Quality%20Midwifery%20Care%20Final.pdf
26	Educating the Future Midwife: Discussion paper on the key future outcomes for registered midwife education (Council of Deans of Health, 2017)	https://councilofdeans.org.uk/wp-content/uploads/2017/11/Educating-the-Future-Midwife-FINAL-Nov-17.pdf
27	Care of the critically ill woman in childbirth; enhanced maternal care (Published jointly by the RCoA, Royal College of Obstetricians and Gynaecologists, Royal College of Midwives, Intensive Care Society, Faculty of Intensive Care Medicine and Obstetric Anaesthetists' Association, 2018)	www.rcoa.ac.uk/system/files/EMC-Guidelines2018.pdf
28	Practice Guidelines for Occupational Therapy in neonatal services and early intervention (Royal College of Occupational Therapists, 2017)	www.rcot.co.uk/practice-resources/rcot-publications/downloads/neonatal-services
29	NBCP Standards for bereavement care – revised 24 July 2018 (National Bereavement Care Pathway, 2018)	-

Annexe one – list of evidence

30	State of Maternity Services Report 2018 - England (Royal College of Midwives, 2018)	https://www.rcm.org.uk/sites/default/files/ENGLAND%20SOMS%202018%20-%20FINAL%20%2803.09.2018%29.pdf
31	State of Maternity Services Report 2018 - Scotland (Royal College of Midwives, 2018)	https://www.rcm.org.uk/sites/default/files/SoMS%20Report%202018%20-%20Scotland_final%20%2812%20Sept%202018%29.pdf
32	State of Maternity Services Report 2018 - Wales (Royal College of Midwives, 2018)	https://www.rcm.org.uk/sites/default/files/Wales%20SoMS%20Report%202018%20%28English%20language%29%20%282%29.pdf
33	State of Maternity Services Report 2018 - Northern Ireland (Royal College of Midwives, 2018)	https://www.rcm.org.uk/sites/default/files/Northern%20Ireland%20State%20of%20Maternity%20Services%20Report%202018.pdf
34	Work, Health and Emotional Lives of Midwives in the United Kingdom: The UK WHELM study (commissioned by the Royal College of Midwives, 2018)	https://www.rcm.org.uk/sites/default/files/UK%20WHELM%20REPORT%20final%20180418-May.pdf
35	Each Baby Counts: 2018 progress report (Royal College of Obstetricians and Gynaecologists, 2018)	https://www.rcog.org.uk/globalassets/documents/guidelines/research--audit/each-baby-counts/each-baby-counts-report-2018-11-12.pdf

Annexe two - Executive Summary

Standards Review 1. Needs of women, babies and families

Efficient evidence reviews

NMC Review of Midwifery Education

Standards Review 1. Needs of women, babies and families

Dr Anna Gavine, Dr Steve MacGillivray, Dr Haggi Haggi, Dr Alison McFadden

University of Dundee

Executive Summary

This review aims to identify what women, babies and families need from midwifery care in 2030 and beyond, to identify what care midwives practising in the UK need to provide. This includes pre- conception care, antenatal care, intrapartum care and postnatal care. The evidence was considered first in terms what effective practices do midwives need to learn (RQ1) and secondly, what characteristics qualities midwives need to have in order provide women and their families with both effective care and positive experiences of maternity care.

Through updating the development work of the Framework for Quality Maternal and Newborn Care (Renfrew et al., 2014), a total of 85 Cochrane reviews on 81 distinct effective practices, 14 Cochrane reviews on ineffective practices and 37 meta-syntheses on women's views and experiences of maternity care providers were identified. In addition, the evidence reviews that informed the development of both the English and Scottish Maternity Reviews were consulted as both Best Start and Better Births will have an impact upon what sort of care midwives will be expected to provide. To ensure the policy recommendations which will influence maternity care in all UK nations was considered, the Strategic Vision for Maternity Services in Wales, the Maternity Strategy for Northern Ireland 2012-2018 and Midwifery 2020 were all consulted. In order to ensure the up-to-date information on the maternity care experiences of women living in the UK as well as the experiences of staff providing these services was captured, a number of recent surveys and consultations were examined. Finally, in order to ensure learning from adverse events was included, the MBRRACE-UK reports were included.

In terms of practices midwives need to be prepared to provide, this report identified the following overarching themes. First, midwives need to be able to provide women and their families with clear, evidence-based information to enable them to make their own choices, particularly around place of birth. Midwives also need to be trained to be able to provide intrapartum care in a range of settings, namely FMUs, AMUs, at home and in obstetric units. This can partly be facilitated by the provision of specific practices identified in section 4.1 and may necessitate the need for training in non-medical prescribing, particularly in settings where medical staff are not readily available.

Annexe two - Executive Summary

Standards Review 1. Needs of women, babies and families

Secondly, midwives need to be trained to provide care across the whole childbearing journey (i.e. preconception, antenatal, intrapartum, postnatal) in order to provide continuity of care. This will necessitate training in clinical skills around assessment (physical and mental) and could also incorporate training in psychosocial interventions and health promotion to help would reduce health risk behaviours (e.g. smoking) and increase healthy behaviours (e.g. diet and exercise, breastfeeding). Given, that both women and staff can find some issues (e.g. weight, mental health) difficult to discuss, training in communication skills is needed to do this in a sensitive and effective manner.

Thirdly, as all women (regardless of their level of medical or social needs) need a named midwife to provide them with routine maternity care and co-ordinate care from other care providers, midwives will need to develop a basic knowledge around common co-morbidities and also learn to work with other care providers, for example through inter-professional education.

Finally, as women value care providers who are empathetic, demonstrate respect, appear competent and who they can trust, it is crucial that these values are embedded into midwifery training.

Together this evidence suggests that in order to provide women, babies and families with the care they need, at the point of registration midwives need to be able to have the following knowledge, behaviour and skills.

Knowledge

- Has a knowledge of the physiology of pregnancy, birth and post-partum period to provide continuity of care
- Has a knowledge of when interventions are appropriate to avoid over-medicalisation
- Has a knowledge of common physical disease processes relevant to pregnancy, birth and the post-partum period (e.g. diabetes, hypertension, epilepsy, heart disease)
- Has a knowledge of common mental health problems relevant to pregnancy and the post- partum period (e.g. depression, anxiety)
- Has a knowledge of the implications of the impact advanced maternal age has on pregnancy and birth
- Has a knowledge of the management of common complications during pregnancy (e.g. urinary tract infection, anaemia, lower genital tract infection, vaginal candidiasis and bacterial vaginosis)
- Has a knowledge of screening and management of sexually transmitted infections
- Has a knowledge of appropriate immunisations to be administered during pregnancy
- Has a knowledge of nutritional supplements that can promote the health of the mother and baby (e.g. vitamin D, folic acid, iron, zinc, calcium).

Annexe two - Executive Summary

Standards Review 1. Needs of women, babies and families

- Has a knowledge of smoking cessation interventions (e.g. psychosocial interventions, incentives, nicotine replacement).
- Has a knowledge of psychosocial and psychological treatments for mental health problems
- Has a knowledge of strategies that can reduce unnecessary intervention during labour (e.g. relaxation classes, birth preparation, obtaining a second opinion)
- Has a knowledge of strategies that can prevent complications during labour
- Has a knowledge of the physiology of breastfeeding and infant nutrition
- Has knowledge of the principles of research and evidence based practice
- Has a knowledge of family-centred care practices for babies being cared for in neonatal units including:
 - Breastfeeding
 - Kangaroo care
 - Parental provision of the baby's care
- Has a knowledge of cultural practices of different groups

Behaviour

- Facilitates a women's decision making about all aspects of antenatal, intrapartum and postnatal care
- Acts in a supportive and empathetic care at all times
- Acts in a sensitive manner without judgement and blame
- Engages in active listening
- Acts in a manner that respects a women's own cultural practices and background
- Works effectively with midwifery colleagues and as part of a wider multi-disciplinary team
- Shares information as appropriate with midwifery colleagues and other members of the multi- disciplinary team
- Provides information that is consistent between care providers

Skills

- Acts as the first point of contact for women in maternity services
- Is able to communicate clearly and effectively with women and their families
- Engages in active listening
- Uses alternative means of communication to provide flexibility in service delivery (e.g. phone, text messaging, web-based technologies)
- Is able to assess a women during the antenatal, intrapartum and postnatal periods to establish the extent a women is at risk of an adverse medical event and make a medical referral when necessary, using the following skills:
 - Medical and Social History taking
 - Urinalysis
 - Blood pressure

Annexe two - Executive Summary

Standards Review 1. Needs of women, babies and families

- Venepuncture
- Observations of heart and respiratory rate
- Is able to assess a women's mental health during the antenatal and postnatal period and ability to make an appropriate referral when necessary
- Can provide health promotion advice around diet and exercise during pregnancy. In particular for obese and overweight women, this must be done in a sensitive manner.
- Is able to work with the women to develop an individualised pathway of care for the antenatal, intrapartum and postnatal period
- Is able to safely administer of medicines within contemporary prescribing frameworks
- Can provide intrapartum care for low risk women in the following settings:
 - Freestanding midwifery unit
 - Alongside midwifery unit
 - Homebirth (working alongside another midwife)
- Works with medical staff for the provision of intrapartum for high risk women in obstetric units
- Can provide early assessment and supportive care of women in labour
- Uses appropriate strategies help promote normal birth processes (e.g. waterbirth, continuous support, remaining mobile)
- Can perform episiotomy when appropriate
- Uses appropriate strategies to prevent complications of labour
- Can perform cannulation and suturing to augment emergency obstetric skills
- Can assess when a women requires transfer from a midwife led care setting to an obstetric care setting
- Provide care for a women and her baby during any required transfer from a midwife led setting to an obstetric care setting
- Can perform examination of the newborn
- Encourages and support a women to begin breastfeeding within 30 minutes of birth
- Provides guidance and support to women breastfeeding in the postnatal period
- Promotes and supports early skin-to-skin contact
- Can support women and their families in the postnatal period
- Provides guidance and support to women breastfeeding in the postnatal period
- Is able to assume responsibility for the coordination of care between clinical and multiagency colleagues
- Provide some bereavement care

Annexe two – Executive Summary

Standards Review 2. Needs of women, babies and families

Efficient evidence reviews

NMC Review of Midwifery Education

Standards Review 2. Development of Standards

Dr Anna Gavine, Dr Steve MacGillivray

University of Dundee

Executive Summary

This review aimed to identify **evidence that will inform the midwifery Standards development process** and included the following evidence:

- 8 Standards for pre-registration midwifery from international regulatory authorities
- 3 Standards for pre-registration midwifery from international organisations
- 4 Standards for pre-registration in other health professions from UK regulatory authorities
- 1 systematic review on development of midwifery Standards of competence
- 1 systematic review on development of nursing Standards of competence
- 14 paper relating to 9 primary studies describing the development of midwifery Standards

There was a lack of evidence evaluating the effectiveness for different approaches to Standards. The evidence identified was descriptive in nature and so this review is therefore limited to describing the current approaches that have been used to develop Standards. The most commonly used approach to developing Standards was a modified Delphi technique in which participants were presented with evidence based statements in the first round. Other approaches to Standards development included literature reviews and/or stakeholder consultation.

Current Standards in both midwifery and other health disciplines distinguish between Standards for competencies (i.e. skills, behaviours and abilities necessary for registration) and Standards for education (i.e. the framework in which the programme is delivered). Standards for competency varied in their degree of specificity and were generally based around the following domains:

- Clinical knowledge and skills
- Professional, ethical and legal practice
- Interprofessional working
- Professional development

Annexe two – Executive Summary

Standards Review 2. Needs of women, babies and families

- Philosophy of midwifery
- Using and participating in research

Standards for education were generally based around the following domains:

- Curriculum design and delivery
- Assessment
- Student selection and admissions
- Quality assurance
- Faculty

Again there was a lack of evidence evaluating whether any particular structure or domains of Standards were associated with improved educational or practice outcomes.

Annexe two – Executive Summary

Standards Review 3. Effective Education

Efficient evidence reviews

NMC Review of Midwifery Education

Standards Review 3. Effective Education

Dr Anna Gavine, Dr Steve MacGillivray, Dr Haggi Haggi, Dr Alison McFadden

University of Dundee

Executive Summary

This review aimed to identify how undergraduate/pre-registration midwifery education best meets the needs of women, babies and families and how undergraduate/pre-registration midwifery education can contribute to bridging the theory practice gap. A total of 10 systematic reviews and 28 primary studies from midwifery were identified. This efficient evidence review should therefore be viewed in conjunction with efficient evidence review 1 which considered what care midwives need to be able provide to meet the needs of women, babies and families to 2030 and beyond and includes an evidence-based list of the specific knowledge, behaviours and skills midwives will need at the point of registration.

The most commonly identified approach to training students in the assessment of the needs of women, babies and families was clinical simulation, for which there was some limited evidence. The use of **clinical simulation was identified as having a positive effect on confidence in clinical assessment** (e.g. of vital signs, breasts, fundus and lochia, assessment of labour) in undergraduate midwifery students. In addition, simulation was also identified as helping students develop prioritization skills. There was a lack of good quality evidence specific to pre-registration midwifery on other approaches to assessment (e.g. brief education and student led clinics).

Clinical simulation was also the most commonly evaluated approach to learning midwifery skills. There was **adequate quality evidence to suggest the use of clinical simulation was effective in increasing confidence and speed in clinical decision making and vaginal delivery and improvements actual performance of vaginal delivery as well as increased levels of knowledge of obstetric emergency management.** In addition, qualitative data suggested that students found clinical simulation invaluable in preparing them for clinical practice. However, an evaluation of the provision of simulation identified that provision was inconsistent across universities.

Whilst clinical simulation can be useful in teaching specific skills, in its current form it does not necessarily include the wider aspects of midwifery, including preventive and supportive skills, respectful care, avoiding unnecessary interventions, and developing

Annexe two – Executive Summary

Standards Review 3. Effective Education

women's own capabilities. However, the **provision of continuity of care experiences can help midwifery students better understand the full scope of holistic midwifery and the provision of women centred care, which then in turn could enable students to promote the women's autonomy. In addition, the opportunity for caseload holding can help students gain experience in managing and prioritising women and develop their confidence and understanding of the childbirth continuum.** However, again the MINT study identified that within the UK there are inconsistencies with how students experience case loading and not all students had the opportunity to experience continuity of care. Similarly, there was inconsistencies identified in the range of practice placements students were experiencing during their training. **Given the policy focus for the provision of continuity of care, it is essential that midwives have an opportunity to experience this as part of their pre-registration training.**

Problem based learning was another approach that has been increasingly utilised in midwifery education (as well as within other health related disciplines). However, this efficient evidence review found limited evidence evaluating its effectiveness as an approach to helping students best learn to meet the needs of women, babies and families. Of note, was some evidence to suggest that **PBL curricula may be associated with divergence in students' grade, which may suggest that the PBL approach may be better able to distinguish less motivated students and more highly motivated students.** However, this is based on a small number of cohorts from one university so more research would be needed to confirm this finding.

In terms of the provision of education, midwifery students felt that **midwife teachers were ideally placed to organise and provide effective education as they were able to select content and apply theory to practice according to what students needed at that time.** Mentors were also seen as crucial to the provision of good support and experiences during clinical placements. The biggest barriers to the provision of good quality mentoring included lack of time (due to clinical commitments) and insufficient training. However, there are a number of strategies that can be implemented to help support mentors. This can include training in provision of constructive feedback, identification of student learning needs and construction of learning plans to address these; the use of Practice Education Facilitators, Education Leads and Link Lecturers who can help support both students and mentors in a clinical setting, which may be of particular benefit for managing borderline students or students experiencing other difficulties; increasing contact between mentors and students (i.e. through one hour of protected time a week for formal supervision and rota planning). However, again it should be stressed that there was a lack of evaluation of these approaches so more development and evaluation would be necessary to ascertain their utility and effectiveness in enhancing mentorship.

This efficient evidence review also identified a considerable number of studies on interprofessional education (IPE). IPE frequently utilised some of the aforementioned approaches, in particular clinical simulation and problem based learning. Both approaches showed some **benefits in terms helping students develop their own professional**

Annexe two – Executive Summary

Standards Review 3. Effective Education

identity, learn about the roles of other professions and developing teamworking skills.

Preparedness for practice was considered beyond competence in specific skills

necessary to do the job and included theoretical knowledge and other areas such as ward management, effective communication, confidence and attitudinal attributes (e.g. a willingness to learn, recognition of limitations), which should also be considered as outcomes for midwifery curricula.

Finally, assessment of midwifery students was an area where a number of concerns were identified and this is accompanied by a lack of evidence on the most effective approaches in terms of assuring midwifery students can effectively and competently meet the needs of women, babies and families. Much of the assessment in clinical practice is undertaken by mentors who will be required to either grade a student or make a pass/fail judgement. This can be difficult for mentors for a number of reasons including: developing a bond with the student; lack of time; lack of clear assessment criteria; and feeling uncomfortable giving negative feedback. **Consequently, variation in scoring between assessors was identified as concern. Moreover, these difficulties identified by mentors can result in borderline students being passed inappropriately and grade inflation.** Suggested approaches to addressing this include the use of clear and transparent marking rubrics; provision of constructive feedback as to what is expected throughout the placement to manage expectations; collection of evidence documenting a student's progress through the placement; and sufficient training of mentors.

Another approach to assessment is the use of OSCEs, which can be used to assess clinical and communication skills. No evidence on the association between OSCE performance and ability to practice as a newly qualified midwife was identified so it is not possible to conclude whether the OSCE is the most effective means of assessing clinical skills. However, qualitative data did suggest that the **OSCE was potentially a more fair and transparent way of assessing students and is potential at less risk of assessor bias.** OSCEs can also benefit the student in terms of increasing their confidence and feelings of preparedness for practice.

A number of gaps in the evidence were identified and are worth highlighting. This includes lack of any evidence on education around caring for women with concurrent medical conditions and mental illness; babies with congenital abnormalities or special needs; women coping with the consequences of antenatal screening tests; and families experiencing complex psycho-social problems. These areas were also identified as curriculum deficits in the MINT study. Similarly, a lack of evidence on approaches to providing education on cultural awareness and promotion of equity of care and this area was identified as being delivered inconsistently in midwifery programmes. In addition, when approaches were identified and evaluated, the quality of the studies were generally low and risk of bias was generally high. **This highlights a clear need for high quality research in the provision of midwifery education.**

Annexe three – Report on the analysis of stakeholder workshops organised by the NMC

Development of the new standards of proficiency for the future midwife

Report on the analysis of Stakeholder Engagement Workshops organised by the NMC

Andrew Symon

Mother and Infant Research Unit, School of Nursing and Health Sciences

University of Dundee

June 2018

Executive summary

In a fast-changing world the demands on the United Kingdom's maternity services are growing. To ensure that graduating midwifery students are competent and fit to practise in a wide range of clinical settings, in 2017 the Nursing and Midwifery Council instigated a review of the standards for pre-registration midwifery education to ensure that the midwives of the future are ready for the challenges ahead. Key to this process is the inclusion of a wide range of stakeholder voices. To accommodate these voices, and as part of a preliminary listening phase involving stakeholders, a series of public engagement workshops across the UK was arranged. While a broader engagement programme is being undertaken by the NMC, this report focuses only on the workshops, whose 135 participants included service users, user group and maternity network representatives, student and qualified midwives, midwifery educators and researchers and those representing professional bodies.

Five 'Future Midwife' engagement workshops took place in (in alphabetical order) Belfast, Cardiff, Glasgow, London and Manchester. The format of these groups evolved, and the questions and discussions were refined in an attempt to explore certain areas in more depth, such as the skills needed by newly qualified midwives in order to work in different practice settings. In the first three, participants' initial discussions were framed using certain characteristics of care identified in the Quality Maternity and Newborn Care Framework¹ as a 'lens'. Published in the Lancet Series on Midwifery, the Framework represents the distilled conclusions from a comprehensive global analysis of evidence of quality care. The workshop discussions identified what midwives already know and do at the point of registration, and then focussed on what midwives need to reinforce or do differently. Having identified strengths and gaps in the knowledge and skills of today's newly-qualified midwives, the subsequent Future Midwife engagement workshops focused on how to reinforce these strengths and address these gaps. These discussions were framed around different clinical settings and with a range of different stakeholders in mind.

¹ Renfrew MJ et al (2014) Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. *The Lancet*, 384: 1129-45. [https://doi.org/10.1016/S0140-6736\(14\)60789-3](https://doi.org/10.1016/S0140-6736(14)60789-3)

Annexe three – Report on the analysis of stakeholder workshops organised by the NMC

The discussions were analysed and synthesised to produce a set of recommendations focussing on the key aspects which the revised standards should cover. Given the broad nature of the clinical settings in which midwives work, and the inclusive nature of the workshops, the recommendations are themselves necessarily broad. They note that newly-qualified midwives must be educated to a high standard, possessing the knowledge and skills that will enable them to practise competently in a wide range of situations. They must be flexible enough to adapt to a changing and uncertain world, and be good communicators. Newly-qualified midwives must be compassionate, and competent to provide woman-centred care whether working on their own or with others. A good ability to work effectively within the inter-disciplinary team is essential.

While much of this is already included in the current standards, there is an awareness that the standards are often process rather than outcomes-focussed. There is therefore a need to revise the standards to ensure that they are – and remain - fit for purpose in a changing world.