

## Midwifery Panel

Date: 21 September 2022

Time: 10:00 – 13:00

via Teams

## Meeting notes

### Present

Dr Anna van der Gaag CBE	Chair
Agnes Agyepong	Chief Executive, Global Black Maternal Health Institute
Cath Broderick	Independent Consultant in healthcare
Caitlin Wilson	Chair, Consultant Midwife Network, Royal College of Midwives
Dr Dale Spence	Midwifery Officer, Department for Health, Northern Ireland
Donna Ockenden	Chair, Independent Review into Maternity Services at Shrewsbury and Telford Hospital NHS Trust (guest presenter)
Gwendolen Bradshaw	Emeritus Professor, University of Bradford
Gill Walton OBE	Chief Executive, Royal College of Midwives
Ruth May DBE	Chief Nursing Officer, England
Nicky Clark	Chair of Lead Midwife for Education Strategic Reference Group
Professor Jacqueline Dunkley-Bent OBE	Chief Midwifery Officer, NHS England
Professor Janet Hirst	Council of Deans of Health representative, Head of the School of Healthcare, University of Leeds
Karen Jewell	Chief Midwifery Officer, Welsh Government
Sascha Wells-Munro	Deputy Chief Midwifery Officer, NHS England
Kerri Eilertsen-Feeney	Lead Midwife for Education, Health Education

	England
Lia Brigante	Policy and Practice Advisor, Royal College of Midwives (guest presenter)
Alice Ashburn	Participant in Royal College of Midwives Re:birth project (guest presenter)
Natalie Whyte	Service User Voice Representative National Maternity Voices, Midlands (Observer)

<b>Apologies</b>	
Wendy Olayiwola BEM	National Maternity Lead for Equality, NHS England/NHS Improvement
Sascha Wells-Munro OBE	Deputy Chief Midwifery Officer, NHS England
Leigh Kendall	Lay member, maternity campaigner
Professor Mary Renfrew OBE	Emeritus Professor, University of Dundee
<b>NMC attendees</b>	
Andrea Sutcliffe CBE	Chief Executive and Registrar
Professor Geraldine Walters CBE	Executive Director Professional Practice
Dr Margaret McQuire	Registrant Council Member
Verena Wallace MBE	Senior Midwifery Adviser (Policy)
Dr Jacqui Williams	Senior Midwifery Adviser (Education)
Melissa McLean	Senior Public Engagement Officer
Johnnet Hamilton	Senior Stakeholder Engagement Officer
Grace Batterham	Stakeholder Engagement Officer
Nicola Smith	Assistant Director, Stakeholder Engagement

## Papers

- Agenda
- Notes of meeting held 19 May 2022
- NMC Midwifery Matters update

## Agenda items covered

### 1 Welcome from Chair

- Anna van der Gaag welcomed attendees to the meeting. On behalf of the Panel, the Chair expressed condolences to all members of the royal family on the death of Her Majesty Queen Elizabeth II.
- Two new members were welcomed to the Midwifery Panel, Agnes Agyepong, Chief Executive, Global Black Maternal Institute and Kerri Eilertsen-Feeney, the new Lead Midwife, Health Education England. Apologies for absence were received.
- Welcome was extended to three observers, Dr Margaret McGuire, Registrant Council Member, Natalie Whyte, Service User Representative, Midlands National Maternity Voices, and Fiona Dite, Co-Chair of Buckinghamshire Maternity Voices Partnership.
- Special thanks were extended to two outgoing members who have taken up new roles, Jaki Lambert, who is now Director of the Royal College of Midwives in Scotland, and Nina Khazaezadeh, who is now Deputy Regional Chief Midwife for London.
- The Chair commended the NMC's efforts on its ongoing work to broaden the membership of the Panel. There is now a revised [Terms of Reference](#) in line with a new [membership policy](#) summary. This follows discussions over how the Panel includes the voices and contributions of more women, and those with expertise in the field to contribute to the work of the NMC.

### 2 NMC Update

Andrea Sutcliffe gave an overview of key updates.

#### Points raised in discussion

- It was noted that the report into the independent investigation led by Dr Bill Kirkup into maternity and neonatal services in East Kent had been due to be published on 21 September but had been delayed due to the national period of mourning for Her Majesty Queen Elizabeth II. The report's publication will be delayed until October.
- The NMC has streamlined how it keeps the Midwifery panel updated. This is now through a monthly stakeholder newsletter rather than a separate update paper.
- The English Language requirements consultation received a tremendous response. It closed with a record of over 34,000 responses.
- The NMC's pre-registration standards consultation closed on 21 September.

### 3 Ockenden independent review into maternity failings at Shrewsbury and Telford Hospitals NHS Trust

- Donna Ockenden gave an update on the findings of the independent review of Shrewsbury and Telford Hospitals NHS Trust maternity services, followed by , a discussion with panel members.

#### Key findings

##### Workforce shortages and burnout

- Everyone who works in maternity services recognises the challenges of workforce shortages and burnout.
- “Maternity services are not an island, they’re fully representative of the society in which we sit”. It’s well known across midwifery and maternity professions that care for women is becoming more complex, with inequalities and deprivation a significant issue presenting itself within services.
- There has been underfunding of maternity services and these issues have been magnified by the Covid-19 pandemic.
- Midwifery and maternity staff report feeling like they have been forgotten and are ‘the Cinderella service’.
- On a positive note, the issues with insufficient workforce have gained greater attention and clarity. The NMC and many other organisations are now speaking with one voice. The review team felt very supported by the Government which has agreed in full to the recommendations in the [Ockenden Final Report](#).
- The report has 15 [Immediate and Essential Actions](#) (IEAs) for all maternity services in England. The first one, ‘Financing a safe maternity workforce’ calls for a multi-year fully funded settlement, and without it, the other 14 IEAs will not be able to progress.

##### Next steps

- New Board assurance across all NHS Trusts established
- Significant financial investment needs to follow. Ninety-five million pounds was announced by NHS England in March 2021. A further announcement in September 2022, by NHS England pledged a further £127 million for maternity services.
- Staff must be listened to on the ground when concerns are raised. Staff need robust and independent safe spaces to speak out as staff still fear reprisals.

## Points raised in discussion

- There needs to be caring for staff on the frontline, this includes Heads of Midwifery and Directors of Midwifery services, whose jobs have become very challenging.
- Funding is essential and it would be good for the Midwifery Panel and its partners to speak with one voice on the funding issue.
- The importance of listening to women and families came through strongly.
- There is a need to strengthen the link between the Standards and training, so staff can work better with families to develop services.
- When a Trust ensures maternity voices are valued, listened to, and acted upon, and this is reciprocated for women and family voices, then concerns are acted on and improvements made.
- The first independent Maternity Oversight Group has now been set up. At the top of the list of priorities is how to give the workforce positive support to deliver the changes needed.
- There has been some feedback from black, Asian, and ethnic minority women and groups across England that women who are most vulnerable do not feel that their voices are heard in these major reviews or being represented in research or studies. It is important that their experiences are highlighted and proactively sought out.
- Midwifery lecturers are seeing many students deferring their studies this year for the first time. The factors were multi-faceted however the cost-of-living crisis was one of the issues. Other reasons include the high cost of childcare. If cohorts cannot be filled there will be a major problem supporting the workforce in the longer term.
- Universities are losing students because of the reports of poor maternity care in some Trusts. In some contexts, student midwives feel they are being blamed.
- Universities can only recruit qualified midwives to deliver programmes, and this is proving difficult because of reduced salaries in the higher education sector.

## 4 Update on RCM's Re:birth project

- The Chair gave a short introduction to Lia Brigante, Policy and Practice Advisor, Royal College of Midwives and Alice Ashburn, a participant in the Re:birth study.
- The Panel learnt the Re:Birth study was an open, collaborative process to build a consensus about the language used for different types of birth in the UK. The study led to the publication of the [Re:birth summary report](#).

- The study involved 12 multi-professional discussion groups. There was also a voice and written survey. The research team had to be open to receiving negative or positive responses.

### Main findings

- Language matters – it is a key part of how women and birthing people feel engaged with, and unhelpful language can contribute to feelings of guilt or fear.
- There was no clear decision about how to describe every kind of birth. Women don't want the language to be judgemental or hierarchal. Health professionals agreed with women on this, but they felt there needs to be clear descriptive language when referring to the different types of birth.
- 'Birth' was the universally preferred term rather than using the term 'delivery', including for women who gave birth by caesarean.
- There is a need to ensure both the care of women and the language used is personalised. Professionals need to ask women how they prefer their birth to be described. Medical notes should be discussed with women to explain the reason why things are being recorded in a certain way.
- Some women find some of the maternity language traumatising and using words such as 'failure to progress' or 'failed home birth' left them feeling like they had failed. The study found some maternity staff used those phrases each day.
- The recommendations and findings in the report will influence service leaders and those who write about maternity care to embed the principles and references in their work.

### Alice Ashburn

- The Panel heard from Alice Ashburn, a participant in the study. She was one of the 20 percent of respondents who had given birth in the past five years.
- In many cases perinatal support isn't accessible. Alice's local area perinatal mental health centre was taking only 10% of professional referrals. She was told service users would need to disclose they were not appropriately able to care for their children to access the service.
- Using words such as blame, shame, and not being person-centred has no place in empowering service users. Words to avoid are 'alleged pain', 'good girl', 'not allowed', 'allowed', 'failed home births' and 'failure to progress'.
- Language isn't just problematic, it's damaging, it's intrusive, it's consuming. Language is important.
- Alice shared an image of her personal medical notes describing her as having a 'failed home birth'. Midwives and obstetricians consistently wrote 'failed' in her medical notes, this led to feelings that she personally had failed.

## Points raised in discussion

- Wide acknowledgement the presentation was powerful and the RCM's Re:birth work was an important force for good.
- Every midwife and student midwife would benefit from hearing Alice's presentation.
- Midwifery leaders have a duty to 'call out' when such negative language is being used. A lot of it is embedded in cultural practices which needs to change.
- We can all play a part in changing the language used, mindful that any cultural change is not a 'quick fix' but it starts with sharing the Re:birth study and everyone playing a role in amplifying the evidence.
- The language of 'normal birth' has been damaging to women and to midwives. It's hoped the new language will put women at the center of that language and stop the use of negative words.
- Women need to feel safe to speak up and voice concerns. Women need clear, unambiguous, non-judgmental language.
- The NMC's [Code](#) underpins all midwifery work. The first priority in The Code, is 'prioritising people'. It emphasises to 'treat people as individuals and uphold their dignity'. We need to get that message across in the education stage and implementation phase of the standards.
- The Code mentions listening to people when they express concerns. The [Standards of proficiency for midwives](#) also deliberately didn't use the term 'delivery' because the consultation was clear that the language needed to be modernised. The NMC had inherited the previous term from the EU Directive which was drafted in the 1970s. It's about moving the language forward by using the term 'birth' for all types of births.

## 5 Update on Air Pollution in Pregnancy project

The Chair gave a short introduction to Agnes Agyepong, Founder and Chief Executive of the Black Maternal Health Institute, and a new member of Midwifery Panel

- The Global Black Maternal Health Institute (GBMH) was founded in 2021 for the purpose of creating a Black led global body whose key focus is to research, inform, amplify, and create solidarity with Black maternal health movements around the world.
- A survey was done in London with black and mixed heritage mothers. Some of the questions asked were if they knew about the impact of air pollution on their health during pregnancy, and how concerned were they about the effects of air pollution in their local area.
- The importance of including black, Asian and ethnic minority people in studies and research is vitally important. It helps to raise awareness of cultural

differences and ensure that data is interpreted correctly, and the findings are accurate. There are nuances within specific black, Asian and ethnic minority communities which only they can explain.

- The Institute are looking at several other projects including the experiences of black parents accessing specialist educational support reflecting on the death of [Ella Adoo-Kissi-Debrah](#) who was the first child recorded to have died through air pollution.
- The Institute launched the first ever study on 7 September 2022, International Day for Clean Air for Blue Skies. The study ends 31 October 2022. It looks at the impact of air pollution on pregnant black women, and women who have been pregnant in the last five years. The aim is to determine black mother's behaviours, knowledge, and attitudes towards air pollution so that the Institute can drive real action and change led by evidence.
- Research states air particles can go through the umbilical cord and the Institute thought to explore what information exists to educate women, and because data reveals black communities in London are more likely to breathe illegal levels of air pollution than white or Asian people (data sourced from the Mayor of London's office).
- Data reveals black women who are exposed to air pollution are more likely to have babies who are premature, underweight, stillborn, a reduced life expectancy, and for the woman to have maternal depressive symptoms.
- Women irrespective of ethnicity are more likely to experience stillbirth if they are living in areas with high air pollution.

#### **Points raised in discussion:**

- The update was welcomed by the Panel.
- Building the evidence improving the health of vulnerable communities and influencing policy is important. This is a public health issue.
- There are pockets of progress which are good news but clearly not enough. There needs to be a joined-up systems-based approach, such as practical changes like improving the flow of traffic.
- In Wales, the [Future Generations Act 2015](#) leads the way on progressive policy, especially around the climate change agenda. One of things being done in health services in Wales with the maternity policy is looking at urban smog to make sure people don't have to travel long distances in cars.
- The NMC Standards were drafted in a flexible way to absorb new evidence as it emerges. Within the five domains of the Standards, it focuses on public health so the evidence from the Institute is of relevance to the NMC's work as it also highlights another aspect of the inequalities that exist.



## 6 Update on Insight Publication

The Chair gave a short introduction to Caroline Kenny, Head of Research and Evidence, NMC, to update on the NMC's plans for an annual insight publication and to seek views on improvements to existing publications.

- The Panel were informed the NMC has made gradual improvements to its data and analysis since 2017.
- NMC's [2020-2025 Strategy](#) commits us to an annual insight publication.
- We want to use our insight to influence the issues that impact professionals' ability to provide the care we all want - workforce challenges, inequalities, and safety risks.
- The Panel were taken through the NMC's list of publications and informed that in June 2023, we will share insights from our work and how we've used insight to improve our processes and influence the sector.
- We're reviewing our current publications as part of this. The Panel were asked how they are using the NMC's publications so their views can be taken forward into how future insight publications are developed.

### Points raised in discussion

- Some Panel members confirmed they use NMC's reports in education.
- Suggestion NMC's education assurance report should capture good educational practice at universities and offer commendations.
- The NMC does capture evidence of good examples through self-reporting, and moving into commendation territory would require evidence however, the NMC will seek to include more elements of good practice into the annual report.
- The suggestion was made to use infographics such as those used in recent MBrace-UK reports to communicate key issues in a more accessible way.
- The Chief Midwifery Officer for England agreed to share NMC's links in her monthly bulletins.

## 7 Senior Midwifery Advisors Q&A session

The Chair gave a short introduction to Dr Jacqui Williams, Senior Policy Advisor (Education) and Verena Wallace MBE, Senior Midwifery Advisor (Policy), NMC to give an update on NMC Midwifery matters.

- The consultation on proposed changes to NMC's pre-registration programme standards closed on 21 September. The next stage is to work with the Task and Finish group to assimilate the responses and move into the drafting phase.

- Work continues to welcome newly qualified midwives to the NMC's register. Consideration is being given on how to strengthen the principles of preceptorship.
- Shadowing of the Senior Midwifery Advisors by midwifery students continues.
- The Senior Midwifery Advisors are contributing to debates at external stakeholder events. Some of the topics include decolonising the curriculum, the use of data and artificial intelligence, the General Medical Council's work on Duty of Candour, and working with the NMC's Employer Link Service on outreach initiatives to implement the midwifery standards in Trusts.
- As of October 2022, all midwifery programmes will have adopted the NMC's midwifery standards published in 2019.

#### **Points raised in discussion**

- It was highlighted that digital literacy is going to increase so to support students to maintain their wellbeing the NMC should consider new standards on digital wellbeing.
- More clarity is needed for students going on placements across different providers.

#### **8 Closing remarks**

The Chair reflected on the meeting's discussions noting some of the common themes which emerged, 'inclusivity', 'respect', 'kindness', 'calling out poor behaviour', 'digital wellbeing'. The Panel were reminded the next meeting will be held in-person on Thursday 1 December, 10:00-13:00, at 23 Portland Place, London W1B 1PZ.