Good teamwork means better maternity care

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Women, babies and families benefit from the best care when teams work effectively together – and our Code and standards set out clear expectations to help guide professionals on the NMC register.

Multidisciplinary maternity teams include a wide variety of professionals all working together during pregnancy and childbirth. These professionals bring different skills, knowledge and experience but they have one thing in common – they're all working as one team to deliver the best possible care for women, babies and families.

The case studies on this page emphasise how people working in multidisciplinary teams – each bringing distinct skills, knowledge and experience – can work as one team to provide safe, person-centred care. They set out examples of effective teamworking, shared learning, open and respectful communication, and tackling health inequalities in everyday practice.

Read their reflections in our case studies to learn from their views and experiences. Consider your own practice and what you might do differently to provide the best possible care.

Working with the GMC

As midwives, neonatal nurses and doctors work so closely together, we've collaborated with the General Medical Council (GMC) which has produced accompanying resources. For professionals on the GMC register, the GMC has a page on its ethical hub focused on maternity.

Teamworking

Effective handovers and record keeping – Kemi, Janine, Patrick and Abdur

Multidisciplinary maternity teams include a wide variety of professionals, all working together during pregnancy, birth and postnatally. They can only work together effectively by clearly communicating women's needs at handovers and keeping clear and accurate records. Kemi, Janine, Patrick and Abdur explain why this is important:

The NMC Code presents the professional standards that nurses, midwives and nursing associates must uphold. You can read this case study, consider these parts of The Code that relate to it, and reflect on your practice individually or with your team:

8 - Work co-operatively

10 - Keep clear and accurate records relevant to your practice

The standards of proficiency for midwives specify the knowledge, understanding and skills that reflect what the public can expect midwives to know and be able to do in order to deliver safe, effective, respectful, kind, compassionate, person-centred midwifery care.

1.24 - understand the importance of effective record keeping and maintain consistent, complete, clear, accurate, secure, and timely records to ensure an account of all care given is available for review by the woman and by all professionals involved in care

Kemi Akinmeji, a midwife, says effective handovers are crucial to making sure the whole team understands women's care needs:

> "We take the summary of the obstetric history, medical history, personal circumstances and any other concerns during that pregnancy. We hold group handovers. I believe it's best where possible to have handovers at the bedside because then if there are any areas where you're wrong, they can fill in the gaps."

Neonatal nurse Patrick Desmonde sees team huddles as a key part of ensuring teams work effectively together:

> "We have daily team huddles at 10:00 every morning and 22:00 every night, where we look at who's on the

unit and what our patient flows are going to be like. And then straight after that, the team go up and they have a huddle with the maternity team. So they know who's upstairs, who we can accept from outside and we understand each other's pressures.

"I can't stress enough how important multidisciplinary team working across departments is. I look back in my career, to 30 years ago, when things were very different - we did work very much in silos and we didn't know people. I think it's so much better now because our ultimate aim is to provide good care for the babies that we look after."

Midwife Janine Grayson explains how sharing information with the multidisciplinary team really helps make sure everyone can meet women's needs:

"We've got personalised care plans which need to be shared but also need to be kept up-to-date. We have to ask the right questions and truly listen – for example, if somebody is neuro-diverse or has additional social needs, it can be complex, so it is about what is important to them.

"A good care plan can improve your communication with women and families, and help avoid confrontation. If someone is becoming agitated and restless, it can help you to understand why and what you can do to adapt and mitigate so you are able to fully support.

"Accurate documentation about personal and family information is also important. We can't make assumptions about what is 'normal' skin colour as this may not be the same as the mother. How can we look for jaundice or cyanosis adequately and provide safe care if we don't understand fundamental details such as the heritage of the baby?"

Abdur Rehman, a father, explained the impact on his pregnant wife when her notes weren't easily available at the right time:

"It felt like a lot of staff hadn't read our birth plan, because we had to explain ourselves quite often (this is despite the notes being with the pregnancy notes). With our third child, my wife's notes weren't written down on paper as they'd moved to a new IT system which had some teething issues. When the ambulance came (because she went into labour earlier than expected) it was hard for them to access the notes (as it was only accessible on the app which was installed on my wife's phone and they found it difficult to use) and I had to tell them everything from memory."

Patrick says when women and families can see records being taken it gives them confidence that they're being taken seriously:

"It's important to listen without interrupting and then document mothers' and families' concerns clearly so it gets passed on to other members of the team. Then colleagues can see what concerns there were and what's been addressed. But it also gives women and families a confidence that they're being taken seriously and that what they tell us has been documented. Then when new nurses, midwives or doctors come on shift it gives them a confidence in the team that's looking after them."

Other useful links:

The GMC's maternity ethical hub page explores how its professional standards can be applied in practice. Doctors, anaesthesia associates and physician associates who you work with in multidisciplinary teams can use the hub to support them.

RCM electronic record keeping and guidance tool

NHS England blog demonstrating the positive impact of implementing huddles in maternity units.

Learning together – Sabrina, Janine, Zainab, Natalie and Sankara

Whether it's through training, team meetings, or discussing where things have gone wrong, different professionals learning together can have benefits for the care they're able to provide. Sabrina, Janine, Zainab, Natalie and Sankara share their experiences:

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8 - Work co-operatively

9 - Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues

The standards of proficiency for midwives specify the knowledge, understanding and skills that reflect what the public can expect midwives to know and be able to do in order to deliver safe, effective, respectful, kind, compassionate, person-centred midwifery care.

5.2 - demonstrate an understanding of how to identify, report and critically reflect on near misses, critical incidents, major incidents, and serious adverse events

5.9 - contribute to team reflection activities to promote improvements in practice and service

Natalie Whyte is a dedicated advocate for perinatal services, deeply committed to enhancing maternity care. Natalie thinks teams can only improve the care they deliver by listening to the people they care for – and acting on what they hear:

> "If we're not listening to those who use our services, how are we going to know when things are going wrong? Listening to women's voices can be an early warning sign. But it can also tell you what's going right, and areas that according to service users and families are working well.
>
> "When women and families give their feedback they want to know change will be implemented and they won't just be dismissed. I know that if I'm going to a place where I feel heard, I feel listened to again, I'm going to feel at ease."

Sabrina Mubiru, a midwife, thinks that multidisciplinary teams training together can then help them to practice together effectively:

> "Colleagues who work together should also train together as this helps with situational awareness and human factors. One thing we do well here at our Trust is including inter-professional working within our mandatory training study days. It helps with having a positive culture where it's OK to ask questions and publicly model, 'I didn't get it right there and what can I do differently next time' or 'Actually I wish I could have done this differently'. And when that is modelled by our senior leadership team and our senior doctors and midwives, it then makes it feel safe for other people to say, 'actually I would have done this a different way'."

Midwife Janine Grayson explains how coming together as a team can help different healthcare professionals learn and improve outcomes for the future:

> "We'll do case reviews, including the obstetric team as well, to think about why a certain woman might have had complications or a bad experience. Was it because we didn't communicate with her in the right way, help her to access care or understand what was important to her? It's about challenging our practice and addressing the power imbalances inherent in systems to think differently as a team. But then making sure that once you've done that, that learning is embedded and that there are governance processes so that escalations are up to the maternity safety champion at board level."

Zainab Sarwar is another midwife who brings concerns to regular multidisciplinary teammeetings:

> "We have monthly meetings led by the Patient Experience Team, with everybody from different divisions, including the neonates, obstetrics and the maternity senior leadership team, and the voluntary sector. We address patient experiences from surveys and the website but we also hear directly from women who'd had bad experiences.
>
> "Each area has their own commitment to make. And then the Chair ensures that those little actions were followed up on – whether that be welcome packs, use of interpreters or ensuring women know their rights during pregnancy."

Consultant neonatologist Sankara Narayanan highlights the value of open and honest communication among multidisciplinary teams and how that helps embed learning to prevent future harm:

> “We have local resolution meetings with families to make sure we learn from their experience so that another family does not go through a similar adverse experience, or at least we reduce the risk or chance of that happening again. And we learn together as a perinatal team, and share this with wider local maternity and neonatal system so this learning benefits professionals beyond our local footprint.”

Other useful links:

The GMC’s maternity ethical hub page explores how its professional standards can be applied in practice. Doctors, anaesthesia associates and physician associates who you work with in multidisciplinary teams can use the hub to support them.

The NMC and GMC run workshops on professional behaviours and patient safety in maternity. They’re recommended for doctors, midwives, nurses, and other staff working across maternity. In the workshops you will explore what we mean by unprofessional behaviour, and how these behaviours at work can impact staff wellbeing and patient safety. Through facilitated discussion and small group work, you will be introduced to different ways to address unprofessional behaviours in a supportive and non-confrontational way. You will have a chance to practise these skills in small groups, and think about changes you can make in order to improve and change cultures going forward. To find out more please contact employerlinkservice@nmc-uk.org

An NHS England case study on seeking maternity feedback to improve care provides an example of an initiative undertaken at the Royal Oldham Hospital to improve how patient feedback was collected and used to improve their maternity services.

Involving students in the team - Seren

Students are a key part of multidisciplinary teams. The Code and our Standards of Student Supervision and Assessment can both support you in involving students in the team, for their benefit as well as the women, babies and families you care for. Seren Barry, who recently qualified as a midwife after studying at Cardiff University, shares her experiences:

> *The NMC Code presents the professional standards that nurses, midwives and nursing associates must uphold. You can read this case study, consider these parts of The Code that relate to it, and reflect on your practice individually or with your team*
>
> *9.4 support students' and colleagues' learning to help them develop their professional competence and confidence*
>
> *20.8 - act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to*
>
> The standards of proficiency for midwives specify the knowledge, understanding and skills that reflect what the public can expect midwives to know and be able to do in order to deliver safe, effective, respectful, kind, compassionate, person-centred midwifery care.
>
> *5.20 - demonstrate positive leadership and role modelling, including the ability to guide, support, motivate and interact with other members of the interdisciplinary team*
>
> *5.21 - support and supervise students in the provision of midwifery care, promoting reflection, providing constructive feedback and evaluating and documenting their performance*

Good practice supervision has helped Seren to feel confident working in a multidisciplinary team.

> “When you're on shift they're the voice that you're hearing that's telling you you're doing well but also what you need to improve on and it's really good to have that. Then you’re growing and learning - but if you have someone who's more critical, that can sometimes affect confidence.”

Seren has had a positive experience undertaking practice learning as a student midwife in multidisciplinary teams.

> “I’ve had opportunities to work and learn with different teams – the breast clinic, neonatal, intensive care and gynaecology. It’s been a positive environment where I’ve felt really supported. Multidisciplinary working is

great and the more I've been around it the more I've found my place – at first, I had to be nudged towards it. But now I realise the knowledge I gain, and can give to other people, is really beneficial."

Working alongside students from different professions has really helped Seren – particularly with taking a holistic view of care.

"In A&E I got a great appreciation for what nurses do. We also have to participate in professional education so we get to meet with others like physiotherapy and radiology students."

"We'll meet and discuss the core aspects of healthcare. It's a really positive thing and it's definitely widened my view of healthcare as a whole, thinking more outside the box when it comes to different things that are going on in people's lives."

Other useful links:

Our SSSA supporting hub, including our animation Understanding student supervision and assessment sets out how our Standards for Student Supervision and Assessment (SSSA) provide the structure and guidance that students need to learn and achieve their goals.

The GMC's maternity ethical hub page explores how its professional standards can be applied in practice. Doctors, anaesthesia associates and physician associates who you work with in multidisciplinary teams can use the hub to support them.

Communication

Consent – Zainab, Iqra and Abdur

Informed consent is a crucial part of effective care – but sometimes, such as when someone's first language isn't English, it can be harder to achieve. Zainab, Iqra and Abdur share their experiences and why informed consent is essential:

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2- Listen to people and respond to their preferences and concerns

4-Act in the best interests of people at all times

7- Communicate clearly

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1.20 - understand the importance of and demonstrate the ability to seek, informed consent from woman, both for herself and her newborn infant.

Zainab Sarwar, a midwife who's worked in both hospitals and community settings, told us it's important to ensure informed consent, particularly when caring for women whose first language isn't English.

"The people we care for must be at the heart of everything we do. We have to get to know the people in front of us. You have to remember why you've come into the profession – as a team of healthcare professionals we're there to help facilitate a good pregnancy and have a healthy outcome, not to make decisions for people. People need to know it's their pregnancy and their body."

One woman who Zainab has cared for in her role as a community engagement midwife is Iqra Abdur Rehman. Iqra has three children and throughout her pregnancies, has always valued teams ensuring her voice is heard.

"I wanted a natural approach to birth aligned with the principles of my religion of Islam. At the birth centre the midwives were brilliant, they were open and really respected my choices. They provided me with what I needed for pain control. This made me feel happy and respected.

> “But at other points during pregnancy we wanted a proper discussion of the pros and cons of different choices I’d made around scans, birth positions, nutrition and not wanting the TB vaccine, based on reading and discussing the evidence. But they didn’t always take my opinions into account (by dismissing my opinions or concerns) and I sometimes felt stereotyped.”

English is Iqra’s second language and her husband Abdur’s first language. Abdur supported Iqra throughout, recognising the importance of her midwives and doctors ensuring she was listened to.

> “We did sometimes notice a slight difference in how people spoke to me compared to Iqra – when someone’s first language isn’t English it’s important to make them feel involved through body language and eye contact. I have a psychology background so I notice things like that.”

Zainab knows that as a midwife you can’t assume informed consent and must always verify that it’s up-to-date.

> “Somebody might have consented at an earlier stage but don't just assume that they still want to go ahead with it. They might have changed their mind. They might have other issues or questions that might have arisen from that initial conversation. And they might not fully understand what you’re doing so you need to be assured of that.”

Other useful links:

The Royal College of Midwives has produced a briefing on Informed Decision Making.

NICE shared decision making guidance

The GMC’s maternity ethical hub page explores how its professional standards can be applied in practice. Doctors, anaesthesia associates and physician associates who you work with in multidisciplinary teams can use the hub to support them.

Treating people with dignity and respect – Joe and Seren

The very first section of The Code talks about prioritising people, and treating them with dignity and respect. But we know there are times when professionals and the people receiving care aren’t treated as they should be. Joe and Seren spoke to us about the importance of treating people with dignity and respect:

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1 - Treat people as individuals and uphold their dignity

2- Listen to people and respond to their preferences and concerns

8- Work co-operatively

20 - Uphold the reputation of your profession at all times

The standards of proficiency for midwives specify the knowledge, understanding and skills that reflect what the public can expect midwives to know and be able to do in order to deliver safe, effective, respectful, kind, compassionate, person-centred midwifery care.

1.12 - develop and maintain trusting respectful, kind and compassionate person-centred relationships with women, their partners and families, and with colleagues.

Joe Farmer is a middle grade psychiatry doctor working in the West Midlands. Alongside his day job, he raises awareness about the impact of incivility in healthcare through Civility Saves Lives, a project he started with fellow doctor, Chris Turner.

> “Most people are not rude on purpose. And if you ask 100 people what rudeness looks like to them, you’ll get 100 different responses.
>
> “But whatever our intentions, if we are interpreted as rude, or experienced as being rude, it will impact our

colleagues, and the people using our services. Developing awareness of our own behaviour helps avoid all these potential negative impacts."

loe's own experience has shown him the impact incivility can have on everyone within a multidisciplinary team.

"I was working in a gynaecology theatre as part of a multidisciplinary team. The senior registrar, who was leading the team, struggled initiating a laparoscopic procedure. There was pressure for us to work quickly, so the consultant assisting her started to make rude, snappy comments.

"The registrar got more and more flustered and couldn't get the initial laparoscopy port in. Suddenly the consultant broke the silence, and she said: 'Get out of the way. You clearly don't know what you're doing. I'm running this. You're assisting. I'm not putting up with this all day.'

"It felt like a bomb hit in the middle of that operating theatre. Everyone's heads dropped, including my own.

"Throughout the course of that day, any time that consultant looked up and started to say something, you could see the panic in people's eyes. There were experienced theatre assistants passing the wrong instruments because they were so on edge.

"Thankfully nothing bad happened to the patients involved. But it was terrible."

loe highlights research that shows how rudeness affects our ability to work well

"When we're on the receiving end of rudeness, it affects our cognitive performance. There is research showing that when someone is rude to you, you are 60 percent less able to do your job at that moment in time.

"And it takes a while to get back to functioning well. Which could be a serious issue when you're to dealing with something urgent or clinical."

loe believes that when healthcare professionals are rude to each other, they don't perform as well. But it also affects he wider team and the people they're caring for.

"Rudeness spreads outwards, and can even impact those in the room that oversee the interaction, reducing their cognitive ability and willingness to help". He encouraged consideration to be given to how a team can work as well for their patients when these negative impacts are hitting us all. But the impact continues, "if a patient, carer, relative, or someone using care services sees professionals being rude to each other, it's going to impact their view of that team and the service. It's going to make them much more anxious to deal with them, and more cautious about wanting to come back.

Someone could think: 'If they can be rude to one another. What's stopping them being rude to me?'

"If I'm seeing someone as an outpatient using our specialist mental health services and they don't want to come to us with a with a new symptom, or a deterioration in their mental health, or a question about their medication… it's going to lead to potential delays. They're going to put it off until it becomes something they can't avoid. We might miss an opportunity to catch something, treat something, manage something before it becomes a bigger problem."

loe says reflection is key in monitoring our own behaviour

"We are not perfect. There are times where I've been backed into a corner, juggling too many things and I've snapped at someone. I didn't mean to, but it's just how I reacted at that time.

"We can look back and reflect on our own behaviours, considering what the impact may have been. It can help us recognise next time we're in a similar situation; can I just catch myself? Can I take a second to breath and say something a little bit differently? Can I word something in a slightly kinder, more productive way?"

Seren Barry explained how as a student midwife, one consultant really helped boost her confidence and feel part of the eam.

"He would get you involved in conversations; he'd ask you your input on things and he'd ask for you to help him teach the medical students about obstetric care.

"It really changed my outlook on where I stand with senior colleagues. He'd greet me and remember my

name, and that would make me feel like we're on the same level – after all, we're both human beings working in healthcare and we acknowledge what we each bring.

"It doesn't have to be an in-depth conversation because people don't have time for that but just knowing your name, looking you in the eye and taking an interest. Obviously that hierarchy is present and you still feel it as a student. But those sorts of colleagues really make you feel a valued part of the team.

And Seren says kindness and understanding are crucial for effective teams.

"Good communication is always important. I think sometimes you've just got to stand back from any situations and go, 'OK, what could I have done better?' What are they doing? Actually, they've got a really busy day, they've just come from an emergency c-section or they've been trying to rehabilitate a patient whose recovering from a spinal. Just keeping in mind human factors will help us all to just be so much more kind and caring in the way that we communicate."

Other useful links:

- The GMC's maternity ethical hub page explores how its professional standards can be applied in practice. Doctors, anaesthesia associates and physician associates who you work with in multidisciplinary teams can use the hub to support them.
- Civility Saves Lives are healthcare professionals aiming to raise awareness of the power of civility in patient care and the impacts of incivility on teamwork and patient outcomes. To learn more about the Civility Saves Lives message or to get in touch with Joe or the rest of the team, they can be found via the website www.civilitysaveslives.com
- Sponsored by Health Education England, NHS England and NHS Improvement, Capital Midwife produced a Civility Toolkit. It focuses on embedding kindness and civility in maternity units and tackling unprofessional behaviours.
- The Royal College of Obstetricians and Gynaecologists, Royal College of Midwives, Civility Saves Lives and Royal College of Surgeons of Edinburgh have produced a Workplace Behaviour Toolkit, which includes modules on what to do if you're responsible for a department that has a problem with bullying or undermining as well as addressing poor workplace behaviours.

Psychological safety and freedom to speak up – Zainab, Kemi, Joe and Sabrina

Everyone needs to feel safe to speak up – whether that's professionals who feel something isn't right, or women and families who are concerned about their health or care. Zainab, Kemi, Joe and Sabrina talk about how to create a psychologically safe environment:

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1 - Treat people as individuals and uphold their dignity

16 - Act without delay if you believe that there is a risk to patient safety or public protection

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5.2 - demonstrate an understanding of how to identify, report and critically reflect on near misses, critical incidents, major incidents and serious adverse events

Zainab Sarwar, a midwife, told us how teams need to create a psychologically safe environment where the people they're caring for feel able to speak up. This comes from how they communicate with the people they care for and also how they communicate with each other.

"The biggest thing is knowing that their voice is heard. Showing them that you know that we are eager to listen, you have to build that trust. People need to know it's OK to challenge and ask questions – and as staff we need to be open to that.

> “If you don't build that trust with the local communities, it's really challenging to provide that feeling of safety. One bad experience can tarnish the reputation of the whole trust and news spreads like wildfire within communities.

Kemi Akinmeji, a midwife, also feels that a culture where everyone in the team feels able to speak up is essential for making sure women, babies and families get the best possible care:

> “In midwifery there can be a perception of hierarchy between the medical, obstetric and midwifery teams. Sometimes midwives can feel held back from speaking up but we need to because otherwise vital information can be lost – if for example we don’t feel we can address a particular colleague.
>
> “When we’re aware of our own biases and how we come across to people that improves working relationships and culture, and subsequently the care we provide.”

Joe Farmer, a psychiatry doctor, believes we all have a responsibility to act when we see colleagues being uncivil

> “It can be difficult to know how to address rudeness. But doing so helps everyone improve their awareness of their behaviour. It also shows that as a team, this is not what we expect. We are not OK with this kind of behaviour in the workplace.
>
> “There are methods like the active bystander approach which empowers individuals with the tools to call out or call in appropriately a situation when rudeness happens.
>
> “Sometimes we need a third person to support us giving feedback. Whether that's a supervisor, a manager, a freedom to speak up guardian, someone that has the tools and the training to support us with that.”

And Zainab gave us a similar perspective:

> “If you look after your staff and your staff feel psychologically safe, that will automatically transfer all the way through to you to the people you care for. The mental health of your staff dictates how they are going to react to situations, even if they don't want to.”

Sabrina Mubiru, a midwife, explains the importance of a team all knowing each other, and their roles:

> “We do a safety huddle before operative care or any operative procedure. If everybody knows what everybody's role is and everybody's familiar with each other and knows everybody's name, I think it's key to help facilitate psychological safety and an environment where you can ask questions.”

Joe advocates for having systems in place that support constructive feedback

> “We need systems in place that allow us to have those conversations in a sensitive, productive way. Systems that enable feedback and allow for us to reflect. It shouldn't be about telling someone they were wrong, or they were rude. It should be about giving them awareness that in that moment, that was how the other person interpreted them, that was the impact they had.
>
> These systems, however, require a complete buy-in from the ‘workers on the shop floor’, right up to the top and everyone involved has to know that there is a reason we should highlight incidents when we are perceived as rude. “if we know we are raising these incidents in order to better understand them, explore why that person may have come across as rude, or consider what impacts it was having, then hopefully then we can all move forward to reduce this next time and hopefully mean we do better for our patients in the process.”
>
> “If we have psychological safety in these systems, and know it’s not about who to blame, but how we can learn and progress, and that we have people trained to handle this information sensitively and appropriately (telling someone else about being on the receiving end of rudeness or incivility can feel incredibly personal and private, so I need to know I can trust someone else with this information) it can be really empowering and mean we are far more likely to use the systems in the first place.”
>
> And that needs to be combined with developing understanding of why this matters – the negative impacts rudeness can have and why the civility message is therefore so important. If we know why it's important, we’re more likely to act differently next time.

Other useful links:

- Our Caring with Confidence animation Speaking Up will help you to feel confident about raising concerns, and speak up if you see something you feel isn't right.
- The GMC's maternity ethical hub page explores how its professional standards can be applied in practice. Doctors, anaesthesia associates and physician associates who you work with in multidisciplinary teams can use the hub to support them.
- The Royal College of Obstetricians and Gynaecologists, Royal College of Midwives, Civility Saves Lives and Royal College of Surgeons of Edinburgh have produced a Workplace Behaviour Toolkit, which includes modules on what to do if you're responsible for a department that has a problem with bullying or undermining as well as addressing poor workplace behaviours.
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Escalation

Making sure people get the right care at the right time – Sabrina, Patrick, Zainab, Kemi and Seren

Midwives work closely with doctors, nurses and other healthcare professionals, as well as professionals such as social workers and interpreters. These professionals all bring different skills, knowledge and experience but they have one thing in common – they're all working as one team to deliver the best possible care for women, babies and families. Sabrina, Patrick, Zainab, Kemi and Seren discuss the importance people getting the right care at the right time:

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3 - Make sure that people's physical, social and psychological needs are assessed and responded to

13 - Recognise and work within the limits of your competence

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4.8 - use evidence-based, best practice approaches for the first-line management of complications and additional care needs of the woman, fetus and/or newborn infant, including support, referral, interdisciplinary and multiagency team working, escalation and follow-up as needed

Sabrina Mubiru, a midwife based in London, says a systematic way of doing triage can help all colleagues ensure women, babies and families get the best possible care:

> "My clinical experience working in a triage has shown me having a clear escalation policy is the first thing you need. We use the BSOTS system to help clinically prioritise women according to their presenting condition and ensure that they are seen in a timely fashion. A clear escalation pathway and the right skills mix in the team are also crucial."

Neonatal nurse Patrick Desmonde says it's vital to listen to women to know when to escalate concerns:

> "If a new baby's going to be born premature, the earlier the interventions are the better. You have to recognise the potential for when something is going wrong and one of the most important things is listening to women because they know their own bodies. It's all about fostering a culture where people listen to mothers, or fathers, and they're taken seriously regardless of perceived severity. Deterioration can be rapid or it can be quite subtle and it's about having the skills to pick up on what's happening. It always boils down to good communication and if you need to escalate something, being able to articulate your concerns."

Patrick also explains how senior people in the team should create an environment where everyone feels psychologically safe to escalate their concerns:

> "If you see senior nurses, midwives and doctors, including consultants, demonstrate and model that behaviour then it becomes a norm, which it should be.
>
> "I remember a long time ago when I was a midwife, a mother came in with some slight abdominal pain and the first thing I thought was that the placenta had come away from the wall, which is what it turned out to be. I remember saying this to a senior midwife and she kind of dismissed me and said it's probably just a gastric bug. I had to go above her to an obstetrician, they did a scan and the mother was in theatre within 30 minutes and the baby was born. Fortunately it was a good outcome for both the mother and the baby."

Zainab Sarwar, a midwife, explained about the importance of advocating for women when concerns need escalating:

> "You have to know what matters to them, not what you think matters to them. You have to really make somebody feel that I am here for you, I am listening to you and I will escalate those concerns you have. It has to be come from a place of sincerity and I think people quickly know when somebody's doing a tick box exercise and when somebody is genuinely passionate and does actually care.

Kemi Akinmeji knows that as a midwife she often has to advocate for women's needs and preferences when working in multi-disciplinary teams:

> "Some women may not feel able to speak up, so it's vital that midwives who have earned their trust can advocate on their behalf, to be their voice and stand up for them when they feel their voices are unheard.
>
> "For instance, one woman initially requested to be seen by a female doctor but when none were available, she reluctantly agreed to a male clinician. In my role as a midwife, I felt it was important to advocate for her, so I spoke directly with the male consultant to explain her original request and the reasons behind it. It is important to preserve culturally sensitive care while we maintain mutual respect between our clinicians and service users."

Midwives need to advocate for women but Seren Barry, who recently qualified as a midwife, sees it as important to remember that everyone is part of one team providing the best possible care.

> "A lot of midwifery is about advocacy, particularly to account for the views of people who may be more marginalised. Sometimes, advocating for a woman to a doctor can feel like you're standing up to that doctor. But I think most of the time this isn't the case and we underestimate how much we and the doctors are actually on the same team in terms of a woman's health."

Other useful links:

- The GMC's maternity ethical hub page explores how their professional standards can be applied in practice. Doctors, anaesthesia associates and physician associates who you work with in multidisciplinary teams can use the hub to support them.
- CQC maternity improvement resource - triage
- This Institute resources studying how to improve maternity outcomes for parents and babies through better prenatal, perinatal and postnatal services.

The Professional Duty of Candour – Sankara and Patrick

The NMC and GMC have joint guidance on the professional duty of candour. It was refreshed in December 2024 to reflect the fact that the GMC had taken on board regulation of physician associates and anaesthesia assistants, and recent changes to the statutory duty of candour on healthcare provider organisations in Wales. Sankara and Patrick explain why the professional duty of candour is so important:

The NMC Code presents the professional standards that nurses, midwives and nursing associates must uphold. You can read this case study, consider these parts of The Code that relate to it, and reflect on your practice individually or with your team

14 - Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place.

The standards of proficiency for midwives specify the knowledge, understanding and skills that reflect what the

public can expect midwives to know and be able to do in order to deliver safe, effective, respectful, kind, compassionate, person-centred midwifery care.

1.19 - understand and apply the principles of courage, integrity, transparency, and the professional duty of candour, recognising and reporting any situations, behaviours, or errors that could result in sub-standard care, dysfunctional attitudes and behaviour, ineffective team working, or adverse outcomes.

Consultant Neonatologist Dr. Sankara Narayanan stresses that the professional duty of candour is not just a statutory obligation, but a moral and relational duty:

> "While the duty of candour is a legal requirement for both individuals and organisations, at its core it's about respect and partnership. In neonatology, parents have a right to understand when something has gone wrong. Being open and honest, explaining what happened clearly and compassionate is essential to maintaining trust."

He acknowledges that adverse events often stem from a combination of individual and system factors, and that openness helps teams learn from both:

> "When someone raises a concern and we take the time to reconstruct the timeline, it often becomes clear that system factors play a role - workforce constraints, knowledge gaps, or even the physical environment. Recognising these wider factors helps us move beyond blame and towards meaningful change and improvement."

Dr. Narayanan believes a psychologically safe environment is crucial:

> "Psychological safety is key in any clinical service. Embedding candour in clinical practice requires more than policy - it requires culture change, communication, empathy and compassionate leadership. We include candour in our mandatory training, but what really makes a difference is how we talk about it daily encouraging open communication with families and normalising transparency as part of how we work. It's important that staff feel psychologically safe to speak up, reflect, and learn."

Patrick Desmonde, a neonatal nurse, also explains the importance of a psychologically safe environment:

> "It's about moving away from that blame culture. You have to make it a psychologically safe environment for staff so they know they can admit to mistakes and we'll look after them and support them through it. Sometimes they may need more education on something and we'll put that in place for them. But we don't want people to be afraid of making mistakes. You don't want to point the finger at people."

Dr Narayanan also offers personal support to colleagues, especially when they are affected by incidents:

> "It's natural for people to feel distressed when something goes wrong. I remind them that while those emotions are valid, we should focus on what we can learn rather than who made the mistake. What matters most is the learning and the response."

Offering an apology when something goes wrong does not mean admission of liability:

> "An unreserved apology - acknowledging what happened and the distress it caused - should be given by a senior member of the team wherever possible. This reassures families that the issue is being taken seriously. I also encourage junior colleagues and nursing staff to join these conversations, so they can observe and learn. If they feel ready and comfortable, I support them in having follow-up conversations themselves."

Patrick also supports members of his team to offer an apology themselves:

> "I give them the option to come in with me so that they can apologise. And that works really well because often when it's the nurse who's made a mistake, the parents appreciate it more. They like that you're honest, they can see that we have an open and honest culture, and that we're transparent about mistakes, we learn from them and take them seriously.
>
> "I always say to parents that nobody comes to work to work to harm their patient. But unfortunately, we are only human and sometimes mistakes happen. It's about being compassionate when you're giving this sort of

news after incidents, listening to them, explaining and answering any questions."

Other useful links:

- The standards of proficiency for midwives specify the knowledge, understanding and skills that reflect what the public can expect midwives to know and be able to do in order to deliver safe, effective, respectful, kind, compassionate, person-centred midwifery care.
- NMC-GMC guidance on the professional duty of candour
- The GMC's maternity ethical hub page explores how their professional standards can be applied in practice. Doctors, anaesthesia associates and physician associates who you work with in multidisciplinary teams can use the hub to support them.

Health Inequalities

Understanding communities – Sabrina and Janine

Midwives and the teams they work in need to understand their local communities in order to provide effective care for people. Sabrina and Janine explain how they, and the teams they work with, provide this care in different parts of the country:

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3 - Make sure that people's physical, social and psychological needs are assessed and responded to

The standards of proficiency for midwives specify the knowledge, understanding and skills that reflect what the public can expect midwives to know and be able to do in order to deliver safe, effective, respectful, kind, compassionate, person-centred midwifery care.

1.16 - demonstrate the ability to advocate for women and newborn infants who are made vulnerable by their physical, psychological, social and cultural circumstances

3.27 - understand and demonstrate how to provide culturally sensitive and individualised care for all women, their partners and families, irrespective of their social situation

As a patient experience and quality lead midwife in a diverse area of London, Sabrina Mubiru knows that it's vital for teams to understand the demographics of local women and service users to deliver the best possible care.

> "This is one of the most deprived boroughs in London, so the challenges that local women face may not be similar to boroughs where perhaps there is much more affluence, funding and resources. It's important to be aware of some of these socio-economic factors that would impact women, babies and families.
>
> "These impacts might include not being able to access care or being able to navigate the care system. Looking at the wider picture, with particular importance and focus on intersectionality the support they have, if there's any language barriers and if there are any factors that might be barriers to obtaining care. It is of paramount importance to evaluate our services to ensure that we're taking care to women and their families as opposed to asking them to come to us."

Janine Grayson, a midwife based in Doncaster, explains how midwives and the other healthcare professionals they work with have a crucial role in helping women to navigate the support they can get from outside of healthcare settings.

> "High deprivation and barriers to accessing care can lead to poorer outcomes for people. Understanding communities helps us learn, provide personalised care and improve our services as a whole. We need to understand what is important to our community and we can shape resources around it, making sure services are responsive.
>
> "Childbirth is a scary time for a lot of women, especially if they might not be used to entering large organisations, talking with professionals or navigating their way around care systems. If they disengage, they may be more likely to have suboptimal outcomes or a poor experience. We also lose the opportunity to

provide other valuable lifestyle and social support.

lanine explains how the demographics of local communities can affect the sorts of support that midwives and teams night need to provide for local communities.

> “The local area is approximately 95% white. For people from ethnic minorities, because there’s only a small population, we don't always have the communities, resources or the peer networks around to be able to be able to support these women."
>
> “It might mean using interpreters, looking at developing peer support roles so someone can help vulnerable women to navigate the system, or working with other organisations that don’t quite sit within maternity that have relevant roles. It’s about understanding how to work together across health, social care and community services especially as we all have limited resources.”
>
> “People might have hidden needs that we're not aware of such as cultural, safeguarding, mental health or disabilities. So it's really important that we work with other agencies and services to recognise changes in our populations and then advocate for those women. For example, we've set up a female genital mutilation clinic here locally because we scoped it out with service user representatives and stakeholders. We identified that there was no pathway for them so there was no support."

)ther useful links:

- The GMC’s maternity ethical hub page explores how its professional standards can be applied in practice. Doctors, anaesthesia associates and physician associates who you work with in multidisciplinary teams can use the hub to support them.
- In its maternity improvement resource, the CQC highlights good practice examples around improving healthcare equity, including using data to improve outcomes.
- NHS England has produced a communications toolkit for local maternity teams to improve communications with Black, Asian and minority ethnic women. In developing a targeted communications strategy, they emphasise the importance of understanding your audience and knowing what’s best for patients in your area.
- The CQC’s national review of maternity services, highlights actions taken by services to address language barriers.

Personalising care – Natalie, Sabrina, Patrick and Kemi

Maternity teams providing personalised care is crucial for tackling health inequalities. It’s vital to ensure consistent, high-quality, and inclusive maternity services that provide safe and person-centred care for every family. Natalie, Sabrina, Patrick and Kemi explain more:

The NMC Code presents the professional standards that nurses, midwives and nursing associates must uphold. You can read this case study, consider these parts of The Code that relate to it, and reflect on your practice individually or with your team

1 - Treat people as individuals and uphold their dignity

2- Listen to people and respond to their preferences and concerns

3- Make sure that people's physical, social and psychological needs are assessed and responded to

7- Communicate clearly

The standards of proficiency for midwives specify the knowledge, understanding and skills that reflect what the public can expect midwives to know and be able to do in order to deliver safe, effective, respectful, kind, compassionate, person-centred midwifery care.

1.13 - demonstrate the ability to always work in partnership with women, basing care on individual women's needs, views, preferences, and decisions, and working to strengthen women's capabilities to care for themselves and their newborn infant

Sabrina Mubiru, a midwife, knows that tailored and culturally intelligent care is crucial – but teams can only provide that by working with women.

"It's important to provide care that's culturally, sensitive intelligent, tailored, individualised, but also collaborative. So providing care for women, but also with women, so we're not doing to women we're actually working with women and making sure that we're bringing them on board with any sort of service improvements and decisions regarding their care.

"For example, we had woman with a severe vision impairment who wanted to have an elective caesarean but she was quite apprehensive about coming into the unit. So I facilitated a tour of the entire maternity department for her for her and her partner. I thought it would be good to familiarise themselves with the unit it and the feedback that I received afterwards was that it was really helpful."

"It's important to clearly define what is reluctance to access care and explore what are actually barriers to care. They are very, very different things. Once we are able to distinguish that, and actually identify any barriers within our remit and scope to change, we can ensure our services are tailored to women. Women shouldn't be tailoring themselves to us."

As a midwife in a diverse area of London, Kemi Akinmeji knows how important it is to communicate well with the women and families she cares for:

"Especially when people are very new to the country, they don't always understand the system well enough. So they have no expectations, they don't know what good looks like and whatever care they receive, they're OK with it.

"So we try to educate them, empower them and ensure that we remove those barriers (such as language difficulties) with the use of professional interpreters. Once communication is effective then you can give them information to empower them. We conduct community outreach to educate our service users of the services we have to offer.

"For example, some women may have never heard of conditions like diabetes or preeclampsia. In previous generations, there may have been pregnancy losses in their families, but in some countries, no autopsies were done to understand why. So when we explain that they have a medical condition that could affect their pregnancy, they may struggle to believe it. That's why it's crucial to personalise their care, so they understand what's happening and how to have the safest possible birth experience."

Natalie Whyte is a dedicated advocate for perinatal services. Natalie wants to encourage teams to treat everyone as a unique individual regardless of their background:

"One size doesn't fit all because we're all different and unique. Take people's needs, past and current experiences into account and build on that to deliver personalised care. I think once you build up on that, you've got a good solid foundation. Then if they need specialist teams, get them involved as early as possible"

Natalie knows that pregnancy is an exciting time but can also be a worrying time, especially for women who have had traumatic experiences in the past such as stillbirth:

"It's important to treat people with empathy, compassion and with the principle of treating others how you want to be treated. You can think, OK, if this was me, how would I want to be treated if I had this fear and anxiety to even come into the hospital because of past trauma such as baby loss?

"Their anxiety is going to be more heightened than somebody that hasn't gone through that. You have to take on board past experiences, current experiences and meet them where they are. That service user and their family just might need a hand to be held - not physically, but by talking with them to say, 'OK, this is what you're saying. What can we do? How can we work together?' Making things clear and building that transparency and openness."

In the sad cases where families experience baby loss, neonatal nurse Patrick Desmonde knows it's particularly important to personalise care to respect their choices:

"Every family's different so it's about allowing them to express what they want in their own way and respecting what they want. We have rooming-in rooms where, if the parents want to, they can have their baby with them for 24 hours. Professional photographers can come in and take beautiful pictures. But you have to accept that some parents don't want that. The decision may be informed by their culture, or just a

personal preference, and you shouldn't force parents into doing that.

"I always tell junior staff, because some staff feel like they have to talk all the time, that I think it's most important just having your presence there. You don't have to say anything but just letting them know that you're there and showing your empathy. That sometimes says a lot more than words. And I always tell them, don't be frightened to show your emotions. I've cried about babies that I've looked after, especially if they've been on the neonatal unit a long time."

Other useful links:

- The GMC's maternity ethical hub page explores how its professional standards can be applied in practice. Doctors, anaesthesia associates and physician associates who you work with in multidisciplinary teams can use the hub to support them.
- The Royal College of Midwives provides information on inclusive language in maternity care to address inequalities

Cultural safety – May and Paris

As Cultural Safety Midwives, May Stevens and Paris Pinnock-Cowell work across disciplines to ensure that maternity care in Sheffield meets the needs of all women. They collaborate with obstetricians, midwives, governance teams and other healthcare professionals to integrate cultural safety into everyday practice, focusing on education, policy and patient advocacy:

The NMC Code presents the professional standards that nurses, midwives and nursing associates must uphold. You can read this case study, consider these parts of The Code that relate to it, and reflect on your practice individually or with your team:

7 - Communicate clearly

8 - Work co-operatively

The standards of proficiency for midwives specify the knowledge, understanding and skills that reflect what the public can expect midwives to know and be able to do in order to deliver safe, effective, respectful, kind, compassionate, person-centred midwifery care.

3.1 - demonstrate knowledge and understanding of the woman's lived experiences in everyday life, enabling access to public health, social care and community resources as needed

3.26 - understand when additional care of support is needed and demonstrate how to consult and make referrals for additional care or support needs when necessary

Paris:"Cultural safety in maternity care means ensuring that all women - regardless of background - feel respected, heard and able to access safe, high-quality care. Our role isn't just about midwifery – it's about ensuring every professional in maternity services, from obstetricians to support staff, is equipped to provide culturally safe care."

For Paris and May, good maternity care relies on collaboration, and cultural safety must be a part of that shared responsibility.

Paris:"A woman's maternity journey isn't just shaped by her midwife. She interacts with obstetricians, mental health teams, receptionists and more. If any part of that system isn't culturally safe, she won't receive the care she deserves."

May:"In areas such as female genital mutilation management or emergency care, understanding a woman's background can make a huge difference. Some doctors and midwives like us champion this work, but to truly make maternity care safer for all, we need all professionals to embed cultural awareness and safety into their practice."

Paris and May have seen that the best results happen when cultural safety is built into existing systems, rather than being treated as an 'extra'.

Paris:"We've integrated cultural safety into safety huddles, governance meetings, and staff training. When it's

part of routine discussions, it becomes second nature rather than something people have to 'add on'."

May:"One example is our work on 'did not attend' policies. Instead of assuming a woman is disengaged, we encourage teams to check for barriers – was the appointment letter in her first language? Could she afford transport? Are childcare and working hours an issue?

"By working with midwives in the community, doctors and administration teams, we've made this a more effective and compassionate process. We look for ways to encourage engagement, like combining two appointments in one visit to reduce costs for women or avoiding out of school hours. We try to show midwives how they can practically apply principles of cultural safety and give them the confidence to do so."

Cultural safety isn't about blame – it's about ensuring every professional feels confident providing personalised, inclusive care.

Paris:"When midwives and doctors work together on cultural safety, it benefits everyone. The women in our care feel more supported, and staff feel more equipped to provide the right care. One of the biggest barriers to personalised care is when staff feel unsure about how to approach certain conversations. We've seen that when midwives and obstetricians have open discussions, such as in cross-professional training, they feel more confident making culturally sensitive decisions in real time.

"Good communication between doctors and midwives also helps to avoid assumptions about what's best for a woman. Instead of one professional making a decision based on what they think is culturally appropriate, they can check in with colleagues or even ask the woman directly. That's how we empower teams to deliver genuinely personalised care."

May:"Cultural safety is about improving systems within our services together so that maternity care works for all women. When we get it right, everyone – including patients and staff – feels valued, respected and safe."

Other useful links:

- The GMC's maternity ethical hub page explores how its professional standards can be applied in practice. Doctors, anaesthesia associates and physician associates who you work with in multidisciplinary teams can use the hub to support them.
- NHS England has produced an e-learning tool focused on improving culture competence and cultural safety

Webinar

In this webinar we explain more about how and why we worked together with the GMC on these resources and we'll hear perspectives about why good teamwork is so important in maternity services, from:

- Paris Pinnock-Cowell and May Stevens, whose work as Cultural Safety Midwives features in the NMC case studies;
- Dr Tony Kelly, the National Specialty Advisor for the Maternity and Neonatal Programme in NHS England; and
- Imelda Smyth, a service user representative of the NMC's Maternity Strategic Advisory Group (MSAG).