The Student MIDWIFE Blog



afety Investigation Insight Visit

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Summary

This reflective blog highlights the importance of Maternity and Newborn Safety Investigations, how the department was set up, and why it is vitally important to maternity care. The blog goes on to discuss how student midwives can play an important role in supporting the Local Maternal and Newborn Safety team during insight visits. Detailing my recent experiences and reflection of sitting in one of the visits to give my opinion and views, the blog explains some of the challenges to speaking out, but demonstrates that my placement Trust listens to and value the opinions of student midwives.

Introduction

Hosted by the Care Quality Commission (QCQ) and established in 2018, the Maternity and Newborn Safety Investigations (MNSI) programme is a strategy in England to improve maternal and neonatal safety during the perinatal period. Healthcare organisations are duty-bound to report serious incidents that have jeopardised patient safety within maternity care to MNSI.[1] These include stillbirths, severe neonatal brain injury and maternal and neonatal deaths. MNSI works closely with families, the staff involved and the National Health Service (NHS) hospital involved to conduct thorough, independent investigations and, where appropriate, make recommendations to improve maternity care at both a local and national level.[2] The Ockenden Report (2022) demonstrated the importance of listening to the voice of patients and their families to ensure safety within maternity; noting that their voices were fundamental to the review. The report also noted that gathering views and reflections from staff members involved in serious incidents enabled the investigators to have a clear idea of the event and the actions taken at the time.[3]

Local engagement and the local maternal and newborn safety team

Following the publication of their Cultural Review[4] and recent serious perinatal incidents, the local maternal and newborn safety (LMNS) team at my placement hospital were asked to speak to members of the maternity and neonatal team to gain insight and make recommendations for improvement, progression and, critically, to improve patient safety.

Inclusion of midwives and students

Midwives, including those newly qualified, and students were invited to attend to give an account of their experiences, opinions and objectives moving forward. Contributors were organised into two groups with the newly-qualified midwives and student midwives banded together. Four students came along to the meeting, three in their final year, just a few months away from qualifying and myself, about to begin year three. Before the meeting, we were supported by the lead midwife for education who explained that this was a safe space, and that we should feel able to speak freely, openly and honestly and that our voice was valid and respected. This helped to reduce our concerns as out-dated hierarchy can make students feel that their voice is less important, leading to low self-worth and lack of confidence to speak out about personal experiences.[5]

Feeling heard as student midwives

At the start of the meeting, members of the MNSI programme introduced themselves and explained who they were and the importance of their visit, explaining that their primary role is to improve patient safety outcomes. It was reiterated that topics discussed during the meeting would be used to positively develop practice but that comments would remain anonymous. Participants were asked to introduce themselves and we all spoke a little about ourselves as a ‘getting to know you exercise’. I explained that I had come into midwifery a bit later in life and that my background is with children and families, focusing primarily on the early years.

The voices of student midwives are vitally important – we are, of course, the midwives of the future!

Following this, the MNSI board asked questions about the support given to both students and newly-qualified midwives by the education team within the maternity unit and if we had any ideas for improvement. They were interested in how we feel our midwifery degree is progressing and if we are beginning to build an idea of the midwife we would like to be when we qualify. There was no time limit in which to discuss the matters most important to us and we were given ample time and space to introduce other concerns or ask questions. I felt that we were listened to, and clarification questions were asked where appropriate. We did not feel pressured to convey any particular point of view or agenda, and we felt that our voices had been heard. The voices of student midwives are vitally important – we are, of course, the midwives of the future!

References

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