

Description

Midwifery Units: Strengthening Knowledge, Skills and Training

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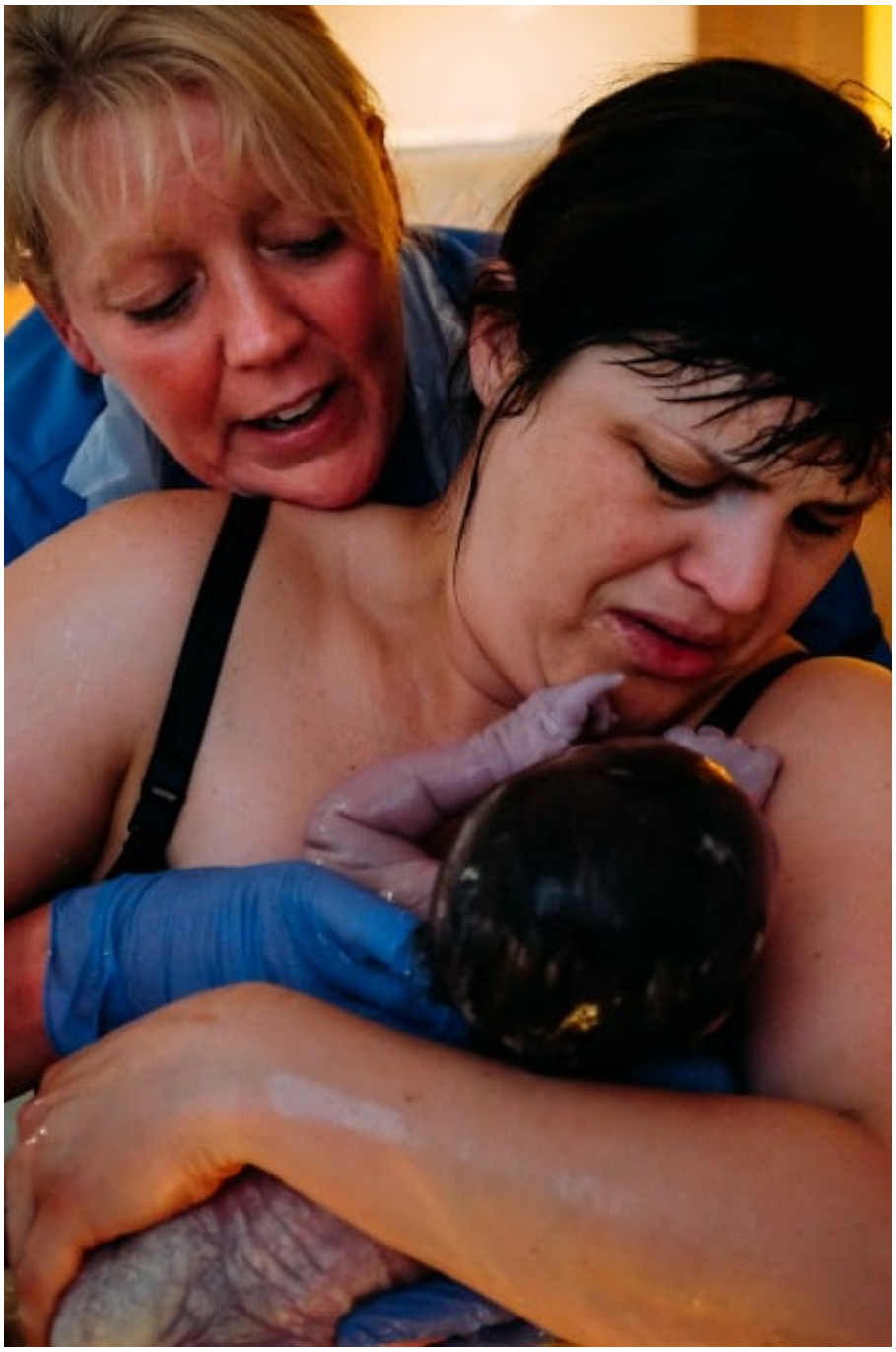
Summary

Ten years on, the Midwifery Unit Network (MUNet) has delivered diverse training across the UK and internationally to enhance maternity care by strengthening the core skills of midwives working in Midwifery Units. Fragmented maternity services and the dominant medical model negatively affect midwifery education, limiting consistent student exposure to Midwifery Units and physiological birth, and raising concerns about preparedness for practice. MUNet's bespoke, evidence-based learning strengthens midwives' confidence, autonomy and skills while supporting sustainable improvements in maternity services.



Introduction

Over the past ten years, MUNet has supported and facilitated multiple and varied training courses across UK, Europe and further afield. These courses and workshops aimed to strengthen the quality of maternity care through the development and enhancement of core competencies within Midwifery Units (MUs). The publication of the Midwifery Unit Standards (MUS) in 2018 sets the framework for the knowledge, skills and training required to build well-led, safe and clinically competent MUs across Europe, aligning with the introduction of the Midwifery Unit Academy, a branch of MUNet that focuses solely on training and education.[1]

It is crucial that midwives working in MUs provide safe, competent, evidence-based care tailored around the needs ofthe women and families.[2,3] In addition, Scarf, et al., highlighted the need to expand systems to support this change bythe implementation of staff training and guidance.[4] Standards 12-14 of the MUS specifically detail the education, skills, philosophy, shared-learning and sustainability-in-training required to support this provision.[1]

The vision for MU Academy focuses on training which encompasses the following overarching principles:

- Commitment to physiological pregnancy and birth.
- Underpinned by quality evidence and research.
- Focus on philosophy of care and organisation of services within and around the MU.
- Facilitate a bio-psycho-social model of care that promotes holistic, woman-centred and family focused care that is responsive to equality, diversity and cultural needs.
- Personalised care, choice and rights-respecting maternity practices.
- Improved quality of care and reduce variability of practices.
- Embed continuous learning and improvement.
- Highlight the benefits of multi-disciplinary learning and recognise that MUs do not function in isolation.
- Fostering a positive learning environment.

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Universal midwifery training limits the growth of midwifery units

Most midwives' training throughout the UK and Europe continues to be based around obstetric units, with mandatory skills training focusing on care and practice centred within the medical model. Whilst this is essential knowledge for any midwife to practice safely within the wider system, MUNet promotes the essential notion that enhanced training is required to develop the philosophy, knowledge and skills needed to care for women in MUs within the wider maternity systems.[5]

Competing priorities and philosophies, lack of targeted training, staff shortages, poor leadership to support the evidence, together with non-priority of midwife-led care models mean that time focused on up-skilling the knowledge and skills required to develop and work within an MU has never been more important. Interestingly, a core theme of the NHS England Three-Year plan focuses on the importance of building personalised care. Whilst MUNet recognises that personalised care is maternity system-wide, the NHS England plan gives women and families a genuine voice, ensuring their choices and preferences are respected.[6] Fragmented, inequitable MU care provision means that this plan cannot be fully realised for many women and families. Professor Mary Renfrew's independent report on maternity care in Northern Ireland calls for reconfigured relationship with women, families and communities, ensuring respectful personalised care for all and a genuine voice in shaping future services.[7]

Recent trends in maternity care raise significant concerns about whether current systems are adequately preparing the next generation of maternity healthcare providers for practice. Rising caesarean sections and decreasing rates of physiological births negatively impact midwifery students' learning and ability to complete physiological birth requirements.[8,9] The current situation undermines confidence in core midwifery skills and risks limiting the next generation's ability to practise the full scope of midwifery. Moreover, variation in education and assessment together with widening disparities in the quality of teaching, overstretched educator-to-student ratios, and a shrinking pool of experienced academic staff contribute to uneven learning experiences across institutions.[8,10] Collectively, these issues prompt an important question: are we failing new midwives not by intention, but by the design of the current system?

Research from Feeley et al,. found that most of the 3,055 births facilitated by one student cohort took place in obstetric-led units, while exposure to midwife-led practices and physiological birth was inconsistent and often limited.[11] Barwood and Jones reported that placement allocation significantly impacts learning, competency and confidence: students placed primarily in obstetric-led units may never witness an undisturbed physiological birth, making it difficult to integrate theoretical knowledge with practice and reinforcing familiarity with interventions and medicalised practices. In contrast, students learning in midwife-led settings develop deeper confidence in midwife-led approaches, continuity and physiological birth processes.[12] This echoes Feeley's, et al., findings of mismatches in midwifery education, highlighting how inconsistent exposure to midwife-led birth practices inadequately prepares newly-qualified midwives to support

physiological birth, perpetuating inadequate preparedness and reluctance to practise in these settings.[11]

To support student midwives and early-career midwives to thrive, we need to redesign the system. Guaranteed, meaningful exposure to midwifery-led settings should be essential midwifery placements, if physiological birth is to remain a core midwifery skill rather than a rare event.[9] Equally, we need to develop learning cultures that actively prioritise autonomous midwifery, reflective and safe practice alongside interdisciplinary respect and collaboration. Appropriate students' supervision, debriefing and skills training central to physiological birth, relational care and philosophy of care around MUs are essential to developing competence and confidence.

These educational needs cannot be viewed in isolation from wider pressures across the maternity workforce and services; consistent closure of MUs and persistent midwifery shortages often demands pulling staff from MUs to cover gaps elsewhere, further diminishing opportunities for students to learn within midwife-led settings and develop the essential skills for autonomous practice. To ensure our next generation of midwives' ability to practise the full scope of midwifery, an evaluation and realignment between curricula, placement allocations and system-level strategy is necessary.[9] Crucially, this must be accompanied by innovative training approaches that actively model midwife-led philosophy and practice.

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How MUnet trains differently

Building communities of practice, both within organisations and within the wider maternity world is central to MUNet's mission. Evidence suggests that organisational and team culture can strongly influence whether a positive learning environment is fostered.[13] Previous research on MUs highlights the importance of shared learning and exchange of good practice, as well as mutual trust for effective functioning.[14] Through the MU Academy, our training is bespoke to each partner organisation and aims to be complementary to standard training within maternity. In 2019, we developed four, innovative e-learning modules, several of which continue to provide foundation learning to our partner organisations. Whilst the Academy holds an extensive catalogue of foundation subjects, no workshop is ever the same! We continually encourage open, enriching dialogue with our participants to create dynamic and stimulating learning. Workshops are consistently evidence-based, inviting participants to critically examine barriers within their maternity system that affect the delivery of optimal birth and develop action-focused learning to facilitate positive and sustainable change.

MU Academy workshops support the development of knowledge, skill and competencies: foundations and advanced level optimal intrapartum care; immersion in water; pelvic movement in labour and birth; building competence with intelligent intermittent auscultation; supporting personalised care plans; recognition and facilitation of timely, safe transfers of care to the obstetric unit. Training also focuses on continuity of care models, including the enhancing of coaching and communication skills to foster positive, whole-scale transformation of care models within traditional maternity systems. In addition, train-the-trainer workshops, such as the active birth workshops, are delivered to promote shared learning and long-term sustainability.

Who has joined us for this journey?

Over the past ten years, MUNet has worked with a wide range of organisations and would like to acknowledge the staff and leaders across NHS England, NHS Scotland and NHS Wales who have aimed to improve their MU services and build communities of practice by commissioning workshops and quality improvement projects through our Academy.

Across Europe, we have facilitated workshops in Belgium, France, Switzerland, Spain, Czech Republic, Portugal, Greece, and further afield have supported projects in Mexico, Brazil, and Afghanistan.

MU Academy is proudly working with facilitators across clinical, academic and leadership roles, embedding service user voices to inspire our philosophy of safe and personalised care. We thank the women, families and professional collaborators who continue to support the MUNet mission.

Conclusion

The growth and sustainability of MUs depends on education and training that fully reflects midwifery philosophy, autonomy and skills. Current maternity education systems, largely shaped by obstetric-led models, risk limiting midwives' confidence, competence and preparedness to practise across the full scope of midwifery. MUNet, through the MU Academy, addresses this gap by providing evidence-based, values-driven and context specific training that ensures safe, respectful, individualised and high-quality care. **TPM**

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