

Description

Transforming Midwifery Education: The Final Stage of the Future Midwife Project

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Midwifery in the UK is at a crossroads. It is a vital time for the profession, and the women, their babies, families and communities who rely on midwives. That is why the NMC's Future Midwife project – a radical review and rewrite of midwifery education standards – is so important. In this opening article of a new series of Advancing Practice that follows the launch of the new standards and tracks their implementation, Professor Mary Renfrew, Lead Adviser to the NMC for the Future Midwife project, tells the story of how the standards have been developed, informed by best international evidence and by the participation of thousands of individuals and organisations..

Introduction

What do all midwives in the UK need to know and be skilled in, now and in the coming decade?

This short but key question is at the core of the NMC's 'Future Midwife' project.

The midwifery profession has been on a long – and sometimes tumultuous – journey in all four countries of the UK.

- Technological developments have brought benefits, but also challenges as some interventions have become routine rather than used only when needed.
- Media criticism of the promotion and protection of women's physiology, especially birth and breastfeeding, has helped to foster a negative view of normal reproductive processes.
- Population health profiles, demographics, and social circumstances are changing, resulting in an increase in clinical, psychological, and social complications. Workforce shortages mean that many midwives struggle to provide the care that they know women need. High profile failures in care have shown that quality care is not consistently provided.
- At the same time, examples of excellent and innovative midwifery practice struggle for recognition, despite evidence of their success.

Significant change is needed – both to ensure midwifery care here remains among the best and safest in the world, and to strengthen midwifery education further, to enable all midwives to consistently provide the evidence-informed care that women, babies and their families want and need.

We know that new evidence shows the scale and scope of the impact that midwives have – skilled, knowledgeable and compassionate midwifery care has a huge impact on outcomes and experiences for women and babies, and is fundamental to quality maternity care.

We also know that, on the rare occasions when things go wrong, the consequences can be life changing.

So, in developing the new education standards that set the bar for the knowledge and skills that all midwives need when they qualify, the Future Midwife team knew we had to be radical. It was not enough to revise the existing standards – we had to use the opportunity to re-think what women, babies and families need, and what midwives must know, and be able to do.

After 18 months in development, the 12-week consultation on the Future Midwife draft standards was a vital opportunity to hear views on our work. The consultation was conducted by an independent company, with lots of awareness raising and encouragement for organisations, the public, midwives, educators and other professionals to participate.

In May, the consultation was completed, with more than 1,600 people and organisations responding formally and thousands more getting involved at events and online.

Behind every response to the consultation, there is a unique story and important evidence – and the depth and breadth of the responses we received is testament to just how much midwifery matters in the broad context of health and social care in the UK.

That’s why it is vital that we get these standards right.

PRACTICE CHALLENGE 1

What will be the main challenge of implementing the standards?

How we got here



Following my appointment as Lead Adviser to the Future Midwife project in 2017, a thought leadership group (TLG) was formed to bring together midwifery and maternity experts, students, other health and care professionals and service-user representatives.

This group has met 10 times so far (and its virtual counterpart has met five times) to inform the draft of the new standards in a methodical, iterative process by building consensus and identifying areas of debate along the way.

All of these meetings were informed and shaped by our active external engagement across the four countries of the UK, with hundreds of women, families, midwives, educators, students, charities, advocates, other health-and-social-care professionals, and many others. The work was fully informed by an extensive set of reviews of best evidence, current policy, and learning from key reports.

This was the context in which we drafted the new standards.

It is very important to be transparent and open to review and challenge, which is why all the work on the draft standards passed through the TLG and on to the NMC's Midwifery panel – a straight-talking group of experts and representatives from across the midwifery and maternity community, as well as service-user representatives.

The draft standards were approved by the NMC for consultation, which ran from 12 February – 9 May 2019. The Future Midwife team then received the report from the independent company, including a summary and details of all the responses to the consultation.

It is a real privilege to have received so many different kinds of responses from a wide range of people. It is essential that these voices are heard, and we have been working hard to learn from what people have said, to honour this input, and to make the final draft as good as it can possibly be.

The final version of the standards will soon be considered for approval by the NMC – then they will be available for universities to start work on preparing new curricula, and the work of implementing them in practice will begin.

The global context

The midwifery profession is experiencing an exciting global spotlight, with the landmark World Health Organization (WHO) report: Strengthening quality midwifery education for universal health coverage 2030 (WHO 2019), and with 2020 being celebrated by WHO as the Year of the Nurse and the Year of the Midwife.

So we need to learn from and contribute to the bigger, international picture.

We have mapped the standards to the International Confederation of Midwives (ICM) competencies, and we draw on the ICM definition of the midwife.

We plan to share with international colleagues our pioneering approach to developing national standards. Key to this has been the combination of applying global evidence to a national context, together with active input from thousands of people and organisations – a real example of evidence-informed coproduction.

PRACTICE CHALLENGE 2

How can midwives working in practice settings support their implementation?

The standards – a new, radical approach

The Lancet series on midwifery (Renfrew et al 2014; Homer et al 2014; van Lerberghe et al 2014; ten Hooper-Bender et al 2014) was central to designing the structure and content of the new standards – using the best current evidence for quality maternal and newborn care.

This series provided an evidence-informed definition of midwifery and a framework for quality care that firmly places the needs of women and their newborn infants at its centre, and uses a human rights approach to ensure skilled and knowledgeable care for all (Renfrew et al 2014). We have used these principles throughout the standards.

Universal care, and additional care when needed

The Lancet series on midwifery showed that all women, babies and families need quality midwifery care: and that some



complications or further care needs need extra care – both midwifery care and multi- professional care. This has informed the concepts of universal care and additional care that are fundamental to the new standards and described in Domains 3 and 4.

This means that all women and babies should receive midwifery care that optimises normality, promotes their own capabilities and prevents complications.

All midwifery care should be both respectful and compassionate, and all midwives should recognise, respect and advocate for women's individual needs and preferences. All women should be enabled to make evidence-informed decisions. Unnecessary interventions should be avoided.

Crucially, this means that women, babies and families with complications or further care needs should not miss out on the invaluable universal midwifery care.

For example, if a woman gives birth by caesarean section – whether elective or emergency – she and her baby should not miss out on skin-to-skin contact and the opportunity for early breastfeeding, or for high-quality postnatal care, because we know from the evidence that this is best practice and should be universal.

It also means that for women and babies who develop complications, whether clinical or psycho-social, good multi-professional working – with quality midwifery care, and the midwife ensuring ongoing coordination – is needed to ensure that women and babies receive all the care that they need when they need it.

Continuity of care

The fundamental importance of continuity of care and of carer is recognised in Domain 2: the midwife's ability to provide and promote continuity of care and carer. Evidence shows that continuity promotes both safety and a favourable experience, and improves overall quality of care and outcomes (Sandall et al 2016). The woman's experience of care during her journey through pregnancy, birth and beyond, and care during the early life of her baby, should be seamless.

This domain recognises that the midwife plays the key role in continuity across the whole continuum of care, and in all settings – community, midwifery-led unit or hospital. Whether that journey is straightforward, and care by one midwife is all that is needed, or whether there are complications and other professionals are needed too, the midwife is central to ensuring that the woman and baby's needs and preferences are understood and met.

The midwife – accountable, autonomous: colleague, scholar, leader



Two of the Domains recognise the essential qualities of all midwives – Domain 1: Being an accountable and autonomous midwife, and Domain 5: Promoting safe
and effective care: the midwife as colleague, scholar and leader.

Throughout the engagement and consultation stages of this work, it was crystal clear that core midwifery skills include communication, advocacy, respect, compassion and kindness, multiprofessional working, and understanding and using evidence.

Captured in these two domains are the qualities that will ensure that midwives provide the best quality care for all women and babies, respecting individual circumstances and needs, providing evidence-based information when appropriate, and advocating effectively for women when needed.

Learning does not stop on qualification. Qualified midwives will have the tools to develop their knowledge and skills over time. All midwives must be able to find and use evidence to stay current, address new challenges, and ensure that they are using best evidence to inform their care.

Midwives should have the skills to play a full part in multi-professional teams. To ensure high-quality care, they will need to contribute to ensuring safe systems, communicating effectively with colleagues as well as with women and families; escalating concerns when necessary; and supporting and enabling colleagues and students to give of their best. They will need strength and flexibility to deal with the inevitable challenges of working in midwifery and maternity care.

These qualities are essential for safe and effective care wherever midwives work. They are also needed to help these standards to stay relevant. The standards will be in place for the coming decade, and new challenges – new diseases, new technologies, changing social contexts – will undoubtedly emerge. Future midwives need to be able to learn, develop and adapt, as knowledge and circumstances change.

Some have said that the draft standards set the bar too high. What we have heard during our engagement and consultation, and what we know of the evidence, however, shows us that women, babies and families need all midwives to have these qualities, and this full spectrum of knowledge and skills – and that they will form a strong foundation for ongoing, lifelong learning.

What's next?



This is a very brief description of how these standards – once they are finalised – can have a real, positive impact on the care that women, babies and families receive.

The revised version of the standards will be considered by the NMC at its October meeting. If the Council approves the standards, the final versions will be ready by November. We know that it is vital that Lead Midwives for Education and others involved in designing curricula have the time to plan and quality-assure their programmes. We know that midwives who will be supporting students in practice will need to consider whether changes will be needed to provide the best possible learning environment.

We are grateful to have had such positive input into this journey so far. We are looking forward to the implementation of these standards that so many people have helped to shape and that will enable midwives to provide the best possible care for all women, babies and families.

The new standards will be formally launched in each UK country early in 2020: an ideal time to mark and celebrate the Year of the Midwife. **TPM**

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