

Evidence Brief: Maternity Workforce

Contents

Key publications – the big picture	3
Case Studies.....	4
HEE Star	4
Statistics.....	4
Published Peer Reviewed Research.....	5
Workforce demographics.....	5
Recruitment, retention and supply	8
Upskilling and workforce development	12
New roles	13
New ways of working.....	13
Education and Training.....	14
Leadership.....	15
Barriers.....	15

Evidence Brief: Maternity Workforce

Health and wellbeing	16
Perceptions	17
Competency Frameworks	19
Help accessing articles or papers	20

Produced by the HEE Knowledge Management team Evidence Briefs offer a quick overview of the published reports, research and evidence on a workforce-related topic. A starter for 10 on the evidence if you will.

Key publications – the big picture

[Facing the Facts, Shaping the Future: a draft health and care workforce strategy for England to 2027](#) NHS, December 2017

The NHS needs radical action to improve working conditions, boost training and retention and become a 'model employer' for staff, a report on the future of the health and care workforce has concluded. Pages 62-63 look at "Maternity".

[Safe, sustainable and productive staffing in maternity services](#) NHS Improvement, January 2018

Improvement resource to help standardise safe, sustainable and productive staffing decisions in maternity services.

[Better Births: improving outcomes in maternity services in England – a Five Year Forward View for maternity care](#) National Maternity Review, n.d.

Our report sets out what this vision means for the planning, design and safe delivery of services; how women, babies and families will be able to get the type of care they want; and how staff will be supported to deliver such care.

HEE Knowledge Management Team, updated February 2019

[Agency, Bank and Overtime Spending in UK Maternity Units in 2016](#) Royal College of Midwives, October 2017

In January 2017 the Royal College of Midwives (RCM) sent a freedom of information request (FOI) to all the NHS organisations in the UK that have maternity units to ask them how much they have spent on agency and bank staff and overtime for every month in 2016. The FOI also asked about the numbers of hours staff times this equated to. 159 trusts responded to the FOI giving a response rate of 98.8%.

[Leading Change, Adding Value](#) NHS England, May 2016

This framework is aligned to the Five Year Forward View that nursing, midwifery and care staff, whatever their role or place of work, can use to lead on delivering the 'triple aim' measures of better outcomes, better experiences for patients and staff, in addition to making better use of resources.

[Maternity Transformation Programme](#) NHS England, n.d.

The Maternity Transformation Programme seeks to achieve the vision set out in Better Births by bringing together a wide range of organisations to lead and deliver across 9 work streams. The programme is led by a Programme Board,

supported by a representative group of stakeholders that will scrutinise and challenge decisions made by the Board.

Case Studies

[Maternity app at Gateshead Health NHS Trust](#)
NHS Long Term Plan, January 2019

This case study shows how digital tools and services like the digital maternity healthcare record and digital-redbook are reducing paperwork and empowering women to better manage their pregnancy and health.

[New pregnancy advice line](#) NHS Long Term Plan,
January 2019

A new telephone advice and triage line has gone live for pregnant women allowing them to access advice and support 24 hours a day, seven days a week from a midwife.

[Neighbourhood midwives](#) NHS Long Term Plan,
January 2019

Expectant mums receive greater continuity of care throughout their pregnancy, labour and postnatal support through a trailblazing approach to care in London. Mums-to-be have a named midwife to support them through each stage of their pregnancy, with eight in ten women

HEE Knowledge Management Team, updated February 2019

giving birth with a midwife they know and who knows about their individual care needs and wishes.

[Building an innovative digital service for maternity patients](#) NHS Employers (Basildon and Thurrock University Hospitals), December 2016

The Maternity Direct+ service is an extension of the existing self-referral Maternity Direct service at Basildon and Thurrock University Hospitals NHS Foundation Trust. Developed on the back of patient feedback and run by a qualified midwife, the new digital service offers patients support and advice for non-urgent queries, everyday from 7am to 9pm.

HEE Star

More resources and tools are available in the “**Maternity and children’s**” section of the HEE Star:
<https://www.hee.nhs.uk/our-work/hee-star>

Statistics

You can find relevant statistics on the Health and Care Statistics Landscape under “**Child and Maternal Health**”
<https://gss.civilservice.gov.uk/hc-statistics-landscape/>

Published Peer Reviewed Research

Workforce demographics

[*The efficient use of the maternity workforce and the implications for safety and quality in maternity care: a population-based, cross-sectional study*](#) Health Services and Delivery Research, October 2014

Abstract only available

Maternity services are often seen as a test of whether or not we are delivering high-quality NHS care. Little is known, however, about the best way to organise obstetricians, midwives and support staff to get high-quality maternity care at the best cost. We used routinely collected data for the 650,000 women who gave birth in NHS hospitals in England in 2010/11 to answer this question. We looked at the effects that different ways of staffing maternity units had on women and their babies, for example if both were healthy after the birth, if harm was avoided and the type of birth.

[*The Maternity Care Nurse Workforce in Rural U.S. Hospitals*](#) Journal of Obstetric, Gynaecologic and Neonatal Nursing, 2017

OBJECTIVE To describe the maternity care nurse staffing in rural U.S. hospitals and identify key challenges and opportunities in maintaining an adequate nursing workforce. CONCLUSION Rural maternity care unit managers recognize the importance of nursing and have varied staffing needs. Policy implementation and programmatic support to ameliorate challenges may help ensure that an adequate nursing staff can be maintained, even in small-volume rural hospitals.

[*Creating a more diverse midwifery workforce in the United States: a Historical Reflection*](#) Journal of Midwifery & Women's Health, September 2016

INTRODUCTION As nurse-midwifery practice expanded beyond areas surrounding early nurse-midwifery education programs, leaders in the profession wanted to establish a strong diverse, inclusive professional organization, a necessary step in creating a diverse workforce (defined here as open to nurse-midwives of all colors, ethnicities, and national origins) that would maintain standards, provide continuing education, and facilitate communication among nurse-midwives. This research presents historical context and organizational factors supporting and limiting development of a workforce reflective of communities served by nurse-midwives. RESULTS Nurse-midwifery leaders developed relationships with well-respected philanthropists, as well as maternal and child health administrators in state departments of health and the US Children's Bureau, to implement initiatives to recruit and retain midwives of color. Continued interest in the goal of inclusion, work of midwives of color, and commitment to creating a diverse workforce led to the creation of the standing ACNM Midwives of Color Committee in 1990 and the Diversity and Inclusion Task Force, which released its report, "Shifting the Frame: A Report on Diversity and Inclusion in the American College of Nurse-Midwives,"¹ in June 2015.

[*Health, workforce characteristics, quality of life and intention to leave: the "Fit for the Future" survey of Australian nurses and midwives*](#) Journal of Advanced Nursing, November 2017

AIM To examine the quality of life of nurses and midwives in New South Wales, Australia and compare values with those of the Australian general population; to determine the influence of

workforce, health and work life characteristics on quality of life and its effect on workforce intention to leave. CONCLUSION Managers and decision-makers should heed study recommendations to implement health promotion strategies for nurses and midwives, aiming to improve mental health, specifically to promote workforce retention.

Diversifying the midwifery workforce: inclusivity, culturally sensitive bridging, and innovation Journal of Midwifery and Women's Health, November 2016

Midwifery educators and regulators in Canada have begun to address diversity, equity, and inclusion in admission processes and program curricula. Populations served by midwives value internationally educated midwives from their countries of origin. The International Midwifery Pre-Registration Program at Ryerson University in Toronto, Ontario, provides assessment, midwifery workplace orientation, and accelerated education for internationally educated midwives on behalf of the regulatory College of Midwives of Ontario. Between 2003 and 2015, midwives from 41 countries participated in the bridging program, and 214 (80%) successfully completed the program and qualified for licensure. Findings from the 13 years of the program may be applicable to increase diversity in other North American midwifery settings. This article describes the process, content, outcomes, and findings of the program. Midwifery educators and regulators may consider the utility of these approaches for their settings.

Nature and scope of certified nurse-midwifery practice: a workforce study Journal of Clinical Nursing, November 2018

AIMS AND OBJECTIVES To describe the nature and scope of nurse-midwifery practice in Texas and to determine legislative

priorities and practice barriers. CONCLUSIONS An ageing midwifery workforce, not representative of the race/ethnicity of the populations served, is underutilised with practice requirements that limit provision of services. Health policy changes are needed to ensure unrestricted practice.

The impact of racism and midwifery's lack of racial diversity: a literature review Journal of Midwifery and Women's Health, November 2016

INTRODUCTION The United States is increasingly racially diverse. Racial disparities in maternal-child health persist. Despite national calls for workforce diversification, more than 90% of certified nurse-midwives are white. This systematic review examines how racism and midwifery's lack of racial diversity impact both midwives and their patients. RESULTS A total of 7 studies was retained for review-3 on the experience of patients and 4 on the experience of providers. The studies show racism is common in midwifery education, professional organizations, and clinical practices. Racism and midwifery's lack of racial diversity act as a barrier to people of color completing midwifery education programs and fully participating in midwifery professional organizations. Both patients and midwives of color identified midwives of color as uniquely positioned to provide high-quality care for communities of color. DISCUSSION The midwifery profession and its patients stand to substantially benefit from diversification of the field, which requires addressing racism within the profession. Structural competency is a new theory that offers an effective framework to guide these efforts.

A comparative workforce study of midwives practicing in the state of Texas Journal of Midwifery and Women's Health, November 2018

INTRODUCTION Access to quality care is a problem in Texas, an ethnically diverse state with large birth numbers. The state has over 300 areas designated as medically underserved, and a severe lack of obstetricians and midwives. Minimal data exist on midwifery's contribution, and no known study compares the work environment and clinical practice of the 2 state-recognized midwifery paths, licensed midwives (LMs) and certified nurse-midwives (CNMs). The purpose of this study was to determine the differences in practice by CNMs and LMs, the latter of whom are generally certified professional midwives. The specific aims were to 1) describe the differences in demographic and employment characteristics of CNMs and LMs, 2) identify the geographic areas and population groups served by CNMs and LMs, and 3) compare the nature and scope of CNM and LM clinical practices. **RESULTS** The survey response rates of LMs and CNMs were 35.4% (n = 75) and 31.9% (n = 143), respectively. Differences in demographics, employment status, workload, scope of practice, risk assessment, time-based care management, and technology use were observed.

A comparison of nursing education and workforce planning initiatives in the United States and England

Policy, politics and nursing practice, November 2017

Health care systems in England and the United States are under similar pressures to provide higher quality, more efficient care in the face of aging populations, increasing care complexity, and rising costs. In 2010 and 2011, major strategic reports were published in the two countries with recommendations for how to strengthen their respective nursing workforces to address these challenges. In England, it was the 2010 report of the Prime Minister's Commission on the Future of Nursing and Midwifery, *Front Line Care: The Future of Nursing and Midwifery in England*. In the United States, it was the Institute of Medicine's report *The Future of Nursing: Leading Change, Advancing Health*. The authors of both reports recommended shifting entry level nursing education to the

baccalaureate degree and building capacity within their educational systems to prepare nurses as leaders, educators, and researchers. This article will explore how, with contrasting degrees of success, the nursing education systems in the United States and England have responded to these recommendations and examine how different regulatory and funding structures have hindered or enabled these efforts.

Conference abstract: Developing a midwifery workforce strategy Women and Birth October 2018

Aim: The aim of the strategy was to support and enable the current midwifery workforce, through valuing their efforts, supporting their work/life balance and recognising their achievements and increase staffing levels through recruiting and attracting midwives locally, nationally and internationally. **Findings:** Since the implementation of the strategy, the midwifery FTE has been increased and midwifery vacancies have reduced. Additional senior midwifery positions have been created and the development of a midwifery career pathway has progressed. Despite the challenges experienced, ADHB has been able to attract both graduate and experienced midwives, with outstanding support, education and training, as well as offering a range of different career opportunities that are unique. ADHB midwives are incredibly dedicated and committed to providing great care to women and their families and despite the national midwifery shortage, their efforts have been outstanding. Feedback from ADHB midwives is that the changes implemented have really made a difference and enhanced opportunities for them.

Strengthening the quality and quantity of the nursing and midwifery workforce: report on eight years of the NEPI project

Annals of Global Health, 2018

In response to the urgent need to scale up access to antiretroviral therapy, the Global Nursing Education Partnership Initiative

(GNCBP), a PEPFAR program administered by the U.S. Department of Health Resources and Services Administration (HRSA), was implemented from 2011 to 2018 by ICAP at Columbia University. Working closely together, HRSA and ICAP partnered with local nursing leaders and ministries of health to strengthen the nursing and midwifery workforce across 11 countries. This multi-country project, developed to address critical gaps in nursing education and training worked across six building blocks of health workforce strengthening: infrastructure improvement, curricula revision, clinical skills development, in-service training, faculty development and building partnerships for policy and regulation to increase the quality and quantity of the nursing and midwifery workforce. As a result, 13,387 nursing and midwifery students graduated from schools supported under GNCBP. A total of 5,554 nurses received critical in-service training and 4,886 faculty, clinical mentors and preceptors received training in key clinical care areas and modern teaching methodologies.

Recruitment, retention and supply

A discussion paper: do national maternity policy reviews take account of the education and training of the future midwifery workforce? An example from England

Midwifery, July 2018

The development and provision of maternity services globally are continuing to receive much attention in order to improve care and safety for women and babies. In the UK national reviews of the maternity services have taken place, with local services taking forward specific pilot projects to support the implementation of policy recommendations. This paper argues that, in order to meet the requirements of change in maternity services, there also needs to be a prompt review of the education of student midwives in order to be confident that the workforce of the future is equipped to

implement these changes successfully. Using changes to national policy in England, this paper raises the question of the need for flexible national education standards, to ensure a curriculum can meet the needs of the changing workforce without the need for constant revision of the curriculum.

Attrition from midwifery programmes at a midwifery school in the English midlands 1939-1973: a historical study

Nurse Education Today, October 2016

OBJECTIVE This paper explores the features of attrition from a Midwifery Training programme in mid-twentieth century England.
CONCLUSIONS The evidence suggests that despite the very different organisation of midwifery training and care across the period in comparison to contemporary practice, rates of attrition from training programmes appear remarkably consistent.

Sustainability and resilience in midwifery: a discussion paper Midwifery, September 2016

AIM the aim of this discussion paper is to explore the concepts of sustainability and resilience now being suggested in midwifery workforce literature. Whether sustainability and resilience are concepts useful in midwifery workforce development is questioned.
CONCLUSIONS the impact that midwifery models of care may have on sustainable practice and nurturing healthy resilient behaviors remains uncertain. The notion of resilience in midwifery as the panacea to resolve current concerns may need rethinking. Resilience may be interpreted as expecting midwives 'to toughen up' in a workplace setting that is socially, economically and culturally challenging. Sustainability calls for examination of the reciprocity between environments of working and the individual midwife. The findings invite further examination of contextual

influences that affect the wellbeing of midwives across different models of care.

Assessing the midwifery workforce demand: utilising the birthrate plus in China Midwifery, November 2016

OBJECTIVE To assess the ability of the Birthrate Plus Workforce Planning Methodology (BR+) to forecast midwifery workforce demand in Chinese settings. **DESIGN** A retrospective analysis of medical records. **CONCLUSIONS** Birthrate Plus was proved to be effective and efficient in Chinese settings; Gaps between available and needed midwives were large and prevalent in Chinese hospitals.

Young student's motivations to choose an undergraduate midwifery program Women and Birth: Journal of the Australian College of Midwives, June 2016

AIM To explore the reasons why young students decided to study midwifery and enrol in one Australian Bachelor of Midwifery program. **CONCLUSION** Creating opportunities for young people to be exposed to positive constructions of childbirth as well as midwifery role models may increase the number of young students entering midwifery. There is also a need for information to be provided to school careers officers to assist them to understand the distinction between midwifery and nursing.

Retaining the nursing workforce: factors contributing to the reduction of nurses' turnover intention in Japan Journal of Nursing Management, January 2016

AIM The aim of this study was to investigate the effects of psychological contract fulfilment, perceived advancement opportunities and age on reducing the turnover intention of nurses

in Japan. **CONCLUSIONS** Fulfilment of the psychological contract and advancement opportunities are important for reducing nurses' turnover intentions, especially among younger nurses.

Variation in job titles within the nursing workforce Journal of Clinical Nursing, December 2017

AIMS AND OBJECTIVES/BACKGROUND The work of specialist nursing has been under scrutiny for many years in the UK due to a perception that it is not cost-effective. A common issue is the lack of consistency of job titles, which causes confusion to the public, employing organisations, colleagues and commissioners of services. Lack of consistency has implications for the wider perception of advanced specialist practice in the worldwide community and the workforce more generally. This study aims to understand the variation in job titles in the UK population. **RESULTS** Mining these data revealed 595 job titles in use in 17,960 specialist posts once the specialism had been removed. The most commonly used titles were Clinical Nurse Specialist, Nurse Specialist/Specialist Nurse, Advanced Nurse Practitioner and Nurse Practitioner. There were three other primary groupings. These were variants with a specialist or technical prefix or suffix, for example Nurse Endoscopist, variants of seniority such as trainee, senior nurse for [specialism] or variants of function such as Nurse Prescriber. The clustering was driven primarily by pay band. A total of 323 posts were recorded as holding titles such as Advanced Nurse Practitioner or Specialist Nurse who were not registered with the Nursing & Midwifery Council. **RELEVANCE TO CLINICAL PRACTICE** In this data set, there is a large array of titles, which appear to have little relationship with other factors like education. This is confusing to the public, employers and those commissioning services. It also demonstrates that the previous assumptions by Council for Healthcare Regulatory Excellence that advanced

practice labels are associated with career progression are unsound and should be addressed by the regulator.

Image and message: recruiting the right nurses for the profession: a qualitative study Nurse Education Today, August 2017

AIM The aim of this study was to identify the key word(s) or phrases; and key image(s) new to nursing professionals would recommend using in a recruitment poster to encourage school leavers to study nursing or midwifery. CONCLUSION Findings provide a contemporary image and message for a nurse recruitment poster initiative targeting high school students. Nurse educators must become media savvy and media trained; and twitterers telling stories, sharing examples of exemplary practice, education and research; and promoting the achievements of the nursing workforce.

The role of universities in attracting male students on to pre-registration nursing programmes: an electronic survey of UK higher education institutions Nurse Education Today, December 2018

The UK nursing workforce is facing a crisis. More nurses are leaving than entering the profession, and there are tens of thousands of unfilled vacancies. Political factors are having a significant impact on numbers, in particular the decision to withdraw bursaries for nursing undergraduates, and a steep decline in EU nurses registering to work in the UK post-Brexit. Against this backdrop, there is a stark gender imbalance in the workforce, with only around 11% of registered nurses being male. We surveyed UK higher education institutions to try to identify whether the gendered nature of nursing was considered a concern and whether steps

were being taken to address it. We sent an electronic survey to every UK university offering undergraduate nurse training validated by the Nursing and Midwifery Council (NMC). With a response rate of 42%, the majority of respondents felt that nursing departments should take much more responsibility to increase the proportion of male nurses entering the nursing profession. More needs to be done to diversify the workforce and make nursing an appealing career choice for men and women.

The lived experience of being a male nursing student: implications for student retention and success Journal of Professional Nursing: official journal of the American Association of Colleges of Nursing, 2018

PURPOSE This study was conducted to explore the lived experience of former male nursing students. CONCLUSIONS Based on study findings, recommendations to promote male nursing student retention and success include improving media portrayals of male nurses, providing faculty development to heighten self-awareness of gender bias and understanding of barriers and facilitators in nursing education for male students, addressing negative experiences in maternity clinical rotations, and implementing mentorship programs to provide male role models for male nursing students.

Enhancing nurse satisfaction: an exploration of specialty nurse shortage in a region of NHS England Nursing Management, April 2018

Aim This article offers nurse managers guidance on analysing, managing and addressing a potentially dissatisfied nursing workforce, focusing on three priority shortage specialties: emergency care, paediatrics and cardiology. The aim of the study was to explore to what extent registered nurses and healthcare

assistants, referred to collectively here as 'nursing staff', are satisfied with teamworking opportunities, continuing professional development (CPD) opportunities and workplace autonomy. Conclusion When developing management systems to investigate, manage and enhance nurse satisfaction, nurse managers must recognise the complexity and subtleties of determining factors. This will increase as nursing becomes more specialised. Subsequently, nurse managers need to work closely with staff at higher education institutions and other professional agencies to commission appropriate professional development.

[Where will practice nurses come from?](#) Practice Nurse, March 2017

Athens log in required

The article reports that practice nurse workforce is recruited from registered nurses who were educated and trained by Great Britain National Health Service (NHS). There has been a 23% drop in applicants making nursing at least one of their choices since Great Britain Department of Health announced that it was replacing bursaries for student nurses and midwives with loans in 2017.

[Promoting retention, enabling success: discovering the potential of student support services](#) Nurse Education in Practice, September 2016

Retention of students is critical to education programs and future workforce. A mixed methods study evaluated student engagement within a Bachelor of Midwifery program and connection with career choice through participation in student support circles. Centred on the Five Senses of Success Framework (sense of capability, purpose, identity, resourcefulness and connectedness) and including four stages of engagement (creating space, preparing

self, sharing stories, focused conversations), the circles support and develop student and professional identity. Of 80 students 43 (54%) provided responses to a two item survey assessed against a five point Likert scale to determine utility. Using a nominal group technique, student's voices gave rich insight into the personal and professional growth that participation in the student support circles provided. Evaluated as helpful to first year students in orientating to university study and early socialisation into the profession, the circles appear to influence the development of a strong sense of professional identity and personal midwifery philosophy based on the relational nature of the midwife being with woman rather than doing midwifery. This suggests that student support circles positively influence perceptions and expectations, contributing to a shared sense of purpose and discipline connection, for enhancing student retention and future workforce participation.

[What factors contribute to midwives' work satisfaction – and do years post-registration make a difference?](#)
[Findings from the 'EXPerT' study Women and Birth,](#)
October 2018

Aim: Measure the rate of professional role satisfaction in midwives, and explore explanatory factors. Conclusion and implications for practice: It is critical to monitor and respond to the views and experiences of midwives in the workplace to promote a stable, high quality workforce that provides care to mothers and babies and ensures midwives have longevity and resilience within the profession.

Upskilling and workforce development

Framework for advanced nursing, midwifery and allied health professional practice in Wales: the implementation process Journal of Nursing Management, January 2016

AIM To discuss the implementation of the Welsh Government's Advanced Practice Framework into a Welsh University Health Board. CONCLUSIONS The Advanced Practice Framework will ensure consistency in clinical practice skills and theoretical knowledge of practitioners holding the protected title. It will support organisations to deliver high quality responsive services.

Factors influencing the implementation of advanced midwife practitioners in healthcare settings: a qualitative study MIDIRS Midwifery Digest, December 2018

Objective: To explore factors influencing the implementation of advanced midwife practitioner roles. Design: Semi-structured individual face-to-face and focus group interview/s were conducted. Data analysis was performed using the Framework. Key conclusions and implications for practice: Multiple factors influencing role implementation on a governmental, healthcare organizational, and workforce level illustrate the complexity of the implementation process, and highlight the need for a well-thought-out implementation plan involving all relevant stakeholders. Pilot projects for the implementation of advanced midwife practitioners in university hospitals might be useful.

A toolkit to enable new graduate midwives to work in midwifery continuity of care models Women and Birth, October 2018

Aim: The aim of this research project was to provide a toolkit of the essential elements that enable new graduate midwives to work in midwifery continuity of care. Findings: The findings were synthesised with the literature and conceptual model was developed. The conceptual model has five essential components that are critical to enabling new graduate midwives to work in midwifery continuity of care models. Within the essential elements are the responsibilities of the managers, midwifery students and new graduate midwives to transition directly to a midwifery continuity of care model.

Fertility nursing education and career progression framework Human Reproduction, July 2018

Study question: Fertility nursing is a specialist area of practice where nurses are at the forefront of an emerging care setting, do we need to provide an educational framework to support this? Main results and the role of chance: This Fertility Nursing Education and Career Progression Framework is intended to facilitate a conversation, and enable the building of a career pathway for all nurses and healthcare assistants in fertility services. The aim is to ensure development and progression of knowledge and expertise towards enhancing the quality of service provision in Fertility Nursing Care. This framework could also be used by individual nurses to assess their ongoing competence, and prepare for re validation. All newly appointed nurses and HCA's should have an identified mentor to support their continuing professional development. This Fertility Nursing Education and Career Progression Framework is intended to inspire individual nurses and HCA's to progress their career to continue to provide a quality service for those seeking fertility advice and management across the care provision.

Conference Abstract: Developing a midwifery career framework Women and Birth, October 2018

Introduction: The Midwifery Career Framework project is an Auckland District Health Board (ADHB) project led by the Women's Health leadership team. Aim: The aim of the project is to formalise midwifery career pathways to enable midwives to: * Develop a midwifery career path at ADHB * Use professional developmental plans in partnership with their midwifery manager to build their knowledge, skills, experience and expertise * Access resources to support their professional development * Be recognised and rewarded for their knowledge, skills, experience and expertise * Follow different career paths depending on their own individual career goals and aspirations * Advance their professional careers In addition the midwifery career pathways will enable ADHB to: * Support the professional development of midwives at ADHB * Enhance the orientation of midwives new to the service * Enable a robust succession planning process for midwifery at ADHB * Support the growth and capabilities of the midwifery workforce and profession * Enhance recruitment and retention of midwives Implications for practice: A collaborative working group of professional, educational and industrial bodies was established to progress this important work. The development of a midwifery career framework is a concept new to New Zealand midwifery, and could be applied in an international context to support the professional development of midwives and promote midwifery recruitment and retention.

Strengthening the Healthy Start Workforce: a mixed-methods study to understand the roles of community health workers in Healthy Start and inform the development of a standardised training program Maternal and child health journal, December 2017

This study examined how HS community health workers (CHW), as critical members of the workforce, serve families and communities in order to inform the development of a CHW training program to advance program goals. Conclusions The study results, combined with a scan of existing competencies, led to a tailored set of competencies that serve as the foundation for a HS CHW training program. This training program has the capacity to advance strategic goals for HS by strengthening HS CHWs' capacity nationwide to respond to complex participant needs. Other maternal and child health programs may find these results of interest as they consider how CHWs could be used to strengthen service delivery.

New roles

Consultation on the new roles of supervisor and assessor British Journal of Nursing, August 2017

Abstract only available

Elizabeth Rosser, Deputy Dean (Education and Professional Practice) and Professor of Nursing at Bournemouth University, outlines three new practice and education roles proposed by the Nursing and Midwifery Council.

New ways of working

The development of a caseload midwifery service in rural Australia Women and Birth: the Journal of Australian College of Midwives, August 2017

AIM This descriptive study explored the evolution of a rural birthing service in a small town to offer insight into the process of transition which may be helpful to other small healthcare services in rural Australia. CONCLUSION The development of collaborative care models that embrace and build on established inter-professional

relationships can maximise existing rural workforce potential and create a sustainable rural service into the future.

Operationalising caseload midwifery in the Australian public maternity system: findings from a national cross-sectional survey of maternity managers Women and Birth: the Journal of Australian College of Midwives, June 2018

BACKGROUND Despite high-level evidence of the benefits of caseload midwifery for women and babies, little is known about specific practice arrangements, organisational barriers and facilitators, nor about workforce requirements of caseload. This paper explores how caseload models across Australia operate. **CONCLUSION** Introducing, managing and operationalising caseload midwifery care is complex. Factors which may affect the expansion and availability of the model are multi-faceted and include staffing and model inclusion guidelines. Coverage of leave is a factor which appears particularly challenging and needs more focus.

Education and Training

Growth of nurse prescribing competence: facilitators and barriers during education Journal of Clinical Nursing, October 2017

AIMS AND OBJECTIVES To describe facilitators and barriers in relation to the growth of nurse prescribing competence from the perspective of the nurses studying in a prescribing programme. **CONCLUSIONS** The results show that, for the purpose of developing the new role and position of nurse prescribers, educators and nursing managers must invest more in staff awareness of nurse prescribing education and also offer more support to nurse prescribers in their workplaces.

Genomic Literacy of Registered Nurses and Midwives in Australia: a cross-sectional survey Journal of Nursing Scholarship, October 2018

PURPOSE Registered nurses and midwives require a degree of genomic literacy if they are to adequately communicate with other healthcare professionals and provide optimal care to patients, their families, and the community. **CONCLUSIONS** The genomic literacy of registered nurses and midwives in Australia is low. More must be done to ensure Australian registered nurses and midwives have an adequate level of genomic literacy to provide optimal care to patients, their families, and the community.

Midwifery pre-registration education and mid-career workforce participation and experiences Women and Birth: the Journal of Australian College of Midwives, July 2018

AIM The aim of this study was to explore the midwifery workforce experiences and participation in graduates six to seven years after completing either a post-nursing Graduate Diploma in Midwifery (GradDip) or an undergraduate degree, the Bachelor of Midwifery (BMid), from one university in New South Wales, Australia. **CONCLUSION** Most mid-career graduates were still working in midwifery. There were no differences between graduates from the two pathways in relation to burnout, practice experiences or perceptions of empowerment.

Exploring global recognition of quality and midwifery education: vision or fiction? Women and Birth: the Journal of Australian College of Midwives, June 2017

AIM To explore and discuss the opportunities and challenges of a global quality assurance process as a strategy to promote quality midwifery education. **CONCLUSION** Quality midwifery education is

vital for establishing a competent workforce, and improving maternal and newborn health. Defining a global recognition process could be instrumental in moving toward this goal, but dealing with the identified challenges will be essential.

What effect does the relationship between midwifery student-teacher have on learning outcomes in the clinical setting? Women and Birth, October 2018

Aim: To explore the midwifery student/teacher relationship and its effect on learning outcomes in the clinical setting. Method: Using qualitative research and Charmaz constructivist grounded theoretical approach, 6 midwifery students were interviewed. A symbolic interactionist and grounded theoretical approach allowed the researcher to delve into the relationship between the midwife and the midwifery student through the eyes of the student and their perceptions of the importance of this relationship throughout the interviews. Key findings: Participants identified that the relationship between student and midwife was 'crucial to learning' and highlighted the importance of Continuity of the 'buddy' midwife as they understand the student's learning requirements and support skill acquisition. Midwives attitudes were found to impact on students positively and negatively, this was dependent on the midwives' beliefs and values they had towards student midwives, whether they were seen as an asset and the future or they were perceived as a burden.

Leadership

Developing collaborative maternal and child health leaders: a descriptive study of the national maternal and child health workforce development center Maternal and child health journal, January 2018

Athens log in required

Purpose An assessment of the National Maternal and Child Health Workforce Development Center (the Center) was conducted to describe (1) effects of the Center's training on the use of collaborative leadership practices by MCH leaders, and (2) perceived barriers to collaboration for MCH leaders. The Center provides services to strengthen MCH professionals' skills in three core areas: Change Management/Adaptive Leadership, Evidence-Based Decision Making, and Systems Integration. Conclusion The findings in this study suggest that investments in leadership development training for MCH professionals, such as the Center, can provide opportunities for participants to utilize collaborative leadership practices.

Barriers

Maternity services for rural and remote Australia: barriers to operationalising national policy Health policy, November 2017

INTRODUCTION In Australia, many small birthing units have closed in recent years, correlating with adverse outcomes including a rise in the number of babies born before arrival to hospital. Concurrently, a raft of national policy and planning documents promote continued provision of rural and remote maternity services, articulating a strategic intent for services to provide responsive, woman-centred care as close as possible to a woman's home. The aims of this paper are to contribute to an explanation of why this strategic intent is not realised, and to investigate the utility of an evidence based planning tool (the Toolkit) to assist with planning services to realise this intent. CONCLUSIONS Barriers to operationalising strategic intent in planning maternity services may be alleviated by using evidence based planning tools such as the Toolkit.

A new career pathway for new graduate midwives: barriers or opportunities? Women and Birth, October 2018

The purpose of this paper is to generate discussion by highlighting these barriers and opportunities for what could be a new career pathway for single registered midwives. This pathway could open up innovative career pathways and inject much needed youth into the community sector.

Health and wellbeing

The emotional and professional wellbeing of Australian midwives: a comparison between those providing continuity of midwifery care and those not providing continuity Women and Birth, February 2018

AIM To compare the emotional and professional wellbeing as well as satisfaction with time off and work-life balance of midwives providing continuity of care with midwives not providing continuity. CONCLUSION Our results indicate that providing continuity of midwifery care is also beneficial for midwives. Conversely, midwives working in shift-based models providing fragmented care are at greater risk of psychological distress. Maternity service managers should feel confident that re-orientating care to align with the evidence is likely to improve workforce wellbeing and is a sustainable way forward.

A survey of burnout and intentions to leave the profession among Western Canadian midwives Women and Birth, October 2018

AIM We set out to understand how burnout and occupational stress are experienced by midwives in Western Canada, and whether

burnout is linked to intentions to leave the profession and other factors. DISCUSSION/CONCLUSION The current study identified occupational stressors that are unique to the caseload model. Findings from this study can inform policies and strategies to support the growth and sustainability of caseload midwifery in Canada.

Prevalence of burnout, depression, anxiety and stress in Australian midwives: a cross-sectional survey BMC Pregnancy and childbirth, January 2017

BACKGROUND The health and wellbeing of midwives are important considerations for workforce retention and quality care. The occurrence and relationships among mental health conditions such as burnout and depression have received little attention. We investigated the prevalence of burnout, depression, anxiety and stress in Australian midwives. CONCLUSION Prevalence of personal and work-related burnout in Australian midwives was high. The physical and psychological exhaustion associated with the different types of burnout were reflected in symptoms of depression, anxiety and stress symptoms. Further research is needed to support the personal well-being of midwives and minimize workplace burnout by developing short and long term strategies.

Methods for alleviating stress and increasing resilience in the midwifery community: a scoping review of the literature Journal of Midwifery and Women's Health, November 2017

INTRODUCTION Work-related stress and exposure to traumatic birth have deleterious impacts on midwifery practice, the midwife's physiologic well-being, and the midwifery workforce. This is a global

phenomenon, and the specific sources of this stress vary dependent on practice setting. This scoping review aims to determine which, if any, modalities help to reduce stress and increase resilience among a population of midwives. **DISCUSSION** While modalities such as mindfulness-based stress reduction show promise, further studies with a cohort of midwives should be conducted. These studies should include interventions aimed at addressing the needs of midwives to improve psychological outcomes related to employment-related stress on a global scale and specific to each health care context.

What nurses and midwives want: findings from the national survey on workplace climate and wellbeing
International Journal of Nursing Practice, June 2018

AIM A discussion of the findings from a nationwide study of workplace and well-being issues of Australian nurses and midwives. **CONCLUSION** To alleviate workforce issues pushing nurses and midwives to the tipping point of exiting the professions, health care organizations need to take a proactive stance in addressing issues under the control of management.

Lifestyle and health behaviours of nurses and midwives: the “fit for the future” study
Environmental Research and Public Health, May 2018

Nurses and midwives (nurses) are the principle role models and health educators for the wider population. This study sought to identify the health-related behaviors of the nursing workforce of New South Wales (NSW), Australia, compared to contemporary recommendations for healthy living and to the Australian general population, matched by gender and age. Many nurses have lifestyle health behaviors that place them at high risk for developing non-communicable diseases, sometimes at higher risk than the

Australian population to whom they deliver health education. Health promotion strategies for nurses are urgently required

Perceptions

Student midwives’ perceptions on the organisation of maternity care and alternative maternity care models in the Netherlands – a qualitative study
BMC Pregnancy and Childbirth, January 2017

BACKGROUND A major change in the organisation of maternity care in the Netherlands is under consideration, going from an echelon system where midwives provide primary care in the community and refer to obstetricians for secondary and tertiary care, to a more integrated maternity care system involving midwives and obstetricians at all care levels. Student midwives are the future maternity care providers and they may be entering into a changing maternity care system, so inclusion of their views in the discussion is relevant. This study aimed to explore student midwives' perceptions on the current organisation of maternity care and alternative maternity care models, including integrated care. **CONCLUSIONS** Final year student midwives recognise that change in the organisation of maternity care is inevitable and have an open attitude towards changes if they include good collaboration, client-centred care and safeguards for normal physiological birth. The graduating midwives are motivated to undertake an expanded intrapartum skill set. It can be important to involve students' views in the discussion, because they are the future maternity care providers.

The perceptions of key stakeholders of the roles of specialist and advanced nursing and midwifery practitioners Journal of Advanced Nursing, December 2017

AIM To explore the perceptions of key stakeholders of the roles of specialist and advanced nursing and midwifery practitioners.
CONCLUSION There is acknowledgement of the positive impact of specialist and advanced practitioners; however, the evidence is currently not conclusive. Preparation for these roles needs to reflect changes in the calibre of today's professional applicants, and organizational support is paramount to their successful execution. The contribution of their activity to patient outcome needs to be made visible to enhance these roles and to justify the development of new roles across a variety of healthcare areas.

Midwifery empowerment: national surveys of midwives from Australia, New Zealand and Sweden Midwifery, September 2016

AIM: to compare midwives' sense of empowerment across Australia, New Zealand and Sweden using the Perceptions of Empowerment in Midwifery Scale-R (PEMS-Revised).
DISCUSSION/CONCLUSIONS: midwives in New Zealand and Sweden had a strong professional identity or sense of empowerment compared to their Australian counterparts. This is likely the result of working in more autonomous ways within a health system that is primary health care focused and a culture that constructs childbirth as a normal but significant life event. If midwifery is to reach its full potential globally then developing midwives sense of autonomy and subsequently their empowerment must be seen as a critical element to recruitment and retention that requires attention and strengthening.

Competency Frameworks

[Maternity Support Worker Competency, Education and Career Development Framework](#) Health Education

England, February 2019

HEE has led this important piece of work and developed the Maternity Support Worker Competency, Education and Career Development Framework working closely with a wide range of partners and stakeholders. The framework draws from and builds upon excellent examples of good practice from across the system.

[Competency framework for perinatal mental health](#) The Royal College of Midwives, 2010

The Royal College of Midwives working with NHS Diabetes have developed a standards document which comprises an agreed role specification and a standards and competency framework for the LMD role. This can be used by maternity teams and commissioners of service to provide advice and guidance to midwives.

[A competence framework and evidence-based practice guidance for the physiotherapist working in neonatal intensive care and special care unit in the United Kingdom](#)

Chartered Society of Physiotherapy, November 2015

This competence based framework was developed as part of the APCP's competence project by a working party from the APCP Neonatal Committee and updated in 2015 by Adare

Brady and Peta Smith. The essential competencies were developed by a panel of specialist neonatal and paediatric physiotherapists from clinical, research, and academic settings whose goal was to establish the basis by which to prepare the paediatric physiotherapy workforce to deliver safe, quality, standardised, competent, family-focused care to neonates within the Neonatal Intensive Care, High Dependency and Special Care setting and in follow-up in the Community after discharge.

[Caring for women with mental health problems: standards and competency framework for specialist maternal mental health midwives](#) Royal College of Midwives, November 2015

The RCM supported by the Department of Health (DH) and the MMHA has developed this document to underpin and strengthen midwifery and maternity care for women whose pregnancy, birth and postnatal experience may be complicated by mental health problems.

Help accessing articles or papers

Where a report/ journal article or resource is freely available the link has been provided. If an NHS OpenAthens account is required this has been indicated. It has also been highlighted if only the abstract is available. If you do not have an OpenAthens account you can [self-register here](#).

If you need help accessing an article, or have any other questions, contact the Knowledge Management team for support KnowledgeManagement@hee.nhs.uk