



EAST CHESHIRE NHS TRUST

SUPERVISION OF MIDWIVES (SOM) CLINIC AND THE PROMOTION OF NORMAL BIRTH

SUMMARY

Supervisors of Midwives (SOM) are experienced, practicing midwives who have undertaken additional education and training to guide and support midwives, whilst acting as advocates for women and their families. Every maternity service has supervision in place; however in August 2010 **East Cheshire NHS Trust** went one step further and set up an innovative SOM clinic which includes offering advice to pregnant women regarding birth planning in order to help support normal births. The NHS Information Centre defines normal birth as *“without induction, without the use of instruments, not by caesarean section and without general, spinal or epidural anaesthetic before or during delivery”*.

The supervisory clinic is run at the Trust every Friday (each appointment lasting an hour) for women who self-refer or who have been referred by a midwife or doctor. As well as offering a de-brief following delivery, close collaboration with the obstetricians means that women who opt for elective caesareans attend the clinic for advice so that they are aware of all the facts and options before making a decision. A pathway to support Vaginal Birth After Caesarean Sections (VBAC) has also been developed.



KEY OUTCOMES

- It was recognised that a growing number of women were calling the maternity department asking for advice and guidance, particularly around elective caesareans. The SOM clinic ensures that dedicated time can now be spent discussing modes of delivery to ensure that women have all the information required in order to make an informed choice. Any woman wanting to review her labour notes with a supervisor is also able to do so within the clinic. As a result, the number of Vaginal Births after caesarean section has increased from 37.8% at the end of 2011 to 49%, with a high of 71% one month.
- The maternity dashboard is a monitoring tool which is used to promote normality, allowing trends to be analysed and forecast. The dashboard has demonstrated a drop in caesarean sections from 24.2 % of all births in 2010 to 23% in 2011. The national average rate at that time being 24.8%.
- Research has shown that normal births help achieve better outcomes for both mothers and babies. Mothers feel in control which means that they require less analgesia, they can choose where they deliver and are more likely to breastfeed.





GOOD PRACTICE CASE STUDY

- This also leads to greater job satisfaction for midwives and has lower cost implications for the NHS. As mothers have a reduced length of stay in hospital there are reduced medical staffing and post-operative nursing costs and less outlay on medical equipment as midwives utilise their clinical skills. Additionally, Trusts may benefit from financial bonuses when targets are met, as opposed to potentially facing fines when targets aren't met.
- An audit of supervisors was undertaken in July 2010, with a total of 60 questionnaires returned. This represents a response rate of 74% demonstrating high staff engagement in regards to supervision.
- Evaluation results from the audit were very positive. 98% of midwives said they met with their named SOM on a regular basis and 100% felt supported and able to discuss their views/ contribute ideas. 100% also stated that their supervisor helped them to identify educational and clinical requirements, with 93% feeling that they helped them to meet these requirements (See Appendix 5– Summary of Supervisor of Midwives Audit).
- The high level of support and a strong focus upon training needs ensures that the midwifery workforce is highly skilled. Staff are more motivated as a result, and have increased job satisfaction as they are able to provide the kind of maternity-led care that they find rewarding. There are also fewer disciplinary sanctions as peers are able to influence and support each other, and managerial intervention is only required as a last resort.
- A separate audit on supervisory activity between January-December 2011 showed that of the 91 contacts made with a Supervisor of Midwives in 2011, 56% were made by women attending the SOM clinic. This shows that the service is well utilised by both mothers and midwives, as does the fact that all clinics every week are full.

BACKGROUND

Supervision of Midwives

Supervision of midwives is a statutory function (required by law, through an Act of Parliament) to ensure advocacy for women and to promote high quality midwifery practice. This is undertaken by Supervisors of Midwives (SOM) who monitor midwifery practices and provide support and guidance to achieve safe standards. Every midwife must have a named supervisor who helps to develop and maintain safe practice. SOMs are experienced midwives who have undertaken additional education and training to support, guide and supervise fellow midwives, and who act as positive role models guiding and supporting them in developing skills and expertise. If a midwife requires additional support a SOM can recommend a formal programme of supervised practice.

The role of the Supervisor is different to the midwifery manager who is responsible for making sure that maternity services run effectively. They are accountable to the Local Supervising Authority (LSA) and supported in their role by the LSA Midwifery Officer (LSA MO) - Information sourced from [Nursing and Midwifery Council \(2008\)](#).

Additionally, supervisors are available to act as a support for women and their families in planning care, so that women have all the information they require before deciding on a birth plan.

- In May 2011 the clinic was nominated for an award from the Royal College of Midwives (RCM). It also attained the British Journal of Midwifery Award in 2011 "for excellence in supervision"
- In reference to an audit of supervision, benchmarked against national LSA standards, the Local Supervising Authority Midwifery Officer (LSA MO) gave the service some very positive feedback stating that **"It was evident that the supervisors had gone over and above what would be expected of them in terms of achievement of these standards"**. (See Appendix 8 for LSMO's full statement



AIMS & OBJECTIVES

- Increase the number of 'normal' births to attain the hospital target of 41%
- Reduce the number of planned and emergency caesarean sections to less than 23 % of all births, thus reducing associated costs and improving patient experience, as well as improving outcomes for mothers and babies.
- Improve the quality of peer supervision and the midwifery service by allowing midwives dedicated time to discuss issues with a supervisor
- Have a positive impact upon staff motivation, engagement and job satisfaction by improving midwives' access to support and training

HOW THE CLINIC WORKS

All supervisors participate in the weekly SOM clinic, with each appointment allocated a one hour slot to help women formulate a dedicated care plan, especially focused on vaginal birth after caesarean section (where necessary), post natal debriefs or when care is required that is outside of Trust guidelines. There are three allocated hourly slots every Friday morning with referrals made from midwives, consultants or from the women themselves.

24-7 Support for Midwives

Midwives can contact their named supervisor or any of the supervisory team via a 24 hour on-call rota if they need advice or guidance in any midwifery matter. The Supervisor of Midwives ratio in East Cheshire Maternity Unit is 1:14 with eight SOMs. For a midwife to become a SOM they must be nominated by their peers and undergo training at degree or masters level.

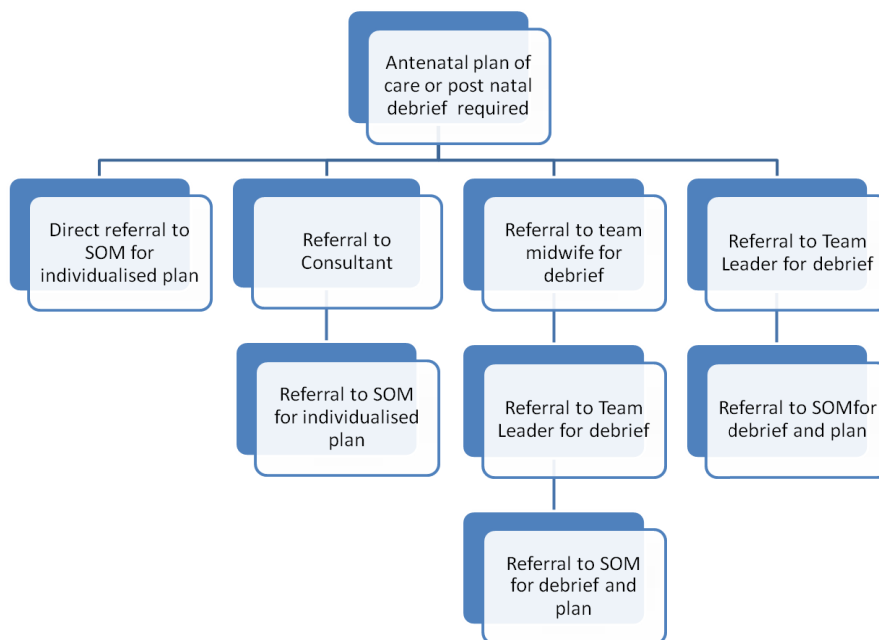
Caseloads are reorganised as new midwives commence and leave the service. Midwives and students are allocated a supervisor initially but are made aware that they can change their supervisor at any point if they wish.

Annual Reviews

A formal work plan has been developed linked to the LSA standards and Trust objectives, which challenges supervisors to improve and monitor progress. Part of this includes conducting annual one-to-one reviews with their supervisees and contributing to the development of pre and post registration education training programmes to ensure that midwives are up-to-date in response to developments and changes in practice.

Investigation of suboptimal practice

Supervisors also investigate incidents and if practice is found to be suboptimal they put in place supported or supervised practice. Supervision is non-punitive but is designed to help staff to learn from their mistakes so that they can develop an understanding of how they can manage similar incidents in future.



RESOURCES

Time is a key resource allocated by the Trust. Supervisors who are not clinically based ensure supervision is part of their daily duties and those who are clinically based are allocated one day every two months for supervisory duties. Also, supervisors take part in the SOM clinic on a rota basis, conduct annual reviews with each of their midwives, and offer support and guidance when required throughout the year.

KEY CHALLENGES

- **Time constraints** – Supervisors find that time constraints are a challenge but they are provided with dedicated time each week and encouraged to use flexible time management as well as utilising administrative support e.g. typing letters.
- **Maintaining staff morale during supervisory investigations** – Supervisory investigations are undertaken with the utmost confidentiality on the part of the Supervisor of Midwives, but if an investigation is taking place or if a midwife is put on supervised practice, that midwife may choose to inform staff of the investigation in a bid to gain support from colleagues. Although beneficial for the midwife, this can often result in staff

seeing supervision as a punitive measure which can affect morale, especially in a small unit. This is overcome by positive marketing of supervision and public recognition of good practice within the Maternity Unit. Supervisors also work proactively to prevent incidents occurring by promoting safe birth.

- **Change Management** – there have been a lot of changes within the NHS recently and restructures within the Trust itself. Supporting midwives throughout these changes is challenging but this is enabled through a good communication network and ensuring information is cascaded to all staff.
- **Clinical Negligence Scheme for Trusts** – the Trust has recently retained its Level 2 status in the Clinical Negligence Scheme for Trusts. This means that staff can provide evidence that they are following policies and procedures properly to ensure patient safety. It is important that supervisors act as role models for their peers.
- **Manager/Supervisor** – It is difficult to maintain a broad mix of staff in the role of supervisor. SOM are nominated by their peers.



GOOD PRACTICE CASE STUDY



KEY LEARNING

- It would be beneficial to increase the frequency of the SOM clinic where possible, as there is such high demand
- Supervisors are proactive at Macclesfield putting in place preventative measures to stop incidents from occurring as opposed to reacting once an incident has happened. Any evidence-based practice can then be shared with other maternity units.

SUSTAINABILITY

- Succession planning is on-going with measures in place to ensure that when people retire there will always be the required number of supervisors in place.
- At an annual supervisors' away day work plans are devised which identify gaps in service and analyse where improvements need to be made. This means that the clinic remains fit for purpose.
- The clinic is seen as instrumental in achieving the Trust's objectives around normality, and will be supported going forward.

NEXT STEPS

The SOM clinic is a relatively new service and it is important to make both midwives and woman themselves aware of it by marketing it as widely as possible and by giving presentations at various national and regional events.

SUPPORTING MATERIAL

- **Appendix 1** – SOM presentation
- **Appendix 2** – Normality Presentation
- **Appendix 3** – Referral form to SOM clinic
- **Appendix 4** – Referral process info for SOM clinic
- **Appendix 5** – Summary of SOM Audit – July 2010
- **Appendix 6** – Audit of Supervision activity Jan-Dec 2011
- **Appendix 7** – Statutory Supervision of Midwives Annual Report – June 2011
- **Appendix 8** – Supporting statement – Mar 2011

CONTACT FOR FURTHER INFORMATION

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