Health Education England

Evidence Brief: Maternity workforce

Contents

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.

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Key publications – the big picture

Mind the Gap: An Investigation into Maternity Training for Frontline Professionals Across the UK 2020/21 November 2021, Baby Lifeline
Mind the Gap 2021 explores what training looked like for the maternity services workforce during the COVID-19 pandemic, and how this relates to the factors that contribute to the avoidable harm and deaths of mothers, birthing people, and their babies. It is an ongoing piece of research by the charity Baby Lifeline. The report directly surveys recommendations from reports investigating avoidable harm and takes into account wider events affecting maternity care. Training is a central recommendation for improving safety in maternity services. Gaps which already existed in training due to chronic underfunding and staff shortages have become worse, and this report will give recommendations to improve training nationally and locally at a critical time for maternity.

Delivering Midwifery Continuity of Carer at full scale: Guidance on planning, implementation and monitoring 2021/22 October 2021, NHE England and NHS Improvement
This document provides guidance for maternity services and Local Maternity Systems on how to develop a local plan for achieving Midwifery Continuity of Carer as the default model of care offered to all women. This support includes online Midwifery Workforce Tools, which are designed to help midwifery leaders safely plan, simulate and design maternity services. The guidance also sets out recommended practice, how delivery against these plans will be assured nationally, and how provision will be measured at provider and Local Maternity System level.

The safety of maternity services in England: Fourth Report of Session 2021–22 June 2021, House of Commons Health and Social Care Committee
This report finds that improvements in the safety of maternity services have been too slow. It recommends urgent action to address staffing shortfalls in maternity services, with staffing numbers identified as the first and foremost essential building block in providing safe care. An accompanying report the Committee commissioned from an expert panel to evaluate government progress on delivering four commitments on maternity services concludes that the government's overall progress to achieve key commitments in maternity services 'requires improvement'.

The State of the World's Midwifery 2021 May 2021, United Nations Population Fund
This report presents findings on the Sexual, Reproductive, Maternal, Newborn and Adolescent Health (SRMNAH) workforce from 194 countries and identifies the barriers and challenges to future advancement. It finds that there is a a global shortage of 1.1 million SRMNAH workers, the largest shortage (900,000) being midwives.

Investment in maternity workforce and training April 2021, NHS
Letter from Ruth May, Professor Jacqueline Dunkley-Bent and Matthew Jolly that describes the steps required and timescales for organisations and systems to submit their plans for the additional investment in maternity workforce and training for 2021/22.

Safer Maternity Care: Progress Report 2021 March 2021, NHS England and NHS Improvement
This report provides an update on overall progress in meeting the National Maternity Safety Ambition and implementing the range of initiatives designed to improve outcomes for mothers

and babies since 2015. This report also celebrates the widespread collaboration by multi-professional and multidisciplinary teams across the entire health system in reducing harm and saving the lives of hundreds of babies and women and continuing to do so during the COVID-19 pandemic.

The impact of the redeployment of maternity staff during COVID-19 2020, Royal College of Obstetrics and Gynaecology
Responding to concerns raised about the mandatory redeployment of O&G staff outside of maternity services in acute trusts, the Royal College of Obstetricians and Gynaecologists (RCOG) carried out an initial and follow-up survey, inviting UK trainees, associates, members and fellows to feedback on their experiences of staffing changes during the COVID-19 pandemic.
June 2020 – initial report
December 2020 – follow-up report

The courage of compassion: Supporting nurses and midwives to deliver high-quality care September 2020, The King's Fund
The Covid-19 pandemic has put the UK health and care workforce under unprecedented pressure. The workforce had been struggling to cope even before the pandemic took hold. Staff stress, absenteeism, turnover and intentions to quit had reached alarmingly high levels in 2019, with large numbers of nurse and midwife vacancies across the health and care system. And then the pandemic struck. The impact of the pandemic on the nursing and midwifery workforce has been unprecedented and will be felt for a long time to come. The crisis has also laid bare and exacerbated longstanding problems faced by nurses and midwives, including inequalities, inadequate working conditions and chronic excessive work pressures. The health and wellbeing of nurses and midwives are essential to the quality of care they can provide for people and communities, affecting their compassion, professionalism and effectiveness. This review investigated how to transform nurses' and midwives' workplaces so that they can thrive and flourish and are better able to provide the compassionate, high-quality care that they wish to offer.

Better Births Four Years On: A review of progress March 2020, NHS
Since the publication of Better Births in 2016 and of the Report of the Morecambe Bay Investigation in 2015, the NHS and its partners have come together through the national Maternity Transformation Programme to implement its vision for safer and more personalised care across England and deliver the national ambition to halve the rates of stillbirths, neonatal mortality, maternal mortality and brain injury by 2025. As we reach the fourth anniversary, this is an opportune time to take stock of progress, to reflect on successes and remaining challenges, and consider where further action is needed.

Scoping Exercise: Training and Education of Registered Nurses and Unregistered Support Workers in Maternity Services July 2019, Royal College of Nursing
This short section highlights the findings from the survey. The survey was sent out to all Heads of Midwifery/Directors of Midwifery throughout the United Kingdom (UK). There were 187 potential respondents and 27 responded. This gave a response rate of 14%. While this is very low, it is apparently slightly better than the normal response for surveys from the Royal College of Nursing (verbal communication May 2018). The final survey contained 13 questions as, at the request of the Royal College of Midwives, additional information about Nursing Associates in maternity services was requested. A proportion of questions were not answered. Of the 13 questions, only 2 were answered by everybody.

Maternity Workforce Strategy– Transforming the Maternity Workforce Phase 1: Delivering the Five Year Forward View for Maternity March 2019, Health Education England
This strategy supports the multi-organisational Maternity Transformation Programme to deliver the vision for the future of maternity services and in particular:

- The vision set out in Better Births, the report of the National Maternity Review.
- The ambition of the Secretary of State for Health and social care to halve the rate of stillbirth, neonatal death, maternal death and serious intrapartum brain injury by 2025.

The purpose of the strategy is to support UK maternity services in making these changes, whilst ensuring that there is sufficient capacity in the workforce nationally. It aims to do so by supporting and empowering individual teams and individual midwives, doctors and other health professionals and the organisations they work in, to deliver that vision, and by ensuring that the NHS in England has the workforce of the size and skill mix it needs.
Executive Summary

Safe, sustainable and productive staffing in maternity services January 2018, National Quality Board
Improvement resource to help standardise safe, sustainable and productive staffing decisions in maternity services.

Agency, Bank and Overtime Spending in UK Maternity Units in 2016 October 2017, Royal College of Midwives
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%.

Smokefree Skills: An assessment of maternity workforce training July 2017, Action on Smoking and Health (ASH)
This report has been produced by Action on Smoking and Health (ASH) in collaboration with the Smoking in Pregnancy Challenge Group. It seeks to identify the current barriers to full training of the maternity workforce to enable them to deliver NICE guidance on smoking in pregnancy and sets out recommendations for change.

The role of responsibilities of Maternity Support Workers (MSWs) September 2016, Royal College of Midwives
The aim of this guide is to assist all those involved in developing the maternity workforce with advice on the tasks that maternity support workers can and cannot legitimately undertake.

Leading Change, Adding Value May 2016, NHS England
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.

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.

Case Studies

Improving staff engagement the Chesterfield way: Chesterfield Royal Hospital NHS Foundation Trust March 2021, NHS Employers
Explore how Chesterfield Royal Hospital NHS Foundation Trust improved its NHS Staff Survey results through a programme of staff engagement.

Nursing apprenticeship pathway: Cambridge University Hospitals NHS Foundation Trust November 2020, NHS Employers
Read how the trust has used apprenticeships to increase its nursing supply by more than 100 nurses per year and decreased agency spend.

Maternity app at Gateshead Health NHS Trust January 2019, NHS Long Term Plan
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 January 2019, NHS Long Term Plan
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.

HEE Star

More resources and tools are available in the **"Maternity and children's"** section of the HEE Star

Statistics

You can find relevant statistics on the Health and Care Statistics Landscape. under **"Health and Care"** and use the **"Child and maternal health"** filter

HEE National Data Programme

HEE staff can look at the National Data Warehouse (NDL) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

COVID-19

The impact of COVID-19 on the wellbeing of the UK nursing and midwifery workforce during the first pandemic wave: A longitudinal survey study March 2022, International Journal of Nursing Studies *Abstract only**

BACKGROUND: The specific challenges experienced by the nursing and midwifery workforce in previous pandemics have exacerbated pre-existing professional and personal challenges, and triggered new issues. We aimed to determine the psychological impact of the COVID-19 pandemic on the UK nursing and midwifery workforce and identify potential factors associated with signs of post-traumatic stress disorder. METHODS: A United Kingdom national online survey was conducted at three time-points during the first wave of the COVID-19 pandemic between April and August 2020 (T1 and T2 during initial wave; T3 at three-months following the first wave). All members of the UK registered and unregistered nursing and midwifery workforce were eligible to participate. The survey was promoted via social media and through organisational email and newsletters. The primary outcome was an Impact of Events Scale-Revised score indicative of a post-traumatic stress disorder diagnosis (defined using the cut-off score ≥33). Multivariable logistic regression modelling was used to assess the association between explanatory variables and post-traumatic stress disorder. RESULTS: We received 7840 eligible responses (T1- 2040; T2- 3638; T3- 2162). Overall, 91.6% participants were female, 77.2% were adult registered nurses, and 28.7% were redeployed during the pandemic. An Impact of Events Scale-Revised score ≥33 (probable post-traumatic stress disorder) was observed in 44.6%, 37.1%, and 29.3% participants at T1, T2, and T3 respectively. At all three time-points, both personal and workplace factors were associated with probable post-traumatic stress disorder, although some specific associations changed over the course of the pandemic. Increased age was associated with reduced probable post-traumatic stress disorder at T1 and T2 (e.g. 41-50 years at T1 odds ratio (OR) 0.60, 95% confidence interval (CI) 0.42-0.86), but not at T3. Similarly, redeployment with inadequate/ no training was associated with increased probable post-traumatic stress disorder at T1 and T2, but not at T3 (T1 OR 1.37, 95% CI 1.06-1.77; T3 OR 1.17, 95% CI 0.89-1.55). A lack of confidence in infection prevention and control training was associated with increased probable post-traumatic stress disorder at all three time-points (e.g. T1 OR 1.48, 95% CI 1.11-1.97).CONCLUSIONA negative psychological impact was evident 3-months following the first wave of the pandemic. Both personal and workplace are associated with adverse psychological effects linked to the COVID-19 pandemic. These findings will inform how healthcare organisations should respond to staff wellbeing needs both during the current pandemic, and in planning for future pandemics.

Risks of COVID-19 by occupation in NHS workers in England
March 2022, Occupational and Environmental Medicine
*NHS OpenAthens required**
OBJECTIVE: To quantify occupational risks of COVID-19 among healthcare staff during the first wave (9 March 2020-31 July 2020) of the pandemic in England. METHODS: We used pseudonymised data on 902 813 individuals employed by 191 National Health Service trusts to explore demographic and occupational risk factors for sickness absence ascribed to COVID-19 (n=92 880). We estimated ORs by multivariable logistic regression. RESULTS: With adjustment for employing trust, demographic characteristics and previous frequency of sickness absence, risk relative to administrative/clerical occupations was highest in 'additional clinical services' (care assistants and other occupations directly supporting those in clinical roles) (OR 2.31 (2.25 to 2.37)), registered nursing and midwifery professionals (OR 2.28 (2.23 to 2.34)) and allied health professionals (OR 1.94 (1.88 to 2.01)) and intermediate in doctors and dentists (OR 1.55 (1.50 to 1.61)). Differences in risk were higher after the employing trust had started to care for documented patients with COVID-19, and were reduced, but not eliminated, following additional adjustment for exposure to infected patients or materials, assessed by a job-exposure

matrix. For prolonged COVID-19 sickness absence (episodes lasting >14 days), the variation in risk by staff group was somewhat greater. CONCLUSIONS: After allowance for possible bias and confounding by non-occupational exposures, we estimated that relative risks for COVID-19 among most patient-facing occupations were between 1.5 and 2.5. The highest risks were in those working in additional clinical services, nursing and midwifery and in allied health professions. Better protective measures for these staff groups should be a priority. COVID-19 may meet criteria for compensation as an occupational disease in some healthcare occupations.

Rapid introduction of virtual consultation in a hospital-based Consultant-led Antenatal Clinic to minimise exposure of pregnant women to COVID-19 January 2022, BMJ Open Quality *NHS OpenAthens required**
The COVID-19 global pandemic dictated rapid change to outpatient services within our London-based maternity hospital. Coupled with long waiting times in the Consultant-led Antenatal clinic, we aimed to reduce hospital footfall and unnecessary contact with a clinically vulnerable patient population by reducing face-to-face consultations. Numerous specialties have already successfully implemented safe and effective teleconferencing, allowing remote review while reducing the risks posed by face-to-face contact. A target to see at least 15% of women remotely was set to reduce footfall in the Consultant-led Antenatal Clinic. We aimed to reduce face-to-face waiting times to a mean of 30 min. In March 2020, clinics were prevetted by the clinic consultant to carefully select appropriate women suitable for video or telephone consultations. Clinic templates were changed, increasing appointment times by 5-25 min each. 'AccuRx' software was tested and used to communicate appointment details and conduct the consultation. In-person waiting times in the clinic and number of virtual consultations over a 3-month period was recorded, along with qualitative feedback from service users and staff through surveys and departmental meetings. Mean waiting times were reduced by 33% from 45-30 min and multiple service-user benefits were noted, including partner involvement, convenience of waiting for appointments at home and removing requirement for childcare. However, limitations of internet connectivity, need for time to prevet clinics and lack of a robust administration system to inform women of their appointment type were highlighted. Further work is required in these areas to ensure sustainability and improvement of this process for the future.

Effects of the Covid-19 pandemic on maternity staff in 2020 - a scoping review December 2021, BMC Health Services Research
In the spring of 2020, the SARS-CoV-2 virus caused the Covid-19 pandemic, bringing with it drastic changes and challenges for health systems and medical staff. Among the affected were obstetricians and midwives, whose close physical contact with pregnant women, women who recently gave birth, and their children was indispensable. In the obstetric setting, births cannot be postponed, and maternity staff had to adapt to assure obstetric safety while balancing evidence-based standards with the new challenges posed by the pandemic. This scoping review gives a comprehensive overview of the effecs the Covid-19 pandemic had on maternity staff. We followed the evidence-based approach described by Arksey & O'Malley: we searched several databases for English and German articles published between January 2020 and January 2021 that discussed or touched upon the effects the pandemic had on maternity staff in OECD countries and China. We found that structural challenges caused by the crisis and its subjective effects on maternity staff fell into two main topic areas. Structural challenges (the first main topic) were divided into five subtopics: staff shortages and restructuring; personal protective

equipment and tests; switching to virtual communication; handling women with a positive SARS-CoV-2 infection; and excluding accompanying persons. The pandemic also strongly affected the staff's mental health (the second main topic.) Attempting to meet challenges posed by the pandemic while afraid of contamination, suffering overwork and exhaustion, and struggling to resolve ethical-moral dilemmas had severe negative subjective effects. Several studies indicated increased depression, anxiety, stress levels, and risk of post-traumatic stress symptoms, although the crisis also generated strong occupational solidarity. Care for pregnant, birthing, and breast-feeding women cannot be interrupted, even during a pandemic crisis that requires social distancing. Maternity staff sometimes had to abandon normal standards of obstetric care and were confronted with enormous challenges and structural adjustments that did not leave them unscathed: their mental health suffered considerably. Researchers should study maternity staff's experiences during the pandemic to prepare recommendations that will protect staff during future epidemics.

The psychological effects of working in the NHS during a pandemic on final-year students: part 1 December 2021, British Journal of Nursing *Abstract only**
Resilience in nursing and midwifery involves being able to manage ethically adverse situations without suffering moral distress and is key to mental wellbeing, staff retention and patient safety. The aim of this research was to ask what the psychological effects were for nursing and midwifery students who had been deployed to work in the NHS during the COVID-19 pandemic. This study looked at the incidence of burnout in a small cohort of nursing and midwifery students who were employed as band 4 aspirant nurses and midwives in acute NHS trusts in the south of England. The findings suggested that student midwives reported higher levels of emotional exhaustion and depersonalisation than student nurses but overall, both cohorts of students reported moderate levels of burnout. Part 2 will present the lived experience of deployment as described by students.

COVID-19 and maternity care in South East London: shared working and learning initiative September 2021, BMJ Open Quality
The SARS-CoV-2 COVID-19 pandemic has had an immediate and profound impact on how healthcare systems organise and deliver services and specifically, there is a disproportionate negative impact on Black, Asian and Minority Ethnic groups and other risk factors. This has required clinical leaders to respond at pace to meet patient's care needs, while supporting staff working in a volatile, uncertain, complex and ambiguous environment. During the initial wave and then the later waves within our South East London sector, there were new challenges as everyone faced a novel disease necessitating real-time learning and reflection. Through informal conversations and networks, the clinicians highlighted in the first wave the need for a forum for clinical discussion. Using our existing South East London Local Maternity System and the evolving Maternal Medicine Networks alliance, we initiated a sharing and learning platform to support clinical decision-making for all maternity health professionals during the pandemic. Fortnightly, multidisciplinary virtual huddles were established allowing obstetric physicians, obstetricians, midwives and obstetric anaesthetists to share their clinical experience, operational and service challenges. This approach fostered and developed cross-site team working and shared learning across traditional, organisational boundaries. In South East London, prior to the introduction of universal testing in the first surge, we had a total of 65 confirmed positive cases of which 5 women were delivered due to COVID-19, 5 women required high dependency or intensive care and 3 women were intubated and ventilated. During the second and third waves,

the COVID-19 Local Maternity System huddles provided monthly learning opportunities to share clinical practice, guidelines, vaccination updates and challenges with workforce. The huddles have proven to be a sustainable platform, which have built trust across the sector, facilitating effective teamwork and providing invaluable support for clinical decision-making. We describe the evolution of this structure and share our experience of working within this new clinical network during the first wave and how this established way of working facilitated collaboration during the second and third waves as staff and the system became more fatigued. The huddles have developed to become multi-professional, multisite collaborations with the whole group taking joint ownership to develop shared learning and are providing a forum for discussions for the emerging South East London's Maternal Medicine Network.

Moral and mental health challenges faced by maternity staff during the COVID-19 pandemic August 2021, Psychological Trauma: theory, research, practice and practice
The current COVID-19 pandemic places maternity staff at risk of engaging in clinical practice that may be in direct contravention with evidence; professional recommendations; or, more profoundly, deeply held ethical or moral beliefs and values, as services attempt to control the risk of cross-infection. Practice changes in some settings include reduction in personal contacts for tests, treatments and antenatal and postnatal care, exclusion of birth partners for labor and birth, separation of mother and baby in the immediate postnatal period, restrictions on breastfeeding, and reduced capacity for hands-on professional labor support through social distancing and use of personal protective equipment. These enforced changes may result in increasing levels of occupational moral injury that need to be addressed at both an organizational and a personal level. (PsycInfo Database Record (c) 2020 APA, all rights reserved).

Midwives' experiences of providing maternity care during the COVID-19 pandemic in Australia March 2021, Women and Birth
*Abstract only**
PROBLEM The COVID-19 pandemic has required rapid and radical changes to the way maternity care is provided in many nations across the world. BACKGROUND Midwives provide care to childbearing women across the continuum and are key members of the maternity workforce in Australia. AIM To explore and describe midwives' experiences of providing maternity care during the COVID-19 pandemic in Australia. METHODS A two-phased cross-sectional descriptive study was conducted. Data were collected through an online survey and semi-structured interviews between May-June 2020.FINDINGSSix hundred and twenty midwives responded to the online survey. Many reported a move to telehealth appointments. For labour care, 70% of midwives reported women had limited support; 77% indicated postnatal visiting was impacted. Five main themes were derived from the qualitative data including: coping with rapid and radical changes, challenges to woman-centred care, managing professional resilience, addressing personal and professional challenges, and looking ahead. DISCUSSION Restrictions applied to women's choices, impacted midwives' ability to provide woman-centred care, which resulted in stress and anxiety for midwives. Professional resilience was supported through collaborative relationships and working in continuity models. Midwives revealed 'silver linings' experienced in providing care during the pandemic. CONCLUSION Findings provide valuable evidence to understand the impact on midwives who have provided care during the COVID-19 pandemic. Knowledge will be useful for health leaders and policy makers as they consider ways to continue care during the pandemic and support the essential midwifery workforce. Recommendations are presented to improve preparedness for future pandemics.

Psychological impact in non-infectious disease specialists who had direct contact with patients with COVID-19 December 2020, BJPsych Open

BACKGROUND The coronavirus disease 2019 (COVID-19) outbreak has become a pandemic. Obstetricians and midwives, among other medical staff, are tackling COVID-19 and are under immense psychological stress. AIMS We aimed to survey the mental health of non-infectious disease specialist staff, specifically obstetricians and midwives, working in officially designated hospitals treating patients with COVID-19.METHODA nationwide online survey was conducted from 7 March to 17 March 2020 investigating the mental health of obstetricians and midwives (who were not themselves infected with COVID-19) working in hospitals treating patients with COVID-19. We used the 9-item Patient Health Questionnaire (PHQ-9), the 7-item Generalized Anxiety Disorder (GAD-7) scale and the 7-item Insomnia Severity Index (ISI) to assess their symptoms of depression, anxiety and insomnia. RESULTS A total of 885 (41.6%), 609 (28.6%) and 729 (34.3%) obstetricians and midwives reported depression (PHQ-9 ≥ 5), anxiety (GAD-7 ≥ 5) and insomnia (ISI ≥ 8), respectively, during the COVID-19 pandemic. Regardless of whether or not they had direct contact with patients with COVID-19, obstetricians and midwives were more likely to report mild and moderate depression and anxiety during the COVID-19 pandemic when compared with before the pandemic. Those who had direct contact with patients with COVID-19 were more likely to report depression and insomnia than those who did not. Those who had sufficient protective equipment or training were less likely to report depression, anxiety and insomnia than those who did not. CONCLUSIONS Our data suggest that non-infectious disease specialist staff have experienced varying, but increased levels of depression, anxiety and insomnia during this COVID-19 pandemic, which could be reduced by sufficient levels of protective equipment and occupational COVID-19 workplace training.

Workforce planning

It's Time to Act: Strategies to Strengthen the Nursing and Midwifery Workforce Jan/Feb 2022, Nursing Economics
*NHS OpenAthens required**
Specifically, these policy priorities call on WHO Member States to: * Invest in a safe, healthy, and equitable workplace with strategies to protect the welfare and well-being of nurses and midwives. * Implement regulatory reforms to maximize the contributions of nurses and midwives by ensuring they are practicing to the full extent of their education, training, and licensure (where applicable). * Enhance compensation to ensure nurses are paid fairly and equitably so countries have enough nurses in the right places in the right jobs at the right time to meet future emergencies, disasters, and conflicts. * Elevate training and continuing education to keep nurses and midwives up to date and able to confidently address rapidly changing science and practice. * Establish and strengthen national leadership roles for nurses and midwives; provide leadership skill development programs to foster future generations of leaders. * Appoint a government chief nursing officer and chief midwifery officer to provide input at the highest levels and strengthen the regulatory environment. * Improve coordination among senior nursing leaders and their counterparts in academia, professional associations, and regulatory bodies. * Track progress and share success at the biennial WHO Global Forum for Government Chief Nursing and Midwifery Officers. WHO EMR Strategic Nursing Framework, Implementation, and Evaluation Plan Steps implemented to tackle the range of challenges encountered by the countries included development of a regional nursing and midwifery framework (2016-2025) with feasible, high-impact, and cost-

effective actions in the short and medium term aimed at improving the components of nursing and midwifery to ensure access to quality and safe healthcare services (WHO, 2016). The Regional Committee resolution (WHO, 2019b) on strengthening the nursing workforce to advance universal health coverage called for facilitating technical cooperation between WHO and member states to develop national plans and strategies in line with the Regional Framework for Action: strengthening nursing and midwifery in the EMR 2016-2025. The Call to Action It is essential information on nursing and evidence on the economic value and contribution of nurses and midwives in providing quality, cost-effective, accessible care in a multitude of settings is integrated into the national health system and policy decisions on health care.

The association between midwifery staffing levels and the experiences of mothers on postnatal wards: Cross sectional analysis of routine data February 2022, Women and Birth: Journal of the Australian College of Midwives
BACKGROUND: Women have consistently reported lower satisfaction with postnatal care compared with antenatal and labour care. The aim of this research was to examine whether women's experience of inpatient postnatal care in England is associated with variation in midwifery staffing levels. METHODS: Analysis of data from the National Maternity Survey in 2018 including 17,611 women from 129 organisations. This was linked to hospital midwifery staffing numbers from the National Health Service (NHS) Workforce Statistics and the number of births from Hospital Episode Statistics. A two-level logistic regression model was created to examine the association of midwifery staffing levels and experiences in post-natal care. RESULTS: The median Full Time Equivalent midwives per 100 births was 3.55 (interquartile range 3.26-3.78). Higher staffing levels were associated with less likelihood of women reporting delay in discharge (adjusted odds ratio [aOR] 0.849, 95% CI 0.753-0.959, p = 0.008), increased chances of women reporting that staff always helped in a reasonable time aOR1.200 (95% CI 1.052, 1.369, p = 0.007) and that they always had the information or explanations they needed aOR 1.150 (95% CI 1.040, 1.271, p = 0.006). Women were more likely to report being treated with kindness and understanding with higher staffing, but the difference was small and not statistically significant aOR 1.059 (0.949, 1.181, p = 0.306). CONCLUSIONS: Negative experiences for women on postnatal wards were more likely to occur in trusts with fewer midwives. Low staffing could be contributing to discharge delays and lack of support and information, which may in turn have implications for longer term outcomes for maternal and infant wellbeing.

Midwifery and nurse staffing of inpatient maternity services - A systematic scoping review of associations with outcomes and quality of care December 2021, Midwifery *Abstract only**
OBJECTIVE: To undertake a scoping literature review of studies examining the quantitative association between staffing levels and outcomes for mothers, neonates, and staff. The purpose was to understand the strength of the available evidence, the direction of effects, and to highlight gaps for future research. DATA SOURCES: Systematic searches were conducted in Medline (Ovid), Embase (Ovid), CINAHL (EBCSCO), Cochrane Library, TRIP, Web of Science and Scopus. STUDY SELECTION AND REVIEW METHODS: To be eligible, staffing levels had to be quantified for in-patient settings, such as ante-natal, labour/delivery or post-natal care. Staff groups included midwives, nurse midwives or equivalent, and assistant staff working under the supervision of professionals. Studies of the quality of care, patient outcomes and staff outcomes were included from all countries. All quantitative designs were included, including controlled trials, time series, cross-sectional, cohort studies and case controlled

studies. Data were extracted and sources of bias identified by considering the study design, measurement of exposure and outcomes, and risk adjustment. Studies were grouped by outcome noting the direction and significance of effects. RESULTS: The search yielded a total of 3280 records and 21 studies were included in this review originating from ten countries. There were three randomised controlled trials, eleven cohort studies, one case control study and six cross sectional studies. Seventeen were multicentre studies and nine of them had over 30,000 participants. Reduced incidence of epidural use, augmentation, perineal damage at birth, postpartum haemorrhage, maternal readmission, and neonatal resuscitation were associated with increased midwifery staff. Few studies have suggested a negative impact of increasing staffing rates, although a number of studies have found no significant differences in outcomes. Impact on the mode of birth was unclear. Increasing midwifery assistants was not associated with improved patient outcomes. No studies were found on the impact of low staffing levels for the midwifery workforce. CONCLUSIONS AND IMPLICATIONS FOR PRACTICE: Although there is some evidence that higher midwifery staffing is associated with improved outcomes, current research is insufficient to inform service planning. Studies mainly reported outcomes relating to labour, highlighting a gap in research evidence for the antenatal and postnatal periods. Further studies are needed to assess the costs and consequences of variations in maternity staffing, including the deployment of maternity assistants and other staff groups.

Nursing Workforce Mobility in a Changing Global Landscape October 2021, Nursing Leadership *Abstract only**
The sustainability of a country's health human resources depends on the supply and mobility of its healthcare workers. Globally, nursing occupies the largest health professional labour group (59%), with a growth of 4.7 million nurses seen from 2013 to 2018, amounting to a nursing workforce of 27.9 million worldwide (WHO 2020a). Despite this increase, it is estimated that the world will need an additional nine million nurses and midwives by 2030 (WHO 2020b). Given these projections, enhanced nurse mobility can be anticipated and expected.

What is the relationship between midwifery staffing and outcomes? September 2021, Nursing Times *Abstract only**
Staffing levels have been implicated in cases of adverse maternity events, near misses and suboptimal outcomes, such as unwell newborns or still births. Care missed due to high workload can affect the detection of deterioration in mothers and babies, and delay appropriate management. A national shortage of midwives has resulted in increased reliance on support workers but the possible effect of skill-mix changes on outcomes has not been assessed. This article describes a systematic scoping review to explore evidence on the association between inpatient midwifery staffing levels, skill mix and outcomes for mothers and babies. Researchers at the University of Southampton aimed to understand the amount and strength of the available evidence, as well as the direction of relationships established, and highlight gaps for future research.

Nature and scope of certified nurse-midwifery practice: a workforce study November 2018, Journal of Clinical Nursing *Abstract only**
Aims and objectives: To describe the nature and scope of nurse-midwifery practice in Texas and to determine legislative priorities and practice barriers. Background: Across the globe, midwives are the largest group of maternity care providers despite little known about midwifery practice. With a looming shortage of midwives, there is a pressing need to understand midwives' work environment and scope of practice. Design:

Mixed methods research utilising prospective descriptive survey and interview. Methods: An online survey was administered to nurse-midwives practicing in the state of Texas (N = 449) with a subset (n = 10) telephone interviewed. Descriptive and inferential statistics and content analysis was performed. Results: The survey was completed by 141 midwives with eight interviewed. Most were older, Caucasian and held a master's degree. A majority worked full-time, were in clinical practice in larger urban areas and were employed by a hospital or physician group. Care was most commonly provided for Hispanic and White women; approximately a quarter could care for greater numbers of patients. Most did not clinically teach midwifery students. Physician practice agreements were believed unnecessary and prescriptive authority requirements restrictive. Legislative issues were typically followed through the professional organisation or social media sites; most felt a lack of competence to influence health policy decisions. While most were satisfied with current clinical practice, a majority planned a change in the next 3 to 5 years. 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. Relevance to clinical practice: Robust midwifery workforce data are needed as well as a midwifery board which tracks availability and accessibility of midwives. Educators should consider training models promoting long-term service in underserved areas, and development of skills crucial for impacting health policy change.

A comparative workforce study of midwives practicing in the state of Texas November 2018, Journal of Midwifery and Women's Health *Abstract only**
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. Methods: Online parallel surveys of Texas LMs and CNMs were conducted in December 2015 and January 2016. The REDCap data management system housed the 123- and 125-item surveys for LMs and CNMs, respectively, addressing demographics, populations served, and clinical practice. A comparative statistical analysis, using Fisher's exact test, Pearson's chi-squared test, and Independent Samples t-tests, was performed. 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. Discussion: Findings represent the first attempt to describe the Texas midwifery workforce. In a large state with health care provider shortages, this step is pivotal in addressing strategies for providing services for women and infants. This groundwork can provide the foundation for including midwifery in a state health plan.

A comparison of nursing education and workforce planning initiatives in the United States and England November 2017, Policy, politics and nursing practice

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.

The efficient use of the maternity workforce and the implications for safety and quality in maternity care: a population-based, cross-sectional study October 2014, Health Services and Delivery Research
Background: The performance of maternity services is seen as a touchstone of whether or not we are delivering high-quality NHS care. Staffing has been identified in numerous reports as being a critical component of safe, effective, user-centred care. There is little evidence regarding the impact of maternity workforce staffing and skill mix on the safety, quality and cost of maternity care in the UK. Objectives: To understand the relationship between organisational factors, maternity workforce staffing and skill mix, cost and indicators of safe and high-quality care. Design and methods: Data included Hospital Episode Statistics (HES) from 143 NHS trusts in England in 2010–11 (656,969 delivery records), NHS Workforce Statistics, England, 2010–11, Care Quality Commission Maternity Survey of women's experiences 2010 and NHS reference costs 2010/11. Ten indicators were derived from HES data. They included healthy mother and healthy baby outcomes and mode of birth. Adjustments were made for background characteristics and clinical risk. Data were analysed to examine the influence of organisational factors, staffing and costs using multilevel logistic regression models. A production function analysis examined the relationship between staffing, skill mix and output. Results: Outcomes were largely determined by women's level of clinical risk [based on National Institute for Health and Care Excellence (NICE) guidance], parity and age. The effects of trust size and trust university status were small. Larger trust size reduced the chance of a healthy mother outcome and also reduced the likelihood of a healthy mother/healthy baby dyad outcome, and increased the chances of other childbirth interventions. Increased investment in staff did not necessarily have an effect on the outcome and experience measures chosen, although there was a higher rate of intact perineum and also of delivery with bodily integrity in trusts with greater levels of midwifery staffing. An analysis of the multiplicative effects of parity and clinical risk with the staffing variables was more revealing. Increasing the number of doctors had the greatest impact on outcomes in higher-risk women and increasing the number of midwives had the greatest impact on outcomes in lower-risk women. Although increased numbers of support workers impacted on reducing childbirth interventions in lower-risk women, they also had a negative impact on the healthy mother/healthy baby dyad outcomes in all women. In terms of maximising the capacity of a trust to deliver babies, midwives and support workers were found to be substitutes for each other, as were consultants and other doctors. However, any substitution between staff groups could impact on the quality of

care given. Economically speaking, midwives are best used in combination with consultants and other doctors.
Conclusions: Staffing levels have positive and negative effects on some outcomes, and deployment of doctors and midwives where they have most beneficial impact is important. Managers may wish to exercise caution in increasing the number of support workers who care for higher-risk women. There also appear to be limited opportunities for role substitution.
Future work: Wide variations in outcomes remain after adjustment for sociodemographic and clinical risk, and organisational factors. Further research is required on what may be influencing unexplained variation such as organisational climate and culture, use of NICE guidelines in practice, variation of models of care within trusts and women's choices.

Diversity, inclusion and participation

Multiple stakeholder perspectives of factors influencing differential outcomes for ethnic minority students on health and social care placements: a qualitative exploration January 2022, BMC Medical Education
Despite considerable efforts there continues to be a degree awarding gap within the United Kingdom (UK) between the proportion of White British students receiving higher classifications, compared to ethnic minority UK-domiciled students. Practice placement elements constitute approximately 50% of most health and social care programmes, yet surprisingly little research exists related to the factors which may contribute to ethnic minority student placement outcomes or experiences. This study bridges this evidence gap by exploring factors influencing differential placement outcomes of ethnic minority students from the perspectives of key stakeholders. METHODS: The study followed a descriptive qualitative research design and was multi-disciplinary, with participants drawn from across nursing, midwifery, social work and the allied health professions. Participants from four stakeholder categories (ethnic minority students, academic staff, placement educators and student union advisors) were invited to join separate focus groups. Focus groups were recorded and transcribed and analysed thematically.
RESULTS: Ten separate focus groups [n = 66] yielded three primary themes: 1) recognition, which highlighted stakeholder perceptions of the issues [sub-themes: acknowledging concerns; cultural norms; challenging environments]; 2) the lived experience, which primarily captured ethnic minority student perspectives [sub-themes: problematising language and stereotyping, and being treated differently]; 3) surviving not thriving, which outlines the consequences of the lived experience [sub-themes: withdrawing mentally, feeling like an alien]. CONCLUSION: This study presents a rich exploration of the factors affecting differential outcomes of ethnic minority students on practice placements through the lens of four different stakeholder groups. To our knowledge this is the first study in which this comprehensive approach has been taken to enable multiple viewpoints to be accessed across a wide range of health and social care professions. The issues and challenges raised appear to be common to most if not all of these disciplines. This study highlights the urgent need to value and support our ethnic minority students to remove the barriers they face in their practice learning settings. This is a monumental challenge and requires both individuals and organisations to step up and take collective responsibility.

Racial and Ethnic Diversity in the Nursing Workforce: A Focus on Maternity Care August 2021, Policy, Politics & Nursing Practice *Abstract only**

Racial and ethnic inequities in health are a national crisis requiring engagement across a range of factors, including the health care workforce. Racial inequities in maternal and infant health are an increasing focus of attention in the wake of rising

rates of maternal morbidity and mortality in the United States. Efforts to achieve racial equity in childbirth should include attention to the nurses who provide care before and during pregnancy, at childbirth, and postpartum.

Racial and Ethnic Diversity of Family Physicians Delivering Maternity Care May 2021, Journal of Racial and Ethnic Health Disparities *Abstract only**

BACKGROUND Maternal and birth outcomes represent some of the most profound racial and ethnic disparities in health in the USA, and are, in part, attributed to a lack of diversity in the maternity care workforce. Family physicians are an often-overlooked part of the maternity care workforce, yet frequently provide care to underserved populations. This study aims to characterize the family physician workforce providing obstetric care in terms of race/ethnicity. METHODS In this cross-sectional study, we used data collected via the American Board of Family Medicine Exam Registration Questionnaire from 2017 to 2019. Respondents included family physicians seeking to continue their certification in those years. We conducted bivariate tests and an adjusted analysis using logistic regression to examine associations with providing obstetric deliveries. Variables included race, ethnicity, age, gender, degree type, international medical graduate status, practice site, and rurality. RESULTS Of 20,820 family physicians in our sample, those identifying as Black/African American (OR 0.55, CI 0.41 to 0.74) and Asian (OR 0.40, CI 0.31 to 0.51) had significantly lower odds of including obstetrics in their practice than those identifying as White. We found no significant difference in practicing obstetrics between Hispanic and non-Hispanic family physicians (OR 0.94, CI 0.73 to 1.20). Asian (OR 0.40, CI 0.31 to 0.51) and Black/African American (OR 0.55, CI 0.41 to 0.74) physicians still have significantly lower odds of providing obstetric care than White physicians after controlling for rurality. CONCLUSIONS Family physicians who identified as Black/African American or Asian are less likely to include obstetrics in their practice. A diverse and racially/ethnically representative maternity care workforce, including family physicians, may help to ameliorate disparities in maternal and birth outcomes. Enhanced efforts to diversify the family physician maternity care workforce should be implemented.

Longitudinal Follow Up of Early Career Midwives: Insights Related to Racism Show the Need for Increased Commitment to Cultural Safety in Aboriginal Maternity Care January 2021, International Journal of Environmental Research and Public Health

Racism in health care undermines equitable service delivery, contributes to poorer health outcomes and has a detrimental effect on the Aboriginal workforce. In maternity care settings, Aboriginal women's perceptions of discrimination are widespread, with the importance of cultural practices surrounding childbirth often not recognised. Efforts to build midwives' cultural capabilities and address health disparities have seen Aboriginal content included in training programs but little is known about its application to clinical practice. This study reinterviewed midwives who had previously completed university midwifery training that aimed to increase understanding of Aboriginal people and cultural safety in health care. Participants were 14 non-Indigenous midwives and two Aboriginal midwives. Interviews explored the legacy of program initiatives on cultural capabilities and observations and experiences of racism in maternity care settings. Methods followed qualitative approaches for research rigour, with thematic analysis of transcribed interviews. Findings revealed the positive impact of well-designed content and placements, with non-Indigenous participants cognisant and responsive to casual racism but largely not recognising institutional racism. The Aboriginal midwives had experienced and were attuned to

racism in all its guises and suggested initiatives to heighten awareness and dispel stereotypes. It is evident that greater attention must be paid to institutional racism in educational programs to increase its recognition and appropriate actions within health care settings.

Race-ethnic and gender differences in representation within the English National Health Service: a quantitative analysis February 2020, BMJ Open

OBJECTIVES To evaluate race-ethnic and gender disparities in National Health Service (NHS) England employment in position, prestige and pay. DESIGN National study using data from NHS Digital. SETTING Trusts and clinical commissioning groups in England.PARTICIPANTS1 105 390 NHS Hospital and Community Health Service staff. RESULTS Chinese people (42.9%, 95% CI 41.7% to 44.1%) are the most likely to be employed as doctors, followed by Asians (28.6%, 95% CI 28.3% to 28.8%) and people of mixed race/ethnicity (17.9%, 95% CI 17.3% to 18.4%); while white people (6.8%, 95% CI 6.7% to 6.8%) are less likely to be employed as doctors. However, white doctors are the most likely to be in the highest paid positions: 46.0% (95% CI 45.6% to 46.4%) of white doctors are consultants, whereas only 33.4% (95% CI 31.6% to 35.2%) of Chinese doctors are consultants. Black people are under-represented both among doctors and as consultants: 6.5% (95% CI 6.4% to 6.7%) of black employees are doctors and 30.6% (95% CI 29.2% to 32.0%) of black doctors are consultants. We found similar results for nurses and health visitors, where white people are over-represented in the higher pay bands. However, among support staff for doctors, nurses and midwives, we found that Chinese people were over-represented in the higher pay bands. These race-ethnic differences were similar for women and men. Additionally, we found that men were more likely to be employed in higher pay bands than women, and this gender disparity was apparent across race-ethnic groups. CONCLUSIONS Race-ethnic and gender disparities exist in the NHS in position, prestige and pay. To begin to overcome such disparities, the NHS must collect data using consistent race-ethnic categories in order to examine differences over time.

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

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.

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

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.

Creating a more diverse midwifery workforce in the United States: a Historical Reflection September 2016, Journal of Midwifery & Women's Health *Abstract only** 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. Discussion: Over the past 60 years, ACNM leadership and midwives of color have continued to explore new and effective means to create a workforce that reflects the communities in which nurse-midwives practice.

Recruitment, attrition, retention, and supply

Work-related stress and intention to leave among midwives working in Swiss maternity hospitals - a cross-sectional study July 2021, BMC Health Services Research

BACKGROUND Health systems around the globe are struggling to recruit qualified health professionals. Work-related stress plays an important role in why health professionals leave their profession prematurely. However, little is known about midwives' working conditions and intentions to leave their profession, although this knowledge is key to work force retention. Therefore, we aimed to investigate work-related stress among midwives working in Swiss maternity hospitals, as well as differences between midwives and other health professionals and the stressors associated with midwives' intention to leave the profession. METHODS We conducted a data analysis of two cross-sectional studies encompassing midwives working in labour, postpartum and/or gynaecology wards of 12 public Swiss maternity hospitals. Data was collected by self-report questionnaire assessing potential stressors and long-term consequences of stress at work. Data were analysed using descriptive statistics, Kruskal Wallis tests and logistic regression modelling. RESULTS A total of 98 midwives took part in the study and one in three midwives

reported doing overtime sometimes-always. Also, the score for work-private life conflicts was significantly higher among midwives than among other health professionals, with the exception of physicians (M = 37.0 versus 50.2, p < .001). Midwives' meaning of work score (M = 89.4) was significantly higher than that of other health professionals (e.g. nurses (M = 83.0, p < .001) or physicians (M = 82.5, p < .01)). Generation Y midwives showed a significantly higher intention to leave their organisation than did the baby boomers (Mean scores 29.3 versus 10.0, p < .01). Results of the regression model revealed that if midwives could compensate for their overtime in the same month, their intention to leave the profession was lower (OR = 0.23, p < .05). Additionally, the more midwives were affected by work-private life conflicts (OR = 3.01, p < .05) and thoughts about leaving their organisation (OR = 6.81, p < .05), the higher was their intention to leave their profession prematurely. CONCLUSIONS The comparison with other health professions and the higher intention to leave the profession of younger midwife generations are important findings for heads of institutions as well as policy makers, and should stimulate them to develop strategies for keeping midwives on their staff. More extensive studies should implement and test interventions for reducing work-related stress and increasing the job and occupational satisfaction of midwives.

The future of the Australian midwifery workforce - impacts of ageing and workforce exit on the number of registered midwives February 2021, Women and Birth *Abstract only** PROBLEM Ensuring an adequate supply of the midwife workforce will be essential to meet the future demands for maternity care within Australia. BACKGROUND Aim: To project the overall number of midwives registered with the Nursing and Midwifery Board of Australia and the timing of their retirement to 2043 based upon the ageing of the population. METHODS Using data on the number of registered midwives released by the Nursing and Midwifery Board of Australia we calculated the five-year cumulative attrition rate of each five-year age group. This attrition rate was then utilized to estimate the number of midwives registered in each five-year time period from 2018 to 2043. We then estimated the number of midwives that would be registered after also accounting for stated retirement intentions. FINDINGS Between 2018 and 2023 the overall number of registered midwives will decline from 28,087 to 26,642. After this time there is expected to be growth in the total number, reaching 28,392 in 2028 and 55,747 in 2043. If midwives did relinquish their registration at a rate indicated in previous workforce satisfaction surveys, the overall number of registered midwives would decline to 19,422 in 2023, and remain below 2018 levels until 2038.DISCUSSIONDue to the age distribution of the current registered midwifery workforce the imminent retirement of a large proportion of the workforce will see a decline in the number of registered midwives in the coming years. Additional retirement due to workforce dis-satisfaction may exacerbate this shortfall.

How is organisational fit addressed in Australian entry level midwifery job advertisements February 2021, BMC Health Services

BACKGROUND Midwifery job retention is an ongoing global issue. Prior research has recognised that considering an individual's attributes in relation to their work environment may assist in improving job satisfaction among midwives, leading to improved long-term job retention in the midwifery profession. The aim of this study was to evaluate whether, and how organisational fit is addressed in current entry level midwifery job advertisements within Australia. METHODS Midwifery jobs were searched for within 12 search engines, using the search term 'midwife', including Seek.com , Indeed.com , government employment websites for all Australian states and territories,

and private health organisation websites. Data were extracted from eligible job advertisements by three independent researchers. Extracted data encompassed elements addressing person-job fit and person-organisation fit. Content analysis involving chi-square and Fischer exact tests were completed on extracted data. RESULTS Key findings demonstrate private health care organisations (29.2%) are more likely than public health care organisations (8.8%) to ask potential candidates to have additional qualifications, however, public health care organisations (34.1% vs. 16.7%) are more likely to ask for dual registration as a midwife and nurse. This is further supported by private health care organisations being more likely to refer to the candidate as a midwife (72.9% vs. 48.4%) than as a nurse. Private health care organisations more often noted access to support for employees and were more likely to mention access to employee assistance programs (41.7% vs. 13.2%), orientations (16.7% vs. 0%) and included benefits (72.9% vs. 42.9%). Clinical skills and personality traits were more frequently addressed in public health organisation advertisements; these included a requirement of employees to be accountable (49.5% vs. 6.3%), innovative (28.6% vs. 0%), have teamwork (69.2% vs. 52.1%) and conflict resolution skills (36.3% vs. 8.3%), and have knowledge of legislation (44.0% vs. 25.0%) and contemporary midwifery issues (28.6% vs. 4.2%). CONCLUSION This study highlights that organisations employing midwives may be unwittingly contributing to the problem of midwife attrition through inattention to factors that endear midwives to workplaces in job advertisements. Further work developing employee selection and recruitment processes that are informed by the concept of person-job-organisation fit, is necessary.

"Overwhelmed and out of my depth": Responses from early career midwives in the United Kingdom to the Work, Health and Emotional Lives of Midwives study November 2020, Women and Birth

BACKGROUND Efforts to resolve the longstanding and growing staffing crisis in midwifery in the United Kingdom have been hampered by very poor retention rates, with early career midwives the most likely to report burnout and intention to leave the profession. AIMS To establish the key, self-described factors of satisfaction and dissatisfaction at work for early career midwives in the United Kingdom, and suggest appropriate and effective retention strategies. METHODS Thematic analysis was undertaken on a subset of free text responses from midwives who had been qualified for five years or less, collected as part of the United Kingdom arm of the Work, Health and Emotional Lives of Midwives project. FINDINGS Midwives described feeling immense pressure caused by an unremittingly heavy workload and poor staffing. Where relationships with colleagues were strong, they were described as a protective factor against stress; conversely, negative working relationships compounded pressures. Despite the challenges, many of the midwives reported taking great pleasure in their work, describing it as a source of pride and self-esteem. Midwives valued being treated as individuals and having some control over their shift pattern and area of work. DISCUSSION These results, which reveal the strain on early career midwives, are consistent with the findings of other large studies on midwives' wellbeing. All available levers should be used to retain and motivate existing staff, and recruit new staff; in the meantime, considerable creativity and effort should be exercised to improve working conditions. CONCLUSION This analysis provides a 'roadmap' for improving staff wellbeing and potentially retention.

"I love being a midwife; it's who I am": A Glaserian Grounded Theory Study of why midwives stay in midwifery January 2020, Journal of Clinical Nursing

AIMS AND OBJECTIVES To understand why Western Australian (WA) midwives choose to remain in the profession. BACKGROUND Midwifery shortages and the inability to retain midwives in the midwifery profession is a global problem. The need for effective midwifery staff retention strategies to be implemented is therefore urgent, as is the need for evidence to inform those strategies. DESIGN Glaserian grounded theory (GT) methodology was used with constant comparative analysis. METHODS Fourteen midwives currently working clinically area were interviewed about why they remain in the profession. The GT process of constant comparative analysis resulted in an overarching core category emerging. The study is reported in accordance with Tong and associates' (2007) Consolidated Criteria for Reporting Qualitative Research (COREQ). RESULTS The core category derived from the data was labelled-"I love being a midwife; it's who I am." The three major categories that underpin the core category are labelled as follows: "The people I work with make all the difference"; "I want to be 'with woman' so I can make a difference"; and "I feel a responsibility to pass on my skills, knowledge and wisdom to the next generation." CONCLUSION It emerged from the data that midwives' ability to be "with woman" and the difference they feel they make to them, the people they work with and the opportunity to "grow" the next generation together underpin a compelling new middle-range theory of the phenomenon of interest. RELEVANCE TO CLINICAL PRACTICE The theory that emerged and the insights it provides will be of interest to healthcare leaders, who may wish to use it to help develop midwifery workforce policy and practice, and by extension to optimise midwives' job satisfaction, and facilitate the retention of midwives both locally and across Australia.

The role of universities in attracting male students on to pre-registration nursing programmes: an electronic survey of UK higher education institutions December 2018, Nurse Education Today
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 2018, Journal of Professional Nursing: official journal of the American Association of Colleges of Nursing *Abstract only**
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.

Strengthening the quality and quantity of the nursing and midwifery workforce: report on eight years of the NEPI project 2018, Annals of Global Health
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.

Health, workforce characteristics, quality of life and intention to leave: the “Fit for the Future” survey of Australian nurses and midwives November 2017, Journal of Advanced Nursing
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.

Image and message: recruiting the right nurses for the profession: a qualitative study August 2017, Nurse Education Today *Abstract only**
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. Background: An updated imaging and messaging in the profession is needed in recruitment initiatives targeting high school students to perceive registered nursing as a lifelong career. Method: Open-ended responses reported through the Graduate e-Cohort Study (GeS) Survey 7 2015, representing 109 nursing and midwifery graduates from Australia and New Zealand. Responses were analysed using thematic analysis. Results: The top-three messages these new to the profession registered nurses would use to recruit high-school leavers to the profession were 'opportunity', 'rewarding' and 'travel'. The three core images identified were those depicting 'care', 'opportunity' and 'task, technical, technology and role'. 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.

Attrition from midwifery programmes at a midwifery school in the English midlands 1939-1973: a historical study October 2016, Nurse Education Today *Abstract only**

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 September 2016, Midwifery
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.

Young student's motivations to choose an undergraduate midwifery program June 2016, Women and Birth: Journal of the Australian College of Midwives *Abstract only**
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 *Abstract only**
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. Background: The factors that contribute to and mitigate the intentions of nurses to leave their organisations need to be investigated to understand the determinants of nurse turnover better. However, there is a paucity of studies identifying these mitigating factors. Methods: Potential participants were 1337 registered nurses and midwives, of whom 766 participated in the study (a return rate of 57%). The data were analysed using a moderated regression analysis. Results: Fulfilment of the psychological contract and perceived advancement opportunities independently and jointly contributed to a reduction in nurses' turnover intentions. The results also showed that nurses' ages were negatively correlated with their turnover intentions. Conclusions: Fulfilment of the psychological contract and advancement opportunities are important for reducing nurses' turnover intentions, especially among younger nurses. Implications for nursing management: Clear guidelines/evaluations of contributions made by nurses and their organisations are needed to enhance the experience of nurses in terms of psychological contract fulfilment. Moreover, a structured advancement support system needs to be implemented to reduce nurses' turnover intentions.

Promoting retention, enabling success: discovering the potential of student support services September 2016, Nurse Education in Practice *Abstract only**
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.

Return to practice

Back to the future: Midwives' experiences of undertaking a return to midwifery practice programme April 2020, British Journal of Midwifery *Abstract only**
Background Midwives returning to practice is considered to be an important recruitment initiative. Refresher programmes are generally required by returning midwives; however, there is a paucity of current research on the success of these programmes. Aim To explore the experiences of registered midwives undertaking a return to midwifery practice programme in Ireland, and the effectiveness of the programme in preparing and returning midwives to practice. Method A mixed-methods approach was used including data collection through questionnaire, focus groups and interviews. Nine midwives undertaking a return to midwifery practice programme were included in the study. Findings A passion for midwifery is a key driver for returning to practice. Returning midwives have unique learning and support needs yet they do not always receive the appropriate support. In total, 62% of midwives did not return to midwifery practice on programme completion. Challenges were encountered when seeking employment opportunities to consolidate knowledge and skills gained on the return to midwifery practice programme. Conclusion Return to midwifery practice programmes need to be tailored and clinical staff need to be adequately prepared to provide the required support. As a recruitment strategy, current emphasis is on the education component. However, equal emphasis needs to be placed on employment pathways on programme completion if this initiative is to be effective at returning midwives back to the workforce.

Advanced practice and specialisms

Factors influencing the implementation of advanced midwife practitioners in healthcare settings: a qualitative study MIDIRS December 2018, Midwifery Digest *Abstract only**
Objective: To explore factors influencing the implementation of advanced midwife practitioner roles.
Design: Semi-structured individual face-to-face and focus group interviews were conducted. Data analysis was performed using

the Framework Method. Setting and participants: A purposive sample (n = 32) included chief nursing officers, middle managers, head midwives/nurses, primary care team leaders, midwives with and without advanced midwife practitioner roles, heads of midwifery educations, and obstetricians.
Findings: Budgetary constraints on a governmental and healthcare organizational level were mentioned as main barriers for role implementation. The current fee-for-service financing model of healthcare professionals was also seen as an impediment. Obstetricians considered the implementation of advanced midwife practitioner roles as a possible financial and professional threat. Documenting the added value of advanced midwife practitioner roles was regarded a prerequisite for gaining support to implement such roles. Healthcare managers' and midwives' attitudes towards these roles were considered essential. Participants warned against automatically transferring the concept of advanced practice nursing to midwifery. Although participants seldom discussed population healthcare needs as a driver for implementation, healthcare organizations' heightened focus on quality improvement and client safety was seen as an opportunity for implementation. University hospitals were perceived as pioneers regarding advanced midwife practitioner roles. 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.

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

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. Method: A survey questionnaire was developed to evaluate three derived determinants of nurse satisfaction: team working, CPD and autonomy. The NHS West Midlands region was the focus given that it is among the poorest performing regions outside London in filling nursing posts.
Findings: Overall, nursing staff respondents were satisfied with teamworking, CPD and autonomy, which challenges the perception that nurses in NHS England are dissatisfied with these satisfaction determinants. The findings give a complex picture of nurse satisfaction; for example a large minority of respondents were dissatisfied with their ability to carry out duties as they see fit. 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.

Variation in job titles within the nursing workforce December 2017, Journal of Clinical Nursing *Abstract only**
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 of 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.

Framework for advanced nursing, midwifery and allied health professional practice in Wales: the implementation process January 2016, Journal of Nursing Management *Abstract only** Aim: To discuss the implementation of the Welsh Government's Advanced Practice Framework into a Welsh University Health Board. Background: A plethora of advanced practice roles have evolved across all health-care areas in response to the European Working Time Directive and workforce shortage drivers, leading to confusion and lack of structure. Evaluation: A literature review was undertaken and a staged plan implemented. Data presented as descriptive statistics and graphs include staff numbers, grade, educational qualifications job plans and funding streams. Key issues: Advanced practice should be viewed as a level of practice and not as a role. It must be underpinned by robust Governance arrangements and included in workforce planning. Audit of practice demonstrates the impact of advanced practice roles in the delivery of high quality safe patient care. 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. Implications for nursing management: Health-care delivery continues to evolve rapidly with advanced practice forming part of the future delivery model of flexible and affordable services, whilst ensuring safe, high quality patient care. It also provides a clear career development structure.

Upskilling and workforce development

MSW apprenticeships March 2022, Midwives *Abstract only** Three years aft er the launch of maternity support worker apprenticeships in England, MSWs discuss how they are opening up opportunities for them to advance their role. June Mensah, Practice Development Midwife at The Hillingdon Hospital NHS Foundation Trust, was the Health Education England (HEE) project manager midwife leading the MSW apprenticeship project in the North West London Local Maternity System. The off-the-job learning can be achieved by meeting with the practice development midwife, face-to-face learning in the classroom, online learning, training simulations and shadowing in other areas. Individual Trusts are required to map their MSW workforce against the new Maternity Support Worker Competency, Education and Career Development Framework recommendations. Tanith Williams A Labour Ward

And Specialist Bereavement Support Worker at The Royal Stoke University Hospital in Stoke-On-Trent, is on a level 4/5 Assistant Practitioner Apprenticeship, Maternity Pathway - a two-year foundation-degree level MSW-specific apprenticeship with Birmingham City University.

Upskilling midwives to support healthy lifestyle during preconception and pregnancy January 2021, Australian Nursing & Midwifery Journal *Athens log in required**
The article outlines several short professional development modules for undergraduate midwifery students at Monash University in Australia.

A toolkit to enable new graduate midwives to work in midwifery continuity of care models October 2018, Women and Birth *Abstract only**
Background: Women have limited access to midwifery continuity of care models, in Australia. One of the reasons is the difficulty managers' experience recruiting midwives to work in the models. New graduate midwives are prepared and feel supported to work in continuity of care models, yet they rarely have the opportunity. Traditionally, new graduate midwives have had to complete a transition to professional practice year or have several years' experience before being employed in a continuity of care model. 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.

Conference Abstract: Developing a midwifery career framework October 2018, Women and Birth *Abstract only**
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 December 2017, Maternal and Child Health Journal
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 ways of working

An interactive decision-making framework (i-DMF) to scale up maternity continuity of carer models September 2020, Journal of Research in Nursing *Abstract only**

Background Low numbers of women in Queensland receive continuity of care across their maternity episode. The Office of the Chief Nursing and Midwifery Officer was tasked with strengthening maternity service delivery by reviewing and improving Maternity Models of Care and Workforce. Aim Develop a decision-making framework (DMF) to increase maternity continuity of carer models. Method A literature review of models, specific to the public health maternity system, including suitability to rural areas and culturally appropriate to Aboriginal and Torres Strait Islander women was undertaken. Stakeholders informed development of the framework and toolkit. A prototype was built, tested and refined following input from rural, regional and metropolitan facilities.Results42 questions guide services to contextualise delivery of continuity of carer to local circumstances. Three rural sites have applied the i-DMF and toolkit. One used the tool for quality assurance of their existing midwifery continuity model, another has developed a midwifery continuity-of-carer model for Aboriginal and Torres Strait Islander women, the other is looking to establish a local rural birth service. Conclusion The i-DMF has potential to grow and sustain best practice maternity care, and particularly enable more women to receive relationship-based care with a known midwife.

Operationalising caseload midwifery in the Australian public maternity system: findings from a national cross-sectional survey of maternity managers June 2018, Women and Birth: the Journal of Australian College of Midwives *Abstract only** 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. Methods: A national cross-sectional, online survey of maternity managers in public maternity hospitals with birthing services was undertaken. Only services with a caseload model are included in the analysis. Findings: Of 253 eligible hospitals, 149 (63%) responded, of whom 44 (31%) had a caseload model. Operationalisation of caseload varied across the country. Most commonly, caseload midwives were required to work more than 0.5 EFT, have more than one year of experience and have the skills across the whole scope of practice. On average, midwives took a caseload of 35-40 women when full time, with reduced caseloads if caring for women at higher risk. Leave coverage was complex and often ad-hoc. Duration of home-based postnatal care varied and most commonly provided to six weeks. Women's access to caseload care was impacted by many factors with geographical location and obstetric risk being most common. 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.

The development of a caseload midwifery service in rural Australia August 2017, Women and Birth: the Journal of Australian College of Midwives *Abstract only**
Problem: The past two decades have seen progressive decline in the number of rural birthing services across Australia. Background: Despite health system pressures on small birthing units to close there have been examples of resistance and survival. 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. Methods: Quantitative data derived from birth registers on number and types of birth from 1993-2011 were analysed. Interviews were conducted between January and August 2012 with nine participants (GP obstetricians, midwives, a health service manager and a consumer representative).Findings: This rural maternity service developed gradually from a GP obstetrician-led service to a collaborative care team approach with midwifery leadership. This development was in response to a changing rural medical workforce, midwifery capacity and the needs and wants of women in the local community. Four major themes were developed from interview data: (1) development of the service (2) drivers of change (3) outcomes and (4) collaborative care and inter-professional practice. Discussion: The success of this transition was reported to rest on strategic planning and implementation and respectful inter-professional practice and alignment of birth philosophy across the team. This team created a unified, progressive community-focused birthing service. 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.

Education and training

Talking testing: Impact of a training intervention on midwives' antenatal HIV, hepatitis B and hepatitis C screening practice September 2021, Women and Birth *Abstract only**
Midwives play a critical role in ensuring that HIV, hepatitis B and hepatitis C screening occurs during early pregnancy, in accordance with national consensus guidelines and policies. Limited opportunities exist for midwives to gain the knowledge, skills and confidence required to initiate testing discussions at the first antenatal visit. To design, deliver and evaluate a workforce education intervention to build midwives' capacity to initiate testing for HIV and viral hepatitis. Victorian midwives were invited to enrol in an intervention which comprised a pre-learning package and a one-day study day covering clinical, epidemiological and psychosocial aspects of HIV, hepatitis B and hepatitis C testing in early pregnancy. A pre-/post-test design, incorporating a survey with eight knowledge items and four confidence items, was used to measure impact. Of the 69 participating midwives, 55 completed the pre-survey, 69 completed the post-survey and 19 completed a three-month follow up survey. Participant knowledge improved across all domains, with the most significant increases in the areas of HIV and viral hepatitis testing, transmission and treatment. Midwives' confidence levels increased following the intervention, and this was generally sustained among the smaller sample at the three-months. Our findings demonstrate that short educational interventions, designed and delivered by content experts, result in longer-term improvements in clinical practice which are crucial to ensuring women and their partners are given adequate information and recommendations about screening for HIV, hepatitis B and hepatitis C and during pregnancy.

Early career midwives' perception of their teamwork skills following a specifically designed, whole-of-degree educational strategy utilising groupwork assessments August 2021, Midwifery *Abstract only**
OBJECTIVE The aim of this study was to investigate whether a specifically designed whole-of degree strategy utilising groupwork assessments was effective in facilitating the development of early career midwives' teamwork skills. DESIGN AND METHODS A qualitative study using in-depth, semi-structured interviews was undertaken with early career midwives who had graduated within the previous two years. This study is the final cycle of a larger participatory action research project. Qualitative data was analysed using thematic analysis. PARTICIPANTS Nineteen early career midwives from one Australian university participated. Their preregistration education was via a Bachelor of Midwifery. Their education included a whole-of-degree educational strategy to facilitate the development of teamwork skills. FINDINGS One overarching theme "Becoming an Effective Team Member' and three sub-themes: 'Learning and developing Teamwork Skills'; 'More secure and confident' and 'Self-Assurance in interprofessional interactions' were identified in the interview data. Despite their junior status, the midwives demonstrated the knowledge, skills, and attitudes of an effective team member. Their social and emotional skills appeared well developed and they felt confident interacting with other health care workers in a professional manner. KEY CONCLUSIONS Early career midwives who were taught and practiced teamwork skills throughout their degree, appear to have developed the social and emotional competencies required for effective teamwork. IMPLICATIONS FOR PRACTICE The capacity for effective teamwork of this small group of early career midwives has the potential to improve the quality and safety of their care for childbearing women. Learning teamwork skills in the educational setting appears to have generated skills focused on conflict resolution, emotional self-regulation and social and emotional competency in these new midwives. These are favourable skills in the emotionally charged environment of maternity care, where inter-collegial bullying is present and where new midwives can experience poor psychological wellbeing. Health care employers want new graduate health professionals to be work ready and to have the skills necessary to be effective team members. The program undertaken by these new graduates may be of assistance in developing these capabilities in other health students. THE KNOWN Teamwork skills are an intrinsic part of the day-to-day activities of maternity services, influencing the workplace culture, retention of midwives and the quality and safety of care. Poor teamwork is associated with clinical errors, bullying and high turnover of staff. THE NEW Early career midwives who were taught teamwork skills and practice these skills using their groupwork assignments throughout their undergraduate degree appear to demonstrate the social and emotional competencies required for effective teamwork. THE IMPLICATIONS Implementing a whole-of-degree program to develop teamwork skills in undergraduate midwifery students may improve early career midwives' social and emotional competencies and interactions with other health professionals. Learning teamwork skills in the educational setting may generate skills in the new midwife that focus on conflict resolution, emotional self-regulation, and social and emotional competency. These are favourable skills in the emotionally charged environment of maternity care, where inter-collegial bullying is present and where new midwives can experience poor psychological wellbeing.

Development and evaluation of TEARDROP - a perinatal bereavement care training programme for healthcare professionals July 2021, Midwifery
Appropriate perinatal bereavement care can benefit bereaved parents and reduce further distress. Poor training can impact

healthcare professionals (HCPs) at a personal and professional-level. HCPs have reported poor preparation to care for bereaved parents. High-quality perinatal bereavement care training is essential. This study describes the TEARDROP workshop for perinatal bereavement care training, an evaluation of its pilot and first workshop, and the teaching methods applied. The TEARDROP workshop was created in line with the Irish National Bereavement Standards, and based on the SCORPIO model of teaching, offering a participant-centred teaching. Both pilot session and workshop were held in a tertiary maternity hospital. Paper-based anonymous questionnaires were used to evaluate these sessions. Overall, participants were highly satisfied with the workshop. The level of information and quality of teaching in the pilot and workshop scored very high. Most participants stated not being adequately prepared to communicate or care for bereaved parents. The pre-workshop evaluation showed that only 8% of participants received prior training on discussing post-mortems with bereaved parents. Participants (100%) would recommend the workshop be available nationally and would recommend it to a colleague. To our knowledge this is one of few participant-centred perinatal bereavement care training for maternity staff in Ireland. The workshop has been well received and results highlighted the relevance and importance of the TEARDROP programme for HCPs. Adequate training for all maternity staff is essential and TEARDROP has the potential to impact on the quality of bereavement care provided in Irish maternity units.

Termination of pregnancy: Staff knowledge and training June 2021, Sexual and Reproductive Healthcare
OBJECTIVES In January 2019, Termination of Pregnancy (TOP) services were introduced in Ireland allowing the termination of pregnancies < 12 weeks. This study aimed to investigate staff knowledge and training on early TOP and views regarding challenges to successful integration of the service within a large maternity hospital. STUDY DESIGNA questionnaire, modelled on interim clinical guidance and previous studies on the topic, was distributed to clinical staff in a large maternity hospital in 2019. Descriptive analysis and a hierarchical multiple regression were performed using SPSS.MAIN OUTCOME MEASURES Levels of knowledge on TOP among staff, training received and main challenges to the service. RESULTS Of the total of participants (n = 133), just one-quarter correctly answered all questions on the current legislation and 63.2% on complications. Male gender, education level (diploma/certificate), and age (<30 years) negatively contributed to overall knowledge. 'Medical' job position positively contributed to knowledge levels. Most respondents (88%) had not received training prior to introduction of TOP services. Of those who did, few (9%) believed it to be sufficient. The main identified challenges to the service were lack of training and education, staffing and resources. CONCLUSIONS Low levels of knowledge among staff suggests that training is required to ensure the provision of a safe and effective TOP service. Our findings indicate that updated and clearer clinical guidance on TOP services is also needed.

Maternity connect: Evaluation of an education program for rural midwives and nurses December 2020, Sexual & Reproductive Healthcare

BACKGROUND Rural and regional health services often find it difficult to maintain their maternity service and skills of their maternity workforce and enable women to give birth close to home. The Maternity Connect Program is a professional development initiative aimed at supporting and upskilling rural and regional maternity workforces to meet their maternity population care needs. AIM To evaluate the Maternity Connect Program from the perspectives and experiences of participating midwives/nurses and health services. METHODS A retrospective audit of data routinely collected as part of the

Maternity Connect Program: initial needs assessments (baseline survey), and one month and six months post-placement surveys completed by participants, placement health services and base health services. The main outcome measures were: participants' (midwives and health services) level of satisfaction with the Program; and changes in midwives'/nurses' perceived level of confidence in performing key midwifery skills after participating in the program. RESULTS Respondents (n = 97 midwives/nurses; n = 23 base health services; n = 4 placement health services) were satisfied with the program and there was an increase in midwives/nurses' confidence when providing specific aspects of maternity care (birthing, neonatal and postnatal). Midwives/nurses report transferring skills learnt back to their base health service. CONCLUSION The Maternity Connect Program appears to be a successful educational model for maintaining and increasing clinician confidence in rural and regional areas.

Reflections on an educational intervention to encourage midwives to work in a continuity of care model - exploration and potential solutions September 2020, Midwifery
OBJECTIVE To explore barriers and facilitators for midwives working in a midwifery continuity of carer model, and to assess if an educational intervention could help address some of these barriers, designed to help achieve NHS England's target of majority of women receiving midwifery continuity of carer by March 2021.DESIGNTwo-day workshops were co-designed by experienced continuity midwives, service managers and midwifery educators using implementation theory delivered to maternity staff, with barriers assessed prior to training and re-assessed at the end. SETTING AND PARTICIPANTS1407 maternity healthcare professionals from 62 different National Health Service trusts across England attended 56 different workshops. FINDINGS Perceived barriers to working in this model were reported more frequently than facilitators. Reported facilitators prior to training included perceived benefits to the midwife and to women. Reported barriers included personal and professional concerns, fear, issues with the national agenda and institutional and/or organisational issues. The educational intervention was able to address the majority of barriers raised. The training was well evaluated, with an average rating of 4.2 on a five-point Likert scale. KEY CONCLUSIONS While this specific educational intervention appears to have been useful in addressing concerns with working in a continuity model, further work is needed to identify barriers to change. This will aid more local designed interventions. IMPLICATIONS FOR PRACTICE If policy targets related to continuity of carer are to be achieved then working in this way needs to be sustainable and appeal to the current midwifery workforce.

An Academic Midwifery Fellowship: Addressing a Need for Junior Faculty Development and Interprofessional Education
May 2020, Journal of Midwifery & Women’s Health *Abstract only**
The University of Colorado College of Nursing crafted a midwifery fellowship to address a local need to recruit junior faculty into a large practice caring primarily for an underserved, at-risk population. Additional goals for the fellowship included promoting retention and development of interprofessional education teams. The curriculum design drew heavily from 2 national initiatives: (1) the Institute of Medicine's call for nursing residencies to support the transition to advanced practice and build expertise in navigating health systems and caring for patients with complex needs and (2) the American College of Obstetricians and Gynecologists and American College of Nurse-Midwives collaboration to address maternity care workforce shortages by building clinically-based interprofessional teams. The fellowship uses Melei's transitions

theory and Jean Watson's Theory of Human Caring as frameworks to understand the fellows experience in the 12-month program. Fellow competencies concentrate on 7 core components: clinical, professional, intrapersonal, mentorship, interprofessional, low-resource setting, and leadership. Program evaluation is in process with the aim of understanding if the fellowship improves confidence and competence for the newly graduated nurse-midwife, and a change in attitude toward interprofessional teams. Of the 5 fellows who completed the midwifery fellowship over 4 years, 2 now have faculty positions within the practice and 4 of the 5 were offered positions. Common themes from the fellows' reflection journals and mentorship meetings include the importance of mentorship in clinical and professional growth. Further program evaluation is needed to better understand the efficacy of program components in meeting the objectives to recruit and retain faculty and promote interprofessional education. Academic midwifery fellowships with interprofessional components may be an innovative recruitment technique for clinical faculty.

Using the Kirkpatrick Model to evaluate the Maternity and Neonatal Emergencies (MANE) programme: Background and study protocol February 2020, BMJ Open

INTRODUCTION Over 310 000 women gave birth in Australia in 2016, with approximately 80 000 births in the state of Victoria. While most of these births occur in metropolitan Melbourne and other large regional centres, a significant proportion of Victorian women birth in local rural health services. The Victorian state government recently mandated the provision of a maternal and neonatal emergency training programme, called Maternal and Newborn Emergencies (MANE), to rural and regional maternity service providers across the state. MANE aims to educate maternity and newborn care clinicians about recognising and responding to clinical deterioration in an effort to improve clinical outcomes. This paper describes the protocol for an evaluation of the MANE programme. METHODS AND ANALYSIS This study will evaluate the effectiveness of MANE in relation to: clinician confidence, skills and knowledge; changes in teamwork and collaboration; and consumer experience and satisfaction, and will explore and describe any governance changes within the organisations after MANE implementation. The Kirkpatrick Evaluation Model will provide a framework for the evaluation. The participants of MANE, 27 rural and regional Victorian health services ranging in size from approximately 20 to 1000 births per year, will be invited to participate. Baseline data will be collected from maternity service staff and consumers at each health service before MANE delivery, and at four time-points post-MANE delivery. There will be four components to data collection: a survey of maternity services staff; follow-up interviews with Maternity Managers at health services 4 months after MANE delivery; consumer feedback from all health services collected through the Victorian Healthcare Experience Survey; case studies with five regional or rural health service providers. ETHICS AND DISSEMINATION This evaluation has been approved by the La Trobe University Science, Health and Engineering College Human Ethics Sub-Committee. Findings will be presented to project stakeholders in a deidentified report, and disseminated through peer-reviewed publications and conference presentations.

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

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. Several studies have been conducted internationally to assess the genomic literacy of nurses; however, the genomic literacy of Australian

registered nurses and midwives has not been investigated. The aim of this study was to measure the genomic literacy of Australian registered nurses and midwives through assessing participants' understandings of genomic concepts most critical to nursing and midwifery practice, as well as their perceived knowledge and attitude towards genomics in nursing and midwifery practice. Design: Cross-sectional survey of Australian registered nurses and midwives using the Genomic Nursing Concept Inventory (GNCI©), a 31 multiple-choice question survey instrument. Participants were recruited via two key Australian nursing and midwifery organizations over an 8-month period in 2016. Methods: Descriptive and inferential statistical techniques were used to calculate the total GNCI© score and scores on individual subcategories, as well as relationships between demographic variables and GNCI© scores. Findings: Most respondents worked as clinicians (71.4%) in a hospital or hospital-based setting (61.8%). Most registered nurses (80.5%) and midwives (97.2%) reported that genetics was relevant to clinical practice; however, over 80% of registered nurses and midwives believed their knowledge of genetics was poor or average. Genomic knowledge was assessed using the GNCI© . Scores ranged from 3 to 29 (out of a possible 31), with a mean score of 13.3 (SD 4.559) based on 253 (N = 253) respondents, indicating that genomic literacy is low. There was a significant difference between genomic knowledge scores and education and training level (p = .036). 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. Clinical relevance: Modern medicine requires a healthcare workforce that is literate in genomics. Findings from this study may serve as the catalyst to improve the genomic literacy of the Australian nursing and midwifery workforce, allowing for improved health outcomes for individuals and the wider Australian public.

Midwifery pre-registration education and mid-career workforce participation and experiences July 2018, Women and Birth: the Journal of Australian College of Midwives *Abstract only** Background: Midwives in Australia are educated through a range of routes providing flexible ways to become a midwife. Little is known about whether the route to registration impacts on mid-career experiences, in particular, whether the pathway (post-nursing pathway compared with 'direct-entry') makes any difference. 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. Methods: Data were collected from mid-career midwives having graduated from one NSW university from 2007-2008 using a survey. The survey included validated workforce participation instruments - the Maslach Burnout Inventory (MBI), the Practice Environment Scale-Nursing Work Index (PES-NWI) and the Perceptions of Empowerment in Midwifery Scale (PEMS). Results: There were 75 respondents: 40% (n=30) Bachelor of Midwifery and 60% (n=45) GradDip graduates. The age range was 27-56 years old (mean age=36 years) Bachelor of Midwifery graduates being on average 7.6 years older than Graduate Diploma in Midwifery graduates (40 vs 33 years; p<0.01). Almost 80% (59), were currently working in midwifery. Nine of the 12 not working in midwifery (75%) planned to return. There were no differences in workforce participation measures between the two educational pathways. Working in a continuity of care model was protective in regards to remaining in the profession. 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.

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

A discussion paper: do national maternity policy reviews take account of the education and training of the future midwifery workforce? An example from England July 2018, Midwifery
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.

Growth of nurse prescribing competence: facilitators and barriers during education October 2017, Journal of Clinical Nursing *Abstract only**
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. Background: The number of nurses enrolled in a nurse prescribing programme is rapidly increasing in Finland. However, few studies on nurse prescribing education are available and therefore research is needed, particularly from the point of view of nurses studying in the programme. Design: The descriptive, qualitative study used the text of student online learning diaries as data during a 14-month prescribing programme. The sample consisted of 31 nurses, public health nurses or midwives enrolled in a prescribing programme at a university of applied sciences. The data were analysed using the inductive analysis method. Results: The growth of nurses' prescribing competence was facilitated by learning clinical examination of the patient, networking with peers, receiving support from the workplace and supervisors, doctors' positive attitude towards nurse prescribing and being able to apply competencies directly to nursing practice. The barriers to the growth of nurses' prescribing competence were unclear job description, incomplete care plans and concerns about how consultation with doctors will be organised and realised.

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. Relevance to clinical practice: The results of this study can be used especially in countries where nurse prescribing education is only in the process of being planned or has just been started. Heads of nursing and educators in prescribing education will benefit from the results when creating expanded job descriptions for nurses and supporting networking between students during the period of training.

Exploring global recognition of quality and midwifery education: vision or fiction? June 2017, Women and Birth: the Journal of Australian College of Midwives
Background: Midwifery education is the foundation for preparing competent midwives to provide a high standard of safe, evidence-based care for women and their newborns. Global competencies and standards for midwifery education have been defined as benchmarks for establishing quality midwifery education and practice worldwide. However, wide variations in type and nature of midwifery education programs exist.
Aim: To explore and discuss the opportunities and challenges of a global quality assurance process as a strategy to promote quality midwifery education. Discussion: Accreditation and recognition as two examples of quality assurance processes in education are discussed. A global recognition process, with its opportunities and challenges, is explored from the perspective of four illustrative case studies from Ireland, Kosovo, Latin America and Bangladesh. The discussion highlights that the establishment of a global recognition process may assist in promoting quality of midwifery education programs world-wide, but cannot take the place of formal national accreditation. In addition, a recognition process will not be feasible for many institutions without additional resources, such as financial support or competent evaluators. In order to achieve quality midwifery education through a global recognition process the authors present 5 Essential Challenges for 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.

Leadership

Strengthening nursing, midwifery and allied health professional leadership in the UK – a realist evaluation October 2021, Leadership in Health Services *Abstract only**
This paper aims to share the findings of a realist evaluation study that set out to identify how to strengthen nursing, midwifery and allied health professions (NMAHP) leadership across all health-care contexts in the UK conducted between 2018 and 2019.

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

Barriers to Quality Midwifery Care: A Systematic Review and Meta-Synthesis of Qualitative Data September 2021, International Journal of Childbirth *Abstract only**
Skilled attendance at birth by well-educated and regulated midwives has been identified to reduce maternal and neonatal deaths, however, it has been established that midwives experience barriers that can affect their ability to provide quality care to women and neonates. AIM: This systematic review and meta-synthesis of qualitative data was conducted to investigate the barriers to midwives' ability to provide quality care focusing on African and developed countries. METHODS: The Joanna Briggs Institute process for conducting systematic reviews was followed for this review. Qualitative studies that reported on barriers to midwives' ability to provide quality care were identified by searching the following databases: CINAHL, PubMed, Web of Science, and PsychINFO. Studies reported in English in the last 10 years, within which most participants were midwives and the data reported on barriers to quality care provision by midwives were included in this review. RESULTS: 813 published research studies were screened, and 11 research papers were included in this review. The meta-synthesis of the findings resulted in six categories: the lack of equipment; inadequate skills and training, lack of space and infrastructure, staff shortages and high workloads, emotional barriers, and workplace culture. Using the Donabedian model of quality care, the barriers were grouped into structure, process, and outcome factors. CONCLUSION: Currently efforts to improve quality care in African countries focus on structural factors. Efforts to improve quality care in developed countries focus on process factors. In order to improve quality care for women and neonates, efforts need to be focused on all the factors that promotequality care.

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

Maternity services for rural and remote Australia: barriers to operationalising national policy November 2017, Health Policy *Abstract only**
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. Methods: Interviews, focus groups and a group information session were conducted involving 141 participants in four Australian jurisdictions. Field notes and reports were thematically analysed. Results: We identified barriers that helped explain the gap between strategic intent and services on the ground. These were absence of informed leadership; lack of knowledge of contemporary models of care and inadequate clinical governance; poor workforce planning and use of resources; fallacious perceptions of risk; and a dearth of community consultation. In this context, the implementation of

policy is problematic without tools or guidance.
Conclusions: Barriers to operationalising strategic intent in planning maternity services may be alleviated by using evidence based planning tools such as the Toolkit.

Health and wellbeing

Retire and return March 2022, Midwives *Abstract only**
Retire and return Staff who have reached their minimum retirement age can 'retire and return' - retire, claim their pension benefits and simply return to work. Another option available to midwives is 'draw down', where staff can take part of their pension benefits and continue to work. Flexible working means you can carry on building on what you've got, and still protect your loved ones with life assurance and other great benefits. Flexible retirement has a lot to offer - a better work-life balance, improved job satisfaction and improved health and wellbeing.

'The WOW factors': comparing workforce organization and well-being for doctors, nurses, midwives and paramedics in England March 2022, British Medical Bulletin
BACKGROUND: High rates of poor mental health in healthcare staff threatens the quality and sustainability of healthcare delivery. Multi-factorial causes include the nature and structure of work. We conducted a critical review of UK NHS (England) data pertaining to: doctors, nurses, midwives and paramedics. SOURCES OF DATA: Key demographic, service architecture (structural features of work) and well-being indicators were identified and reviewed by a stakeholder group. Data searching prioritized NHS whole workforce sources (focusing on hospital and community health services staff), which were rated according to strength of evidence. FINDINGS: Key differences between professions were: (i) demographics: gender (nursing and midwifery female-dominated, doctors and paramedics more balanced); age (professions other than doctors had ageing workforces); ethnicity (greater diversity among doctors and nurses); (ii) service architecture: despite net staffing growth, turnover and retention were problematic in all professions; 41.5% doctors were consultants but smaller proportions held high grade/band roles in other professions; salaries were higher for doctors; (iii) well-being: all reported high job stress, particularly midwives and paramedics; sickness absence rates for nurses, midwives and paramedics were three times those of doctors, and presenteeism nearly double. GROWING POINTS: Sociocultural factors known to increase risk of poor mental health may explain some of the differences reported between professions. These factors and differences in service architecture are vital considerations when designing strategies to improve well-being. AREAS TIMELY FOR DEVELOPING RESEARCH: Multi-level systems approaches to well-being are required that consider intersectionality and structural differences between professions; together with inter-professional national databases to facilitate monitoring.

Negotiating the new normal: flexible working October 2021, British Journal of Midwifery
The author reflects on the update by the British National Health Service (NHS) of its Terms and Conditions of Service for its workers, particularly the approval of flexible working arrangements. Topics include the support by the Royal College of Midwives on the move, how flexible working will allow workers to balance their work and personal activities, and the aim of the NHS in the move like addressing staff shortages.

Support and resources to promote and sustain health among nurses and midwives in the workplace: A qualitative study September 2021, Nordic Journal of Nursing Research
Registered nurses and midwives are in short supply and have among the highest rates of sick leave in the global workforce. The aim of this study was therefore to explore and gain a

deeper understanding of how nurses and midwives experience their everyday work, with a view toward promoting and sustaining their work-related health. Nine registered nurses and four registered midwives working in hospitals and community healthcare facilities in Sweden were interviewed. The interviews were analyzed using content analysis. This study is reported in accordance with COREQ. One main category emerged: 'Quality of organizational and collegial support and opportunities to facilitate recovery, health, and patient care'. From this category, four generic categories describing the overall experiences of registered nurses and midwives could be discerned. Based on these results, it is recommended that employers adopt a systematic health-promotive approach to foster and maintain the workplace health of registered nurses and midwives.

Depression, anxiety and stress in Swedish midwives: A cross-sectional survey 2020, European Journal of Midwifery

INTRODUCTION Midwives are exposed to emotional strain, which could affect their overall health. Lack of emotional well-being could be a reason for workforce attrition. The aim of the study was to investigate the prevalence of depressive symptoms, anxiety and stress among Swedish midwives in relation to background variables. METHODS A random sample of 1000 midwives were asked to participate and complete a questionnaire. Participants completed the Depression, Anxiety and Stress Scale, Copenhagen Burnout Inventory and Quality of Life inventories together with demographic and work-related data. RESULTS In all, 470 midwives responded to the questionnaire (48%). The prevalence of moderate/severe/very severe symptoms of depressive symptoms was 12%, anxiety 8.6%, and stress 7.2%. Midwives aged <40 years and those with <10 years work experience reported higher levels of depressive symptoms, anxiety and stress. The factors most strongly associated with symptoms of depression were personal burnout (AOR=12.26), client burnout (AOR=1.95) and quality of life (AOR=0.26) The factors most strongly associated with symptoms of anxiety were work burnout (AOR=2.53) and personal burnout (AOR=5.61). The factors most strongly associated with stress were personal burnout (AOR=3.90) and work burnout (AOR=3.58) and high quality of life (AOR=0.34). CONCLUSIONS Swedish midwives experience symptoms of depression, anxiety and stress. Symptoms of burnout were associated with all aspects of mental health, while high quality of life was protective against these symptoms. These findings are relevant to consider in the work environment for Swedish midwives in order to reduce attrition rates.

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

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.

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

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 May 2018, International Journal of Environmental Research and Public Health
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

The emotional and professional wellbeing of Australian midwives: a comparison between those providing continuity of midwifery care and those not providing continuity February 2018, Women and Birth *Abstract only**
Background: Continuity of midwifery care contributes to significant positive outcomes for women and babies. There is a perception that providing continuity of care may negatively impact on the wellbeing and professional lives of midwives. 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. Method: Online survey. Measures included; Copenhagen Burnout Inventory (CBI); Depression, Anxiety and Stress Scale-21; and Perceptions of Empowerment in Midwifery Scale (PEMS-Revised). The sample (n=862) was divided into two groups; midwives working in continuity (n=214) and those not working in continuity (n=648). Mann Whitney U tests were used to compare the groups. Results: The continuity group had significantly lower scores on each of the burnout subscales (CBI Personal p=.002; CBI Work p<.001; CBI Client p<.001) and Anxiety (p=.007) and Depression (p=.004) sub-scales. Midwives providing continuity reported significantly higher scores on the PEMs Autonomy/Empowerment subscale (p<.001) and the Skills and Resources subscale (p=.002). There was no difference between the groups in terms of satisfaction with time off and work-life balance. 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.

Methods for alleviating stress and increasing resilience in the midwifery community: a scoping review of the literature November 2017, Journal of Midwifery and Women’s Health *Abstract only**
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. Methods: A scoping review of the literature published between January 2011 and September 2016 using PubMed, CINAHL, Embase, PsycINFO, and Cochrane databases was performed. Of the initial 796 reviewed records, 6 met inclusion criteria. Results: Three of the 6 included studies were quantitative in nature, 2 were qualitative, and one used mixed methods. Countries where studies were conducted include Uganda, Iran, the United Kingdom, Israel, and Australia. Three of the studies used interventions for stress reduction and increased coping. Two of these 3 used a mindfulness-based stress reduction

program resulting in improved stress levels and coping skills. In each study, midwives express a desire for work-based programs and support from colleagues and employers for increasing coping abilities. These studies focused on stress reduction and/or increasing resilience. 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.

Prevalence of burnout, depression, anxiety and stress in Australian midwives: a cross-sectional survey January 2017, BMC Pregnancy and childbirth
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. Methods: An online survey was conducted in September 2014. Participants were recruited through the Australian College of Midwives and professional networks. The survey sought personal and professional details. Standard measures included the Copenhagen Burnout Inventory (CBI) (Personal, Work and Client subscales), and Depression, Anxiety, and Stress Scale (DASS). The sample was collapsed into two groups according to DASS clinical cut-offs (normal/mild versus moderate/severe/extreme). Effect size statistics were calculated and judged according to Cohen's guidelines. Results: One thousand thirty-seven surveys were received. Respondents were predominantly female (98%), with an average age of 46.43 years, and 16.51 years of practice. Using a CBI subscale cut-off score of 50 and above (moderate and higher), 64.9% (n = 643) reported personal burnout; 43.8% (n = 428) reported work-related burnout; and 10.4% (n = 102) reported client-related burnout. All burnout subscales were significantly correlated with depression, anxiety and stress, particularly personal and work-related burnout with Spearman's rho correlations ranging from .51 to .63 ($p < .001$). Around 20% of midwives reported moderate/ severe/ extreme levels of depression (17.3%); anxiety (20.4%), and stress (22.1%) symptoms. Mann-Whitney U tests revealed significant differences between groups with depression ($r = .43$), anxiety ($r = .41$) and stress ($r = 48$) having a medium size effect on burnout. 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.

Culture

Working for you March 2022, Midwives *Abstract only**
Jacqueline Dunkley-Bent, NHS England's chief midwife, and Dr Matthew Jolly, the national clinical director for maternity, wrote to maternity units telling them to "stop using caesarean section rates [for] performance management" and to stop pursuing "normal births", with the targets described as potentially "unsafe" and clinically inappropriate. Even though multiple structures are in place to support staff in raising issues, including the Nursing and Midwifery Council's duty of candour and NHS whistleblowing policies, staff are too often still being ignored and stifled when trying to raise concerns. The RCM guidelines outline situations in which staff should speak up to their line managers and employers, including when staffing

levels are unsafe, where leadership support is reduced and when there is pressure to overlook staff concerns.

Reducing midwife burnout at organisational level - Midwives need time, space and a positive work-place culture February 2022, Women and Birth: Journal of the Australian College of Midwives *Abstract only**

BACKGROUND: Maternity care organisations have a responsibility to ensure the health and welfare of their staff. Rates of burnout are high in midwifery compared to other professionals. Therefore, exploring how it can be reduced is imperative. AIM: To explore with midwives the contributors to burnout and how best to reduce burnout in a maternity hospital in Ireland. METHODS: A Participatory Action Research study involving Co-operative Inquiry meetings (n = 5) with practising midwives (n = 21) between October 2018 and March 2019, in a large, urban teaching maternity hospital in Ireland. The transcribed data were analysed using Thematic Network Analysis. FINDINGS: Several recommendations were made for maternity organisations, to reduce or prevent burnout. These include improving workplace culture, increasing support and acknowledgement, offering time and space for debriefing and reflection and regular rotation of staff. Consistent staff shortages are, however, a barrier to adhering to these recommendations. CONCLUSION: This study is the first of its kind to offer an in-depth exploration with midwives into the main contributors of burnout and what can be done at an organisational level to reduce burnout among midwives. The findings of this study highlighted the importance of working relationships. Additionally, owing to the nature of midwifery practice, time and space need to be created for midwives to debrief and reflect. However, there is an urgent need for healthcare systems to combat staffing shortages in order for these strategies to be successful.

Improving teamwork in maternity services: A rapid review of interventions February 2022, Midwifery *Abstract only**
BACKGROUND: Teamwork is essential for providing safe, effective and women-centred maternity care and several high profile investigations have highlighted the adverse consequences of dysfunctional teamwork. Maternity teams may need support to identify the most relevant intervention(s) for improving teamwork. OBJECTIVE: To identify and describe current 'off-the-shelf' teamwork interventions freely or commercially available to support improvements to teamworking in UK maternity services and conduct a gap analysis to identify areas for future development. DESIGN: Rapid scoping review METHODS: A multi-component search process was used to identify teamwork interventions, comprising: (1) bibliographic database search (Medline, PsycINFO, CINAHL, MIDRS, NICE evidence research database); (2) identification of relevant policies and UK reports; and (3) expert input from key stakeholders (e.g., maternity service clinicians, managers, policymakers, and report authors). Data were extracted including the scope and content of each intervention and a gap analysis used to map interventions to the integrated team effectiveness model (ITEM) and structure level (macro, meso, micro) and results presented narratively. FINDINGS: Ten interventions were identified. Interventions were heterogeneous in their purpose and scope; six were classified as training courses, three were tools involving observational or diagnostics instruments, and one was a programme involving training and organisational re-design. Interventions were focused on teamwork in obstetric emergencies (n = 5), enhancing routine care (n = 4) or understanding workplace cultures (n = 1). Users of interventions could vary, from whole organisations, to departments, to individual team members. All interventions focused on micro (e.g., team leadership, communication, decision-making, cohesion, and problem solving), with two also

focused on meso aspects of teamwork (resources, organisational goals). Evidence for intervention effective on objective outcomes was limited. CONCLUSIONS: Interventions that address key aspects of teamworking are available, particularly for improving safety in obstetric emergency situations. Most interventions, however, are focused on micro features, ignoring the meso (organisational) and macro (systems) features that may also impact on team effectiveness. Evidence-based team improvement interventions that address these gaps are needed. Such interventions would support team ownership of quality improvement, leading to improvements in outcomes for service users, staff and organisations.

How do power and hierarchy influence staff safety in maternity services? August 2021, British Journal of Midwifery *Abstract only**
Background: There are considerable tensions for healthcare staff between their employee allegiance and contracts, patient safety, and their responsibilities to codes of conduct within professional registration, and the NHS Constitution. Aims: The research aim was to identify how power and hierarchy influence staff safety in maternity services and this was achieved by reviewing research papers concerned with personal narratives of staff experiences and perspectives of employment in their profession. Methods: This systematic narrative review was based on the approach of a narrative synthesis, with papers coded using Nvivo software. Findings: Power and hierarchy influence staff safety in maternity services by creating challenges to staff safety, which appear to essentially derive from poor communication. The workplace adversity described by participants seems to be linked with 1) psychological vulnerability 1.1) anxiety about the job, and 1.2) dysfunctional relationships, alongside 2) working conditions 2.1) poor organisational and structural conditions 2.2) institutional normalisation of dysfunctional relationships and 2.3) interpersonal elements feeding into an obstructive culture. Conclusion: The negative influences of the cultural concepts of power and hierarchy on staff safety are significant within maternity services. Disconfirmation findings, those which stood out as different from the rest, evidenced the possibilities that healthy, psychologically safe working conditions could offer for healthcare staff in improving their prevailing culture.

Midwifery workplace culture in Australia: A national survey of midwives September 2020, Women and Birth
PROBLEM The midwifery workforce in Australia is impacted by shortages and attrition. Workplace culture affects midwives' intentions to stay in the profession and their capacity to provide woman-centred care for mothers and infants. BACKGROUND Staff attrition in maternity services often relates to midwives' workplace experiences and negative perceptions of organisational culture. Broad-based data are essential to fully understand midwifery workplace culture. AIM This study aimed to examine Australian midwives' perceptions of workplace culture, using a specifically developed instrument. METHODS A national online survey of Australian midwives, within a wider project on maternity workplace culture. Quantitative data were analysed descriptively. Qualitative data were analysed using content analysis. FINDINGS Overall, 322 eligible midwives rated workplace culture and 150 provided further qualitative responses. Themes included 'the ability to be a midwife', 'support at work' and 'bullying'. Less than a third of midwives thought their workplace had a positive culture. Many respondents felt disengaged and unsupported by managers and described an inability to use all their midwifery knowledge in medically-dominated environments. Many attributed poor workplace culture to limited resources, poor communication, time pressure and a lack of leadership in their workplaces. Inadequate staffing levels and poor management left many midwives feeling disempowered and despondent about their

workplace. Others, however, described highly positive workplace cultures and inspiring role models. CONCLUSION The survey captured a snapshot of Australian midwifery workplace culture. Findings on leadership, workloads, management support and other aspects of workplace culture can inform future workforce planning and policies. A larger study of the midwifery workplace culture is needed.

Developing the Australian Midwifery Workplace Culture instrument February 2020, International Journal of Nursing Practice

AIM To develop and psychometrically test the Australian Midwifery Workplace Culture instrument. BACKGROUND Workplace culture is critical within midwifery settings. Culture determines not only the well-being and continued retention of maternity staff and managers but it also affects the quality and ultimate safety of the care they provide to women, infants and families. Several studies have identified cultural problems within maternity services. Relatively few instruments take account of the unique aspects of these workplaces and the relationship between midwives and women. DESIGN Three-stage instrument development involved item generation (based on the Culture of Care Barometer), expert content validation and a pilot test. METHODS During 2016, 38 midwifery experts reviewed the initial items, and 322 midwives then pilot-tested the draft instrument. We used exploratory factor analysis to identify key domains and to refine the instrument. RESULTS The refined instrument contained 22 items in three distinct domains: relationship with managers, empowerment and collegiality. CONCLUSION The instrument can contribute to understanding important dimensions of the culture in maternity workplaces and thus to examining problematic attitudes and practices. The instrument requires further development and testing with larger and more diverse samples of midwives and validation in specific midwifery settings and models of care.

Staff perceptions and experiences

The lived experience of being an undergraduate midwifery student in the neonatal unit February 2022, Nurse Education in Practice *Abstract only**

The objective of this study is to examine the experience of undergraduate student midwives in the neonatal unit. BACKGROUND: Clinical experience is an essential component of education for the development of competent midwives. Literature has highlighted the pivotal effects of precepting and how it contributes to student experience. Although there is a plethora of research examining undergraduate student midwives' experience, to our knowledge this is the first study exploring their experience in the neonatal unit. DESIGN: Based in phenomenology, eight semi-structured interviews were conducted producing rich data. METHODS: Following informed consent and ethical approval, post transcription, the data were coded using Colaizzi's (1978) framework. RESULTS: Significant themes and sub-themes emerged such as course design, environmental experience, sources of stress and preceptor experience. The student experience very much depends on the preceptor, how busy the environment is and if appropriately staffed. CONCLUSIONS: Based on these findings there are suggested recommendations including adjusting the timing and length of the placement and how to improve the environment based on the preceptor-student relationship. Also, suggestions on how consistency and communication can be improved are proposed.

Valuing nurse and midwifery unit managers' voices: a qualitative approach September 2021, BMC Nursing

Background: Nurse and Midwifery Unit Managers (NMUMs) play pivotal roles in quality patient care, nurse and midwife satisfaction and retention. NMUMs are expected to be both leaders and managers simultaneously, which may create role

tension. This study aimed to explore the understanding and experience of NMUMs regarding their role; to explore what barriers and facilitators NMUMs identified to achieving the goals of their clinical area; and to explore NMUMs' career plans. Methods: Set in Victoria, Australia, this study was guided by naturalistic inquiry using a qualitative descriptive approach. Thematic analysis was used to inductively develop core themes, which facilitated the motivations, experience and meanings underlying the data to be elaborated. Results: In all, 39 interviews were conducted with NMUMs across four hospitals. Two overarching themes were identified from the data; system challenges and influences on people and each theme had three sub-themes. In relation to system challenges, participants spoke about the structural challenges that they encountered such as financial stressors and physical infrastructure that made their work difficult. Participants felt they were unprepared for the NMUM role and had limited support in the preparation for the role. Participants also related their frustration of not being included in important decision-making processes within the hospital. Regarding their career plans, most did not envisage a career beyond that of a NMUM. Conclusions: This study of contemporary NMUMs uncovered a continued lack of investment in the orientation, professional development and support of this critical leadership and management role. There is an urgent need for targeted interventions to support and develop capabilities of NMUMs to meet the current and evolving demands of their role.

Factors associated with midwives' job satisfaction and experience of work: a cross-sectional survey of midwives in a tertiary maternity hospital in Melbourne, Australia April 2021, Women and Birth *Abstract only**

BACKGROUND Significant factors affecting the Australian maternity care context include an ageing, predominantly part-time midwifery workforce, increasingly medicalised maternity care, and women with more complex health/social needs. This results in challenges for the maternity care system. There is a lack of understanding of midwives' experiences and job satisfaction in this context. AIM To explore factors affecting Australian midwives' job satisfaction and experience of work. METHODS In 2017 an online cross-sectional questionnaire was used to survey midwives employed in a tertiary hospital. Data collected included characteristics, work roles, hours, midwives' views and experiences of their job. The Midwifery Process Questionnaire was used to measure midwives' satisfaction in four domains: Professional Satisfaction, Professional Support, Client Interaction and Professional Development. Data were analysed as a whole, then univariate and multivariate logistic regression analyses conducted to explore any associations between each domain, participant characteristics and other relevant factors. FINDINGS The overall survey response rate was 73% (302/411), with 96% (255/266) of permanently employed midwives responding. About half (53%) had a negative attitude about their Professional Support and Client Interaction (49%), and 21% felt negatively about Professional Development. The majority felt positively regarding Professional Satisfaction (85%). The main factors that impacted midwives' satisfaction was inadequate acknowledgment from the organisation and needing more support to fulfil their current role. CONCLUSION Focus on leadership and mentorship around appropriate acknowledgement and support may impact positively on midwives' satisfaction and experiences of work. A larger study could explore how widespread these findings are in the Australian maternity care setting.

Implementing Schwartz Rounds in an Irish maternity hospital February 2021, Irish Journal of Medical Science *Abstract only**

BACKGROUND Working in maternity hospital is usually a rewarding experience for staff. However, it can also be stressful and emotionally difficult work. Schwartz Rounds are a multidisciplinary forum which provides staff with an opportunity to reflect on the emotional impact of their work and support each other. AIMS This paper will discuss the implementation of Schwartz Rounds in a maternity hospital and gives details of a pilot study to evaluate the initiative. METHODS Schwartz Rounds were commenced in the hospital in September 2019, and an evaluation is in progress. A pilot study which evaluated 2 rounds has been completed. Staff who attended Schwartz Rounds were asked to complete an anonymous feedback form immediately following the Round. The data from feedback forms were analysed using descriptive statistics. RESULTS Seventy-eight members of staff from almost all departments attended the rounds. Feedback forms were completed by 55 members of staff. Overall, the rounds were very positively evaluated by those who participated in the study. CONCLUSIONS Schwartz Rounds are an effective way to support staff working in a maternity hospital.

The organisational socialisation of new graduate nurses and midwives within three months of their entrance into the health workforce March 2021, Nursing and Midwifery Research Centre

Objective: To investigate if the current onboarding process influences the organisational socialisation of new graduate nurses and midwives into the workforce. Background: Positive organisational socialisation experience for new graduate nurses and midwives during their entry into the healthcare environment is an important contributor when building an organisation's ability to increase workforce capacity. However, few studies have investigated the onboarding processes to promote their organisational socialisation. Study design and methods: A quantitative, descriptive, cross-sectional study design was conducted at a large Local Health District that provides health services to almost one million people in metropolitan, rural and remote locations. Participants were 170 new graduate nurses and midwives who commenced their transition program at 21 acute and community healthcare settings within the District in January and February 2017. Data was collected through a document review of current onboarding processes and by an online survey of new graduates. Data sets were analysed using descriptive statistics and content analysis. Results: The survey response rate was 47% (n= 80). Findings highlight that the onboarding process provided by the District was useful for the new graduate's transition into the workplace. The findings also indicated that the onboarding process was inconsistent across different contexts in the District and required more relevant and practical components. In addition, the current onboarding did not adequately provide strategies to build relationships for new graduates within their work environments. Discussion: This study provides valuable insight into current onboarding practices in both metropolitan and rural contexts and highlights gaps in this process across the health District. The findings of the study provide insights and future direction for improvements by addressing the inconsistency in the structure and content of orientation programs. The need for more accessible and consistent organisational information and a more structured framework for the organisational wide onboarding process was also identified. Conclusion: Re-design of an onboarding process that is relevant, consistent and enhances relationship-building is imperative to meeting both the professional and organisational needs of new graduate nurses and midwives. Implications for research, policy and practice: The findings of the study imply a need to streamline the onboarding process to provide greater opportunity for new graduates to develop and sustain professional networks and associated workplace relationships regardless of their locations. They also signal a need to develop policies practice and future research to assist a better

organisational socialisation, in particular, the allocation of resources, better utilisation of time spent on education and workplace support in the transition into their clinical workplaces. What is already known about the topic? * Supporting new graduate nurses and midwives in their first year is important for their transition into the workforce and to increase their retention in the profession. * Onboarding processes for new graduates during their transition into the workplace enhances their professional knowledge and confidence, which increases their capacity to provide safe quality healthcare. * Few studies have investigated the relationship between the onboarding process and the promotion of organisational socialisation within the first three months of entering the health workforce. What this paper adds: * Findings identify the need to improve the onboarding process to better meet the complex needs of the new graduates. * Implementation of a tailored onboarding process, especially in rural and specialty areas improves organisational socialisation.

What factors contribute to midwives' work satisfaction – and do years post-registration make a difference? Findings from the 'EXPert' study October 2018, Women and Birth *Abstract only** 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.

The perceptions of key stakeholders of the roles of specialist and advanced nursing and midwifery practitioners December 2017, Journal of Advanced Nursing *Abstract only** Aim: To explore the perceptions of key stakeholders of the roles of specialist and advanced nursing and midwifery practitioners. Background: There is evidence that the contribution of these roles to patient care is poorly understood. Design: This research took place over 2 months in 2015 and is part of a larger study involving a rapid review to inform policy development on the specialist and advanced nursing and midwifery practice in Ireland. As an added value, a qualitative element involving thematic analysis was undertaken with key stakeholders. Methods: A phenomenological qualitative study was conducted incorporating semi-structured interviews with key stakeholders (n = 15). Purposive sampling with maximum diversity was used to recruit a wide range of perspectives. Findings: Participant's perspectives led to seven themes: Impact of these roles; role preparation, experience and organizational support; specialist and advanced practice roles in an interdisciplinary context; different folks but not such different roles; impact of specialist and advanced practice roles on patient outcomes; barriers and facilitators to enacting specialist and advanced practice roles; future development of these roles. 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.

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

Midwifery empowerment: national surveys of midwives from Australia, New Zealand and Sweden September 2016, Midwifery *Abstract only**
Background: the predicted midwifery workforce shortages in several countries have serious implications for the care of women during pregnancy, birth and post partum. There are a number of factors known to contribute to midwifery shortages and work attrition. However, midwives assessment of their own professional identity and role (sense of empowerment) are perhaps among the most important. There are few international workforce comparisons. Aim: to compare midwives' sense of empowerment across Australia, New Zealand and Sweden using the Perceptions of Empowerment in Midwifery Scale-R (PEMS-Revised). Method: a self-administered survey package was distributed to midwives through professional colleges and networks in each country. The surveys asked about personal, professional and employment details and included the Perceptions of Empowerment in Midwifery Scale-R (PEMS-Revised). Descriptive statistics for the sample and PEMS were generated separately for the three countries. A series of analysis of variance with posthoc tests (Tukey's HSD) were conducted to compare scale scores across countries. Effect size statistics (partial eta squared) were also calculated. Results: completed surveys were received from 2585 midwives (Australia 1037; New Zealand 1073 and Sweden 475). Respondents were predominantly female (98%), aged 50-59 years and had significant work experience as a midwife (+20 years). Statistically significant differences were recorded comparing scores on all four PEMS subscales across countries. Moderate effects were found on Professional Recognition, Skills and Resources and Autonomy/Empowerment comparisons. All pairwise comparisons between countries reached statistical significance ($p<.001$) except between Australia and New Zealand on the Manager Support subscale. Sweden recorded the highest score on three subscales except Skills and Resources which was the lowest score of the three countries. New Zealand midwives scored significantly better than both their Swedish and Australian counterparts in terms of these essential criteria. 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

Core Competency Framework December 2020 (updated February 2021), NHS
A framework to address known variation in training and competency assessment and ensure that training to address significant areas of harm are included as minimum core requirements for every maternity and neonatal service.

Welcome to the Perinatal Mental Health Competency Framework eLearning for Healthcare
Health Education England (HEE) commissioned the Tavistock & Portman NHS Foundation Trust to develop a competency framework for all those who work with people in the perinatal period, their families and loved ones. In training and education terms, we consider that the perinatal period starts when someone is considering having or trying for a baby, up until the baby reaches their first birthday.
See the original version of the framework. Please note that this is for reference only and is in the process of being updated.

Maternity Support Worker Competency, Education and Career Development Framework February 2019, Health Education England
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.

Standards for midwives post-2019, Nursing and Midwifery Council

- Standards of proficient for midwives
- Standards framework for nursing and midwifery education
- Standards for student supervision and assessment
- Standards for pre-registration midwifery programmes
- Standards relating to return to practice

Essential Competencies: for Midwifery Practice 2018 update, International Confederation of Midwives
The International Confederation of Midwives (ICM) Essential Competencies for Midwifery Practice outline the minimum set of knowledge, skills and professional behaviours required by an individual to use the designation of midwife as defined by ICM1 when entering midwifery practice. The competencies are presented in a framework of four categories that sets out those competencies considered to be essential and that “represent those that should be an expected outcome of midwifery pre-service education”2. These competency statements are “linked to authoritative clinical practice guidance documents used by the World Health Organization”3 and ICM’s Core documents and Position Statements4.

Caring for women with mental health problems: standards and competency framework for specialist maternal mental health midwives November 2015, Royal College of Midwives
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.

A competence framework and evidence-based practice guidance for the physiotherapist working in neonatal intensive care and special care unit in the United Kingdom November 2015, Chartered Society of Physiotherapy

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.

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