

Evidence Brief: Maternity

Contents

Key publications – the big picture	2
Case Studies.....	7
The Star for workforce redesign.....	7
Statistics.....	8
National Data Programme.....	8
Published Peer Reviewed Research.....	8
Advanced practice and specialisms	8
Barriers.....	11
Career planning and pathways.....	12
Culture.....	14
Education and training.....	16
Equality, Diversity, and Inclusion.....	25
Genomics	31
Health, wellbeing, and burnout	32
Scope of practice.....	39
Staff perceptions and experiences	41
Upskilling and workforce development	46
Workforce Planning and Staffing	47
Competency Frameworks	55
*Help accessing articles or papers.....	56

Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

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- [Complete Evidence Brief list – link for Workforce, Training and Education staff](#)
- [Complete Evidence Brief list – link for External staff](#)

Key publications – the big picture

[Registered Midwife Degree Apprenticeship evaluation report](#)

Source: Royal College of Midwives and NHS England

Publication date: September 2023

This report sets out the findings of an evaluation of a workforce intervention that has not yet been extensively implemented across maternity services in the NHS. It describes how the Registered Midwife Degree Apprenticeship has the potential to increase the supply of labour in a sustainable way. It describes the benefits and costs that could be attributed to this way of educating registered midwives.

[Spotlight on Nursing and Midwifery Report 2023](#)

Source: NMC Insights

Publication date: August 2023

This annual report aims to share insights that can further improve learning and practice in nursing and midwifery, supporting professionals to uphold high standards. The data in the report shows that growth of the UK nursing and midwifery workforce has been increasingly reliant on international recruitment over recent years. However, some new international recruits have reported: not feeling respected or treated the same as colleagues; racist and derogatory language; and feeling misled during recruitment processes. It also finds that preceptorship programmes, which are designed to support new professionals into their workplaces, are not being delivered consistently, with wide variation in the way they're organised and supervised by different employers.

[NHS Long Term Workforce Plan](#)

Source: NHS England

Publication date: June 2023

The first comprehensive workforce plan for the NHS, putting staffing on a sustainable footing and improving patient care. It

focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.

See section 2 part 20 Midwifery Education and Training

[Independent report on the regulation of advanced practice in nursing and midwifery](#)

Source: Nuffield Trust

Publication date: May 2023

Nurses and midwives are increasingly taking on more complex, autonomous and expert roles – commonly referred to as 'advanced practice'. But the application of this title and role type varies hugely and this area of practice is not currently regulated in the same way as other professional groups. With expectations and scale of the advanced practice role evolving at pace, the Nursing & Midwifery Council committed to a comprehensive review of advanced nurse practice, commissioning the Nuffield Trust to provide an independent view on the risks and benefits of professionally regulating this area of care.

[Decolonising midwifery](#)

Source: Royal College of Midwives

Publication date: April 2023

The decolonising midwifery education toolkit has been developed for midwifery educators and other stakeholders involved in planning and delivering midwifery education. The aim of the toolkit is to empower midwifery educators to challenge the implicit and explicit legacies of colonial perspectives in all aspects of midwifery education when they are developing and improving their programmes.

[Three year delivery plan for maternity and neonatal services](#)

Source: NHS England

Publication date: March 2023

This plan sets out how the NHS will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families. We are grateful to the many people and organisations that have shared what needs to be done including NHS staff, Donna Ockenden, Dr Bill Kirkup, and organisations representing families. Most importantly, we would like to thank those using maternity and neonatal services for informing this plan. While the birth of a baby represents the happiest moment of many people's lives, some families have experienced unacceptable care, trauma, and loss, and with incredible bravery have rightly challenged the NHS to improve.

[Mapping existing policy interventions to tackle ethnic health inequalities in maternal and neonatal health in England: a systematic scoping review with stakeholder engagement](#)

Author(s): Esan et al.

Source: NHS Race & Health Observatory

Publication date: December 2022

There are substantial ethnic inequalities in maternal and neonatal outcomes. For example, women from a Black ethnic group have a four times higher rate of maternal mortality when compared to their White counterparts in the United Kingdom (UK). These inequalities remain after accounting for socioeconomic differences across ethnic groups, suggesting the role of institutional racism in perpetuating these inequalities despite national policies in the UK to redress these inequalities.

[Combatting racial discrimination against minority ethnic nurses, midwives and nursing associates](#)

Source: NHS England

Publication date: November 2022

This resource is designed to support nurses, midwives and nursing associates, providing advice on the action you can take if you witness or experience racism. It also supports those in leadership roles to be inclusive leaders.

[The Re:Birth Project, Final Report](#)

Source: Royal College of Midwives

Publication date: July 2022

In every aspect of our lives, language matters – and in health and care settings, it's even more important. How we communicate with each other can determine the quality and impact of the care given and received, which is why developing a shared language is so important. Pregnancy and birth are extraordinarily personal, and personalising care is central to good outcomes and experience. There has been a great deal of debate in recent years about the language around birth, and the impact it can have. During this project, for example, women were keen to tell us how terms such as 'failure to progress' or 'lack of maternal effort' can contribute to feelings of failure and trauma. See also [Re:Birth Summary report 2022](#) and [Re:Birth project method and technical report](#)

[Nursing Under Sustainable Pressure: Staffing for Safe and Effective Care](#)

Source: Royal College of Nursing

Publication date: May 2022

In March 2022, we invited nursing and midwifery staff from across the UK to tell us about their experiences of the last time they were at work. This survey report provides valuable insight into the realities of staffing levels across the UK, and the impact on our members and the people they are caring for.

[Final report of the Ockenden review](#)

Source: Department of Health and Social Care

Publication date: March 2022

Findings, conclusions and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust.

[Mind the Gap: An Investigation into Maternity Training for Frontline Professionals Across the UK 2020/21](#)

Source: Baby Lifeline

Publication date: November 2021

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](#)

Source: NHS England and NHS Improvement

Publication date: October 2021

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](#)

Source: House of Commons Health and Social Care Committee

Publication date: June 2021

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](#)

Source: United Nations Population Fund

Publication date: May 2021

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 global shortage of 1.1 million SRMNAH workers, the largest shortage (900,000) being midwives.

[Investment in maternity workforce and training](#)

Source: NHS

Publication date: April 2021

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](#)

Source: NHS England and NHS Improvement

Publication date: March 2021

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](#)

Source: Royal College of Obstetrics and Gynaecology

Publication date: December 2020

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.

[The courage of compassion: Supporting nurses and midwives to deliver high-quality care](#)

Source: The King's Fund

Publication date: September 2020

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](#)

Source: NHS England

Publication date: March 2020

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](#)

Source: Royal College of Nursing

Publication date: July 2019

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

Source: Health Education England

Publication date: March 2019

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

Smokefree Skills: An assessment of maternity workforce training

Source: Action on Smoking and Health (ASH)

Publication date: July 2017

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.

Leading Change, Adding Value

Source: NHS England

Publication date: May 2016

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

Maternity Transformation Programme

Source: NHS England

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

Source: National Maternity Review

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

Case studies: Perinatal Pelvic Health Services

Source: NHS England
Publication date: February 2024
Collected Case Studies from Early Implementer and Fast Follower Systems.

How a local college partnership boosted T level success

Source: NHS Employers
Publication date: 25th October 2023
University Hospital Southampton NHS Foundation Trust (UHS) collaborates with local colleges to provide tailor-made Level 3 qualification programmes.

Improving equity, diversity and inclusion in our maternity and neonatal workforce

Source: Greater Manchester Integrated Care Partnership
Publication date: 23rd March 2023
Caroline Finch, Programme Development Lead for the Maternity and Neonatal Safety Improvement Programme.
I am Programme Development Lead for the Maternity and Neonatal Patient Safety Improvement Programme at [Health Innovation Manchester](#). I work with maternity and neonatal providers across Greater Manchester and Eastern Cheshire to look at quality improvement initiatives to improve safety and outcomes.

Developing aspirant ethnic minority nursing and midwifery leaders: NHS England and NHS Improvement Midlands

Source: NHS Employers
Publication date: 2nd August 2021
This pilot programme aims to provide holistic, bespoke clinical leadership support for aspiring ethnic minority nursing and midwifery leaders.

Improving staff engagement the Chesterfield way: Chesterfield Royal Hospital NHS Foundation Trust

Source: NHS Employers
Publication date: March 2021
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

Source: NHS Employers
Publication date: November 2020
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

Source: NHS Long Term Plan
Publication date: January 2019
This case study shows how digital tools and services like the digital maternity healthcare record and digital-redbook are reducing paperwork and empowering women to better manage their pregnancy and health.

The Star for workforce redesign

More resources and tools are available in the **Maternity** section of [the Star](#)

Statistics

[Maternity Services Dashboard](#)

Source: NHS England (NHS Digital)

The maternity services dashboard aims to bring together maternity information from a range of different sources. It supports the aim of the Maternity Transformation Programme in implementing the Better Births report.

You can find relevant statistics on the [Health and Care Statistics Landscape](#), under “**Health and Care**” and use the “**Child and maternal health**” filter

National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Advanced practice and specialisms

[Can an advanced practice nursing framework address workforce shortages? A case study of a regional health service](#) Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Bourke, L.;Wright, K.;Scott, C. and Patrick, A.

Publication Date: 2024

Journal: Contemporary Nurse

Abstract: Background: Across the globe, shortages of nurses and midwives in rural regions persist. Advanced practice nursing

has been found to address workforce shortages through career progression aimed at retention. A regional health service sought to consult with staff about developing an advanced practice nursing framework. Aim(s): This study aimed to explore the perspectives of nurses and midwives at a regional health service on (i) how their roles aligned with the modified Advanced Practice Role Delineation (APRD) tool and (ii) the potential for implementation of such a framework at their service. Design(s): A case study conducted at Goulburn Valley Health (GVH) in southeast Australia used a mixed method design with a survey of all nursing and midwifery staff and focus groups with senior staff. Method(s): All nurses and midwives were asked to complete a validated modified APRD questionnaire and those in Grades 3-6 were asked to participate in a focus group. Result(s): From 183 questionnaires and 38 participants in the focus group discussions, findings concurred that nurses and midwives at GVH reported spending most time on direct patient care and minimal time on research activities, publication and/or leadership. While education was strongly embraced and advanced practice usually supported, senior staff cited the lack of resources, the culture and staff shortages as restricting opportunities for education, career development and implementation of an advanced practice framework. Conclusion(s): While an advanced practice framework could address staff shortages at this health service, implementation of such a framework is constrained by the lack of resources and workforce shortages common in rural health services. A national strategy that embeds advanced practice roles and resources implementation of advanced practice nursing and midwifery frameworks in areas of need is recommended. Copyright © 2024 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.

Factors influencing the implementation of advanced midwife practitioners in healthcare settings: a qualitative study MIDIRS

Abstract only*

Author(s): Goemaes et al.

Source: Midwifery 66 pp. 88-96

Publication date: November 2018

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 education, 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 Abstract only*

Author(s): Gray et al.

Source: Nursing Management (Harrow) 25(1)

Publication date: March 2018

Aim: This article offers nurse managers guidance on analysing, managing and addressing a potentially dissatisfied nursing workforce, focusing on three priority shortage specialties: emergency care, paediatrics and cardiology. The aim of the study was to explore to what extent registered nurses and healthcare assistants, referred to collectively here as 'nursing staff', are satisfied with teamworking opportunities, continuing professional development (CPD) opportunities and workplace autonomy. 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 Abstract only*

Author(s): Leary et al.

Source: Journal of Clinical Nursing 26(23-24) pp. 4945-4950

Publication date: December 2017

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

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

Framework for advanced nursing, midwifery and allied health professional practice in Wales: the implementation process

Abstract only*

Author(s): Ryley and Middleton

Source: Journal of Nursing Management 24(1) E70-6

Publication date: January 2016

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.

Barriers

Midwifery workforce challenges in Victoria, Australia. A cross-sectional study of maternity managers

Author(s): Matthews et al.

Source: Women Birth 37(1) pp. 144-152

Publication date: 2024

Background: In Australia, there is a lack of accurate data on midwifery workforce staffing and skill mix, which in turn hinders workforce policy and planning. Aim: To describe the current staffing levels of the midwifery workforce in Victoria, Australia, explore workforce challenges and assess the impact of COVID-19 pandemic on staffing. Design: Cross-sectional.

Methods: Midwifery managers in all public and private maternity services in Victoria, Australia were invited to complete a survey exploring midwifery staffing numbers and adequacy. Topics explored included midwifery turnover, recruitment, and skill mix. Descriptive statistics were used. Findings: The survey was open March to October 2021, and 56 % (38/68) of managers responded. Of these, 76 % reported inadequate midwifery staff levels, with deficits ranging from one to 19 estimated Full-Time Equivalent (EFT) midwives, with a combined total deficit of 135 EFT. In the 12 months prior to the survey, 73 % of services had found it difficult to recruit midwives, with increased difficulty during the COVID-19 pandemic. Managers were concerned about retaining and recruiting 'experienced' midwives due to an ageing workforce and high turnover due to work/life imbalance and job dissatisfaction. These issues have led to a predominantly early career midwifery workforce and created concern about skill mix. Conclusion: Victorian maternity services have a midwifery workforce shortage and are experiencing significant skill mix issues. The pandemic has exacerbated these considerable gaps in the workforce. Urgent implementation of retention and recruitment schemes are needed, along with

strategies to improve the working conditions for the current workforce.

Barriers to Quality Midwifery Care: A Systematic Review and Meta-Synthesis of Qualitative Data Abstract only*

Author(s): Yakubu et al.

Source: International Journal of Childbirth 3

Publication date: September 2021

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 promote quality care.

[Conference abstract: A new career pathway for new graduate midwives: barriers or opportunities?](#)

Author(s): Murray-Parahi et al.

Source: Women and Birth

Publication date: October 2018

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

[Maternity services for rural and remote Australia: barriers to operationalising national policy](#)

Author(s): Longman et al.

Source: Health Policy 121(11)

Publication date: November 2017

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

Career planning and pathways

[How do new midwives' early workforce experiences influence their career plans? An integrative review of the literature](#) Full text

available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Capper, Tanya S.; Haynes, Kelly and Williamson, Moira

Publication Date: 2023

Journal: Nurse Education in Practice 70, pp. 103689

Abstract: AIM: To explore how the early workforce experiences of new midwives influence their career plans., BACKGROUND: Each year, thousands of new midwives graduate from entry-to-practice midwifery courses, gain professional registration, and enter the workforce. Despite this, the world continues to face a shortage of midwives. The first five years of clinical practice, commonly referred to as the early career period, can be highly stressful for new midwives, contributing to early attrition from the profession. Supporting the transition from midwifery student to registered midwife is vital if we are to grow the workforce. Whilst the early career experiences of new midwives have been more broadly explored; little is currently understood about how these can influence their career plans., METHODS: Following Whittemore and Knaf's (2005) five-stage process, an integrative review was conducted. Reporting followed the Preferred

Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist. Nineteen studies met the criteria for inclusion. Thematic analysis was undertaken to organise and present the findings., FINDINGS: Thematic analysis, guided by the review question led to the identification of three overarching themes: 'the need for support', 'sustaining health and wellbeing', and 'being able to provide safe and effective midwifery care'., CONCLUSION: Very little research to date has specifically explored how the early career experiences of new midwives influence their career plans, particularly within the Australian context. Further research is required to better understand how the early workforce experiences of new midwives can either strengthen their commitment to the profession or contribute to the decision to leave midwifery prematurely. This knowledge would provide a basis for the development of appropriate strategies to minimise early attrition from the midwifery profession and promote career longevity. Copyright © 2023 The Authors. Published by Elsevier Ltd.. All rights reserved.

[Exploring the SPHERE Nursing and Midwifery Clinician Researcher Career Pathway: A qualitative study](#)

Item Type: Journal Article

Authors: Johnson, Maree;Ferguson, Caleb;Thornton, Anna;Israel, Joylynn;Cruikshank, Marilyn;Deboroah, Debono;Fernandez, Ritin;Fry, Margaret;Hickman, Louise D.;Hosie, Annmarie;Inglis, Sally C.;McErlean, Gemma;McInnes, Elizabeth;Perry, Lin;Sheppard-Law, Suzanne;Wynne, Rochelle;Parsons, Mark and Middleton, Sandy

Publication Date: 2023

Journal: Collegian 30(6), pp. 795-804

Abstract: There is an urgent need to increase the research capability and capacity within the nursing and midwifery workforce, to underpin evidence-based care. To explore the perceptions of nursing service leaders and academics of the Sydney Partnership for Health, Education, Research and

Enterprise (SPHERE) Nursing and Midwifery Clinician Researcher Career Pathway for acceptability and utility. Using a qualitative descriptive design, data were collected via an online focus group and one individual semi-structured interview. Content and thematic analyses were undertaken. Data from 22 participants were included in the analyses. Most participants were female (82%), employed within Local Health Districts (LHDs) (29%), universities (24%), and both LHD and university (47%). There was strong support for the SPHERE Nursing and Midwifery Clinician Researcher Career Pathway. Four major themes were identified: (i) Current disintegration of the clinician researcher role, (ii) Implementation, (iii) Balancing a clinical and research role: need for protected time, and (iv) Reintegration of the clinician researcher role: growing and stabilising a generation of clinician researchers. The SPHERE Nursing and Midwifery Clinician Researcher Career Pathway provides a unique opportunity to develop and sustain the future generation of clinician researchers. To succeed, changes to existing perceptions of clinicians, other health professionals, managers, and consumers are required. Leadership, appropriate language and messaging, and a shared vision is required from a unified professional voice. Protected research time remains the greatest challenge, requiring creative solutions that acknowledge diverse models of care. The SPHERE Nursing and Midwifery Clinician Researcher Pathway provides a vision for the reintegration of the role of clinician and researcher within Australian health services, which may take a generation to transform health service research culture.

Culture

[Reducing midwife burnout at organisational level - Midwives need time, space and a positive work-place culture](#) Abstract only*

Author(s): Doherty and O'Brien

Source: Women and Birth: Journal of the Australian College of Midwives

Publication date: February 2022

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](#) Full text available with NHS OpenAthens account*

Author(s): Harris et al.

Source: Midwifery 108

Publication date: May 2022

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? Abstract only*

Author(s): Helen Elliott-Mainwaring

Source: British Journal of Midwifery 29(8)

Publication date: August 2021

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 Abstract only*

Author(s): Carling and Rossiter

Source: Women and Birth 33(5)

Publication date: September 2020

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 Abstract only*

Author(s): Catling et al.

Source: International Journal of Nursing Practice 26(1)

Publication date: November 2019

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.

Education and training

[A qualitative descriptive training needs analysis of midwives perceived continuous professional development in providing intranatal respectful maternal care](#) Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Norris, G.; Hollins Martin, C. J.; Moylan, A. and Greig, Y.

Publication Date: 2024

Journal: Nurse Education Today 136, pp. 106144

Abstract: Background: The Vietnam midwifery report acknowledges that while health services are available in Vietnam, there is growing need to increase levels of respectful maternal care provided to women in labour. Objective(s): In conjunction with newborns Vietnam charity, our objective was to assess the perceived continuous professional development needs of midwives working in Vietnam to inform development of an intranatal respectful maternal care education resource. Method(s): A qualitative exploratory descriptive method was used to conduct a training needs analysis, which identified perceived education requirements of midwives in Vietnam in relation to providing respectful maternal care. Participant(s): A convenience sample of midwives (n = 49) participated in the study. Data-collection: Eight on-line focus groups were carried out in four hospitals (maternity units) across Vietnam using

WebEx, with the interview schedule informed by the World Health Organization guide for delivering intrapartum care for a positive birth experience. Data-analysis: Data were transcribed into English and analysed using the 6-steps of thematic analysis outlined by Braun and Clark. Finding(s): Three themes and 9 sub-themes were developed from the data. The first theme addressed aspects that contribute towards creating a positive birth experience; the second theme observed barriers to changing practice; and the third theme noted that there are a variety of preferred teaching methods. Conclusion(s): In response to the training needs analysis, a respectful maternal care education resource has been designed to transform selected areas of intranatal care in Vietnam. Integrating the respectful maternal care educational resource into midwives' continuous professional development in Vietnam is intended to increase women's rights to have safe childbirth, which accommodates choice and control, and promotes a positive birth experience. Recommendations for practice: Post-completion and evaluation, we hope that the intranatal respectful maternal care educational resource will be rolled out to all practising midwives in Vietnam. Copyright © 2024 Elsevier Ltd

[An international exploration of blended learning use in pre-registration nursing and midwifery education](#)

Item Type: Journal Article

Authors: Janes, G.; Ekpenyong, M. S.; Mbeah-Bankas, H. and Serrant, L.

Publication Date: 2023

Journal: Nurse Education in Practice 66, pp. 103514

Abstract: Aim: To explore international experiences of using blended learning in preparing nursing and midwifery students for initial professional registration to inform future education policy.

Background(s): The global nursing and midwifery skills shortage and need for an expanded nursing workforce that is fit for contemporary care delivery is widely acknowledged. The

immense pressure the profession was already under because of austerity, staff shortages and increasingly complex healthcare needs has been worsened by the Covid-19 pandemic. The UK is extending and evaluating the use of blended learning programmes for pre-registration nursing and midwifery students to help address these issues. This study sought to explore relevant nursing and midwifery experiences from outside the UK to help inform future health professional education policy here and elsewhere. Design(s): Cross-sectional, sequential, mixed methods study Participants/settings: Nursing/nurse education leaders from across International Council of Nurses regions Methods: Exploratory online survey (n = 32) and three follow-up case studies (March-May 2021). Participants' knowledge and experiences of blended learning were examined along with any perceived benefits for workforce development and successful strategies for addressing the challenges blended learning presents in this context. Case studies were developed inductively from survey responses and follow up telephone calls to provide more detailed information about reported successes. Result(s): Participants reported flexibility, cost effectiveness, increased student/tutor and student/student communication and interaction as benefits of blended learning. Challenges included the design and use of interactive learning resources, appropriate preparation and support for staff and students, the potential of blended learning to exacerbate otherwise hidden disadvantage and the need for multi-stakeholder cost/benefit evaluation. Conclusion(s): Blended learning is used globally in the pre-registration education of nurses, midwives and other healthcare professionals. These results broadly mirror the literature regarding the benefits blended learning offers healthcare students, staff and organisations and the strategies employed to mitigate risk. As the deployment of blended learning nursing and midwifery programmes expands, further work is needed to address gaps in the current evidence base regarding the practice and impact of this approach. These concern adequate

preparation and support of students and staff, ensuring access to appropriate equipment and connectivity, exploration of student perceptions that online learning is of lesser value and comprehensive multi-stakeholder, exploratory evaluation to uncover any hidden factors and impact. Tweetable abstract: Blended learning plays an effective part in the education of pre-registration nursing and midwifery students to help tackle global workforce shortages, but further work is needed to address gaps in the current evidence base regarding the practice and impact of this approach. Copyright © 2023 The Authors

[Embedding continuity of care into a midwifery curriculum in the Republic of Ireland: A historical context](#)

Item Type: Journal Article

Authors: Curtin, Mary;Carroll, Lorraine;Szanfranska, Marcelina and O'Brien, Denise

Publication Date: 2022

Journal: European Journal of Midwifery 6, pp. 20

Abstract: Maternity services in Ireland have historically been predominantly hospital-based and obstetric-led. Although evidence suggests midwifery-led care is safe and effective, its presence in Ireland continues to be limited in practice. An increase in the available models of maternity care for women has been recommended by the Department of Health in Ireland to promote a woman-centered approach. The latest requirement for midwifery students to have a continuity of care experience within their curriculum offers educators the opportunity to facilitate differing models of care prior to qualification as a registrant, providing an experience to explore midwifery philosophy in practice. The use of a case-loading model, adopted by a university in the East of Ireland in the final year of the program may be a successful way for students to gain midwifery skills as well as offering midwifery students the exposure to another model of care. Such experiences may also enhance their ability to drive and shape midwifery-led services in the future and also

build midwifery workforce capacity in continuity of care models. Copyright © 2022 Curtin M. et al.

[An organisational approach to building research capacity among nurses, midwives and allied health professionals \(NMAHPs\) in clinical practice](#)

Item Type: Journal Article

Authors: Whitehouse, Claire L.;Copping, Jacky;Morris, Paul;Guledew, Darylile;Chilson, Beverly;Gray, Rene;Cater, Kirsty and Hall, Helen

Publication Date: 2022

Journal: International Practice Development Journal 12(2), pp. 92-104

Abstract: Background: As nurses, midwives and allied health professionals deliver the majority of direct patient care, they are well placed to lead research and generate evidence to inform practice. Aims: To consider how best to implement the findings of The Whitehouse Report, to reflect on the development of a nursing, midwifery and allied health professions research and evaluation service at a UK NHS foundation trust, and to understand the mechanisms that contribute to change. Methods: Using the principles of change theory we developed four theories of change, underpinned by a logic model, to consider the sequence of events and the expected results. The impact of the new service on workforce capacity and capability and the mechanisms of change were considered retrospectively over a two-year period between 2019 and 2021. Surveys, interviews, field notes and data regarding a number of projects were collected and reviewed. Results: Research, quality improvement and service evaluation activity have increased across all nursing, midwifery and allied health professions at our hospital trust. Six underpinning core values and seven practical mechanisms to implement these values were identified as successful drivers of change for the service. Discussion: The intentional development of a network of teams, individuals and patients was fundamental

to building capacity, capability and confidence among staff. Enablers to the increase in research activity included using role modeling, inspiration and perseverance to make visible the value of nurses, midwives and allied health professionals in leading research-based care. Preconceived ideas of who 'should' do research challenged the positive culture of critical inquiry for the benefit of patients, service improvements and celebration of existing work. Strategies to support research activities across the professions require vision, time, infrastructure and buy-in at micro, meso and macro levels, as well as a sustained effort from those directly involved. Conclusions: It would be beneficial to encourage bespoke approaches to help staff translate ideas into practice-based projects as part of capacity, capability and confidence building for research across the clinical workforce. Audit, quality improvement and evaluation activities can lead directly to an increase in research engagement, involvement and leadership among nurses, midwives and allied health professionals, as well as supporting recruitment and retention. Future research could explore whether this approach would be replicable and effective in other healthcare organisations or systems. Implications for practice: • Shared values are essential to forge progress in research activities led by nurses, midwives and allied health professionals • The use of audit, quality improvement and service evaluation approaches are effective in increasing research activity within organisations • A number of approaches to growing the capacity, capability and confidence of staff should be considered within the organisational context. One approach does not fit all • Research-active organisations have better outcomes for patients, whether or not the patients are part of a trial. Increasing the capacity and capability of staff means more research is likely to be undertaken through a nursing, midwifery and allied health professionals lens.

Talking testing: Impact of a training intervention on midwives' antenatal HIV, hepatitis B and hepatitis C screening practice

Abstract only*

Author(s): Johnson et al.

Source: Women and Birth 34(5) e520-e525

Publication date: September 2021

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](#) Abstract only*

Author(s): Hastie et al.

Source: Midwifery 99

Publication date: August 2021

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](#)

Author(s): Leitao et al.

Source: Midwifery 98

Publication date: July 2021

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](#)

Author(s): O'Shaughnessy et al.

Source: Sexual and Reproductive Healthcare 28

Publication date: June 2021

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 DESIGN** A 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](#) Full text available with NHS OpenAthens account*

Author(s): Martin et al.

Source: Sexual & Reproductive Healthcare 26

Publication date: December 2020

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](#)

Author(s): Harris et al.

Source: Midwifery 88

Publication date: September 2020

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. **DESIGN** Two-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 PARTICIPANTS** 1407 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](#)

Abstract only*

Author(s): Nacht et al.

Source: Journal of Midwifery & Women's Health

Publication date: May 2020 *

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 Meleis'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.

Midwifery pre-registration education and mid-career workforce participation and experiences Abstract only*

Author(s): Sheehy et al.

Source: Women and Birth 32(2) e182-188

Publication date: July 2018

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.

[Conference Abstract: What effect does the relationship between midwifery student-teacher have on learning outcomes in the clinical setting?](#) Abstract all available

Author(s): Monique Vermeulen

Source: Women and Birth

Publication date: October 2018

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

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

Author(s): Hall and Way

Source: Midwifery

Publication date: July 2018

The development and provision of maternity services globally are continuing to receive much attention in order to improve care and safety for women and babies. In the UK national reviews of the maternity services have taken place, with local services taking

forward specific pilot projects to support the implementation of policy recommendations. This paper argues that, in order to meet the requirements of change in maternity services, there also needs to be a prompt review of the education of student midwives in order to be confident that the workforce of the future is equipped to implement these changes successfully. Using changes to national policy in England, this paper raises the question of the need for flexible national education standards, to ensure a curriculum can meet the needs of the changing workforce without the need for constant revision of the curriculum.

[Growth of nurse prescribing competence: facilitators and barriers during education](#)

Author(s): Hopia et al.

Source: Journal of Clinical Nursing 26(19-20)

Publication date: October 2017

Aims and objectives: To describe facilitators and barriers in relation to the growth of nurse prescribing competence from the perspective of the nurses studying in a prescribing programme. 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.

Exploring global recognition of quality and midwifery education: vision or fiction? Abstract only*

Author(s): Luyben et al.

Source: Women and Birth 30(3) pp. 184-192

Publication date: June 2017

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.

Equality, Diversity, and Inclusion

The gender debate: is midwifery education 'women's work'?

Abstract only*

Item Type: Journal Article

Authors: Chenery-Morris, Sam and Divers, Jo

Publication Date: 2024

Journal: British Journal of Midwifery 32(4), pp. 202-207

Abstract: This series of six articles is inspired by themes arising from the Royal College of Midwives State of Midwifery Education report. The series explores the current landscape and challenges in educating the future midwifery workforce, particularly those that pertain to the higher education workforce. This second article highlights some of the inequalities experienced by the majority female midwifery education workforce and their impact, exploring how these inequalities are symptomatic of many of the inequalities women experience more generally within patriarchal structures. The article examines if midwifery education is 'women's work', and how this can work to impede progression in leadership, research and scholarship for midwifery academics. How midwifery curricula can influence the future academic workforce in dismantling inequality is also considered.

It's ok to be different: Supporting black and minority ethnic nurses and midwives in their professional development in the UK

Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Adhikari, R.;Corcoran, J.;Smith, P.;Rodgers, S.;Suleiman, R. and Barber, K.

Publication Date: 2023

Journal: Nurse Education in Practice 66, pp. 103508

Abstract: BACKGROUND: A significant proportion of the United Kingdom's (UK's) healthcare workforce comprises people from Black and Minority Ethnic (BME) backgrounds. Evidence shows that this population is under-represented at senior management levels. A collaborative leadership development initiative for BME nurses and midwives, by involving their line managers and mentors, was designed and implemented in a Scottish Health Board. AIM: This paper affirms the importance of a collaborative initiative that is targeted to support BME nurses and midwives for leadership development and career progression, and the promotion of an inclusive organisational culture to improve team work, and service standards. METHOD(S): This initiative adopted an Action Research approach. The programme began with collectively exploring participants' understanding of BME workforce development challenges, then planning and delivering a targeted leadership development training, and then evaluating it, in a cyclical way. FINDINGS: With support from the project facilitators, line managers and mentors, a significant number of BME participants have gone on to achieve career progression. Participating line-managers and mentors have gained an in-depth and nuance understanding of workforce diversity, individuals' potentials, unconscious biases, and the importance of an inclusive organisational culture. All participants reported that they have learned to become more reflective in their professional practice, and more able to explore, embrace, and promote inclusive workplace culture. BME participants reported feeling that they were valued members of staff, and that this had led to a positive impact on team work and better patientcare outcome. CONCLUSION(S): The project has opened a new window into the world of the BME workforce. Findings highlight the value of a diverse workforce, and of an inclusive organisational culture being crucial for effective team work, and of overall benefit to workforce management. Finally, a collaborative initiative like this can successfully improve team

work to deliver better patient care. Copyright © 2022 Elsevier Ltd. All rights reserved.

[Taking up the challenge of trans and non-binary inclusion in midwifery education: Reflections from educators in Aotearoa and Ontario Canada](#)

Item Type: Journal Article

Authors: Parker, G.; Kelly, L.; Miller, S.; Van Wagner, V.; Handa, M.; Baddock, S.; Griffiths, C.; Kelsey, F.; Neely, E. and Wilson-Mitchell, K.

Publication Date: 2023

Journal: Midwifery 118, pp. 103605

Abstract: Perinatal services are being challenged to acknowledge that not all pregnant and birthing people are women and to ensure the design and delivery of services that are inclusive of, and deliver equitable outcomes for, trans, non-binary, and other gender diverse people. This is posing unique challenges for midwifery with its women-centred philosophy and professional frameworks. This paper presents the critical reflections of midwifery educators located in two midwifery programmes in Aotearoa¹ and Ontario Canada, who are engaged in taking up the challenge of trans and non-binary inclusion in their local contexts. The need to progress trans and non-binary inclusion in midwifery education to secure the human rights of gender diverse people to safe midwifery care and equitable perinatal outcomes is affirmed. We respond to an existing lack of research or guidance on how to progress trans and non-binary inclusion in midwifery education. We offer our insights and reflections organised as four themes located within the frameworks of cultural humility and safety. These themes address midwifery leadership for inclusion, inclusive language, a broader holistic approach, and the importance of positioning this work intersectionally. We conclude by affirming the critical role of midwifery education/educators in taking up the challenge of trans and non-binary inclusion to ensure a future midwifery workforce

skilled and supported in the provision of care to the growing gender diverse population. Copyright © 2023 The Author(s). Published by Elsevier Ltd.. All rights reserved.

[Developing anti-racist practice to support black and other racially minoritised nurses and midwives within the NHS: a rapid qualitative evidence synthesis](#)

Item Type: Journal Article

Authors: Jieman, Anna-Theresa; Onwumere, Juliana; Woodhead, Charlotte; Stanley, Nathan and Hatch, Stephani L.

Publication Date: 2022

Abstract: This report, commissioned by the NHS Confederation and led by the Tackling Inequalities and Discrimination Experiences in health Services (TIDES) team at King's College London, reviewed existing research on how anti-racist practices can be developed and what works in the context of healthcare workforce settings. The findings informed the development of the new NHS England resource: 'Combating racial discrimination against minority ethnic nurses, midwives and nursing associates', published 3 November 2022. The resource is designed to help nurses, midwives and nursing associates recognise and challenge racial discrimination. It also supports those in leadership roles to be inclusive leaders.

[Multiple stakeholder perspectives of factors influencing differential outcomes for ethnic minority students on health and social care placements: a qualitative exploration](#)

Author(s): Nightingale et al.

Source: BMC Medical Education 22(17)

Publication date: January 2022

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

Author(s): Kozhimannil et al.

Source: Policy, Politics & Nursing Practice 22(3)

Publication date: August 2021

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

Full text available with NHS OpenAthens account*

Author(s): Eden et al.

Source: Journal of Racial and Ethnic Health Disparities 9(4)

Publication date: May 2021

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

Full text available with NHS OpenAthens account*

Author(s): Eden et al.

Source: International Journal of Environmental Research and Public Health 9(4)

Publication date: January 2021

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

Author(s): Milner et al.

Source: BMJ Open 10

Publication date: February 2020

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. **PARTICIPANTS** 1 05 390 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 Abstract only*

Author(s): Tyson et al.

Source: Journal of Midwifery and Women's Health 61(6)

Publication date: November 2016

Midwifery educators and regulators in Canada have begun to address diversity, equity, and inclusion in admission processes and program curricula. Populations served by midwives value internationally educated midwives from their countries of origin. The International Midwifery Pre-Registration Program at Ryerson University in Toronto, Ontario, provides assessment, midwifery workplace orientation, and accelerated education for internationally educated midwives on behalf of the regulatory College of Midwives of Ontario. Between 2003 and 2015, midwives from 41 countries participated in the bridging program,

and 214 (80%) successfully completed the program and qualified for licensure. Findings from the 13 years of the program may be applicable to increase diversity in other North American midwifery settings. This article describes the process, content, outcomes, and findings of the program. Midwifery educators and regulators may consider the utility of these approaches for their settings.

[The impact of racism and midwifery's lack of racial diversity: a literature review](#) Abstract only*

Author(s): Serbin et al.

Source: Journal of Midwifery and Women's Health 61(6)

Publication date: December 2016

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

[Creating a more diverse midwifery workforce in the United States: a Historical Reflection](#) Abstract only*

Author(s): Dawley and Walsh

Source: Journal of Midwifery and Women's Health 61(5)

Publication date: September 2016

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

Genomics

Competencies of the UK nursing and midwifery workforce to mainstream genomics in the National Health Service: the ongoing gap between perceived importance and confidence in genomics

Item Type: Journal Article

Authors: Carpenter-Clawson, C.;Watson, M.;Pope, A.;Lynch, K.;Miles, T.;Bell, D.;Talbot, M. and Varadi, A.

Publication Date: 2023

Journal: Frontiers in Genetics 14, pp. 1125599

Abstract: The United Kingdom is recognised worldwide as a leader in genomics. The use of genomic technologies in the National Health Service (NHS) is expected to deliver faster and more accurate diagnoses, supporting personalized treatments to improve patient outcomes. The ambition of embedding genomic medicine in the diagnostic pathway requires involvement of the front-line clinical workforce, known as 'mainstreaming'. Nurses and midwives are the largest professionally qualified workforce in the National Health Service thus, it is anticipated that they will play key roles in mainstreaming. This study investigated the level of competence/confidence of practicing nurses and midwives to support mainstreaming and their perception of the importance of genomics in delivery of patient care. A literature review of genetics/genomics competency frameworks, semi structured interviews of lead nurses and stakeholders were conducted to identify relevant competencies needed for mainstreaming. These were then used to survey four cohorts of nurses (n = 153) across England in four consecutive years (2019-22). The confidence level of these professionals in all aspects of genomics was 2.07 +/- 0.47 measured on a 5-point Likert scale (1 "Low confidence"; 5 "High confidence"). Intriguingly, these professionals all appreciated the importance of genomics for their patient care (4.01 +/- 0.06). Whilst the importance scores increased, the confidence scores declined at the time when major genomic

transformation took place in the NHS (e.g.: launch of the Genomic Medicine Service, the National Genomic Test Directory). To bridge this gap, relevant genomic education can play key roles. However, nurses and midwives were found to be grossly underrepresented in formal genomic education courses offered by Health Education England Genomics Education Programme since 2014. This may result from the lack of direct applicability of the currently offered courses for their practice and role. Thematic analysis revealed that nurses and midwives wish to support their patients by providing more information on their condition, inheritance, and treatment options in combination with the use of relevant genetic counselling skills. This study identified easy to follow competencies for embedding genomics into routine clinical care. We propose a training programme that addresses the gap that nurses and midwives currently have, to enable them to harness genomic opportunities for patients and services. Copyright © 2023 Carpenter-Clawson, Watson, Pope, Lynch, Miles, Bell, Talbot and Varadi.

Genomic Literacy of Registered Nurses and Midwives in Australia: a cross-sectional survey

Author(s): Wright et al.

Source: Journal of Nursing Scholarship 51(1)

Publication date: 2019

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.

Health, wellbeing, and burnout

[The importance of recovery and staffing on midwives' emotional wellbeing: A UK national survey](#)

Item Type: Journal Article

Authors: Dent, J.;Smeeton, N.;Whiting, L. and Watson, T.

Publication Date: 2024

Journal: Midwifery 132, pp. 103961

Abstract: Background: There is currently a gap in the evidence on how working practices, such as the ability to take rest breaks, finish on time or intershift recovery influence outcomes. Aim(s): The aim of this study was to explore the association of individual characteristics, work-related factors and working practices on emotional wellbeing outcomes of UK midwives. Method(s): An online cross-sectional survey collated data between September and October 2020. Outcomes explored were work-related stress, burnout, being pleased with their standard of care, job satisfaction and thoughts about leaving midwifery. Univariate analysis identified the explanatory variables to be investigated using multivariable logistic regression. Finding(s): A total of 2347 midwives from the four UK nations completed the survey. No standard approach in monitoring safe staffing or in-shift or intershift recovery was found. There were high levels of work-related stress, burnout and thoughts about leaving midwifery, and low levels of job satisfaction, with just half of midwives reporting they were satisfied with the standard of care they could provide. Multivariable regression revealed that working practices variables, generally related to impeded recovery or compounded by staffing issues, had a significant association with poorer emotional wellbeing outcomes. Conclusion(s): This research has demonstrated an association between impeded recovery, including a lack of formal methods to monitor this, and poorer emotional wellbeing outcomes, and that staffing levels are highly influential in determining outcomes. There is a need to re-

evaluate current approaches to job design and how midwives are expected to work. Copyright © 2024

[A survey examining the relationship between burnout, professional empowerment, and personality traits of midwives of an inner London NHS Trust](#)

Item Type: Journal Article

Authors: Soria, Juan;Zervoulis, Karyofyllis and Bolou, Angeliki

Publication Date: 2024

Journal: European Journal of Midwifery 8

Abstract: INTRODUCTION: Besides the well-known negative effects on physical and psychological well-being, burnout has been associated with high attrition and absenteeism in the midwifery profession. This study explores whether burnout in midwifery can be explained by the midwives' type of personality and the sense of empowerment they experience at work. Moreover, the study identifies areas of improvement in relation to these topics and elements that can be conducive to strengthening the midwifery workforce., METHODS: A cross-sectional exploratory study design was used, including an online survey completed by 120 midwives working for an NHS Trust in London. The response rate was 24%. Three validated questionnaires were used: the Copenhagen Burnout Inventory (CBI), the Perception of Empowerment in Midwifery Scale (PEMS), and the Big Five Personality Trait Short Questionnaire (BFPTSQ)., RESULTS: A multiple linear regression analysis indicated empowerment and personality traits are significant predictors of levels of burnout. Furthermore, emotional stability was shown to partially mediate the relationship between empowerment and burnout. The study also examined the midwifery burnout levels of this NHS Trust, which were found to be significantly high and similar to a previous study conducted by the Royal College of Midwives., CONCLUSIONS: The empowerment experienced by midwives and their personality traits significantly predict the levels of burnout in the midwifery

workforce. Only empowerment and emotional stability were significant contributors to the regression model. Multiple strategies can be implemented to support midwives in these two areas. These interventions could also be of great help to reinforce the role of the midwife, making it more appealing to society and, in particular, younger generations with an interest in human-orientated professions. Copyright © 2024 Soria J. et al.

[Midwives' occupational wellbeing and its determinants. A cross-sectional study among newly qualified and experienced Dutch midwives](#)

Item Type: Journal Article

Authors: Kool, Liesbeth;Feijen-de Jong, Esther,I.;Mastenbroek, Nicole J. J. M.;Schellevis, Francois G. and Jaarsma, Debbie A. D. C.

Publication Date: 2023

Journal: Midwifery 125, pp. 103776

Abstract: OBJECTIVE: Internationally, about 40 percent of midwives report symptoms of burnout, with young and inexperienced midwives being most vulnerable. There is a lack of recent research on burnout among Dutch midwives. The aim of this study was to examine the occupational wellbeing and its determinants of newly qualified and inexperienced midwives in the Netherlands. The majority of practicing Dutch midwives are aged under 40, which could lead to premature turnover., DESIGN: A cross-sectional study was conducted using an online questionnaire that consisted of validated scales measuring job demands, job and personal resources, burnout symptoms and work engagement. The Job Demands-Resources model was used as a theoretical model., SETTING AND PARTICIPANTS: We recruited Dutch midwives who were actually working in midwifery practice. A total of N=896 midwives participated in this study, representing 28 percent of practicing Dutch midwives., MEASUREMENTS AND FINDINGS: Data were analysed using regression analysis. Seven percent of Dutch midwives reported

burnout symptoms and 19 percent scored high on exhaustion. Determinants of burnout were all measured job demands, except for experience level. Almost 40 percent of midwives showed high work engagement; newly qualified midwives had the highest odds of high work engagement. Master's or PhD-level qualifications and employment status were associated with high work engagement. All measured resources were associated with high work engagement., KEY CONCLUSIONS: A relatively small percentage of Dutch midwives reported burnout symptoms, the work engagement of Dutch midwives was very high. However, a relatively large number reported symptoms of exhaustion, which is concerning because of the risk of increasing cynicism levels leading to burnout. In contrast to previous international research findings, being young and having less working experience was not related to burnout symptoms of Dutch newly qualified midwives., IMPLICATIONS FOR PRACTICE: The recognition of job and personal resources for midwives' occupational wellbeing must be considered for a sustainable midwifery workforce. Midwifery Academies need to develop personal resources of their students that will help them in future practice. Copyright © 2023. Published by Elsevier Ltd.

[What is known about midwives' well-being and resilience? An integrative review of the international literature](#)

Item Type: Journal Article

Authors: Moran, Lynnelle; Foster, Kim and Bayes, Sara

Publication Date: 2023

Journal: Birth (Berkeley, Calif.) 50(4), pp. 672-688

Abstract: BACKGROUND: Internationally, the midwifery workforce is facing a professional crisis due to numerous organizational and individual factors that have led to midwives leaving the profession. These factors include high levels of workplace stress, systemic barriers to providing woman and person-centered care, trauma, and burnout. The COVID-19 pandemic magnified these pre-existing stressors and adversities

and has further disrupted midwives' ability to practice within their professional norms. In order to understand how midwives can be better supported, there is a need to understand what contributes to and detracts from their well-being and resilience., AIM: To investigate and synthesize the extant international knowledge on midwives' well-being and resilience in the context of workplace stress and adversity., METHOD: Integrative review of the literature published in peer-reviewed journals., RESULTS: Thematic analysis of the literature resulted in three core themes: (1) risk factors and adversity; (2) protective factors and resilience; and (3) sustaining factors and well-being in midwifery. Findings from this integrated review highlight that several factors associated with workplace adversity can also be sources of protection depending on their presence or absence. Within the included studies, there exists a broad use of concepts and definitions that are applied to well-being and resilience, resulting in a lack of uniformity and cohesion., CONCLUSIONS: In this review, we identified a high level of workplace adversity and the subsequent impacts on midwives' well-being and resilience. A series of protective factors and strategies that can be used to improve the well-being of midwives and support resilience within the profession were also identified; however, further research of the population is required. In addition, the development of cohesive well-being and resilience concepts specific to midwifery is recommended, as is the development and application of uniform terminologies and definitions. Copyright © 2023 The Authors. Birth published by Wiley Periodicals LLC.

[Burnout of the US midwifery workforce and the role of practice environment](#)

Item Type: Journal Article

Authors: Thumm, E. B.; Smith, D. C.; Squires, A. P.; Breedlove, G. and Meek, P. M.

Publication Date: 2022

Journal: Health Services Research 57(2), pp. 351-363

Abstract: Objectives: To determine the prevalence of burnout among the midwifery workforce and the association between fixed personal and practice characteristics and modifiable organizational factors, specifically practice environment, to burnout among midwives in the United States. Data Source: Primary data collection was conducted via an online survey of the complete national roster of certified nurse-midwives and certified midwives over 3 weeks in April 2017. Study Design: The study was a cross-sectional observational survey consisting of 95 items about personal and practice characteristics, respondents' practice environments, and professional burnout. Data Collection Methods: The inclusion criterion was actively practicing midwifery in the United States. Data were analyzed with bivariate analyses to determine the association between personal and practice characteristics and burnout. A hierarchical multilinear regression evaluated the interrelationship between personal and practice characteristics, practice environment, and burnout. Principal Findings: Of the almost one third (30.9%) of certified nurse-midwives and certified midwives who responded to the survey, 40.6% met criteria for burnout. Weak negative correlations existed between burnout and indicators of career longevity: age ($r(2256) = -0.09, p < 0.01$), years as a midwife ($r(2267) = -0.07, p = 0.01$), and years with employer ($r(2271) = -0.05, p = 0.02$). There were significant relationships between burnout score and patient workload indicators: patients per day in outpatient setting ($F(5,2292) = 13.995, p < 0.01$), birth volume ($F(3,1864) = 8.35, p < 0.01$), and patient acuity ($F(2,2295) = 20.21, p < 0.01$). When the practice environment was entered into the model with personal and practice characteristics, the explained variance increased from 6.4% to 26.5% ($F(20,1478) = 27.98, p < 0.01$). Conclusion(s): Our findings suggested that a key driver of burnout among US midwives was the practice environment, specifically practice leadership and participation and support for the midwifery model of care. Structural and

personal characteristics contributed less to burnout score than the practice environment, implying that prevention of burnout may be achieved through organizational support and does not require structural changes to the provision of perinatal health. Copyright © 2021 The Authors. Health Services Research published by Wiley Periodicals LLC on behalf of Health Research and Educational Trust.

'The WOW factors': comparing workforce organization and well-being for doctors, nurses, midwives and paramedics in England

Author(s): Taylor et al.

Source: British Medical Bulletin 141(1)

Publication date: March 2022

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

Author(s): Suzannah Allkins

Source: British Journal of Midwifery 29(10)

Publication date: October 2021

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

Author(s): Thapa et al.

Source: Nordic Journal of Nursing Research 41(3) pp. 166-174

Publication date: September 2021

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

Author(s): Båtsman et al.

Source: European Journal of Midwifery 4

Publication date: 2020

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](#) Abstract only*

Author(s): Stoll and Gallagher

Source: Women and Birth 32(4) pp. e441-e449

Publication date: October 2018

AIM We set out to understand how burnout and occupational stress are experienced by midwives in Western Canada, and whether burnout is linked to intentions to leave the profession and other factors. **DISCUSSION/CONCLUSION** The current study identified occupational stressors that are unique to the caseload model. Findings from this study can inform policies and strategies to support the growth and sustainability of caseload midwifery in Canada.

[What nurses and midwives want: findings from the national survey on workplace climate and wellbeing](#) Abstract only*

Author(s): Holland et al.

Source: International Journal of Nursing Practice 24(3)

Publication date: June 2018

Aim: A discussion of the findings from a nationwide study of workplace and well-being issues of Australian nurses and midwives. **Background:** Current discourse only provides a fragmented understanding of a multifaceted nature of working conditions and well-being, necessitating a more holistic

investigation to identify critical workplace issues within these professions. **Design:** Discussion paper. **Data Sources:** A national survey conducted in July 2016 involving Australian Nursing and Midwifery Federation members. The literature supporting this paper focuses on the nursing and midwifery workforce and studies on attraction and retention issues. **Implications for Nursing and Midwifery:** Workplace policies and practices in place in health care organizations that are within the control of management are key factors in the negative issues associated with the profession from the survey. Proactive and targeted interventions particularly aimed at salient issues of work intensification, declining engagement, and effective voice mechanisms are needed to address these crucial issues if the attrition of individuals from nursing and midwifery occupations is going to be ameliorated. **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](#)

Author(s): Perry et al.

Source: International Journal of Environmental Research and Public Health 15(5)

Publication date: May 2018

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

education. Health promotion strategies for nurses are urgently required

[The emotional and professional wellbeing of Australian midwives: a comparison between those providing continuity of midwifery care and those not providing continuity](#) Abstract only*

Author(s): Fenwick et al.

Source: Women and Birth 31(1)

Publication date: February 2018

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](#) Abstract only*

Author(s): Wright et al.

Source: Journal of Midwifery and Women's Health 62(6) pp. 737-745

Publication date: November 2017

Introduction: Work-related stress and exposure to traumatic birth have deleterious impacts on midwifery practice, the midwife's physiologic well-being, and the midwifery workforce. This is a global phenomenon, and the specific sources of this stress vary dependent on practice setting. This scoping review aims to determine which, if any, modalities help to reduce stress and increase resilience among a population of midwives. 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

Author(s): Creedy et al.

Source: BMC Pregnancy and childbirth17: 13

Publication date: January 2017

Background: The health and wellbeing of midwives are important considerations for workforce retention and quality care. The occurrence and relationships among mental health conditions such as burnout and depression have received little attention. We investigated the prevalence of burnout, depression, anxiety and stress in Australian midwives. 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.

Scope of practice

Validating midwifery professionals' scope of practice and competency: A multi-country study comparing national data to international standards

Item Type: Journal Article

Authors: Chakraborty, Suchandrima;Saggurti, Niranjana;Adanu, Richard;Bandoh, Delia A. B.;Berrueta, Mabel;Gausman, Jewel;Kenu, Ernest;Khan, Nizamuddin;Langer, Ana;Nigri, Carolina;Odikro, Magdalene A.;Pingray, Veronica;Ramesh, Sowmya;Vazquez, Paula;Williams, Caitlin R.;Warren, Charlotte E. and Rima Jolivet, R.

Publication Date: 2023

Journal: PLoS One 18(5), pp. e0286310

Abstract: BACKGROUND: There is a global shortage of midwives, whose services are essential to meet the healthcare needs of pregnant women and newborns. Evidence suggests that if enough midwives, trained and regulated to global standards, were deployed worldwide, maternal, and perinatal mortality would decline significantly. Health workforce planning estimates the number of midwives needed to achieve population coverage of midwifery interventions. However, to provide a valid measure of midwifery care coverage, an indicator must consider

not only the raw number of midwives, but also their scope and competency. The tasks midwives are authorized to deliver and their competency to perform essential skills and behaviors provide crucial information for understanding the availability of safe, high-quality midwifery services. Without reliable estimates for an adequate midwifery workforce, progress toward ending preventable maternal and perinatal mortality will continue to be uneven. The International Labor Organization (ILO) and the International Confederation of Midwives (ICM) suggest standards for midwifery scope of practice and competencies. This paper compares national midwifery regulations, scope, and competencies in three countries to the ILO and ICM standards to validate measures of midwife density. We also assess midwives' self-reported skills/behaviors from the ICM competencies and their acquisition., METHODS AND FINDINGS: We compared midwives' scope of practice in Argentina, Ghana, and India to the ILO Tasks and ICM Essential Competencies for Midwifery Practice. We compared midwives self-reported skills/behaviors with the ICM Competencies. Univariate and bivariate analysis was conducted to describe the association between midwives' skills and selected characteristics. National scopes of practice matched two ILO tasks in Argentina, four in India, and all in Ghana. National standards partially reflected ICM skills in Categories 2, 3, and 4 (pre-pregnancy and antenatal care; care during labor and birth; and ongoing care of women and newborns, respectively) in Argentina (range 11% to 67%), mostly in India (range 74% to 100%) and completely in Ghana (100% match). 1,266 midwives surveyed reported considerable variation in competency for skills and behaviors across ICM Category 2, 3, and 4. Most midwives reported matching skills and behaviors around labor and childbirth (Category 2). Higher proportions of midwives reported gaining basic skills through in-service training and on-job-experience than in pre-service training., CONCLUSION: Estimating the density of midwives needed for an adequate midwifery workforce capable of

providing effective population coverage is predicated on a valid numerator. A reliable and valid count of midwives to meet population needs assumes that each midwife counted has the authority to exercise the same behaviors and reflects the ability to perform them with comparable competency. Our results demonstrate variation in midwifery scopes of practice and self-reported competencies in comparison to global standards that pose a threat to the reliability and validity of the numerator in measures of midwife density, and suggest the potential for expanded authorization and improved education and training to meet global reference standards for midwifery practice has not been fully realized. Although the universally recognized standard, this study demonstrates that the complex, composite descriptions of skills and behaviors in the ICM competencies make them difficult to use as benchmark measures with any precision, as they are not defined or structured to serve as valid measures for assessing workforce competency. A simplified, content-validated measurement system is needed to facilitate evaluation of the competency of the midwifery workforce. Copyright: © 2023 Chakraborty et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Staff perceptions and experiences

[Factors associated with midwives' job satisfaction and experience of work: a cross-sectional survey of midwives in a tertiary maternity hospital in Melbourne, Australia](#) Abstract only*

Item Type: Journal Article

Authors: Matthews, Robyn;Hyde, Rebecca;Llewelyn, Fleur;Shafiei, Touran;Newton, Michelle and Forster, Della A.

Publication Date: 2022

Journal: Women and Birth : Journal of the Australian College of Midwives 35(2), pp. e153-e162

Abstract: 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. Copyright © 2021 Australian College of Midwives. Published by Elsevier Ltd. All rights reserved.

[The lived experience of being an undergraduate midwifery student in the neonatal unit](#) Abstract only*

Author(s): Mulligan and Frawley

Source: Nurse Education in Practice 59

Publication date: February 2022

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

Author(s): Nagle et al.

Source: BMC Nursing 20(160)

Publication date: September 2021

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.

Implementing Schwartz Rounds in an Irish maternity hospital

Abstract only*

Author(s): Sarah Cullen

Source: Irish Journal of Medical Science 190(1) pp. 205-208

Publication date: February 2021

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

Author(s): Ohr et al.

Source: Australian Nursing and Midwifery Federation

Publication date: March 2021

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.

Conference abstract: What factors contribute to midwives' work satisfaction – and do years post-registration make a difference?

Findings from the 'EXPerT' study Abstract all available

Author(s): Hyde et al.

Source: Women and Birth 31(Supplement 1)

Publication date: October 2018

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

Factors associated with midwives' job satisfaction and experience of work: a cross-sectional survey of midwives in a tertiary maternity hospital in Melbourne, Australia

Author(s): Bloxsome et al.

Source: Journal of Clinical Nursing 28(3-4)

Publication date: August 2018

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.

The perceptions of key stakeholders of the roles of specialist and advanced nursing and midwifery practitioners

Author(s): Casey et al.

Source: Journal of Advanced Nursing Abstract only*

Publication date: December 2017

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

Author(s): Warmelink et al.

Source: BMC Pregnancy and Childbirth 17: 24

Publication date: January 2017

BACKGROUND A major change in the organisation of maternity care in the Netherlands is under consideration, going from an echelon system where midwives provide primary care in the community and refer to obstetricians for secondary and tertiary care, to a more integrated maternity care system involving midwives and obstetricians at all care levels. Student midwives are the future maternity care providers and they may be entering into a changing maternity care system, so inclusion of their views in the discussion is relevant. This study aimed to explore student midwives' perceptions on the current organisation of maternity care and alternative maternity care models, including integrated

care. CONCLUSIONS Final year student midwives recognise that change in the organisation of maternity care is inevitable and have an open attitude towards changes if they include good collaboration, client-centred care and safeguards for normal physiological birth. The graduating midwives are motivated to undertake an expanded intrapartum skill set. It can be important to involve students' views in the discussion, because they are the future maternity care providers.

Midwifery empowerment: national surveys of midwives from Australia, New Zealand and Sweden Abstract only*

Author(s): Hildingsson et al.

Source: Midwifery 40 pp. 62-69

Publication date: September 2016

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.

Upskilling and workforce development

[Upskilling midwives to support healthy lifestyle during preconception and pregnancy](#) Full text available with NHS OpenAthens account*
Author(s): Skouteris et al.
Source: Australian Nursing & Midwifery Journal 27(2)
Publication date: January 2021

The article outlines several short professional development modules for undergraduate midwifery students at Monash University in Australia.

[Conference abstract: A toolkit to enable new graduate midwives to work in midwifery continuity of care models](#) Abstract all available

Author(s): Alison Cummins

Source: Women and Birth

Publication date: October 2018

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](#)

Abstract all available

Author(s): Melissa Brown

Source: Women and Birth

Publication date: October 2018

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

[Strengthening the Healthy Start Workforce: a mixed-methods study to understand the roles of community health workers in Healthy Start and inform the development of a standardised training program](#)

Author(s): DeAngelis et al.

Source: Maternal and Child Health Journal 21 (Suppl 1) S65-74

Publication date: 2017

This study examined how HS community health workers (CHW), as critical members of the workforce, serve families and communities in order to inform the development of a CHW

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

Workforce Planning and Staffing

[Midwifery workforce challenges in Victoria, Australia. A cross-sectional study of maternity managers](#)

Item Type: Journal Article

Authors: Matthews, Robyn P.;Hyde, Rebecca L.;McLachlan, Helen L.;Llewelyn, Fleur and Forster, Della A.

Publication Date: 2024

Journal: Women and Birth : Journal of the Australian College of Midwives 37(1), pp. 144-152

Abstract: BACKGROUND: In Australia, there is a lack of accurate data on midwifery workforce staffing and skill mix, which in turn hinders workforce policy and planning., AIM: To describe the current staffing levels of the midwifery workforce in Victoria, Australia, explore workforce challenges and assess the impact of COVID-19 pandemic on staffing., DESIGN: Cross-sectional., METHODS: Midwifery managers in all public and private maternity services in Victoria, Australia were invited to complete a survey exploring midwifery staffing numbers and adequacy. Topics explored included midwifery turnover, recruitment, and skill mix. Descriptive statistics were used., FINDINGS: The survey was open March to October 2021, and 56 % (38/68) of managers responded. Of these, 76 % reported inadequate midwifery staff levels, with deficits ranging from one to 19 estimated Full-Time Equivalent (EFT) midwives, with a

combined total deficit of 135 EFT. In the 12 months prior to the survey, 73 % of services had found it difficult to recruit midwives, with increased difficulty during the COVID-19 pandemic. Managers were concerned about retaining and recruiting 'experienced' midwives due to an ageing workforce and high turnover due to work/life imbalance and job dissatisfaction. These issues have led to a predominantly early career midwifery workforce and created concern about skill mix., CONCLUSION: Victorian maternity services have a midwifery workforce shortage and are experiencing significant skill mix issues. The pandemic has exacerbated these considerable gaps in the workforce. Urgent implementation of retention and recruitment schemes are needed, along with strategies to improve the working conditions for the current workforce. Copyright © 2023 The Authors. Published by Elsevier Ltd.. All rights reserved.

[Inpatient midwifery staffing levels and postpartum readmissions: a retrospective multicentre longitudinal study](#)

Item Type: Journal Article

Authors: Turner, Lesley Yvonne;Saville, Christina;Ball, Jane;Culliford, David;Dall'Ora, Chiara;Jones, Jeremy;Kitson-Reynolds, Ellen;Meredith, Paul and Griffiths, Peter

Publication Date: 2024

Journal: BMJ Open 14(4), pp. e077710

Abstract: BACKGROUND: Preventing readmission to hospital after giving birth is a key priority, as rates have been rising along with associated costs. There are many contributing factors to readmission, and some are thought to be preventable. Nurse and midwife understaffing has been linked to deficits in care quality. This study explores the relationship between staffing levels and readmission rates in maternity settings., METHODS: We conducted a retrospective longitudinal study using routinely collected individual patient data in three maternity services in England from 2015 to 2020. Data on admissions, discharges and

case-mix were extracted from hospital administration systems. Staffing and workload were calculated in Hours Per Patient day per shift in the first two 12-hour shifts of the index (birth) admission. Postpartum readmissions and staffing exposures for all birthing admissions were entered into a hierarchical multivariable logistic regression model to estimate the odds of readmission when staffing was below the mean level for the maternity service., RESULTS: 64 250 maternal admissions resulted in birth and 2903 mothers were readmitted within 30 days of discharge (4.5%). Absolute levels of staffing ranged between 2.3 and 4.1 individuals per midwife in the three services. Below average midwifery staffing was associated with higher rates of postpartum readmissions within 7 days of discharge (adjusted OR (aOR) 1.108, 95% CI 1.003 to 1.223). The effect was smaller and not statistically significant for readmissions within 30 days of discharge (aOR 1.080, 95% CI 0.994 to 1.174). Below average maternity assistant staffing was associated with lower rates of postpartum readmissions (7 days, aOR 0.957, 95% CI 0.867 to 1.057; 30 days aOR 0.965, 95% CI 0.887 to 1.049, both not statistically significant)., CONCLUSION: We found evidence that lower than expected midwifery staffing levels is associated with more postpartum readmissions. The nature of the relationship requires further investigation including examining potential mediating factors and reasons for readmission in maternity populations. Copyright © Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY. Published by BMJ.

[Managing uncertainty in forecasting health workforce demand using the Robust Workforce Planning Framework: the example of midwives in Belgium](#)

Item Type: Journal Article

Authors: Benahmed, N.;Lefevre, M. and Stordeur, S.

Publication Date: 2023

Journal: Human Resources for Health 21(1), pp. 75

Abstract: **BACKGROUND:** In Belgium, the Planning Commission for Medical Supply is responsible for monitoring human resources for health (HRH) and ultimately proposing workforce quotas. It is supported by the Planning Unit for the Supply of the Health Professions. This Unit quantifies and forecasts the workforce in the healthcare professions on the basis of a stock and flow model, based on trends observed in the past. In 2019, the Planning Unit asked the KCE (Belgian Health Care Knowledge Centre) to develop additional forecasting scenarios for the midwifery workforce, to complement the standard historical trend approach. The aim of this paper is to present the development of such forecasting scenarios. **METHOD(S):** The Robust Workforce Planning Framework, developed by the Centre for Workforce Intelligence in the UK was used to develop alternative midwifery workforce scenarios. The framework consists of four steps (Horizon scanning, Scenario generation, Workforce modelling, and Policy analysis), the first two of which were undertaken by KCE, using two online surveys and five workshops with stakeholders. **RESULT(S):** Three alternative scenarios are proposed. The first scenario (close to the current situation) envisages pregnancy and maternity care centred on gynaecologists working either in a hospital or in private practice. The second scenario describes an organisation of midwife-led care in hospitals. In the third scenario, care is primarily organised by primary care practitioners (midwives and general practitioners) in outpatient settings. **CONCLUSION(S):** The Robust Workforce Planning Framework provides an opportunity to adjust the modelling of the health workforce and inform decision-makers about the impact of their future decisions on the health workforce. Copyright © 2023. BioMed Central Ltd., part of Springer Nature.

[A retrospective observational study of labour ward work Intensity: The challenge of maternity staffing](#) Abstract only*

Author(s): Creswell et al.

Source: European Journal of Obstetrics & Gynaecology and Reproductive Biology 286 pp. 90-94

Publication date: July 2023

Background: The UK and Ireland are facing significant challenges in the recruitment and retention of [midwifery](#) staff. Deficiencies in staffing, training and leadership have been cited as contributory factors to substandard care in both regional and global independent maternity safety reports. Locally, workforce planning is critical to maintaining 'one to one' care for all women in labor and to meet the peaks of daily [birthing](#) suite activity. **Objectives:** Analyze the variation in work intensity, defined by the mean number and range of births per [midwifery](#) working hours. **Methods:** Retrospective observational study of [birthing](#) suite activity between 2017 and 2020. 30,550 singleton births were reported during the study period; however, 6529 elective [Caesarean sections](#) were excluded as these were performed during normal working hours by a separate operating theatre team. The times of 24,021 singleton births were organized into five proposed midwifery working rosters lasting eight or 12 h; A (00.00–07.59), B (08.00–15.59), C (16.00–23.59), D (20.00–07.59) and E (08.00–19.59). **Results:** The number of births was comparable between the eight-hour and 12-hour work periods with a mean of five to six babies born per roster (range zero to 15). Work periods D and E lasting 12-hours both recorded a mean of eight births (range zero to 18). Hourly births ranged from a minimum of zero to a maximum of five births per hour (greater than seven times the mean), a number that was achieved 14 times during the study period. **Conclusions:** The mean number of births is consistent between normal working hours and unsociable 'on-call' periods, however there is an extreme range of activity within each midwifery roster. Prompt escalation plans remain essential for maternity services to manage unexpected increases in demand and complexity.

[The association between midwifery staffing levels and the experiences of mothers on postnatal wards: Cross sectional analysis of routine data](#) Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Turner, L.;Culliford, D.;Ball, J.;Kitson-Reynolds, E. and Griffiths, P.

Publication Date: 2022

Journal: Women and Birth 35(6), pp. e583-e589

Abstract: 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. Method(s): 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. Result(s): 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, $p = 0.306$). Conclusion(s): 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. Copyright © 2022 The Authors

[It's Time to Act: Strategies to Strengthen the Nursing and Midwifery Workforce](#) Full text available with NHS OpenAthens account*

Author(s): Al-Darazi et al.

Source: Nursing Economics 40(1) pp. 31-33

Publication date: Jan/ Feb 2022

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](#)

Author(s): Turner et al.

Source: Women and Birth: Journal of the Australian College of Midwives 35(6) pp. E583-589

Publication date: February 2022

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 aOR 1.200 (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](#) Abstract only*

Author(s): Turner et al.

Source: Midwifery 103

Publication date: December 2021

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

Author(s): Linda McGillis Hall

Source: Nursing Leadership 34(4)

Publication date: December 2021

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? Abstract only*

Author(s): Turner et al.

Source: Nursing Times

Publication date: August 2021

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 Abstract only*

Author(s): Hastings-Tolsma et al.

Source: Journal of Clinical Nursing 27(21-22)

Publication date: November 2018

Aims and objectives: To describe the nature and scope of nurse-midwifery practice in Texas and to determine legislative priorities and practice barriers. 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

Author(s): Burpo et al.

Source: Journal of Midwifery and Women's Health 63(6)

Publication date: November 2018

Introduction: Access to quality care is a problem in Texas, an ethnically diverse state with large birth numbers. The state has over 300 areas designated as medically underserved, and a severe lack of obstetricians and midwives. Minimal data exist on midwifery's contribution, and no known study compares the work environment and clinical practice of the 2 state-recognized midwifery paths, licensed midwives (LMs) and certified nurse-midwives (CNMs). The purpose of this study was to determine the differences in practice by CNMs and LMs, the latter of whom are generally certified professional midwives. The specific aims were to 1) describe the differences in demographic and employment characteristics of CNMs and LMs, 2) identify the geographic areas and population groups served by CNMs and LMs, and 3) compare the nature and scope of CNM and LM clinical practices. 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](#)

Author(s): Elizabeth White

Source: Policy, politics and nursing practice 18(4) pp. 173-185

Publication date: November 2017

Health care systems in England and the United States are under similar pressures to provide higher quality, more efficient care in the face of aging populations, increasing care complexity, and rising costs. In 2010 and 2011, major strategic reports were published in the two countries with recommendations for how to strengthen their respective nursing workforces to address these challenges. In England, it was the 2010 report of the Prime Minister's Commission on the Future of Nursing and Midwifery, Front Line Care: The Future of Nursing and Midwifery in England. In the United States, it was the Institute of Medicine's report The Future of Nursing: Leading Change, Advancing Health. The authors of both reports recommended shifting entry level nursing education to the baccalaureate degree and building capacity within their educational systems to prepare nurses as leaders, educators, and researchers. This article will explore how, with contrasting degrees of success, the nursing education systems in the United States and England have responded to these recommendations and examine how different regulatory and funding structures have hindered or enabled these efforts.

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

Author(s): Sandall et al.

Source: Health Services and Delivery Research No. 2.38

Publication date: October 2014

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.

Competency Frameworks

Advanced Clinical Practice in Midwifery: Capability Framework

Source: Health Education England

Publication date: November 2022

The [NHS England \(formerly Health Education England\) Maternity Workforce Strategy \(2019\)](#) highlighted the complexity and number of services provided in maternity care. To support population health needs there is recognition of the requirement for new roles and possibly new levels of practice within midwifery to support ways of working within the transformation of maternity services. An Advanced Clinical Practice in Midwifery Capabilities Framework has been produced to enable the development of these role in midwifery.

Capability frameworks for maternity and newborn services (Victoria, Australia)

Source: Victoria Department of Health

Publication date: 2022

- Victoria's network of services means that, for most women and families, maternity and newborn care is provided close to home.
- A tiered system with agreed levels of care for public maternity and newborn services means that women and families can have confidence in the consistency and quality of care they receive.
- Capability frameworks support and guide how planned maternity and newborn care is provided.

Core Competency Framework

Source: NHS England

Publication date: December 2020 (updated February 2021)

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.

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

Source: Health Education England

Publication date: 2019

This work aims to strengthen the role of the MSW as a key part of the maternity workforce and provide opportunities for aspiring and existing maternity support workers to develop their careers. The project, once complete, will enable employers to attract skilled new entrants to the role, invest in targeted development of current MSWs, and deliver the vision outlined in 'Better Births'.

[Welcome to the Perinatal Mental Health Competency Framework](#)

Source: 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.

[Standards for midwives](#)

Source: 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](#)

Source: International Confederation of Midwives

Publication date: 2019

The ICM Essential Competencies for Midwifery Practice (2019) outline the minimum set of knowledge, skills and professional behaviours required by an individual to use the designation of midwife as defined by ICM when entering midwifery practice.

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

Source: Chartered Society of Physiotherapy

Publication date: November 2015

This competence based framework was developed as part of the APCP's competence project by a working party from the APCP Neonatal Committee and updated in 2015 by Adare Brady and Peta Smith. The essential competencies were developed by a panel of specialist neonatal and paediatric physiotherapists from clinical, research, and academic settings whose goal was to establish the basis by which to prepare the paediatric physiotherapy workforce to deliver safe, quality, standardised, competent, family-focused care to neonates within the Neonatal Intensive Care, High Dependency and Special Care setting and in follow-up in the Community after discharge.

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