

Research conference brochure

Oral and poster presentation abstracts

The RCM Research Conference, now in its second year, is a conference for aspiring, developing and experienced midwifery and maternity researchers. Last year's inaugural conference was attended by over 100 participants and was very well received. It was also instrumental in helping to develop the RCM's research strategy. This year's theme is 'growing the next generation' which is a central part of the RCM Research and Development Strategy.

The conference showcases research projects from early career midwife researchers throughout the day. Throughout the conference electronic posters showcasing research from over 10 researchers are available to view; there will also be the opportunity to hear from those at the other end of their research journey who will share their wisdom and experience. This includes Jane Sandall, who will be telling us about her new role as Head of Midwifery Research with the Chief Midwifery's Office.

Supporting midwives to undertake research is a key part of the RCM's role: delegates will hear a conversation about mentoring between Dr Patricia Gillen and Alison Little. Patricia was Alison's supervisor during her PhD. The conversation focuses on how a supervisor should nurture the PhD student to enable them to flourish and develop the skills required as a researcher.

Jenny Cunningham will talk about the implementation of the RCM's Research and Development Strategy and the priorities for this year. The strategy Action Plan is included at the end of this document. Professor Mary Renfrew will address one of the future objectives of the strategy – identifying priorities for research.

The conference will conclude with Dr Manish Pareek, who leads the national UK-Reach study which is investigating ethnicity and COVID-19 outcomes in healthcare workers, and Agnes Agyepong, a Maternity Voices Partnership chair, who will talk about why black women are not engaging in research and what can be done to change this.

Jenny Cunningham, RCM Research Advisor

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Research and Development Strategy: Action Plan 2021 – 2024

Oral presentations



Rebecca Edwards

Rebecca is a Local Maternity System Lead Midwife and Clinical Doctoral Midwife currently working as the clinical project link between two hospital sites of Frimley Health NHS Foundation Trust and the local maternity system. She is also co-chair of the local Professional Midwifery Advocate (PMA) group, having undertaken the full training at the University of West England in 2019.

Alongside her clinical work, Rebecca continues her doctoral studies at Bournemouth University (BU) where she started her PhD on the clinical academic doctorate pathway, a match-funded project between BU and University Hospital Southampton NHS Foundation Trust. Her PhD research has focused on the co-creation of a digital, education tool to improve women's experiences of the latent phase of labour.

University/Trust

Bournemouth University

The L-TEL Trial: Can an educational web-intervention, co-created by service users, affect nulliparous women's experiences of early labour? (A randomised control trial)

Authors

Rebecca Edwards*, Professor Sue Way, Professor Vanora Hundley

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Background: Women with low-risk pregnancies are encouraged to remain at home while in early labour to minimise unnecessary intervention. Despite efforts to reduce early admission rates through labour triage, assessment and diagnosis, women lack confidence to remain at home, reporting dissatisfaction and uncertainty.

Aim: To assess if a novel, educational, web-intervention, co-created by service users can impact on nulliparous women's experiences of being at home in early labour.

Intervention: An online, educational, tool providing information about early labour. Designed for use antenatally, the content was structured by previous service-users. Videos of their experiences were published on the website alongside written advice. This development was in line with self-efficacy theory which promotes using vicarious experience to increase confidence in relation to achieving a specific task.

Methods: A pragmatic, RCT conducted at a single NHS site. Following online consent, 140 low-risk nulliparous women were randomised to the intervention (n=69) or standard care (n=71).

Data collection: Participants completed the Early Labour Experience Questionnaire (Janssen & Desmarais 2013), a prevalidated, 1-5 Likert tool of 26 items, divided into three subscales

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(emotional wellbeing, emotional distress, perceptions of midwifery care). Data was analysed between trial arms.

Findings: The mean ELEQ score was 0.19 higher in the intervention group (96.77, SD=16.74) when compared to the control group (96.58, SD=12.57) but this was not statistically significant. The intervention group did report a more positive experience in two out of the three subscore scales (emotional wellbeing, emotional distress).

Conclusion: This trial developed a novel intervention alongside service-users; its content represents what real women believe to be important. Where previous research has been driven by hospital needs, with a focus on keeping women at home, this trial instead prioritised the woman's needs. It recognised that women report dissatisfaction with being at home and has sought primarily to address these negative experiences.



Holly Lovell

Holly qualified as a nurse in 2007 in Manchester and completed her midwifery training at King's College London in 2012. Holly has worked at St Thomas' Hospital since qualifying, first joining a caseloading team, and then moving into the specialist teenage pregnancy team. After having her own children she moved into research, working on several studies investigating medical complications in pregnancy, and also being involved in the Preterm Surveillance Clinic. She is currently a Senior Research Midwife, leading on a study investigating treatment for women with gestational diabetes mellitus (GDM).

Holly was awarded her MSc in Advanced Midwifery Practice in 2017, and is working on developing a clinical academic career, hoping to apply for a doctorate. She is passionate about improving racial inequalities in maternity, and wants to pursue her career in this area.

University/Trust

Guy's and St Thomas' NHS Foundation Trust/Chelsea and Westminster NHS Foundation Trust

A survey exploring women's use of mobile apps in labour in the United Kingdom

Authors

Holly Lovell*, James Harris

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Objective: To examine women's use of mobile apps in labour in the United Kingdom.

Design: Cross-sectional online survey. Descriptive analysis on characteristics of women's reported app use while in labour, and thematic analysis of a free text question which explored experiences and opinions regarding app use in labour.

Setting: Social media. Two groups from Facebook.com and one group from Babycentre.co.uk.

Participants: 749 women, surveyed over a one-month period.

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Findings: 851 women responded, of which 749 were eligible. 431 (57.5%) reporting using an app in labour. No associations were found between age, ethnicity, education or mode of delivery and app use. Women who used an app were significantly more likely to have gone into labour spontaneously, and those who delivered between 40–40+6 weeks gestation were significantly more likely to use an app. The majority of apps were used to monitor contractions.

There was no association between number of labour ward attendances and app use, however women who used an app were significantly more likely to be admitted in more advanced labour. Qualitative comments found apps were viewed both as barriers and facilitators to the labour experience.

Key conclusions: A large number of women are using apps in labour and those working in maternity services should be aware of this and can consider this information as part of their assessment. App use may provide potential benefits, however there is no consensus from women on the experience of app use. Although national bodies support the use of apps in maternity, there is currently insufficient evidence and regulation to support the safety and efficacy of these recommendations.

Further work is needed to explore what women want from an app in labour, and to investigate whether app use can benefit a woman's experience of labour and improve outcomes.



Alessandra Morelli

Alessandra is a research midwife at the National Perinatal Epidemiology Unit at Oxford University and works for the UK Midwifery Study System (UKMidSS), a UK-wide infrastructure which enables national studies of uncommon conditions and events in midwifery units.

Alessandra is also a Lecturer in Midwifery at Oxford Brookes University, a bank midwife at King's College Hospital NHS Foundation Trust and a member of UK-Med, a charity which provides emergency health care support in times of crisis and humanitarian emergencies, deploying teams of clinicians.

She trained in Italy as a midwife and then completed an MSc in Global Health at King's College London. Since graduating in Italy, she has worked as a clinical and research midwife in several hospitals and universities in the UK.

University/Trust

University of Oxford

Impact of Covid-19 on UK midwifery-led service provision during the first wave of the pandemic

Authors

Alessandra Morelli*, Rachel Rowe, on behalf of the UK Midwifery Study System (UKMidSS)

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Background: The Covid-19 outbreak required healthcare systems to quickly adapt in response to the new disease. Emerging research evidence suggested broadly positive outcomes for mothers and newborns affected by Covid-19. National guidance during the pandemic has continued to promote midwifery-led care and continuity of carer where possible. Little is known about the impact of Covid-19 on midwifery-led service provision across the UK.

Aim: To describe the impact of the Covid-19 pandemic on UK midwifery-led service provision.

Methods: We carried out a national survey using the UK Midwifery Study System (UKMidSS), a national network of midwife 'reporters' in all UK midwifery units. Reporters in all 202 freestanding (FMU) and alongside midwifery units (AMU) contributing to UKMidSS were invited to take part in a short survey sent out by email on 1 April 2020. We conducted a descriptive analysis of responses, tabulating frequencies and percentages, comparing responses from different regions and types of unit using the Chi-square test.

Results: Responses were received from 170 units (84%), comprising 105 AMUs (62%) and 65 FMUs (38%). Overall, 107 units (63%) reported being open as usual during the pandemic, with 18 FMUs (28%) and four AMUs (4%) closed to admissions, and a further 38 AMUs (36%) merged with the labour ward. Almost half (44%) of units reported scaling back of home birth services (54% of AMUs and 28% of FMUs). Almost one in five units (17%) reported some redeployment of community midwifery staff to hospitals. There was significant regional variation in impact.

Conclusion: Regional differences in the impact of the Covid-19 pandemic on midwifery-led services in part reflected regional differences in prevalence of the disease, but may also reflect differing underlying local or regional approaches to service provision. In some areas, midwifery units were closed and care was centralised in hospital settings despite national guidance.



Claire Wood

Claire has practised as a midwife in the UK for over 35 years, predominantly on a consultant-led labour ward. Claire's great love lies in the experience of being a midwife, striving to provide woman-centred care in collaboration with teams from all occupational groups.

Her current interest, being explored through a PhD study, is in how all clinical and non-clinical colleagues' wellbeing may be enhanced.

University/Trust

Kingston University and St George's, University of London, UK.

Supported by the RCM Ruth Davies Research Bursary 2018, and fellowship funding from the Faculty of Health, Social Care and Education, Kingston University and St George's, University of London.

Exploring how to enhance healthcare worker wellbeing on a labour ward: insider participatory action research

Author

Claire Wood*. Supervisory team: Professor Mary Chambers and Professor Jayne Marshall.

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Study aim: To develop a caring collegial environment within an East Midlands National Health Service labour ward (LW) where healthcare workers (HCWs) create paths towards enhancing individual and collective wellbeing.

Methodology: As a midwife/PhD student practising in one consultant-led LW, and after receiving Health Research Authority and Health and Care Research Wales ethics approval, I initiated a 21-month qualitative Insider Participatory Action Research (IPAR) study, completing July 2020.

Healthcare Assistant, Receptionist, Obstetric Doctor, Domestic, Midwifery, Theatre Practitioner, Housekeeping and Anaesthetic colleagues were invited to identify experiences enhancing their workplace wellbeing. To facilitate HCWs' participation, I spent approximately 900 hours being available non-clinically. In response to wide dissemination of practitioners' interview (62) and questionnaire (96) data, three Action Groups initiated practical workplace changes. Six midwives thematically analysed data.

Main findings: Disseminating accounts of compassionate behaviours which motivated colleagues prompted replication of such behaviours, creating a dynamic which nourished human needs. HCWs reported increases in: compassionate behaviours within/between occupational groups; morale; teamworking; gratitude and feedback expressions; initiatives in women's care; and wellbeing-related learning. Generating workplace compassion reportedly provided Covid-19 pandemic preparedness. Feeling cared for/listened to by the insider-researcher engendered a sense of being valued as a practitioner, with Preceptorship Midwives consistently describing such benefit.

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Participants co-developed a workplace wellbeing model from themes. This embeds individual professional wellbeing within a compassionate environment, nourishing a culture of joy and belonging in work.

Through ongoing HCW participation, numerous changes developed, including wellbeing forums scheduled into all Preceptorship (Midwife) Programme sessions.

Main conclusions: IPAR methodology was effective in both identification of factors, and development of compassionate behaviours towards, enhancing workplace wellbeing. Those new to the setting can gain particular value, fostering nourishment and growth of the next generation of midwives.

Establishing a non-clinical volunteer role is indicated in order to sustain HCW wellbeing.



COVID-19

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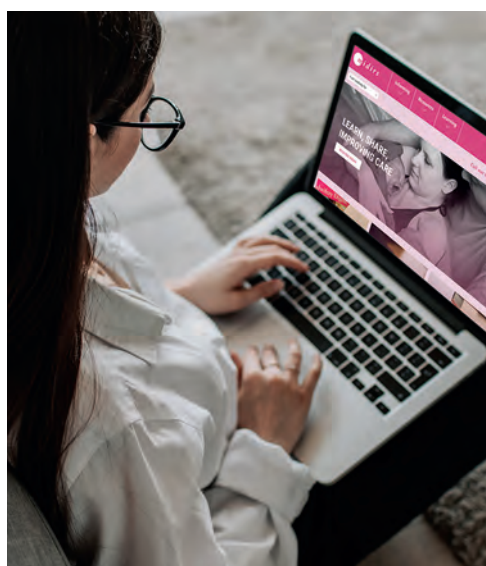
doi:10.1111/1365-3113.1274

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Elizabeth Bailey

Liz registered as a midwife in 2004 and moved into research roles, firstly as a clinical research midwife recruiting to National Institute for Health Research (NIHR) portfolio and commercial clinical trials and then as a midwifery researcher. She undertook her PhD (University of Warwick) on the physiology of contractions and the prevention of pre-term birth.

Liz took up a Midwife Research Fellow post at Imperial College Healthcare NHS Trust and then University Hospital Coventry and Warwickshire NHS Trust/Coventry University where she was also a member of the NIHR

70@70 Senior Research Leaders cohort. She has just started a new role as Associate Professor at Birmingham City University and is the Director of the Elizabeth Bryan Multiple Births Centre.



Kiera Madden

Kiera Madden graduated with a Midwifery degree in September 2016 from Coventry University and is employed by University Hospital Coventry and Warwickshire. Kiera works in the labour ward triage core team, specialising in emergency admissions of unwell pregnant and postnatal women. Kiera joined the Placental Growth Factor project to support the implementation of the test in the maternity department and then collect data.

Kiera is passionate about research in midwifery, innovations in improving women's care during their pregnancy and supporting woman-centred care.

University/Trust

University Hospitals Coventry and Warwickshire NHS Trust

Experience of implementing the sFlt-1/PIGF ratio in clinical practice; views of women and healthcare professionals

Authors

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Abstract

The sFlt-1/PIGF ratio is a biomarker which can support the differentiation of hypertension from pre-eclampsia. Its predictive value has been well explored in clinical trials and yet remains to be implemented in many maternity units. The lived experience of the test on individuals remains to be explored.

In 2019/2020 the test was available to NHS trusts free of charge via an Innovation and Technology Payment (ITP) scheme. Alongside local implementation, clinical impact and survey data was collected over nine months with a view to developing a business plan for

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continuation beyond the ITP scheme. The views of healthcare professionals and women being offered the test was sought to inform the impact of the availability of the test on practice.

Locally, the test was requested for ~20 women a month with ~70% having <3% risk of PET in 28 days. Healthcare professionals welcomed the test to support care planning to frame discussions with women on individual pre-eclampsia risk. Women felt reassured from having the test and understanding the result. This allowed for the focused management of hypertension and resulted in fewer admissions in women for whom the test indicated a low risk of pre-eclampsia. For those with a higher risk result it supported understanding the need for more pro-active management and admission.

This test is supported with clinical trial data; however, this work provides further understanding of its impact on clinicians and women when implemented in practice. Further qualitative research is recommended to explore women's experiences and anxieties to inform shared decision making around the management of hypertension and pre-eclampsia risk.



Lia Brigante

Lia is a midwife with nine years of experience. She worked as a continuity midwife in London, providing midwife-led continuity of carer, before joining the Royal College of Midwives as Quality & Standards Advisor, contributing to the improvement of maternity policy and midwifery research and practice across the UK.

Lia is passionate about providing holistic woman-centred care, building relationships and facilitating advocacy. She has conducted research on the implementation of midwifery models of care, the role of consultant midwives and midwifery-led settings.

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Department of Women and Children's Health, Faculty of Life Science and Medicine, King's College London¹, The Royal College of Midwives², Department of Midwifery, Faculty of Health, Social Care and Education, Kingston University and St. George's, University of London³.

"There at every step of the way". A qualitative study exploring how women at higher risk for preterm birth experience midwifery continuity of care (MCoC)

Authors

Lia Brigante^{1, 2*}, Kirstie Coxon³, Cristina Fernandez Turienzo¹, Prof Jane Sandall¹

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Background: Midwifery continuity of care (MCoC) has been associated with improved maternal outcomes and with lower levels of preterm births and still births. The majority of MCoC studies have focused on women without risk factors and little has been published on women with complexities, those being medical or social.

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Objective: The aim of this study was to explore the views and experiences of women at higher risk of preterm birth on the implementation of a new midwifery continuity model of care.

Design: Face-to-face, semi-structured interviews with 16 women who experienced midwifery continuity of care across pregnancy, birth and postnatal period as provided in the intervention group of the POPPIE trial. Purposive sampling was employed to maximise variation in social complexity, social economic group, ethnicity, parity and obstetric history including preterm birth. Two participants experienced preterm birth (PTB). Thematic analysis on NVIVO was used to analyse the semi-structured interviews.

Findings: Women valued continuity of midwifery care across the care pathway and described the reassurance provided by having 24/7 access to known and trusted midwives. Consistency of care, advocacy and accessibility to the team were described by the women as the main factors contributing to their feelings of safety and control.

Key conclusions: Knowing that trusted midwives were 'there at every step of the way' made women feel listened to and actively involved in clinical decision-making, which contributed to women feeling less stressed and anxious during their pregnancy, birth and early parenthood. When developing MCoC models for women with complexities, access, advocacy and time should be embedded to ensure women can build trusting relationships and reduce anxiety levels.



Katherine Clark

Katherine is a midwife researcher with interests in renal and hypertension disorders in pregnancy, particularly acute kidney injury. A Kidney Research UK Stoneygate Allied Health Professionals Fellowship funds her current research, and she is a PhD student at King's College London. She is an NIHR 70@70 Senior Midwifery Research Leader at King's College Hospital focused on promoting culture and opportunities that support nurses and midwives to undertake their own research.

Katherine is a member of the Rare Renal Disease Registry (RaDaR) Pregnancy and CKD Study Group and was on the Renal Association guidelines committee for the Renal Disease in Pregnancy guidelines.

University/Trust

King's College NHS Foundation Trust

The NIHR 70@70 wins: Providing research opportunities to midwives

Author

Katherine Clark*

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Aim: Midwives can make an unparalleled contribution to the development of woman-centred research. This work describes the impact on midwifery activity of having a midwife research leader.

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Methods: In 2019 the national NIHR 70@70 Nurse and Midwife Research Leadership Programme commenced, funding 70 nurses and midwives for two days a week for three years with the aim of strengthening their research voice and influence.

One nurse and one midwife were appointed at a tertiary London teaching hospital with an established research culture within maternity, but no previous midwifery research. They set specific objectives (Table 1):

Objective	Increased exposure & awareness	Improved support	Increased research engagement and activity
Actions	Information events Research website Regular news and comms Recognition of activity	Signposting, research clinics etc. Targeted support for applications	More (and improved) training applications Scoping of priority areas for research Increased interdisciplinary collaboration

Table 1. Objectives and actions taken at the Trust by the NIHR 70@70 Leaders.

Results: A marked increase in research capacity and capability within midwifery occurred since the appointment of the NIHR 70@70 Leaders (Table 2). Three midwives are leading their own research. There has been marked increase in staff undertaking Good Clinical Practice (GCP) training, improving capacity and engagement.

	Jan 2018	Dec 2020
Midwifery led/run research studies	0	17
Research Midwives	0	3
Midwife Researchers	0	3
Midwifery PI's	1	4*
GCP Trained Staff	+	+++
Research Equipment	0	3
Midwife Led Grants	0	4*
*Will increase in 2021		

Table 2. Research activity from 2018 (immediately prior to the appointment of research leaders) to 2020 (half-way through the programme).

Conclusions: Specific research leadership within midwifery was required to enable research opportunities for midwives and increase capacity. Great success can be realised quickly with targeted leadership. However, prolonged success relies on research being embedded as core midwifery business and investment in ongoing leadership.



Sarah Coiffait

Sarah is a Practice Development Midwife at Northampton General Hospital and currently leads on student midwife placement expansion. She has also supported the establishment of a pastoral mentorship scheme for third year students and the first shared decision-making council for student midwives in the UK.

In 2018, Sarah studied to be a Professional Midwifery Advocate and has a special interest in supporting newly qualified midwives as they transition from student life. She is studying for an MSc in

Workplace Wellbeing at the University of Nottingham.

This year Sarah is also working as a Health Education England RePAIR fellow in the Midlands.

University/Trust

Northampton General Hospital NHS Trust

“Leave no-one behind” – supporting students to qualify during Covid-19

Author

Sarah Coiffait*

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Abstract

During the first national lockdown as a result of the COVID-19 pandemic, third year student midwives at my Trust were re-deployed as paid members of staff, but still retained their student status. I was responsible for 15 third years, their induction, their contracts, their rotas and I continued to support them throughout. My poster will be a discussion of the successes and the challenges for this cohort.

After an initial full day induction, the students were allocated four-week blocks in each of our four main areas within maternity: labour ward, our mixed antenatal/postnatal ward, community and the birth centre. I initiated weekly zoom meetings for this cohort, to offer both PMA and peer-led support. A WhatsApp group was also established with ground rules to share practice information and updates but to continue the feeling of cohesion.

The establishment of this cohort as a team was the greatest success and the result of having students be paid for their work meant they were treated with more respect from the qualified midwives. Not only did their status improve, they had a direct effect on maintaining our maternity service throughout the pandemic.

The motto for our WhatsApp group was “leave no-one behind” and we didn’t. Of the 15 third years, everyone qualified, with 11 of the cohort taking up posts at my Trust. Of the remaining four, they all secured Band 5 midwifery posts elsewhere, however, two have decided to return to Northampton meaning we will have recruited 13 out of 15 from this group. I believe this is as a direct result of the team approach taken and the bonds formed within this group during the pandemic.



Holly Morse

Holly is a registered midwife and PhD candidate at Swansea University, researching midwifery input into online breastfeeding support. She also completed an MA in Child Welfare in 2007 and an HE Dip in Antenatal Education in 2012. As well as being a mum of four, Holly has a professional background spanning social services, education, the NHS and third sector. She has been organising perinatal support groups and running voluntary pregnancy and parenting social media platforms since 2008. Holly's research interests include digital midwifery, vicarious trauma in midwifery, infant attachment and breastfeeding.

University/Trust

Swansea University

Midwives' perceptions and experiences of using Facebook Groups to support families

Author

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Background: Facebook support groups have proliferated in recent years and are now commonly used by new mothers to access support during the transition to parenthood. However, mothers report difficulty in identifying expertise and concerns about the lack of regulation and validated moderation of online support. Moderators in social media groups monitor and regulate group posts and are essential to the success of online communities. Midwives taking on this role use their professional knowledge and communication skills to offer support, address misinformation and facilitate participation. The use of midwife moderators for pregnancy and postnatal Facebook support has demonstrated success in providing relational continuity and validated information to mothers, but there is little research into midwives' perceptions of this role, or of social media as a professional tool. This study aimed to explore how midwives and student midwives perceive the use of Facebook support in practice, and to identify the barriers and facilitators to developing the provision.

Methods: A mixed methods online questionnaire was used to explore UK midwives' and student midwives' perceptions and experiences of professional Facebook support provision. Participants were asked about their personal and/or professional Facebook use, awareness and perceptions of Facebook support including impacts and concerns. Further questions explored training and support received or perceived as needed.

Findings: 719 responses were received. Participants perceived Facebook support as having the potential to positively impact mothers' experiences, improving connection, communication and support. Their concerns for women centred on individualised care, potential for miscommunication and negative interactions/feedback. There was a consensus of concern related to professional conduct online, maintaining personal boundaries, a lack of guidance and support for and a need for additional training. Midwives currently involved in online support were significantly more likely to report positive perceptions of its impact and use and to have lower levels of concern.

Cheri Angharad Price

Cheri qualified as a midwife in 2012. During her student career her interest in research and dissemination developed, leading her to win the British Journal of Midwifery Student Midwife of the Year Award in 2012.

After predominantly working as an integrated midwife in community teams and freestanding birth centres, Cheri now works as a Clinical Research Midwife at Aneurin Bevan University Health Board. She has recently completed her MSc Professional Practice, focusing on alternative birth choices.

Her midwifery interests include alternative birth choices, midwifery-led care and birth centres. Her methodological interests are predominantly qualitative, particularly hermeneutic phenomenology.

University/Trust

Aneurin Bevan University Health Board

Birth 'outside the system' or broken by the system? A hermeneutic synthesis of women's and midwives' influences and experiences in relation to alternative birth choices

Author

Cheri Angharad Price*

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Background: Anecdotally, there has been a noticeable shift to women choosing to birth 'outside the system', meaning that they are making birth choices that fall outside of usual practice/guidelines, for example, high-risk homebirth, freebirth. As more women are choosing to make autonomous informed choices to birth 'outside the system', there is emerging evidence about what influences women to make this decision, women's experiences of birthing against medical advice and how midwives experience facilitating these choices.

Methods: A hermeneutic review was undertaken to explore the influences and experiences of birth 'outside the system' from the lens of both women and midwives. Due to the hermeneutic nature of this review, it was accepted that the author could not 'bracket' her predispositions and prior experience, therefore reflexivity was considered by means of deep reflection on the effect of these predispositions on the review.

A range of qualitative studies were included in the final sample (n=34) including primary research papers (n=29) and theses (n=5). The final sample was critically appraised and a thematic synthesis was undertaken. Thematic synthesis involves the line-by-line coding of texts, which was undertaken using NVivo 12.0, to generate themes and subthemes from the data.

Due to the method of enquiry of this hermeneutic review being a literature review, ethical approval was not required. However the ethical considerations of each paper were examined fully as part of the screening process, and each study included in the review had adequate ethical approval.

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Findings: There are multifactorial influences relating to birth 'outside the system'. Women's experiences of birth 'outside the system' were generally positive, however their experiences of care in the system were overwhelmingly negative. Midwives want to support women in their birth choices but feel bound by professional regulations, guidelines and professional responsibilities which inhibits their ability to do so.



Rebecca Seymour

Rebecca is a Doctoral Researcher at Coventry University who recently passed her viva. She holds undergraduate degrees in Kinesiology and Nursing from McMaster University, as well as an MSc in Nursing. Her Masters work focused on nursing interventions when caring for pregnant, at risk women exposed to intimate partner violence (IPV) and ignited a passion for women's health. This passion continued into her PhD which focused on the postpartum experiences of women with FGM in the UK.

Rebecca's research interests include public health, violence against women and nursing interventions. Rebecca loves animals and thanks her cats and dog for their support.

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Coventry University

How women with Female Genital Mutilation (FGM) experience postpartum care using the UK's National Health Service (NHS), a focused ethnographic study

Authors

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Aim: To critically evaluate the needs and explore the postpartum experiences of women who have Female Genital Mutilation (FGM).

Background: FGM affects approximately 200 million women worldwide (WHO 2016), with 103,000 women and girls with FGM thought to be living in the UK. Of specific concern is pregnancy and childbirth due to the negative obstetric consequences caused by FGM. Little focus is paid to the postpartum period, though it is acknowledged the transition to parenthood is challenging for new mothers and is complicated by migration status.

Methods: A focused ethnography was conducted. Semi-structured interviews took place with women with FGM after they completed their postpartum period. Interviews were transcribed verbatim and analysed using thematic analysis.

Findings: Three interconnecting themes emerged from the analysis of women's interviews: *FGM*, *Pain* and *Support*. These themes emerged at each timepoint during the birth process, the antenatal period, labour and birth, and the postpartum period. Although the 'acute need' was different at each timepoint, each theme was present throughout the birth experience. Subthemes included '*allowing*' normal birth; *pain during labour and birth*;

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partner support; and *midwifery support*. Women appreciated the care they received during their postpartum period.

Conclusions: Overall women were happy with the care they received; however, they did not appreciate the focus on the law during the antenatal period, or the top-down approach to healthcare provision. The importance of the postpartum period was highlighted, and women expressed the need for additional support during this time. Further research is needed to understand what additional support women with FGM require.



Esther Shalom

Esther holds a BSc in Midwifery from City, University of London. Since qualifying in 2014 she has worked in London and spent one year working in a specialist midwife post for diabetes in pregnancy. Esther won an award for mentoring student midwives in 2019.

More recently, Esther has developed an academic interest in the workplace wellbeing of midwives which led her to undertake a Master's degree in Organisational Psychology, also at City, University of London. She has just completed her dissertation entitled 'An Interpretative Phenomenological Analysis of Experienced UK Midwives within a Profession that Currently Faces Immense Challenges'.

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City, University of London

An interpretative phenomenological analysis of experienced UK midwives within a profession that currently faces immense challenges

Author

Esther Shalom*

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Abstract

UK midwifery faces great challenges. Chronic short-staffing and associated work pressures have been shown to lead increasing numbers of midwives to leave their jobs. High levels of poor mental health and wellbeing are also thought to contribute to their intention to leave midwifery.

The objective of this study was to examine the experiences and perspectives of long-standing, experienced midwives as they work in a profession that is beset with these difficulties.

Four very experienced midwives were interviewed using a qualitative approach and the data was extracted and analysed using Interpretative Phenomenological Analysis as the research methodology. Three master themes were generated from the data: practising midwifery on the side, how the midwives felt in their workplace, and failings in midwifery training.

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The data largely complements existing literature that looks at why midwives leave but places a new emphasis on the concern of inadequate student training and the poor support of newly qualified midwives. In addition, it points to the need to return midwifery to its fundamental principle of woman-centred care as something that will retain midwives within their profession. This data is also considered through a theoretical lens using the Job Demands-Resources Model. Relevant points are discussed, and recommendations and future research directions are put forward.



Andreia Soares Goncalves

Andreia is a PhD Fellow from the Foundation of Science and Technology at the University of Porto, Portugal, and a Community Midwife at the University College of London Hospital, UK. She holds a degree in Nursing, a degree in Midwifery and an MSc in Social Research Methods.

Working in a multicultural society, she has learned to celebrate difference and freedom of choice and to understand that, in some contexts, 'choice' is not yet a reality. She advocates for the promotion of 'normality' in pregnancy and birth, and a culture that empowers women to make the

right choices for them.

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University of Porto

Antenatal care policy in high income countries: an overview

Authors

Andreia Soares Goncalves*, Isabel Maria Ferreira, Ana Paula Prata, Christine McCourt, António Correia de Campos

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Background: It is recognised that in high-income countries more can be done so that women can experience a safe and positive pregnancy. Health policies work to achieve specific healthcare goals within a society and antenatal care guidelines are the vehicle through which recommendations are set out to guide practitioners on how to promote and protect good health during pregnancy and deliver quality care and services. Guidelines should be based in the best evidence available and tailored to the specific needs of a population, in this case, pregnant women at low risk of complications, in order to obtain the best outcomes. It is surprising that there is no consensus about best practice for the antenatal care of women at low risk of complications in countries with similar characteristics.

Aim: This research study aims at presenting an overview of the antenatal care policy in high-income countries with a universal health care system, with the ultimate goal of informing future policy.

Methods: A scoping review was conducted. The search strategy included a complete search of relevant databases such as CINAHL Plus with Full Text, Cochrane Central Register of

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Controlled Trials and Academic Search Complete via EBSCO host, MEDLINE via PubMed, Scopus via Elsevier, and JBI CONNECTp via own platform. This was followed by a hand search of grey literature in official websites such as the departments of health of the included countries. For the countries where the above steps were insufficient to retrieve guidance, key persons were contacted. Data extracted using charting forms developed by the authors and synthesised using narrative description.

Results: The authors are still working on the data. Three countries had to be excluded as no governmental antenatal care policy was found. For the other 10 countries, preliminary results show variability in the schedule and content of the consultations, advised screening and person delivering care.

Conclusions: The majority of countries have areas of consensus among their practices, but there are considerable differences between countries which can have an impact on outcomes, pregnancy/maternity experience, finance.



Jayne Wagstaff



Jayne is a research midwife based in Leeds, with an interest in research around personalised care and social factors that influence health and wellbeing. She became a midwife over 20 years ago, working mainly within neonatal and postnatal care.

Jayne was awarded a Wellbeing of Women Entry-Level Scholarship in 2019, which has funded a project enabling a collaboration between leading international researchers at the University of Leeds, and

Loughborough University.

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This work is supported by Wellbeing of Women in association with the University of Leeds, the Royal College of Midwives and the Burdett Trust for Nursing (Award Ref ELSM903) and was initially supported by a Society for Reproductive and Infant Psychology Research Development Workshop Grant.

The CONVENE Study: Understanding conversations to improve training for midwives

Authors

Jayne Wagstaff, Dr Magnus Hamann, Prof Louise Bryant, Dr Shenaz Ahmed, Prof Elizabeth Stokoe

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Background: In England, all pregnant women are offered screening for Down's syndrome, Edward's syndrome, and Patau's syndrome at their booking appointment. Midwives are uncertain how to help women make an informed decision without being seen as directive. Evidence around effective informed choice training for midwives in this area is limited.

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Aims: To develop evidence-based training using the 'Conversation Analytic Role-play Method' (CARM) based on research analysing video-recorded interactions between midwives and women at the booking appointment to identify which conversational practices lead to informed decision making.

Method: Twenty-two antenatal booking appointments were video/audio recorded in clinics in the North of England. Transcribed data were analysed using conversation analysis (CA), a qualitative method for analysing real interactions. Analysis focused on how midwives laid the interactional foundations for women to make an informed decision around screening.

Results: The NHS resource 'Screening Tests for You and Your Baby' was identified as the primary source of information; the analysis also identified practices associated with engaging women more collaboratively, as well as checking their understanding.

Conclusion: Using CA to examine actual interactions within this context demonstrated how the structuring of conversations, and the constraints of screening delivery, can lead to specific outcomes. Using these results, CARM has the potential to underpin informed choice training for midwives.



Hélène Zunino

Hélène is currently Head of Scientific Communication for Johnson & Johnson Consumer Health baby brands in EAME R&D, bringing to life the science embedded in their products. She was previously generating this science as part of her innovation role leading functional ingredients development and advanced science where the baby–mum relationship was at the heart of research during skincare routines. Her passion is to better understand how to support parents and advance science to ensure peace of mind during their skincare routines.



Aurélie Coubart

Aurélie is currently a senior scientist in Johnson & Johnson Consumer Health Global R&D for baby care. After completing her PhD in Cognitive Sciences with a specialisation in baby socio-emotional and cognitive development, she joined J&J in 2016 where she conducts behavioural and neuroscientific research using innovative methods and partnering with external experts. Her goal is to better understand caregiver–infant interactions and how to best support baby development and parents' well-being thanks to skincare routines.

Understand how to best support mum and baby bonding through daily care routine

Authors

Hélène Zunino, Aurélie Coubart and Katie Rotella, Johnson & Johnson Consumer Health

Aim: Understand how to best support mum and baby bonding through daily care routine

Background: Daily care routines, especially around hygiene, are generally considered as physically needed, what if it could be an opportunity to bond with baby and impact baby social and cognitive development?

Methods: 1. We understood how the transition from woman to mum affects well-being (struggles, tensions, wellbeing, confidence)

2. Then we observed during a behavioural study that specific behaviours during skincare routine supports mum's well-being and bonding with baby.

3. We developed a line of products, safe to use on newborn and baby skin, that integrates the learning to enhance mum and baby bonding and engagement.

Findings and conclusion: Thanks to both verbal and non-verbal behavioural analyses, we first observed that with Cotton Touch™ wash and lotion mums' feelings of joy and pleasure (positive emotions) were significantly intensified. Moreover, mum–baby emotion and interaction was found to be significantly more joyful and engaging than during the bath with the non-fragranced product.

When we associate these products with routine behavioural guidance, the bathtime experience for mums and babies is improved and touch and maternal sensitivity to complex infant emotion is also increased.

Not only does this improve a daily ritual but may have long-term benefits for maternal well-being and infant growth including physical, cognitive, and social development.

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Write for us!

We are interested in YOU, your RESEARCH, your STUDIES, your individual EXPERIENCES and INSIGHTS as a midwife, student midwife or MSW.

As the RCM's information provider, we are passionate about providing midwives, student midwives and Maternity Support Workers with opportunities to share and promote their work to the wider midwifery community.

Our two academic publications, *MIDIRS Midwifery Digest* and *Evidence Based Midwifery (EBM)*, provide the perfect platform for you to share your knowledge and experiences with those caring for women, babies and their families during pregnancy, birth and the postnatal period.

MIDIRS Midwifery Digest

MIDIRS Midwifery Digest is a quarterly, academic journal available in print or PDF format. Its sections cover the whole midwifery spectrum including: *Evidence Based Midwifery, Midwifery & Education, Pregnancy, Labour & Birth, Postnatal, Neonatal & Infant Nutrition.*

Part of the Royal College of Midwives portfolio of educational resources, the *Digest* is read by predominantly midwives and student midwives, but is relevant to anyone working with pregnant women, new mothers, babies and parents.

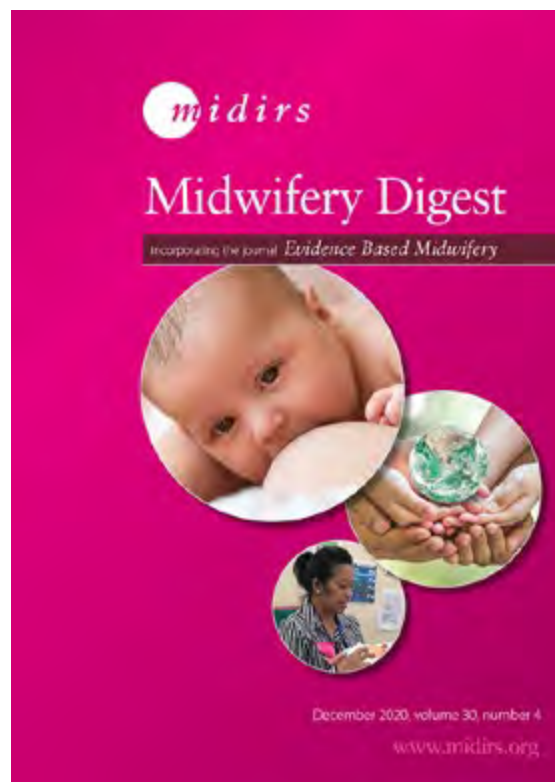
MIDIRS Midwifery Digest provides an opportunity to keep up to date with current hot topics and the latest health care research and to gain a greater knowledge of specific areas of midwifery practice. Fully referenced

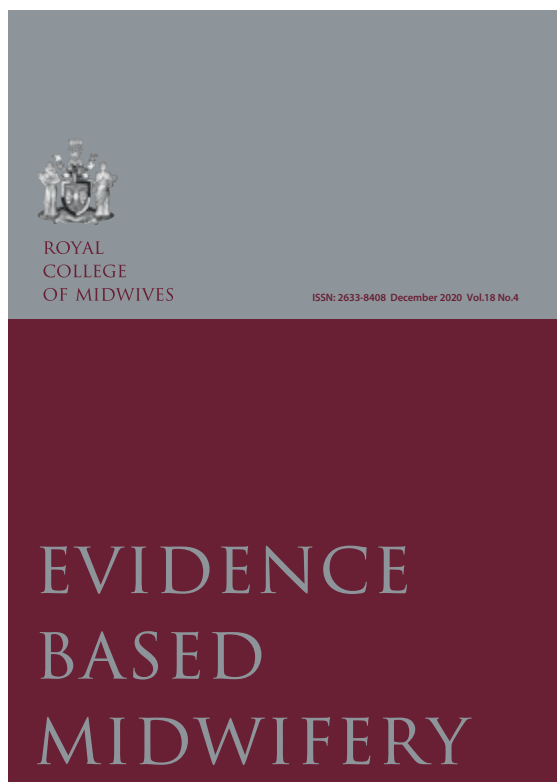
articles support the writing of assignments and dissertations and the preparation of theory assessments and course work.

As well as reaching individual midwives and students, some of the top medical, nursing, academic and health care institutions around the world also subscribe to *MIDIRS Midwifery Digest*, further underlining its international focus and aim to share the latest research findings with the wider midwifery community.

Submitting a paper for *MIDIRS Midwifery Digest*

Depending on the type of article, the length of a paper can vary between 1,000 words for viewpoint/discussion to 3,500 words for research articles. Author guidelines and details of how to submit your article can be found on www.midirs.org.





Evidence Based Midwifery

Evidence Based Midwifery (EBM) is the RCM's online peer reviewed journal. Published four times a year, its aim is the promotion, dissemination, implementation and evaluation of midwifery evidence at local, national and international levels.

Evidence Based Midwifery is available to RCM members in online format via the RCM website. Non-members can access the journal online through open access, three months after publication. *Evidence Based Midwifery* is also a permanent section within the pages of *MIDIRS Midwifery Digest*, providing subscribers with immediate access to original *Evidence Based Midwifery* papers.

Articles on qualitative research, quantitative research, philosophical research, action research, systematic reviews and meta-analyses of qualitative or quantitative data are welcome. All suitable papers submitted to *Evidence Based Midwifery* are subject to double-blinded peer review to assess their academic rigour, quality and relevance.

Submitting a paper for Evidence Based Midwifery

Depending on the type of article submitted, the maximum word count for *Evidence Based Midwifery* is 5,000 words. Author guidelines and details of how to submit your article can be found on www.midirs.org.



Learn, Share & Improve care

Who writes for MIDIRS?

We accept original articles from midwives, students, MSWs and any health care professional involved in maternity care. Whether you are a clinician, studying for a PhD or Masters in Midwifery or are a new, aspiring or established author, we welcome your contribution. Our dedicated editorial team are here to advise and support authors regarding their paper.

Your contribution

We welcome contributions that will advance knowledge and/or encourage debate about midwifery and childbirth, thereby contributing to the improvement of maternity care. Writing for MIDIRS can help:

- Share important research and case studies with the wider midwifery community
- Present the experiences and knowledge of health professionals around the world
- Provide an international view on current maternity topics
- Offer a fresh perspective on a familiar topic.

Having your article published can also be used as evidence of continuing professional development and NMC revalidation requirements, demonstrating a commitment and/or interest in extending your own knowledge and that of your fellow midwives and students.

Reaching a wider audience

Original full text articles published in *MIDIRS Midwifery Digest*, are automatically stored on the *Maternity and Infant Care Database* (MIDIRS bibliographic database that currently holds over 290,000 article references). Once stored, the article can be accessed by subscribers, meaning once your paper is published you are immediately sharing your work with an even wider audience and further contributing to the improvement of maternity care. Articles published in *MIDIRS Midwifery Digest* are also available to non-subscribers for a small fee.

For further information

For informal enquiries, questions or support with your submissions for both *MIDIRS Midwifery Digest* and *Evidence Based Midwifery*, please contact MIDIRS Editor, Sara Webb at: sara.webb@rcm.org.uk.

The RCM's research and development strategy

Action Plan 2021-2024



Promoting · Supporting · Influencing

www.rcm.org.uk

Foreword from the RCM's Chief Executive

Almost every element of our practice as midwives is based on research evidence. It is fundamental to what we do and how we do it. I want it to be fundamental to the RCM too, and that is why I'm proud of this research and development strategy and action plan.

All of us have a vested interest in developing and contributing research that improves our practice as midwives, yet it can sometimes seem too daunting or difficult. With this strategy, the RCM wants to empower and encourage midwives to take an active role in research, to take the leap of faith our predecessors did.

Midwifery-led research demonstrated the benefits of water births and removed routine episiotomies, not to mention the vast amount of social and scientific work that midwives have contributed to. Whether it's a small step, like completing a survey for a research study, or a giant leap, like embarking on a career in midwifery research, or doing a PhD, the RCM is here to support you.



Gill Walton
CEO, RCM

G Walton

A note from the RCM's Professor of Midwifery

As a professor of midwifery with a long history of collaboration with the RCM, I welcome the publication of the RCM Research Strategy and Action Plan and the framework that it offers to the profession for all areas of research activity.

The strategy signals the ambition of the RCM to be an organisation that has research evidence at its core and that is committed to enhancing the research capacity and capability of midwives for the benefit of women, babies and families.

There are many ways that midwives can participate in research. My role has a strong focus on building the evidence base for midwifery care and supporting the transfer of this evidence into policy and practice. I am also engaged in increasing capacity and capability within midwifery research by encouraging the next generation of researchers.

However, becoming a midwifery researcher is only one possible career pathway. There are many other ways that midwives can engage in research – indeed, research is everyone's business! In order for women and their babies to receive high quality care, practice needs to be underpinned by evidence and provided by midwives who think critically about the care that they provide. This critical thinking requires midwives to remain curious and to question usual custom and practice. However, this requires midwives to develop skills in searching and reading the evidence with a

critical eye, in order to inform their decision-making and the care that they provide.

The Research Strategy and Action Plan provides a framework for the College and its members to embed research-mindedness throughout the profession. The Strategy fits with the aspirations of the new Nursing and Midwifery Council future midwife standards (NMC, 2019 p.29), which require the midwife on qualification to: "demonstrate knowledge and understanding of the importance of current and ongoing local, national and international research and scholarship in midwifery and related fields, and how to use this knowledge to keep updated, to inform decision-making, and to develop practice" and to: "demonstrate knowledge and understanding of the importance of midwives' contribution to the knowledge base for practice and policy through research, audit and service evaluation, engagement and consultation".

This publication is timely. 2020 was the WHO Year of the Nurse and the Midwife and midwives and nurses faced unique challenges. The contribution of both professions to global health has been celebrated and the significance of evidence-based, high quality midwifery care for the health and wellbeing of women and their families has been recognised by global leaders. As midwives now look to the future, there will never be a more important time for this forward-thinking RCM Research Strategy to signal that a new generation of midwives are ready to take the lead in building and using the evidence base on which maternity care must be founded.

References:

Nursing and Midwifery Council (2019) Standards of Proficiency for Midwives. <https://www.nmc.org.uk/globalassets/sitedocuments/standards/standards-of-proficiency-for-midwives.pdf>



Billie Hunter, CBE, FRCM, PhD, BNurs, RM, RN

RCM Professor of Midwifery & Director, WHO Collaborating Centre for Midwifery Development, School of Healthcare Sciences, College of Biomedical and Life Sciences, Cardiff University

A handwritten signature in black ink that reads "Billie Hunter".

Introduction

The strategy builds on the RCM Research and Development Action Plan 2011¹ and has been developed following discussion within the RCM and externally with our membership across the UK.

The RCM, as the professional association for midwives across the UK, is uniquely placed to support the capacity and capability of midwives to conduct, implement and disseminate research.

The strategy sets out our vision for how the RCM will increase our engagement with those involved in research, in clinical, educational, policy and research roles, in a two-way relationship – supporting them and learning from them in equal measure.

It sets out how we will develop our engagement with the production and use of evidence-based knowledge, influencing the development of policy, practice and models of care.

The strategy should enable the RCM to influence and support the growth of research capability in the profession across the UK and support RCM members to raise their research capability and profile. The strategy is a mixture of short and long term aims with the emphasis on its sustainability. The Action Plan details the goals and specific objectives and how we intend to implement the strategy over the next three years.

The RCM will use its journals to promote and disseminate research and raise the profile of midwife researchers. Evidence Based Midwifery is the RCM's peer reviewed research dissemination journal and MIDIRS digest publishes original articles of research and practice and supports new and aspiring writers.



¹ The Royal College of Midwives Research and Development Action Plan 2011

Purpose

To ensure the development of the profession of midwifery as one whose practice, policy, education and models of care are built upon a strong evidence base, generated largely by members of the profession.

To employ the influence of the RCM to further support the development of midwifery research – both its generation and utilisation, across the UK.

To improve the quality of midwifery care through the effective, appropriate use of current and relevant knowledge, and by promoting high quality research through the development of the research capacity and capability of midwives for the ultimate benefit of women and their newborns.

3



Vision

A strategy to develop the role of the RCM in supporting capacity and capability in midwifery research and in supporting the midwifery profession to increase the transfer of knowledge into practice and policy.

The RCM's mission is clear:

- **Promoting** midwifery, quality maternity services and professional standards
- **Supporting** our members, individually and collectively
- **Influencing** on behalf of members and the women and families they care for

These three elements are key to how we hope to develop our work in research and knowledge:

- **Promoting** midwifery research and evidence-based practice to improve the professional standing of midwifery, the quality of maternity services and professional standards.
- **Supporting** our members, individually and collectively, in developing in research careers if they wish to, disseminating the research and knowledge of established midwifery researchers and employing the evidence from their research in RCM publications and products.
- **Influencing** to improve the systems and mechanisms that will enable midwives to flourish and develop in research careers.

Context

Development of the strategy

Input was sought from our established external stakeholder groups Heads of Midwifery and Directors of Midwifery, Consultant Midwives, Lead Midwives for Education, RCM Fellows, other academics including Professors of Midwifery and midwife researchers.

Members of these groups also advise the RCM on the development of other work, for instance guidelines, position statements and consultations. In addition, two events were held with research stakeholder groups in Northern Ireland and Scotland and a workshop was held with delegates who attended the RCM's Research conference in 2020. An internal steering group was created to oversee the development of the strategy.

Listening to members

The research strategy aims to reflect members' concerns and aspirations and respond to their research needs and development.

All midwives and maternity support workers should have the opportunity to take part in local and national research and the RCM should support and provide guidance for its members about how to access such opportunities.

Members will be invited to give their views on finding and using evidence to support practice and any resources they require. This will help to identify any barriers in using evidence, and its implementation and becoming involved in research.

Strategic goals and action plan

There are three key strategic goals for the research strategy which have emerged from discussion with our members:



Goal 1

To build the capacity and capability of midwives to understand, implement and engage with midwifery and maternity research

WE WILL DO THIS BY:

- Ensuring evidence and research underpins all RCM activities and outputs
- Celebrating and raising the profile of current midwifery research and researchers
- Establishing the research needs of the midwifery profession
- Developing resources to support the research needs of our members
- Supporting midwives to develop their evidence-based practice
- Normalising research within the career pathway of midwifery and demonstrating the benefits of such posts
- Encouraging and supporting all midwives to be involved with research and to develop research leaders, including the clinical academic career pathway

Goal 2

To collaborate with others to develop midwifery and maternity research

WE WILL DO THIS BY:

- Building stronger relationships with educational and research institutions
- Supporting the establishment of research hubs/networks
- Developing networks of individuals to ensure the RCM has ready access to experts and resources
- Collaborating on, endorsing, and supporting midwifery and maternity research projects
- Working with others to provide and promote a sustainable cycle of funding for early career researchers

Goal 3

To influence policy and practice based on up-to-date research

WE WILL DO THIS BY:

- Working with organisations to overcome cultural barriers to midwives leading research
- Identifying midwifery research priorities
- Ensuring midwifery representation on relevant external organisations, including funding bodies
- Strategically engaging with key funders to leverage funding and to support midwifery research careers
- Influencing and supporting the development of more midwifery research roles including post-doctoral opportunities

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