

Midwifery in Scotland – into the 2020s



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In this short guide, the Royal College of Midwives (RCM) will introduce you to a hospital midwife in Edinburgh, a homebirth midwife in Angus, a Glasgow midwife specialising in the care of refugees and trafficked women, a perinatal mental health midwife in Grampian, and a midwife and lecturer in Paisley helping to train the midwives who will care for the next generation of Scots.

These midwives illustrate the breadth of the contribution that midwifery makes to the health and care of women and families across Scotland.

We will also set out the ways in which midwives make a difference as well as some of the ways in which we are working to improve maternity care.

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Foreword

This booklet has been developed to help a range of policy makers, health and social care leaders and professionals and third sector organisations more fully understand the role of the midwife in a modern Scotland.

Though the profession of midwifery is one of the oldest, it is also an evolving, vibrant profession focused on improving public health, reducing health inequalities and ensuring the best possible start for families wherever they live.

Midwives have a huge range of specialist knowledge and skills, but we are at our most effective when we work within well functioning multiagency and multidisciplinary teams and systems of care that help us ensure that women and families can access whatever specialist care and support they might need at this transformative and hugely important stage in their lives.

I hope you find this booklet helpful and that it encourages you to think of midwives whenever you are thinking about improving and developing services for women and the early years.

Mary Ross-Davie
Director, RCM Scotland

Our midwives

When people think about midwives, they think about birth. They picture a midwife assisting a woman as she gives birth to a newborn baby. This is a vital part of a midwife's work, of course, but the role includes so much more.

The role is as diverse as Scotland itself. Midwives work in different parts of Scotland, urban and rural, as well as with women from a vast range of backgrounds.

The midwives we hear from in this section give you an idea of just some of the thousands of midwives who work in the NHS in Scotland.

Scottish midwife profile



"I have always known I wanted to be a midwife, but it wasn't until I began working as a domestic violence support and safety worker for women that I knew the time was right for me. I started my training as a midwife in 2013, when I was fortunate enough to be offered a place on the first direct entry pre-registration Masters cohort in Scotland.

Since qualifying in 2016 I have been working in Lothian as a hospital-based, rotational midwife moving between different clinical areas of the hospital. I am currently working in a consultant-led labour ward environment and love being able to provide care and support to women and their families at such an intense time. Being a rotational midwife means I don't know how long I will be here or where I may be going next, but as a newly qualified midwife I'm enjoying the change and challenges that this brings."

Jessica Thompson, midwife

Scottish midwife profile



"My name is Lorna. I qualified as a nurse and then as a midwife in 2007 and worked in Glasgow, delivering care in a high risk obstetric hospital. Midwife means 'with woman' and whilst I knew my job was crucial I also knew that I could truly be 'with woman' in a community setting. I moved to Montrose in 2012 where I learned a whole new set of skills, providing midwifery care from the first appointment to the final visit, 10 days after birth (including attending for their births in our community maternity unit). I became responsible for case loading my women, coordinating their care when health or social care needs were complex and liaising closely with the wider multidisciplinary team including obstetricians, neonatologists, GPs, social workers, health visitors and other specialist groups.

It was then a natural progression to embark on my new role as a home birth, caseloading midwife which involves all of the above as well as working with 2 colleagues to provide a 24/7 on call rota for home birth in Angus. I am tremendously proud of the service we provide and feel that my role as a midwife whilst challenging is hugely rewarding."

Lorna Ford, midwife

Scottish midwife profile



"I am Scotland's first Specialist Midwife in Perinatal Mental Health. As a midwife with an interest in Perinatal Mental Health I realised that not all women with mental health issues needed to be seen by a psychiatrist. Following on from this the specialist post was developed. I have set up midwife led clinics seeing women with mild/moderate depressive illness, women affected by previous traumatic deliveries and pregnancy loss. I also see women who may need further emotional support in pregnancy. I encourage early intervention, and these clinics have been a resounding success with 100% positive feedback from women. I am the link between maternity and psychiatric services.

I am also the Maternity Lead for the new Perinatal Mental Health Managed Clinical Network, working with clinical and National Services Division colleagues I have a key strategic role in promoting and driving forward the strategic development of an effective, integrated, multidisciplinary service for Perinatal Mental Health Services."

Shona McCann, midwife

Scottish midwife profile



"I am currently a lecturer in midwifery and doctoral student at the University of the West of Scotland and have been a midwife for 19 years. Much of my career was spent within the Neonatal Unit of the Royal Alexandra Hospital in Paisley before the opportunity to join the teaching team at UWS arose in 2013.

Not only do I have the privilege to work with colleagues who taught me as a student midwife, I have the opportunity to share my knowledge and experience with the next generation of midwives, some of whom are pictured with me.

I also work clinically as an Honorary Advanced Neonatal Nurse Practitioner (ANNP) within NHS GG&C, undertake research into aspects of neonatal care and have recently been a contributing author to a leading midwifery textbook Rankin: Physiology in Childbearing 4E."

Tom McEwan, midwife

Scottish midwife profile



"After qualifying as a midwife I worked in a wide range of different midwifery roles. I joined the Special Needs in Pregnancy Service (SNIPS) in Glasgow as team lead in March 2016; my caseload includes asylum seekers, trafficked women and women living with female genital mutilation (FGM). SNIPS are a skilled, resourceful team working across agencies to coordinate maternity care for women in the most vulnerable circumstances. I work closely with the Asylum Health Bridging Team (AHBT) and introduced a weekly midwifery clinic to review pregnant asylum seekers coming in to Home Office initial accommodation. I liaise closely with third sector organisations such as the British Red Cross, Migrant Help, the Trafficking Awareness Raising Alliance (TARA) and The Scottish Refugee Council. An integral part of working within the SNIPS Team involves close multi disciplinary communication with Social Work, Addiction Workers, Police Scotland, Health Visitors, Community Psychiatric Nurses (CPN) and Clinical Psychologists. I have developed and delivered training for midwives and GPs across GGC about FGM.

In January 2017 I was selected by the Queen's Nurse Institute in Scotland (QNIS) for their new training programme. I completed a nine month leadership development programme including leading a community improvement project. I have just completed the new Clinical Supervisors training for midwives organised by NES, and look forward to being involved in the introduction of this new model of supervision. I am also just starting a Masters programme in person centred care – the learning never ends when you are a midwife!"

Hilary Alba

The difference midwives make

Many people know from their own personal experience the difference that midwives make, but we have hard evidence too of the real, positive effect of midwifery care.

Large-scale international studies have concluded that universal midwifery care for every pregnant woman and newborn makes a vital contribution to improving outcomes. That includes in developing countries – where great progress has been made to reduce maternal and newborn mortality and morbidity through developing accessible universal midwifery services – as well as throughout advanced economies too.

This, from the Lancet series on Midwifery (Renfrew et al, 2014), summarises the amazing contribution that midwives make in delivering better, safer care to women:

"The analyses showed that outcomes improved by midwifery care include reduced maternal and newborn mortality, reduced stillbirth, reduced perineal trauma, reduced instrumental birth, reduced intra-partum analgesia or anaesthesia, less severe blood loss, fewer preterm births, fewer newborn infants with a low birth weight, and less hypothermia."

"The analyses also found increased spontaneous onset of labour, greater numbers of unassisted vaginal births, and increased rates of initiation and duration of breastfeeding. Increased referrals for pregnancy complications, fewer admissions to neonatal intensive care units, and shorter stays in neonatal units are examples of outcomes that indicate both improved care and resource use."

"Importantly, women reported a higher rate of satisfaction with care in general and with pain relief in labour in particular, and improved mother-baby interaction was also identified."

Maternity care into the 2020s – the Best Start

Last year the Scottish Government launched *"The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland"*, the outcome of a two-year review.

The plan is ambitious, and we wholeheartedly welcome that ambition. Bringing it to life won't be easy, but what it gives midwives is direction to help them deliver positive changes over the next five years.

The plan recommends, for example, that:

- All women have continuity of carer from a primary midwife.
- Women have choice over where they give birth, including the choice of a homebirth, birth in a midwifery unit and birth in a hospital.
- Rising rates of birth by caesarean section are examined.
- NHS Boards review their perinatal mental health services.
- NHS Boards redesign their maternity services with a focus on local care, built around the concept of community hubs, with the majority of women offered routine care and services through these hubs.

We will play our part in delivering these changes, which will drive improvement and make maternity care better for all women and families who use them.

In detail: continuity of carer

Continuity of carer is a model of maternity care where women get to know a primary midwife who is supported by a small team of other midwives. The primary midwife provides most of the woman's antenatal and postnatal care, with care during labour and birth provided by one of the small team with whom the woman is familiar.

Amongst the benefits of continuity of carer are lower rates of preterm birth, stillbirth and fetal loss, and intervention in labour, and higher rates of breastfeeding and levels of satisfaction.

This model of working will be different to how maternity care in Scotland is delivered today. It will require a significant change in the way that midwives work.

In detail: place of birth

Women in Scotland do not currently have a full range of options over where to give birth. In Wales, for example, all consultant-led units have an alongside midwifery unit, but in Scotland only one third do. Homebirth rates are also lower than the average across England, Wales and Northern Ireland.

Midwifery units, both those situated alongside consultant-led units as well as those that are freestanding, offer a safe place to give birth for women at low risk of complications. They also provide lower rates of intervention. Homebirth is also a safe alternative for healthy women, particularly if they have given birth before.

For those women who wish to give birth away from a consultant-led unit, adequate transport arrangements should be in place to facilitate this, if needed.

The challenges we face

Giving everyone born in Scotland the best start is an ambition shared by all of us. If we are to ensure it happens, we need to tackle certain challenges.

The need for investment

Delivering the ambitious changes envisaged in the *Best Start* will take money. These are not changes that we can make without additional investment. This will need to include investment in providing significant further training and support for midwives to work in new ways and in ensuring that midwives working largely out in the community rather than in hospitals have all of the up-to-date equipment they need to practise safely. We will continue to make the case for this investment.

The need for more community-based clinical space

Best Start recommends that maternity care is largely provided as locally as possible to where women live, in community hubs. We need to ensure that these community hubs have the space and resources to provide antenatal clinics, ultrasound scanning services, antenatal education and other support services for pregnant women and their families. Consideration must be given to how developing primary care facilities can include community maternity care services.

Outdated equipment and maternity units

Scotland is in the enviable position of having a considerable number of community maternity units, or freestanding midwife-led units, particularly in some of our more remote and rural areas. Such units can offer a safe and positive environment in which many women give birth. Many of these units are however increasingly outdated; investment, nationally and locally, is needed to ensure these units are improved and become home-from-home environments that women want to access, with up-to-date facilities including birth pools and modern technology for when this is needed.

Our ageing workforce

At the end of 2017, two in five NHS midwifery staff in Scotland were aged 50 or older, including over four per cent who were in their sixties. These individuals need to be replaced in good time before they retire. This means we need to train more midwives now; thankfully, the number of training places in Scotland will rise from autumn 2018, which will start to address this issue. We need to maintain that higher level of training provision over the longer term.

We also need to ensure that we keep as much of the valuable experience of older midwives as possible by offering them ways in which they can continue to work in units on a flexible basis even after retirement.

Staffing vacancies

We have been fortunate for some years in Scotland to enjoy very low vacancy rates in midwifery, but we are now seeing a worrying change. At the end of 2017, three per cent of midwifery staff positions in Scotland were vacant, including one per cent that had been vacant for three months or more. The position is worse in the North of Scotland and in remote and rural areas generally. We need to ensure that midwifery is an attractive profession to join and remain in. We must all work hard to retain midwives in the service by providing attractive pay and conditions and positive working environments.

We welcome, for example, the new training places in Inverness, beginning in 2018, as a step in the right direction, encouraging recruitment and retention in more remote and rural areas of Scotland.

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