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NCT Document Summary: Delivering High Quality Midwifery Care: the priorities, opportunities and challenges for midwives

Delivering High Quality Midwifery Care was published by the Department of Health in England on 28 September 2009. It is the report of the Quality of Midwifery Care Project, its steering group, subgroups and wider stakeholders. These groups were charged with considering the opportunities, priorities and challenges for midwives of the Next Stage Review to promote consistent high quality services delivered by a high quality workforce, ***with reflection on the policy direction of Maternity Matters***. This document¹ provides a summary of the content and also offers an NCT comment.

The report covers: Current maternity policy; A vision for the future of midwifery; Commissioning maternity services; Education for tomorrow's midwives; Continuing development for tomorrow's midwives; Midwives as leaders; Conclusion; The Quality of Midwifery Care Project: summary of concepts and intentions

The project vision for tomorrow's midwives is that all pregnant women will be cared for by a midwife they can get to know and trust, in or near their home.

The authors also emphasised the need for midwives' care to contribute to making the experience of becoming a parent really positive and straightforward, and one which is as safe as possible.

NCT comment: *NCT supports the vision as regards pregnant women but would add 'new mothers and their babies' to those cared for by a midwife. NCT welcomes the emphasis on a positive experience of transition to parenthood.*

The opportunities, priorities and challenges identified include:

- unlocking the full potential of midwives (for example, part of the midwife's role could be to ensure opportunities for the woman to consider options for place of birth and indeed the type of birth she is hoping to have)
- describing the contribution that midwifery practice will make to achieving the access targets and indicators on breastfeeding, and reducing inequalities in outcomes for mothers and their babies
- highlighting the need for partnership between the NHS and universities, user groups and other stakeholders to move forward improvements in quality of care
- ensuring active midwifery leadership and clinical ownership to deliver high quality care that is safe, effective and takes the experiences of women into account

¹ NCT document summaries present a précis of the content or main messages in documents published by government, research organisations, parliament, etc with relevance to maternity care, the transition to parenthood and life with a baby or toddler. The language is usually taken directly from the source document so it is not the view or policy of the NCT. Comment from the NCT is provided labelled clearly in a separate section or sections.

- outlining opportunities for midwives to develop academic careers and focus on research
- commissioning future midwifery services in which midwives are at the forefront, with input from current and recent users of the service, to influence and specify care
- highlighting the need for better data about midwives' activities and outcomes to enhance commissioning for education and services and improve quality.

Transforming the role of midwives and image of midwifery

From	To
A generally responsive workforce which interacts with other members of the maternity care team only when needed.	A situation where we can influence, lead and co-ordinate women-centred services.
A role that is usually associated with low-risk women, hospitals and assisting at the birth of babies.	A clearly identified, but broad role that also takes the socially-excluded and high-risk groups with complex needs into account.
A career choice for nurses and an easy route to a university education.	A positive graduate career choice for young and mature men and women with wide access and high standards.
A career pathway that is hospital-based and geared towards the way services are provided at the moment.	A well-educated, trained and skilled workforce with a dynamic career pathway that is fit for purpose.
A profession that can demonstrate its value in part.	A profession that can demonstrate its value through outcome data.
Having variable leadership.	Being effective leaders.

(above table appears on p12)

NCT comment: *NCT agrees that the right-hand column above sets out excellent proposals for the future roles of midwives. However, it could be of concern that the role of being 'associated with low-risk women ... and assisting at the birth of babies' is specifically identified as one to move away from. Continuity of midwifery care (and one-to-one care in labour) for women who are at low risk of clinical complications is greatly appreciated by such women and brings positive outcomes and satisfaction for the family and the midwife. This unique approach should not be lost, regardless of other broader aspects of practice to be taken on.*

Women's choices, vulnerable families and variable services

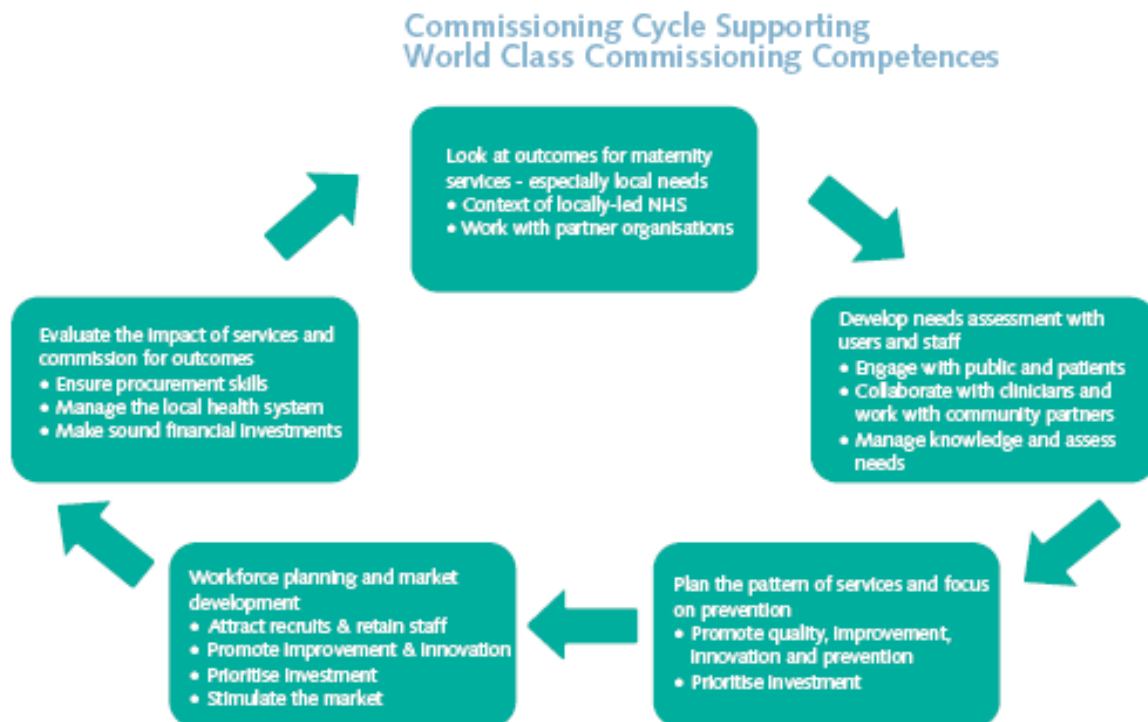
When there is direct access to midwives, and women have options about the choice of location for antenatal and postnatal care and for the place for birth and type of birth, midwives are delivering not only effective practice but are also being clear about their own accountability and responsibility as a profession. However, as health needs become more complex, poor collaboration, referral and handovers between professionals and organisations increasingly affects the quality and safety of care. The impact is that some women are not offered choices, while other women do not receive all the additional care they should have. In practice, this particularly affects disadvantaged women, who can 'fall through gaps' in services, leading to poorer outcomes.

The Healthcare Commission surveyed 26,000 women about their recent experiences of maternity services in 2007. Of these, 89% rated the overall care they received during labour and birth as 'excellent', 'very good' or 'good', while 11% reported it as 'less than good'. Further recent

investigations into maternity services by the Healthcare Commission³ and the King's Fund⁴ have highlighted national variations in the standard of care which continue to be of concern. The impact of a healthy pregnancy and good antenatal care on the health of the future population will be an important feature of commissioning services.

NCT comments: NCT agrees strongly with the findings identified above regarding variability in the service and women not enabled to make choices, especially those in disadvantaged groups. As said above, 'collaboration, referral and handovers between professionals' are of critical importance to vulnerable families who need a seamless service of support to care for a new baby effectively.

Commissioning maternity care



(above table appears on p18)

Heads of midwifery (HoMs) should position themselves to be highly visible and persuasive in the commissioning process so that they can:

- influence the commissioning process at an appropriate level
- use evidence to improve services
- act as advocates for women to make sure the commissioning cycle reflects their needs.

To provide support for HoMs there is a need to move from hierarchical models to building a leadership team (which should include midwifery supervisors, managers, consultant midwives, educationalists and other professionals). A strong, integrated team enhances the capacity of clinical midwives to offer flexible and relevant woman-centred care.

Maternity care pathways

Any maternity care pathway should be based on the intentions in *Maternity Matters*, including an assessment of social as well as clinical risk and complexity, with a targeted outreach support for the most vulnerable women and their families.

The pathway needs to be one that:

- satisfies the needs of the majority of women
- identifies the needs of vulnerable groups
- is appropriate to the families' needs
- is best for the local health economy.

Pathways should be developed as part of a national quality framework to make sure there is seamless care across professions, NHS Trusts and geographical boundaries. When a referral is

made, midwifery care should remain the core of the maternity pathway. The aim of maintaining midwifery at the heart of care is that women's experiences should be improved and that there should be better detection and early treatment of high-risk mothers and babies. Currently, consultation and referral guidelines are local and differ across networks. The variation makes care unnecessarily complex and potentially unsafe. The development of national guidelines such as those from the National Institute for Health and Clinical Excellence (NICE), which can be adapted for local use, make consultation easier.

NCT comments: *NCT supports the criteria set out above for effective pathways, especially the aim for seamless care with midwifery remaining at the core. However, in addition, it should be ensured that a pathway has support and 'ownership' of other relevant professions. There has been concern expressed that midwives' records of care for women on a pathway are less detailed than others which may make subsequent use and analysis of such records more challenging.*

Education

The starting point for service excellence is ensuring that the midwives of tomorrow will be educated to the highest standard to:

- be expert practitioners
- be embedded within multi-professional teams
- become high-profile clinical and academic leaders.

Midwives' undergraduate education must reflect their wider roles and involve an extensive range of clinical settings to reflect the diversity of contexts in which some new registrants will practise. Learning about running and managing a business, and working with other professionals as partners (as is included in the Dutch, Australian, New Zealand and Canadian midwifery programmes) would enhance opportunities for innovative practice and build confidence to adopt new and emerging models of working, for example social enterprise, in the reformed NHS.

There may be the opportunity to make midwifery programmes more attractive by developing fast-track academic routes to qualification, which result in a Masters-level award.

Once qualified, diverse continuing professional development opportunities will equip midwives to be expert practitioners and leaders across different organisations, including on NHS Trust boards. Qualified midwives need opportunities for training, education and development which might change over time as services are reformed and reconstructed, and the needs of women and babies change. Midwifery staffing levels should be funded to include an overhead which gives some flexibility for study time.

Ways of effectively involving users in midwifery education in the curriculum design and programme review boards need to be established by educational institutions. Once developed they should be incorporated into the curriculum and become key performance indicators when commissioners negotiate and monitor contracts with universities.

NCT comments: *NCT is in accord with the aim to widen the scope and ensure flexibility of both undergraduate and post-qualification midwifery education. It also strongly supports involvement of users in midwifery curriculum design. The concept of 'fast-track academic routes to qualification' is of interest but must be carefully explored to make sure that all midwives have the necessary knowledge, skills and attitudes in both clinical practice and woman-centred care.*

Metrics

Metrics (measuring indicators) are used to measure a whole range of activities in the NHS and other public services to evaluate quality and make improvements. Key examples, based on current policy and evidence, which could be translated into monitored metrics are:

- access to a midwife by 12 weeks
- a named midwife to be responsible for the woman's care throughout her maternity care pathway
- one-to-one midwifery care during labour

- user involvement through MSLCs and at strategic level in acute trusts and PCTs
- the normal birth rate
- re-admission rates.

User engagement and MSLCs

At present, the development and influence of Maternity Services Liaison Committees (MSLCs) varies across the country and it is important for vulnerable users to be represented on these strategic committees.

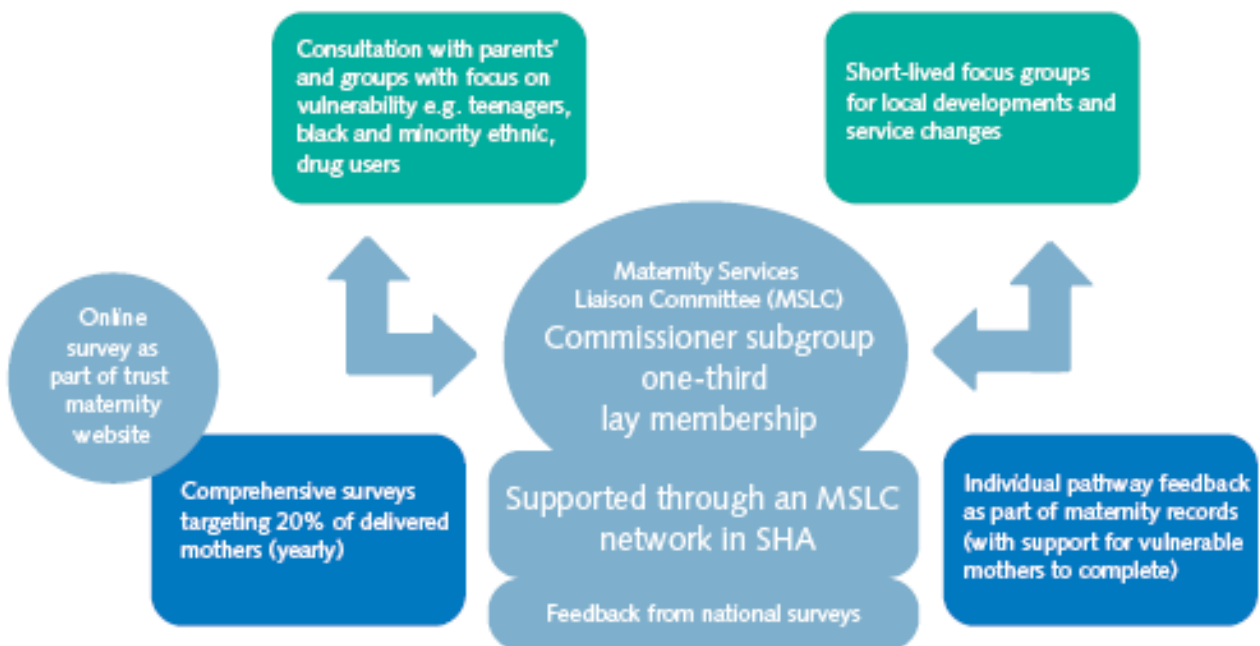
Maternity Services Liaison Committees are more likely to work well if they have:

- clear terms of reference;
- agreed shared objectives;
- a skilled chairperson; and
- training for lay chairs.

MSLCs would use midwifery and maternity-specific and user involvement metrics to benchmark quality. By doing this, they can give information to women about services and the care they could expect. Midwives need to engage with current and recent users of the service to get their views and feedback. As the diagram below shows, it takes extra effort to get feedback from vulnerable women whose voices should also be heard. It is important to go to where women and families are, rather than expecting them to come to formal committee meetings. Midwives also need to listen to and involve experienced user advocates and community representatives from the voluntary sector; as well as paid health and social care workers with the relevant experience at a strategic level in commissioning and monitoring services.

NCT comments: NCT is very pleased to see the stress on engagement with users and user representatives. The distinction between ‘current and recent users’ and ‘experienced user advocates’ is highly appropriate since both can add valuable and complementary input.

Users of maternity services: engagement model



References:

1. High quality care for all: NHS Next Stage Review final report 2008
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825
2. Maternity matters: choice, access and continuity of care in a safe service 2007
http://www.dh.gov.uk/en/Healthcare/Children/Maternity/MaternityMatters/DH_096548
3. Towards Better Births Healthcare Commission 2008
http://www.cqc.org.uk/_db/_documents/Towards_better_births_200807221338.pdf
- 4 Safe Births: Everybody's business. Kings Fund 2008
http://www.kingsfund.org.uk/research/publications/safe_births.html

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The NCT wants all parents to have an experience of pregnancy, birth and early parenthood that enriches their lives and gives them confidence in being a parent.

Donations to support our work are welcome.

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