THE MAGAZINE OF THE ROYAL COLLEGE OF MIDWIVES

midwives

VOLUME 25 / JANUARY 2023

midwives

FROM BRANCH TO BOARD
THE RCM IS ITS MEMBERS – SO GET INVOLVED

THE BIG ISSUE
COMPLEX PREGNANCIES NEED TEAM WORKING

WHAT HAPPENS NEXT?
THE FIGHT FOR FAIR PAY CONTINUES

Speaking truth to power

HOW DOES THE RCM INFLUENCE GOVERNMENT POLICY FOR KEY ISSUES?

JANUARY 2023

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4 LDPE Recycle your magazine's plastic wrap – check your local LDPE facilities to find out how.

Suzanne Tyler, RCM executive director trade union, says you deserve so much better

Welcome

Happy New Year to RCM members everywhere. We start 2023 with real hope that this year will be better for midwives, for maternity support workers (MSWs) and for women using our services – but hope is never enough, is it? As a professional organisation and a trade union we have to continue to stand together, stand up for what is right and fight for the promised investment in maternity services, for a decent pay deal and for action to end the exodus of demoralised staff leaving.

We finished the year with successful ballots in Wales and Scotland, and in England we just missed the legal threshold for taking action. Our ballot in Northern Ireland is imminent.

We threw everything we had at this campaign, including recruiting additional member activists, investing in software to enable us to text members and holding numerous online and in-person meetings around the country. We talked to so many of you and we used your voices and stories to generate overwhelming press and public sympathy for our cause.

The blame for the failure to reach the double threshold in England lies squarely with the government, which makes it almost impossible for trade unions to strike: by law it must be a postal ballot, it must have over 50% turnout and over 40% of all members must vote for action. There is not scope to extend ballots, even in circumstances beyond our control. Our ballot shows that 40% of midwives and MSWs in England were prepared to strike – if it was not for the Trade Union Act 2016, we would have celebrated a clean sweep in all three ballots.

We have to to fight for promised investment

What this experience has given us is a strong and powerful mandate to continue fighting for a decent deal on your behalf. In all three countries, more than 80% of members who voted signalled their willingness to take strike action – that is not something any government can ignore. Your voice in Scotland resulted in a renewed and improved pay offer and commitments to invest in midwives' career opportunities, in Wales we now have a mandate for action and in England we continue to press the case for safe staffing retention and pay.

You are such a powerful group – you can and do make a difference. We will continue to fight for you and alongside you because we don't hope for better, we believe you deserve so much better.

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1. Journal of the American College of Nutrition, Vol.18, No.5, 487-489 (1999). **2.** L Brough et al. Effect of multiple-micronutrient supplementation on maternal nutrient status, infant birth weight and gestational age at birth in a low-income, multi-ethnic population. British Journal of Nutrition (2010), 104, 437-45. **3.** Agrawal, R. et al. Prospective randomised trial of multiple micronutrients in women undergoing ovulation induction, Reproductive BioMedicine Online December 2011.

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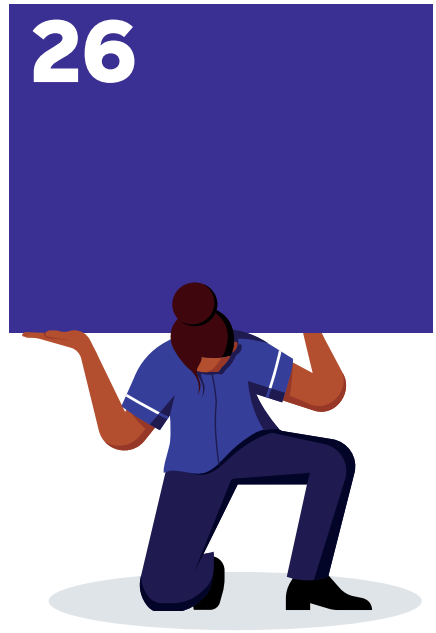
midwives

VOLUME 26 / JANUARY 2023

News

The longer read

Employment advice



Talking point

Voice of...

External submission

In brief

YOUR PROFESSIONAL MIDWIFERY NEWS

Funding

On a mission

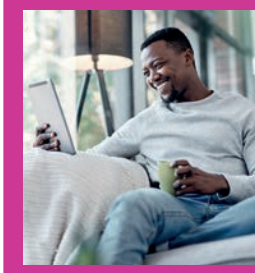
The Department of Health and Social Care has set aside £113.2m of funding to launch four healthcare missions in cancer, mental health, addiction and obesity to address the some of the UK's most significant healthcare challenges.

- **£22.5m** will go into cancer research to and therapy, including the development of technologies that enable earlier, more effective cancer diagnosis. This will support progress towards the NHS Long Term Plan ambition to diagnose three-quarters of cancers at stages 1 or 2 by 2028.
- **£40.2m** for research into mental health (an area that sees consistently high maternal deaths) to develop digital technologies to support patients. This could include technology allowing them to monitor their mental health at home and instantly report to their doctor if in need of help.
- **£20m** to trial how best to deliver new obesity medicines and technologies to better support people to achieve a healthy weight. Higher BMIs are being seen in maternity services and comorbidities that need specialist care. See page 43 for more.
- **£30.5m** will be deployed for the development of new technologies to prevent deaths from overdoses across the UK and better support people with substance use disorders (something MBRRACE noted was an issue for maternity services) to manage and combat their addiction.

For more, visit **bit.ly/vaccinetaskforce**

SHARE

16 Jan is the Samaritans' Brew Monday. Join the virtual chat and give your mental health the attention it needs **bit.ly/samaritansbrewmonday**



one to watch

SUPPORT

Dignity Action Day for care services workers on 1 Feb **bit.ly/dignityactionday**

CHECK OUT

iDecide is a decision-making and consent tool and framework piloted at Guy's and St Thomas' NHS Foundation Trust, South Warwickshire NHS Foundation Trust and Birmingham Women's and Children's NHS Foundation Trust. **idecide.nhs.uk**

APPG report

UNDERSTAFFED AND OVERSTRETCHED

The All-Party Parliamentary Groups (APPGs) on Baby Loss and Maternity report on maternity and neonatal staffing paints a bleak picture of services that are understaffed and overstretched. Cherilyn Mackrory MP, co-chair of the APPG on Baby Loss, said: "Following on from the Ockenden report, this report affirms yet again that investment is needed to ensure maternity and neonatal services are well staffed and supported so that we deliver the care women and families need."

In response to the APPGs' call for evidence, some NHS staff spoke of a widespread and growing sense of fear of mistakes, incidents or other failures due to the chronic levels of understaffing. Frequently staff are forced to work beyond their scope of practice, presenting danger to the people in their care.

RCM chief executive Gill Walton said: "Staff are working flat out and doing their best but they are exhausted. Demands on them mean they cannot deliver the level of care they desperately want to. For many, crisis mode is now the norm."

Maternal mortality

Worrying increase in maternal deaths

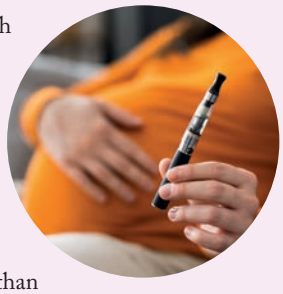
November's MBRRACE report shows a worrying increase in maternal mortality rates in 2018-20: 19% on previous years, once COVID-19 deaths were excluded. It showed continuing inequalities between affluent and deprived areas as well significantly poorer outcomes for Black and Asian women than for their white counterparts; the leading causes of death were suicide and heart issues. Professor Marian Knight, of the University of Oxford, who led the study, said: "Maternal mortality rates are a barometer of health systems."

The RCM agrees: "The statistically significant increase in maternal deaths is a tragic indication of a lack of government investment in maternity services. Serious and growing midwife shortages mean staff are often pulled away from antenatal and postnatal care to cover labour and birth. With many of the maternal deaths cited in the report linked to the postnatal period and lack of access to perinatal mental health services, maternity services must have the right staffing across the board to ensure safe care for women throughout and beyond pregnancy."

In the same month as the report, a study of maternal mortality rates in European countries was published in the *BMJ*. It showed that the UK had the second-highest maternal mortality ratios of eight European nations. For more, see **bit.ly/bmjmaternitymortality**

Smoking cessation

Vapes help pregnant women quit smoking



A National Institute for Health and Care Research study has shown that e-cigarettes (vapes) may be more effective than nicotine patches for pregnant women trying to quit smoking. The study showed almost twice as many women quit with e-cigarettes than with nicotine patches.

Pregnant women are advised to quit smoking because of the damage it can cause to developing babies, and current guidelines state that nicotine patches, gum and mouth spray can help. This research did not raise any new safety concerns with e-cigarettes and suggests they may be another option. Read the study here: **go.nature.com/3HuL5KD**

MIDIRS Digest

1 The methodological basis and rationale for an interpretive exploration of the experiences of mothers with obesity and midwives who care for the obese mother during childbearing, Rowena Doughty

2 Exposing racial bias in midwifery education: a content analysis of images and text in *Myles textbook for midwives*, Mairi Harkness, Chlorice Wallace

3 Does a student midwife's personal experience of childbirth affect their philosophy of care and the choices they offer to women? Sarah E Milnes

4 The impact of trauma-informed maternity care on the perinatal care experience of women who have been exposed to previous trauma, Deirbhile Murphy

The above papers are published in MIDIRS Digest. Access them at **midirs.org**

Some *Evidence Based Midwifery* papers are reprinted in MIDIRS Digest, visit **bit.ly/EBMjournal**

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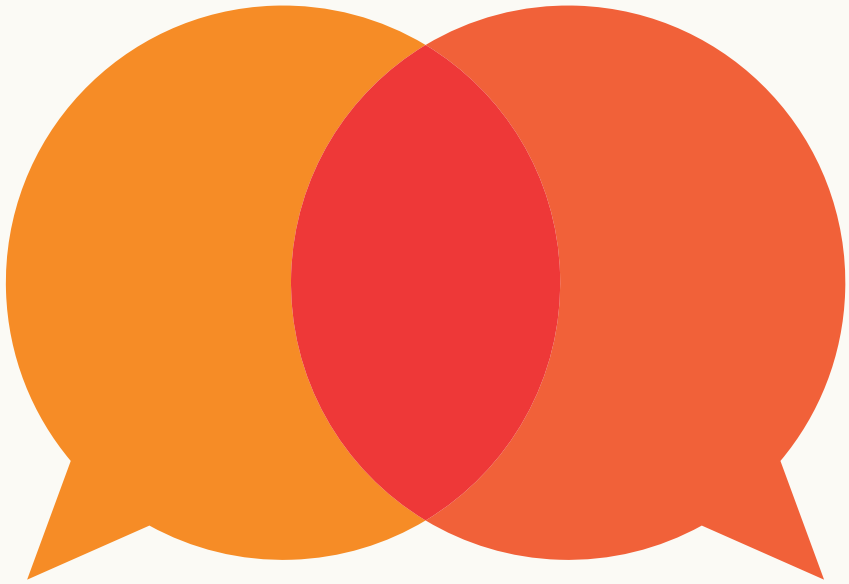


2023 RCM Education and Research Conference

This year the conference will take place on 28 and 29 March at the Leonardo Royal Hotel Birmingham

Each year, the conference gives a platform to midwifery researchers, educators and students to showcase their work and explain how their findings translate into in transferable and sustainable programmes that spread good practice. This year is no exception – with a packed line-up of speakers, the theme is 'Advancing practice through education and research'. The conference is an opportunity to celebrate the contribution of midwifery education and research to advancing practice in maternity care, as well as show how the Future Midwife Standards are being embedded right through from education to research and practice to support the families in our care. The conference is also an opportunity to showcase lesser-heard voices so that education, research and, ultimately, care can be improved. This year will see presentations on neurodiversity (see box), as well as the continuing work on decolonising education.

SMALL RESEARCH AWARDS

Launched at the RCM conference in October 2022, these member-only awards offer the chance to undertake a research-based activity that could benefit midwives later in their careers. There are three different categories: student midwife, early career midwife (up to three years post-qualification) and midwife. There is a prize for each award winner – to be announced at the Education and Research Conference. Deadline for entries is 22 January.

For more information, scan this QR code

Here's what to expect on day one: RCM CEO Gill Walton will welcome delegates and underline the importance of education and research in the advancement of maternity practice and care.

Grace Thomas FRCM, lead midwifery educator (LME) and director of the WHO Collaborating Centre, will present 'The work of WHO and how it can support midwifery education'.

Professor Katie Morris and research midwife Ana Gomez will be presenting the Chapter study, a £1.5m NIHR-funded study to improve care and outcomes for women who sustain childbirth-related perineal trauma (featured in the September-October 2022 issue of Midwives). This study is the perfect example of putting midwives and women at the heart of the research, both as participants and researchers.

There will also be a session by the RCM research team highlighting the new resources the RCM is making available to support and encourage midwives into research as part of their clinical career.

Day one culminates with the Zeperina Veitch lecture and the announcement of the RCM fellows.

On day two, Ed Miller, education specialist on the Genomics Education Programme, will present 'Genomics and midwifery: educating the current and future workforce'.

Professor Ruth Endicott will be chairing a session with research midwives. In the education stream, LMEs from across the UK will be exploring the current challenges facing midwifery education.

Past RCM award-funded Wellbeing of Women and Jean Davies Award winners will be celebrated alongside the announcement of the new RCM Small Research Award winners.

To close the conference, RCOG president Ranee Thakar will give a talk about the importance of multidisciplinary research, 'Collaborating and nurturing relationships', and the vital projects the RCM and RCOG have been collaborating on to improve care – OASI Bundle, ABC Project and Tommy's Centre for Excellence in Maternity Care.

The conference will have breakout parallel sessions that focus on either education or research, along with panel discussions for delegates and Q&As – as well as provide an opportunity for midwifery researchers and educators, those aspiring to be researchers and educators and others working in the maternity field to build their professional networks.

The conference is a whirlwind of the latest evidence and innovations in midwifery education and research, so don't miss out.

MORE INFO

If you would like to present an abstract, the submission deadline is 20 January 2023. For more information or to book your place, scan this **QR code**

Emilie Edwards

MIDWIFERY LECTURER, MIDDLESEX UNIVERSITY

I am presenting at the RCM Education and Research Conference on 'Neurodiversity in the workplace'. This will coincide with the launch of a new RCM iLearn module that I have co-authored with Nicolette Porter (a newly qualified midwife) and Sophie Rayner (a third-year student midwife at Leicester University).

I am a midwife and I became a lecturer three-and-a-half years ago, first as a part-time lecturer while working as an independent midwife, and then as a full-time academic two-and-a-half years ago when I joined Middlesex University. I have always wanted to work in education. I am passionate about creating accessible, inclusive and interactive teaching and learning materials for students and supporting colleagues to do the same.

As someone with autism, I have learned that my lived experience with neurodiversity has the potential to positively impact the wider midwifery and university community. I have been raising the profile of neurodivergent students and colleagues through accessibility and neurodiversity networks in the university and in the NHS, and through collaborative work with the PMA (positive mental attitude) network and Capital Midwives.

Studies show that one in seven people are neurodivergent, and numbers are thought to be higher in healthcare – I think neurodivergent people are attracted to caring roles. Unfortunately, our learning needs and adjustments are often not met, and this leads to high levels of burnout and attrition.

Neurodiversity is a protected characteristic under the Equality Act 2010 and more needs to be done to improve working conditions for neurodivergent people. I believe that the implementation of neurodiversity awareness training and improved support networks throughout Trusts would lead to more people feeling able to seek the support they need without feeling ostracised or 'othered'. My talk will cover neurodiversity in the workplace, how it can be better supported and the benefits it brings.

Working for you

Here's a round-up of what the RCM has been doing on behalf of its members this month

Workforce shortages

Autumn Statement anti-climax

Following the 2022 Autumn Statement, the RCM gave a cautious welcome to the commitment by the government to recruit 2,000 more midwives in England.

Dr Suzanne Tyler, RCM executive director trade union, said: "The RCM has been telling anyone who will listen – including Jeremy Hunt in his previous roles as health secretary and chair of the Commons Health and Social Care Committee – that we have a chronic and crippling workforce shortage in maternity care. While we are delighted that our persistence has paid off and our influence has resulted in this commitment to recruit 2,000 more midwives, as always, the devil will be in the detail. How will the government meet this commitment, and what is the timescale?

"What was also missing was any movement on NHS pay, which plays such a fundamental role in attracting and retaining staff. There is an ongoing risk that, if the government drags its feet, we will lose even more of our existing workforce, deepening the staffing crisis yet further. We need a clear plan, we need a decent pay deal and we need both now."

RCM Northern Ireland

CALL TO START NEW MATERNITY STRATEGY

The RCM motion to the Irish Congress of Trade Unions Branch Delegate Conference in Enniskillen in November made an urgent request for work to start on a new maternity strategy for Northern Ireland.

The previous maternity strategy ran from 2014 to 2018 and delivered much-needed improvements in maternity care, though much of this was done by hard-working midwives and maternity support workers with little or no additional investment. It also left critical areas such as maternal mental health services still needing additional support and investment

Karen Murray, RCM director for Northern Ireland, said: "We published the RCM's blueprint for safer and better care for Northern Ireland's maternity services in 2022. This laid out what needs to be done by our politicians to improve safety and quality of care, but it has been ignored.

"We have growing midwife shortages and increasing pressure on services. We need a coherent maternity strategy that will address this and reverse the situation. The challenge now is to ensure that whatever policy is developed is fit for purpose, delivers the safest and highest quality care, and is backed by the right levels of investment in Northern Ireland's midwives and maternity services."

IMAGES: ISTOCK / SHUTTERSTOCK

RCM in brief

RCM Scotland

Action in Scotland

The voices of Scottish midwives and maternity support workers (MSWs) on pay have been heard at the heart of government. RCM members had overwhelmingly voted yes to industrial action in a ballot at the end of last year, when a revised pay offer was then put on the table by the Scottish Government.

Jaki Lambert, RCM director for Scotland, said: "It is a positive step with firm commitments from the Scottish Government to continue to look at improving pay and other areas of concern to midwives, such as the quality and safety of care they can give.

"The determination of midwives and MSWs to take industrial action for better pay, better working conditions and for a better maternity service for women has brought us to this point."

Scotland's MSWs will see a meaningful pay rise, as will newly qualified and midwives early in their careers. However, the revised offer does little for members at Band 6 and above.

Reaction has been mixed – the RCM consulted its members on their views. The consultation closed on 19 December; at the time of going to press, the result of the RCM consultation wasn't known.

STAY UP TO DATE
Contact the RCM on 0300 303 0444, email *enquiries@rcm.org.uk* or update your details via the My RCM portal

RCM Northern Ireland

'Politicians need to offer a pay increase'

Midwives and maternity support workers (MSW) across Northern Ireland will be formerly balloted this month on industrial action to determine next steps following the PRB-recommended pay award that was offered in December.

Previously, nine out of 10 midwives who responded to the RCM consultation said they would be prepared to take industrial action consisting of a strike if no pay award was agreed. Nearly 90% also said they would be prepared to take industrial action if the NHS Pay Review Body's (PRB) recommendations are implemented. Health Minister Robin Swann had stated he was willing to accept the PRB's recommendations. With inflation already in double figures, this amounts to a pay cut in real terms.

Midwives and MSWs in Northern Ireland have been paying the price of the absence of a functioning government, says the RCM. Karen Murray, Director for Northern Ireland at the RCM, said: "Politicians in Northern Ireland need to get back to work and offer midwives a pay increase that recognises the financial challenges they face.

"In Northern Ireland, just like the rest of the UK we hear stories of health workers including midwives being forced to use food banks, clothes banks and having to choose between heating and eating. This simply isn't right. Even the PRB recommendation goes nowhere near reflecting the current rate of inflation or the cost of living crisis being experienced by our members and falls far short of making up for years of pay freezes and pay stagnation.

"Midwives will not have taken this decision lightly. No midwife wants to be considering the possibility of striking – this is not in their DNA – but they have been pushed too far. Our members have spoken, and they have said enough is enough."

Any decision to ballot or take industrial action must be approved by the RCM's elected board. See page 31 for more on the RCM board.

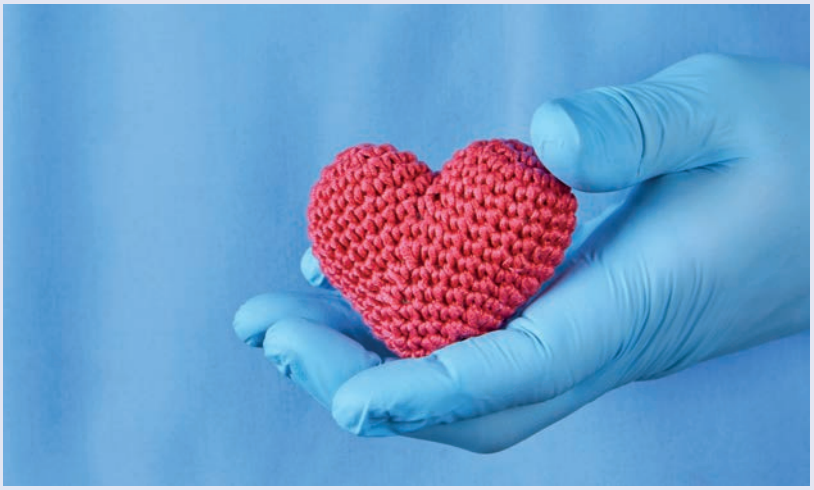
To access more information from the RCM, use the QR code

Midwives magazine

2023 sees a bold change for *Midwives* magazine, which is increasing in size from 52 pages to 84 pages to better bring you in-depth coverage of practice, policy and support. It will also be going quarterly and will bring you more clinical and practice articles. Look out for the new look in the April issue.

Staff wellbeing

Caring for You charters



Cwm Taf Morgannwg was the first maternity service in Wales to refresh its RCM Caring for You (C4U) Charter and begin an action plan that puts staff wellbeing is at its heart.

The action plan acknowledges that healthy and well-rested midwives, maternity support workers and students are at the heart of providing safe, quality care for women and their families. It will have a focus on staff wellbeing with regard to pregnancy loss and menopause support. A partnership wellbeing committee, from the RCM Branch, senior midwifery leaders and university, will monitor and drive its progress.

The Charter was signed on 27 September by Dr Suzannne Hardacre, director for midwifery and nursing, in partnership with branch workplace representative Stacey Keane. The event was supported by a visit by Rebeccah Davies, RCM president, who congratulated all staff for their dedication and resilience at all levels.

Not far behind, Hywel Dda in Wales signed the Charter on 13 October.

The partnership for delivering on its action plan is built around the prioritisation of the maternity teams that are integral to the experience of women and families who access Hywel Dda services. If staff feel supported, valued and invested in, the rest follows.

The Charter was signed by Kathryn Greaves, head of midwifery and women's services, in partnership with branch health and safety representative Alison Jones.

Guernsey is the first maternity service in the Channel Islands to refresh its RCM C4U Charter as a proactive response to a RCM members survey undertaken in the summer. The C4U action plan has been developed around the organisation's CARE values of compassion, accountability, respect and excellence.

The Charter was signed on 8 November by Annabel Nicholas, associate director for maternity and paediatrics, with health and safety in partnership with branch health and safety officer Hannah Tennant and branch workplace representative Julie Walker. The event was supported with a visit by Julie Richards, director for RCM Wales, and the employer commitment was evident with senior representation for workforce, quality governance and chair of the Maternity Voices forum.

The Guernsey branch believes this partnership approach is at the heart of care that will improve the experiences and outcomes of women.

Use the QR code to visit the Caring for You hub. The 'Moving Forward: Inspiring the Future Midwifery Professions in Wales' conference will take place on 1 March 2023. See **rcm.org.uk**

IMAGE: GETTY

Student Midwives Forum

Goodbyes and hellos for the SMF

The RCM's Student Midwives Forum (SMF) welcomes its new student members from this year's cohort as it says farewell to members who are newly qualified and moving into practice. The following members continue to serve on the SMF: Lucy Richards (Wales), Ashley Sandsmith (south England), Melanie Harington (Ireland) and Shauna McCrabe (Ireland).

New members are:

Le'Shaé Woodstock (Wales)

Samantha Jayne Perry (south England)

Sidrah Ahmed (north England)

India-Rose Bakewell (north England)

Natalie Dickenson (London)

Khadija Isack (London and EDI lead)

Nic Ferguson (Scotland and EDI lead)

Isla Innes Love (Scotland)

Azba Alvi (Midlands, England and RM lead)

Kayty Richards (Midlands, England and RM lead)

The SMF would like to say thank you to the following members and wish them well in the next stage of their careers: Lisa Rollinson, Enitan Taiwa, Renee Bull, Alice Allen and Helen Kaye.

Alice Allen reflects on her "brilliant experience" working in the SMF: "Being a Scottish representative of the SMF has been a brilliant experience. From writing for *Midwives* magazine and having articles published in *Midirs*, to speaking at the RCM Education and Research, and RCM UK conferences, I've been fortunate enough to have opportunities I could only have dreamed of when I started my degree in 2019.

"Despite this, most of the SMF's work sits behind the scenes, as we advocate for student midwives across the country, engaging with organisations and regulatory bodies including the NMC and NHS Education. I'm so proud to have been part of the RCM team that has driven action on important topics such as decolonising midwifery education and championed student voices in the current maternity services crisis. We also have two members who will specifically lead on equality, diversity and inclusion (EDI) and two members will lead on Race Matters. I have the absolute pleasure of calling some of the strongest, trailblazing midwives of the future, my friends for life."

Lisa Rollinson reflects on the pride she feels after her time in the SMF: "Being a representative of the forum has been a fantastic experience. Although the majority it has been online, due to COVID-19, I've still been able to attend some amazing training courses and events and meet amazing people including so many passionate and inspiring student midwife activists. Introducing the president of the International Confederation of Midwives, Franka Cadee, as the guest speaker of the Zepherina Veitch Lecture at the RCM's Education and Research Conference in March 2022 was a 'pinch me' moment. I'm proud of everything that the SMF has achieved over the past two years, including making the SMF a more accessible, inclusive and representative forum. I can't wait to see what it achieves in the future."

Helen Kaye reflects on her time in the SMF: "I am so grateful for the opportunities I have had thanks to the forum, advocating for student midwives across the UK. I had some of my work published in *Midirs*, organised and chaired a session at the RCM Annual Conference 2022 and have been part of the webinars on decolonising the midwifery education. We are proud to be welcoming Race Matters and EDI champions to the forum this year too. I have thoroughly enjoyed my time on the SMF and I am so grateful for the opportunities."

Royal College of Midwives

on your side

As your trade union and professional association, the RCM is always on your side. Here is just some of our activity in 2022.

Pay

103 events on pay

Pay consultation responses

- **788** Northern Ireland
- **19,472** England
- **1,521** Wales
- **1,558** Scotland

Supporting professional development

Return to in person national conferences with a delegate total of **1,349**

- **47%** increase in MIDIRS subscribers
- **5** Peer-reviewed publications in academic journals
- **5,834** i-learn courses completed
- **289** attendees at student webinars
- **14** professional guidance publications on non-COVID topics

Influencing national and international maternity policy

7 Position statements, including preceptorship

15,110 media mentions, up 18% on 2021

Meeting policymakers

- **7** MSPs
- **9** MSs
- **21** MPs
- **18** MLAs

15 Evidence submissions to key inquiries, including Commons Health and Social Care Select Committee inquiry into workforce recruitment, training and retention

34 citings in the House of Commons and House of Lords

Supporting members in the workplace

1,072 members represented at local and NMC level

Damages won for members **£399,667** - up nearly 60%

85 matches across the Black, Asian and minority ethnic mentoring platform

Working together to improve outcomes

Representation on more than **25** national groups

5 collaborations to improve quality and safety, including the Tommy's Centre for Maternity Improvement and ABC (Avoiding Brain Injury in Childbirth)

29 maternity studies published on the RCM Research Hub

speaking the truth to power

Pay and conditions for midwives and nurses are making the news, but what's the RCM doing behind the headlines to influence government in all four countries?

With so many public sector workers planning strike action, you'd be forgiven for thinking that's the sum of a trade union's power. But that is not the case: industrial action is often a last resort and all trade unions have a political lobbying function, presenting information and evidence in a way that influences policy and improves conditions for workers, or as Sean O'Sullivan, RCM head of health and social policy, describes it, "having a good story to tell." So how does the RCM influence policy for the key issues of decent pay and conditions, safety and education?

Senedd Cymru

JULIE RICHARDS, director for RCM Wales, explains how the lobbying process works in Wales, which has a devolved Labour government: "We have an All-Wales Head of Midwifery Advisory Group [HoMaG], where we bring together all the heads/directors of midwifery, consultant midwives, lead midwives for education, the Welsh Government, the RCM and the All-Wales Maternity Neonatal Network. It's about us collectively coming together as a senior maternity leadership team. The HoMaG reports to the chief nursing officer [CNO]."

Links with the government are close; RCM Wales has regular six-monthly meetings with health and social care minister Eluned Morgan, who provided a well-received keynote speech at the RCM conference in October 2022.

Julie notes: "There are several maternity services in Wales currently facing significant staffing and capacity challenges. RCM Wales is working to resolve this locally and look for national solutions. It feels like a real partnership. The CNO is committed to the Aspiring Senior Midwifery Leadership Programme that came from our recent engagement with the minister. We were able to work together from an RCM/CNO perspective. We're expecting this report to come through ideally in autumn 2023. While the government would consider the implications for the resources, the minister is quite clear that we need a Maternity Neonatal Workforce Strategy to meet that."

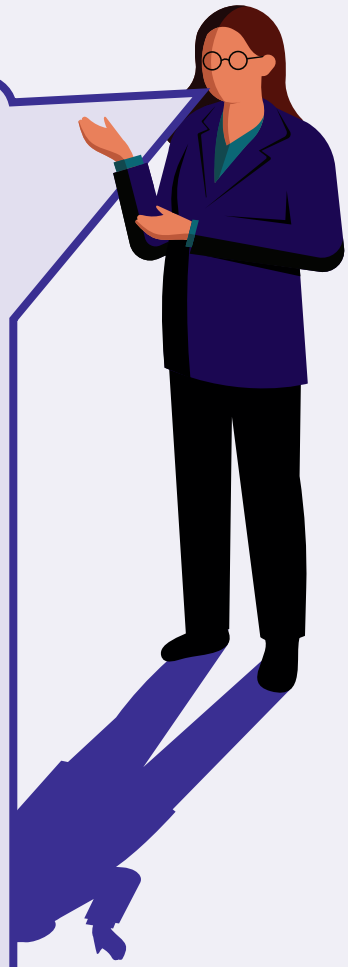
There are further examples of good results from lobbying. "The key one was the chief midwifery officer in Welsh Government [announced in May 2022, Karen Jewell is Wales' first chief midwifery officer] It was welcome recognition of the importance of strong midwifery leadership at Welsh Government level," says Julie. "Then there is the CNO's commitment to the Midwifery Leadership Programme. Another one is the Once for Wales Preceptorship Programme for Newly Qualified Midwives [NQMs]."

There's now an agreed preceptorship framework for all Health Boards in Wales, after it was discovered that there was a disparity between NQMs' experiences and, in some cases, no programme at all.

The Once for Wales Preceptorship framework (OfWPF) was developed as a supportive tool for all Health Boards to achieve effective preceptorship programmes across Wales, encompassing principles that would enable NQMs to develop the unique skills and competencies required of a Band 5 midwife. The programme is to be offered to newly qualified midwives for 12 months.

In addition, Julie points to the Mat Neo Safety Support Programme that has launched in Wales, where there are now maternity and neonatal improvement champions for the Health Board, and she says there are 1,187 midwives in Wales and an increased number of midwives going into training, with spring programmes as well. The collaborative working of the HoMaG is clearly key to success.

ILLUSTRATION: BETH GOODY



Westminster, England

SEAN O'SULLIVAN describes how lobbying in England works: "It takes different forms. It can be both public and private meetings with politicians across the UK. You need to make a judgment as to whether it's more effective to be undertaking quiet diplomacy, encouraging the government to take action or to be a bit more public about what you're doing.

"In terms of influencing governments and influencing opposition, you're looking to do two slightly different things. With the government, the focus is on trying to influence current policy and strategy. With the opposition, you're thinking ahead to the next election and if, for example, shadow health secretary Wes Streeting were to be part of a Labour government, what is it that we [the RCM] could be doing now to influence their policies.

"With both, what you're trying to do is make a persuasive case and have a good story to tell. And for that, the key is to have evidence, which is where things like the All-Party Parliamentary Group reports were so important. I doubt there's anyone who would dispute the fact that there are midwifery shortages but what wasn't clear was what impact they were having. Being able to pull all that information together and to find different ways of using it, it has informed parliamentary debates, it's building a story. It's keeping maternity and midwifery in the news and therefore uppermost in the minds of politicians." Sean notes that this creates a climate in which "they may feel obliged to commit to things or say things that they might not otherwise do."

Sean says that it's just as important to spend time speaking to think-tanks that may be influential in both the current and the next government. The RCM fed back on an Institute for Public Policy Research report during the pandemic on supporting health and care workers, and this has led to discussions about a possible roundtable later in the year with early years workforce organisations and, hopefully, Wes Streeting and other politicians.

He's quick to point out the sometimes serendipitous nature of politics: the co-chair of the All-Party Parliamentary Group for Baby Loss was Jeremy Hunt, who published this report and about three days afterwards was made chancellor of the exchequer. "One thing that we didn't publicise – because sometimes you need to do things behind the scenes – was that the RCM and the Royal College of Obstetricians and Gynaecologists [RCOG] wrote to Jeremy when he became chancellor to say that 'Having championed maternity services and safety, we hope that you will remember that when you're making decisions as chancellor.'"

Sean says it was no coincidence that the Treasury report states that "We will increase midwifery numbers by 2,000, in line with the recommendations in the Ockenden report" even though it does throw up a lot of questions. "Our argument has been that it's not so much about recruiting more staff, because we are seeing more students, there are lots of people who want to train to be midwives – it's about retention. So when they say 2,000 more midwives, what did they mean – are they looking primarily to try to keep more midwives and therefore grow the workforce, as opposed to just recruiting more? We do need now to clarify what the intention is, but it's far better to have something like that on paper than nothing at all."

The Autumn Statement brought little else of merit for members facing real financial challenges. This is why it's so important to keep influencing government – to push for a pay increase, greater funding of maternity services, more money put into the training and development of staff, and more money to look after the wellbeing of staff, he says,"so they might start to feel that they are valued and appreciated".

ILLUSTRATION: BETH GOODY

Scottish Government (Riaghaltas na h-Alba)

JAKI LAMBERT, director for RCM Scotland, explains how the RCM advocates for midwives and maternity support workers (MSWs) in Scotland.

Health is a devolved matter, which means that any policy (except regulation, which sits with the NMC) relating to the midwifery profession or maternity policy sits solely with the Scottish Parliament. "That doesn't mean we don't pay attention to what happens in England, Northern Ireland or Wales but that the right place to lobby for midwives is with the Scottish Parliament," she says. The responsibility for running the NHS in Scotland is predominantly devolved from the Scottish Government to the 14 territorial Health Boards - they plan, commission and deliver NHS services and take overall responsibility for the health of their populations.

"Like many midwives, early on I probably never thought about the relationship between my profession, opportunities for career development and how care provided to women and families are all linked to the Scottish Government. With so many of our members taking part in our RCM Scotland survey [**bit.ly/RCMscottishsurvey2022**] and the pay ballot, it has highlighted why it is important for us to know how to get the voice of midwives and MSWs heard."

So how does the government in Scotland link with Health Boards? NHS Scotland employers are required to deliver the key strategic agenda through staff governance standards (**bit.ly/nhsscotlandgovernance**). "This is where the RCM as a union is so important locally as well as nationally – through partnership working, union workplace representatives can ensure these standards are met. These standards exist with the aim of helping staff at all levels to be involved in the decision-making process to improve healthcare services.

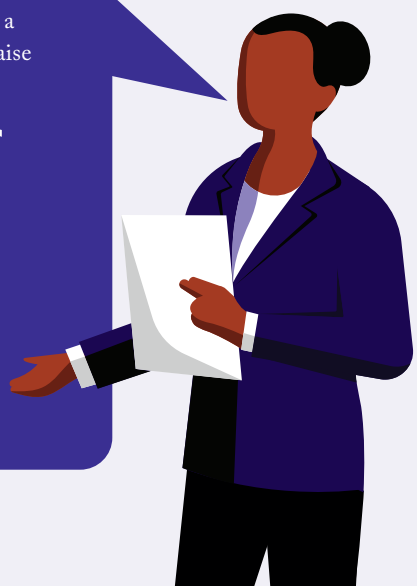
"Nationally, the same structures apply. The Scottish Partnership Forum is where national policy leads engage stakeholders to inform thinking around national policies on health issues. Scottish Workforce and Staff Governance addresses workforce issues. And the Scottish Terms and Conditions bipartite group comprises NHS Scotland employers and professional organisations to negotiate employment terms and conditions. The RCM sits on all three of these forums, making sure that midwifery is heard."

Additionally, when national consultations are announced, the RCM submits an organisational response based on its professional perspective and feedback from members. For example, in 2022 there were consultations on everything from buffer zones to provision of perinatal mental health care. The RCM represents members through the national groups it sits on. These may not be midwifery-specific but will have implications for the profession: for example, the implementation of safe staffing legislation (**bit.ly/staffinglegislation**) to reporting to the chief midwife-chaired group which civil servants from the directorate responsible for maternity policy hear from heads and directors of midwifery and education and research.

"One of the most important ways of ensuring midwives and MSWs are heard is through the regular meetings with the cabinet secretary for health and wellbeing, Humza Yousaf, and the minister for public health, women's health and sport, Maree Todd. The focus of these meetings has been the findings from the RCM Scotland survey and the RCM Scotland five-year plan for the profession. We also circulated both these publications to politicians from all parties. At these meetings we are able to discuss what you have told us is important but also to highlight where we see gaps in relation to UK reports or regulatory standards that need attention: for example, where midwifery sits in Health Boards or why career structures are important for recruitment and retention.

"We also meet with MSPs of all parties. After a meeting with Jackie Baillie, the Labour Party spokesperson on health, she agreed to sponsor a parliamentary reception in April. It will be a great opportunity to talk to politicians and raise issues that are important to our members."

It is important for us to know how to get the voice of midwives and MSWs heard



Northern Ireland Assembly

KAREN MURRAY, RCM director for Northern Ireland, faces an unusual situation in her country because the power-sharing government is not functioning. But lobbying for better conditions for midwifery continues.

"Under normal circumstances, we have very good access to local Members of the Legislative Assembly [MLAs]. I met with the health spokespeople of all of the parties and had very useful conversations with them around maternity. If we make contact with an MLA and we have particular issues that we want to raise, they are very receptive. In the summer, because there wasn't a lot of Assembly business happening, they had the time and the capacity to meet."

Karen also stays in touch with the All-Party Group on Women's Health, chaired by Órlaithí Flynn, MLA for Sinn Féin, West Belfast, and was in contact with the Department of Health minister, Robin Swann, when he was in post.

Because the Democratic Unionist Party blocked the appointment of assembly speakers or for the executive to be formed, Minister Swann, who was in a caretaker position, couldn't spend new money, she explains. "Although the Pay Review Body made a recommendation, he wasn't able to implement it. He would have liked to be able to do it and give us the money, but there was no agreed budget."

Secretary of state Chris Heaton-Harris has fast-tracked a bill through Westminster that gives civil servants limited decision-making powers. But it's left to the permanent secretaries to determine how any budget will be spent. And there are constraints on the decisions that they can make.

Another goal she has been pursuing is for a maternity strategy for Northern Ireland. "We have been lobbying in relation to that over the last two and a half years."

Her wishes for midwifery in Northern Ireland are, unsurprisingly, "a functioning legislative assembly with executive power to make decisions. We need movement on the development of a maternity strategy. The workforce needs recruitment and retention of midwives, leadership, and safety of maternity services."

Cooperation with other unions too is vital. "We work very closely with our trade union colleagues as part of the partnership arrangements to lobby around employment, pay and working conditions. These include Unison, Unite, NIPSA – and all of the health trade unions in Northern Ireland. We also lobby as affiliates of the Irish Congress of Trade Unions. I also work very closely with the policy officers of the other Royal Colleges and medical organisations.

A lobbying success story, however, is the Maternal Mental Health Alliance's 'Everyone's Business NI'. A coalition of organisations, including the RCM, lobbying for perinatal mental health services, specifically for the establishment of specialist perinatal mental health teams. "Funding was made available by the minister on 13 January 2021," she says proudly.

While governance in each of the four countries differs, one thing is constant: the RCM, as with all unions, has to decide an approach, gather evidence, forge partnerships with other organisations and make a compelling case for change.

We work closely with trade union colleagues to lobby around employment and pay and working conditions

ILLUSTRATION: BETH GOODY

Our voices for change

SCOTLAND

There were

3,529

midwives on the NMC register in March 2022, with 370 dual registration.

NORTHEN IRELAND

There were

1,256

midwives on the NMC register in March 2022, and **323** with dual registration.

WALES

In March 2022, there were

1,817

midwives on the NMC register, **392** with dual registration as nurse and midwife.

ENGLAND

There were

33,119

midwives on the NMC register in March 2022, and **5,478** with dual registration.

NMC

On-calls

Alice Sorby explains the RCM standpoint regarding on-calls and says the health, safety and wellbeing of staff is key

Q I'm being asked to work more on-calls to cover staff shortages and it's not sustainable. What can I do – can I refuse?

At the RCM, on-calls are something we are hearing about more and more from our members.

Traditionally, it was midwives working in the community or in caseload/continuity teams who worked on-calls to cover intrapartum care. However, recently we have heard that RCM members across all settings are increasingly being asked to work on-calls to cover staff shortages.

The workforce data for England from NHS Digital shows the number of midwives has dropped by 677 over the past 12 months on top of an existing shortage of well over 2,000 midwives. As services strive to ensure gaps in rotas are filled, the increase in on-calls isn't surprising – but it is concerning. Burnout and work-related stress is common among midwives; the latest NHS Staff Survey (England) showed that two out of three midwives have felt unwell as a result of work-related stress, and many respondents to the RCM Scotland member survey told us they had suffered stress, anxiety and other mental health difficulties attributed to their work.

We are developing RCM guidance to set out how on-calls should and shouldn't be used. This is to ensure that all our members – from managers under pressure in staffing shifts, to midwives and maternity support workers (MSWs) working extra hours, and the workplace representatives standing up for them – understand the law, the NHS terms and conditions of service, plus the RCM's position and how we will support you. A brief overview is provided here.

Regularly using on-calls to cover for labour ward shortages is really just forced overtime

The RCM's position

On-calls should not be rostered immediately before a day off or a period of annual leave. Regulation 24 of the Working Time Regulations 1998 states that, where a worker is required to work during a period that would otherwise be a rest period or rest break, "his employer shall wherever possible allow him to take an equivalent period of compensatory rest".

It is our position that compensatory rest should be taken immediately or as soon as possible after being called out, so a period of leave would therefore start after that. On-calls should be rostered only before a working day/night to ensure this is the case.

However, it isn't just an issue of compensatory rest: a good work/life balance is absolutely key to the health, safety and wellbeing of staff – and, importantly, to staff retention. Unless the NHS retains experienced staff, we cannot hope to close the shortages.

Regularly using on-calls to cover for labour ward and other

shortages is symptomatic of chronic staff deficiencies, and is really just forced overtime. We will challenge this at a local level and continue to raise it nationally with employers.

The Working Time Regulations are intended to support the health and safety of workers by setting minimum requirements for working hours, rest periods and annual leave – they should not be breached. The RCM will always support services to make the case for safe staffing and a staffing establishment compliant with Birthrate Plus so that inappropriate use of on-calls should not happen.

Annex 29 of the Agenda for Change: NHS Terms and Conditions of Service Handbook sets out principles for harmonised on-call arrangements to be agreed locally; Scotland and Wales have national on-call agreements while Northern Ireland has a regional policy. On-call arrangements must be consistent with the principles of equal pay for work of equal value, and an equality assessment must be carried out if there are any proposed changes to on-call arrangements.

Agenda for Change

The RCM also considers that the timings and frequency of on-calls should be included in equality assessments, which should consider not only the protected characteristics of those affected but also staff groups across the organisation. The purpose of an equality assessment is to assess whether there are unintended consequences for some groups and whether the policy will be fully effective for all target groups. It is good practice to start equality assessments at the policy development stage to ensure they are inclusive. While it is the employer's responsibility to carry out an equality assessment, it is good practice to monitor and review the assessment in partnership with local RCM workplace representatives.

The final consideration is to make sure that if any changes to on-call working arrangements are being planned, then meaningful consultation takes place and the views of midwives and MSWs are taken into account.

The Advisory, Conciliation and Arbitration Service (ACAS) guidance states that employees should be involved in change at the earliest stage, and that communication should be clear, accessible and honest.

The impact of changes should be monitored and reviewed in partnership with RCM workplace representatives; this should include the effects on the health, safety and wellbeing of staff. We will support our members by making sure that their voices are heard in local consultations.

The current staff shortages mean that none of this is easy, and we don't pretend it is. But ultimately we cannot afford staffing levels to get any worse, and that means keeping midwives in the NHS. To do that, preventing excess hours and preserving a fair work/life balance is absolutely crucial.

IMAGE: ISTOCK

enter now

RCM Awards 2023

Free to enter for RCM members

Entry deadline: 31 January 2023

This year, the awards are divided into **14 categories**. The breadth of categories provides opportunities to recognise everyone within the midwifery profession – from whole teams, educationalists, researchers, student midwives, maternity support workers to activists in RCM branches – all of whom make the RCM an outstanding professional organisation.

Categories for 2023

1. Excellence in Midwifery for Leadership
2. Excellence in Midwifery for Public Health
   Sponsored by Slimming World
3. Excellence in Midwifery for Education & Learning
   Sponsored by Nursing and Midwifery Council
4. Excellence in Midwifery for Research
   Sponsored by Pregnacare® by Vitabiotics
5. Outstanding Contribution to Midwifery Services: Perinatal Mental Health
6. Outstanding Contribution to Midwifery Services: Pregnancy Loss & Bereavement Care
7. Outstanding Contribution to Midwifery Services: International
8. Outstanding Contribution to Midwifery Services: Digital
9. Workplace Champion
10. Equity, Diversity & Inclusion
11.a. Race Matters Unsung Hero - Midwife or Higher Education Institution Staff
   Sponsored by BAME Birthing With Colour
11.b. Race Matters Unsung Hero - Maternity Support Worker or Student
   Sponsored by BAME Birthing With Colour
12. Student Midwife Travel Award
13. Maternity Support Worker of the Year Award
   Sponsored by WaterWipes
14. Partnership & Team Working
   Sponsored by WaterWipes

Awards date: 19 May 2023, The Brewery, London

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What happens next?

As the cost of living crisis deepens and salaries fall further below inflation, the RCM has balloted members to determine whether industrial action is the answer

Over the course of 2022 train drivers, postal workers, university staff, teachers, nurses and ambulance staff were among the professionals to take – or vote for – industrial action. There are so many that prime minister Rishi Sunak set up a dedicated government 'strike unit' (Pickard and Parker, 2022). Government pay offers consistently fall below the rate of inflation leaving union members with little choice but to take industial action. And with government ministers looking more and more intransigent, it's likely that 2023 will see further strikes in the public sector.

While it's one thing reading headlines about strike action in other sectors and feeling solidarity with those workers, it's another to be joining the picket line. In October, midwives and maternity support workers (MSWs) in Scotland voted overwhelmingly (88%) to take strike action. It got the Scottish Government back round the table with a revised offer. At the time of going to press, members in Scotland were being consulted on that offer. Meanwhile, members in Wales returned a result of 95.14% in favour of industrial action short of a strike, based on a turnout of 55.39% of eligible RCM Wales members (exceeding the 50% turnout threshold required under the Trade Union Act 2016). On the question "are you prepared to take industrial action consisting of a strike?" more than nine out of 10 (91.46%) voted yes. Of Northern Ireland's members, nearly 90% said, in a consultation, they would be prepared to take industrial action if the current NHS Pay Review Body's recommendations of a 4% award for most midwives were implemented. In December it was announced that it would be implemented so members will be formally balloted this month. In England, more than nine out of 10 (94.1%) midwives and MSWs voted 'yes' to industrial action, passing the 40% total support requirement. Despite this, turnout was just below the 50% threshold demanded by legislation. The RCM will to continue to fight for better for its members.

Alice Sorby, RCM's director of employment relations, says of England's result: "Despite not meeting the threshold, that's designed to make it difficult for unions, it doesn't change the fact that there are thousands of midwives and MSWs who are undervalued and angry - and it's not going to make the recruitment and retention crisis go away.

"Actually, what you've got is people who will just walk away from the NHS, and that is a big problem for the government."

October's report on staff shortages by the maternity and baby loss All-Party Parliamentary Groups (2022) states: "Overall, the working conditions faced by maternity staff are increasingly difficult and are affecting their morale, wellbeing and health.

"Here, the staffing crisis is self-perpetuating, as problems caused by deep, longstanding shortages that have been tolerated by the system for years are driving yet more staff away."

The RCM's last evidence to the NHS Pay Review Body (PRB) in 2022 warned that the workforce was more than ready to vote with its feet. "57% of respondents to our member survey told us that they are thinking about leaving [the NHS]," it reads.

"Paying people fairly is always going to be the key thing that you can do to stem the tide of people leaving," says Alice. "The PRB has already released its letter requesting evidence of pay for 2023-24. So that cycle, depressingly – when pay for 2022/2023 was so wholly inadequate – has already begun again. The government's focus, as always, in the remit to the PRB is affordability. What we want to see is focus given to recruitment and retention, morale and motivation, which is also what the PRB takes evidence on, rather than this focus on affordability.

"We know from the comprehensive spending review in November 2021 that there was a three-year budget cycle for the NHS, with 3% set aside. In 2022, the PRB's recommendation was slightly higher than that and NHS Trusts found out that there was no extra money given from the treasury for it.

"The government continues to stick its head in the sand on how pay needs to improve in the NHS,

People are going to just walk away from the NHS, and that is a big problem for the government

ILLUSTRATION: BETH GOODY

not only to address real financial pressures faced by NHS staff, but also recruit and retain in the workforce crisis."

Can midwives even strike? What about the NMC code?

In 2014, when the profession took strike action for the first time in its history, a four-hour period of stoppage was followed, for many, by four days of action short of a strike, in which NHS members of the RCM and other unions took their breaks instead of working through them. The decision to vote for action in 2014 wasn't easy, recalls Ann Orr, RCM workplace rep and midwife at Bradford Teaching Hospitals NHS Foundation Trust. "A lot of us did a lot of soul searching, asking, is this the right thing to do? But it was really important to stand by our values and have that voice."

Liz Collins, RCM workplace rep and midwife at Liverpool Women's Hospital, agrees. She was also involved in the 2014 strike. "Primarily, midwives' role is to advocate and care for our women; however, the pay and conditions do not reflect the importance of the role. In reality, now midwives have taken a pay cut over 12 years and enough is enough – we deserve to be paid what we are truly worth."

The prospect of any stoppage to maternity services – for any length of time – might seem particularly daunting. However, the NMC issued a statement to reassure members: "You have the right to take part in lawful industrial action, including strike action ... Follow your union's advice to make sure you are taking part in industrial

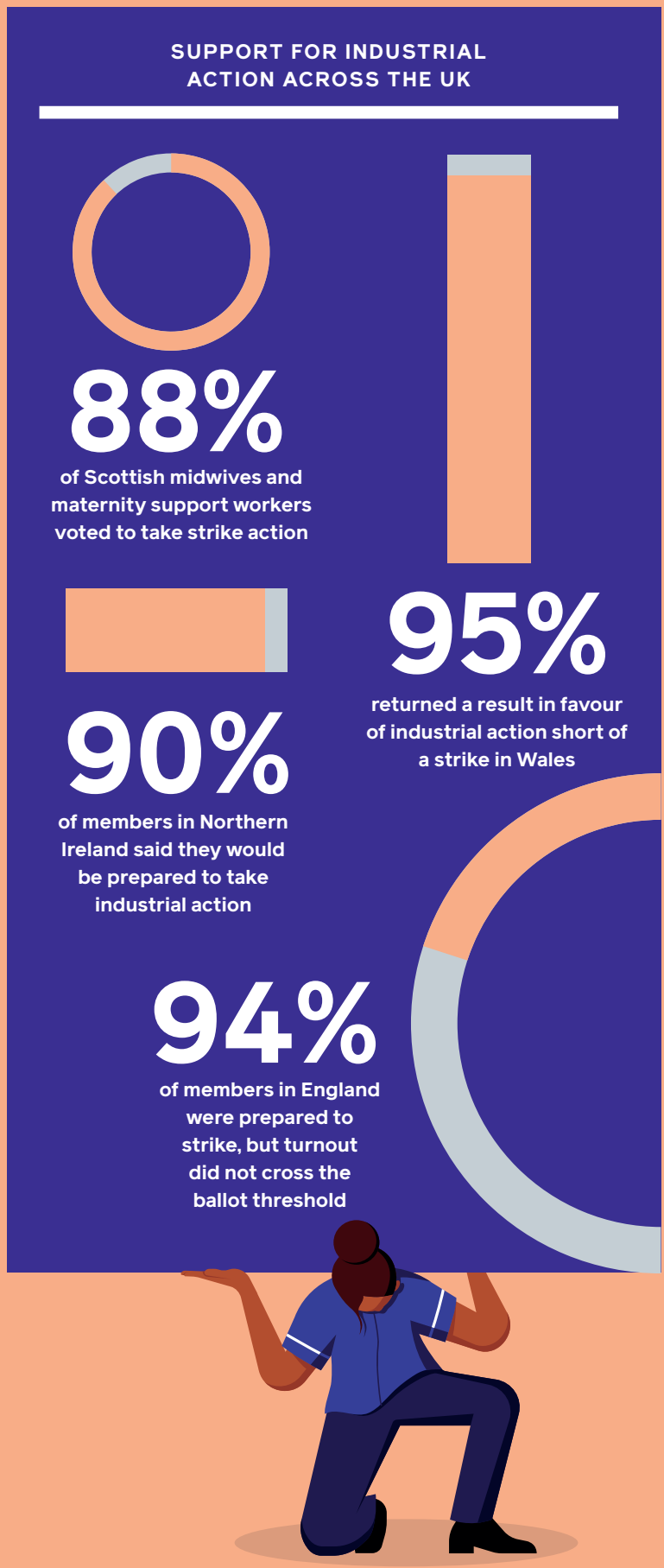


ILLUSTRATION: BETH GOODY

action lawfully." The RCM has been clear that no action would break the NMC code and safety is a priority. Non-essential services, such as some planned appointments, classes or clinics, are postponed until after the stoppage, and there are still midwives and MSWs who work to cover the essential services. This is planned by the workplace reps working with maternity managers.

When midwives and MSWs took action in 2014/15, for example, the approach to ensuring safe services were maintained throughout was thorough. "There were several discussions between our head of midwifery, HR business partner and local workplace reps and our regional officer to establish that essential services would be covered at all times and that pregnant women and their babies would not be put at risk," explains Liz.

Allison Whitehead, a midwife and RCM rep at East Lancashire RCM branch, recalls: "We were instructed by RCM headquarters to divide services on strike days into two groups: essential and non-essential services. Non-essential included hospital and community clinics, staff training and elective C-sections. Essential services – birth centres and hospital birth suites – would be staffed as usual, as was triage, antenatal and postnatal ward and the homebirth on-call service.

"Maternity services were given a period of notice prior to any strike days so they could plan to ensure staffing was available where it was needed."

At Bolton NHS Foundation Trust, where Martine Bayliss is a midwife, they continued with a 'limited C-section list'. "Services

To even consider strike action is not easy for midwives and MSWs

in clinic were affected, so women's appointments were changed, but triage still ran. So women were able to access it if they needed to. [The action] was historic and I felt proud."

"I felt empowered," recalls Allison. "I was determined we would have a strong presence on the picket lines with our other union colleagues. The response from the public, as well as other employees at the Trust, was fantastic and confirmed they were on our side – a real morale booster."

"To even consider strike action is not easy for midwives and MSWs. They are passionate about delivering safe and quality care to women and families," says Alice. "Strike action is something that not everyone feels comfortable with.

"That's what the RCM is here for – we will always fight with and on behalf of our members. So many of the employment rights that we've got today were won by trade unions.

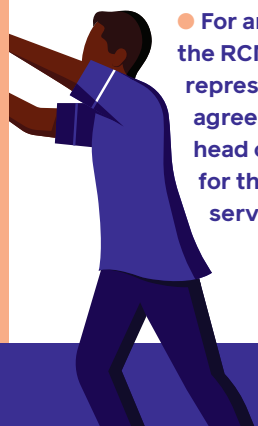
"A trade union is its members; we are our collective strength."

MORE INFO

Access RCM FAQs using the QR code

INDUSTRIAL ACTION EXPLAINED

- There are two types of industrial action: a strike is the complete withdrawal of labour for a period of time; while action short of a strike involves working strictly to the terms of the contract of employment, or 'working to rule'. This can include taking all contractual breaks, starting and finishing shifts strictly on time and refusing to undertake paid or unpaid overtime. This option is designed to highlight all the goodwill that is given by staff and can be just as disruptive to the employer as a strike. Wales has voted to take action short of a strike
- As well as 50% of members being needed to vote in a ballot for industrial action, 40% have to vote for the action for it to happen
- It is not against the NMC code of conduct for midwives to take industrial action
- For any action, the RCM workplace representative will agree cover with the head of midwifery for the essential services.



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From branch to board

The RCM is the sum of its parts, which means members! Here's how members are involved and why

As a trade union and professional body, the RCM acts on behalf of midwives and maternity support workers (MSWs) across the UK. It is the voice of its members – 50,000 in all – representing them, advocating for them and supporting them.

Members' needs drive the RCM's actions at every level, from local branches to the governing board, individual matters to strategic direction. But like any democratic organisation, it relies on the engagement of individuals

IMAGE: SHUTTERSTOCK

on the ground to function, with strong, active branches powering a strong, active RCM.

But recently, and especially since COVID-19, there has been a drop-off in branch activity and attendance on RCM rep training courses, and the number of activists is falling.

A combination of the pandemic restrictions making face-to-face branch meetings impossible for many months, and the intense pressures on services and individuals, has undercut branch activity, with many members feeling too overstretched to get involved.

In response, the RCM has been developing Re:Activate, a two-year action plan designed to help re-energise branches and get more members active and engaged. The programme, set to launch this month, will include support, training, resources and grants for branches to help them plan activities and events, improve their communications and recruit new reps.

Members' voices are strengthened through the RCM board too: elected RCM members sit on the board, vote on how it is run and shape its direction.

The board elections will take place from 22 May to 23 June this year and newly elected members will take up their places from 1 September.

Applications to be a member of the RCM board will open on 30 January and close on 19 February. All eligible voting members will be contacted by Civica with instructions on how and when to vote.

Keep an eye on the RCM website in the coming months for more details.

Remember, empowered members make the RCM stronger; as Keelie Barratt points out, the members *are* the union.

Giuseppe Labriola

CHAIR OF THE RCM BOARD

Our role as a board is helping to set the vision and strategic objectives of the RCM, and making sure the executive team is following that vision.

All the board members are midwives or MSWs. What we hear and see, and what people are telling us, shapes that vision and strategy, and informs conversations with the executive team. It's also our role to ensure that the RCM is properly governed so it is sustainable for the long term.

Being involved in strategic decisions and discussions that are UK-wide, even global, has developed me personally and professionally. Being part of a diverse board is also important; in my experience it improves the quality of our discussions and makes us better at what we're doing.

As chair I make sure that, when we're having our meetings, there is opportunity for debate and everyone's voice is heard – especially when we have particularly challenging decisions to make.

We talk about finances, and about risks to maternity services across the UK and to the RCM. We look at the key performance indicators (KPIs) we have set for the RCM vision and strategy, and make sure the executive team is moving towards them. There are a few RCM committees chaired by board members – for example, looking at audit and risk or the information services for members – and all of those also feed back into the board for oversight.

As a four-nation organisation, it's important that we hear our members' voices throughout the UK. We held our last board meeting in Scotland and spoke to members there to hear first-hand what's happening and take any feedback to the executive team.

The board also discusses important decisions – including, at our last meeting, whether to ballot members over industrial action. At our meetings we hear regularly about the pressure and challenges midwives and MSWs are experiencing day-to-day, and that came through loud and clear from the initial online survey we did about the pay award. Members overwhelmingly responded that they were not happy and were prepared to take strike action. We considered all the evidence and, following a discussion, made the decision to recommend a formal ballot.

Active branches are absolutely key; they give members an opportunity to have a voice and make an impact on their workplace. We are able to hear what's happening locally through those active branches around the UK.

That's so important because the RCM is everybody. It's not just the board or the executive team – it's all of us together.

Keelie Barrett

MSW MEMBER OF THE RCM BOARD

I was the first MSW member of the RCM board, elected in 2019 when MSWs became eligible.

Because of this, I feel it's important for me to be a role model to show other MSWs what's possible and encourage them to put themselves forward too. The board functions at its best as a diverse representation of the membership, from gender and ethnicity to representation from all four nations of the UK and all categories of membership.

The board is there to provide oversight of the organisation and make sure it is functioning properly, acting in the interests of its members and meeting its legal obligations. Having been on a board of governors at a school I had an insight into that – but I wasn't aware of all the sub-committees board members get involved in, such as the Investment Committee that I currently chair, all of which feeds back into the whole board meetings every other month.

Board members also attend functions and events on behalf of the RCM, including the Trades Union Congress. At the last TUC Congress, I put forward a motion on behalf of the RCM about flexible working and retention of women workers – such an important issue for our predominantly female membership.

As a trade union, the RCM is always striving to improve working conditions for all members. The results of the member surveys help us plan strategic decisions for the organisation, and the KPIs we set for the executive team are also based on things that have come from member feedback.

The best way we engage with members is face-to-face at events such as the RCM conference and the annual awards. At our last meeting, held in Scotland, we were able to speak to members and activists and really listen to what life is like for them – all of which will be fed back into our strategy discussions going forward, helping us to shape the future of the RCM.

I find social media another helpful way to gauge the mood of members, and of course I talk to people in my own workplace as an activist and branch chair.

One of the challenges I see is that members feel the RCM is a separate entity that provides them with a service – but actually, the membership **is** the union.

We need to get the message out that the more people embrace it, get involved and act with other members, the bigger and better the positive changes will be.

As a trade union, the RCM is always striving to improve conditions for all members

IMAGES: SHUTTERSTOCK

Dee Scott
CHAIR AND STEWARD OF THE ANEURIN BEVAN BRANCH, WALES

What we do as a branch is make sure our members have a voice as a team. When you're a midwife you can feel very unheard and like you don't have very much say in what's going on – but when you go to your union rep, it's like your voice becomes clearer. All of a sudden, those staff concerns are taken more seriously.

As branch reps we've become not only the voice of our colleagues, but the voice of the service - and those in our care too, because it's all interlinked. We work to help make sure everyone is safe, and certainly since COVID-19, wellbeing and mental health is a massive issue for us.

We always flag the Caring for You message in our activities, and we'll be relaunching that campaign at our AGM this month.

Unfortunately, because we've lost four stewards and learning reps to new roles, some outside of the Health Board, our branch activity has diminished.

While we wish we could do more, what we do we do well. I'd just love to see more recruitment to the branch come out of it. I'd absolutely love to see just another two or three people join us. I got involved in the branch five years ago and it was the best decision I ever made.

The experiences have given me so much more confidence in my ability to support others

The development opportunities and the management and leadership experiences have given me so much more confidence in myself and my ability to support others.

I think as stewards we have that sense of being part of something bigger in the RCM, but I'm not sure that's the case for members, and perhaps we could do more to communicate that. I think the ballot over industrial action we've been doing will certainly help them see the national picture, and I hope that engagement will encourage more people to work with us.

Becoming active in the branch is like joining a family of like-minded people. You get their support – whether that's with formal proceedings, study opportunities, applying for funding, or just knowing that someone is always going to be there for you, even just as a sounding board. But members are not taking advantage of so many things. If you're paying your subs, why not participate and access all the benefits?

When people get engaged it creates a great feeling, not just for them, but for us as branch officers. It motivates us to do more and do it even better.

Kirstie Woolner
STEWARD, RCM LOTHIAN BRANCH, SCOTLAND

As branch reps we have our members feeding into us and we funnel that up and feed it out. I hadn't thought about it as a democratic process – what we do is much less formal than that sounds – but we are there to make sure members have a voice.

In terms of our branch, we've done a lot of work over the past year to rebrand, making everything we do instantly recognisable and making sure we're much more accessible and at the front of members' minds.

It's been so successful. I remember in Easter 2021 we organised a quiz and only six people turned up – at our last meeting there were 60 people.

What we do is about engaging people. Not just one person banging a drum, or the same voices all the time – it's a group of people coming together to make a difference.

And when members engage with the branch, they know they have support.

It's important to know others are looking out for you, especially when things are so challenging.

A good example of that engagement and activism was the survey we did last year: Glasgow saw its members were under a lot of pressure and got a great response, so it was then extended by RCM Scotland to all members at a national level.

Each branch was then encouraged to come up with an action plan with their board. Our branch had a survey group of 12 midwives from different bands – not necessarily people who had been involved in RCM branch activity before, but who had really been galvanised by the survey – working together with management to improve their workplace.

What works incredibly well in Scotland is the relationship between the reps, the national officers and RCM Scotland director Jaki Lambert. We are all part of a WhatsApp group so we feel completely in touch with the people making decisions, especially as Jaki is really vocal at a national and government level. That's credit to the wider team at the RCM making it easy for us to engage and always being available. We feel we are part of a bigger, supportive team, in the same way that members feel about their branch.

It's important to know others are looking out for you, especially when things are so challenging

But we can't do any of it without members being engaged. It's not up to us to make decisions, it's up to them. Without them, we have nothing to say.

Kulwant Kaur Shari (Kelly)

STEWARD AND LEARNING REP FOR THE SOUTHAMPTON AND NEW FOREST BRANCH, ENGLAND

When I was faced with an issue at work, I wish I'd known sooner it was something I could have turned to the RCM with. I think it would have been dealt with differently if I had. While I knew we had a steward, I just wasn't aware of all the support she could give me. That experience made me think that perhaps other midwives within my Trust also needed support, but didn't know where to turn.

Having just done the training, I now understand the role and that there are regional officers I can reach out to if I don't know how to help. I want to make sure my colleagues know we're there for them.

A steward understands the law and the processes for everything. They know how to raise a concern or a grievance, and that you can do that collectively if several colleagues share a concern. They know how to engage and negotiate. Having a steward alongside you means things can't be swept under the carpet.

But if members don't know that and don't believe they will be heard, they don't think there is a way to make things better. That's when you have people hitting breaking point and leaving the profession. It isn't about going up against managers – it's helping them understand what's going on and working with them to take appropriate action so they can retain staff.

There are also a lot of interlinked barriers to progress and education. As a learning rep I can disseminate information about training opportunities. I've been looking at the free courses from the RCM and there is so much on offer – but members don't have time to do the research. I'm happy to do that and give the information to them. I want my colleagues to see there are lots of opportunities, and even funding, available so they can go to their managers and ask for what they need.

So many people don't know what the RCM is all about – but the more involved you get, the more opportunities there are. The big thing now is getting people engaged with the ballot over the pay offer. We keep hearing people say that it's pointless and won't change anything, but it's only pointless if you don't take part. Being active in the RCM gives you the power to make a difference.

I want my colleagues to see there are lots of opportunities available so they can ask their managers for what they need

IMAGE: SHUTTERSTOCK

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Newly qualified midwife (NQM)

Jessica James-Hill gives great advice on how to survive your preceptorship

I loved being a student midwife. The stripes on my lapels, my logbook with the colourful Post-it notes, having the time to spend with a worried woman whose birth wasn't going to plan, being an extra pair of hands to help a stressed midwife on a busy shift. Although some had anxieties about clinical placements, I took it all in my stride. This is not to say that I found placement easy; it definitely had its challenges. However, being an maternity support worker (MSW) for 18 months prior to beginning my midwifery training meant I was accustomed to the hospital environment – the night shifts and that 4am delirium, the emotional highs and lows of maternity, the variety of body fluids that we encounter. Those things that can come as a bit of shock to a fresh-faced student.

The Trust that I trained at treated its students with inclusivity, respect and kindness (thank you, South Warwickshire University NHS Foundation Trust), so for much of my degree I felt as nurtured and cared for as a millennial's houseplant.

Despite it being an overall great experience, there was one thing that loomed over me for three years – *registered midwife*.

It still hasn't sunk in, even after a year of being qualified. I remember being handed my brand new, bright yellow name badge and seeing the word MIDWIFE emblazoned under *my* name. Oh, what a rollercoaster of emotions.

Excitement (being an independent practitioner and providing women with the best care I can), relief (university is over! No more time sheets, no more deadlines, no more having to pester midwives for signatures after a 13-hour shift) and overwhelming fear (what if I make a mistake? what if I inadvertently cause harm? what if I let myself, my colleagues, or worse, the women in my care down?). There would be no more: "One moment, I will just go and ask a midwife…" because I *am* the midwife. I was terrified.

Thirteen months later and those worries still niggle at me every now and then, especially on busy days, or days when things just don't run smoothly. Those first 12 to 18 months (probably longer) post-qualifying are difficult for every midwife. I have seen even the most organised, competent and confident students struggle at some point during their preceptorship, which is why

we're given that time with a bit of extra support to aid us with the transition. So, here are some things that helped me through:

BE KIND. Smile. Offer a cup of tea if you are making one. If the woman you are caring for is mobilising for an hour, give someone else a hand. It will nearly always be appreciated and hopefully reciprocated.

IT'S NOT PERSONAL. The Band 6 may be overloaded with work, the MSW may have 100 jobs on their list, the shift leader may have six ARMs (artificial rupture of membranes) to bring down from the ward with only five tired and hungry midwives on shift and spontaneous labourers coming in left, right and centre. There is never any excuse to be rude, but if someone's tone is less than friendly the chances are it has nothing to do with you and is likely because of other factors.

ASK QUESTIONS. Where are the toilets? What is the code to the stockroom? Where can I access the Trust/Board policies? How do I bleep the doctors? Remember, your learning doesn't stop because you have left university, and one of the best ways to learn is to ask. There is no such thing as a stupid question.

DON'T BE A MARTYR. Being offered break relief? Accept it. Five minutes to yourself? Have a sip of water. The shift leader is letting you go home 10 minutes early today because you've worked so hard? Run – yes, run – to the changing rooms.

MISTAKES HAPPEN. I remember the first mistake I made. I hadn't completed a neonatal blood spot card correctly, meaning the sample was rejected and needed obtaining again. I sobbed. I am not suggesting that mistakes should be taken lightly – they are serious. But they will happen. Try not to be too hard on yourself – use it as a learning opportunity and a chance to reflect.

GET HELP. Midwives can be a bit like swans, appearing calm and composed but paddling like crazy underneath. You are no exception. Your colleagues may not always recognise when you are struggling – if you need help, don't be afraid to ask for it

BE SUPERNUMERARY SAVVY. It can sometimes be challenging to get your full supernumerary period with the current pressures in maternity. However, you will be a better asset to the service if you are competent and confident, so having the courage to speak up to ensure that you get the supernumerary time you need is vital.

LOOK AFTER YOU. If you are run-down and stressed you will not give the best care to the women you are looking after. Make sure you rest and make time for yourself. Self-care is essential to your wellbeing. Yoga, face masks, meditating, juice cleanses … if that's what self-care means to you that's great. If it's a glass of red, Netflix and a family-sized pizza, that's also great.

Finally, **ENJOY IT.** This is what you have worked so hard for, for three long years. Everyone has good days and bad days – learn from the bad, cherish the good. This is your time to establish yourself as the midwife you wanted to be. Be proud of yourself and take pride in your work. There's an anonymous quote that resonates with me: "If you can't see the sunshine, be the sunshine." The better you feel, the better care you will provide and the more positive impact you will have on the women and families you care for.

Offer a cup of tea. It will nearly always be appreciated and hopefully reciprocated

IMAGES: GETTY

On the same page

Ann Remmers, maternal and neonatal clinical lead for the West of England AHSN, discusses a new perinatal care bundle

PERIPrem (Perinatal Excellence to Reduce Injury in Premature Birth) is a perinatal care bundle that has been developed to improve the outcomes for premature babies. It was launched in West of England Academic Health Science Network (AHSN West) and South West Academic Health Science Network (AHSN South West) in April 2020.

The care bundle consists of 11 interventions that demonstrate a significant impact on brain injury and mortality rates among babies born prematurely.

Professor Karen Luyt (University Hospitals Bristol and Weston and University of Bristol) and Dr Sarah Bates (Great Western Hospital, Swindon) brought the concept of a care bundle to AHSN West in 2019; the idea was developed and became the PERIPrem care bundle. A collaboration of organisations and networks across the west and south-west of England was formed – including all 12 NHS Trusts and the SW Neonatal Operational Delivery Network – to roll it out. Its implementation has quality improvement (QI) methodology at its core, and perinatal teams have been supported in developing their QI skills.

The success of PERIPrem is down to the dedication and passion of the perinatal teams working in each of the NHS Trusts; midwives, obstetricians, neonatologists and neonatal nurses working together to focus on an improved pathway for premature babies and their families. The involvement of parent partners in developing the care bundle and in particular the Parent Passport has ensured that the journey for families of premature babes has led the way.

Preterm care

The importance of improving care for preterm births cannot be underestimated. The NHS Long Term Plan published in 2019 aimed to reduce newborn brain injury and death by 25% by 2020 and 50% by 2025. The 2020 target was not achieved; however, we have made significant progress in meeting the 2025 target in this region.

Of all infant deaths, 67% were prematurity-related (National Child Mortality Database, 2022). A key aim of the national Maternity and Neonatal Safety Improvement Programme is to improve care and outcomes for preterm babies, and the PERIPrem care bundle enables us to do this. Nationally we have also been working with the British Association of Perinatal Medicine (BAPM) to ensure an alignment of our toolkits and resources.

Two PERIPrem passports have been developed, one for clinicians and one for

Effective perinatal team culture leads to an improvement in safety for mothers and babies

IMAGE: ISTOCK

parents. The passports record details on different elements, for example whether maternal breast milk information has been given antenatally and whether the mother has been supported to express breast milk within two hours of birth. The parent-held passport involves the parents in the provision of the care bundle, and is hugely beneficial when they are cared for by different teams, sometimes in different hospitals.

Team training

The teams have been supported by using QI methodology through webinars. We had planned for face-to-face meetings, but the pandemic meant we had to quickly shift to delivering this programme online. We developed toolkits and videos for the teams and kept in touch with them to check in and help where needed. We ran regular 'share and learn' sessions for the teams to support each other. The teams have shared their learning at regional, national and international forums and have received significant interest in wider adoption and spread. PERIPrem was awarded Best National/Regional Project at the 2022 BAPM Gopi Menon Awards.

The feedback from parents has also been very positive. Parents say they feel more involved and empowered through having the passport and knowing what care to expect. This helps them to feel more in control during what can be a stressful and worrying time. You can watch the parents' comments in the video on the website via the QR code below.

Outcomes

Demonstrable improvement in outcomes for preterm babies in this region is evidenced by the latest National Neonatal Audit Programme report. For example, optimal cord clamping has significantly improved more than any other region.

An evaluation of the PERIPrem programme has found improvements in team function and communication within teams in the implementation period. More can be read on the evaluation of PERIPrem here: **bit.ly/bmjperinatalqi**

Regional and national examples of best practice and innovation have informed the design and delivery of the PERIPrem care bundle. QI methodology has embedded innovation and creativity into the design process. And we have been able to forge a strong community of perinatal clinicians dedicated to improving outcomes for the most vulnerable babies in the regions.

Midwives have played a vital role in the success of PERIPrem, demonstrating what can be achieved through leadership and team working. It also shows the difference midwives can make when involved in QI methodology to improve safety and experience for those who use our maternity services. The importance of this team culture has been highlighted following both the Ockenden and Kirkup reviews into maternity services. Effective perinatal team culture leads to an improvement in safety for mothers and babies.

MORE INFO
Scan the QR code for more details on PERIPrem

The big issue

As more women present with complex comorbid health conditions in pregnancy, the need to harness the power of multidisciplinary working has never been greater

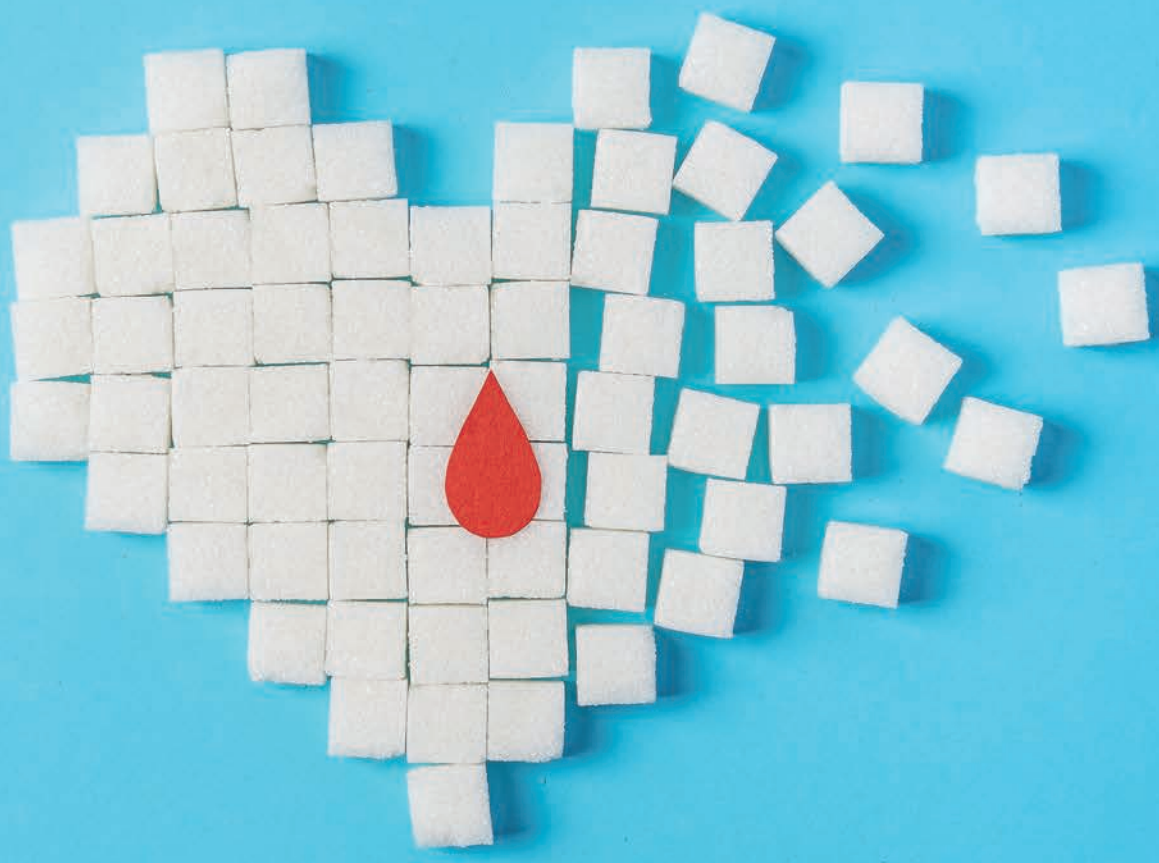


IMAGE: ISTOCK

At the RCM conference in October 2022, Donna Ockenden noted that the demographics of women accessing maternity services are changing – that there were more women with higher BMIs, more complex pregnancies with comorbidities, and a range of pre-existing medical conditions that require close multidisciplinary team working.

November's MBRRACE report supported her assertion, recognising a range of additional care needs that have contributed to serious or fatal outcomes. The report notes that "psychiatric disorders and cardiovascular disorders are now responsible for the same number of maternal deaths in the UK; together these two causes represent 30% of maternal deaths occurring in the UK. Women are dying largely from acquired heart disease, likely to be a result of a combination of the changing maternity population, with women entering pregnancy at older ages, with more comorbid conditions such as obesity and hypertension."

The report goes on to note: "Studies have shown that 66% of the increased risk of maternal death in the UK could be attributed to medical comorbidities (Nair et al, 2016). Nearly two-thirds (60%) of the women who died in 2018-20 were known to have pre-existing medical problems.

"Over a quarter (27%) of the women who died in this triennium were obese (BMI ≥ 30kg/m^2) and a further 24% were overweight."

The MBRRACE report does not point to any one factor, but makes it clear that comorbid conditions bring a level of complexity that requires a multidisciplinary approach.

Contradictory comorbidities

"Women who may not have multiple morbidities at the start of pregnancy [can] become multi-morbid with the onset of a pregnancy-related condition such as pre-eclampsia," the report notes. It cites a case that illustrates the complexity of managing comorbidities: "The development of DKA [diabetic ketoacidosis] alongside emerging pre-eclampsia led to over-zealous fluid infusion and subsequent pulmonary oedema, which needed treatment with furosemide. The peripartum management of diabetes is challenging and needs a multidisciplinary approach. Input from obstetricians, endocrinologists, anaesthetists and diabetes nurse specialists is advised. When diabetes is further complicated by pre-eclampsia and DKA, the addition of critical care input may be necessary (Joint British Diabetes Societies for Inpatient Care (JBDS-IP) 2022). The management of both pre-eclampsia and DKA have clear and well-defined goals, but conflict in their strategies. In the simplest terms, treatment of DKA will focus on fluid resuscitation of an extremely dehydrated patient, whereas in pre-eclampsia fluid restriction is the norm.

"Pre-eclampsia management in women with diabetes is complicated by the need for many IV infusions e.g. variable rate insulin infusion (VRII), substrate fluid, oxytocin, anti-hypertensives and magnesium (NICE, 2020). Fluid balance must be closely monitored in these patients. They are at risk of fluid overload and development of pulmonary oedema. NICE recommends fluid restriction to 80ml/hr unless there are ongoing fluid losses (NICE, 2019). It may be possible to give drug infusions in a smaller volume after discussion with a local pharmacy team (Yap et al, 2020). The increased fluid regime as part of DKA guidelines can also raise the possibility of fluid overload. A low threshold for input from the critical care team is advised, as women may need an arterial line placed (for ease of blood sampling and detection of hypertension) and CVP monitoring for signs of fluid overload (JBDS-IP, 2022)."

Diabetes management

Diabetes itself presents significant challenges, not least the need for psychological support, according to the report: "The intensity of monitoring and blood sugar control required in pregnancy for optimum management is likely to be challenging for many people, particularly those who do not usually check their blood sugars frequently or who don't normally use insulin. Some women may feel overwhelmed, resulting in their disengagement."

For this reason, the RCM's published advice for midwives on how to tailor care for those with existing diabetes — as well as those experiencing gestational diabetes mellitus (GDM) — included the importance of engaging with the women.

Alessandra D'Angelo, in her role as policy and practice advisor at the RCM, led on the policy briefing. She says: "Midwives in the UK are caring for more and more pregnant women with diabetes and have a crucial role in improving outcomes as they are often their first point of contact in pregnancy. We know that women really value the midwifery advice and they refer to their midwives for every question regarding their health and that of their babies. Care planning with women during pregnancy means active involvement in deciding and owning how their diabetes is managed. Personalised care is particularly important for women with complex needs as it is proven to reduce the risk of complications."

Deborah Burns is a diabetes midwife coordinator, Royal Jubilee Maternity Services, Belfast. She says there has been a 30% rise in women diagnosed with GDM over the past three years in Northern Ireland alone. She notes how vital it is to provide a tailored service and that this is only made possible by strong links with a multidisciplinary team. (Read more on her story on page 50.)

Midwife Caitlin Wilson agrees that specialists such as diabetes midwives are needed and that collaborative working through joint clinics is the way forward. "Comorbidities have implications for all areas of practice: from clinic processes to the administration of drugs and equipment for inductions, vaginal births and caesareans," she says. "For example, you have a variable rate of infusion for diabetes [the infusion of intravenous insulin at a variable rate according to regular capillary blood glucose measurements to keep serum glucose levels within a specified range. All those with type 1 diabetes and some with type 2 diabetes may require this in established labour to keep in this range] but if there's also pre-eclampsia, that complicates things because of the fluid management. As discussed in the MBRRACE report, treatment of the two conditions may be conflicting so specialist, multidisciplinary care is crucial."

High BMI

Amelia Tait points out in *The Guardian* that the UK is an attractive market for US fast food brands, especially after Brexit as 1,500 food laws look likely to be dropped. "Previously, American brands have had to swap ingredients to comply with UK regulations ... McDonald's fries in the UK are made with oil, salt and potatoes, while US fries are made from potatoes, oil, beef flavour (containing hydrolysed wheat and hydrolysed milk), dextrose salt, and sodium acid pyrophosphate (for colour)," she writes. "In late September, during her brief spell as health secretary, Thérèse Coffey ditched a white paper on health inequality, and Conservative ministers have threatened to scrap the government's anti-obesity strategy in an attempt to benefit business. A Popeyes Po' Boy chicken sandwich contains more than half of an adult's daily recommended salt intake, while a large portion of cheese and beef-topped fries at Taco Bell represents almost half of a woman's recommended daily calorie intake." It isn't difficult to see how the prevalence of fast-food chains combined with changes in the law will affect the health of the population, not least those managing diabetes or gestational diabetes, experiencing high blood pressure/preeclampsia and/or with high BMIs.

Comorbidities have implications for all areas of practice, from clinic processes to the administration of equipment

High BMI in pregnancy brings practical considerations in the clinical setting such as a need for sturdier beds and chairs (in the past 10 years, ambulances in the

IMAGE: GETTY

UK have adapted to changing demographics with gurneys to accommodate patients weighing up to 50 stone alongside hoists and inflatable lifting cushions). "Then there's pain relief where the doses are based on body weight; certainly a high BMI makes an epidural more complex," notes Caitlin. The issue of mobility has implications both for the women under care and for the maternity staff. There may be constraints in theatre where an inflating machine is needed, so there is no manual lifting, or in the difficulty of keeping the monitoring equipment attached while the woman is being moved, even just supporting the woman in labour if professionals aren't physically able to help her movement – "though that's a staff health and safety issue regardless of BMI," says Caitlin.

Risk factors have a bearing on choices about place of birth too. "Choices, and advocating for those choices, is an important part of the relationship between midwives and the women in their care," she says.

She cites the Birthplace in England Research Programme, a study focused on choice of place of birth for 'low-risk' women and the National Perinatal Epidemiology Unit's (NPEU's) 'follow-on' studies that include 'high-risk' women, as good reading.

She comments: "The studies showed that high risk factors, or a combination of risk factors, could be managed with specialist care and shouldn't rule out birthplace choices – pool births were still a viable option for women with higher BMIs, for example, and proved beneficial for pain relief."

Obesity during pregnancy can increase the chances of health risks for both mother and child

Healthy eating information

Some of the risk factors can be attributed to lifestyle choices such as smoking, and smoking cessation support has been a regular fixture of maternity services for many years. So too has been providing healthy eating information. The RCM has partnered with Slimming World to help provide this to both midwives and the women in their care. Alex Clark, registered nutritionist at Slimming World, says: "We know that obesity during pregnancy can increase the chances of health risks for both the mother and child during and after pregnancy, including an increased risk of health conditions such as pre-eclampsia, thrombosis, gestational diabetes and high blood pressure."

Alex notes how important it is to make healthy food choices during pregnancy, but stresses that women should not actively seek to lose weight during this time.

"Our approach at Slimming World is to support women in eating a varied, healthy diet and remaining physically active throughout their journey.

"Working in collaboration with the RCM for more than 20 years, we have developed resources for midwives to use with women at every stage of their pregnancy, from preconception to postnatal, and we are the only organisation to offer this level of support.

"We're extremely proud of this collaboration. Our team of registered nutritionists and dietitians ensure Slimming World's easy-to-follow Food Optimising eating plan – which encourages plenty of healthy, everyday foods such as fruit and vegetables, lean meats, poultry and pulses, pasta and potatoes – is up-to-date and in line with current government guidance, making it a healthy approach for all of our members."

Alex recommends a balanced diet throughout pregnancy including:

- At least five portions of fruit and vegetables a day to provide a variety of vitamins and minerals plus fibre
- Foods rich in folate such as green vegetables, fortified breads and cereals, oranges, parsnips, peas, brown rice, eggs, cooked soya beans, baked beans and chickpeas
- Starchy carbohydrate foods including potatoes, rice, pasta, noodles and bread; choosing wholegrain/wholemeal versions of these foods where possible for extra fibre
- Protein, which can be found in meat, fish, poultry, eggs, beans, pulses and nuts, as well as vegetarian options such as soya and tofu products
- Dairy foods including milk, cheese and yoghurt are rich in calcium and other key nutrients that are important

IMAGE: GETTY

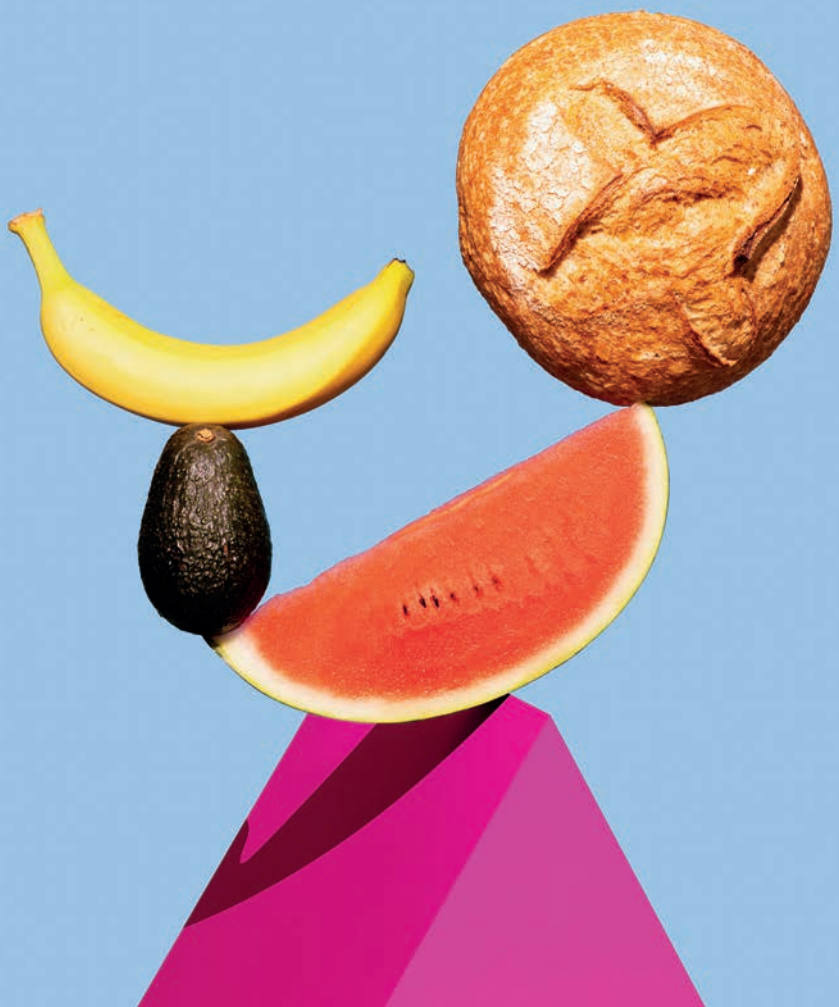
for both mother and baby. Non-dairy foods that are a good source of calcium include soya or almond milk with added calcium, curly kale, rocket and watercress

- Iron levels can become depleted in pregnancy, so eating lean red meat, poultry and fish – as well as dark green leafy vegetables, beans, nuts and wholegrains – is important
- Iodine is essential for the development of a baby's brain, cognition and motor abilities. The main dietary sources of iodine are fish, seafood and dairy products.

Alex is very clear that all pregnant women, or women who have recently given birth, should speak to their midwife, GP or healthcare professional before undertaking any changes to their diet. "The Consultants who run our community groups work alongside their local healthcare professionals, so members who want to attend a Slimming World group during their pregnancy must have the support of their midwife." This sentiment is echoed by the MBRRACE report: "As in previous years obesity was a factor among some of the women who died. Two women had a BMI over 40kg/m^2. Interventions to modify obesity risk in pregnancy are best addressed pre-conception as significant weight reduction in pregnancy is not recommended."

In November 2022, the Department of Health and Social Care announced £113.2m of funding to launch four healthcare missions to "address some of the UK's most significant healthcare challenges". The £20m set aside for obesity marks an attempt to better support people to improve their long-term health outcomes.

Obesity is only one piece of the jigsaw: it sits alongside diabetes, hypertension and more. These comorbidities are making maternity care more complex, making the case for close, strategic, multidisciplinary maternity team working as a life-saving necessity.



FURTHER READING

RCM Caring for pregnant women with pre-existing and gestational diabetes

RCM Diabetes in pregnancy ilearn
bit.ly/ilearndiabetes

November 2022 MBRRACE report
npeu.ox.ac.uk/mbrrace-uk/reports

Birthplace in England Research Programme, a study focused on choice of place of birth for 'low-risk' women
bit.ly/npeubirthplace

NPEU's 'Follow-on' studies that include 'high risk' women
bit.ly/npeubirthplacefollowon

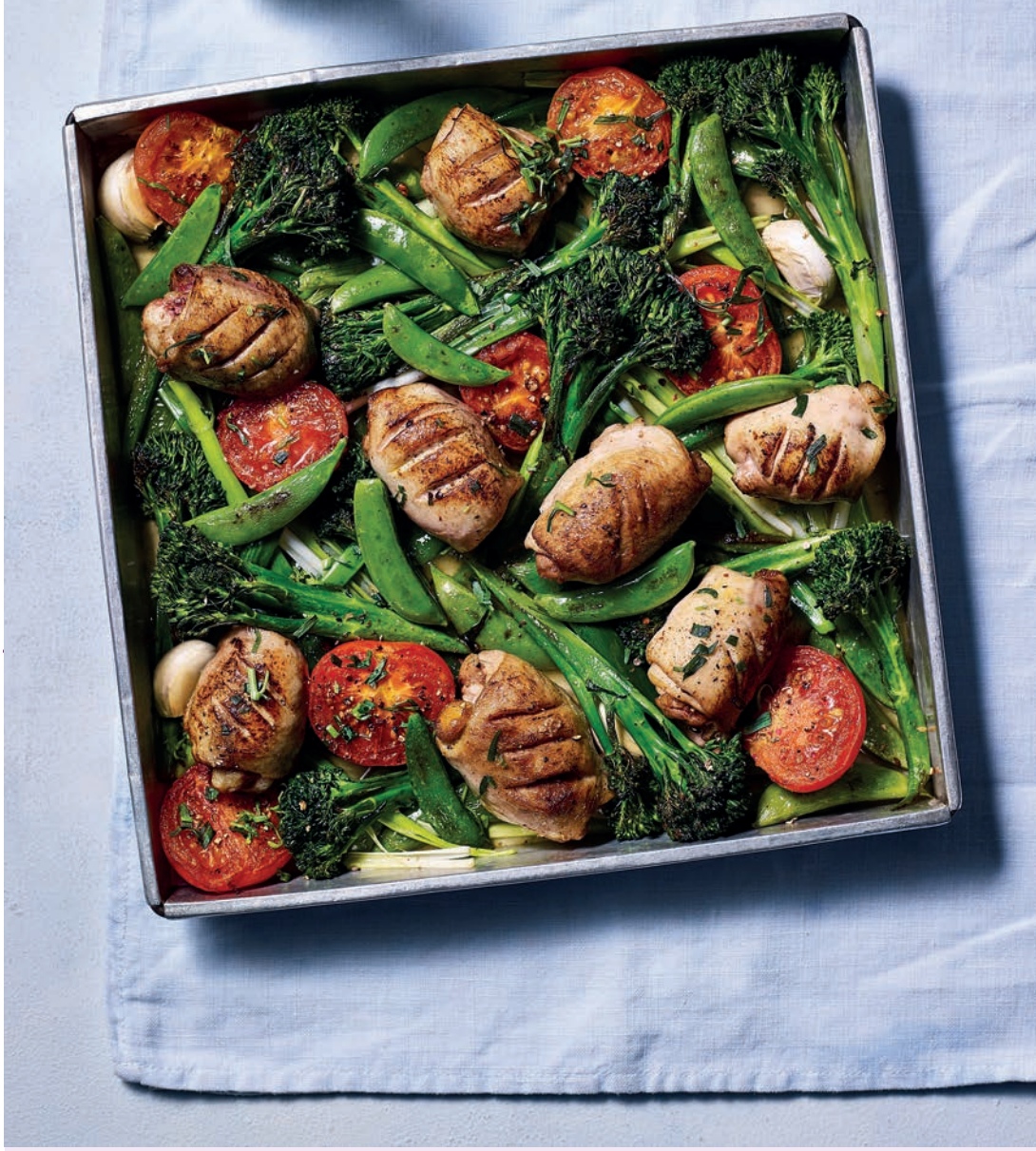
Slimming World and the RCM have created a joint website offering advice and health tips to mums and mums-to-be through every stage of their pregnancy
slimmingworld.co.uk/mums

Healthy recipes from Slimming World

As well as supporting women in making positive choices during pregnancy, it is important that midwives and MSWs look after their own health and wellbeing. By helping people to lose weight and live a healthier lifestyle, Slimming World can dramatically reduce a member's chances of developing a number of health conditions including type 2 diabetes. In fact, research (bit.ly/3Fvj0QD) has shown that people with type 2 diabetes can improve their diabetes management by making healthy lifestyle changes and losing weight following Slimming World's programme.

The research found that of Slimming World members with diabetes, 81% saw improvements in their blood glucose management, 61% were able to reduce taking medication and 76% of members with type 2 diabetes said they found it easy to fit dietary recommendations from their healthcare team into Slimming World's Food Optimising eating plan.

Leading a healthy lifestyle doesn't have to mean giving up your favourite foods – even when it comes to managing type 2 diabetes. Filling up on fruit and vegetables, drinking plenty of water and introducing activity are all cornerstones of a healthy lifestyle – so why not sample some of these delicious Slimming World recipes?



CHICKEN AND SPRING VEGETABLE BAKE

Serves 4
Ready in 30 minutes

- Low-calorie cooking spray
- 8 skinless and boneless chicken thighs
- 300g long-stem broccoli florets
- 300g sugar snap peas
- 8 thick spring onions or salad onions, halved lengthways
- 4 garlic cloves, unpeeled
- 4 large tomatoes, halved
- 4 tbsp chopped fresh tarragon
- 450ml boiling chicken stock
- Lemon wedges, to serve

Preheat your oven to 220°C/fan 200°C/gas 7. Spray a non-stick frying pan with low-calorie cooking spray and place over a high heat.

Make a few deep slashes in the chicken thighs, add them to the pan and fry for a couple of minutes on each side or until lightly browned (in batches if necessary).

Put the broccoli, sugar snaps, spring or salad onions and garlic cloves in a non-stick roasting tin and season lightly.

Add the tomatoes, cut-side up, and most of the tarragon.

Sit the chicken thighs on top, pour over the stock and cover with foil.

Cook for 20 minutes or until the chicken is cooked through and the vegetables are tender.

You can serve the garlic cloves whole or squeeze out the garlic flesh and toss it through the vegetables.

Scatter over the remaining tarragon and serve hot with lemon wedges to squeeze over.

ULTIMATE FISH PIE

Serves 4
Ready in 1 hour 15 minutes

- 2 leeks, sliced
- 1 large carrot, diced
- 4 large eggs
- 300g skinless and boneless white fish fillets
- 300g boneless smoked haddock fillet (dyed or undyed)
- 150g cooked and peeled prawns (or crayfish tails)
- 150g plain quark
- 5 tbsp cold vegetable, chicken or fish stock
- ½ small pack fresh dill, chopped
- Vegetables, to serve

For the topping

- 1 large swede (about 1kg), peeled and cut into small pieces
- ½ small Savoy cabbage, shredded

Preheat the oven to 180°C/fan 160°C/gas 4. First make the topping. Cook the swede in a saucepan of boiling water for 15-20 minutes or until tender. Meanwhile, put the cabbage and 3 tbsp water in a deep non-stick frying pan over a medium-high heat. Stir-fry for about 5 minutes or until tender. Drain the swede, return it to the hot saucepan and mash. Stir in the cooked cabbage, season to taste and set aside.

Put the leeks, carrot and 2 tbsp water in the same frying pan and fry for 8-10 minutes or until almost tender, adding a little more water if needed. Transfer to a plate. At the same time, cook the eggs in a saucepan of boiling water for 8 minutes. Drain, cover with cold water and leave to cool. Bring 5cm water to the boil in a saucepan over a high heat. Add all the fish fillets and bring back to a simmer, then reduce the heat to medium and cook for 4 minutes or until just cooked through. Lift the fish on to a plate and leave to cool. Break the fish into chunky flakes, discarding the skin and any bones, and scatter into a 1.5-litre ovenproof dish. Add the prawns, leeks and carrot, then peel and halve the eggs and add those too.

Mix the quark with the stock, dill and some black pepper, pour it over the fish and gently fold through. Spread the swede and cabbage mash on top and bake for 30-35 minutes or until golden brown and cooked through. Serve hot with your favourite vegetables.

MULTI-BEAN CHILLI

Serves 4
Ready in 30 minutes

- Low-calorie cooking spray
- 1 large red onion, finely chopped
- 1 yellow pepper, deseeded and roughly chopped
- 1 red pepper, deseeded and roughly chopped
- 1 tbsp Cajun seasoning
- 1 tsp ground cumin
- 1 tsp mild chilli powder
- 400g can mixed beans in chilli sauce
- 415g can baked beans in tomato sauce
- 2 x 400g cans red kidney beans in chilli sauce
- 400g can chopped tomatoes
- 150ml boiling vegetable stock
- 4 tbsp fat-free natural fromage frais
- A small handful of finely chopped fresh parsley, to garnish
- Vegetables, to serve

Spray a large non-stick frying pan with low-calorie cooking spray and place over a medium heat. Add the onion and peppers and stir-fry for 5 minutes. Add the Cajun seasoning, cumin, chilli, beans, tomatoes and stock. Cover, turn the heat to low and simmer for 15-20 minutes. Ladle the chilli into bowls, add a dollop of fromage frais to each one and scatter over the parsley. Serve hot with your favourite vegetables.

Diabetes midwife coordinator

Deborah Burns, Royal Jubilee Maternity Services, Belfast

When I was 12, I was diagnosed with type 1 diabetes – and it has certainly influenced my career path. I qualified as a direct-entry midwife and worked in all clinical areas within maternity before taking up my current post. I now work alongside another midwife, Jacquie, as part of the team caring for women with diabetes in pregnancy, trying to make these journeys less challenging.

I work in the Royal Jubilee Maternity Hospital in Belfast, where around 4,500 women birthed in 2021. In total 16% of those women had diabetes.

We currently diagnose around 16 women per week with gestational diabetes mellitus (GDM) and have on average eight to 10 referrals a month from women with pre-existing diabetes.

Some women are referred through our pre-pregnancy clinic, some through their GP and others contact us directly, knowing us from a previous pregnancy. We arrange an early review with the joint obstetric and endocrine team to put in place a support plan to help women safely through the early weeks of pregnancy, which can be fraught due to hypoglycaemia awareness, management of hyperemesis, increased risk of diabetic ketoacidosis and miscarriage.

We support these women as they adjust to the new dietary advice they have been asked to follow. The majority of the women with GDM are keen to make changes to keep their glucose levels within the target range of less than 5.3mmols/l pre-meal and less than 7.8mmols/l post-meal. We give clear information, show how diabetes will affect their pregnancy and encourage them to continue with healthy lifestyle changes postnatally to reduce the risk of developing type 2 diabetes.

Midwives attend yearly updates in diabetes care for pregnant women. It was added to the programme four years ago, when it became clear that diabetes in pregnancy was increasing. There has been a 30% rise in women diagnosed with GDM over the past three years in Northern Ireland alone.

An important part of the role involves contributing to policy

We review and respond to emailed blood glucose readings and check on in-patients. Jacquie and I manage two afternoon antenatal clinics for women with all types of diabetes. The clinic team consists of maternity support workers, diabetes specialist nurses and dietitians, endocrinologists, obstetricians and radiographers. At these clinics, we make sure each woman is reviewed by the appropriate members of the team depending on their needs. In this way, we try to individualise care.

An important part of the role involves contributing to policy and diabetes care pathway planning, which is an opportunity to affect meaningful change. We are currently looking at appointing diabetes champions in the ward areas, who will receive funded training to be a source of information for colleagues.

My own diagnosis made me aware of the challenges facing women with diabetes who become pregnant, but it has also made me aware of the possibilities.

IMAGE: GETTY

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