THE MAGAZINE OF THE ROYAL COLLEGE OF MIDWIVES

midwives VOLUME 27 / JANUARY 2024

midwives

NEW YEAR, NEW YOU
THIS YEAR TAKE CONTROL OF YOUR MONEY

A PENNY FOR YOUR THOUGHTS
THE LOWDOWN ON PENSIONS

MSW ALL STARS
CELEBRATING MATERNITY SUPERSTARS

Come with me

LEADERSHIP HAPPENS AT EVERY LEVEL, EMPOWERING, ADVOCATING AND LEADING THE WAY FOR COLLEAGUES AND THOSE IN OUR CARE

JANUARY 2024

energising excellence

2024 RCM Conference

8 - 9 May 2024

Call for abstract submissions

Deadline: Sunday 12am 28 January

Submit an abstract to showcase your work:

- oral presentation
- poster presentation

The 2024 RCM conference is aimed at everyone in midwifery and maternity care and will promote and celebrate the collective expertise to provide safe clinical practice..

Key themes

- Clinical practice
- Education in academic or clinical settings
- Research in academic or clinical settings
- Leadership in academic or clinical settings

Royal College of Midwives

midwives

The official magazine of
The Royal College of Midwives
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London SE1 1SZ
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Magazine subscription rates
(For non-members only, per annum)
UK £130
European Union £175
Rest of the world £185

Magazine subscription queries
Curwood CMS Ltd
+44 (0)1580 883844
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Printed by Precision Colour Printing.
Mailed by MAFMK.

All members and associates of the RCM receive the magazine free.

The views expressed do not necessarily represent those of the editor or of The Royal College of Midwives.

All content is reviewed by midwives.

Full article references are available on request from magazine@midwives.co.uk

Midwives ISSN 1479-2915

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

RCM CEO Gill Walton says this is the year to make change for the better

Welcome

January is often seen as the longest, darkest month, but it can also be a time to make positive plans for the year ahead. And what a year this promises to be. With a Westminster general election on the cards, the RCM has been meeting with politicians from all parties to try to influence the policies of an incoming Government – from an All-Party Parliamentary Group on student finances to discussions about maternity staff and educator retention as part of the Workforce Plan.

While it may not be an election year for the devolved parliaments and assemblies, the lobbying of politicians in Scotland, Wales and Northern Ireland continues at pace. The RCM continues to raise concerns and offer solutions to the challenges facing maternity services.

The start of a new year often feels like an opportunity to reset, whether that's being more active, eating more healthily or getting around to those things you've been meaning to do, like sorting out your finances. RCM Benevolent Fund partner Cavell has an incredible array of resources that make it easy for you to do this. These quick, free and confidential tools can help you to identify problem areas in your finances and how to fix them, get debt support and advice, identify any financial entitlements you may not have been aware of and take control of your money. Cavell's support hub also includes a directory of emotional and mental health support, as worrying about money can take its toll. Turn to page 31 for more.

Leadership isn't a role, it's a way of thinking

For those of you keen to make healthy eating a reality in 2024, RCM's Alliance Partner Slimming World has also made it a bit easier with recipes for nutritious meals that won't break the bank on page 34.

My plan for the year ahead puts leadership front and centre of maternity care. And by this, I mean everyone working in maternity – we all have leadership skills and it's about recognising that you are the expert in the room. Kizzy Lynch LME at the University of Lincoln says on page 23: "Leadership is the ability to inspire and advocate for others. It isn't a role, it's a way of thinking." Let's make 2024 the year we all embrace this way of thinking.

rcm publications

Read the latest RCM publications and reports. Scan the QR code to access content covering clinical guidance, employment relations and much more

Care outside guidance

Informed decision making

Re:Birth summary report

Safer sleep guidance

Solution series*

Standing up for high standards

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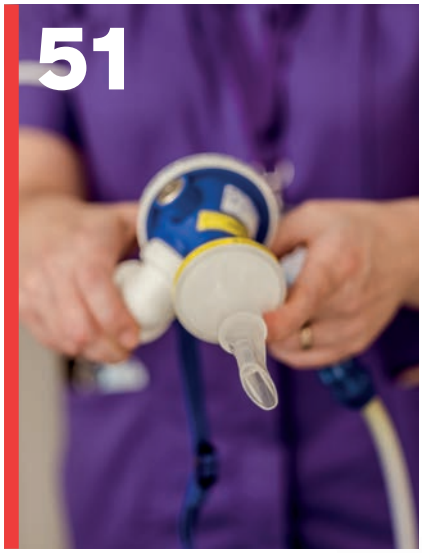
*Aimed at supporting midwifery leaders and midwives to implement recommendations laid out in the Ockenden Review to improve the quality of care they are delivering for women and their babies

midwives

VOLUME 27 / JANUARY 2024



Talking point

Employment advice

News

The longer read

Education

Caring for You

Voice of...

External submission

In brief

YOUR PROFESSIONAL MIDWIFERY NEWS

Caffeine and nicotine in pregnancy

According to a new study in the *International Journal of Epidemiology* there is no link between above-average caffeine intake and pre-term babies. However, smoking in pregnancy increases risk of premature birth threefold, the study finds.

The study found that babies born to mothers who smoked were four times more likely to be small for their gestational age, putting them at risk of serious complications including breathing difficulties and infections.

Professor Gordon Smith, the head of the department of obstetrics and gynaecology at the University of Cambridge, said the findings underlined the importance of smoking cessation services.

He notes that the findings do not indicate that current recommendations around caffeine intake should be changed, because other studies have shown that very high intake of caffeine is linked to a higher risk of miscarriage and stillbirth.

The NHS recommends that pregnant women should drink no more than 200mg of caffeine a day – equivalent to two cups of instant coffee or tea.

Read the study at **bit.ly/IJE-caffeine-nicotine-pregnancy**

READ

Quality Assurance Management co-authored by midwife Evette Sebastien Roberts. She covers areas such as auditing, preparation for inspections and case studies – all related to maternity. **bit.ly/Quality-Assurance-Management**

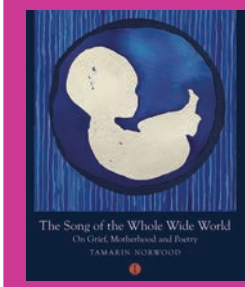
JOIN

The Clementine wellbeing app, which aims to help users overcome stress and build up their self-belief.
See page 9

one to watch

SHARE

The Song of the Whole Wide World by Tamarin Norwood, published by Indigo Press



Global health

Postnatal problems

A series published in *The Lancet Global Health* and *eClinicalMedicine* has found that more than 40 million women a year experience lasting health issues after childbirth.

The analysis of maternal health worldwide shows one in three new mothers experience long-term conditions such as pain during sex (35%), low back pain (32%), anal incontinence (19%), urinary incontinence (8-31%), anxiety (9-24%), depression (11-17%), perineal pain (11%), fear of childbirth (6-15%) and secondary infertility (11%).

Professor Pascale Allotey, director of sexual and reproductive health and research at the World Health Organization (WHO), said: "Many postpartum conditions cause considerable suffering in women's daily life long after birth, both emotionally and physically, and yet they are largely underappreciated, under-recognised and under-reported."

The researchers were keen to point out that the available data was predominantly from wealthier nations, so the 40 million figure might be an underestimate given that 140 million women give birth every year.

The research was backed by the UN's Special Programme on Human Reproduction, WHO and the US Agency for International Development.

The series has highlighted the need for quality care throughout pregnancy and childbirth, as well as greater attention from clinical research, practice and policy.

Read the research at **bit.ly/Lancet-Langlo-childbirth** or read the full series at **bit.ly/Lancet-perinatal-health-series**

If the number of NHS midwives in England had risen at the same pace as the overall health service workforce since the last general election, there would be 3,500 more midwives in the NHS, rather than a shortfall of 2,500 full-time midwives.

See page 10 for story

CQC REPORT CONCERN

The Care Quality Commission (CQC) report at the end of 2023 rated 65% of maternity services in England as either "inadequate" or "requires improvement" for the safety of care – up from 54% in 2022.

The CQC judged overall quality of care to be inadequate or requiring improvement at 85 maternity units. Problems are attributed to serious staff shortages, as well as issues of communication and working culture. Conversely, 87 maternity units were rated as either good or outstanding.

The NHS watchdog said: "The overarching picture is one of a service and staff under huge pressure. People have described staff going above and beyond for women and other people using maternity services and their families in the face of this pressure. However, many are still not receiving the safe, high-quality care that they deserve."

The report said women face delays, do not receive one-to-one care and experience communication problems with staff. It voiced concern about the poor experience of global majority women whose care was affected by racial stereotypes and a lack of cultural awareness among staff.

Read the report at bit.ly/CQC-quality-of-care

Maternity services

Care inquiry

Parents of babies who have died or been harmed as a result of poor care wrote to Steve Barclay, the then health secretary, to ask for a judge-led statutory inquiry to be set up to investigate recurring problems in maternity services, reports *The Guardian*.

Despite previous inquiries at Morecambe Bay, Shrewsbury and Telford, and East Kent NHS Trusts, the parent group is concerned that the NHS is failing to improve safety.

Its letter states: "Despite a raft of national initiatives and policies implemented in the wake of investigations and reports, systemic issues continue to adversely impact on the care of women and babies."

The Maternity Safety Alliance also warned that scandals will continue unless such an inquiry is held.

NHS clinical negligence payments in England for 2022-23 was £2.6bn, of which £1.1bn related to maternity services.

Paul Whiteing, the chief executive of patient safety charity Action against Medical Accidents, said: "Behind that vast sum of money are countless tragic cases ... when the NHS is paying out so much in compensation for just one area of medicine, an inquiry to look into why is overdue."

Birte Harlev-Lam, RCM executive director midwife, said that the RCM "shares the frustration of the Maternity Safety Alliance at the pace of progress in maternity safety. We have consistently highlighted where improvements need to be made, including more investment in staff and training and the sharing of good practice across services, and have proactively shared with the Government and NHS bodies our practical approaches to the challenges faced. Previous inquiries have made clear recommendations to improve safety, but too many of these are yet to be implemented or being implemented inconsistently."

Mental health care

First 1,000 days

NHS figures, obtained in freedom of information requests by Dr Rosena Allin-Khan, Labour's former shadow minister for mental health, have shown huge delays in access to maternal mental health care.

In 2022, 11,507 women who sought care for such problems did not get any after they had been assessed, according to figures provided by 34 of England's 54 NHS mental health Trusts (20 did not release data). This means that an estimated 18,953 mothers across England as a whole were denied care, Rosena said. "No mother should be left behind to suffer in silence. We know all too well how important the first 1,000 days of a child's life are. Failing to support new mothers during this crucial period will have an unfathomable human cost."

For more, vist bit.ly/Guardian-delays-access

MIDIRS Digest

1 What are UK nurses' and midwives' views and experiences of using social media in their roles? A review, Anna Marsh, Professor Vanora Hundley, Professor Ann Luce, Dr Yana Richens

2 A national conference to showcase and celebrate the maternity support worker role, Charlotte Parnham

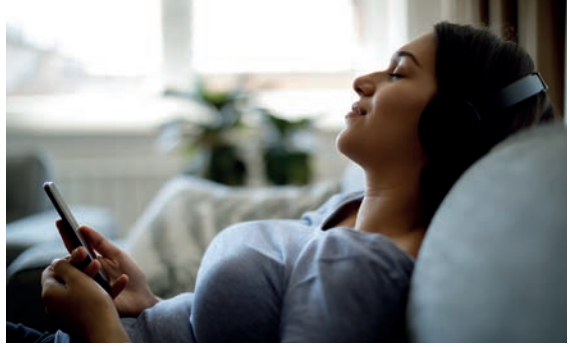
3 Midwives' experiences of sharing information about place of birth with low-risk women at a hospital in southwest London, Louise Jolly, Joanne Gregory

4 'Fallacy of normalcy' in post-childbirth maternal morbidities: a feminist-pragmatist exploration, Maryam Rouhi, Patricia Nicholson, Elaine Crisp, Silvana Bettiol, Christine Stirling

Access the papers at **www.midirs.org**

Some *Evidence Based Midwifery* papers are reprinted in MIDIRS Digest. Visit **bit.ly/RCM-EBMjournal**

midirs



Wellbeing

Brighten up grey January with the Clementine app

Following the successful uptake of the free Clementine App to members in 2023, the offer is being extended to 2024.

The Clementine app aims to help users overcome stress, anxiety and poor sleep and build up their self-belief. It uses cognitive hypnotherapy sessions (which run from three to 26 minutes long) to help transform thoughts, feelings and behaviours for the better.

Specifically aimed at women, they can help users get to sleep, have a power nap, reset during working or wind down after a shift.

One midwife using the app said: "As shift workers, NHS staff have messed up circadian rhythms so using the app to help you sleep in the day after a night shift is great. If you use it consistently for day and night shifts, your brain associates app usage with sleep. I often get home late and don't have much time to wind down before I have to go to bed, ready to get up early again the next morning.

"Plus, lying in bed and running through the events of the day, worrying, 'Did I document that? Did I do all I could? I hope that baby survives,' means it can be difficult to switch off and relax, but the app can help with that."

Download the app for free at rcm.clementineapp.com

The Clementine app aims to help users overcome stress, anxiety and poor sleep and build up self-belief

Genomics

Generation Study

In 2012, Genomics England embarked on a project to sequence 100,000 genomes from 85,000 people in England who had either a rare disease or cancer. In 2022, Genomics England launched the newborn genomics programme with the aim to sequence 100,000 newborns to look for a specific set of rare genetic conditions that can be treated if identified.

"Earlier identification of rare conditions and treatment will give babies the best possible start in life," said NHS England chief scientific officer and senior responsible officer for genomics Professor Dame Sue Hill.

This NHS-embedded 'Generation Study' will explore the benefits, challenges and practicalities of sequencing and analysing newborns' genomes and reflects the significance of the increased use of genomics in developing person-centred care. The work began in December 2023 and as midwives will ultimately be part of the screening and consenting, and potentially act as samplers for the screening, it's important for the maternity workforce to be aware of the project.

Find out more at bit.ly/genomics-generation-study

What's on?

JANUARY
Dry January
bit.ly/dry-January

3 JANUARY
Festival of Sleep Day – a lighthearted day to remember the joys of sleep and relaxation. People are encouraged to take a break and catch up on some much-needed rest

11 JANUARY
#HumanTraffickingAwarenessDay

FEBRUARY
LGBT+ History Month #LGBTPlusHM

2 FEBRUARY
Time to Talk Day #TimeToTalk

5 FEBRUARY
Race Equality Week

5 FEBRUARY
National Apprenticeship Week #NAW2024

MARCH
Women's History Month

1 MARCH
Zero Discrimination Day

8 MARCH
International Women's Day #IWD24

10 MARCH
Mother's Day

20 MARCH
International Day of Happiness

21 MARCH
World Down Syndrome Day

22 MARCH
World Water Day

23 MARCH
Earth Hour Day #EarthHour

Working for you

Here's some of what the RCM has been doing on behalf of its members this month

Where are all the midwives?

Figures published by the NMC show more midwives on the register, yet hospitals in England have a shortage, with understaffing placing unacceptable levels of pressure on staff and compromising the safety and quality of care women are receiving.

The RCM says questions must be answered by the Government as to why there are all these extra midwives on the register who are able to work as midwives but are not actually doing so.

RCM head of health and social policy Sean O' Sullivan said: "While it's positive to see that the number of people trained and registered as midwives is rising, this is not the same as the number of midwives working in the NHS. Also, despite our universities producing thousands of midwives since the last election, the number of midwives in post in the NHS is essentially static. Let's be clear: if the number of NHS midwives in England had risen at the same pace as the overall health service workforce since the last general election, there would be no midwife shortage. Indeed, there would be 3,500 more midwives in the NHS, rather than having a shortfall of 2,500 full-time midwives.

"The RCM has said time and time again that in order to improve recruitment and retention of midwives the NHS must ensure staff are treated fairly and not overworked to the point of burnout. If the Government is to realise its ambition of making UK maternity services the safest in the world, that ambition must include safe levels of staffing."

RIGHT TO STRIKE

At the TUC Special Congress in December, RCM CEO Gill Walton expressed indignation at the suggestion that midwives and maternity support workers (MSWs) would take strike action that endangers the safety of women. Gill said: "How dare this Government suggest that. The priority for all midwives and MSWs is always the safety and health of the women and families they support every day across the UK. When we have taken strike action – for example, in England in 2014 – and as recently as last year in Northern Ireland, we worked together with local managers and ensured that safety was never compromised. Striking midwives responded when emergencies arose with professionalism and integrity.

"Rather than fixating on minimum service levels, their time and energy would be better spent investing in our maternity services."

The RCM lent its support to the TUC's 'right to strike' campaign against minimum service levels in the event of industrial action.

For more, visit tuc.org.uk/special-congress

IMAGES: ALAMY / ISTOCK / SHUTTERSTOCK

Scottish TUC Disabled Workers Conference

In December, at the Scottish TUC Disabled Workers Conference, the RCM called for all IT systems in Scotland's NHS to be made neurodiverse friendly. Research has shown that around one in 10 people in Scotland are neurodivergent. NHS Scotland employs 181,723 people, which equates to around 18,000 neurodivergent employees. The RCM says it's imperative that the workplaces and work systems are inclusive for midwives, MSWs and all other staff.

RCM's national officer for Scotland Emma Currer said: "We've seen an increase in requests from our members in Scotland looking for support and advice with neurodiverse challenges in their workplaces. NHS Scotland needs to ensure that we aren't leaving staff behind. We know the increased use and reliance on computers, software and systems has for some of our members meant a loss of confidence in skills causing significant barriers. This has increased work stress, capability issues and absences in some services."

Moving the motion, Meggan Reid, an RCM learning rep from NHS Highland, called on the conference to lobby NHS Scotland employers and the Scottish Government to implement neurodiverse-friendly electronic platforms for NHS staff and service users. In addition, to raise awareness and understanding of neurodiversity and neurodiverse workplace policies, the RCM is currently in the process of developing a neurodivergence acceptance tool kit for its members. This will be launched at the RCM's National Conference in May 2024.

RCM SMALL RESEARCH AWARDS

Following the success of the RCM Small Research Awards in 2023, the awards will be launching again this month. This year, the RCM is delighted to have expanded the awards to include MSWs, in addition to the three existing categories for student midwives, early career midwives and midwives. You must be an RCM member to apply.

If you would like to learn more, please scan the QR code. Here you will find short videos from the 2023 winners and information about the application process. Or, for more information, please contact the research team at research@rcm.org.uk

- Awards open – 2 January 2024
- Submission deadline – 17 March 2024
- Winners announced – 8 April 2024
- Winners will be formally awarded at the RCM Conference in May.

RCM in brief

Turning the Tide mentoring
In 2021, the RCM helped set up and fund a mentoring platform for global majority midwives in response to the *Turning the Tide* report by Dr Gloria Rowland. Gloria was also an integral part of the programme.

It has been very successful, with around 100 mentors and mentees active at any one time. While it is an England-only initiative, its reach and recommendations have been influential beyond England. With this in mind, the RCM's Jayne Bekoe is embarking on a strategy to relaunch and revamp the platform to widen its reach in 2024, so keep an eye out for updates on www.rcm.org.uk as well as via the RCM's social media channels.

RCM i-learn update
'Standing up for higher standards' looks at how the RCM will support members if they have concerns at work. In this module we set out why speaking up is important, how you might approach this in your workplace and what the RCM will do to support you.

'One chance to get it right: bereavement care' is a sensitive and thorough look at the issues around pregnancy and baby loss. It is useful for all specialisms within midwifery.
Turn to page 64 for more.

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

Generation next

The inaugural RCM student conference gave students and NQMs the opportunity to listen and learn from experienced speakers

The RCM's first ever student conference was supported by the Student Midwives Forum (SMF) and brought students and newly qualified midwives (NQMs) to Doncaster for a day to learn, cultivate passion and make connections. The day began with updates from RCM's chief executive Gill Walton, Kate Brintworth (chief midwifery officer for England), Jaki Lambert (RCM director for Scotland) and Karen Jewell (chief midwifery officer for Wales), with a mix of practical developments and rousing words of encouragement.

Incivility vs civility

Monica Doyle from NHS Tayside talked about the importance of kindness. She noted how Scottish NHS staff face staff vacancies, burnout after COVID-19, health inequalities and an ageing population. In such a situation, kindness can be an important part of delivering person-centred care – it costs nothing but can save time and improve performance. Praise and encouragement help build resilience: "Remember you're going to be teaching and training people throughout your career."

Monica advocates for challenging any unkindness systematically, as staff might not be aware of their effect on their colleagues and service users. Kindness champions and regular online kindness calls are contributing to the change.

Is there a glass ceiling?

The panel discussion explored the many exciting career paths in the profession. RCM professional policy adviser Mervi Jokinen charted her career from the publication of the *Changing Childbirth* report in 1993 to working with the RCM to change national policy, studying public

You don't need a hierarchical approach to your midwifery career because you have choices

health and working with international bodies such as the World Health Organization (WHO). "It isn't just about skill – it's also about the environment where we work." She said her glass ceiling never came. "You don't need a hierarchical approach to your midwifery career because you have choices."

Jaki Lambert emphasised the importance of finding allies and of having persistence to pursue goals. Early in her career she moved to Oban and learned the importance of rural midwifery. Having fewer colleagues and more responsibility helped her to work in other environments including Zimbabwe and South Africa, and to provide life support and obstetrics training in Malawi. "Look for that lighthouse. If you can't see one, it's your shot to be one for someone else."

Benash Nazmeen spoke about how, when confronted by overt racism in healthcare settings abroad, she saw opportunities within the NHS to work towards equality. Her friends suggested she apply for a combined community lead midwife and global majority lead role. After "speaking her truth" at the interview – that those should be two dedicated roles – she became a specialist cultural liaison midwife.

Deborah Longe, quality and standards advisor at the RCM, spoke about making multiple applications before getting accepted to study midwifery at university, which made made her more engaged. She found her passion by exploring different areas of interest, leading to a new role as a quality improvement midwife. "It's easy to get stuck, so write down areas that you're interested in and start reading up."

Managing feelings of trauma

Alicia Walker, a practice educator and facilitator from Harrogate and District NHS Foundation Trust, spoke about mental health challenges and the need to communicate well – particularly your own needs and feelings. She offered practical tips for facing and overcoming challenging emotions, and explained how addressing these can lead to a richer experience of midwifery than distancing yourself. Recognising when internal judgements are helpful or unhelpful can help to navigate through tough situations. Recognising that nobody is alone is essential.

Care of MAR women

Changing demographics mean midwives must know how to care for those from migrant or ethnic minority backgrounds. More than 23 million people are defined as migrants in the EU, so it is increasingly likely that today's students will encounter migrant, asylum-seeking and refugee (MAR) women in their careers. Many needs of MAR women go beyond healthcare – for example, socio-economic and socio-emotional needs. Midwives need to be prepared as trauma-informed care, peer support and cultural competency are all important ingredients of perinatal care.

RCM fellow Professor Hora Soltani also gave an overview of how research can enrich a midwifery career by working with new people across a range of disciplines to generate knowledge.

Midwives on the frontline

In the final session of the day, author, aid worker, nurse and midwife Anna Kent talked about delivering healthcare in conflict zones. She shared her experience volunteering with non-governmental organisations, working to prevent some of the 800 deaths in childbirth that happen around the world each day, around half from post-partum haemorrhage (PPH).

Anna also spoke about kindness and cultural competency – how she earned the trust of Rohingya refugees, for example, by observing cultural norms of respect and removing her shoes before entering a person's dwelling. Anna spoke about how mindfulness helps her cope with the intense challenges and trauma of aid work, and how kindness helps those in unlikely circumstances.

The RCM's first ever student conference brought together students and NQMs to discover more about their chosen career path

IMAGES: RCM

working for our members

Influencing policy

119

engagements with MSPs, MLA, MSs across all parties

203 questions relating to maternity services

asked in the Westminster Parliament, the Scottish Parliament, the Northern Ireland Assembly and the Senedd

6 national policy reports

State of Maternity Services reports for England, Northern Ireland, Scotland and Wales and State of Midwifery Education and Strengthening perinatal mental health

27

research studies supported

20 evidence submissions

on workforce issues to Parliamentary inquiries, meetings of All Party Parliamentary Groups, Policy Roundtables, Parliamentary receptions, Fringe Meetings, Pay Review evidence sessions and Health Commissions

110 UK and 35 International

external stakeholder group meetings

Supporting professional development

6,905
i-learn courses completed
(+18.35% on 2022)

7 new i-learn courses created
(suite of 100+ resources available)

62
Original midwife and student midwife authored papers published in MIDIRS

12
Race to Lunch sessions engaging with 300 members in attendance

Presented 9 abstract presentations and Interacted with over 2,600 midwives from 130 countries at the international confederation of midwives

Making a difference

610
Events
held both face to face and virtual across the UK

£409,000
compensation
won for members (+2.33 on 2022)

17,860
mentions in the media
(+ 18.1% on 2022)

136,290
followers across social media
(+ 7.45% on 2021)

3,674
views on the first RCM Instagram live for students

173
reps trained

When you hear the term 'leadership' you'd be forgiven for thinking it only applies to those in strategic and managerial roles in higher grades, but that's simply not so. Everyone can and should be a leader

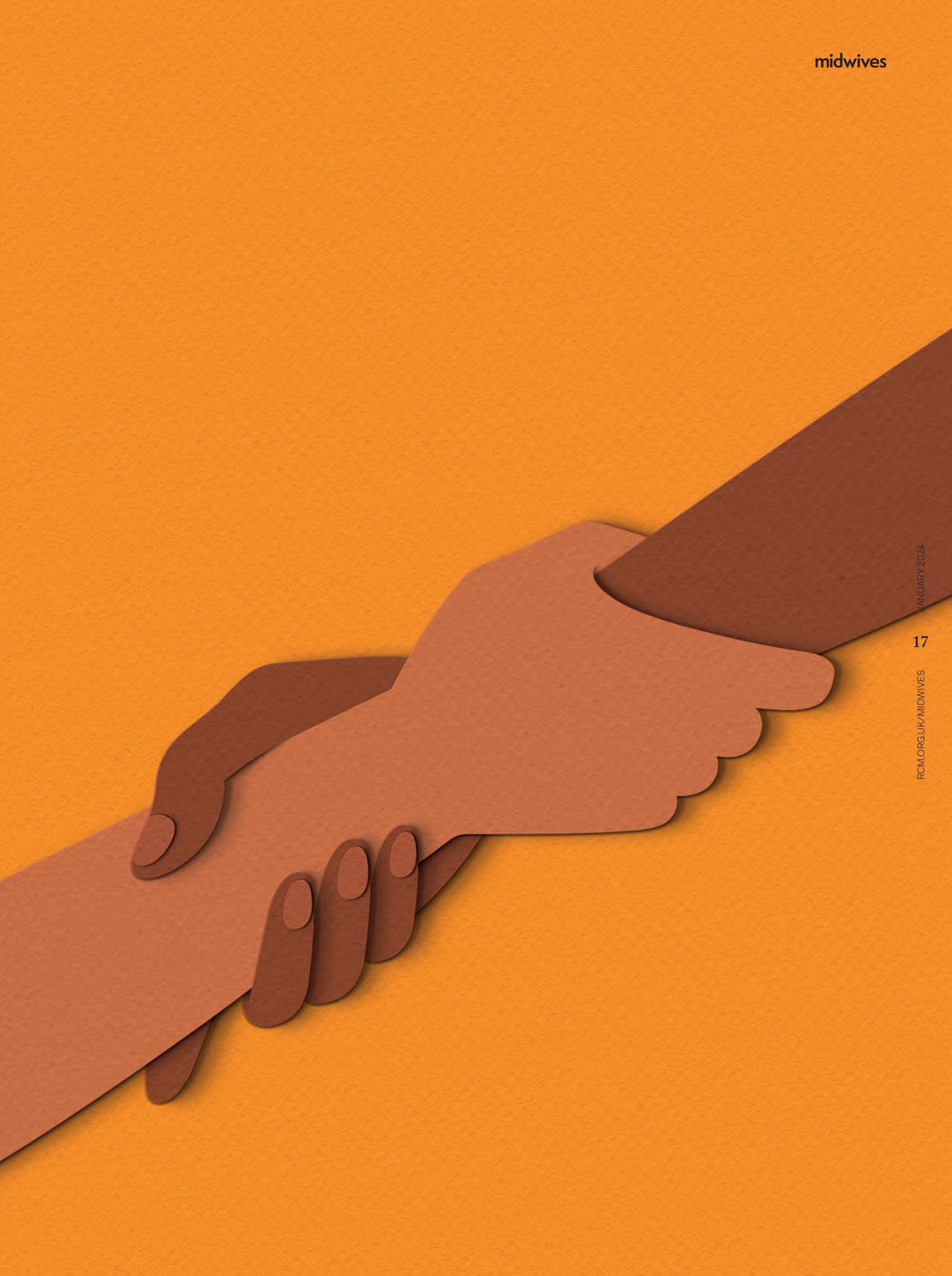
leading the way

Leaders are born, not made. It's a historical view and, while outdated, may explain why today so few of us see leadership as being part of our day-to-day role. Yet it is.

In a midwifery setting, you are the expert in the room. Whether that's advising families antenatally, supporting women through labour or providing care to a new family, your decisions, your manner and your expertise wil make all the difference in the quality of both their experience and that of your colleagues.

Effective leadership in maternity is not about hierarchy, as every member of the profession has the potential to lead or contribute to leadership with kindness and empathy.

ILLUSTRATION: ZARA PICKEN



"Empowering the workforce contributes to the culture"

GEMMA NEW, maternity quality and transformation matron at Portsmouth Hospitals University NHS Trust (PHUT), has been completing a clinical education improvement fellowship in partnership with Florence Nightingale Foundation, NHS England (southeast) and Canterbury Christ Church University. The focus has been 'enhancing transition to midwifery leadership', specifically for Band 6 and 7s. Following a consultation exercise, Gemma developed a midwifery leadership development framework and piloted it within PHUT maternity services.

Gemma says: "My project was inspired by my experience as an operational maternity matron throughout the COVID-19 pandemic. Newly appointed Band 7 midwives reported feeling 'stressed, vulnerable and dangerous' due to the lack of leadership exposure, which impacted their ability to provide safe maternity care. I experienced and observed the vulnerability of the midwifery workforce and the direct correlation of midwifery leadership on maternal and neonatal mortality and morbidity.

"Under the framework, midwives are supported to understand their leadership skills by guided exposure and experience in line with the six pillars: clinical, leadership, management, education, quality improvement and professional values and attributes. Midwives use a working document to evidence their individual leadership journey. They're supported to shadow senior midwifery leaders in a wide range of clinical areas and attend and complete leadership development training. They are also encouraged to complete reflections throughout to consolidate their learning experience. The framework enables midwives to focus on individual leadership requirements.

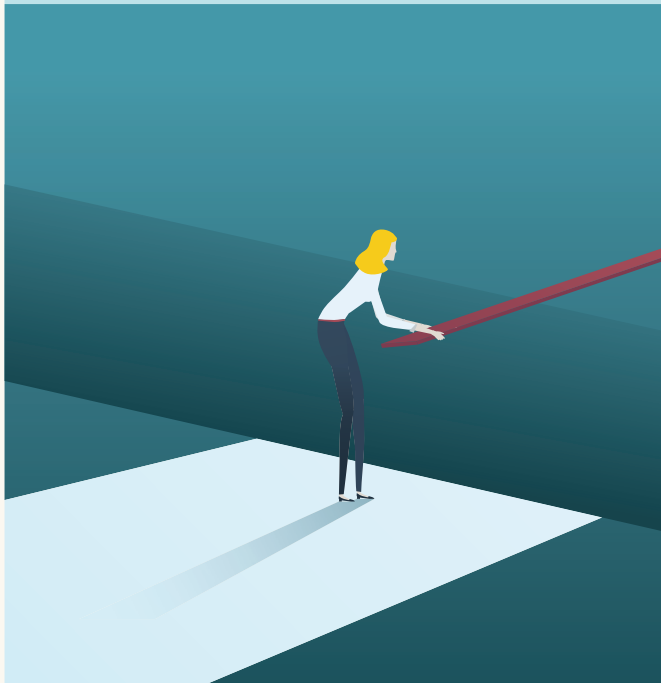
"Though this framework is specifically for midwives, it is incredibly important to embed leadership within the maternity workforce across all staffing groups. Empowering both midwives and maternity support workers (MSWs) to consider themselves as the expert in the room directly contributes to a healthy working culture."

"When you walk in someone's shoes, you can understand what's needed"

AIDA POPESCU, an MSW at Lewisham and Greenwich Hospitals, was nominated for Maternity Support Worker of the Year at the RCM Awards. Her nominator, director of midwifery Shirley Peterson, described her as "an advocate for MSWs, encouraging and supporting them to take up developmental opportunities. She has been pivotal to the introduction of the transitional care support workers so babies can remain with their mothers on the postnatal ward. She empowers MSWs to make informed decisions about the care that they provide."

Aida says: "Our Trust did a gap analysis and looked into the discrepancy between the support staff and senior management, as the support staff didn't have anyone to manage them directly. They created my role to bridge this gap and to develop the career pathway for the support staff. In the past, the only development we had was the opportunity to become a midwife, through either the traditional or the apprenticeship route.

"When, as a Trust, we formed the Band 4 transitional care team – which are specialist roles within the postnatal unit – I was asked to manage



IMAGES: SHUTTERSTOCK

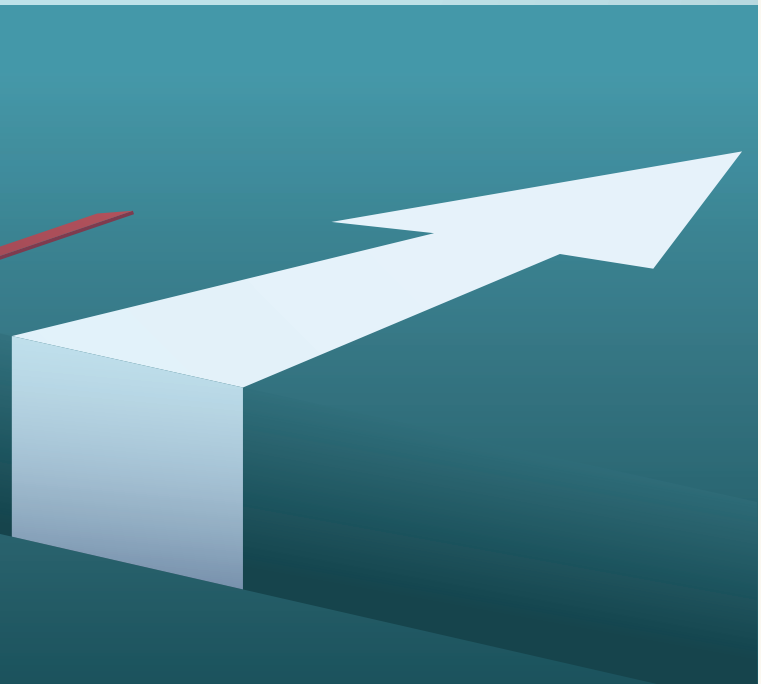
this team as well. So my job was re-evaluated and I became the first Band 5 MSW – at least in London. I think my role has now been introduced in other Trusts.

"Because I'm an MSW myself, I was able to use my own experience to develop this role into something that would be beneficial to the support staff. My first step was to implement the appropriate training for the Band 3s, and we brought in a competency booklet because we needed clear guidance around what everyone is expected to do as part of their job role.

"I couldn't say if leadership is for everyone, but I really think we should have different pathways of development within our careers. And I think it's essential to have someone managing you who actually did your role, because when you walk in someone's shoes, only then can you understand exactly what you need to develop that service.

"Every leadership role is challenging. I'm trying my best to treat everyone how I would like to be treated and put in place opportunities for development that I would have liked to have had."

My first step was to implement the appropriate training



"If you need anything outside of what's available to you, see me"

AFSHAN ALI, midwife at South Tees Hospitals NHS Foundation Trust and midwifery lecturer at Teeside University, was named union learning rep of the year at the TUC Congress Awards in September.

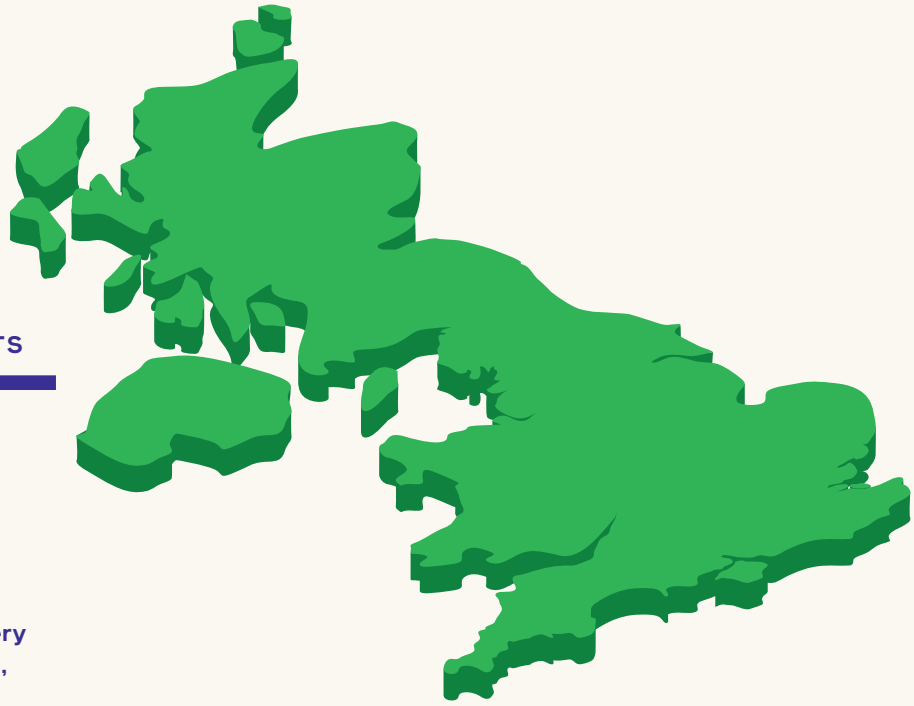
Afshan says: "I had arranged a couple of learning events and study days for our staff members and then COVID-19 hit so, of course, we couldn't do anything in person. It was a really difficult time keeping the branch up and running – it kind of dissolved and there was only me left.

"I had to work with what I had for about a year – I encouraged people to use online resources provided by the RCM or externally and then managed to get a new branch together, which is now up and running with new stewards and new people in the roles.

"I needed to give lots of support to newly qualified midwives because, of course, a lot of their training was converted to online and they weren't getting the extra opportunities that they probably would have got before COVID-19. It was about leading and saying to people that if they need anything outside of what's available to them, they can come and see you. Whether that was emotional support, or whether they needed signposting to stewards or management, I was looking after them as they were just starting out and it was a tough time.

"I've just taken up the lecturer role but I didn't leave clinical practice, because I still love being a midwife – it's part of who I am. But supporting students and being able to identify their learning needs and adapt to those needs is really rewarding.

"Everyone can be a leader, whether it's with a small suggestion or big service improvement projects. It's moving away from that narrow focus that 'I'm just here to do midwifery' because it changes all the time – the NHS, midwifery itself, guidelines, the way we do things – so it's good to get a grasp on how the corporate side of the NHS works as well, because then you can see the bigger picture. It's about giving everyone that opportunity."



LEADERSHIP FOR ACTIVISTS

These midwives completed the RCM's 'leadership for activists' training

NORTHERN IRELAND

ZOE MENEILLY, Encompass midwifery transformation lead, Belfast Health and Social Care Trust and chair of RCM Belfast branch

"The important thing I learned was how to have conversations about my role in RCM as a branch chair and activist, which is separate from my manager's role. As I am not a workplace steward there is no conflict of interest. Since doing the course I've taken up a new post as we're about to move to digital records. This is a fundamental change that is coming for maternity care in Northern Ireland. But because I have that network within the RCM, I can use that to share learning to assist members so they're safe and supported in practice.

"You don't have to be a very confident, outspoken public speaker to have a role in RCM activism or to support people. I love arts and crafts, so that perfectly fits within my role as a branch chair, because I look after all our new start midwives and make them welcome packs. "

WALES

TONI WOOD, semi-retired community midwife at Betsi Cadwaladr University Health Board and RCM workplace rep

"I felt the course opened some doors and made me feel more included. I thought that leadership in midwifery was only for senior managers, not for people on the shop floor. And certainly not for union stewards.

"We've had a lot of work going on within our Trust about leadership. After the reports on East Kent, Nottingham and Shrewsbury, I feel that if we can go some way towards making the culture within the unit kinder and more civil, then hopefully we will support good practice.

"I'm doing my best to put kindness forward – I think about the language of emails or anything that I send out. Being a leader is being kind and considerate to others. It's not just by saying it, but by actually doing it."

SCOTLAND

SUSAN DEWAR, midwife for Aberdeenshire South Community Team

"Change can be influenced by anyone with the passion and the motivation to do it. Before the course I was aware that leadership could come in various guises. I hoped I could develop my own leadership skills and become more knowledgeable to be more effective as an activist.

"It definitely made me more motivated as an activist. It confirmed what I thought about leadership, but it also let me see other ways that people can be leaders. There were so many people that had had such a positive impact on their workplace."

ENGLAND

SYMONE MERRINGTON, community midwife and chair of staffside for Great Western Hospital NHS Foundation Trust and RCM workplace rep

"It's always a great opportunity to network with other passionate activists. It made me really think about the differences in leadership styles. I'd never considered myself a leader in my steward role but I am. It's given me a different perspective on management roles and made me question the skills needed.

"Since doing the training, I've recognised that a leader is someone who people want to follow and you do not necessarily need to be in a senior role. I've also reflected on my own leadership style and what I might need to help me develop more skills."

MORE INFO

In the context of delivering quality, compassionate healthcare services, effective leadership is vital. Download the RCM's Solution Series at **bit.ly/RCM-Solution-Series**

ILLUSTRATION: ISTOCK

Bringing careers to life

The RCM career framework is being updated in order to provide a 360° view of what's possible and what your next steps could be

In 2018, the RCM launched its career framework and, while similar things existed in different formats from other organisations, it was billed as the first comprehensive view of the career paths in maternity available all in one place. It provided a profession-specific career structure for members, employers and educators across the UK.

The framework built on four pillars of education, clinical practice, leadership and management, and research. Where previous frameworks considered leadership as only part of management, the RCM framework reflects the NMC (2019) proficiencies for midwives so places leadership front and centre to show it is a key part of everyone's skillset, no matter what career path they choose.

Obviously, the career framework has evolved since 2018; however, this year the RCM is undertaking a comprehensive review and plans to make it a more effective, interactive resource. "It's a huge undertaking," says Caitlin Wilson, RCM advisor for leadership and career development and consultant midwife at Worcestershire Acute Hospitals NHS Trust, "not least because we're hoping to add some innovative elements and case studies that help bring careers to life."

Caitlin is starting the process with lead midwives for education (LMEs), consultant midwives, Band 7 coordinators, heads and directors of midwifery (HoMs and DoMs), research midwives and clinical academics. The update will not only look at what these roles entail and the practical career steps to get there, but also how these roles interact. "We've got to consider how we build a leadership programme identifying the individual responsibilities of each role, but also what overlap there is between those roles and responsibilities. We want to ensure that leadership programmes are inclusive and consider the many ways of thinking and working, because working in isolation is not an accurate representation of how these roles operate – or how any roles in maternity operate," says Caitlin.

The plans include a map that allows you to identify where you are in the UK to pinpoint possible career support locally. "We want to update videos of midwives with different specialisms, especially any non-traditional job roles or routes where people have developed their job according to local needs or their own interests," she says. The framework will cover all four countries (it's aligned with NHS England's career framework as RCM is a stakeholder in its development), acknowledging the differences in specialisms, careers and routes to get there, and it will link to relevant resources and support.

While it is partly there to aid students to make choices about the career ahead of them, it has wider possibilities for professionals already in practice – which is why it's important to include the non-traditional routes too. This is especially

IMAGE: SHUTTERSTOCK

true because as midwives and maternity support workers (MSWs) develop their leadership skills, the framework can help them plan their next move or consider the potential of their current role.

Leadership in education

An LME is a highly experienced, practising midwifery teacher who leads the development and delivery of midwifery education programmes. LMEs are identified by the NMC as a statutory requirement for every university providing midwifery education. They are based at and employed by approved education institutions for pre-registration midwifery, though the structure and responsibility of their roles differ from place to place. They are ultimately responsible for signing the health and character declaration for each student midwife (or those on 'return to practice' programmes) before registration with the NMC.

Kizzy Lynch, LME at the University of Lincoln

This was the first pre-registration midwifery programme in the area and, in 2016, I was privileged to write it in line with the NMC standards, then lead on the validation with the new standards. I worked with a great team and involved the practice partners and students from neighbouring universities from the start.

I'm a midwife first and I understand the duty of care, therefore I needed it to be of a very high standard. At one of the first validation events, the chair commented on how many people had turned up and I felt so proud.

This is my first role as an LME, and I feel passionate that we are teaching students confidence as well as competence. Practice has changed over the years and it is important to keep up to date in order to prepare them for what they will face. I do this through the latest research and evidence, but also by maintaining great relationships with practice partners through regular meetings. We have four

As a midwife, we advocate for women and families; as an educator, we advocate for our students

IMAGE: SHUTTERSTOCK

practice partners: United Lincolnshire Hospitals Trust, North Lincolnshire and Goole NHS Foundation Trust, Sherwood Forest Hospitals NHS Foundation Trust, and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

Feedback from the students themselves is an integral part of how the course is run. We hold theory sessions after each placement and these include reflective sessions so they keep a daily journal. The journal is personal and not submitted, but each student is expected to discuss one element of their experiences in a session. It's a safe environment to share with peers and get support, and it also helps us understand what they are really facing and, as educators, how we can help them navigate situations. As a midwife, we advocate for women and families; as an educator, we advocate for our students.

I think that's what leadership is – the ability to inspire and advocate for others. It isn't a role, but a way of thinking. As a midwife, it's how you advocate for a woman in labour, but it can also be how you behave in an obstetric emergency – you might be the most appropriate person to lead in that situation. It's important to understand too that you may lead one day and not the next because it's about inspiring and supporting those around you.

We encourage the students to explore what leadership means to them. For example, part of the course is to follow two women per year to see the care experience through their eyes. In the first year the students focus more on getting to know the women. By the second and third years, the students naturally start to do more planning of their care and advocating for them.

Lucie Warren, LME at Cardiff University

I've only been in the post for a year and inherited a great programme from Grace Thomas. I've been fortunate to make links with a network that I worked with on the Wales-wide Maternity Practice Assessment Document (MPAD).

We have two practice partners – Aneurin Bevan University Health Board and Cardiff and Vale University Health Board – that we work closely with. I have fortnightly meetings with HoMs at both on issues affecting the students, and then at a granular level with the clinical link lecturers, practice education facilitators (PEFs) and practice assessors. Midwives interested in education are encouraged to come in to the university for skills sessions because their experience is really valuable. It's all about collaboration, communication and providing great opportunities.

We have a network of support for the students too. Online 'cwtches' (Welsh for 'cuddle') allow the students to raise things with peers and the team, and the PEFs offer 'Caring for You' student sessions. We are aware of the challenges that our students may face in practice. The PEFs contact us if the students have witnessed an adverse incident while in practice so their personal tutor can offer one-to-one support. Students are encouraged to talk to their personal tutors if anything is bothering them and can escalate any concerns. I'll see these through and meet with the practice partners to resolve any issues. The students are our responsibility. We want them to have the best experience.

I came into midwifery as a mature student at Swansea University via the access route. Three years after qualification, I was awarded a fellowship to undertake a full-time PhD, while working as a midwife at weekends. I worked as a research associate with Professor Billie Hunter at Cardiff University, then I became a lecturer and now an LME. Career paths for midwifery are varied and there's plenty of opportunity.

Being a midwife is about facilitating empowerment and leadership – working with people, seeing their strengths and encouraging them to follow those. That's the leadership we can all show.

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Royal College of Midwives

A penny for your thoughts

Quilter's Graham Crossley and the RCM's Lynne Galvin discuss everything you ever wanted to know about pensions but were afraid to ask

Q: I'm struggling with my finances at the moment and I'm considering stopping paying into my NHS pension. Can I stop and come back to it later when things are less difficult?

A: Almost everyone has been feeling the pinch over the past year or so, with inflation reaching eye-watering levels and many people's bills putting a sizeable dent in salaries. It is understandable that you have been considering opting out of your NHS pension to free up some take-home pay, and you are not alone.

A Freedom of Information request from Quilter to the NHS Business Services Authority showed that 66,749 NHS pension members opted out due to affordability issues or other financial priorities.

Stopping pension contributions can have long-term implications for your retirement income, as well as immediate implications on your family's financial protection, so it's essential to weigh the short-term financial challenges against the potential impact on your future financial wellbeing.

Cost of your pension

The cost of membership of the NHS pension scheme ranges from 5.1% to 13.5% depending on your pensionable pay (see table).

Your contributions are deducted from gross pay before tax and therefore benefit from significant tax relief, so the real cost to a member is less than the headline figures. Here's the thing – if you opt out of the pension, then those contribution savings would be subject to tax, so you would not receive 100% of the contribution saving.

In addition, your employer contributes 20.68% of your pensionable pay. If you opted out, you would not ordinarily receive the employer contribution as extra income. Members who opt out can rejoin the scheme at any time, and they will automatically rejoin after three years due to autoenrollment.

So, to answer your question, opting out could increase your monthly take-home pay but you are effectively giving yourself a voluntary pay cut by opting out of valuable benefits that form a significant part of your total reward for working in the NHS.

Benefits of membership

Lynne says: "It makes sense to put some money away during your working life to give you an income in later life, when you want to work less or retire. We know that the cost-of-living crisis has led to many of you making some

IMAGE: SHUTTERSTOCK

PENSION CONTRIBUTIONS

Pensionable pay (tier thresholds increased from 1 April 2023)	Phase 1 Contribution rate from 1 October 2022 based on actual pensionable pay	Phase 2 Contribution rate based on actual pensionable pay
£0 to £13,246	5.1%	5.2%
£13,247 to £17,673	5.7%	6.5%
£17,674 to £24,022	6.1%	6.5%
£24,023 to £25,146	6.8%	6.5%
£25,147 to £29,635	7.7%	8.3%
£29,636 to £30,638	8.8%	8.3%
£30,639 to £45,996	9.8%	9.8%
£45,997 to £51,708	10%	10.7%
£51,709 to £58,972	11.6%	10.7%
£58,973 to £75,632	12.5%	12.5%
£75,633 and above	13.5%	12,5%

difficult decisions, but we also know that millions of people who are not in a pension scheme are not saving enough to give them the standard of living they hope for when they retire. If you leave the NHS Pension Scheme and do not save adequately for your future, you will have to either work longer or lower your expectations of what you will be able to afford in retirement.

"Although the contributions you make are a percentage of your monthly salary, the tax relief you get on those contributions means that some of your money that would have gone to the Government as tax goes into your pension instead. When you contribute, your employer also contributes – and these employer contributions are set to rise.

"The NHS Pension Scheme continues to be one of the most comprehensive and generous schemes within the UK. It gives you an income that is secure and ▶

guaranteed by the government, and provides valuable life assurance benefits in the case of ill health."

When you retire, you'll get a pension payable for life. This income is also index linked and currently increases by Consumer Price Index (CPI) each year, meaning that payments you receive are increased each year to help keep up with the rising cost of living. Changes from October 2022, have meant those working part-time will contribute less (because it's based on actual earnings rather than full-time equivalent earnings) but get the same pension benefit as before. This is because it is a defined benefit scheme (see right). Plus, recent changes mean that options are available for members to increase their benefits and retire flexibly to suit their own needs. You can choose to swap some of your annual pension for a one-off lump sum when you retire, and there are also options to let you plan when you take your pension – you do not have to wait until you are 67.

Opting out and early retirement

I've heard some members opt out of the NHS pension scheme because they don't want to work until 67 and they think there's no point contributing to a scheme that they can't access until then. But you can retire earlier than the normal pension age if you want to. The minimum pension age is 55 years old (50 years old in the 1995 scheme if you joined before 6 April 2006). The minimum pension age in the

PENSION SCHEMES EXPLAINED

There are two NHS Pension Schemes; the legacy 1995/2008 scheme and the reformed 2015 scheme. Many members will have built up benefits in both schemes. From 1 April 2022, all members of the NHS Pension Scheme will have become members of the 2015 scheme. The NHS pension is a defined benefit scheme, meaning that you build up rights to benefits based on factors such as salary and length of pensionable service. There is no 'pot of money' like you would have in a defined contribution pension scheme, such as a personal pension.

Legacy 2008 scheme

For each of year of pensionable service, you receive an annual pension based on 1/60th of your 'reckonable pay'. The reckonable pay is the best of the last three years of final pensionable salary. However, for the 2008 scheme, it is more complicated and provides an element of inflation protection. So, it is the average of the best consecutive three years of pensionable pay out of the final 10 years prior to retirement.

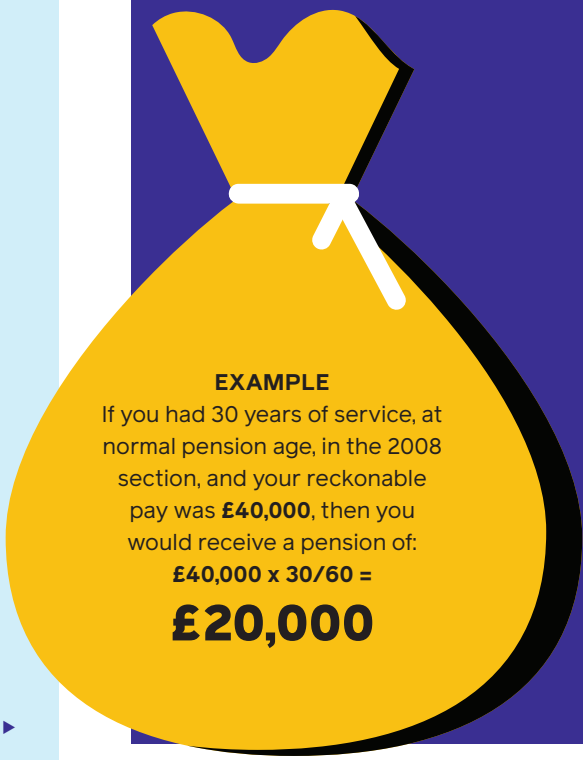
For example, if you had 30 years of service, at normal pension age, in the 2008 section, and your reckonable pay was £40,000, then you would receive a pension of: £40,000 x 30/60 = £20,000.

There is no automatic lump sum, but you can elect to give up £1 pension for £12 lump sum.

For those who moved across to the 2008 section from the 1995 section under the 'Pension Choices' exercise, you will need to take a mandatory lump sum, which is also obtained by reducing your pension by £1 for £12 of lump sum.

One thing to note is that any 'Pension Choices 2' members, who moved into the 2008 section from the 1995 section in 2015, will have the option to reverse that decision under the McCloud remedy. More details on that are to be issued by Government soon.

In the 1995/2008 scheme, benefits are based on pensionable pay on or near their retirement and not at the point they transitioned to the 2015 scheme, as long as the member has not had a break of five years or more in pensionable employment.



EXAMPLE

If you had 30 years of service, at normal pension age, in the 2008 section, and your reckonable pay was **£40,000**, then you would receive a pension of:

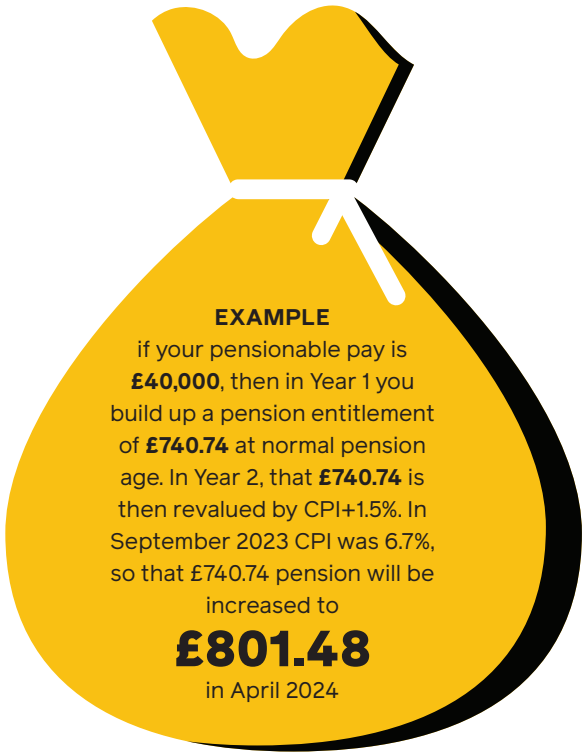
£40,000 x 30/60 =

£20,000

Reformed 2015 scheme

This is a Care Average Revalued Earnings (CARE) scheme. This means each year you build up a pension entitlement of 1/54th of your pensionable pay. The pension entitlement is then revalued by CPI + 1.5% each year, until you take your pension benefits. There is no automatic lump sum, but you can elect to give up £1 pension for £12 lump sum. The normal pension age for members of the 2015 Scheme is 65 or your State Pension Age, whichever is later.

For example, if your pensionable pay is £40,000, then in Year 1 you build up a pension entitlement of £740.74 at normal pension age. In Year 2, that £740.74 is then revalued by CPI+1.5%. In September 2023 CPI was 6.7%, so that £740.74 pension will be increased to £801.48 in April 2024.



Legacy 1995 scheme

You receive an annual pension based on 1/80th of your 'reckonable pay' for each year of pensionable service (the best of the last three years of final pensionable salary).

You also receive a tax-free lump sum of three times your pension. You can also elect to exchange £1 of pension to increase your lump sum by £12.

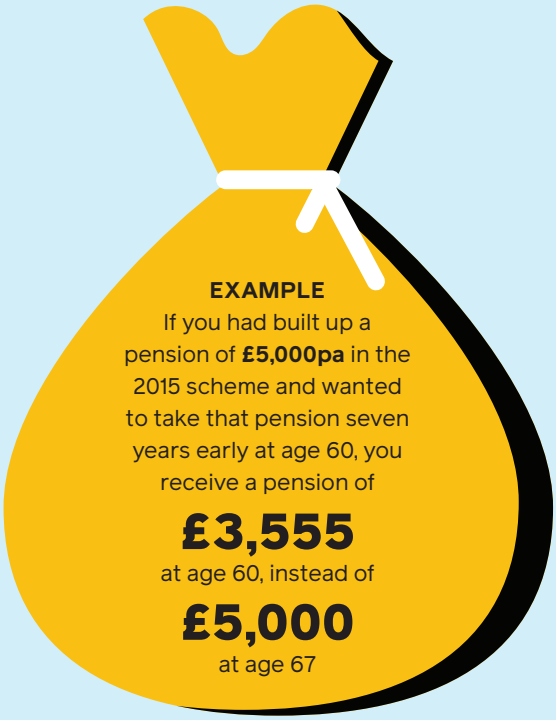
For example, if you had 30 years of service at normal pension age and your reckonable pay was £40,000, then you would receive a pension of: £40,000 x 30/80 = £15,000 and a lump sum of £45,000.

You could choose to give up £2,946 of pension to increase your lump sum by £35,352, giving you a revised pension of £12,054 and lump sum of £80,352.

The normal pension age for this is 60 years old and there are no late retirement factors for working past normal pension age. It's important to note that if you have already reached normal pension age (which can be 55 for those with special class status) then you should seriously consider taking your pension benefits as they are not ordinarily backdated, which means you could lose a great deal of money.

There are also options to let you plan when you take your pension

IMAGE: SHUTTERSTOCK



- 2015 scheme is increasing to 57 from April 2028.

If you retire earlier, your pension is simply reduced to reflect the fact that it's going to be paid over a longer period. For example, if you had built up a pension of £5,000 a year in the 2015 scheme and wanted to take that pension seven years early at age 60, you receive a pension of £3,555 at age 60, instead of £5,000 at age 67.

There is also something called 'special class status'. Those in post on or before 6 March 1995, who have not had a break in pensionable employment of any one period of five years or more, may have the right to retire from a normal pension at the age of 55 without a reduction to their pension. It is important to note that you must be an active member of the pension to benefit from special class status. Opting out can jeopardise this, particularly if you opt out for more than five years or forget to rejoin before taking your pension benefits.

Your plan to opt out also depends on how close you are to retirement because pension entitlement is only based on active service – in the 1995/2008 scheme (see *Pension schemes explained*) it's based on chunks of 365 days. For example, if your pensionable pay increased in your final year of employment, from £40,000 to £42,000, then this would need to be paid for 365 days to gain the full benefit to your pension.

In this example, if you had opted out for six months in the final year, you would have benefited from an extra £1,399.44 in your pay packet in total but missed out on £763.89 pension – per year – for life and a £1,125 tax-free lump sum. (This is based on six months of £42,000 and six months of £40,000, so you'd miss out on £375 pension per year and a lump sum of £1,125 in the 1995 scheme – as well as missing out on six months of £42,000 under the 2015 scheme, equating to £388.89.)

Please reconsider

Even if you aren't near retirement, opting out means you miss out on valuable protection for your family. There is a tax-free lump sum paid to your dependants in the event of your death (which is higher if you haven't opted out); plus there are two tiers of ill-health retirement (the benefits you get will depend on whether or not you are capable of undertaking employment elsewhere and if you are an active member of the NHS Pension Scheme).

If you are struggling to make ends meet, it is worth taking a good look at your finances to see if you can make some cutbacks instead of opting out of the NHS pension. Talking things through with Quilter or using Cavell's support to manage your budgets can help.

MORE INFO

This information has been provided by Quilter, the preferred financial services partner of the RCM. Speak to Quilter Financial Advisers for a free, no-obligation initial consultation to discuss your circumstances. Please call **08000 85 85 90** or email **QFAinfo@quilter.com**

IMAGE: SHUTTERSTOCK

New Year, new you

Resolutions contain hope for the future, but can often be abandoned as the year progresses. However, what if getting in control of your finances isn't just a dream?

Cavell is a small but mighty charity, able to offer support to maternity and nursing professionals thanks to donations from fundraisers, partners and sponsors. UK midwives and maternity support workers (MSWs), working and retired, can apply for aid when they're suffering personal or financial hardship due to illness, disability and, more often, the ongoing cost-of-living crisis.

The RCM pledged to support its members facing financial hardship and established a benevolent fund in the 1970s to provide a safety net. RCM members have always offered each other a helping hand when things are tough. The fund was founded as a way for maternity workers to raise funds and make them available to colleagues in need.

In 2021, the RCM partnered with Cavell to help the benevolent fund to do more, go further and support more midwives and MSWs going through tough times.

Entrusting Cavell with this funding is part of the RCM working together with the charity. The RCM has been supportive of Cavell's work for many years, and this collaboration has resulted

IMAGE: SHUTTERSTOCK

in faster and more effective responses to more midwives and MSWs when they needed it. From simple, essential support like money to repair a broken cooker, to vital life-changing aid such as helping a family flee their home due to domestic abuse, Cavell and the RCM benevolent fund are here to help.

Current climate

In the past few years, there has been a dramatic rise in the number of midwives and MSWs supported by Cavell, with a 185% increase in the amount of grants given to the profession in 2022 compared with 2021.

In 2022, the Cavell Support team also saw a 200% rise in those seeking help from the charity compared with 2021. There has been a notable rise in applications from working midwifery professionals, compared with those who are unemployed or retired. A significant contributory factor has been, and continues to be, the cost-of-living crisis.

The RCM has been very vocal about pay and conditions for its members and has been lobbying Government in all four countries to get its members the pay increases that they deserve. Despite some successes, members are still not being paid what they should be and are finding it difficult to make ends meet.

This is where Cavell can help – it isn't just for moments of crisis, or those times where there's no other option but to apply for an award and cross your fingers. Cavell can help before that crisis point so that you can get on with your day-to-day life and be less likely to find yourself needing a safety net.

Budgeting

Cavell offers a tailored package of support to everyone who gets in touch, as well as a variety of resources. On its support hub, you can find a benefits calculator, a budgeting tool and debt support.

Did you know that £10bn worth of benefits goes unclaimed each year in the UK? It seems worth checking that you aren't entitled to additional support. The calculator is free to use and anonymous. It takes 10 minutes to complete and will ask questions about existing benefits, income, pensions and savings (for you and your partner if you have one). It's been set up so that if for any reason you can't complete it there and then, you can come

HELPS YOU TO...

- Do your own research
- Maximise your benefits
- Manage your money
- Manage debt
- Make the most of your budget
- Apply for the benevolent fund
- Apply for other grants
- Get emotional support
- Get the help you need.

The budgeting tool on Cavell's support hub

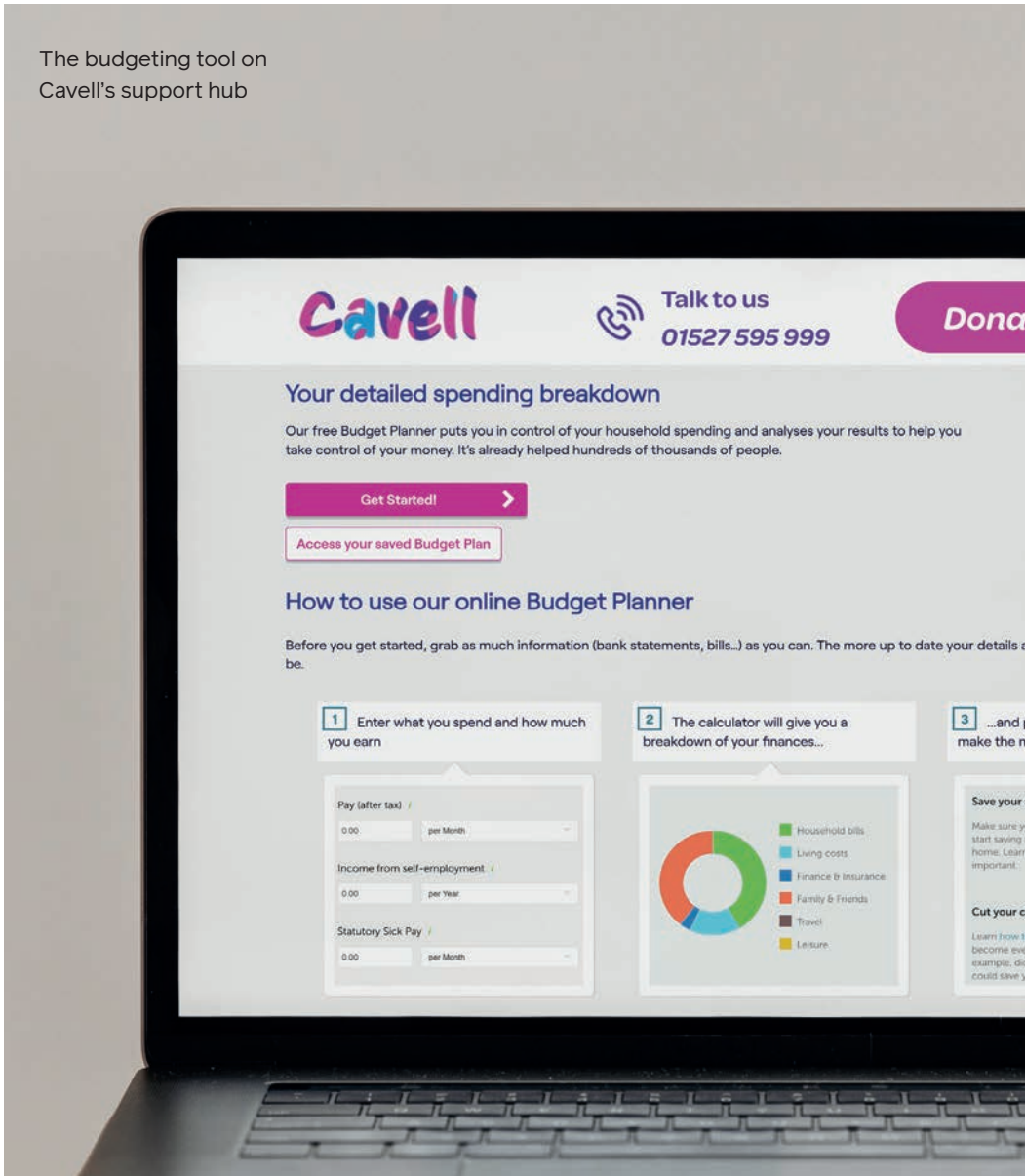
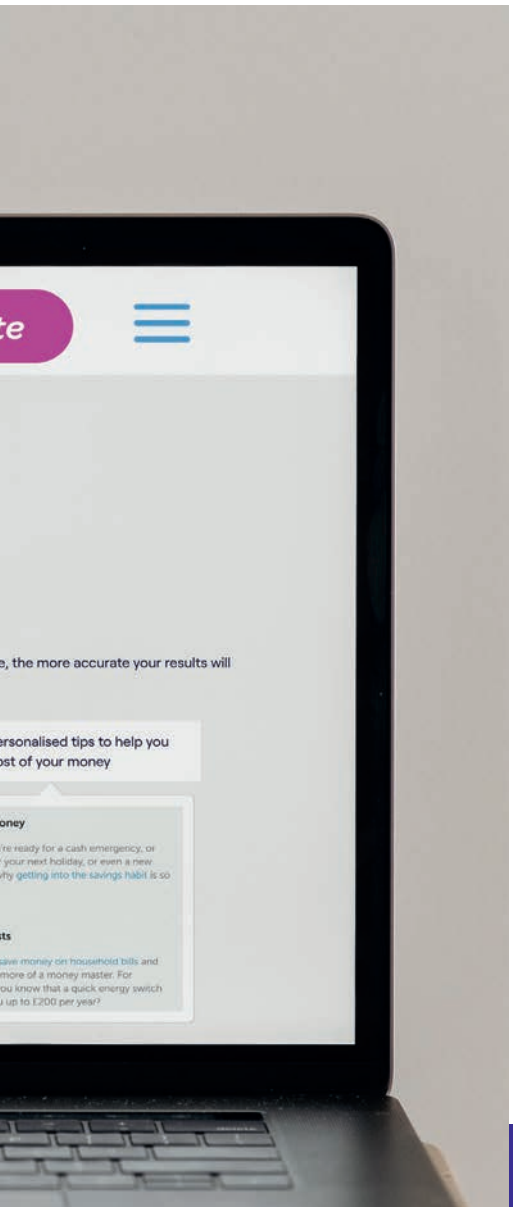


IMAGE: IKON

back to it later and it will have saved what you've done.

The budget planner (pictured) isn't as scary as it sounds. Again, it's a free tool that lets you put in what you earn and what you spend so you can see at a glance where all your money is going. Even if the largest portion of your money is going on household bills, an area that seems pretty inflexible to make changes, the planner can offer advice on where savings might be possible – for example, switching energy supplier or taking advantage of 'new customer' financial welcomes. The section



It's incredible to think that there are people who don't even know you but have got your back

'reducing your spending' at **bit.ly/payplan-financial-wellbeing** goes into more detail and will take you through how to do this.

The debt advice is again free and confidential; you can get support either online or via a phone call covering debt management, repayment plans, bailiffs and legal advice. It can help you get back on track and take the fear out of the future.

Emotional support

Cavell recognises that financial worries are a heavy emotional burden. It offers a directory of vital resources and well-known support centres for those experiencing poor mental health and emotional turmoil, from helplines to wellbeing apps, and advice on how to find a therapist or how to help someone else.

This emotional support to those in crisis sits alongside advice on maximising benefits and signposting to specialist services, one-off grants to quickly relieve financial hardship and emergency funding for those at great risk. The support hub is designed to empower those seeking help with the tools needed for a more manageable future, both financially and emotionally.

Kat's story

A cancer diagnosis at 43 turned midwife Kat's world upside down. During her chemotherapy treatment, Kat was unable to return to work and struggled financially as a single parent of two children. She applied to the RCM Benevolent Fund, administered by Cavell, and was able to access money to replace a broken washing machine, buy school uniforms for her children and pay outstanding bills.

"The help from Cavell and the RCM took the pressure off me worrying about how to pay for things and it let me worry about my treatment and recovery," she says.

Kat is grateful that there are colleagues donating to and fundraising for organisations such as Cavell and the RCM Benevolent Fund to help people in her situation: "In the NHS, you're all one family. It's incredible to think that there are people who don't even know you but have got your back."

Throughout the year, RCM branches across the UK will be involved in different fundraising activities for Cavell. To get involved in future events and support the charity that supports you and your colleagues going through tough times, speak to your RCM branch about signing up.

MORE INFO

Cavell Support Hub

For more about Cavell, visit cavell.org.uk or call **01527 595 999** to speak to the team directly

More bang for your budget

Alexandra Clark, registered nutritionist at Slimming World, advises how you can prepare quick and nutritious meals that won't break the bank

A recent survey from the UK's largest weight management organisation Slimming World has revealed that 51% of UK adults report they're finding it harder to make healthy food choices due to spiralling costs.

Higher prices mean planning budget-friendly meals for the week ahead can be difficult – and trying to make them healthy and balanced at the same time can add to this pressure.

Alex notes: "A healthy, balanced diet helps us perform at our best and stay energised throughout the day. We know though that the increasing cost of food is making it challenging to fill our baskets and trolleys with healthy choices.

"Slimming World's healthy eating plan, Food Optimising, is packed full of filling foods that you can eat freely to satisfy your appetite and won't push your budget, like fruit and veg (fresh or frozen), pasta and potatoes, lean meat and plant-based proteins. Basing meals around these foods is a great place to start when planning healthy, low-cost meals."

Slimming World members said cooking from scratch, batch cooking, freezing leftovers and bulking meals out with cheaper ingredients such as lentils and veg all helped them to keep their supermarket bills down too.

Why not try these healthy and delicious Slimming World recipes that won't cost a fortune?

INDIAN-SPICED FISH CURRY

Serves 4
Ready in 35 minutes

- Low-calorie cooking spray
- 2 onions, thinly sliced
- 1-2 tbsp mild curry powder (to taste)
- 2 x 400g cans chopped tomatoes
- A small pack fresh coriander, roughly chopped
- 500g skinless and boneless frozen white fish fillets, defrosted and cut into chunks
- 250g boiled rice, to serve

Spray a large, lidded casserole pan with low-calorie cooking spray and place over a medium heat. Add the onions, cover and cook for 8-10 minutes, stirring occasionally.

Sprinkle the curry powder over the onions and cook for 1-2 minutes, stirring. Stir in the tomatoes, half the coriander and 600ml boiling water, reduce the heat to low and simmer for 10 minutes, uncovered.

Lightly season the fish and chuck the chunks into the tomato sauce. Cover and simmer for 10 minutes or until the fish is cooked through.

Scatter over the remaining coriander and serve hot with the rice.

Tips:

Alex says:

"Frozen fish and meat can also save you money, as you can stock up without any worry about wastage."

BEETROOT BURGER WITH ROOT FRIES (VEGAN)

Serves 4
Ready in 45 minutes

- 5 large sweet potatoes, peeled
- Low-calorie cooking spray
- 4 large parsnips, peeled
- 2 level tbsp plain flour
- A small pack fresh mint, finely chopped
- 400g beetroot, peeled and coarsely grated

Preheat your oven to 200°C/fan 180°C/gas 6. Finely chop 1 sweet potato and cook in a saucepan of boiling water over a high heat for 8 minutes or until tender.

Meanwhile, cut the remaining sweet potatoes and the parsnips into fries and spread out in a single layer on a large baking tray (you might need 2 trays). Spray with low-calorie cooking spray, season lightly and cook in the oven for 30 minutes.

Drain the sweet potato and return to the pan for 30-40 seconds to drive off any excess moisture. Remove from the heat and mash then tip into a bowl and stir in the flour and mint.

Squeeze out any excess liquid from the grated beetroot using a clean cloth or lots of kitchen paper, add to the sweet potato mixture and mix well. Season, shape into 4 chunky burgers and arrange on a baking tray sprayed with low-calorie cooking spray.

Put the burger tray in the oven and cook for 20 minutes. Serve hot with the fries.

ASPARAGUS AND MUSHROOM PASTA

Serves 4
Ready in 25 minutes

- 500g asparagus spears, trimmed
- 500g dried tagliatelle pasta
- Low-calorie cooking spray
- 400g mushrooms, sliced if large
- 2 large garlic cloves, chopped
- 200g frozen peppers (any colours), defrosted and sliced

Cut off the asparagus tips and set aside. Roughly chop the stalks and cook in a saucepan of boiling water over a high heat for 6 minutes or until tender. Remove with a slotted spoon and put in a food processor with 150ml of the cooking liquid. Purée and keep warm.

Top up the pan with boiling water and cook the pasta according to the pack instructions, adding the asparagus tips 3 minutes before the end of the cooking time.

Meanwhile, spray a large non-stick frying pan with low-calorie cooking spray and place over a high heat. Add the mushrooms and fry for 3 minutes then reduce the heat to low, add the garlic and fry for a further minute.

Drain the pasta and asparagus tips and return to the pan. Stir in the peppers, mushrooms and asparagus sauce and serve in shallow bowls.

Tips:

If you can't get tagliatelle, spaghetti is a cheaper alternative and will work just as well with this recipe.

You can bulk this meal out with any other leftover vegetables you have in your fridge. Veg from the freezer is often better nutritionally than fresh, as it's frozen soon after picking – and it's generally cheaper.

Alex suggests looking out for prepped frozen onions, garlic, ginger, chillies and herbs too: *"These add bags of flavour to your meals and they won't go to waste if you buy something for a recipe and then don't need it again for a while."*

BEEF AND SWEETCORN KOFTAS

Serves 4
Ready in 40 minutes

- A small pack of fresh coriander, leaves and stalks roughly chopped
- 500g lean beef mince (5% fat or less)
- 2 tbsp tikka curry powder (or to taste)
- 2 carrots, peeled and coarsely grated
- 198g can sweetcorn, drained and dried
- 100g frozen sliced peppers, defrosted and chopped
- Low-calorie cooking spray
- 300g dried plain couscous

Preheat the oven to 200°C/fan 180°C/gas 6.

Put most of the coriander in a large bowl, reserving a few chopped leaves. Add the beef, curry powder, carrots, sweetcorn and a little seasoning. Mix well and divide the mixture into 24 equal-sized balls.

Arrange the koftas on a baking tray, spaced well apart, spray with low-calorie cooking spray and bake for 25-30 minutes or until cooked through and beginning to brown.

Meanwhile, make up the couscous according to pack instructions, without using oil or butter.

Divide everything between plates and scatter over the remaining coriander to serve.

Tips:

If you don't have tikka curry powder, any curry powder will work with this dish.

MEXICAN CHICKEN STEW

Serves 4
Ready in 45 minutes

- Low-calorie cooking spray
- 1-2 garlic cloves, peeled and chopped
- 12 skinless and boneless chicken thighs
- 1 large red onion, cut into wedges
- 3 peppers (any colours), deseeded and sliced
- 2 tsp smoked paprika or mild chilli powder
- 400g can chopped tomatoes
- 4 x toasted and sliced wholemeal pitta breads, to serve
- Mixed-leaf salad, to serve

Spray a deep, non-stick frying pan with low-calorie cooking spray and place over a high heat. Add the garlic and fry for 1 minute. Cut the chicken into large chunks and cook for 5-6 minutes or until browned on all sides.

Reduce the heat, add the onion, peppers and paprika or chilli powder and fry for 2-3 minutes.

Add the chopped tomatoes then half-fill the can with water and add that too. Season lightly and bring to the boil then cover, reduce the heat to low and simmer for 25 minutes or until the chicken is cooked through.

Serve hot with the pitta and salad.

Tips:

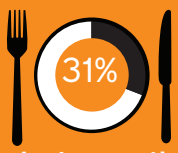
Did you know that a full freezer is more energy efficient than an empty one, as all the frozen foods keep it cool without the motor having to do so much work?

Write a freezer inventory and tick things off as you use them – it's a simple way to avoid picking up the same ingredients.

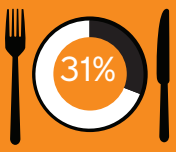
Number crunching

of UK adults who feel the financial crisis contributed to weight gain due to comfort eating convenience foods

felt they gained weight because they were buying cheaper, less nutritious food



say they're less motivated to eat healthily because of the cost-of-living crisis



said they prioritise the cost of food over how healthy it is

of Slimming World members now feel more in control when it comes to their food choices

All recipes are taken from Slimming World's Take 5 cookbook, available to buy in groups for £4.95/€7.95. Join your local Slimming World group or sign up online for even more recipes, guidance and support. To find your nearest group, visit slimmingworld.co.uk or call 0344 897 8000

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VITABIOTICS

***Nielsen GB ScanTrack** Total Coverage Value and Unit Retail Sales w/e 7 October 2023. To verify contact Vitabiotics Ltd, 1 Apsley Way, London, NW2 7HF. UK's No.1 pregnancy supplement brand.
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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Specialist midwife

Jane Howie won the RCM-sponsored Midwife Award at the 2023 Scottish Health Awards – here's why...

I qualified in 2002 and have been a midwife for more than 20 years, though I don't do intrapartum care any longer due the responsibilities of my role. I'm a Band 7 specialist midwife trained in safeguarding. I cover the south side of Glasgow, working in areas with high levels of deprivation. I have an office at New Victoria Hospital in Battlefield but I mostly go out to support families in the community who have had contact with social services. This may be for reasons such as drug addiction, domestic abuse or mental health concerns.

I've been with NHS Greater Glasgow and Clyde (GGC) for two years now, and before that I was at Forth Valley in a similar role. Forth Valley was an early adopter Health Board and I joined the safeguarding team, taking every training opportunity I could. I've always had an interest in helping people whose lives are complex or who have ended up somewhere they don't want to be.

I'm a determined person and will not give up on people

Best start

At GGC, my colleague Lisa Jarvis and I are six months into a 12-month trial as a way of delivering the Scottish Government's Best Start initiative. We strive to bring continuity to women who fall outside the normal parameters of care and who don't always engage with the service. We aim to have a maximum of 25 women in our care.

It's hard to convey quite what that involves, but some of the women don't have an address so I have to track them down through their friends and relatives, or sometimes just spot them as I'm driving around. I talk to them to see if I can persuade them to come in for an appointment or let me come to them. These are people whose lives are chaotic – they are either wary of any sort of authority or so used to no one caring that they can't believe anyone would want to help.

I work closely with outside agencies, social workers, addiction clinics and charities to provide food parcels and clothes, and try to get these women to a place of safety. Social workers are often viewed with mistrust because the women are on high alert that their baby will be taken off them. As a midwife I'm not viewed in the same way and I can offer a neutral place to meet with social workers in the clinic. Sometimes our interventions work and they turn their lives around – it's the greatest thing to see; sometimes they don't and the best outcome is for the baby not to go home with them. We always do what's best for baby and mother.

Sometimes it's soul-destroying but I'm a resilient person. I'm also a determined person and will not give up on people. I believe every pregnant woman deserves the best possible care and every baby deserves the best start in life. That said, I was shocked that that's why my social worker colleague Stephanie Steel nominated me for the Midwife Award. I'm gobsmacked to have won! I go to work to do the best I can and to get the best possible outcomes for those in my care. I'm just proud to be able to help.

IMAGE: SHUTTERSTOCK

Those who can, teach

Midwifery education is a crucial part of the workforce, but there are ongoing, widespread and significant issues regarding how it's being delivered, according to findings from the RCM

IMAGE: KATE DARKINS / RCM

Despite a rising number of students over recent years, the number of registered midwives working in universities has remained static, according to Freedom of Information (FOI) responses from 55 NMC-approved UK universities in 2023.

This is leading to inconsistent support in academic and clinical settings across the country and may mean there aren't enough experienced educators to adequately train students in the future.

In its *State of midwifery education 2023* report, the RCM calls for improvements to working conditions and pay for those in teaching roles to stem the growing exodus of experienced people leaving midwifery education. The FOIs show a continual decrease in seniority across midwifery educator roles due to more younger lecturers starting earlier on in their academic career pathway with limited postgraduate qualifications. There are also fewer registered midwives in the roles of professor, researcher and fellow, therefore fewer midwives who are able to influence research, policy and practice at national level and less midwife-led research.

Poor offering from academia

To attract and retain staff, universities must improve the progression opportunities available within their own midwifery academic workforce. In its report, the RCM calls on universities to offer competitive salaries and support professional development, with more joint training opportunities with the NHS to attract those with the best clinical experience and retain lecturers in education.

Another approach that will boost midwifery staffing levels is including experienced midwives in lecturer recruitment, despite them not having higher education experience or qualifications. Universities should consider creating opportunities for these staff to develop their skills and knowledge so they can be successful in a higher education setting.

The RCM's FOI responses show a huge disparity between Band 6 pay and that of lecturers – and the more experienced a midwife is, the greater the pay disparity. "Many midwives report that, to make the transition into academia, they're losing at least £2,000 in annual salary, sometimes more, if you take into consideration unsociable and on-call hours," says Fiona Gibb, RCM's director of professional midwifery. Therefore, if universities are going to recruit expertise, they need to introduce a competitive pay scale.

Left out in the cold

There is also a lack of recognition of the importance of the lead midwife for education (LME), who advocates for high standards in midwifery education. Designing and delivering a quality education programme that is fit for purpose and meets the needs of the future midwifery workforce requires a specialist level of expertise and entails a significant responsibility.

But only 59% of the universities that responded to the FOI say their LME sits on any form of strategic management

Universities must improve progression opportunities

PRACTICAL SOLUTION

A first-of-its-kind NHS England-funded project is about to launch across south-east England. It enables practitioners to gain the experience of teaching and supporting students in a university setting without requiring them to first leave their current job.

The project, managed by the University of Portsmouth, will offer around 80 positions across six integrated care boards across south-east England (Hampshire and Isle of Wight, Sussex and East Surrey, Surrey Heartlands, Frimley, Kent and Medway, and Buckinghamshire, Oxfordshire and Berkshire West).

It builds on a pilot undertaken in Portsmouth last year, for which three nurses from Queen Alexandra Hospital in Portsmouth were integrated into the academic team at the University of Portsmouth to support teaching one day a week. One of these nurses now has a permanent, fractional contract with the university.

The new, expanded project includes other professions, including midwives, as well as allied health professions. Participants may decide not to pursue a career in academia or may use it as a springboard to apply for more academic jobs or take up qualifications, such as PGCert or HEA Fellowship. One aim of the project is to catch some people who may have been considering leaving the profession.

The project's design also means that healthcare students are taught by practitioners who are currently working in practice.

group within the university. In addition, more than a quarter (27%) of LMEs were not asked to be involved in completing the FOI request, which demonstrates the lack of direct consultation with LMEs around strategic matters relating to midwifery.

This lack of midwifery representation at a senior level is creating a glass ceiling for LMEs and academic midwives who wish to progress into senior management roles in universities. The RCM report is calling for a midwife to sit at board level within educational settings.

The FOI findings also highlight that recruitment plans are often being developed in settings that don't reflect the diversity of staff, students and the people they care for. In particular, there is a lack of representation of those from global majorities.

IMAGE: KATE DARKINS / RCM

Concerns for students

There are also retention issues for students studying midwifery. The demand for midwifery programmes across the country outweighs the number of places. However, despite most midwifery degree courses being oversubscribed, many students are finding it hard to stay. In 2021/22, around 15% failed to complete their degree – but the reasons for this aren't fully known.

"The number of students has significantly increased, but retaining them is key," says Fiona. While the main reason for students leaving temporarily is usually related to ill health, those leaving permanently, according to data from universities, cite 'changing their mind' or 'other' as the reason. Fiona suggests that when students give the reason as 'other' it can be down to financial difficulties. "We know that students are expecting to graduate with phenomenal levels of debt," she says. "There is a financial aspect to why they leave, but often they don't want to disclose that. This is a huge hardship for students."

There are other reasons students may not finish their course, including a lack of proper and timely support. To help retain students, the RCM argues in the report, universities must ensure they're offering this. There's no current recommended staff-to-student ratio for midwifery education, but ideally ratios should be no greater than 1:19 to give students more time with their lecturers and mentors to ask questions.

If we don't have educators, we don't have midwives

Universities should offer protected time to allow academic and practice assessors to connect with students. Having a stronger partnership between academic and clinical learning environments could help to improve student retention. "The link between academia and practice is not always as strong as it could be," Fiona says. "We need a strong partnership to ensure the right support at the right time for students, and if either side has any concerns about an aspect of the curriculum or student learning, this needs addressing quickly before it becomes a major concern.

"We encourage people to work together – it's as much practices' responsibility as it is universities' to ensure courses are of high quality and are safe. We can't keep adding more students into the system if we don't have the right support to make sure they're successful on the programme," Fiona adds. "We have to get the right balance between retaining students we've got, rather than compounding the problem by adding more students into the system."

The state of education

The RCM has been carrying out FOIs looking into the state of midwifery education for 10 years. While this report focuses on this year's findings, it has been useful to compare and see trends from the past decade. As Fiona notes, these are not new and have been concerning midwifery educators for some time. The difference is that this is the first report that lays bare the issues and makes a case for change – something that has been very much welcomed by educators.

There are numerous calls on the UK and devolved governments to commit to boosting midwife numbers and to sustain the number of places at their current high level. However, this will not be successful if there is not the educational workforce and capacity to implement them.

"Education is a fantastic opportunity for midwives to educate the next generation – we're always looking at ways to encourage midwives to look at how they can work across different pillars of practice," Fiona says. The report makes this clear, suggesting changes that will help universities to recruit and retain educators, and this needs to be done with a sense of urgency.

As she concludes: "If we don't have educators, we don't have midwives."

MORE INFO

The *State of midwifery education 2023* report

Struggling to keep afloat

RCM's public affairs advisor Stuart Bonar takes a look at financial support for students

There are times in politics when something in the air suggests things may be about to change. Campaigners can spend years pushing an idea without success, then suddenly things move. Is that happening with financial support for healthcare students? Maybe, at least, in England. The issue is certainly coming up increasingly at Westminster.

On 21 November, final-year student midwife Tolu Solola appeared on a panel organised by the All-Party Parliamentary Group on Students. This is a cross-party group of members of both Houses of Parliament who are concerned about student welfare. They specifically wanted to speak to a student midwife about the financial challenges.

Today's students all get a raw deal financially, but it is worse for healthcare students. Student midwives and others juggle their studies alongside clinical placements, often holding down a job too. Tolu spoke to Parliamentarians about this, and she did so with the kind of personal experience that resonates with politicians. Among those listening was Labour shadow universities minister Matt Western MP, who will be a key person making decisions about this if Labour wins the next election.

Grim outlook

The panel discussion was in the same week as a Commons debate on financial support for healthcare students. Over the summer, the RCM had surveyed student midwives across the UK on this issue, and thanks to the 800 who responded, we were able to brief MPs using the latest information.

The picture is grim. Three-quarters of student midwives in England expect to graduate with debts of more than £40,000. Just 1% expect to leave with debts of less than £5,000. Almost half had a job, despite their time being so limited by studies and clinical placements. Nine out of 10 worry 'always' or 'often' about debt. Nine out of 10 know several people who have dropped out over money worries, with eight out of 10 worrying that they themselves will drop out for that reason.

Those findings are sobering, and while financial support needs to be stepped up

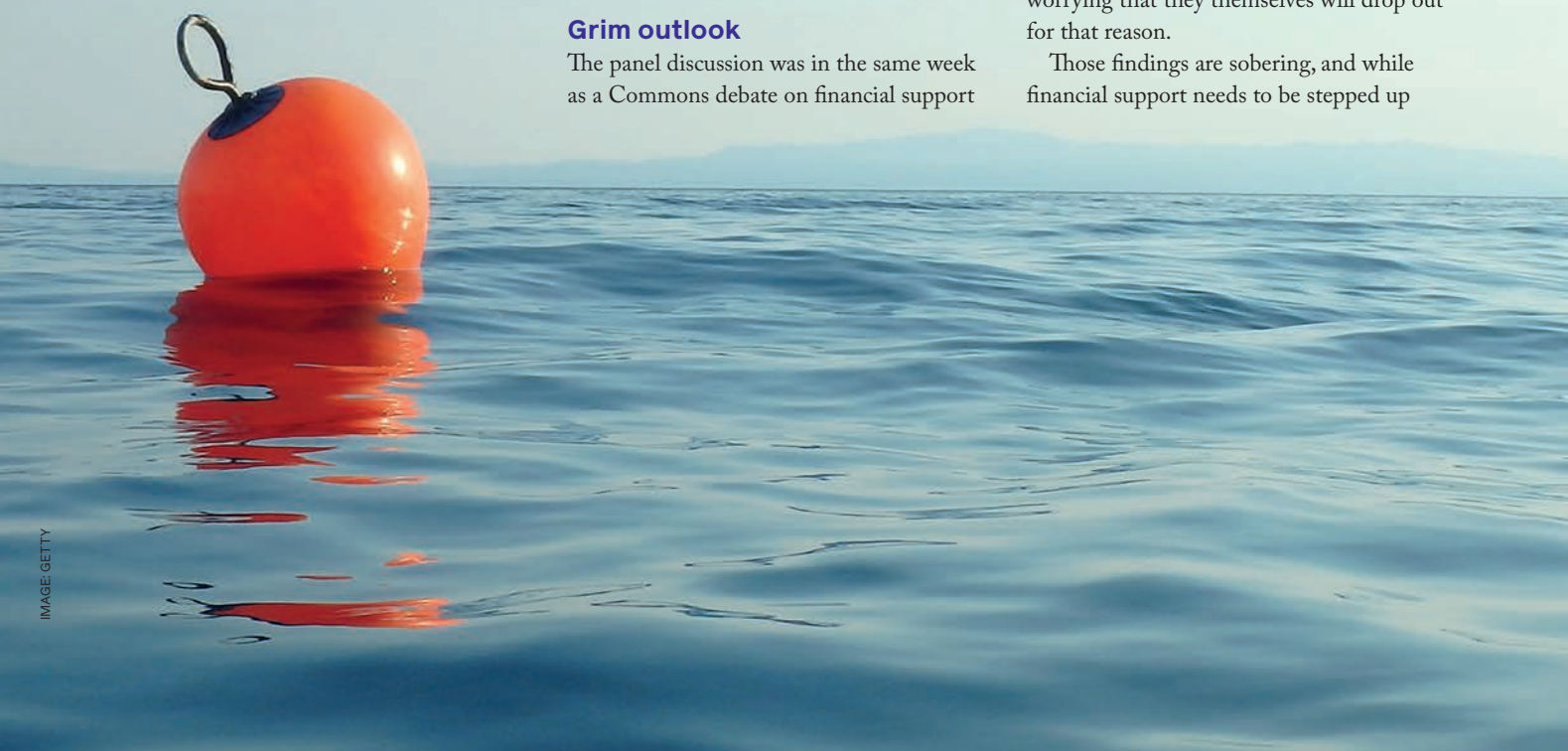


IMAGE: GETTY

across the entirety of the UK, the survey results for England are the worst of the four home nations. Westminster, of course, only has the power to effect change for students in England.

What the RCM wants to see and what it is pushing for is the scrapping of tuition fees in England, bringing it into line with Scotland, Wales and Northern Ireland. These fees are the reason England's newest midwives qualify with so much more debt than those elsewhere in the UK.

We also want to see a substantial uplift in financial support. This needs to happen UK-wide, with student midwives experiencing real hardship whether they live in Northern Ireland, Wales, Scotland or England.

These measures could be linked to students committing to work in the NHS for a period. That could make it more politically palatable and could even be helpful to new midwives, as it would have to be linked to the guarantee of a midwifery job post-qualification.

A version of this is already happening in Wales and the man who would be the new secretary of state in an incoming Labour Government, Wes Streeting MP, is reportedly considering such a link between better support and a commitment from students to work in the NHS.

There does indeed seem to be potential change in the air. Over the coming year, as the UK general election approaches, we need to make sure it doesn't fade away. The RCM will keep pushing on this issue to get the parties to promise – and, crucially, deliver – real, tangible change.

Nine out of 10 student midwives worry 'always' or 'often' about debt

TOLUWALASE SOLOLA

In November last year, I had the opportunity to be part of the panel with Paul Blomfield MP, Labour's shadow university minister, Katie Normington, vice chancellor of De Montfort University in Leicester, and three other students talking about the cost-of-living crisis.

The meeting included topics such as not being able to make the most of the university experience due to the pressures of increasing costs, and how students are often working multiple jobs just to keep up with expenses. It was a productive meeting with great contributions from other students and representatives in the audience, who highlighted the tough experiences that we're all facing in this current climate.

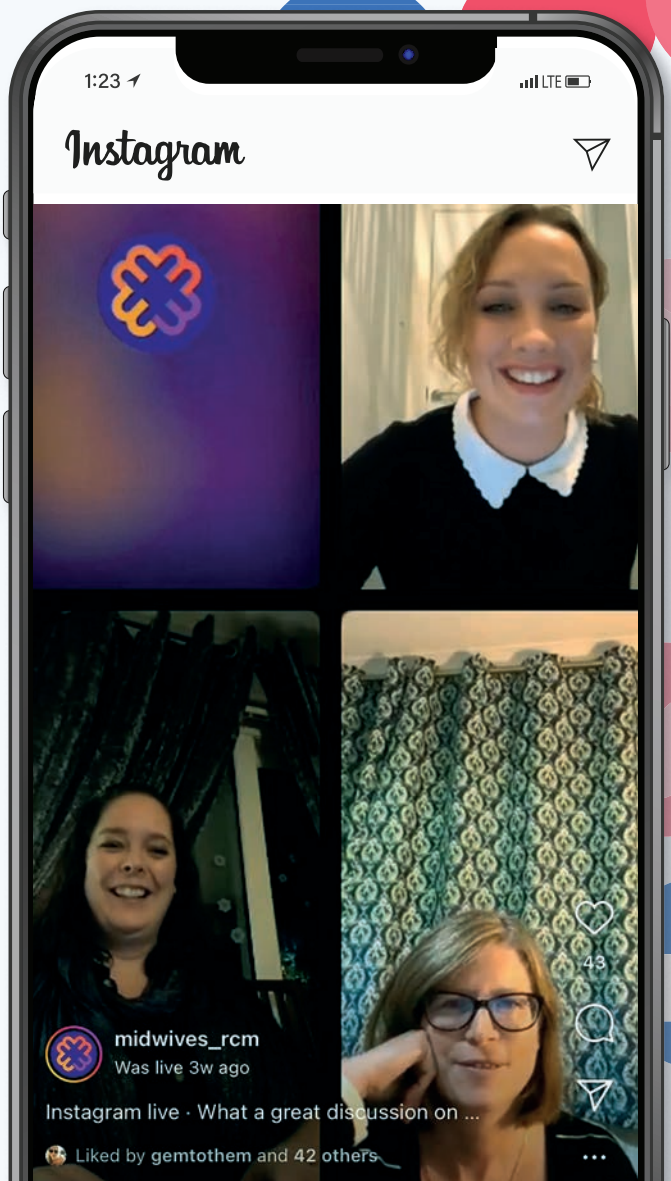
I considered what I would say by asking my fellow students in my cohort how they felt about working and studying at the same time. I had a mixed range of responses, which helped to shape how I would prepare for the meeting.

Speaking on the panel was insightful as it gave me the chance to listen to people from a vast range of backgrounds discussing their experience of the cost-of-living crisis. This included international students, who are barred from working more than a certain number of hours.

I wanted to do this as I feel passionate about students being given the proper chance to learn, rather than working and worrying. I understand the toll it can take when working long placement hours with additional jobs when you're trying to study at the same time. I hope that from the meeting, the Government can consider ways to better support student midwives so they don't have to resort to working several jobs while studying.

The IT crowd

RCM's Ruby Handley-Stone and Lydia O'Neill are the hosts with the most in a new Instagram Live series supporting students and those who want to become midwives



Are you at the beginning of your midwifery journey? Do you want to find out how to get onto a midwifery course and how to keep going? Consideration. Application. Motivation. Consolidation. These are the four milestones on the journey of a student midwife, and the key topics of the brand new Instagram Live series for members.

Led by RCM's Ruby Handley-Stone, professional advisor education, and supported by Lydia O'Neill, digital content creator, the Lives took place once a month from September through to December 2023. With more than 5,000 views and a reach of more than 11,000, the Lives have been a great way to reach

members and to share that first-hand experience of the student midwife journey.

Each month Ruby was joined by special guest speakers from the RCM membership, spanning those with experience in education and the workforce to student and newly qualified midwives (NQM). To keep the audience involved, Ruby and Lydia did a call-out on social media sharing the theme for that month and asking members to submit any questions they'd like answered by Ruby and the guest speaker. To increase accessibility, viewers could also submit any questions in the comments section during the discussion.

A career in midwifery?

The first of the sessions took place on 21 September 2023, when Ruby was joined by Leicester-based NQM Lisa Rollinson to discuss what to consider when you're contemplating a career in midwifery. Together they answered questions submitted by the RCM Instagram followers and Lisa shared her own experience of when she was first thinking of training to become a midwife.

In the 30-minute Live session, Lisa shared her motivations to become a midwife, the highs and lows of her midwifery programme, what clinical skills she learned during her training and tips she would give to those unsure of whether midwifery is the right career for them. The discussion also acknowledged pressures that the midwifery workforce face; something RCM chief executive Gill Walton had spoken about on ITV that day.

Ruby and Lisa reiterated the need for new, energetic, passionate and caring additions to the profession to fulfil the need for high-quality, safe maternity care. There was a buzz

The lives have been a great way to share that first-hand experience

in the audience, with more than 100 Live followers at one stage, including international engagement from Ecuador and Iran. This shows the wide scope of followers that the RCM has on social media.

Comments from attendees included:

"Great Live"

"Love this Live"

"I am a first-year student midwife and I wished that I had seen one of these before I started, really informative, thank you so much."

Applications, applications, applications

The second Live aired on 12 October 2023, and this time the team focused on applications to midwifery courses – that time when applicants are thinking about what the requirements are, how to tackle the personal statement and how to do well in the interview. The team proceeded to put on a great Q&A with special guest speakers Samantha Meegan from Birmingham University and Sian McLaughlin from Cardiff University to help inspire and assist potential applicants.

They covered topics including entry requirements and subject choices, personal statement writing, what to expect from open days, what work experience is required, advice for interviews and their top tips. With great pearls of wisdom, the speakers showed the support and enthusiasm that is out there for students and the educators who are willing them on to apply and succeed in such a fulfilling vocation.

IMAGE:SHUTTERSTOCK

Staying power

In the third session on 17 November 2023, Ruby was joined by NQM and RCM Award winner Rachel Brackpool, Nerys Kirtley (RCM Board member) and Sian. In this session, the focus was on motivation – how to stay motivated once enrolled on a midwifery course.

Acknowledging the challenges facing the workforce and student midwives today, the speakers shared their small but effective tips. Rachel told followers how the "traffic light system" works to help protect boundaries, and the importance of switching off and giving yourself a break to ensure an important energy reset. Rachel also shared how helpful it is to seek microaffirmations from ourselves and those around us. Sometimes it's hard to find compliments or appraisals, but students should feel supported to ask for feedback at any time.

Rachel talked about the importance of networking, which educators Nerys and Sian also touched upon. They commented that networking with fellow students through midwifery societies or via social media is important to "find your family" and your circle of support. Linking the midwifery society with the local branch can also widen that midwifery family and bring better support and connections in the workplace.

The speakers shared enthusiasm for events as another great way to refresh energy and feel inspired. Conferences like the RCM national conference are great places to broaden a student's understanding of midwifery and find out all the different specialisms and roles within midwifery. Sian reiterated that this doesn't end once you join the register, stating that she is still inspired every time she goes to a midwifery-focused conference or event.

Another way to remain passionate about the profession is to remember why you are doing it and who you are doing it for. Speakers advised students to keep hold of thank you cards from women and families, so they can look back on the difference they made that day and remind themselves how important their care was.

Nerys said: "Years can go by and you'll be in the train station. Someone will come up to you and remember you as the midwife who helped with their first birth and what a difference you made."

Ruby reminded everyone that the very fact they had logged on late on a Thursday evening to watch a Live session based on motivation is, in itself, a step towards being motivated. Followers were encouraged to commend themselves and remember that all midwives want to make a difference, even when they're unsure how to keep going.

The speakers ended the chat with their two top tips for staying motivated. Ruby said hers were to revisit thank you letters, cards or praise from colleagues, keeping them in a folder you can revisit. Her second top tip was to connect with those around you: "We're surrounded by passionate and strong individuals, and together we create an army of support."

Sian's top tips included not worrying about asking little questions of someone who's more experienced. Her second

tip was: "Look after yourself. It's very important to pace yourself. You're at the beginning of learning and you can't do it all at once. It will come."

Nerys stressed the importance of having a go-to person, whether that be your favourite midwife on placement, a lecturer or a peer. Like Sian, she reiterated that "no question is a silly question" and that no educator would turn away a student for asking. Her second top tip was to have a non-midwifery activity to engage in that makes you feel good. Find half an hour every day to have to yourself and do what you love. It was agreed during the discussion that we've got to look after ourselves and each other first in order to look after those in our care.

Consolidation

The last in the series of Instagram Lives for 2023 was held on 14 December 2023. Ruby was joined by RCM head of education Heather Bower and they discussed how students bring together everything they've learned. They covered making the leap from being a student to being an NQM, what a preceptorship period is, areas that are most daunting to NQMs and how to find support to overcome challenges in clinical practice.

The RCM is working with NQMs and early career midwives to improve the member benefits offered. This includes a guide through preceptorship and how to find support along the way with a bespoke online networking portal via RCM i-learn. Here, NQMs and early career midwives in their first three years can chat online with others. It's a great networking opportunity to find your tribe and the new members of your midwifery family. The new year will bring new and innovative RCM resources and events dedicated to those at the beginning of their career.

All of the Instagram Live sessions are available to watch and download via the RCM Instagram page. Give us a follow and we look forward to seeing you in more Live series to come this year.

MORE INFO
Follow us on Instagram here:
@midwives_rcm

IMAGES: SHUTTERSTOCK

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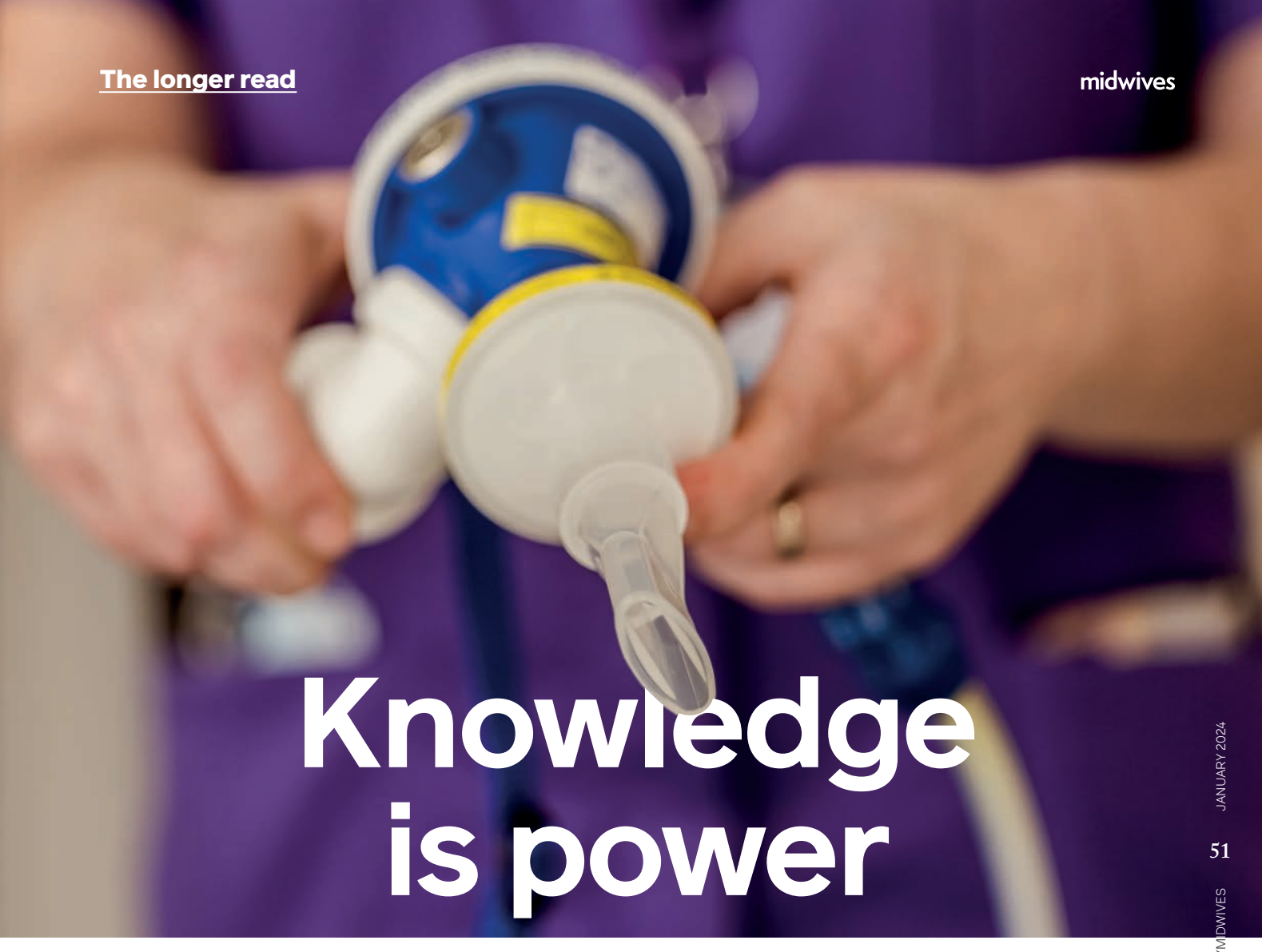

Knowledge is power

RCM workplace representatives have escalated investigations into the dangers of Entonox and are leading the charge for the health and safety of colleagues

Entonox is a 50% nitrous oxide gas commonly used as pain relief during birth. There are, however, historical issues with it because exposure (more than eight hours at a time) can inhibit the uptake of Vitamin B12, affect the neurological and nerve systems and has links to infertility and miscarriage. Obviously for midwives, more than eight-hour exposure can easily occur when supporting women in labour moving from one room to another during the 12-hour shifts. That's why levels should be monitored and there should be adequate ventilation systems.

NHS England has repeatedly asked for assurance that levels are being monitored; the RCM too wrote to 130 Trusts requesting this assurance. Since the Health and Safety Executive (HSE) cannot act unless there is evidence, RCM reps have stepped up, raising awareness and keeping up the pressure to ensure everyone's safety.

A national issue

Kate Griffiths, Better Births lead midwife and RCM representative at an Essex hospital, was brought a report by another member that showed there were issues with exposure to Entonox in the labour ward. She escalated concerns about the levels recorded to her staff side chair and then they both took it to the senior executive team.

"The Trust managed it as a critical incident from that point onwards," she says. As the report had been filed on the hospital's intranet, the hospital also commissioned an external investigation in October 2022 with the Good Governance Institute to investigate how it had existed but not been actioned.

Moreover, because of the levels that were found, it was escalated to the HSE and led to further testing around the country. "That's when they found other

IMAGE: KATE DARKINS / RCM

hospitals that weren't safe either. At one point, there were four hospitals around the UK that withdrew Entonox for this reason."

Kate's hospital also withdrew Entonox for several months, contacting all women who were due to give birth and offering them other options: to give birth at one of the other sites in the Trust; to give birth at home where they could still use Entonox; hypnobirthing; and water births using a wireless CTG (foetal heart rate monitor).

"Since December 2022, we have had fixed scavenger units in each room. They retest frequently to make sure that all rooms are fully compliant," says Kate. "There is a lot in place to keep the staff safe now."

Raising awareness

RCM health & safety representative Lynn Jones of the Powys Teaching Health Board has developed the Entonox risk assessment for maternity in her Board as per the Control of Substances Hazardous to Health (COSHH) regulations.

Powys is unique in that covers a large geographical area and does not have a district general hospital; it therefore has no obstetricians and no neonatal unit, Lynn explains. There are eight hospitals across Powys, six of which have birth centres caring for approximately 200-300 labouring women per year. When Lynn became the health, safety and wellbeing representative in February 2023, there was nothing in place for Entonox. She has undertaken site risk assessments for all the locations looking at storage, manual handling and site use. "This is a hot topic nationally. So I was given quite a bit of time to make sure that we are working towards being compliant and that we are doing what we can. I've liaised with the HSE and attended the RCM health and safety Entonox event in Milton Keynes.

"Powys maternity services are working closely with the Health Board estates, health and safety department and medicines management department to ensure that all issues have been considered. Estates are currently assessing the ventilation within each room where Entonox is used in the birth centres. This assessment is obviously not possible within the home setting where a large proportion of our births take place. We've been collecting data on a monthly basis to look at what our exposure risks actually are and how often people are exposed, because we believe that we have quite a low exposure rate in Powys but we need the evidence to support our belief."

Personal monitoring will be the next phase, she says, along with midwives redoing their medical gases training. "We've got a lot of data on what exposure is for our staff but what we need now is the personal monitoring to support that data to confirm if we are low risk and to consider what, if any, further action is required."

Champion in Wales

Rebecca Clement, midwife with Aneurin Bevan University Health Board and local safety champion (maternity) at the NHS Wales Executive, sought funding for research

RCM ACTIONS

- Making a formal referral to the HSE, the government body that can prosecute organisations for failures in keeping staff safe
- Letters to every NHS CEO setting out the issues and requesting assurance that they have safe levels of Entonox in their units
- Follow-up on all responses by activists and representatives across the UK
- Assisting with personal injury claims for health damages caused by overexposure to Entonox
- Giving talks at national health and safety events to raise awareness
- Ensuring the issue is prioritised on the agenda of NHS staff trade unions
- Creating an Entonox hub on the RCM website.

The successful work to mitigate Entonox pollution is just one of the examples of how RCM representatives support colleagues in their workplaces. If you'd like to do the same, you can find out more via the QR code below.

IMAGE: ALAMY

The response from our senior team and the health and safety team has been really positive

into mitigation of Entonox and monitored the use of the mobile destruction unit (MDU). This unit breaks Entonox down into harmless nitrogen and oxygen. Her structured service evaluation 'Ambient nitrous oxide parts per million in a birthing room with and without MDU using a nitrous oxide detector' began in June 2023 at the Grange University Hospital's birth centre.

"The nitrous oxide detector gave us a reading every 15 minutes of how much nitrous oxide was in the air just around that detector," says Rebecca. "Our maximum parts per million recorded ranged from 78 parts per million up to about 700 parts per million for one labour."

Then the mobile destruction unit was brought into the room and women were encouraged to breathe back into the tubing. In 12 out of 18 labours, there was no Entonox measured in the room at any time, and for the other six the highest point was 151 parts per million. "When the women reached a stage where they were vocalising quite a lot, that made it more difficult to blow back into the tube and that's where we were getting occasional peaks. It might be a good idea to start offering face masks rather than mouthpieces."

The staff on the labour ward have been trained to use the unit, as it can be moved from room to room wherever someone is using Entonox. The supplier has estimated that the maternity unit needs eight MDUs based on the number of births. Rebecca and her colleagues prepared a business case and explored funding opportunities. When the news started breaking nationally about Entonox exposure and some units were withdrawing Entonox from analgesia options, swift action was taken and funding was agreed.

Rebecca says: "The response from our senior team and the health and safety team has been really positive. The health and safety team are looking to update our internal risk assessment. And we're looking at doing personal exposure monitoring to really understand what midwives are exposed to when we're in the rooms."

Rebecca has shared this with the RCM health and safety reps in Wales to highlight what the MDU machine can do in the hope it will benefit others. "When you look at it from an environmental perspective, it is significant amounts of Entonox that we're letting out into the atmosphere. Entonox has got 300 times the global warming potential of carbon dioxide and it hangs around in the environment for 115 years. So what we do today is still going to be affecting the environment when our great grandchildren have children."

Future facing

The climate emergency issue with Entonox is significant. *NHS Scotland's Climate Emergency and Sustainability* annual report covers the use of nitrous oxide and measures to phase it out. "The gases that are used for anaesthetics and pain relief are potent greenhouse gases," it says.

A national programme of work was established in 2021-22 with the aim of supporting further reduction in nitrous oxide emissions. NHS Scotland aims to ensure that Entonox is available for pain relief during labour while also minimising the gas that escapes to the atmosphere. In NHS Scotland, emissions from piped nitrous oxide over the period 2018-19 to 2021-22 have fallen by 29.9%.

Thanks to these champions, the work to mitigate nitrous oxide pollution is progressing far faster than it would have done, working towards workplace safety. It's a reason to celebrate their efforts to inform and protect colleagues.

YOUR BREASTS DURING AND AFTER PREGNANCY

To find out more and download the resource. Or email health@coppafeel.org.

SCAN HERE

BREAST CANCER IS REPORTED IN 1 IN EVERY 3000 PREGNANCIES.

Which means that around 200 people a year in the UK will be diagnosed with breast cancer during pregnancy, or up to a year after having their baby.[1]

CoppaFeel!, the UK's first and only breast cancer awareness charity for young people, are on a mission to ensure that all breast cancers are diagnosed as early as possible. Breast cancer is the most common cancer in the UK and yet a quarter of young people aren't aware they could be affected.

Whilst pregnancy-associated breast cancer (PABC) is rare, women who are diagnosed with breast cancer whilst pregnant are 2x more likely to be diagnosed at stage 4 than women in the general population[2], so it's incredibly important for expectant and new parents to continue to regularly check their chests during and soon after pregnancy.

CoppaFeel!'s pregnancy resource aims to educate and remind pregnant people to continue checking their chests regularly, as well as supporting midwives to encourage the people they support to be breast aware and seek medical advice should they be concerned by chest changes during, or soon after, pregnancy.

During this time, natural changes can occur to the breast tissue including engorgement, tenderness, discomfort, nipple discharge and breast lumps, therefore, knowing what your chest usually looks and feels like, will help people to understand when they should seek medical advice.

This resource was developed in collaboration with Tommy's Pregnancy hub.

1 Statistics from CoppaFeel! - 'Your Breasts During and After Pregnancy, An Information Booklet from CoppaFeel!' 2022
2 Statistics from Public Health England Report – 'Cancer Before, During and After Pregnancy', National Cancer Registration and Analysis Service, June 2018.

COMMUNICATION CORNER

How do I... support informed decision making?

Caring for women whose birth choices fall outside guidance can feel daunting, but here's how to find the balance between managing perceived risk and advocating for women

Guidelines are a set of recommendations for care based on the trade-off between benefits and harm from the available evidence; some are made with more certainty than others, based on the quality of the underpinning evidence. As midwives, you have a unique role: as well as being key advocates of women's choices, you have expert understanding of the guidelines and can use them to support those choices.

So how does that translate into practice? It's about having an active conversation to enable the woman or birthing person in your care to make an informed decision. This means listening to their hopes, beliefs and values and suggesting the care, management and support options available to meet those, as well as discussing the potential associated risks, benefits and consequences of those options. It is vital to remember that women have human rights to bodily autonomy and maternal decisions should be respected.

If you experience personal conflict between your duty of care and the woman's wishes, particularly where they fall outside best practice guidance, or if there are social and medical complexities, seek input and support from senior midwifery clinicians and members of the multidisciplinary team. They can advise you on discussing professional concerns sensitively while still providing care that is compassionate and considerate of the women's wishes.

As a midwife, you are a key advocate and facilitator of women's choices

Informed decision-making involves:

- listening
- carrying out a personalised and holistic risk assessment
- considering if the woman requires interpretation services or has social complexities/ vulnerabilities that may require an advocate to be present
- taking into consideration what the individual wants to know, rather than what you think they should be aware of
- presenting the best available evidence in an accessible way
- understanding that the final decision rests with the woman in your care
- a collaborative process to draw up the personalised care and support plan (PCSP)
- ensuring the PCSP includes the decisions made by the woman about her care and what support will be made available to enable those choices as well as contingencies in line with the woman's preferences and values.

Guidance is there to assist decision-making, not persuade or coerce maternal decisions. Both short- and long-term unintended consequences can result from women not being listened to and not being able to have the time and information necessary to make an informed decision about their care. As a midwife, you are a key advocate and facilitator of women's choices.

IMAGE: GETTY

MORE INFO
Download RCM Care Outside Guidance

You'll never walk alone

National Museums Liverpool has created a support network for new families that promotes bonding, reduces isolation and inspires wonder and joy

National Museums Liverpool (NML) is a group of seven museums and galleries – World Museum, Museum of Liverpool, Maritime Museum, International Slavery Museum, Walker Art Gallery, Lady Lever Art Gallery and Sudley House – that has a varied offering for babies and children under five and their families. This includes a partnership with Liverpool Women's Hospital that helps support pregnant women and new parents using the galleries and museums to network, relax, improve mental health and improve breastfeeding.

Welcoming all

NML's approach has been inspired by 'Improving Me', the NHS Cheshire and Merseyside Women's Health and Maternity Programme. Both organisations have been working together on Baby Week since 2020 (Baby Week is an annual early years event each November). Improving Me has an innovative, creative health programme led by Jo Ward, which has been aligned with the strategic development of social prescribing through NHS England. What that means in simple terms is that it's a way to connect people to activities, groups and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing. In the perinatal period where both parents can experience poor mental health, this can be lifesaving.

The programme has a strong perinatal mental health element. Families can have a break from the home environment and swap it for one with inspiring works of art that lift the spirits. Moreover, for free or low cost, they can join fun activities with their babies and other families, which not only promotes bonding but also reduces isolation.

Many of the spaces at the museums and galleries have been designed specifically with families in mind. 'Little Liverpool' is a dedicated early years gallery at the Museum of Liverpool, co-produced with children under five. In this space there are dedicated sessions for babies, as well as events and activities for children up to the age of six. The World Museum hosts 'Tiddlers', which are creative play sessions for babies and toddlers by the aquarium, as well as 'Mini-gazers', which are baby-friendly Planetarium sessions. The 'Big Art' space at the Walker Art Gallery offers regular creative and sensory play activities, while the main galleries are used for events such as 'Babbling Babies', which take place among the artworks.

IMAGES: ISTOCK

What is key here is that the programme of baby activities throughout the year enables individual parents, carers and perinatal care groups to enjoy supportive activities in a welcoming space.

Health equity

The initiative has allowed space to work differently, with a focus on health creation and health justice. Museum events such as *Medicine, mistrust and making change: Black health then and now* show how NML is actively involved in working with community health partners, hospitals and higher education partners to support initiatives that help health equity across communities. Maternal and perinatal health and wellbeing are very much a part of this programme. In addition, there is outreach for specific local groups who may struggle to access the venues for any reason, as well as bespoke sessions for refugee groups.

The NHS focus on early engagement and addressing multiple disadvantages sits perfectly with NML's own commitment to diversifying audiences and extending access. Alongside the events, the focus is on ensuring the museums and galleries are as welcoming as possible for families. All venues are free to enter and provide warm, safe and nurturing spaces that belong to communities. In partnership with local support services, baby feeding guidance is given to museum staff to give visitors positive breast- and bottle-feeding experiences, as well as providing changing facilities and accessible level access for buggies.

It's a way to connect people to activities, groups and services in their community

As a testament to this, at any given point more than 200 babies can be in the various playgroups throughout the museums. During Baby Week 2022, some parents attended multiple sessions every day of the week across the venues.

NML's aim is to support families during the early years stage by offering a form of respite during what can be a challenging time. By attending one of the free or low-cost activities, parents, carers and perinatal care groups can not only enjoy a trip out with their baby, but also support their child's development and meet other parents and families to boost their wellbeing.

FURTHER READING

liverpoolmuseums.org.uk/whatson

Medicine, mistrust and making change: Black health then and now **bit.ly/Liverpool-Museums-Black-health**

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Midwives Jobs is the official jobs board for the Royal College of Midwives

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MSW all-stars

MSWs – we see you! We're celebrating those who take the lead, going above and beyond in their care to families and their support to colleagues and those who are being proactive in their education and training. Here are some great examples of why MSWs are maternity superstars

Dana Loney
LEAD MIDWIFE EDUCATION, NWLH, NORTHWICK PARK HOSPITAL

Maternity support workers (MSWs) can and do play a key role in the delivery of safe and personalised care for women and their babies. To ensure that our MSWs have the right knowledge, skills, education and training opportunities, we've put the following support in place:

IMAGE: SHUTTERSTOCK

- A practice development lead midwife to ensure that all our MSW training and learning needs are benchmarked against the Maternity Support Worker Competency, Education and Career Development Framework produced by Health Education England
- An MSW associate educator at Band 4, developing programmes specifically for MSWs, teaching/supporting on a daily basis, facilitating the MSW forum, developing an improved orientation programme for new starters and developing bespoke sessions on our midwifery mandatory training programme
- That MSWs are able to access the apprenticeship programmes of their choice and have developed the confidence and skills to move to different specialities. This includes completion of the care certificates and appropriate levels of maths and English. We have also received funding for the Registered Midwife Degree Apprenticeship.

While we're keen to highlight the good practice we have in place, we're also enthusiastic about making sure our MSWs have their voices heard through a monthly MSW forum with all invited (done both online and face to face). The agenda includes wellbeing sessions, updates and sharing good experiences.

And we celebrate our MSWs – the education team quarterly newsletter features the work of our MSWs alongside the national MSW Celebration Day with gifts and certificates. We do all this as we recognise the incredible work of the MSWs and want to ensure that they have every opportunity to realise the potential of their roles and give the best possible care.

Emma Lesley

MSW, LEWISHAM AND GREENWICH NHS TRUST

I worked for the Department of Work and Pensions' Job Centre for 10 years, supporting people on their life path with employment and careers while administering their benefits. I'm empathic and good at reading people and their situation. I noticed that sometimes a person's attachment to their parents was lacking and it was detrimental in their life, contributing to poor health, poor mental health and crime. I believe the attachment between a woman and her newborn baby contributes positively to nurturing a child's development, so applied to work in maternity.

I work in an MSW clinic postnatally. My role is to give postnatal care and guidance and, at times, address the root of why the family may be in poverty or need safeguarding. I noticed my appointments were lasting longer than the half hour allocated. I found that while mothers and their families were trying to bond with their babies, there were stressful situations at home – for example, debt, not enough food, housing problems or no provision for babies to sleep in a safe environment. There were areas where people needed that extra support and, when it was expressed in appointments, I naturally provided it.

Our maternity teams are great and I love the fact we nurture each other too. My favourite part of the job is to meet birthing people and their families. Sometimes they can come in needing a hug or to be praised for how they're feeding. It's important to just make that extra time and effort.

It's an absolute pleasure to experience people's growth first-hand and how they're embracing this change in their life. It's a massive transition when you have a baby and we just want to bring a solution to the inequalities that they may be experiencing.

These inequalities can be income-based, with some living beneath the breadline and not having knowledge of what's available to them. My original experience at the Job Centre and my interest in finding ways to improve postnatal care means I can help, which I love and makes my job so rewarding.

Emma won Race Matters Unsung Hero, Maternity Support Worker, at the 2023 RCM Awards

Michala Richardson
MSW BIRMINGHAM WOMEN'S AND CHILDREN'S HOSPITAL

The most satisfying part of the job is seeing all the family's faces when the baby is born. In fact, this morning we were at a homebirth and everybody was beaming from ear to ear. It doesn't always go like that, but you know, as a mother, when you've just brought new life into the world, this is the starting point for you. Having a positive birth experience helps to build a positive foundation for you and your family. Being able to be a part of that is just lovely. I work with such a fantastic team, the homebirth team, and we're all very like-minded and encourage each other when times are tough.

I initially qualified as a Band 3, but if you look at the RCM roles and responsibilities, being that second birth attendant on call warranted Band 4. So I liaised with the homebirth team, gathered information from various sources and then put the case forward to management, constantly liaising with the management team for updates and then relaying back to the team. That's how I got my Band 4.

With my team, I've completed a level 5 foundation degree in health and social care on the maternity pathway. You must have this qualification to be in the homebirth team, to be able to support any obstetric emergencies at home, alongside the midwife, and be able to do neonatal resuscitation competently and with confidence.

We're constantly up to date with mandatory training and are always looking for ways to try to promote and develop the role a little bit further. We've completed biomechanics training, aromatherapy and massage.

I'm a feeding champion for the homebirth team and my enthusiasm for this probably rubs off a bit. Community teams will call on me to go and see women whose babies have had bigger weight loss or who are struggling with feeding. I can go in and give that support and confidence to move on and help the baby gain weight. The more support I can provide, the less likely it is that the baby's going to be readmitted to hospital for weight loss or jaundice.

I always wanted to be a midwife and/or always wanted to work with babies. I absolutely love my role supporting homebirths, feeding and the wellbeing of both baby and the family, and I wouldn't change it. It's a complete change from my previous jobs in admin and finance!

Michala won Maternity Support Worker of the Year at the 2023 RCM Awards

IMAGES: SHUTTERSTOCK

Anne Allen
MSW AT WRIGHTINGTON,
WIGAN AND LEIGH NHS FOUNDATION TRUST

I have been a support worker for 37 years in different care settings – I joined maternity in 1995. I work alongside support agencies including social services, mental health teams and probation services. There are also agencies that I can refer to for support – for example, charities for baby clothes, equipment and food parcels.

There is high deprivation in Wigan. Families are struggling. Most of our clients have complex needs: they might have mental health issues, safeguarding issues, be suffering domestic abuse and/or be misusing substances. They sometimes find it hard to engage with services and to attend appointments. We provide one-to-one care: they have an allocated midwife and an allocated MSW to provide continuity.

There is always support; people shouldn't struggle. I'm in a fortunate position to be able to support our families. I feel that I am a helpful person – a problem-solver.

Today, I am in a Start Well Centre to deliver a practical parenting session. Attending the centre demonstrates family engagement, rather than us visiting them in their homes all the time.

In the session, I will be discussing the safest place for a baby to sleep, talking about the hazards and protective factors. During the sessions, I focus a lot on bonding and attachment and building a loving relationship with your baby. It doesn't always come naturally to people; they can sometimes struggle to bond with their baby, sometimes because of what is going on in their lives or how they have been parented themselves.

It's important to make people feel that they matter; the team and I have a non-judgemental approach.

If our clients have a problem, we don't just try and solve it for them. We ask them: "How can you resolve it yourself?" For example, if they miss their scan appointment, which was in the morning, some clients have difficulty getting up early. To solve this, we would ask the client to rearrange for a later appointment so that they will attend. It is about looking outside the box and making it more accessible for them.

Parents are sometimes worried about working with agencies because they don't want to feel judged. They're worried about social care, because they might have had their other children removed in the past. Due to all the positive changes they have made, they might be in a very different place now.

We try to focus on the positives and work with our families for a good outcome, although some families are not yet ready to make the changes needed to parent a baby safely.

I've been supporting two new MSWs to deliver the practical parenting sessions and complete neonatal screening. They have joined me on visits to give them confidence. MSWs are such an asset in any maternity care setting.

Samantha Smith
MSW, JUNO CONTINUITY OF CARER TEAM, UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS TRUST

Before coming to work for the NHS, I worked in children's homes. I started as an apprentice and was the first community MSW on the apprenticeship that paved the way for a lot of apprentices in the community.

The role that I do as an MSW is within the Juno Continuity of Care Team. We look after pregnant women with social complexities. So that could be anybody with a complex need: perhaps a drug or alcohol user, a member of the global majority community, families with social care involvement, or somebody who has escaped or is going through domestic violence.

What inspires me is empowering the women and providing them with selfless, non-judgemental care.

We've had lots of women come back to Juno, and this time they've got their child back in their own care and now they're taking the next baby home. There have been many really happy endings. Ultimately, what gets me up in the morning and keeps me within this team is what can I do for this woman not to feel ashamed, not to feel fight-or-flight all the time and to attend and engage in their antenatal care. I will be there every step of the way with the women. The aim is to ensure the women have the correct support around them to give them the tools they need.

Since I was young, I've always wanted to be a midwife. I felt anxiety being a teenage mum 25 years ago and it was a midwife that made me feel like I was just a pregnant woman. There was no judgement.

Some of our women with learning complexities need extra support parenting, so I would go into their home, teach them how to change a nappy, show them how to make a bottle, show them how to bath their baby and discuss equipment they would need. I would stay with them while they sterilised and made that bottle. Walking in to a crying mum and walking out with a laughing, happy mum – it's what I do it for.

Walking in to a crying mum and walking out with a laughing, happy mum – it's what I do it for

Some women have nobody. You can see every ounce of trauma they have ever gone through when they're giving birth. Sometimes they just need me to be their voice or a familiar face, or even a hand to squeeze. It's hard for me to explain unless you've seen it, but it can be harrowing. I remind myself that had I not been there, she'd have had to do this all by herself. And that's why I do what I do.

IMAGES: SHUTTERSTOCK

Oscar's story

After the stillbirth of her son Oscar, Becks created a book in his memory to help other families with the pain of grief


Oscar after his birth

Oscar was mine and Jason's second child, and our three-year-old daughter Isobel couldn't wait to be a big sister. My pregnancy was fine – I was fit, healthy and active, and there were no issues. I remember my labour started the night before my due date, which is apparently quite rare. At 6am the next morning we were told to come into the hospital because it was progressing well. Again, the labour was fine. I was monitored, he was monitored and all was as expected.

I was having strong contractions and dilated to 6.5cm when my waters broke. As the birth had begun, the maternity team said they'd put the monitor on him again. Everything was fine, then suddenly it wasn't. They couldn't pick up a heartbeat. They asked me to move around and tried from different angles, but there was still nothing. The consultant came in to try with a scanner. He confirmed that Oscar was no longer alive.

I don't really remember what happened after that. I remember it being a busy triage and the conversation between the staff about how they should move me down to the Lavender Suite, for bereavement, away from all the other women in labour.

Once I was in the Lavender Suite, my labour slowed right down. I gave birth at maybe 10.30pm that evening. We stayed with Oscar for 24 hours in hospital before his body was taken to the funeral directors. Then we went home.

At that time in the hospital, there was no bereavement midwife. No one knew how to talk to us. There was one lovely midwife who burst into tears every time she came into the room. Someone gave us a memory box but didn't explain what it was; we didn't open it until we got home and by then it was too late to do things like keep a lock of his hair.

A young woman came to see us. Though she was inexperienced and didn't really explain anything about memory-making (we didn't know we could bathe or dress him or change his nappy, and I'm sad we didn't get to do that for him), she did take some beautiful pictures that we treasure.

For the next six months it felt as though we were just getting through. After 18 months we started to think, what can we do for Oscar? How can we keep his memory alive?

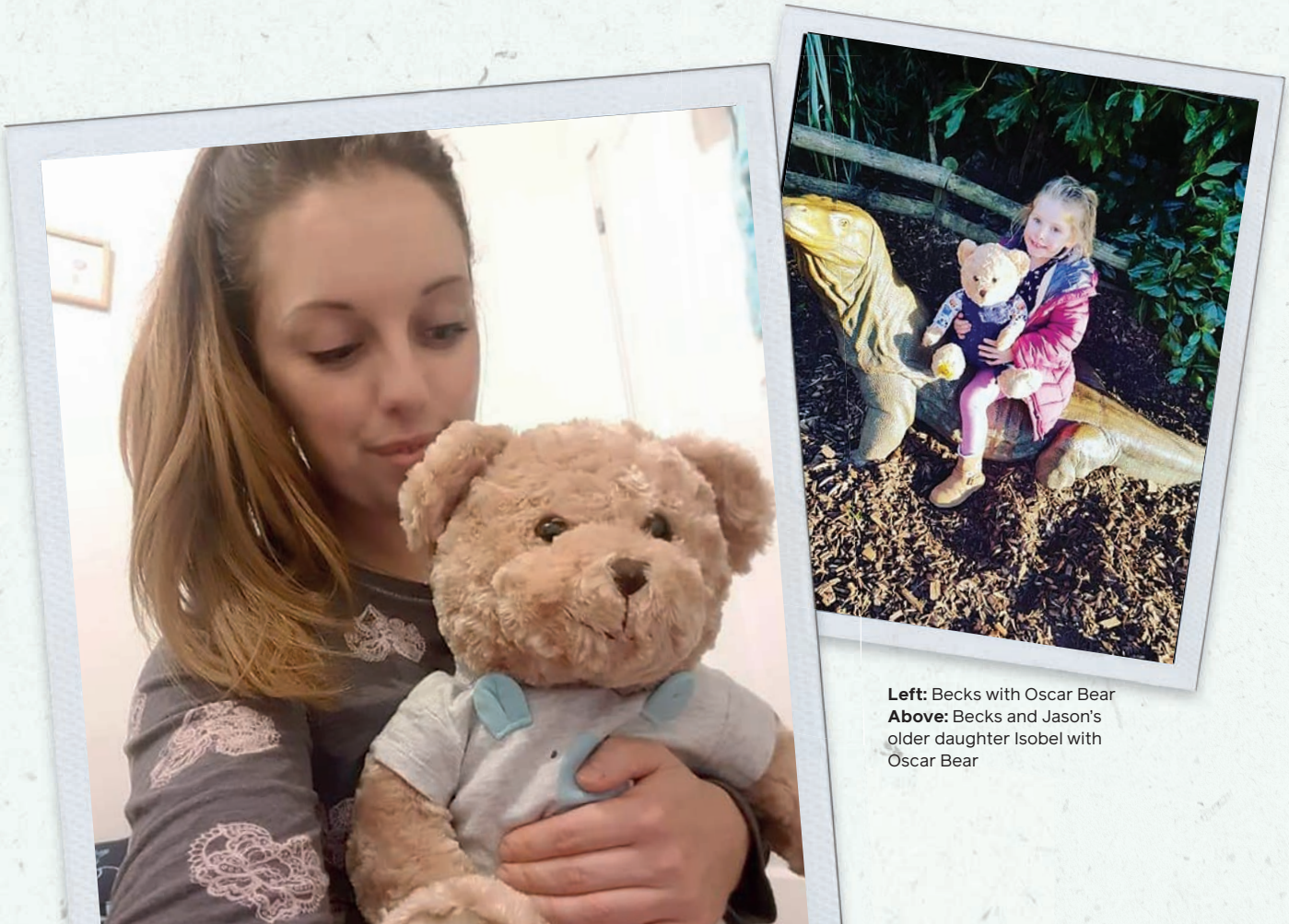
I decided to raise money for something in his memory at the hospital by stand-up paddleboarding along the Wirral Peninsula. I called it 'Stand up for stillbirth' and raised £4,000.

When I had a meeting with the team at the Countess of Chester Hospital NHS Foundation Trust (Lesley, Jean and Emma), they suggested that the money could be used to update the facilities in the bereavement suite. Though it was a nice idea, I felt like we were just buying a new kettle and toaster that would break in a few years and be thrown away, and then no one would remember Oscar. I wanted something lasting. That's when we had the idea of a book.

What can we do for Oscar? How can we keep his memory alive?

Oscar's Story Time covers how parents can talk to siblings about what has happened and helps both siblings and parents work through their grief. It's also for other family members to read to the children – they may not know how to talk about the loss and their own grief, and maybe don't feel they have a right to that grief.

Emma had written before, so she would write sections and then send me what she'd written to ask



Left: Becks with Oscar Bear
Above: Becks and Jason's older daughter Isobel with Oscar Bear

The launch of *Oscar's Story Time* at Countess of Chester Hospital

When we did the section on memory-making, we wrote it so it's Oscar's voice telling families how to do this for their baby

how it sounded. It was a process of refining it and thinking about the language and how it would make people feel. For example, we changed "counting your baby's 10 little fingers and 10 little toes" to "They've tiny little fingers and amazing tiny toes" to make sure we included everyone. When we did the section on memory-making, we filled it out how we would have done for Oscar, but wrote it so it's Oscar's voice telling families how to do this for their baby – it's him saying that this is what his parents did for him, and this is what you can do for your baby.

I found that, after the death, I had sensory overload. Everything seemed too loud, too harsh, too painful. I said to Emma that the book needed to be gentle for parents going through the same – so it's written in Oscar's voice, soft and gentle.

At the time we talked to our daughter Isobel, but we obviously didn't have the book to help us so we had to work out what to do for the best. We were honest with her and chose language that wouldn't be confusing – not "he was born sleeping" because that could make her think that she could die in her sleep. Instead, we said he had died during his birth but that he's now a star – and he's off exploring the universe. After that, she asked for a telescope and she still has a keen interest in astronomy.

We got her a 'memory bear' and called it Oscar Bear. It's a teddy bear that you can put the baby's ashes inside. It's also newborn size so you can dress it in the clothes you bought for your baby. It's especially good if you have other children as they can dress it and take it out with them. Isobel would often tell people that it was her brother and it allowed her to talk about him in her own terms. My younger daughter Lola does the same now.

Oscar's death was a tragic accident. We learned that a strong contraction, probably as my waters broke, had meant the cord was trapped between Oscar's head and the birth canal and had cut off his blood supply. There was nothing anyone could have done. The book has helped us turn this tragic accident into something positive. The day after its launch, one of the midwives told me she saw a bereaved woman reading it to her child. Beforehand the child was agitated and didn't really understand what had happened, but after reading the book they were noticeably calmer. It had brought comfort to them both. That's Oscar's legacy.

Currently this book is not for sale as it was created with charitable funds. If you need a copy for a family, email ***coch.lavendermidwives@nhs.net*** *and if we have supply a copy will be sent.*

Becks is currently fundraising so we can print more copies and help any family who needs it to access Oscar's Story Time. *To donate to Becks' fundraising page, visit* ***bit.ly/Oscars-Story-Time***

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