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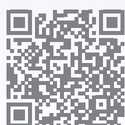

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1. National Health Service (NHS), Itching and intrahepatic cholestasis of pregnancy, https://www.nhs.uk/pregnancy/related-conditions/complications/itching-and-intrahepatic-cholestasis/ (last accessed December 2025)
2. Black MM, Ambros-Rudolph C, Edwards L, Lynch PJ. Obstetric and Gynecologic Dermatology. London: Elsevier Health Sciences UK; 2008.

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*Nielsen GB ScanTrack Total Coverage Value and Unit Retail Sales 52 w/e 4 October 2025. 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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Recycle your magazine's plastic wrap – check your local LDPE facilities to find out how.

RCM CEO **Gill Walton** says we know your value

"It's time government does too"

Valuing maternity staff is not just about pay or staffing numbers, although they are important – there is so much that can be done to improve the working lives of members.

This issue is filled with examples of colleagues supporting each other and showing each other how valued they are. These include a quality improvement project for early career midwives going out into the community; an MSW whose 'helicopter' support for her team and the vulnerable women in their care means no detail, however small, is missed; branches where reps have negotiated meaningful wellbeing, training and support from employers for members; and LMEs putting together the jigsaw pieces of education to give students the best start. It's truly inspirational.

However, pay and staffing numbers are a constant challenge. That's why, when the pay award in February for England, Wales and Northern Ireland was a below-inflation 3.3%, the RCM said enough is enough. We know UK maternity staff are holding together the service amid staff shortages, insufficient breaks, work overload and safety failures. You deserve far better and I urge you to add your voice to our open letter to government demanding it: **bit.ly/47jQYGF**

With the upcoming elections in Wales and Scotland, the RCM's manifestos set out exactly what maternity services need and expect from the incoming governments. It is absolutely within members' power to get politicians to prioritise maternity services.

In Northern Ireland, I attended the 'advanced midwifery practice' workshop for a thoughtful discussion as to how it sits within healthcare priorities. I see it as a lever to insist on workforce planning and appropriate development of specialist practice that can promote safe care. And in England, we've launched the Safe Staffing = Safe Care campaign in Westminster. As Baroness Amos said in her interim report, there have been 748 recommendations for improvement in the past decade, and the pace of change is just too slow. We need staffing and services that are not stretched so thin that there is no time to care, take rest breaks and train.

UK governments need to commit to funding for pay and systemic reform that shows they value the vital role of maternity staff. You support 635,000 births each year in the UK. You provide expert care that keeps women and babies safe through pregnancy, birth and early weeks of life, as well as supporting informed decision-making and long-term health outcomes. You deliver every day – it's time UK governments did too.

Bringing the queen

No matter what the challenges, strength comes from those who stand beside you

It's common knowledge that in chess, you should never underestimate the power of a well-placed pawn. It's a lesson in never giving up because even the smallest actions can have huge consequences, and you never know when you might turn the tide.

This is particularly poignant in a year where the UK maternity profession is under a great degree of scrutiny:

- **England** is waiting on the Amos review and Donna Ockenden's final report (into maternity services at Nottingham University Hospitals NHS Trust)
- in **Scotland**, the profession is waiting on the Maternity and Neonatal Taskforce's recommendations into the need, and scope, for a review of the whole of maternity following inspection concerns at Edinburgh Royal Infirmary
- the Renfrew report in **Northern Ireland**, which found that a "coordinated system-wide change is urgently needed to radically improve maternity care in Northern Ireland", has prompted a raft of quality improvement measures
- in **Wales**, the profession is working through the National Assurance Assessment of maternity and neonatal services (commissioned by the cabinet secretary for health and social care in May last year following significant concerns raised in reviews including Swansea Bay University Health Board).

All of these have been prompted by unacceptable service user experiences, cultural issues and safety risks – and none are examples of the standard of care that maternity professionals actually want to give. So, what's causing the problems?

ILLUSTRATION: LUKE BROOKS

into play

In 2025, the RCM and the RCOG held a first-of-its-kind summit on maternity and neonatal safety to explore the issues. In attendance were chief executives and chairs of NHS trusts, boards and integrated care boards; Sir Jeremy Hunt, the former health secretary and chair of the All-Party Parliamentary Group on Patient Safety; and, significantly, Wes Streeting, UK government secretary of state for health and social care. The summit not only heard from experts in the field on how they had resolved some of the underlying challenges, but also listened to Dr Bill Kirkup, author of two independent investigations into maternity services, share his insights into how crises occur – particularly around culture and multidisciplinary working.

The Queen's gambit

A key takeaway from the event was the power of midwives and maternity support workers (MSWs) to challenge poor care, unsafe practices and bad workplace cultures – in short, to stand up for high standards. "We need to create cultures where staff feel comfortable raising concerns, where concerns are addressed effectively, and where there is a commitment to equality, diversity and inclusion," commented a delegate.

The RCM's Standing Up for High Standards campaign continues to do exactly this: it provides a step-by-step guide for members to raise issues through official channels, such as line managers, heads of midwifery (HoMs) or freedom to speak up guardians (see *Steps to raising concerns*). It supports multidisciplinary working for safer services, and that includes challenging poor workplace cultures, reinforcing the NMC code of professional responsibility to high standards and the right to speak up without the fear of repercussions. It also addresses the thorny issue of staff shortages and high workloads.

The campaign is a ringing endorsement of just how powerful maternity staff are in challenging the system to do better.

Raising the game

One area in dire need of improvement is staffing. Every single inquiry into safety has highlighted that chronic staffing shortages in maternity services are putting women, babies and staff at risk.

In January, the RCM launched Safe Staffing = Safe Care, calling for the government to take urgent action. For too long, the responsibility for safe staffing levels has been put on the shoulders of HoMs and on clinical staff themselves – with midwives working an estimated 100,000 unpaid hours every week just to keep services functioning and 87% saying their units are not safely staffed. The campaign places the responsibility where it belongs – with UK governments. RCM CEO Gill Walton says: "We need urgent, decisive action backed by ring-fenced, sustainable funding. Without safe staffing, care simply cannot be safe."

The RCM has presented five critical points to MPs at Westminster and is encouraging members to raise these same asks with their own MPs or other representatives:

- **Provide dedicated, multi-year funding** via a national maternity and neonatal action plan to end chronic understaffing in hospital and community settings
- **Protect a learning profession** by providing midwives and MSWs with 52 hours of protected, salaried time to supervise students and complete essential continuing professional development
- **Mandate a director of midwifery in every trust and board** and ensure sufficient consultant midwives are in post as a non-negotiable standard
- **Fund protected time for midwives and MSWs** to develop cultural competence
- **Prioritise poor maternity estates** for urgent improvement through ring-fenced capital funding.

Meanwhile, workplace reps are supporting members to raise these issues with their employers, including breaches of the Working Time Directive and Agenda for Change contracts when working overtime and extra shifts to cover the staffing shortfall. This can't continue – it's just not sustainable and it's putting maternity professionals, the women they care for and their babies at risk.

Check mate

The RCM is also here to stand up for high standards, and that extends to standing up for safe workplace practices. In two recent successful cases, with legal partners Thompsons (see *Legal support for RCM members*), the union supported members to win substantial damages in personal injury claims.

In the first, in an example of maternity estates in a poor state, a member suffered a significant injury while adjusting a bed for a woman in labour. The bed was known to be stiff and as she put pressure on it the bottom part of the bed suddenly fell, hitting her wrist. The soft tissue injury has caused widespread pain in other joints of her body, and she is living with the consequences of her employer's inability to provide a safe working environment. RCM reps and Thompsons supported her case and she was awarded £150,000.

In the second, a member was seriously injured in a fall after running

to a neonatal arrest call. Despite an acknowledged culture of running to emergencies, it appeared there was little benefit in terms of time saved in running the short, most commonly used route. The ruling stated that the employer had breached its duty to provide a safe system of work and to adequately risk assess running to emergencies. Her fracture and symptoms of pain and loss of function persisted and are now likely to be permanent. She was awarded £185,000 following the RCM and Thompsons' support.

Maternity staff have the right to a safe working environment and cases such as this not only show the power of standing together, but also help workplace health and safety reps to prevent similar accidents in the future.

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Visit **b.link/Thompsons-RCM**

Steps to raising concerns

1 Have a discussion with either your local RCM representative or your regional/national officer about your concerns to determine the best course of action. This may be to approach your immediate line manager, matron or HoM/director of midwifery.

2 Find your employer's policy on raising concerns in the workplace to guide you.

3 Be clear about the requirements of your professional code. Raise it immediately with your supervisor of midwives/professional midwifery advocate/clinical supervisor for midwives/RCM representative if you are being asked to contravene your code.

4 Be clear about what you are concerned about and why. What evidence do you have? Is this an individual or collective issue? Has the issue already been raised and not dealt with?

5 Place your concerns on the record – your RCM representative can help you with this. Set out what you wish to achieve and be clear. How can you work with your employer to address the concerns?

6 Be prepared to have meetings to explain your concerns and determine the way forward.

7 If, having completed steps one to six, you remain concerned, contact your local freedom to speak up guardian/raising concerns champion.

8 If you are considering using the whistleblowing policy, seek support and advice from either your local RCM representative or regional/national officer.

RESOURCES
For more on how to stand up for high standards, visit **b.link/RCM-higherstandards**

Think wisely, act boldly

After talking to hundreds of families and maternity staff, Baroness Amos says that "the system is not working for women, babies and families, or for staff. I have already seen that change is not only possible but also necessary, and it is urgent." In March, the UK government launched the Maternity and Neonatal Taskforce to tackle the recommendations of Baroness Amos' investigation once it is published. It is chaired by the health secretary and, importantly, it includes families, academics, campaigners, maternity leaders and royal colleges.

The RCM's Gill Walton and RCM member Helen Cheyne, professor of midwifery at the University of Stirling, have also been appointed. Gill and Helen's inclusion on the taskforce ensures that midwifery expertise and the voice of members will be represented at the highest level. Gill says: "For too long, decisions about maternity services have been made without properly involving the people who deliver that care every day." It is from this platform that the RCM continues to raise the issues that matter to members and push for meaningful change.

It is also the midwives, MSWs, students and educators who are making a difference every day, overcoming obstacles, striving for quality care and standing together. As in chess, every game starts with the same pieces, but it's the choices you make that determine the outcome. Remember, every pawn can have the power of a queen.

MORE INFO
Read the Renfrew report at **b.link/HealthNI-Renfrew**
Read the National Assurance Assessment report at **b.link/GOVWales-assessment**
Find out more about the Maternity and Neonatal Taskforce at **b.link/GOVScot-taskforce**
Find out more about the Amos report at **b.link/GOVUK-Amos**
Read the latest Ockenden review at **ockendenmaternityreview.org.uk**

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RCM conference

5-6 May 2027 - ICC, Birmingham

RCM's annual conference returns for an in-person two day event across 5-6 May 2027 at ICC, Birmingham!

We are looking forward to coming together to discuss, share and celebrate the midwifery profession revelling in the opportunity to support each other, share stories and experiences and look forward to the future.

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More than words

RCM director for Scotland Jaki Lambert says the upcoming election is a critical moment to demand change for maternity

Jaki Lambert
RCM director for Scotland

As Scotland prepares for the 2026 Scottish Parliament election on 7 May, maternity services are in the national spotlight. With political parties outlining their priorities for the next parliamentary term, RCM Scotland has launched a powerful manifesto, outlining the essential actions needed to secure safe, high-quality maternity care across the country.

Midwives hold the future of a healthy Scotland in their hands, boosting women's health, strengthening communities and giving every baby the best start. The manifesto stresses that without safe staffing, this cannot happen. Disadvantaged women are spending less of their lifetime in good health and life expectancy is falling, making the contribution of midwives more important than ever.

RCM manifesto

RCM Scotland outlines seven priorities, with safe staffing at the core. It's calling for a national midwifery workforce plan by the end of 2026, with full implementation by 2031, supported by minimum safe staffing ratios across all maternity settings.

A sustainable workforce is equally important. Proposals include guaranteed posts for newly qualified midwives, an earn-as-you-learn route for maternity care assistants and full delivery of Nursing and Midwifery Taskforce recommendations by March 2027.

We need more than words – we need investment.

We are calling for the chief midwifery officer role to become a permanent statutory position so our voices will be heard, and for every health board to have a director of midwifery not only in title, but within a structure that enables them to speak directly to the board.

Improving working environments also remains central. RCM Scotland calls for all health boards to meet RCM break-space standards within 12 months and for ensuite birthing rooms to be in place by 2029.

A significant practical change is the introduction of a distinct midwifery uniform by the end of 2026, ensuring midwives and maternity care assistants are clearly identifiable in clinical settings. This supports professional identity and helps women and families recognise who is caring for them.

The 2026 election presents an important opportunity for meaningful reform. For midwives, maternity support workers, students and families, the RCM manifesto provides a clear roadmap. Its message is simple: safe staffing equals safe care. Investment now will help shape a healthier, fairer Scotland for generations.

> **"We need more than words – we need investment"**

IMAGE: SHUTTERSTOCK

All eyes are on Northern Ireland for the RCM Awards and advanced practice workshop

In the spotlight

Queen's University Belfast MidSoc won the midwifery society of the year award 2026

The RCM Awards celebrate the dedication, skill and compassion of midwives, maternity support workers and students from across the UK and honour outstanding individuals in maternity care. The 2026 awards saw three Northern Ireland nominations:

- Joyce Hanna of the Northern Health and Social Care Trust was nominated for the maternity support worker of the year award
- The Midwifery Society at Queen's University Belfast was nominated for the midwifery society of the year award
- Autism Friendly Champions at the Northern Health and Social Care Trust were nominated for the equity, diversity and inclusion award.

The winners were announced at a ceremony in February and we're pleased to say that Queen's University Belfast's MidSoc was among them. The society has grown to more than 80 active members and runs seminars, study days and multidisciplinary events. It also fundraises for domestic abuse, bereavement and baby loss charities, and hosts an annual 'Midthrives' event focused on wellbeing, peer mentorship and professional development. Adjustments are made to meet the needs of mature students, neurodivergent individuals, those with caring responsibilities, international students, students with disabilities and those with complex backgrounds.

The judges were especially impressed with the professional development opportunities for students, the emphasis on collaboration and the variety of events and activities on offer. This was alongside the care taken to ensure all underrepresented groups and individuals feel welcomed.

This year's president Zoe Belshaw commented on the pride they all felt being "able to represent both student midwives and Northern Ireland at the ceremony". Dr Janine Stockdale, lead midwife for education at Queen's University Belfast, School of Nursing and Midwifery, added: "We are delighted for our midsoc – it's such an achievement – and they certainly keep everyone busy!"

Advanced midwifery practice workshop

In January, the Department of Health hosted an advanced midwifery practice workshop, involving all health and social care trusts and a wide range of stakeholders to support the ongoing development of the role in Northern Ireland.

RCM Northern Ireland director Dr Dale Spence and RCM CEO Gill Walton were delighted to contribute to the workshop. Dale said: "RCM Northern Ireland welcomed the opportunity to attend the advanced midwifery practice workshop hosted by the Department of Health.

> "It was great to get conversations started and it was agreed that collaboration is critical"

"Discussion focused on both opportunities and challenges for Northern Ireland moving forward with advanced midwifery practice, but it was great to get conversations started and it was agreed that collaboration is critical as we take steps to progress."

The day provided a structured period of reflection, insight and co-design.

READ
For the RCM's position statement on advanced practice in midwifery, visit **rcm.org.uk/position-statements**

Julie Richards
RCM Cymru
director

Julie Richards, RCM Cymru director, says this is the time for action as the RCM launches its Cymru manifesto

Championing change

The RCM has launched its Cymru manifesto for Welsh maternity services

Midwives and maternity support workers (MSWs) are the foundation of safe, compassionate maternity care in Wales. Every year, around 28,000 babies are born across our seven health boards, and every one of those births represents a story, a family and a future. Yet too many women and birthing people still face stark inequalities, and too many maternity teams are stretched to their limits. It is for this reason that we are launching the RCM Cymru manifesto – a clear and ambitious plan for what Welsh maternity services need over the next five years.

Our message is simple. Safe staffing means safe care. Without the right number of midwives, students and MSWs in the right places, we cannot deliver the high-quality, equitable care that women and families deserve. The manifesto calls for the full enactment and funding of the Wales Perinatal Workforce Plan by 2028, and for sustained investment in Welsh language skills, professional development and career pathways, including the graduate guarantee and an 'earn as you learn' route for MSWs.

But this is about more than workforce numbers. It is about valuing the expertise and leadership of midwives.

> "Every midwife and MSW has a voice that matters"

Our manifesto calls for directors of midwifery, heads of midwifery and consultant midwives as senior midwifery leaders to be given the authority and space to shape services, and for progress on maternity and neonatal safety to be publicly reported to the Senedd every six months.

It also sets out a vision for preventative, community-based care, maternity environments that are safe, modern and fit for purpose and specialist midwifery roles in every health board.

As part of our Senedd election campaign, RCM Cymru is meeting MS candidates from all political parties to ensure these priorities are firmly on their agenda. We've taken our message directly into party spaces, including hosting a roundtable at the Plaid Cymru spring conference to deepen understanding of the challenges and opportunities facing maternity services. This is only the beginning – we will continue throughout the next Senedd term.

However, real change will only come if you, our members, drive it. Every midwife and MSW has a voice that matters. Whether you work in a community team, on a labour ward, or via continuity model or education, your experiences and insights are vital. I urge every one of you to speak with your MS candidates, engage with your health board leaders and champion the changes our services urgently need.

Together, we can secure the safe, fair and inclusive maternity care that women and birthing people, babies and families deserve.

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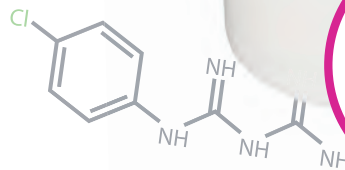

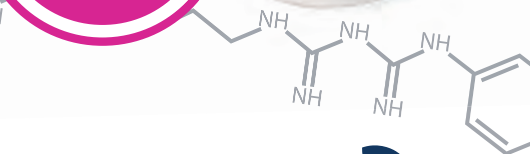

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1. Derma UK Ltd, Hibitane™ Obstetric Cream Summary of Product Characteristics (SPC). 2021.
2. A, Fayez Bakr et al, Effect of Cleansing the Birth Canal with Antiseptic Solution on Maternal and Neonatal Mortality in Alexandria, American Journal of Paediatrics. July 2002, p. 379-383

HIB/123/0326

Date of preparation: March 2026

“There is a need for people who are willing to undertake the less-rewarded work of quality assurance”

Dr Suzanne Crozier was awarded the RCM fellowship at the Education and Research Conference in March – here’s why

As a student nurse in the 1980s, Suzanne had a four-week maternity placement and that, as they say, changed everything. “It really made me see how different midwifery was to nursing. I thought there was something I could bring into midwifery from what I’d learned as a nurse.”

She did her Advanced Diploma in Midwifery in Newcastle and became a midwife teacher there, and from the mid-1990s she worked at Northumbria University as director of quality assurance until the pandemic. At that time, she moved to Edinburgh Napier University to be an associate professor in midwifery, involved in education quality assurance across the higher education sector and NMC, as well as holding the role of head of learning and teaching enhancement.

It is this role of quality assurance that Suzanne believes to be vital within nursing and midwifery – for example, she advised on the NMC’s standards framework for nursing and midwifery education. “There is still a need for people who are willing to undertake the less-rewarded work of quality assurance in education, which requires attending a lot of meetings, reading a lot of documents, and thinking through problem-solving how you can meet different standards in different ways. That’s what my career has largely been about.”

Finding inspiration

“One of the nursing tutors I met was very inspirational in terms of thinking about ‘holism’ – thinking that the person is more than their disease, or their pregnancy, but their whole interaction with their environment. As I moved into midwifery, I worked with some really inspirational midwives as a student; they supported students to learn and we felt part of the team.” Suzanne was also inspired by Professor Mary Dunning at Northumbria University, who championed the move of education for nurses and midwives into universities. “She was a great leader.”

Now retired, Suzanne says: “My work in quality assurance, hopefully, has had a real-world effect. It’s about being present and being consistent in helping people to understand what professional expectations are in relation to the education of nurses and midwives; this is so important in the current climate, with the negative narrative around the maternity services.

“I feel that the corner of the midwifery world that I inhabit – quality assurance, education, standards – needs to be seen and recognised for what it contributes. I’m at the end of my career, but I’m hoping that becoming a fellow will still allow me to contribute to the professional conversation at a time when there are a lot of concerns about midwifery and midwifery education.”

PHOTOGRAPHY: UNP

Going above

Helen Sturgess won the 2026 RCM Maternity Support Worker of the Year award for her outstanding, personalised care of vulnerable women and multidisciplinary team support

In April 2022, I joined the Poppy Team at Royal Berkshire Hospital, which looks after vulnerable women. It was a new role, so I had to make it what it is today. For example, I implemented a one-to-one parenting session ahead of the birth and go out to the women's houses – the midwives identify women who could do with some extra support and a bit of learning in preparation for when the baby arrives, as well as the need for any sort of referral.

I do a lot of referrals to other agencies and I organise items that women need for the baby and get them delivered. I make sure that everybody has everything they need before they have the baby. I support the midwives as well – for example, doing joint visits with the midwives to provide extra support and safety.

I support the whole team and I make sure its day-to-day running is as smooth as it can be. I know who needs visits and meetings, and I make sure that they are covered. I have a helicopter view.

An on-call system is used across the whole of the community, not just for the Poppy Team. This supports home birth or people phoning up after hours, unable to feed or struggling to feed, so the on-call person can go out and help.

Developing the role

It did take me a little while to adjust to the role. I took quite a lot of weight off the midwives in the team with regards to the admin side of things, and I grew it from there in terms of the charity referrals and the contraceptive referrals. It has just built up over time.

As you become known within the team, the social workers know who you are and they contact you for various reasons, such as a review on a woman who you've seen jointly with a midwife.

Today is a typical day – I've got to go and do a joint booking visit, with another midwife, of a substance misuser. And then I've got a set of bloods to take from an asylum seeker in a refugee hotel. Next I've got a bit of driving to do for a day-five visit for a woman and her baby, and then another visit to do a newborn baby bloodspot test. All the while, the phone's ringing and I'm checking my emails.

and beyond

"I love making a difference and supporting the women"

And, finally, I've got another woman to see who has come into our area from giving birth elsewhere.

I offer individual support – for example, there is woman who has recently had her third baby. I saw her with her second baby and supported her with her feeding. I knew what kind of anxieties she had, so I was able to help her again in this pregnancy and be a familiar face to her that she trusted and relied upon. It makes such a difference.

We care for 400-500 vulnerable women and their babies each year. I work a 30-hour, four-day week. I have been a maternity support worker (MSW) coming up for 22 years now, working on the postnatal ward and in the community before starting here. I absolutely love my role.

Extra care and support

I'm passionate about the organisation and supporting the rest of my team. And I love making a difference to the women, especially with that one-to-one session – it really does enable me to teach them the basics of having a newborn baby. The women we look after do need that extra help and support. It's about giving them the time and identifying exactly what they need.

We have made a big difference particularly to the younger girls that we support. You get to see them after they've had their babies – you get to do their postnatal care and keep that continuity, which is so incredibly important to them. That's where you get them opening up about any concerns that they have with themselves or their babies, because you have built up a lovely trust and rapport with them.

I hope my work inspires others. I've been asked to do a presentation at the MSW conference in Birmingham in November, so I hope that will enable other trusts and boards to think about doing something similar.

My RCM award is just amazing. It's just so incredibly rewarding to be recognised for the work that I do with the vulnerable women.

IMAGE: LOUISE HAYWOOD-SCHIEFER

RCM I-LEARN MODULES

b.link/RCM-ilearn-all

Your personal development (Care Certificate Standard 2) (15 minutes)
Health inequalities: the power of maternity care (45 minutes)
A companion to the Maternity Disadvantage Assessment Tool (15 minutes)
Understanding asylum seekers and refugees (90 minutes)
Domestic abuse (45 minutes)
Perinatal mental health (60 minutes)
Homelessness (20 minutes)

For more on the RCM Awards 2026, visit **rcmawards.com/2026-winners**

Just what's needed

Nickkie Elms, senior maternity team leader at Royal Surrey NHS Foundation Trust, has created an orientation pack for early career midwives going out into the community that has proved invaluable

Quality improvement (QI) has become a familiar term within maternity services. At its heart, QI is about what we do for our service users and colleagues by working towards positive changes to enhance care and work efficiency.

When I was first approached to undertake a QI project it seemed like a daunting task. However, by reframing it and breaking it down to into simple questions (Why do we do things this way? How could we do them better?) it became far more manageable. I am fortunate that Royal Surrey NHS Foundation Trust has a standardised approach, as having access to a supportive team and a step-by-step framework meant I was able to ask plenty of questions and keep on track.

Information gathering

My project began at a time of significant change within community maternity services. Midwives were moving out of GP surgeries and into purpose-built maternity hubs as the trust worked towards the continuity of carer model outlined in Better Births. As an experienced community midwife, I could sense the apprehension from newly qualified midwives who would start to work within this model much earlier in their careers.

I've amassed a great deal of knowledge of policies, information sources and resources. This led me to ask how I could best share this knowledge with new community midwives to ensure safe, consistent care. From this, my project of a new community 'orientation' pack was born.

The service user was placed at the centre of the project, with the aim of supporting personalised care and utilising all the tools

available within the maternity team. I engaged with multiple departments that work alongside community services, such as mental health, safeguarding and infant feeding. I gathered the existing orientation packs from different teams. I also considered the current challenges, such as staff movement, differing levels of experience, reliance on informal knowledge passed between colleagues and barriers to finding policies on the trust intranet.

IMAGE: ISTOCK

Perseverance

In late 2022, the first prototype was printed and reviewed by a small team of community midwives, with varying levels of experience. Feedback was extremely positive. The next step was to showcase the project to a wider audience at a maternity update study day. To say the room was excited was an understatement. Midwives were taking pictures of the front page, which outlined routine care in a colourful aide-mémoire to have on the desk in clinic. They were also asking to take them during the presentation. Word spread, with emails requesting copies, which when saved as PDFs on iPads and computer desktops offer a searchable, easily accessible source of information.

My initial aim was to ensure the correct information was given to service users at the right time, improving safety and consistency of community care. However, it soon became clear that midwives felt more confident working in the community knowing this information resource was there during their busy clinics.

Plan, do, study, act

Working alongside new preceptees during their supernumerary period allowed me to add additional information, providing them with even more robust ways of ensuring information had been given. Producing a simple visual framework outlining when digital records (BadgerNet) should be completed at each appointment supported consistent conversations around infant feeding, safe sleeping and informed choice. Auditing data became easier as information was in the correct place for reporting – all contributing to the trust's commitment to maintaining its BFI Gold Accreditation.

The project also strengthened midwives' knowledge and confidence of care planning during pregnancy. Pathways were allocated correctly, with risk factors reviewed more consistently and awareness increased around key assessments such as VTE scores and fetal growth surveillance. These improvements closely aligned with recommendations from the Ockenden report.

The project has gone from strength to strength – it has highlighted the benefits of QI projects and how something simple can have a significant impact. New preceptees are now excited to receive their first personal copy before they go out for their supernumerary period, using it to annotate and highlight information. Each clinical room has one copy to reduce costs and avoid additional paper usage in line with net-zero ambitions.

The orientation pack is now recognised as a valuable information-sharing tool. Updates are routinely submitted for inclusion, as regular review is essential – I ensure I'm aware of each new policy update, updated flow chart or new procedure. New copies are disseminated via the leaders of the community teams. One of my key tips for undertaking a QI project is to have a passion for what you are trying to achieve – it helps to get people engaged. That said, I couldn't have anticipated the response. Whatever the query, everyone in my trust knows: "It is in the orientation pack!"

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Seeking support

Stress can feel like the story of the Magic Porridge Pot – no one can make it stop and it's completely overwhelming. **Rachel Arnold**, a researcher with the University of Bath, has looked more closely

For many of you it will be unsurprising to learn that a research project into stress in midwifery found that the things that caused most stress were staff shortages, insufficient breaks and work overload such as busy shifts. In addition, the persistent pace of change in ways of working take a mental toll – especially so if the support and communication from senior managers is lacking.

What is surprising, however, is that the research identified a number of things that you can do to deal with stress and, in fact, thrive.

The key, it seems, is that these things can be stressful if they are being viewed as threats. If you learn how to view them as something that's a challenge and in your power to change, or in fact master, then research suggests they won't have such a negative effect on your mental health.

IMAGE: ISTOCK

> "100% of respondents found it useful to learn how stress can be managed"

Take back control

Firstly, identify what has stressed you most recently. Then consider how this can be reframed as an opportunity. For example, instead of seeing a new workplace system as a frustrating thing to have to learn, consider it a chance to work more efficiently or an opportunity to develop your practice. It may sound silly at first, but it is empowering.

Other coping strategies for stress can include talking to colleagues for support, taking regular exercise, taking breaks in the fresh air, and making time for hobbies and self-care.

The research team has created a video called Stress and Thriving in Midwifery to raise awareness of occupational stress. It includes an interactive task for midwives to reflect on their own experiences related to occupational stress. It is in the process of being embedded into preceptorship, professional midwifery advocates restorative clinical supervision and leadership training at Royal United Hospitals Bath.

The responses to it have been overwhelmingly positive. 100% of respondents found it useful to learn how stress can be managed and a third said they would very likely change something because of the video (for example, speaking up when their workload feels overwhelming).

This research was carried out in 2020 and the video reflects data from that period. The University of Bath and Royal United Hospitals have continued to do a significant amount of work to improve how midwives feel and support them in managing stress. ⊛

WATCH
Watch the video at **b.link/Vimeo-stress**

RCM COMMUNITY / IMPROVING WORKING LIFE

What happens when baby loss isn't a bereavement? **Gaynor Morrison**, senior lecturer at Kingston University, and **Sharon Bunford**, midwife for safeguarding vulnerable women and babies, have found a way to afford dignity and care to mothers who are being separated from their babies

You were held

Over several years of working together, we observed that mothers whose babies are removed from them due to child protection issues or complex safeguarding, whether temporary or permanent, experienced a profound grieving process. This was comparable to the grief of those whose babies had died. However, this grief was largely unrecognised and unsupported, both professionally and societally.

This highlighted a significant inequity. While structured pathways of care and acknowledgement exist for many forms of baby loss, mothers separated from their babies through social or safeguarding processes often navigate their grief in isolation, without validation or appropriate support.

We began a project called 'You were held'. It is photography for women with their baby while they are together before separation. The mother is given physical copies and the baby gets digital copies that are kept on their file for their future.

Governance

It has taken time for the project to move from concept to reality. This was needed to reflect on how the project could be delivered sensitively and how photography might be used in a way that meaningfully supports mothers experiencing separation, rather than inadvertently compounding their distress.

Given the sensitive nature of the work and the handling of identifiable images within a healthcare setting, it was essential that all processes were fully compliant with UK GDPR and local information governance standards so a robust consent process was developed. Mothers are given clear information about how images are taken, edited, transferred and stored, and how they can access them in the future.

Strict data handling procedures were agreed. Images are not retained

> "This grief was largely unrecognised and unsupported, both professionally and societally"

on personal devices, SIM cards or laptops. Once photographs are edited and securely transferred to the medical imaging department, they are deleted from all devices.

Many of the women supported by the project experience instability in their lives and may not have consistent access to devices or cloud storage. It was therefore essential to be transparent that the service cannot provide indefinite storage or retrieval of photos years later.

Consent discussions also reinforce that the babies are their babies, and mothers retain the same rights over images as any other parent. The baby's social worker will retain the digital copy so additional or replacement copies can be obtained from them rather than from medical records.

PICTURES WITH KIND PERMISSION FROM THE YOU WERE HELD PROJECT

Timeliness

Some mothers remain on the postnatal ward for a lengthy period while awaiting court proceedings, allowing time to arrange photography sessions, editing and printing. In other cases, decisions are made quickly and mothers wish to leave promptly. In these circumstances, the photography and printing must take place within the mother's timeframe. It is also clinically important that photographs are given in person, with appropriate psychological support, as the images can be highly emotive.

Some mothers do not want to be identifiable, so the midwife photographer will focus on close-ups of hands and arms or over the shoulder so there is an 'essence' of the mother holding. Others may want other family members present, but we are mindful to keep the session to a minimum to keep this service sustainable and with minimal costs. The midwife with the camera may also need to support the birth mother with holding the baby and guiding her, especially when there are bonding and attachment issues due to the imminent separation.

In the rare event that a mother leaves the unit before the service can be offered, the social worker would usually have shared parental responsibility and can give consent for the photographs to be taken with another carer such as a midwife, SCBU nurse, social worker or foster parent.

Care and compassion

Midwives are central to this service as our profession understands bonding and attachment, can provide non-judgemental, compassionate care and has an in-depth understanding of our role in these highly emotive and complex moments of separation.

It is often assumed that it is the role of the social worker to lead on removing babies from their mothers. However, in reality it is often the midwife managing the situation leading up to the removal and the immediate moments after the babies have left.

With maternal consent, selected images are shared with the baby's social worker for inclusion in the child's life story materials. This ensures that, as the child grows, there is tangible evidence of being held, loved and connected to their mother at birth. While long-term outcomes from babies/children are not yet available, it's hoped that such images may positively contribute to identity formation. In later childhood and adolescence, when questions around origin, belonging and maternal connection often emerge, these photographs may provide powerful visual reassurance that separation occurred within a context of care and love, rather than rejection.

The 'You were held' project is currently only offered in one NHS trust, but it has the potential to be offered throughout the UK. We're aware that HOPE Boxes are being used as part of a trauma-informed approach to separation and baby loss. These offer tangible physical keepsakes and connection resources, while the photography captures images of maternal connection and love. Together, they can provide a comprehensive package of dignity and care for mothers and equitable recognition of this form of loss.

MORE INFO

To find out more, please email Sharon at **sharonbunford@nhs.net** or Gaynor at **g.morrison@kingston.ac.uk** with 'You were held' in the subject line, so that more babies and their birth mothers are given this opportunity

RCM I-LEARN MODULE

Women affected by the prison system (study time: 60 minutes): **b.link/RCM-ilearn-prison**

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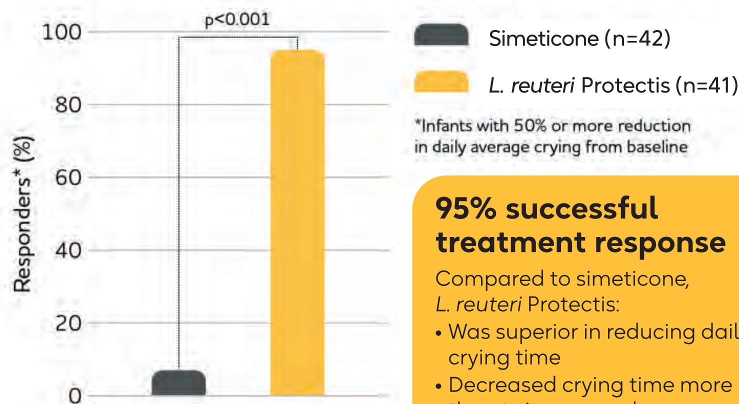
Rate of responders* of *L. reuteri* Protectis versus simeticone



*Infants with 50% or more reduction in daily average crying from baseline

Savino F et al. J. Pediatrics 2007;119:124-130

95% successful treatment response

Compared to simeticone, *L. reuteri* Protectis:

- Was superior in reducing daily crying time
- Decreased crying time more than twice as much

BioGaia®

Supporting your invisible heroes

How I became an activist

RCM's Student Midwives Forum (SMF) raises issues that affect members locally and nationally and advocates for peers, but as students on an intensive degree, how do they fit it all in?

Nana Yaa Karikari Asante
Kingston University

"I joined the SMF because I recognised the importance of consistent representation and support for midwifery students, especially given the demands and vulnerability that can come with the course. I have always been passionate about advocating for others and so the opportunity to do this on a wider scale was something I didn't want to miss.

"I saw the care midwives gave my mother during her pregnancy. From that moment, I developed a deep admiration for midwifery. I am really enjoying the course.

"Every day is another step towards becoming the midwife I aspire to be"

"I will be honest – it is demanding and some days are more challenging than others. However, I remain committed and continue to show up each day. My faith in Jesus has been a constant source of strength throughout. I try to focus on the positives: the knowledge I am gaining, the opportunities to develop and the women and families that I am caring for.

"Every day is another step towards becoming the midwife I aspire to be."

Taslima Faruque
King's College London

"I'm learning so much and every day confirms this is the right path for me"

"I joined the SMF to get more involved in the midwifery community and to connect with fellow students. I hope to use this platform to amplify student voices, bring fresh ideas to the table and support my peers, while also gaining experience in leadership and advocacy.

"I chose to become a midwife because I am passionate about women's health and want to support families during one of the most significant moments of their lives. I've always been drawn to nurturing roles, and childbirth is a transformative experience that deserves support with skill and kindness.

"I am finding the course intense but deeply fulfilling – I'm learning so much and every day confirms this is the right path for me."

Medbh Hillyard Nicholl
Queen's University Belfast

"I joined the SMF to support the next generation of student midwives. I was aware of the challenges of the course and wanted to be able to give students a voice. I've also been lucky enough to attend the RCM conference and meet so many great people.

"I hadn't appreciated how much of an important role student midwives play in supporting women"

"I wanted to become a midwife to act as an advocate for women and to support positive health changes. I am in my third year and in the final two weeks of teaching – ever!

"The course has been more challenging than I ever imagined – the mixture of placement and teaching means your routine is constantly changing, but it has also been so rewarding. I hadn't appreciated how much of an important role student midwives play in supporting women."

FIND OUT MORE
To learn more about the SMF go to **b.link/RCM-SMF**

RCM COMMUNITY / AMPLIFY YOUR VOICE

Connecting the dots

"It's a bit like a jigsaw puzzle – but students are at the forefront of everything I do"

It seems the roles of lead midwives for education (LME) and consultant midwives aren't well understood in some trusts, boards and higher education institutions (HEIs). RCM's Career Pathway sets out what the purpose of the roles is, what is expected of those in the role and why strong leadership is key. It acts as a guide for both those who are new in post and those who are recruiting for the roles.

Dr Lucie Warren

LME, Cardiff University

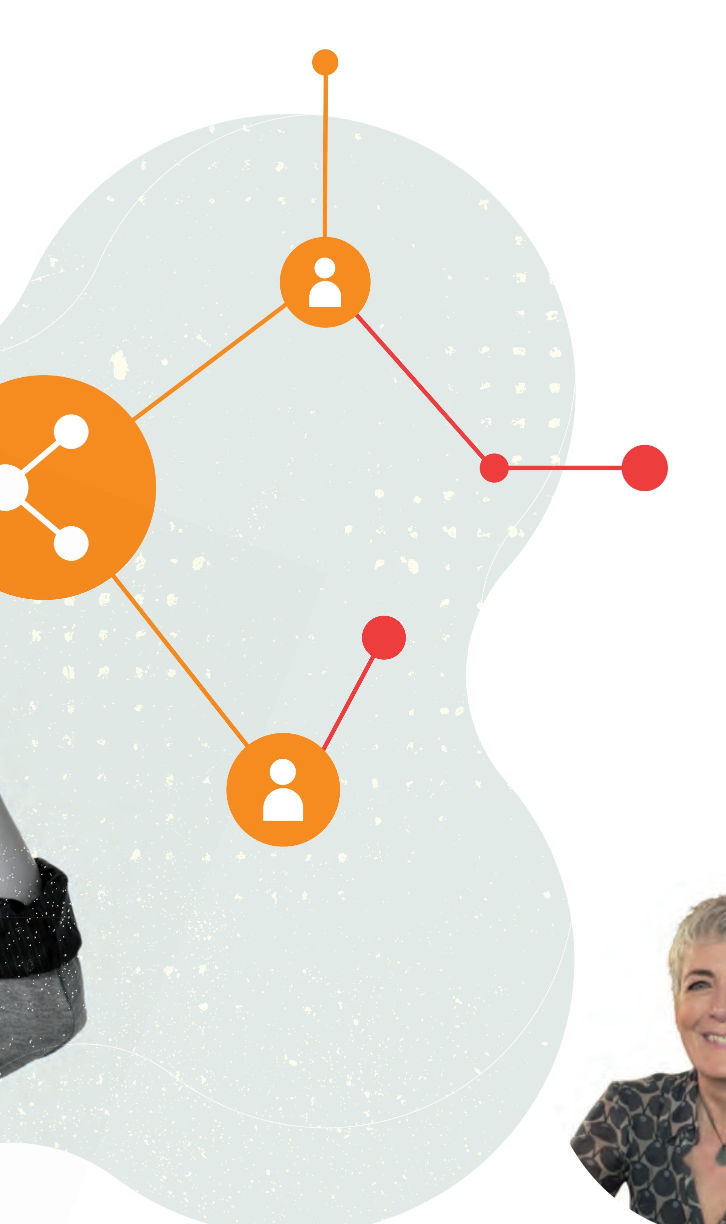
The role of LME is about promoting high standards in midwifery education, meeting the evolving needs of the mothers/birthing people and their babies, and ensuring the safety and quality of midwives at the point of registration. It entails a lot within that but, just like all midwives, we're about ensuring care is of a high standard.

As LMEs, we work with many stakeholders: the NMC, the universities, students and our practice partners. In Wales, we also have our Welsh Government commissioners. It's a strategic role, navigating and balancing the sometimes competing demands of these key stakeholders.

I work alongside an amazing team of midwifery educators. A big part of our role is being a voice for our students. If issues are identified in practice, I work with heads of midwifery or managers, ensuring students' learning is advocated for. Occasionally I might need to submit an exception report for the NMC – a bit like risk reporting in clinical practice, it is a vital part of quality assurance and safety.

I took a slightly circuitous route to get here. I came into midwifery as a mature student in 2003. I worked clinically while completing a PhD, became a research associate alongside my clinical role and then became a lecturer. I was programme manager for many years and finally became an LME in 2023.

We're facing big challenges. Maternity services are under high levels of scrutiny – and rightly so. We're seeing greater complexity and higher levels of intervention, so as educators we must be assured that our students are not just fit for practice now, but able to adapt to a changing world.



It is also a tough time for universities in the UK – you just have to look at the news to see programmes and staff being cut. Our educational team works as one – advocating for our students, for the families they'll be providing care for, and for the profession – but that can be challenging in a university setting where the nuance within maternity isn't always well understood.

Midwifery programmes can sit awkwardly among 'traditional' university courses and we're often bundled together with nursing colleagues. Fortunately, appointing an LME to take overall responsibility for midwifery education is a statutory requirement for HEIs – but even then, my colleagues and I must often bang that drum to ensure our professional identity remains clear.

Ultimately, at the heart of what we do is supporting future midwives. I am so proud of their achievements – seeing them qualified in practice, providing safe, effective midwifery care and supporting the next generation in turn.

IMAGE: ISTOCK

Katherine Robinson

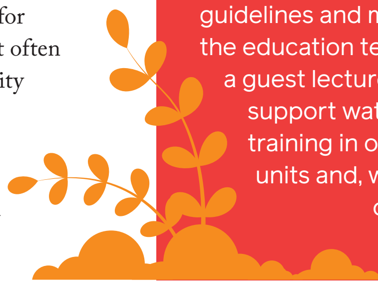
interim consultant midwife, South Eastern Health and Social Care Trust

I was a registered nurse and qualified as a midwife in 1994. I completed my BSc in professional midwifery in 2002, did a postgraduate certificate in education in 2006, and then took a joint appointment as a practice educator/link lecturer with Queen's University Belfast. I joined the 'Home from Home Alongside Midwifery-Led Unit' when it opened in 2007, becoming Band 7 unit manager in 2012. I remained in this role for 12 years, supporting women and midwives, before becoming Interim consultant midwife in 2024 – a role that allowed me to remain in clinical practice.

I have two clinical days weekly, meeting women to make individualised care plans for complex pregnancies. I co-lead monthly audits, coordinate multidisciplinary team teaching, oversee maternity guidelines and manage the education team. I am a guest lecturer and support waterbirth training in other units and, with my consultant midwife colleagues, have trained midwives across Northern Ireland in the use of sterile water injections for pain relief in labour.

As part of my role, I was a member of the advisory group for the Mary Renfrew review of Northern Ireland maternity services, which reported that women felt they were not included in decisions about their care and that their voices were not heard. With this in mind, I am currently leading a quality improvement project, with service user input, to ensure all women are offered a place-of-birth discussion, to be commenced at booking and evidenced in their digital record.

Consultant midwives work across four pillars: expert clinical practice; leadership and consultancy; research and evaluation; and education and workforce development. But essentially, we drive service improvement, keep an educational and research focus, and support midwives to provide a quality service for women. Midwife literally means 'with woman' – being a consultant midwife has allowed me to maintain a clinical role, to be with women, while also supporting the maternity team.



Sophie Black

head of division for midwifery and LME, University of Chester

Since I started working with students in practice, I knew I wanted to go into education and make a difference there. I did my Master's and my PGCert side-by-side, dipping my toe into higher education while still working clinically. I spent almost two years at other approved education institutions before going back to clinical practice as a Band 7 practice development midwife for two years, then returned to education at Chester, where I'd trained.

Since then, almost eight years ago, I've taken on leadership roles and additional training, learning about regulations, policies and quality assurance and reaching out to senior leaders in order to apply for the LME role in 2024.

As an LME you have the autonomy to make a difference. The description of the role on the NMC website is brief. One thing it mentions is the good health and character declaration and signing a student off – but there is a whole remit of hidden work to make sure that when they qualify, they are safe and effective.

We make sure we are delivering a programme that is fit for purpose, following the NMC standards and meeting the quality assurance standards of the university and the Office for Students too. It's a bit like a jigsaw puzzle – but students are always at the forefront of everything I do.

To take on the role you need to be assertive, especially when organisational structure doesn't naturally allow access to strategic planning and management opportunities, where it's important to ensure your voice is heard. It can take courage to advocate for midwifery at that level. We are experiencing one of the most challenging times in both maternity and education – the past 12 months have been intense, especially picking it up as a new LME, but I always try to remember why I'm doing it.

LMEs are at the start of the journey, helping shape future midwives. If we get it right, it creates better maternity services and a stronger NHS. It's a pivotal role, and an influential and powerful one, which is why I felt it was important to share my experience at the RCM Research and Education conference in March.

"Having spoken to others whose universities don't fully grasp their role, I know their ability to connect is both frustrated and limited"

Dr Janine Stockdale

LME, Queen's University Belfast

If I described my role in one word, it would be 'connector'. At the heart of my connecting is my academic and midwifery team, which includes three service users who are honorary lecturers. I support them all, as educators and researchers, to optimise students' learning experience. I also module lead, teach and supervise MScs and PhDs.

Alongside that, I join with our practice partners across the five trusts and serve on the NI Practice Learning Collaborative, which strategically oversees practice-based learning. Another connection I'm responsible for is at a university level, from implementing university regulations through to ensuring innovations in learning, such as digitisation, are optimised for our students. My membership of our School Management Committee and Faculty Education Committee enables this.

Of course, I have NMC responsibilities too. For example, there's been a significant shift towards exceptional reporting, and I connect with the NMC through activities such as serving on a critical friend group or providing information about our ongoing learning evaluations. As LME, I'm also responsible for our midwifery students' fitness to practise, if a concern is raised.

"Naturally, my role has evolved with experience, but had it been available then, the RCM's Career Pathway would have been so valuable"

Although my main LME purpose is the quality of pre-registration learning, my role is also strategic in ensuring midwifery education is always responsive to the learning needs of our workforce. This involves working closely with our chief midwifery officer and sitting on strategic midwifery forums, including those at the Department of Health and RCM. I'm also a council member for the Northern Ireland Practice Education Council.

An absolute lifeline for me when I became a new LME was connecting with the LME Forum. Naturally, my role has evolved with experience, but had it been available then, the RCM's Career Pathway would have been so valuable in providing that early direction – it's great we have it going forward. It has the potential to grow beyond a guide, as a coaching framework for new LMEs and as a guide to universities on what to expect from their LMEs and how to enable that. Having spoken to others whose universities don't fully grasp their role, I know their ability to connect is both frustrated and limited.

Essentially, as an LME my role is to connect with all stakeholders. That means getting the big picture on midwifery education – from the strategic level down to what's happening in classrooms and placements – while ensuring that our curricula implementation remains fluid, innovative and effective in developing the best newly qualified midwives. If we don't get it right for our students, then we can't get it right for anyone!

READ!

For more on the RCM's Career Pathway, visit **b.link/RCM-CP**

For more on the role of the LME, visit **b.link/RCM-LME**

For more on the role of consultant midwife, visit **b.link/RCM-consultant**

IMAGE: SHUTTERSTOCK

"I believe that promoting staff wellbeing is crucial to my role"

The second ever RCM branch awards will be announced this month. Here are some of the winners from last year

In 2025, the first ever RCM branch awards were announced at the activists' conference. The six categories and winners were:

Branch workplace campaign: South Tyneside and Sunderland branch (with St George's branch highly commended)

Branch event: Taunton and Somerset branch

Learning campaign or event: Cardiff and Vale branch

Health and safety campaign or event: University College London Hospital (UCLH) branch

Branch communications award: Barnstaple and District branch

Equality, diversity and inclusion campaign or event: Chester branch

2025 learning campaign or event winners, Cardiff and Vale branch, Cymru

Health and safety award

This award recognises an outstanding campaign or event that, through awareness initiatives, training or direct action, has promoted safer working conditions, protected workers' rights, prevented harm (physical and/or psychological) and is driving positive change. The 2025 winner, University College London Hospital branch's wellbeing initiative, ensures that all staff on the Elizabeth Garrett Anderson Wing are able to access holistic treatments either during or outside of their working hours. Importantly, treatment times are recognised as wellbeing time, not deducted from break entitlements, emphasising the trust's commitment to supporting staff welfare.

This initiative has been driven by the RCM health and safety representative Josephine Oamen with the aim of addressing stress, promoting recovery and embedding wellbeing into the workplace culture. "This project started post-COVD-19 in 2022, as part of UCLH's 'Be well' project," she says. "Research showed that fatigue can lead to burnout and poor staff wellbeing, with both leading to concerns in patient safety. With busy working lives, it is often difficult to make time and appreciate the benefits of practising self-care. The wellbeing project encourages maternity staff to take care of themselves.

"It has also been embedded into our recruitment campaign, but I'm worried that due to the [amount of] available spaces within NHS buildings this room is constantly under threat.

Branch award winner Josephine Oamen (right), RCM health and safety representative, and Amanda Tata, UCLH volunteer lead

PHOTO: LOUISE HAYWOOD-SCHIEFER

So, I feel really grateful that this project was recognised by the RCM team – I also believe that promoting staff wellbeing is crucial to my role as health and safety rep."

Josephine has taken a proactive role in prioritising staff wellbeing, creating safer and healthier working environments. The initiative ensures that maternity staff feel valued, supported and cared for in the workplace.

Learning campaign or event

This award recognises an RCM branch that has demonstrated exceptional commitment to education, skills development and lifelong learning. The winners did just that. Cardiff and Vale branch, Cymru, played a pivotal role in signposting colleagues to learning opportunities, organising impactful events and championing functional skills development. In little more than a year, and with a new learning rep on board, the branch transformed the learning culture across maternity services. From its 'Breakfast and learn' events to study boxes and student wellbeing events, it has created engaging and accessible opportunities for professional development all while prioritising wellbeing. The branch's collaborative approach champions innovation, connection and care.

"Learning is something people want to do, but it wasn't always easy to access," says Kate Shinkwin, lead midwifery practice education facilitator and RCM learning rep for Cardiff and Vale. Kate came up with "a simple concept: portable, flexible learning resources that staff and students can dip into anytime, at their own pace, wherever they are". They contain hands-on tools – things like suturing practice models, pelvises and anatomical dolls to support midwives, maternity support workers (MSWs), students and the wider multidisciplinary team.

"I believe that when we support our staff, confidence grows, skills grow and the care we provide becomes safer and stronger. To receive the award has been very humbling and it reinforced that this kind of practical learning support is truly valued," says Kate.

Branch communications award

Effective communication is at the heart of a strong union, keeping members informed, connected and empowered. This award celebrates an RCM branch that demonstrated clarity, creativity and accessibility in its communication and engagement with members through noticeboards, newsletters or social media.

The 2025 winner, Barnstaple and District – South of England, is a glowing example. What impressed the judges was the branch-negotiated agreement with the trust for a dedicated monthly RCM day. On this day, the branch hosts meetings for members to share thoughts and concerns, information and treats. These face-to-face interactions, paired with vibrant noticeboards and regular posts on social platforms, ensure members remain engaged and informed. The committee's creative information materials and decorative displays reflect their pride in the RCM and welcome everyone.

Beyond monthly meetings, the branch maintains an active WhatsApp group, facilitating real-time planning for engagements and events as well as providing updates on critical issues. One example is the long and exhausting advocacy for MSW grade 2-3 changes, despite challenging management discussions. The branch's tireless efforts ensure members are kept informed through meetings, digital communications and noticeboards.

However, they have fun too. From the International Day of the Midwife awards to raffles, they help create a positive and supportive community. ❋

RCM I-LEARN MODULES

Find out more about the branch roles (study time: 10 minutes) at:
Branch officers – the branch treasurer: **b.link/RCM-ilearn-treasurer**
Branch officers – the branch secretary: **b.link/RCM-ilearn-secretary**
Branch officers – the chairperson: **b.link/rcm-ilearn-chairperson**

Have you seen the toes?

Fibrodysplasia Ossificans Progressiva (FOP) is a debilitating genetic condition that is often misdiagnosed at birth, leading to harmful interventions. Here's what you should know

Awareness

FOP Awareness Day is on 23 April, but you may not have heard of it. It's a rare genetic condition that affects just one in a million people. Over time the body turns soft tissue and ligament into bone – it is degenerative and there is no available treatment or cure.

Identification

FOP is characterised by turned in, shortened or sometimes missing big toes, visible from birth. These along with unexplained swellings are key indicators of FOP and can often be misdiagnosed as cancer.

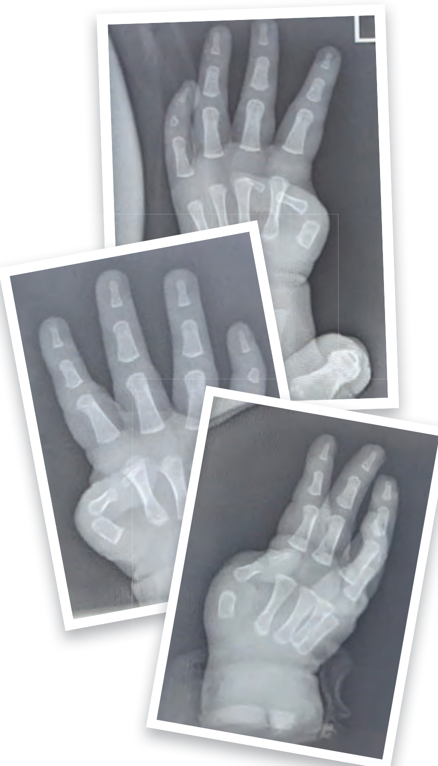
Early identification can reduce unnecessary harm to the baby. For example, biopsies should not be done as they can trigger flare-ups (swellings on the body that are painful and often warm to the touch), cause irreversible harm and accelerate disease progression.

When a flare-up subsides, often new bone growth has occurred. When this happens across joints or within a muscle, it restricts the person's movement – locking that joint forever. It is not possible to remove FOP bone as the surgery can trigger further flare-ups and subsequent bone growth, thus aggravating the FOP more.

Diagnosis

Diagnosis of FOP affects all treatment pathways for baby – for example, **injections and vaccinations need to be delivered subcutaneously rather than intramuscularly** – so newborn vitamin K would need to be reconsidered. Vaccinations are vital for this group, but specialist FOP advice needs to be sought prior to any administration of injections. The NHS childhood vaccination programme can be delayed until the diagnosis is confirmed and the precautionary steps have been agreed.

Diagnosis involves sending a saliva sample for genomic testing to avoid unnecessary blood sampling. If midwives and maternity support workers are aware of the toes, then they are best placed to raise a concern with a consultant at birth and reduce unnecessary harm.



IMAGES WITH KIND PERMISSION FROM FOP FRIENDS

MORE INFO
For more information, visit **b.link/Springer-FOP**

RCM I-LEARN MODULE
Genetics and genomics for midwifery practice (study time: 60 minutes): **b.link/RCM-ilearn-genetics**

Fingers and toes

Helen Bedford-Gay found out about her baby's life-altering condition in the worst way – and now she's determined to raise awareness

I remember the sonographer being so kind, reassuring us that our baby was moving and growing perfectly – the only tiny thing was she couldn't quite see his big toes. "Baby's probably just curling them up," she told us.

Even at birth, the midwives and health visitors did notice his 'funny toes'. They were short and turned in, but nobody seemed worried.

The early months were tough. Oliver struggled with reflux, he didn't sleep and we were told he was "failing to thrive". He even needed a hernia operation. On top of everything else, we had podiatry appointments trying to 'fix' his toes with splints. Even when X-rays showed he was missing a bone in both big toes, it wasn't a red flag. We were just told that maybe surgery down the line would straighten them out.

Then a strange swelling appeared on the back of his head. The doctors had never seen it before. They could tell us it wasn't cancer, but they couldn't tell us what it was. So, at just nine months old, he underwent surgery to remove it.

Then came the day that changed everything. Oliver had just turned one. We went in for a follow-up consultation. The neurosurgeon told us they'd figured it out: Oliver had Fibrodysplasia Ossificans Progressiva, or FOP. He scribbled the three words on a scrap of paper, tore it off and handed it to us. That was it. He made it sound so manageable. He told us that as long as Oliver didn't play rugby, he'd be fine.

> "He scribbled the three words on a scrap of paper, tore it off and handed it to us"

We went home and did what every parent does: we Googled it. And that's when our world just fell apart.

Finding support

Due to a fault in the ACVR1 gene, Oliver's muscles, ligaments and soft tissue would turn to bone. Over time, he would become imprisoned in a 'second skeleton'. His life expectancy is around 45 years. There is no treatment and no cure. Our hearts broke.

In those early days, we felt so incredibly alone. There was no patient organisation in the UK and no support. Over the years, we have found the information ourselves and found other parents. After a few years, we created FOP Friends. What started as young parents looking for hope for their son has become a nationally and internationally respected charity.

There's no handbook for when your world gets turned upside down. We are just doing our absolute best for our son, and we won't stop. The charity is our way of trying to control something we actually have no control over. We will keep fighting, keep researching and keep building this community until Oliver gets the treatment he needs, so he can live the life he wants and deserves.

READ
For more information, visit **fopfriends.com**

Interactive perineal suturing workshop

London Heathrow

Facilitated by a perineal specialist and a team of experienced midwives. The course is specifically designed for midwives, student midwives and obstetricians in a non-judgmental environment. During the practical session, you will practice on a range of realistic models:

- How to handle surgical instruments
- Continuous non lock technique
- Subcuticular technique
- Interrupted suturing technique
- Basic knot tying techniques.
- Infiltration before episiotomy
- Infiltration before suturing
- Performing episiotomy
- Repair of 2nd degree tear/episiotomy

2026 Dates:
25th April • 23rd May • 27th June • 25th July • 26th September • 24th October • 21st November • 12th December
Location:
Hilton Garden Inn Hotel London Heathrow
Course Fee: **Qualified midwives £250.**
Subsidised for self-funding students £150
Please email directly to book, for the discount to apply.

For more information and booking visit: www.perihealthlondon.com
Contact us directly at Email: Info@perihealthlondon.com Phone: 07957412676

The Baby Blues and Post-natal Depression

This short, informative leaflet is approved by Midwives, Health Visitors, Community Practitioners, GP's and Perinatal Psychiatrists.

The leaflet is appropriate for all newly delivered women and ideal for Ante and Post-natal Clinics and Maternity Wards.

Thanks to a generous legacy we are able to offer this leaflet free to health professionals in quantities of 1,000, 2,000 and 5,000.

If you have never used this publication before please contact us to obtain sample copies.

Please ring 0207 386 0868 between 10am and 2pm on weekdays or email: **info@apni.org**

Please quote: **RCM COMMUNITY** when ordering

The Baby Blues and Post-natal Depression

One in two women experience the Baby Blues after giving birth. This leaflet explains why you may have mood swings after your baby is born and offers practical information and advice about the Blues and Post-natal depression.

Drapolene® Cream

Benzalkonium chloride 0.01% w/w, Cetrimide 0.2% w/w

Recommend at every nappy change to prevent and treat nappy rash

PREVENT

TREAT

SOOTHE

PROTECT

NEWBORN

NEW TUBES with FLIP TOP CAPS

For more information visit: www.drapolene.co.uk/professionals-page

Drapolene® Cream contains Benzalkonium chloride 0.01% w/w & Cetrimide 0.2% w/w. **Indications:** Drapolene® Cream is indicated for the relief of nappy rash and for use as an adjunct to baby care hygiene for the prevention of nappy rash. Drapolene® Cream is indicated for the relief of urinary dermatitis in adults, and as an adjunct to patient care hygiene for the prevention of urinary dermatitis. Drapolene® Cream is indicated for the symptomatic relief of minor burns, limited sunburn and the effects of weather. **Legal Category:** GSL. **MA Holder**: Ravira Ltd., Aiolou 4, 3020, Limassol, Cyprus. Managed by Supra Enterprises Ltd. www.supra.org.uk. Information about this product, including adverse reactions, precautions, contra-indications, and method of use can be found at: www.drapolene.co.uk/essential-information. Revision Date: September 2025

Left to their own devices, neither will reproduce.

Money needs a plan

Did you know, on average, financial advice could make RCM members **nearly £48,000 better off** in pensions and financial assets[1]?

quilter.com/info

[1] www.unbiased.co.uk/discover/personal-finance/savings-investing/the-value-of-financial-advice-how-much-is-it-actually-worth. This research was originally conducted in 2017 and the figures quoted are for illustrative purposes only.

Approver Quilter Financial Services Limited. March 2026.

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