RCM COMMUNITY

BY THE SIDE OF MIDWIVES, STUDENT MIDWIVES AND MATERNITY SUPPORT WORKERS

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Volume 28 / October 2025

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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 17th March 2025)
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1. Journal of the American College of Nutrition, Vol.18, No.5, 487-489 (1999). **2.** L Brough et al. Effect of multiple-micronutrient supplementation on maternal nutrient status, infant birth weight and gestational age at birth in a low-income, multi-ethnic population. British Journal of Nutrition (2010), 104, 437-45. **3.** Agrawal, R. et al. Prospective randomised trial of multiple micronutrients in women undergoing ovulation induction, Reproductive BioMedicine Online December 2011.

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RCM CEO **Gill Walton** invites you to be part of our *RCM Community*

"You have a home in the RCM"

Welcome to our very first edition of *RCM Community*, your new magazine for RCM members. The dictionary definition of community is a group of people united by shared characteristics, interests or circumstances, often living in the same place or sharing a sense of belonging. While we may be spread across the UK – and across the globe – I can't think of a better description of our midwifery community.

All of us are united in wanting to support women and families through some of the most important moments in their lives. Some of us may be doing that directly, working in hospitals and other clinical settings. Others may be developing the policy and guidance that shapes what the midwifery community does. And some may be educating midwives or researching new and better ways to provide support and care to women. Whatever your role in our midwifery community, one thing is certain: you have a home and a place here in the RCM.

And that's why we have made the changes to the magazine. We want each and every one of you – whether you're a midwife, a student midwife, a maternity support worker (MSW), a maternity care assistant, a midwifery educator or a midwifery researcher – to feel that sense of community. We have new features (including dedicated sections for students, those working in Scotland, Wales and Northern Ireland, activists and MSWs) as well as some familiar ones, including employment advice and our 'Voice of a Mother' series. And there's even more content online: just follow the link on each of the pages.

Our midwifery community has never been more important. I know the passion you have for supporting women and families in whatever capacity. Every time I go to a conference or event, or visit a workplace, I can see and feel it. But I also see how the current situation, wherever you are, is taking its toll.

I know we need the right staff in the right place at the right time with the right education and training. I know we need estates that are properly resourced and don't feel like they're held together with sticky tape. I know we need the voices of the midwifery community to be heard locally and by the politicians and the policy-makers.

That is why the RCM is by the side of the midwifery community. We are here to improve your working lives and to amplify your voice. We are here to speak up for and shine a light on the amazing work you do, day in, day out. We are here as your advocate and your champion. We are here because of you and we are here for you: our amazing *RCM Community*.

Come together

The idea of a community in maternity services can take many forms: peer support, multidisciplinary working and women-centred care across different teams and platforms

If you want to travel far, travel together, as a proverb once put it. The RCM believes so passionately that maternity networks – both professional and private – should form a core part of practice that it made 'build our midwifery community' one of the three key elements of its new strategy. But what does that look like in practice?

The right platform

No longer does a community require close physical proximity. Digital networks allow colleagues to connect and share day-to-day support. For certain groups, such as those working in remote and rural settings, this is vital.

During the COVID-19 lockdown particularly, student midwives unable to attend lectures or bond with their cohort relied on WhatsApp groups to communicate. Recognising that the next generation of maternity professionals were digital natives, the RCM ran a series of Instagram Live sessions, which explored different stages of becoming qualified. The sessions were so well received they began a second run in September.

"Instagram has a really interactive element, and it's a safe space for students to submit those questions without having to put their hand up in a lecture or have their camera on," says Ruby Handley-Stone, RCM professional advisor for education. "It's accessible to everyone – anybody can follow the RCM Instagram account and listen in. So, it means people who are considering midwifery as a career can tune in and get an insight into what it's really like."

The platform is also international, Ruby adds. "We've had questions from Iran, Ecuador and France. They might be international students thinking about UK midwifery or, if they're already on their student journey, they might be interested in sharing their guidance and knowledge from where they're training, which is a really special aspect of social media."

Attended live by more than 100 people and viewed as a recording more than 2,000 times in 12 hours, the very first Instagram Live proved just how valuable this digital community would be.

With a title befitting the new academic year, the latest session 'Thriving on your midwifery programme' featured members of the RCM's Student Midwives Forum (SMF), alongside host Ruby, to discuss their experiences and inspire new starters.

"We touched on some important topics like preparation, clinical placement and self-care," says Saffron Lewis, SMF chair and third-year student midwife at the University of Southampton. 'I hope if there was anything students or prospective students took away from it, it was to be kind to themselves and to believe in themselves. The course can be tough, but it's absolutely worthwhile."

Kurt Lee, second-year student midwife at the University of West Scotland and SMF vice chair, says he's grateful for the opportunity to offer practical advice on thriving at university. "I hope all future midwives who watched feel a little more confident about completing their midwifery programme."

"It means people who are considering midwifery as a career can tune in and get an insight into what it's really like"

ILLUSTRATION: MARTIN O'NEILL

Support within reach

Humber and North Yorkshire's Ask a Midwife service, as with so many online communities, was born out of the COVID-19 pandemic. Sallie Ward, local maternity and neonatal system lead midwife at Humber and North Yorkshire Health and Care Partnership, recalls that it was a time when women were "really worrying about access to maternity care, mask wearing and whether partners could come".

The result was an idea for a collaborative social media service rather than a phone line, which could be difficult to manage. "We set up a service on the hospital Facebook page. On the first morning, we got 150 messages – so we knew we were onto the right thing," she says. "We thought Facebook would be easily accessible for families to gain information." Mostly aged 16-45, the clients are generally quite tech savvy and often prefer messaging rather than calls, she adds.

Despite being a non-urgent service, it's very much tailored to the individual and proactive, as Emily Cook, community midwife and Ask a Midwife for Hull, explains. "Ask a Midwife can tailor the public health promotion posts we put out based on the FAQs we are getting that day. For example, a rise in questions from women experiencing cold and flu symptoms can lead on to general information posts about what is best in pregnancy in terms of managing a cold, which can then go on to further topical posts about vaccinations."

Some of the non-urgent questions the team receives nonetheless require a midwife to go away and research before answering, such as: 'What can you have and not have in a facial during pregnancy?' It's about what matters to the individual woman, Sallie adds. "Those niggly little questions are still important, but don't end up in the clinical environment taking up a midwife's time."

With around 800 questions submitted per month and a 68-page document of FAQs for the team to draw upon, the service – which operates via Facebook and Instagram, as well as email – remains in high demand five years since it launched.

That Ask a Midwife won the RCM's outstanding contribution to maternity services (digital) award last year was just one of many professional rewards reported by the team. "The women are getting such a clear answer, which they wouldn't get in a clinical environment with the time restriction," says Abbie Durrant-Milnes, digital midwife and Ask a Midwife for Harrogate. "As midwives, we love women's feedback, and we don't get as much of it nowadays because it's not as easily given. But our 'Thank you Thursdays' have the most engagement of all our posts."

What is key is that this is an online community these midwifery professionals have built by identifying a need and drawing on the resources and expertise of their own professional community to meet that need. Claire Welford, triage midwife and Ask a Midwife for York and Scarborough, adds that the initiative has prompted her to do some research into how social media can enhance maternity care. "This is a jump start into doing a Master's degree in research, and from that I can feed back to Ask a Midwife. We need to get on TikTok and Snapchat now to reach those younger women too. It might be a non-traditional form of care, but we're still enhancing women's maternity journeys."

"We set up a service on the hospital Facebook page – on the first morning, we got 150 messages"

Carving out local care

Tasked with a requirement from NHS England to create a new clinical network to

Speaking out

SMF: community for students

"I wanted to advocate for fair and equitable support for university students, especially those from underrepresented backgrounds. The SMF has enabled me to empower students to speak out, challenge the status quo and help drive change for the better."
Kurt Lee, SMF vice chair

"I feel passionately about the challenges currently facing student midwives and the impact this has on our future. I want to help make our voices heard. Having a seat on the SMF, to me, isn't just about what we need to do, but also what we can do and what we have done – as well as celebrating the little and big wins along the way."
Saffron Lewis, SMF chair

IMAGES: RCM/KATE DARKINS

"We have to acknowledge the changing demographic of the population – I think multidisciplinary teamwork is really key to that"

care for women with complex medical needs, Luci Buxton quickly established what was missing. When the maternal medicine lead midwife for North Central London (consisting of five hospitals) was brought on board in early 2022, she was keen for pregnant women identified as 'very high risk' to be seen locally, rather than having their care transferred to the tertiary centre that was often some distance away.

"Some of the hospitals had well-established services, but it wasn't completely multidisciplinary," she says. "I was able to show that if we brought a midwife into each of the hospitals instead of taking all of that resource to the tertiary centre, it created their own community."

Getting so many stakeholders on board with this vision was a challenge. "We didn't want to undermine them or seem that we were just scrapping everything they'd built. And maternal medicine as a midwifery profession is still really new. So I took any opportunity I had to go and sell the service."

Now, each hospital has a multidisciplinary team offering much-needed continuity of care to women with complex medical needs. Of course, the nuances are slightly different, says Luci. "Some services don't have cardiology or haematology specialists available. But this is where being a multidisciplinary team helps, because other hospitals can support with that."

Other initial challenges, such as power dynamics within teams, were overcome – and Luci credits the specialist midwives who came into post, took ownership of their role and had honest and open conversations to build their teams.

"In my trust, 30% of the women who are booking have a medical complication," Luci notes. "As midwives, we have to acknowledge the changing demographic of the population. I think multidisciplinary teamwork is really key to that. And knowing your role and who you are – as well as having that trust within your community – is massive."

MORE INFO
Join RCM's Instagram Lives and find out more at **b.link/Insta-RCM**

RCM Awards 26

Free to enter for RCM members

Winners announced:
6 February 2026

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The RCM Awards 2026 will take place on Friday 6 Feburary 2026 at The Brewery, London - Celebrating, rewarding and sharing outstanding achievements in the midwifery profession across the UK this year.

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By your side

The countdown is on to the SMiLe 25 conference, and we have made more places available due to high demand

This year has really seen the coming together of the SMiLe (Scottish Midwifery Leadership) group and all its networks to build a conference that reflects what is important to midwives, maternity support workers (MSWs) and maternity care assistants (MCAs) in Scotland.

The theme this year is 'By your side', and the programme has been led by the SMiLe working group to ensure that it is by the midwifery community, for the midwifery community.

SMiLe was established to support the work to achieve the ambitions set out in the five-year plan, and it's great to see the commitment we made to the profession being embedded. The network that makes up SMiLe amplifies the voices of all parts of midwifery. It provides opportunities for midwives, MSWs and MCAs at different stages of their careers to connect and contribute to making positive change.

"SMiLe provides opportunities for midwives, MSWs and MCAs at different stages of their careers to connect and contribute to making positive change"

Conference program

The Scottish Consultant and Research Active Midwives have been integral in the development of the Alternative Birth Choice Framework for Scotland, co-chaired by Amanda Gotch and Justine Craig, Scotland's chief midwifery officer, and this will be the focus of the morning workshops.

There will be flash talks from midwives, MSWs and MCAs, who will be sharing outputs from the student, early career and educator networks, as well as great ideas and challenging questions across all parts of midwifery.

We know that the inspections have been a big worry this year. We are glad to have the draft maternity standards, which will inform the inspections, being covered in a workshop where delegates will hear what they mean in practice.

We also listened to members on the need for extended time to connect, eat and chat! After all, how often do Scottish midwifery professionals have this chance to meet face-to-face?

We have some amazing sponsors this year, including our main sponsor GynZone, which works with midwives across the globe to support high-quality pelvic floor care – something we know we need to improve in Scotland.

Your community

This is not our conference – it's our community's conference. If you want to be involved in any network or branch or have a network you want to affiliate, then this is the place for you. Help make our profession's voice heard!

MORE INFO

Read the five-year plan at **b.link/RCMScot-5year**
Find out more about the SMiLe conference at **b.link/RCM-SMiLe25**

Joined-up working

Digital has been lauded as the future for maternity, but disconnected systems across the UK haven't lived up to expectations. Northern Ireland is an example of how to get it right

"As a profession, we're entrenched in writing longhand notes – that's why midwives love a free pen," says Zoe Meneilly, deputy head of midwifery at the South Eastern Trust and chair of the expert working group for the Encompass digital platform.

In November 2023, the South Eastern Trust was the first to go live with the platform. In June 2024, Belfast followed; by December 2024, Northern Trust had done the same; and then in May, Southern and Western Trusts went live together. For this to happen however, it required more than just a change of note-taking culture.

Zoe says: "The first stage was talking to all Trusts about the Encompass system – it's a US organisation so there are differences in both the midwifery model and the health and social care umbrella of Northern Ireland that had to be worked through.

"Then there was having to take on board slightly different pathways from unit to unit and getting everyone to agree on what was needed. The challenge [was] getting a whole country of health professionals to agree in a country that has not agreed on anything in 100 years!"

Next there was the digitisation of records. Zoe says: "Many healthcare records were migrated easily, but not maternity." These had to be input manually "by midwives who were paid overtime and in coffee" because they had the knowledge to interrogate the data. She continues: "They volunteered so they could become comfortable with the system before going live. Some embraced it and became 'super-users' who trained others."

Up and running

The training itself was over two days, but there are 'how to' sheets on the system for people to refresh their knowledge including a 'playground' for professionals to experiment and become confident.

The system has been embraced. Zoe says: "No one wants to go back to paper because of the benefits. A midwife on a home birth who's phoning for advice or guidance doesn't have to articulate a woman's history in a stressful situation because it's already there on the system. Advice can also be documented live, so if a woman phones it's clear what has been discussed and you aren't relying on her interpretation of what was said.

"No one wants to go back to paper"

"You can also see multiple contacts so you're better able to assess the situation – for example, if a woman has called a few times, which is something you wouldn't know before."

For Zoe, the culture change includes multidisciplinary working. "I have a network of professionals who I now know. I've met so many people I would never have met if I'd not taken up the digital post – we all have an awareness of pressures on other teams. It has broken down silos and helped us all work together to provide a joined-up service. While planning, rolling out and embedding the digital platform has been a lot of hard work, its success is down to the willingness of staff."


Zoe at RCM conference

READ
For more on Encompass in Northern Ireland, visit **b.link/DHCNI-Encompass**

Belfast going live!

Mwy na geiriau

Scan

RCM Wales has become RCM Cymru to give a voice to the more than 27,000 Welsh families who give birth each year and the more than 2,000 midwives who support them

Using the Welsh language in maternity services can transform birth experiences, bringing wellbeing and satisfaction for midwives, maternity care assistants, maternity support workers (MSWs) and those they care for. In Welsh maternity services, there's a strong emphasis on providing care in the language of the service user's choice, with Cymraeg actively offered. Research shows that Welsh-speaking women feel safer and more supported when they can communicate in their first language. Communicating in Welsh enriches the midwives' and MSWs' experience of being with women during their pregnancy journey.

Julie Richards, the RCM's director for Wales, says: "The experience of childbirth stays with a mother forever, and language plays a key role in how women process that experience. Staff report that it makes them feel like they can bring their whole self to work."

More than words

In fact, the Welsh language commissioner has made it a priority to increase the use of Welsh in healthcare and all workplace settings, as well as among children and young people. There is a range of opportunities to learn and upskill through Health Education Improvement Wales and Dysgu Cymraeg. Julie says: "The Welsh Government has made a clear commitment to embedding language choice into care, as set out in its Quality Statement for Maternity and Neonatal Services. The statement envisions a world-leading maternity system in which families can receive care in the language they choose, wherever they are in Wales."

"The experience of childbirth stays with a mother forever, and language plays a key role in how women process that experience"

The RCM is committed to using Cymraeg to amplify members' voices, building a community of Welsh-speaking members and improving the working lives of RCM Cymru members by embedding Cymraeg in maternity and neonatal services. It engaged members in Wales to find out if the change was something that they wanted to see; members voted for RCM Wales to become RCM Cymru.

In August, at the National Eisteddfod cultural festival, the RCM promoted the use of Welsh language in maternity and neonatal services, as well as the launch of RCM Cymru, with Plaid Cymru health lead Mabon ap Gwynfor hosting.

RCM Board member Angharad Oyler says: "There are so many benefits of increasing the visibility of Welsh language services to our members. It ensures our Welsh-speaking members can fully engage confidently and comfortably with RCM."

IMAGES: RCM/KATE DARKINS

Creating a bond

From financial difficulties to fear of childbirth, Sally Morgan, perinatal mental health maternity support worker (MSW) at Tameside and Glossop Integrated Care NHS Foundation Trust, supports women and families

More than one in five women and birthing people will face a mental health challenge during pregnancy and after birth, according to the Maternal Mental Health Alliance, and suicide continues to be a leading cause of death for women between six weeks and one year after giving birth.

That's why perinatal mental health specialists in maternity provide what can be a life-saving service. Perinatal mental health MSW Sally Morgan works with mothers and families to talk about their emotional wellbeing, parent/infant relationships and how best to support them. "It's about discussing what support the mother would like because it's led by them," Sally explains.

This can include going to appointments with families, co-hosting baby bonding groups and having one-to-one-sessions with mothers including practical care such as changing a nappy and preparing a bottle of formula milk. "I'll do 20-30-minute sessions from about 20 weeks up to when baby has been born, either at home or on the ward. This gives her the best start to care for her baby. No day is never the same – I fit the care around the family."

Sally's bonds are so close that she has even been asked to cut an umbilical cord. "I had tears in my eyes. The mother was terrified going into theatre and wanted her partner and me there. The dad didn't want to cut the cord and the mother turned to me and said, 'Sally's going to do it.' I feel privileged to be involved in that care and building a rapport with these families."

Sally's journey

MSW career pathways

At the RCM conference this year, Sally highlighted the career pathways available to MSWs and shared her own inspiring journey. At the age of 40, Sally decided to go back to school and undertake various courses with the aim of becoming a midwife – all while volunteering at her local maternity ward. When she didn't get into university and started working as an MSW, Sally realised this was her passion.

Within the space of a few years, Sally has held the roles of maternity education support worker and community MSW, as well as MSW advocate for her local branch. She also won the chief midwifery officer's award for maternity support excellence.

She says: "Because of my commitment to the midwifery communities, I was privileged to meet Anne, Princess Royal, at the RCM conference in May. I was so nervous, I said: 'I'm just a girl who grew up on a council estate, meeting the King's sister!'"

IMAGES: LOUISE HAYWOOD-SCHIEFER

"I feel privileged to be involved in that care and building a rapport with these families"

A helping hand

In terms of supporting those experiencing poor perinatal mental health, Sally says: "It's really important to listen. A lot of people feel that when you're talking to somebody who's struggling with their mental health you must fill that silence, but it's okay to have that silence. It gives them the headspace to process everything that's going on.

"I listen, have that quiet moment and validate her feelings – that it's okay to feel that way. I also have to realise that I don't have a magic wand and can't fix everything."

Sally is working on guidelines, key resources and referral forms to support colleagues in identifying those in their care who may be experiencing issues. "It's about having those conversations with colleagues, ensuring they know what to look out for and asking families the right questions," she explains.

Terminology is also key. "We always say emotional wellbeing rather than mental health because there's so much stigma around the latter. A lot of midwives might only meet a family once, so it's about picking up and identifying these things."

A passion for care

Sally signposts those who need support to specialist perinatal mental health services. These include talking therapy, Home-Start for peer support (the charity also provides baby items) and non-profit group Dad Matters that supports fathers, as well as parent infant mental health services to support the whole family.

Sally has also designed a Padlet within Tameside Hospital that has information about the team, local resources, brain development and how people can claim benefits. "It has all the services in one place, so families can interact with it and go direct to the relevant websites."

As a mother of 10 herself, Sally understands the importance of having support systems in place during this period. "My pregnancies were all so different and I never saw the same midwife," she explains. "My last pregnancy was quite complex as I had quadruplets, but I felt my care wasn't personalised. Going through that, I could have done with someone in my role supporting me.

"Having had my first child when I was 16, this gave me an interest in supporting young parents, so it has evolved from there. What I enjoy most is making a difference to a family's journey."

READ

Sally's Padlet: **b.link/Padlet-LTTH**
Signs and symptoms of perinatal mental health conditions: **b.link/MMHA-signs**
RCM i-learn module *Perinatal mental health* (study time: 1 hour): **b.link/RCM-ilearn-mentalhealth**

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Glimmers of hope

The RCM has been working to raise awareness of newly qualified midwife vacancy shortfalls and pushing for action at national and local levels

In May, the RCM surveyed final-year student midwives on their confidence in finding post-qualification employment as a midwife. More than eight out of 10 student midwives said that they were 'not confident' they would find a job once graduating, despite maternity services across the UK struggling with understaffing.

Funding cuts and recruitment freezes are to blame, tying the hands of midwifery managers who are unable to hire the midwives as they need. Following the survey of final-year students, the RCM lobbied all four UK governments to review their midwifery workforce planning approaches and the funding cuts at the root of the recruitment freezes.

In August, there was progress for those in England in the form of a funding announcement. Secretary of state for health and social care Wes Streeting said that NHS England would make top-up funding available to NHS Trusts to enable them to take on those who have just graduated. The funding will provide 800 jobs for newly qualified midwives (NQMs).

RCM's chief executive Gill Walton said that the news "will be a massive relief to graduating midwives across England. We're pleased that Streeting has listened to us and to our student members and has taken action.

"We heard from final-year students who were fearful that they'd never fulfil their dream of becoming a midwife. While this still doesn't guarantee a job for every NQM, it does offer glimmers of hope and goes some way to get them on the career ladder."

The north-west, for example, has created more than 60 whole-time equivalent posts from the funding - providing top-up salary support for NQMs to be recruited on a temporary basis.

A close eye on developments

While the RCM welcomed the announcement, it warns that it is only for England and is a patch on a broken system. Rather than funding new posts, this scheme relies on using vacancies for maternity support workers (MSWs) and providing top-up funding to Trusts.

scan

"We're pleased that Wes Streeting has listened to us and our student members and has taken action"

The RCM has sought reassurances from NHS England that those MSW posts will be reopened as NQMs take up other vacancies. As Gill said: "While this is definitely good news for many NQMs, we don't want this to be a case of robbing Peter to pay Paul. MSWs are a vital part of the midwifery community, supporting clinics, parent education and so much more.

"Although we've been assured that repurposing the MSW vacancies is a temporary measure, we will be keeping a close eye on Trusts to make sure they are opening them back up as soon as possible."

In the meantime, we'll continue to review the availability of jobs across the UK and keep the pressure on governments so that those NQMs who have worked hard to complete their degree can make their dream a reality.

READ

To read more about what the RCM is doing to support NQMs across the UK, scan the QR code

IMAGES: RCM/KATE DARKINS

Be the change you want to see

Have you ever stopped to think about the inherent bias in healthcare and medical knowledge? Students have – and they've done something about it

Historically, the advancement and practice of medicine has been the sole preserve of white men. Consequently, much of the knowledge we have today is ingrained with unconscious bias about women and people of colour. So where does that leave maternity care? In teaching this knowledge, are we also continuing to pass on these outdated attitudes without realising?

These were the questions that were being asked by student Enitan Taiwo in a webinar about decolonising midwifery education. She got people thinking about why students are taught how certain conditions such as jaundice in newborns present in white skin but not in Black or Brown skin – or why the teaching anatomy models are white, which 'others' anyone in your care who isn't.

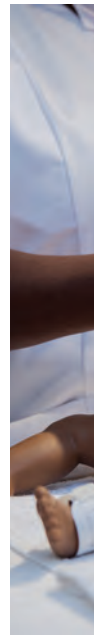
The webinar garnered a lot of attention, notes Heather Bower, RCM head of education. Afterwards, the RCM Student Midwives Forum (SMF), a student group elected by their peers, wanted to know what the RCM was going to do about it.

The tools and the talent

The RCM put together focus groups and a steering group comprising stakeholders including students, lecturers, midwives and academics. "Our starting point was the fact that Black mothers are four times more likely to die and Asian mothers are two times more likely to die during childbirth in the UK," says Heather. Something has to change, and that starts with education.

Together they created the Decolonising Midwifery Education Toolkit, which launched in 2023. Its aim is to empower midwifery educators to challenge the implicit and explicit legacies of 'colonial' perspectives in all aspects of midwifery education when they are developing and improving their programmes. For example, students have found they are taught solely to diagnose conditions in white mothers and babies – even in the Apgar score neonatal check, a baby is described as 'pink' to denote that they have good blood oxygenation and circulation.

The toolkit is split into four different sections: student recruitment, curriculum,



IMAGES: RCM/KATE DARKINS

SMF

Would you like to be involved in a dynamic student midwife forum? Are you prepared to be the voice of students in your region or country? The RCM Student Midwife Forum elections are open on 1 October. For more, visit **b.link/RCM-SMF** or contact **vicky.richards@rcm.org.uk**

assessment and practice. Each looks at how unconscious bias can be acknowledged and tackled.

The toolkit has been well received, both in midwifery and other healthcare professions. It was presented at a medical conference in Brighton and an all-university conference in Leicester. At universities such as Southamton and Leeds, the toolkit is being used across their healthcare programmes. "Most programmes in the UK are mapping themselves against the toolkit; that might be when they're redesigning a module, redesigning a whole programme or thinking about how they might revamp their recruitment processes," says Heather.

Finding their voice

Selena Palmer, now a Manchester midwife, was part of her university's Equality, Diversity and Inclusion Committee. She became the youngest member of the steering group. "I appreciate it can be difficult sometimes as a student midwife, as you don't know how your ideas will be perceived," she says. "I would encourage all students to get involved, because if you're passionate about it, you can make a valuable change.

"Your views are important because you're living the experience. Lecturers, for example, may not have been in clinical practice for a while. Midwives and student midwives are the ones living the experience day to day and have such a valuable insight into what actually happens in clinical practice."

She found that when she was on placement, the attitude of service users towards her would sometimes be that of surprise. She even had instances of women ignoring her. "It shows that racism still exists. That's why I was so passionate about making sure other student midwives don't have the same experiences I had and feel represented within placement areas."

Monique Balogun, now community midwife at King's College Hospital NHS Foundation Trust, noticed during a second-year lecture on breastfeeding at the University of Greenwich that none of the images showed women of colour. She asked her lecturer why information about how mastitis might present on darker skin was not in any of the current resources. Then she reached out to Elsevier Publishing, which provides resources and textbooks for midwifery students, and asked why students weren't seeing the global majority represented. She asked them to join her on a campaign to improve resources and was invited to join their student advisory board. She is now writing material for their textbooks.

"It's very important that students are able to advocate for themselves"

"It's very important to me that students are able to advocate for themselves. It means that as they grow in confidence, they are then able to advocate for the families they care for," she says. "I encourage all students to stand up to bullying, racism and discrimination of any kind and to escalate any concerns.

"Our midwifery students are valuable and need to know that they do have a voice and we need to listen."

The student community is passionate and pioneering – it can bring about real and lasting change. The toolkit is just one example of students realising their power to shape the education of the future.

DOWNLOAD

Download the Decolonising Midwifery Education toolkit at **b.link/RCM-decolonisingTK**

melissa griffin
Researcher, activist, midwife

Speaking up

Melissa Griffin achieved a first for her research into the assumptions made about Black people, the ways healthcare professionals practice unconscious bias and the effects on care received

Melissa is an RCM activist, a Freedom to Speak up champion, a cultural humility and civility trainer, a maternity safeguarding supervisor and a specialist perinatal mental health midwife at University Hospitals Birmingham. She has also completed her Master's in Safeguarding Studies, so who better to research Black people's experiences of engaging with healthcare services?

She chose this subject for her research because she's passionate about improving health and social care outcomes for perinatal women, especially those who experience challenging symptoms associated with their mental health. Audits showed that only 5% of Black women engaged with perinatal mental health support services, while her literature review found there was no research that systematically examined what factors contributed to Black women experiencing perinatal anxiety or depression.

"I wanted to shed light on the challenges that perinatal Black women experience to create more of a compassionate and culturally sensitive approach to care. My intention was to share my findings with

healthcare professionals and students, and to share knowledge that would contribute towards perinatal Black women experiencing improved health and social care outcomes," she says.

The research findings

Of the six studies that met the inclusion criteria, all were done in Africa and the US. Although none were done in the UK, their findings were applicable. They showed that the factors associated with Black women experiencing depression included being substance dependant, having a pre-existing mental health condition, having a male child, having a negative experience with the police and experiencing financial difficulties leading to food insecurity. Protective factors included continuity of care from a doctor, having a supportive partner and having local peer support.

IMAGE: GETTY

The most surprising factors were having a male child and having a negative experience with the police. Studies show Black males are more likely to have a negative experience with the police, experience forms of racism such as racial profiling and be stopped and searched. Black people are more likely to experience a mental health crisis and be detained under the Mental Health Act, which can be traumatic for the individual and their family. "It saddened me to think that this cohort of women feared the future lived experience for their sons," she says.

Melissa's research has been shared with stakeholders including midwives, doctors, students and the perinatal mental health teams, and she is currently writing an article for publication. With the local maternity committee, she is planning ways to reduce the inequity gap for this cohort of women and is working alongside colleagues nationally to implement perinatal mental health improvements.

Heroes and mentors

Melissa will complete her Florence Nightingale Foundation Emerging Leadership Scholarship in October. She has also completed a postgraduate certificate in healthcare leadership and begun her doctorate, which will examine how perinatal mental health impacts women who experience social complexities. "My intention is to make impactful positive changes for socially vulnerable women," Melissa says. During her studies, she will work alongside local universities – an experience she says will help her become a consultant midwife. "Within the next five years, I aspire to become a public health consultant midwife."

Her long-term goal though, in 15-20 years, is to become a professor in midwifery.

"My professional role model is Jacqueline Dunkley-Bent. She was chief midwifery officer for NHS England, and is National Maternity Safety Champion for the Department of Health and visiting professor of midwifery at King's College London and London South Bank University. Jacqueline is passionate about mental health and improving outcomes for vulnerable women. Her passion and drive are inspirational.

"She has both academic and clinical experience. She is influential in her leadership. She has completed meaningful research that has contributed towards achieving improved health outcomes for perinatal women. I hope to become someone who inspires others, like Jacqueline inspires me."

Melissa is also being mentored on her career path by none other than the RCM's CEO Gill Walton, to whom she was introduced during her scholarship. She is very grateful to Gill, who has encouraged her to believe in herself and to fulfil her aspirations. "She is inspiring, approachable and relatable. I hope one day during my career, I can provide mentorship and support for a colleague the same way she has done for me."

Melissa is well on her way. This year she presented her research at the RCM conference in May. It was an honour, she says. "I received positive feedback and it provided multiple opportunities for me to further my career development. I have been in contact with local universities to assist with their Midwifery BSc and MSc courses. I am also doing strategic work nationally to help improve outcomes for perinatal women.

"I felt proud to be a voice for a cohort of women who are often unheard and under-represented in research."

EVENT

October is Black History Month – join the RCM celebration on X, LinkedIn, Instagram and Facebook

"I felt proud to be a voice for a cohort of women who are often unheard and under-represented in research"

Leading with purpose

The RCM's leadership programmes have been so successful in helping midwives to connect with themselves, their team and their colleagues that they are going to be opened to other groups

Jessica Giblin

Senior community midwife, Bedfordshire Hospitals NHS Foundation Trust

I was 18 months into my new role and hadn't done any formal leadership training before when the Trust put me forward. The [Band 7 Syndeo] programme ran over several months, with three face-to-face sessions, two online sessions and lots of self-directed learning.

As part of the course, you're asked to come up with a quality improvement project specific to your role and Trust/Board. We were given free rein to choose something that fired us up and then supported to develop and implement it. My focus was reducing paperwork by digitising community clinics, so service users can receive text reminders. It has all been implemented – helping reduce DNAs [did not attend] so women/birthing people get the care they need, taking pressure off midwives too.

Another part of the course is personality profiling and thinking about your leadership style using the DISC* questionnaire. I found it insightful to see both my strengths and what I should be mindful of or improve on. It showed me how I come across to others and how I can adapt my approach, especially during difficult conversations.

When I was implementing my project and talking with management, colleagues and stakeholders, I thought about what other people's DISC profiles might be and tried to communicate in a way that worked for them. While I might want to get straight to tackling a problem, someone else might need time to analyse all the information. I've learnt to give people what they need and check back in to make sure I'm reading the situation correctly. That way we can move forward together, and they're just as invested because you've provided the extra piece they needed. It has unlocked my ability to communicate more effectively, which is incredibly useful in a leadership role.

Since doing the course, I am seen as a more senior member of the team, regularly being asked

Dominique Gardner

Midwifery clinical lead, States of Guernsey

I was new to my role and advised to apply for the Band 7 (Syndeo) leadership programme. I already had some theoretical knowledge, having done a leadership module in my Master's, but the course really helped me apply it to my role.

One of the most interesting things was doing the DISC* personality profiles, learning about our personality traits and how they can be strengths and weaknesses in a team. My profile came out as quite 'dominant'. Some of the traits associated with that – headstrong, aggressive – were quite triggering for me as a Black woman because there is a stereotype that Black women are seen as aggressive. It was very emotive, but I expressed it to the group and we were able to discuss it. I got a lot of reassurance. I learned that another trait of mine is to be really empowering – to be a cheerleader and help others see their own capabilities. I learnt not to dim my own light, but to be confident to lead.

It is important to see yourself clearly, as well as how you're perceived by others and how other people with different personality types might respond to you. This course has helped me be more patient – for example, understanding that while I might react and move quickly, someone else might need time to contemplate different pathways and risks. Bringing knowledge like that to the team helps create a healthier, more positive workplace.

Better communication was the biggest takeaway for me – making sure everyone is heard, understood and supported, and that decisions are taken together. There was also a focus on quality improvement. We now monitor the ethnicity of service users on Loveridge Ward to offer more individualised care and ensure alignment with EDI [equality, diversity and inclusivity]. The leadership programme helped me home in on that and get others on board to support that vision.

Expanding these courses is a great idea. We can all benefit from being empowered and having a greater understanding of what we bring to the table. I would encourage anyone who has the chance to do it.

"One of the most interesting things was learning about our personality traits and how they can be strengths and weaknesses in a team"

"It has unlocked my ability to communicate more effectively, which is incredibly useful in a leadership role"

to step up and take on more responsibility. Completing it has been really important – for the organisation, for the team and for me personally, building my confidence and skills.

I remember my first ever Band 7 interview – the feedback was that I was answering questions like a Band 6 instead of a Band 7 leader. I have never forgotten that. It's so important to have a leadership mindset and the course really builds that. It would be great for midwives to have that earlier in their careers to support their progression.

** A DISC personality profile identifies a person's behavioural tendencies by assessing their levels of Dominance, Influence, Steadiness and Conscientiousness.*

IMAGE: SHUTTERSTOCK

Lauren Flett

Senior charge midwife & sonographer, NHS Orkney

Returning home to Orkney as a midwife was always my dream, and after qualifying I was lucky to secure a permanent post. I've had so many opportunities to learn and grow (including a postgraduate certificate in medical ultrasound) and I've been senior charge midwife since 2022.

As part of succession planning, the lead midwife encouraged me to apply for the RCM's Aspiring Heads of Midwifery leadership programme. The course included coaching calls and face-to-face sessions in London, focusing on leading with purpose and potential, communication and leading through others. One of my takeaways was the '3-2-1' feedback method – three things someone does well, two things you want to see more of, and one thing to stop or change. I've used it with colleagues since, and it has been really insightful.

Every leadership course has added building blocks to my foundations – shaping my values, skills and confidence. They've also shown me that you don't have to be a manager to be a leader, which is particularly important in a remote and rural setting.

Orkney has a midwife-led service with consultant support. We are unique in that we can do induction of labour, VBACs [vaginal birth after caesarean] and care of high-risk women, who may have been advised to go to Aberdeen but choose to give birth locally. There are challenges, but we're able to deliver real continuity from pre-conception through to six-week postnatal checks, which is a privilege.

We're a small team – I am the only Band 7, and on night shift there is just one midwife and one support worker. Everybody leads in their own right, so it's important to instil confidence in others. These courses have really helped me build leadership and resilience within the team, as well as highlighting the importance of being an inclusive and compassionate leader myself.

"One of my takeaways was the '3-2-1' feedback method – three things someone does well, two things you want to see more of, and one thing to stop or change"

IMAGE: SHUTTERSTOCK

READ

For more on the courses, visit **b.link/RCM-Syndeo**

In 2026, there are plans to extend the courses to early career midwives, maternity support workers, lead midwives for education and consultant midwives. See the **RCM website** for more.

Lynsey Callaghan

Professional lead maternity and child health/Head of Midwifery, Argyll and Bute Health and Social Care Partnership

I had been in post for six months when my director of midwifery suggested the Aspiring Heads of Midwifery leadership programme. This was partly to help me reconnect with other midwife leaders, having spent 10 years in children's services before coming back into midwifery. It was really good for developing professional connections – it has given me contacts across the country that I'm still able to draw on.

The title was *Leading with Purpose and Potential*. It really homed in on influencing and attention to self, as well as attention to culture and the conditions that create failing organisations and how to avoid them. Subject matter experts covered leadership, presenting, human behaviour, psychological safety and culture. A lot of it was about messaging – how to captivate an audience, especially higher-level leadership audiences, and how to get buy-in. One speaker, Lee Warren, who'd had a career as a magician and moved into corporate training, was particularly good, showing us how to present and land a message.

Having had leadership development experience before, I think this programme strengthened things I'd done previously but also invited new perspectives. This included what you bring of yourself to others, how others are experiencing you, and how to elicit feedback to understand what's going well and what people would like to see more of.

The coaching was also invaluable. In jobs like this, when you're working in challenging environments, it's hard to create time for thinking. I used that space to help me reframe difficulties and think differently about my approach – even managing some immediate challenges.

"When you're working in challenging environments, it's hard to create time for thinking. I used this to help me reframe difficulties and think about my approach"

My main role is to provide professional leadership for midwives, health visitors and school nurses, working across midwifery and child health services in one of the most remote and rural areas of Scotland. We cover nearly 2,000 square miles and 25 inhabited islands, with limited transport infrastructure. Having come here from the largest board in Scotland, NHS Greater Glasgow and Clyde, it has definitely been an eye-opener!

Visibility and presence of leadership is key – especially in the winter, when the weather can leave communities completely cut off. Without developing collective and delegated leadership, it becomes very difficult to do your job.

Doing this course has refreshed my awareness of what I bring and how others experience me. What stayed with me most is the emphasis on team functioning, culture and psychological safety – it has reaffirmed that this is front and centre in what I do every day.

"If you want change for the members you represent, you can't stay on the sidelines"

Janet Ballintine is a delivery suite coordinator at Birmingham Women's and Children's NHS Foundation Trust, staff-side lead and trailblazing RCM activist

An RCM member came to me because she had quite a bit of time off sick and she faced possibly losing her job and her livelihood. I said: "I really need you to be honest with me and tell me what's going on, otherwise it makes it difficult for me to build a defence and an argument to say why the Trust should continue your employment."

She then disclosed that she'd had 10 miscarriages and that people expected her to get over it quickly. She was very upset and tearful.

I built a defence for the meeting we had to support her so that she could keep her job. Word got around and other people started to approach me as they too had felt obliged to come back to work quickly. It just so happened that [Birmingham Women's and Children's NHS Foundation Trust] chief people officer Raffaela Goodby had had someone close to her who had gone through a miscarriage. I said: "We really need to extend this time from five days off." I was in the right place at the right time.

I gave her all the evidence that I had and all my interaction with members; I suggested how we could make things better and together we produced the policy. I then had to sell the policy to the rest of the staff. So, from the construction to the policy being written, we turned it around in six weeks, including getting the other health unions on board including the Royal College of Nursing, Unite, the Chartered Society of Physiotherapy and the British Dietetic Association.

They're not all maternity-related, but I gave them a glimpse of what it would be like for their members (male or female) who had had a loss to come back to work, and the impact that would have on the family as a whole. Some were receptive. Others thought there were more pressing issues.

I went to HR with the policy. We used to have five days' paid leave, and that was down to the manager's discretion, so we suggested it should be 10 days. Obviously I now wish I'd asked for more, but hindsight is a good thing, isn't it? I didn't expect them to say yes to the 10 days!

I believed they shouldn't have to keep having the same conversation and keep reliving that loss with their manager. Those 10 days should be an automatic right – then, if they need more time, they could go back to their GP.

I used my own sensitivity to advise on the language that should be used, along with some

"She'd had 10 miscarriages and people expected her to get over it quickly"

IMAGE: RCM/KATE DARKINS

research. From coming up with the idea to having a hearing in Parliament, it took about four years. Now an amendment to the Employment Rights Bill will introduce statutory bereavement leave for those who experience pregnancy loss before 24 weeks.

The response from colleagues and managers to the policy has been incredible, as well as those in our care because they could go to their employers and ask for more time off after a miscarriage.

Tips

How to work with management and effect change

- **Never be discouraged – keep chipping away at it**
- **You have to be prepared to put that work in, do the research, keep providing more evidence and reinforce your work**
- **Look for support – try to find a sympathetic ally**
- **You have to have that determination so as not to be disappointed at the first couple of knocks you may get. And they might not necessarily come from management – it could come from your own colleagues**
- **Remember your negotiation skills – you might have to give a little to receive a lot more. You should have a number you won't go below**
- **All policies are written by HR, and then they come to staff-side to review and negotiate. You need to be involved in the reviewing of policies**
- **When you first start reviewing a policy you may think: "Oh, this is really tedious because I have to read it." I always have my highlighter pen out and they say: "Janet's ready for us!"**
- **If you want change for the members you represent, you can't stay on the sidelines; you've got to put yourself forward**
- **Sometimes there are difficult conversations with management because, ultimately, they want to do the best for the organisation – and that isn't always the best for staff.**

POLICY

"The NHS should be a leading example in offering excellent bereavement support and leave to staff who experience pre-24-week baby loss." The Independent Pregnancy Loss Review recommended that NHS Trusts introduce a policy of "up to 10 days' paid leave for the person who is pregnant and five days for the partner". This policy was adopted by NHS England in March 2024. NHS Wales has adopted a similar policy, which provides 10 days' paid leave to women and partners affected by pre-24-week pregnancy loss.

NHS Scotland includes pre-24-week pregnancy loss in its special leave policy, which provides paid compassionate leave of up to one working week, which may be extended to up to two weeks, paid or unpaid. Northern Ireland was not mentioned in the Parliamentary information.

Scan for more

To read more about the bereavement leave debate, scan the QR code

I don't think I really thought about the impact of what I was doing, although I was determined to make that change for my colleagues and the wider midwifery community. I only started thinking about it when I came off stage after giving my talk at the RCM conference and someone gave me a tearful hug and told me: "I just lost my baby and I'm so grateful."

This promotional material has been developed and funded by Pfizer UK and is intended for UK healthcare professionals. Prescribing information and adverse event reporting can be found at the bottom of this page.

PP-A1G-GBR-0406 | September 2025

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1. Vaccination of pregnant woman[2]

2. Pregnant woman generates antibodies against vaccine antigen(s)[2]

3. Antibodies travel through the bloodstream to the placenta[2]

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6. Antibodies can help offer a newborn baby protection from birth through 6 months of age[1]

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FcRn = neonatal crystallisable fragment receptor

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1. Abrysvo (respiratory syncytial virus vaccine (bivalent, recombinant)). Summary of Product Characteristics United Kingdom. Available at: https://www.medicines.org.uk/emc/product/15309/smpc
2. Suryadevara, M. Passive Immunization Strategies to Prevent Severe Respiratory Syncytial Virus Infection Among Newborns and Young Infants, Journal of the Pediatric Infectious Diseases Society, Volume 13, Issue Supplement_2, August 2024, Pages S110–S114, https://doi.org/10.1093/jpids/piae058
3. Niewiesk S. Maternal antibodies: clinical significance, mechanism of interference with immune responses, and possible vaccination strategies. Front Immunol 2014;5:446.

Forging a new path

In a historic move, the RCM has announced that it is withdrawing from the NHS Pay Review Body (PRB) process for 2026-27

The decision, the trade union says, "hasn't been taken lightly" but is one it feels is "absolutely necessary" given the lack of progress on NHS pay reform for more than a decade, which has affected its hardworking members.

RCM CEO Gill Walton, pictured, said: "Our members are frustrated and there is palpable anger over the 2025-26 pay award. Their pay uplift this year was one of the lowest in the public sector and it has left them frustrated with the entire PRB process. They rightly feel they deserved more, as does the RCM – particularly as they find themselves struggling in a cost-of-living crisis.

"The UK government can no longer hide behind the NHS PRB. It is time for meaningful negotiations on long-term structural pay reform and pay restoration."

Joining forces

The RCM is not alone in withdrawing from this year's PRB process in favour of direct negotiations. It is joined by 12 other health unions representing staff on Agenda for Change contracts. The focus for all is meaningful talks through the Staff Council on structural pay reform and headline pay for 2026-27 and for longer-term reforms linked to the early years of the 10-year workforce plan.

The RCM asked members if it 'should review its support for the NHS Pay Review Body' – 95% of respondents said 'yes'

Gill added: "We are proud to stand with the majority of the staff-side organisations who are taking the same position. Together we are calling on the government to put pay right once and for all through urgent negotiations on structural pay reform and exploring a longer-term pay deal.

"[This deal would have] terms and conditions that make our hardworking members feel valued and keep them in our maternity services to deliver the UK government's ambitious 10-Year Plan and recommendations that will come from the Rapid Review into maternity services.

"We want to work with the government and the NHS to make our maternity service an attractive place to work – where professional, honest, challenging work is paid fairly."

The unions have written jointly to health secretary Wes Streeting urging him to honour a commitment made last year to tackle problems in the pay system. Given the delay, unions say these talks should now be widened to also include the headline pay award for 2026. This would need to be decided early next year if it is to be paid on time in April, as ministers have committed to do.

READ

In Northern Ireland, the RCM says its members are still awaiting their pay award for 2025-26. Read more at **b.link/RCM-NIuplift**

IMAGE: GETTY

Kate Shinkwin
practice facilitator,
RCM learning rep

Learning to thrive

What do learning representatives do and why are they needed? **Kate Shinkwin**, RCM learning rep for Cardiff and Vale University Health Board, explains

The midwifery profession involves lifelong learning and professional development. A learning representative supports this by identifying learning or training needs and helping members to access these, as well as negotiating with employers for better learning opportunities. The role involves building strong relationships in the workplace.

It's a really varied role. At its heart, it's about supporting colleagues with their learning and development needs – whether that's signposting to opportunities, highlighting resources or creating new ones. It also involves listening closely to what members need and advocating for opportunities that help them thrive.

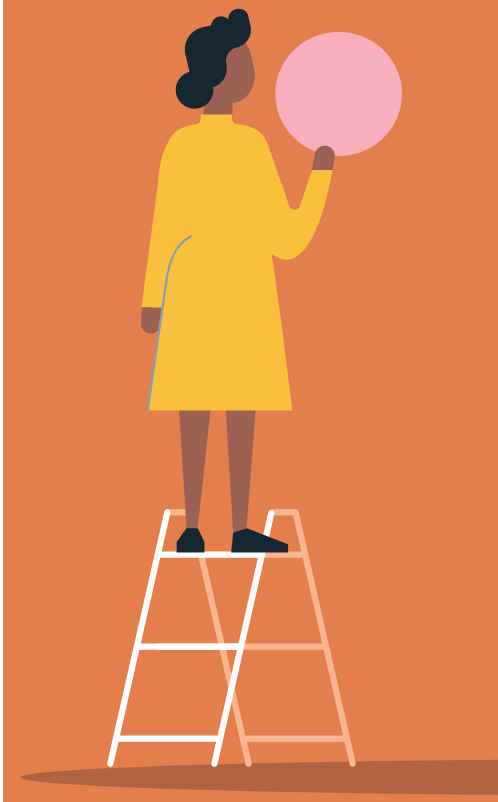
How I got started

For me, becoming an RCM learning rep felt like a natural extension of my role as a practice education facilitator. I've always been passionate about supporting learning, development and growth, both for students and colleagues. The learning rep role has given me another platform to champion that, but I don't think you need to come from a teaching background to do it. What really matters is having a passion for improvement and making positive changes that benefit both staff and the women and families we care for.

I find that the most effective approach is keeping things practical, accessible and relevant. Sometimes that's about sharing quick learning resources, while at other times it's about creating space for people to reflect or linking them in with opportunities they didn't know existed. And honestly, just being approachable goes a long way – I find people are much more likely to engage with learning when they feel heard and supported.

Making a difference

A lot of identifying learning needs comes from conversation. Spending time on the ground, listening to staff and noticing recurring themes really helps. I also link in with students, educators and managers to get a wider picture. Once I've got a sense of what's needed, I look at what's already available and then think creatively about how to fill the gaps. Sometimes that's through local sessions or learning events, or signposting to online learning or RCM resources.



"Seek out what is important to staff"

I'm proudest when something I've organised makes a genuine difference to people's confidence or practice. The best feedback I get is when colleagues say they feel more supported, more capable or more motivated to learn.

One initiative I'm especially proud of is the study boxes we developed for clinical areas. They provide accessible resources, from practical tools like suturing kits and anatomical models to QR codes

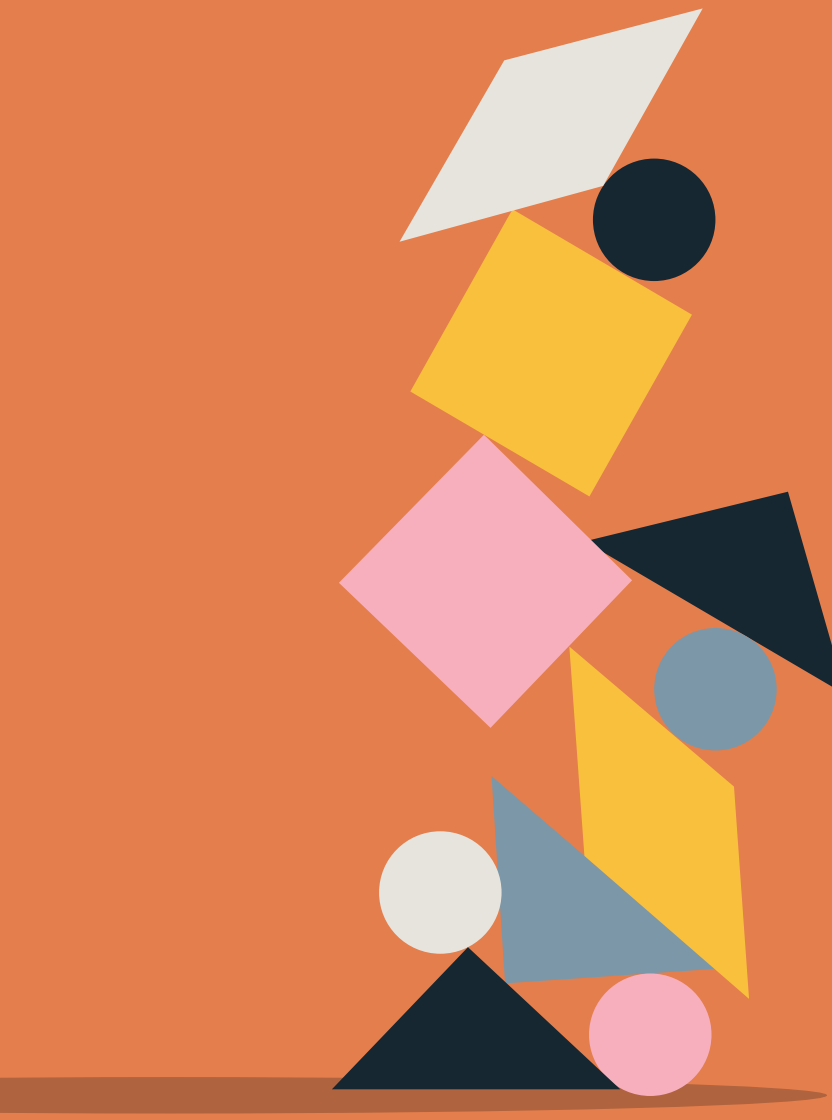


ILLUSTRATION: ISTOCK

linking to guidelines, videos and RCM modules. In-area resources mean that staff and students can use them in quieter moments for meaningful learning. They've been really well received, and the feedback is that they make learning more practical, flexible and engaging.

I'm also proud of the Caring for You sessions we run for student midwives on placement. These focus on wellbeing and coping with the stresses of practice, and they always spark great reflection and peer support. Alongside that, we've introduced a branch Padlet as a way of sharing resources and learning opportunities, which has helped boost engagement and access for members.

Giving back

I absolutely do enjoy it. I love that the role gives me the chance to make a positive difference beyond my day-to-day job. It's rewarding to see colleagues grow and to know you've played a part in that journey. Personally, it keeps me motivated and energised, and it also pushes me to keep learning myself.

In midwifery, that learning never stops. This role ensures that staff are given the opportunities, encouragement and support to continue developing, even in the face of pressures. By enabling midwives and maternity staff to grow and build confidence, we directly enhance the care provided to women and families. At its heart, it is about championing growth and shaping better working lives for all.

Voices

Why I do it

Bobby-Joe Campbell moved to the UK from Jamaica. She says: "As well as settling into a new country, I had to get used to differences in midwifery practice. In the UK, a higher dosage of oxytocin is used for the induction of labour. There is also more equipment to operate in the UK – for instance, I've learned how to interpret data from a cardiotocography machine." This sparked her appreciation of the importance of learning. Because she was made to feel so welcome, she became an RCM learning rep at the Countess of Chester Hospital. "I love midwifery and it's an amazing profession to be a part of."

RCM learning rep **Siobhain Leith** says: "Seek out what is important to staff as this will ensure they have an enjoyable learning experience and enthusiasm to learn new things."

RCM learning rep **Natasha Thomas** says: "[The role involves] being present for members, supporting them [and] putting on training sessions that have been requested or are relevant."

RCM steward **Waheeda Dusmohamed** says: "I make sure I'm very approachable so people feel they can come and speak to me."

RCM steward **Martha Char** says: "I absolutely love the role – it's being a friendly face that people can come to. Once you have your RCM lanyard on walking around the Trust, people say, 'Oh, can I ask you something?' It leads onto other pathways."

WATCH
What does an activist do? Watch the video: **b.link/RCMactivists24**

Perinatal mental health

Maternity professionals have an opportunity to identify women who are at risk of perinatal mental illness and to help them and their families get care

First steps

The first step is to reduce the stigma associated with poor mental health. Midwives and maternity support workers should discuss mental health in all care appointments and treat it as routine. Make every contact count.

Symptoms to look out for during and after pregnancy:

- Feeling anxious or overwhelmed
- Feeling that they aren't as happy as they 'should' be
- Worrying they are not a good enough parent or doing their best for their baby
- Finding it difficult to relax and/or sleep
- Feeling like they are having trouble interacting with their baby
- Experiencing any intrusive thoughts about harm to themselves or baby.

Wellbeing

When asking about wellbeing, be confident, open and kind.

If a mental health need is identified, then a referral can be made to specialist perinatal mental health services either in the community or within the maternity setting, if available.

How do they help?

- Build a trusting relationship that encourages an individual to speak out
- Build a support network around the individual, linking them with community midwives and organisations
- Provide training and support for clinicians enabling them to provide direct mental health support themselves
- Provide sensitive and supportive antenatal and postnatal care that improves service users' emotional wellbeing and self-efficacy
- Create a personalised support and care plan based on the individual's needs and preferences, often with a social and emotional component as well as mental and physical
- Create a holistic birth plan that takes into account mental and social wellbeing during birth by noting what the woman or birthing person finds challenging, what their preferences are for the birth and immediate postpartum, and what will help them feel calm and supported
- Provide a point of contact for a myriad of other services helping to provide high-quality coordinated care.

Roadmap

The RCM believes there should be investment in perinatal mental health, with appropriate resourcing of specialist roles in line with the number of whole-time equivalent staff to the number of births, investment in education and development within the midwifery community and leadership with oversight of perinatal mental health. It has set out a roadmap for governments to make this happen.

scan

MORE INFO
For more information about perinatal mental health, visit **b.link/MMHA-MMH**

ILLUSTRATIONS: SHUTTERSTOCK

As trauma and grief took their toll on Rachel Burn, a bereavement midwife made all the difference in the world

Life-saving care

I had my first baby during the pandemic, so my pregnancy appointments and hospital stay were marked by visitor restrictions and isolation. After birth, I had a retained placenta and both my baby and I got sepsis. Staff would bring him to me on the ward (from NICU) to try to feed but I was too ill, and then I felt guilty for being too ill.

After discharge, I really struggled – I felt we hadn't bonded and I'd not been there for him when he needed me. Thankfully I was able to talk about how I was feeling with the health visitor and put under the care of the perinatal mental health team, who helped to build my confidence.

Funnily enough, when both he and I caught COVID-19 and we were lying together on the bed feeling terrible, he took his dummy out of his mouth and put it in mine to comfort me. I realised then we had a bond after all.

Processing trauma

During my second pregnancy, I suffered a miscarriage. As if the grief wasn't bad enough, I had to have two surgeries in as many months. I became terrified of the clinical environment and of becoming pregnant again.

"She supported me through the crippling anxiety of my third pregnancy. I couldn't have got through it without her"

That's when I started seeing Leesa Jones, a bereavement midwife at the Royal Derby Hospital. She was amazing. Not only did she work with me through the diagnosed PTSD from my first birth, miscarriage and surgeries, but she supported me through the crippling anxiety of my third pregnancy. I couldn't have got through it without her.

At first, I was in denial that I was pregnant. I took a month off work worrying that I would have another miscarriage and about how I was going to get through this. She helped create a mental health birth plan – writing down what I was triggered by and what should be done to avoid the triggers. She linked up with the perinatal mental health team so I didn't have to repeat anything from my visits, and when I had to start going for my antenatal appointments, she arranged for me to use a different door to the clinic so I didn't have to see the gynaecology unit, which I found unsettling.

When I was induced, because of low amniotic fluid, she came to see me in the hospital to reassure me that just because this wasn't on the birth plan, it didn't mean it would be negative. She made the labour room less medical – covered equipment with blankets, asked for anything unnecessary to be wheeled out and put out pictures of my son and our dog. It was incredible. My second birth went really well, and when I held him I thought: "We've made it."

Leesa came to see me afterwards and I got to thank her for everything. I was sad to say goodbye – she will never know that she saved my life with her care.

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.

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