MIDIRS Search Pack

Search Pack M89
Student resources 2026-27

Includes a selection of references relating to key themes in midwifery research, theory and practice.

Date created: 08/24/2026

M89 - Student resources 2026-27
(124)

2026-09942

Changes in midwifery education must not create new barriers for students, RCM tells the NMC. Burn R (2026), Royal College of Midwives, London, 3 August 2026

The Royal College of Midwives' (RCM) response to the Nursing and Midwifery Council's consultation, which is exploring a number of changes to current midwifery education and training, including length of programme, practice learning, continuity of supervision, and simulated learning. Includes comments from the RCM's Head of Education, Heather Bower. (JSM)

Full URL: https://rcm.org.uk/news/2026/08/changes-in-midwifery-education-must-not-create-new-barriers-for-students-rcm-tells-the-nmc/

2026-09895

Insights from communities across England and Wales on rights in maternity service - A synthesis from four Community Conversations in London, Cardiff, Leeds and Newcastle. Birthrights (2026), Birthrights, London, July 2026. 34 pages

Between December 2025 and March 2026, Birthrights, in partnership with Red Tent (London), WOMB (Cardiff), Leeds Involving People (Leeds) and Postpartum Matters (Newcastle) entered into conversations with approximately 80 women, birthing people, birthworkers and community advocates to ascertain how they understand and experience rights in maternity care, the enablers and barriers to speaking up, and what support or resources are needed to help people feel more informed, respected and heard. This report presents the findings from those conversations. (JSM)

Full URL: https://birthrights.org.uk/wp-content/uploads/2026/07/2026-Birthrights-Community-Conversations-Report.pdf

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2026-09774

Member survey results 2026. Royal College of Midwives (2026), Royal College of Midwives, London, June 2026

Presents the results of a survey of 3,500 RCM members to ascertain information about their working week from 1-7 June 2026. (JSM)

Full URL: https://rcm.org.uk/flashsurvey2026/

2026-08763

Digital teaching in midwifery education since 2021: A literature review of trends, technological advancements and challenges. Gray M, Vogel K, Bernloehr A, et al (2026), Nurse Education in Practice vol 94, July 2026, 104900

Aim
To produce an updated synthesis of digital learning and teaching approaches in midwifery education since 2021.

Background
Globally, there is an increasing trend towards using digital technologies in midwifery education with little examination of trends, terminology or impact by midwifery academics.

Design
A comprehensive literature review.

Methods
Ten databases were searched (2021–March 2025) guided by JBI methodology and PRISMA-ScR reporting, resulting in 36 empirical studies focusing on digital technologies used with midwifery students. The review mapped recent technological developments, associated benefits and emerging challenges.

Results
Digital innovations were in 15 countries and ranged from immersive virtual reality, augmented and mixed reality and mobile applications to 2D/3D animations, tele simulation and digital books. Most studies highlighted positive outcomes, including enhanced knowledge acquisition, increased confidence and self-efficacy, reduced anxiety and improved clinical skill performance. Digital resources were also valued for supporting engagement, independent

learning and bridging the theory–practice gap.
Despite predominantly favourable results, challenges were identified, including cybersickness, technological barriers, insufficient digital literacy and high equipment costs. Concerns also emerged around the lack of pedagogical alignment, limited long-term knowledge retention, scalability constraints and inconsistent terminology, particularly the variable use of the term “virtual reality”.

Conclusions
Digital technologies are increasingly shaping midwifery education yet remain best positioned as supplementary tools rather than replacements for hands-on clinical learning. Findings identify the need for clearer terminology, stronger theoretical frameworks, sustainable implementation strategies and further research into long-term educational impact, resource demands and environmentally responsible use.

Full URL: https://doi.org/10.1016/j.nepr.2026.104900

2026-08701

Curriculum Resources for Integrating Respectful Maternity Care Into Health Professions Education: A Rapid Scoping Review.
Rieger KL, Ohene L, Nesengani TV, et al (2026), Journal of Midwifery & Women's Health 5 May 2026, online

Introduction
Respectful maternity care (RMC) ensures that every childbearing woman is treated with dignity, safety, and respect. Health care professionals play a critical role in RMC but can also contribute to disrespectful and abusive practices, inflicting lasting trauma. Educating pre-service health care learners is one promising strategy for change. As part of our larger Mothering and Albinism research project, we sought timely evidence to develop educational resources supporting RMC for people impacted by albinism.

Methods
Our international team conducted a rapid scoping review to answer the question, “What curriculum resources are available for integrating RMC into the education of nursing, midwifery, medical, and other health care students, and what are their key pedagogical components and contextual factors shaping implementation?” We searched key databases and online sources for qualitative, quantitative, and mixed-methods studies of RMC education initiatives and curriculum resources relevant to teaching RMC to pre-service learners. Two reviewers screened abstracts/full texts, and data were charted and synthesized using descriptive statistics and content analysis. Our diverse author network was consulted to ensure rigor and relevance for a range of populations.

Results
Our analysis of 25 research reports and 8 curriculum resources produced 5 synthesized categories. The first 4 categories illuminate how RMC education initiatives are conceptualized, their core content, effective pedagogical strategies, and how researchers studied the impact of RMC education. The fifth category addresses contextual influences and the need for taking a systems perspective within RMC education initiatives. Significant gaps remain with few initiatives addressing the unique needs of structurally disadvantaged groups or including trauma-informed, violence-informed, or equity-oriented approaches.

Discussion
RMC education has potential, but it must be paired with systemic change and attention to equity for meaningful change. These findings lay the groundwork for developing context-specific, effective educational resources to support RMC for all women, including those impacted by albinism.

Full URL: https://doi.org/10.1111/jmwh.70129

2026-08196

Equipping midwives for the future: embedding good clinical practice into midwifery education. Clare E (2026), British Journal of Midwifery vol 34, no 7, July 2026, pp 404-408

Integration of good clinical practice into midwifery education represents a strategic educational response to increasing expectations for research literacy, ethical governance and evidence-based practice in maternity services. This article outlines the rationale for embedding National Institute for Health and Care Research-accredited good clinical practice training across undergraduate and postgraduate midwifery programmes at the University of Bedfordshire and describes its implementation in research and professional development curricula. Drawing on experiential and constructivist learning theories, good clinical practice training was introduced in the second year of study and contextualised through seminars, reflective activities and practice-based case discussions. The perceived educational

impact of this initiative was explored through practice-based evaluation, including student and faculty feedback and post-training evaluation data. Learners reported increased confidence in understanding research ethics, governance processes and documentation standards, alongside greater readiness to engage in audit, evaluation and research-informed discussions in clinical practice. Embedding good clinical practice in midwifery education supports the development of ethically informed, research-aware practitioners and contributes to a culture of safe, transparent and evidence-based maternity care aligned with national workforce and research priorities.

2026-08115

"It changed how I see birth":the transformative role of positive birth stories in midwifery education. Doğan E, Aktaş Reyhan F, Uncu B (2026), Journal of Reproductive and Infant Psychology 28 May 2026, online

Background
Professional motivation and identity development in midwifery students are crucial for their education. However, hearing mostly negative birth stories from their environment can adversely affect their perceptions of birth and their professional role. A positive perception of birth is essential not only for pregnant women but also for midwifery students. This positive view can enhance their professional identity and motivation, significantly influencing their future practice. This study aimed to examine midwifery students' views on the effect of a positive birth stories workshop on their professional motivation.

Methods
This qualitative descriptive research was conducted in two stages. First, a workshop was held with midwifery students and women who had experienced positive births. Then, online interviews were conducted with 12 students who participated in the workshop. The data were analysed using content analysis in MAXQDA 2022 software.

Results
All students, aged 20–23, reported mainly hearing negative birth stories previously. Three themes emerged regarding the workshop's effect on professional motivation: (1) Shaping Perceptions – The Influence of Birth Stories, (2) Discovering the Power of Midwifery through Positive Birth Stories, (3) Integration of Birth Stories with Education.

Discussions
This study shows that positive birth stories enhance maternity care students' professional motivation and perceptions of childbirth. The workshop shifted students' views, portraying midwives as heroes, increasing respect for the profession. Integrating experiential storytelling into education fosters professional responsibility, belonging, and motivation, positively impacting students' development.

2026-08111

Cardiff University wins national award for making midwifery education more diverse and inclusive.. Hicks L (2026), Royal College of Midwives 10 July 2026

In 2023, very few of the students on Cardiff University's midwifery programme were from the Global Majority. By 2025, they made up 15% of the cohort. That shift is the result of three years of work to broaden access to midwifery education and transform the experience of those who study it.

The Cardiff University midwifery team has been named as this year's recipient of the CNO RCM Wales Quality Innovation Awards 2026 in recognition of that work.

Full URL: https://rcm.org.uk/uncategorized/2026/07/cardiff-university-wins-national-award-for-making-midwifery-education-more-diverse-and-inclusive/

2026-06624

Bridging the theory–practice gap in fetal monitoring education for midwifery students. Gonkatsang N, Mechen R (2026), MIDIRS Midwifery Digest vol 36, no 2, June 2026, pp 143-146

Effective fetal monitoring (FM) is central to safe intrapartum care and features prominently in national strategies to reduce neonatal morbidity and mortality. As midwives provide continuous one-to-one care during labour, they are often the first clinicians to detect early
deviations in maternal or fetal wellbeing. Preparing student midwives for this responsibility requires more than technical instruction. As fetal monitoring education increasingly moves beyond fetal heart-rate pattern recognition, it demands pedagogically robust, practice-aligned and contextually sensitive educational frameworks that foreground physiological understanding and clinical reasoning.

This article outlines an integrated approach to FM education in a pre-registration midwifery programme. Drawing on Biggs' constructive alignment (1996) and Fink's taxonomy of significant learning (2013), it demonstrates how university teaching and clinical learning environments can be intentionally aligned to bridge the theory–practice gap. Central to this approach is the use of interactive, real-world case discussions that support the application of theoretical knowledge to authentic clinical scenarios, fostering critical thinking, reflective practice and clinical confidence.

Offering regular FM case discussions in the university during academic blocks, alongside bespoke learning opportunities in clinical placements delivered by specialist fetal monitoring midwives, ensures that fetal monitoring remains a visible and prioritised element of student learning. The co-designed higher education institution–National Health Service (HEI–NHS) interactive fetal monitoring conference further demonstrates the value of collaborative teaching, student partnership and authentic learning experiences. Collectively, these approaches support safe intrapartum care by promoting physiological birth while equipping students with the clinical reasoning, vigilance and escalation skills required in practice.

Keywords: fetal monitoring; midwifery students; authentic learning; intrapartum safety; theory–practice gap.

2026-06164

Effectiveness of virtual reality-based learning in midwifery education: a systematic review. Mardiah A, Anggraeni MD (2026), British Journal of Midwifery vol 34, no 6, June 2026, pp 336–341

Background/Aims
Virtual reality has emerged as an innovative educational technology in healthcare, offering immersive and interactive learning environments that can enhance students' clinical skills and knowledge acquisition. In midwifery education, there is growing interest in integrating virtual reality to improve students' preparedness for real-world clinical practice. This review's aim was to evaluate the effectiveness of virtual reality technology as a learning tool by synthesising evidence from randomised controlled trials.
Methods
This systematic review explored the Scopus, PubMed, EBSCO, CINAHL, Science Direct and Google scholar databases for randomised controlled trials published between 2019 and 2024 that used virtual reality interventions in midwifery education. Data were systematically extracted and analysed in accordance with the review's objectives.
Results
A total of 10 randomised controlled trials were included. The use of virtual reality in midwifery student education effectively enhanced learners' knowledge and practical skills, particularly in maternal and newborn care, labour preparation and postnatal care.
Conclusions
Virtual reality has significant potential to improve both the cognitive and psychomotor competencies of midwifery students. This review provides valuable insights into how virtual reality can be strategically integrated into midwifery curricula.
Implications for practice
Virtual reality can be integrated into midwifery education to enhance students' clinical competence, confidence and readiness for practice. It provides a safe environment for repeated skill practice and may complement traditional teaching methods to improve learning outcomes.

2026-06032

Births in England and Wales: 2025. Office for National Statistics (2026), Office for National Statistics, London, 27 May 2026

Annual live births, stillbirths, maternities, and fertility rates in England and Wales by factors including parent age, parent country of birth, ethnicity, deprivation, gestational age and birthweight.

Full URL: https://www.gov.uk/government/statistics/births-in-england-and-wales-2025

2026-05186

Enhancing Midwifery Knowledge in Postpartum Care. O'Connell M (2026), The Practising Midwife vol 29, no 2, March 2026, pp 19-23

Mnemonics are incredibly useful for learning, ensuring a comprehensive assessment. They not only support student midwives in remembering key steps but can empower new mothers by helping them understand physical recovery

after birth.

The mnemonic in this article uses imagery of a mother-baby dyad in their postpartum BUBBLE, a simple yet effective way to ensure quality postpartum care. I love how it captures both the clinical essentials and the mother-baby dyad.

In addition, the role of the midwife in transforming postpartum care is explored and how our leadership skills can be used to advocate for optimal and personalised care at this critical time.

2026-05159

A Student Midwife's Reflection on Summer Research Project. Curran C (2026), The Student Midwife vol 9, no 1, April 2026, pp 25-27

A student had an opportunity to participate in a paid summer research school programme in the School of Nursing, Midwifery and Health Systems at University College Dublin and undertake some midwifery research while she was undertaking a BSc Midwifery degree programme. This article is a reflection of her six-week scholarship programme, during which she contributed to the following study: An evaluation of midwifery students' experiences and perspectives of providing continuity of care within a hospital model of care in Ireland.

2026-05153

Celebrating Diversity in Birth Conference: Enabling Global Majority Students. Essat Z, Dawson G (2026), The Student Midwife vol 9, no 1, April 2026, pp 11-12

This article describes the creation of the Global Majority Student Midwife Group at De Montfort University and the organisation of the Celebrating Diversity in Birth conference. The event was designed to provide a supportive space for global majority student midwives while promoting discussions around equality, diversity and inclusion in midwifery education and practice. Through keynote talks, workshops and student-led contributions, the conference highlighted cultural perspectives in childbirth and encouraged allyship among students and educators. Feedback showed the event created a strong sense of belonging and inspired reflection on addressing racial and cultural inequities in maternity care.

2026-05152

Showing the Way: Student Midwives Supporting Recruitment. Drummond-Bateman T, Holroyd G, Iqbal A, et al (2026), The Student Midwife vol 9, no 1, April 2026, pp 7-10

In this article, student midwives from the University of Huddersfield share their insights and experiences of being involved in aspiring student midwife recruitment and selection events. They discuss how the opportunity has helped shape their learning and development whilst also sharpening their awareness of what makes a strong midwifery candidate. Their reflections formed part of a three-way conversation with support from one of the midwifery education team. The following article captures their key messages to encourage other student midwives to get involved in their local university recruitment and selection activities alongside helpful tips for aspiring student midwives looking for success in being selected.

2026-03882

Trials that have changed maternal care. Shrestha KS, Tita AT (2026), Seminars in Perinatology vol 50, no 3, May 2026, 152195

Landmark trials impact how we care for patients. These studies often have convincing data that lead to new or updated practice guidelines by professional societies and other organizations. In this review, we present four such studies of maternal interventions that defined standards of care and continue to influence what we do today. The first found that the rate of perinatal HIV transmission was reduced in women with HIV in pregnancy with treatment of zidovudine in the antepartum, intrapartum, and neonatal periods. The second found that postoperative infections and use of resources were reduced in women who received a single intravenous dose of azithromycin in addition to their standard preoperative antibiotics for cesarean delivery. The third study did not find any benefit in treating subclinical hypothyroidism or hypothyroxinemia in pregnancy preventing routine use of levothyroxine for these patients. The fourth showed that the treatment of non-severe chronic hypertension in pregnancy safely resulted in improved pregnancy outcomes.

2026-02195

How education affects students' use of and engagement with research and evidence-based practice. Morris K (2026), British Journal of Midwifery vol 34, no 2, February 2026, pp 89–101

Background/Aims
Research can enable understanding birthing people's health and wellbeing. When research findings are translated into practice, they can reduce maternal and neonatal morbidity and mortality. Midwives can play a critical role in using and adding to the evidence base; thus, midwifery education should support students in developing research skills they can use in the future. This literature review aimed to explore students' engagement with research and evidence-based practice.
Methods
Nine databases were searched to find evidence applicable to the review's aim. The identified relevant literature, published between 2009 and 2024, was synthesised into relevant themes.
Results
Learning about research using pedagogical approaches resulted in students planning to engage with research and practice in an evidence-based way in the future. However, barriers affected students' ability to apply research and evidence-based practice knowledge to their clinical practice.
Conclusions
Learning about research/evidence-based practice results in planned future engagement with these elements. However, educational, clinical and psychological barriers create a practice–theory gap, hindering students from applying their knowledge to their practice.
Implications for practice
To enhance students' engagement with evidence-based and research-informed learning, clinical and academic educators should systematically address educational, clinical and psychological barriers, thereby reducing the practice–theory gap that inhibits the effective translation of research evidence into clinical practice. (© MA Healthcare Limited)

2026-01702

Enabling Safe, Effective Staffing: An Independent Review of the Birthrate Plus® Methodology. Harlev-Lam B (2026), Birthrate Plus, Norwich, February 2026. 32 pages

In April 2025 Birthrate Plus commissioned Birte Harlev-Lam OBE to chair an independent review of our approach to workforce planning in maternity services.

The review obtained views from over 160 members of the profession through a series of interviews, surveys and setting specific consensus building workstreams held between September 2025 and January 2026. Representatives from the Royal College of Midwives (RCM), Royal College of Obstetricians and Gynaecologists (RCOG), the devolved nations, senior maternity leaders from the Republic of Ireland, CEO's, Directors and Heads of Midwifery, service leads and academics took part.

The review, published in February 2026, endorses the methodology underpinning Birthrate Plus approach to workforce planning and proposes ways in which the approach can be strengthened to reflect current practice. (© Author)

Full URL: https://birthrateplus.co.uk/methodology-review-report/

2026-01320

Guiding Midwives to Precept Students: Two Evidence-Based Models. Taylor MC, Diaz HL (2026), Journal of Midwifery & Women's Health vol 71, no 2, March/April 2026, pp 264-268

The success of midwifery education relies heavily on the time and expertise shared by experienced midwifery preceptors. Although there are several known and documented barriers to preceptor availability and willingness to participate in the education of future midwives, clinical education opportunities are crucial to midwifery education. Mentorship and training from preceptors not only benefit the students but also contributes to the development of a well-prepared, compassionate midwifery workforce. Advocates for growing the US midwifery workforce point to the alarming rate of maternity health care deserts, in which families lack access to maternity health care providers and maternity care services. Midwives are the logical solution to fill this health care gap, but this requires the growth of midwifery education programs and clinical preceptors. Recognizing the importance of precepting and easing the role

of the preceptor with recommended teaching methods can lighten the burden and make the precepting experience more beneficial. Health profession education has used various preceptor models to guide learning interactions, but there is not a specific model for midwifery clinical education. Midwives need standardized, reliable, and consistent methods that engage students, promote critical thinking skills, and create positive learning experiences. In this article, we propose and discuss the use of 2 evidence-based models: the One-Minute Preceptor method and the Summarize, Narrow, Analyze, Probe, Plan, Select method to facilitate and support the role of the preceptor. Investing in preceptors is an investment in the future of quality midwifery care. (© 2026 The Author(s). Journal of Midwifery & Women's Health published by Wiley Periodicals LLC on behalf of American College of Nurse Midwives (ACNM).)

Full URL: https://doi.org/10.1111/jmwh.70075

2026-01198

Midwifery Leadership Programme Learner's Package: Participant Manual. World Health Organization, Regional Office for South-East Asia (2025), World Health Organization, Regional Office for South-East Asia, New Delhi, 26 December 2025. 203 pages

The South-East (SE) Asia Region MLP reflects the findings of the SE Asia Region Midwifery Leadership Profiles (2022), in which a critical need for a leadership programme for midwives was identified. The MLP is also informed by the WHO Global Strategic Directions for Nursing and Midwifery (SDNM 2021), wherein strengthening midwifery leadership is one of the four global policy priorities, and the State of the World's Midwifery (SOWMy) report (2021), which regards midwifery leadership and midwife-led care as key global actions. (© World Health Organization 2025)

Full URL: https://iris.who.int/server/api/core/bitstreams/2e5aef36-4336-4050-9051-2d4af7d38575/content

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2026-01197

Midwifery Leadership Programme Facilitator Guide. World Health Organization, Regional Office for South-East Asia (2025), World Health Organization, Regional Office for South-East Asia, New Delhi, 26 December 2025. 170 pages

The South-East (SE) Asia Region MLP reflects the findings of the SE Asia Region Midwifery Leadership Profiles (2022), in which a critical need for a leadership programme for midwives was identified. The MLP is also informed by the WHO Global Strategic Directions for Nursing and Midwifery (SDNM 2021), wherein strengthening midwifery leadership is one of the four global policy priorities, and the State of the World's Midwifery (SOWMy) report (2021), which regards midwifery leadership and midwife-led care as key global actions. (© World Health Organization 2025)

Full URL: https://iris.who.int/server/api/core/bitstreams/f63dc6c3-b5cd-47a4-8516-932b3b7ece50/content

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2025-08977

Mayes' midwifery. Macdonald S, Johnson G (2023), Elsevier, Edinburgh, 2023. 16th ed. 1350 pages

Mayes' Midwifery is a core text for students in the UK, known and loved for its in-depth approach and its close alignment with curricula and practice in this country. The sixteenth edition has been fully updated by leading midwifery educators Sue Macdonald and Gail Johnson, and input from several new expert contributors ensures this book remains at the cutting edge.

The text covers all the main aspects of midwifery in detail, including the various stages of pregnancy, possible complexities around childbirth, and psychological and social considerations related to women's health. It provides the most recent evidence along with detailed anatomy and physiology information, and how these translate into practice.

Packed full of case studies, reflective activities and images, and accompanied by an ancillary website with 600 multiple choice questions and downloadable images, Mayes' Midwifery makes learning easy for nursing students entering the profession as well as midwives returning to practice and qualified midwives working in different settings in the UK and overseas. (© Publisher)

2025-08976

Anatomy and physiology for midwives. Coad J, Pedley K (2019), Elsevier, Edinburgh, 2019. 4th ed. 552 pages

This is a new edition of a highly popular textbook which presents the fascinating field of reproductive anatomy and physiology in a style which is ideal for those who are new to the subject. Now with a significantly upgraded artwork program - which is also available as a downloadable image bank - this helpful volume builds up from the founding principles of human structure and function through to conception, embryological and fetal development and growth, the maternal responses to the growing fetus, parturition and the transition to neonatal life. This book will be suitable for all students of midwifery, as well as qualified midwives 'returning to practice' or undertaking post-graduate study. (© Publisher)

2025-08975

Introduction to research for midwives. Doughty R, Ménage D (2022), Elsevier, Edinburgh, 2022. 4th ed. 222 pages

With an increasing expectation that all health professionals, including midwives, will base their practice on evidence, this popular book demystifies the world of research for midwives in the UK.

Introduction to Research for Midwives is a highly regarded resource that helps the reader develop their research skills and guides them toward using evidence effectively in their clinical work. Written clearly and simply, it covers research methods and processes, critical evaluation of research, and application of research to practice.

This book is suitable for both students and practising midwives, whether they are producers or end-users of research, or simply need to understand how to critique research articles and produce literature reviews. (© Publisher)

2025-08974

Myles textbook for midwives. Marshall JE, Raynor MD (2020), Elsevier, Edinburgh, 2020. 17th ed. 1032 pages

Written by midwives for midwives, Myles Textbook for Midwives has been the seminal textbook of midwifery for over 60 years. It offers comprehensive coverage of topics fundamental to 21st midwifery practice. Co-edited for the second time, by internationally renowned midwife educationalists, Professor Jayne E Marshall and Maureen D Raynor from the United Kingdom with a team of contributors from across the midwifery community it retains its clear, accessible writing style. Most chapters provide useful case studies, websites of key organisations and charities for individuals to access further information. Reflective questions at the end of each chapter as well as annotated further reading aid reflective learning and stimulate discussions relating to continuing professional development. (Publisher) (© 2020, Elsevier Limited. All rights reserved.)

2025-08973

Writing for nursing and midwifery students. Gimenez J (2024), Bloomsbury Academic, London, 2024. 4th ed. 264 pages

Combining the theory and practice of academic writing, this book helps you to master the basics of writing at university. It equips you with the skills needed to examine cognitive processes such as reflection and critical thinking and includes essential information on referencing your work correctly and avoiding plagiarism.

A comprehensive writing toolkit for students of nursing, midwifery, health and social care, it provides a step-by-step approach to a whole range of genres specific to these disciplines, going beyond the traditional academic essay to include care critiques, action plans, portfolios and systemic reviews as well as complex argumentative writing and the undergraduate dissertation proposal. It also offers help with texts for professional development such as portfolios and conference abstracts.

Supporting you throughout your degree, this new edition includes:
- A new section on making effective notes;
- An updated section on reflection including the latest reflective models;
- A wider range of examples covering areas such as mental health, children and learning disabilities in nursing and midwifery care; and
- A self-assessment quiz and achievement chart to help you track your learning as you work through the book.

Written in a lively, engaging and accessible style, this book is an invaluable companion for students at all levels, and will give you the confidence to succeed on your course. (© Publisher)

2025-08972

Fundamentals of nursing and midwifery research: a practical guide for evidence-based practice. McKenna L, Copnell B (2024), Routledge, Abingdon, 2024. 2nd ed. 194 pages

This book presents a unique approach to teaching the principles of health research using practical case studies with which nurses and midwives can engage to gain the skills to read and understand reports, evaluate the quality of research, synthesise different studies and be able to evaluate their effectiveness when applied to clinical practice.

The book covers core concepts and principles, including the following:

What evidence is and why understanding research is vital
• Finding reliable sources of evidence
• The nature of the research process
• Understanding quantitative and qualitative research
• Ethical considerations
• Using research to guide clinical practice

Throughout the book, activities, summaries and review questions help ground theory in real-life scenarios, showing how evidence-based practice can be applied in every aspect of nursing and midwifery care. It is designed for nurses and midwives, from those just beginning their studies to qualified practitioners undertaking their first research projects. (© Publisher)

2025-08971

Skills for midwifery practice. Bowen R, Taylor W (2022), Elsevier, Edinburgh, 2022. 5th ed. 384 pages

Skills for Midwifery Practice is the go-to book for all midwifery students who need to learn what to do in a range of situations, how to perform a skill, and why they need to do it in a certain way.

Written by midwifery educators Ruth Johnson and Wendy Taylor, the book makes learning easy with background information, learning outcomes, helpful diagrams and lists to represent the skill flow. It explains the underlying physiology associated with pregnancy and childbirth, and clearly defines the nature and extent of current practice.

This version is fully updated and referenced throughout to provide a detailed evidence base to support learning and further study. It is ideal for midwives in training, qualified midwives returning to practice, as well as other members of the obstetric healthcare team. (Publisher)

2025-08138

Student midwife support circles: do they influence emotional wellbeing and a sense of belonging to the midwifery profession?. Johnson-Cash J, Downer T, Millear P, et al (2025), Midwifery vol 148, September 2025, 104536

Background
Student midwives experience a variety of stressors; in particular, those who attend traumatic events or witness systemic violence and bullying are at risk of developing psychological distress, and a reduced sense of belonging to the midwifery profession. Support circles have been identified as a potential intervention to address these stressors, however, there are limited studies in this area.
Objective
The aim of this study was to examine the impact of facilitated peer support circles on student midwives' emotional wellbeing and their sense of belonging to the midwifery profession.
Methods
A mixed-method research design comprised of a cross-sectional survey and individual interviews was used. Participants were drawn from past and current student midwives from one regional Australian university.
Results
Thirty-one participants (N = 31) responded to the survey. Participants who attended at least one support circle (n = 22) reported increased emotional wellbeing, reduced placement stress and increased sense of belonging. There was a correlation between attendance at support circles and increased compassion satisfaction (positive measure of helping behaviour and satisfaction with the care they provide) as well as a correlation between circle attendance, expectations of midwifery, likelihood of working in midwifery in 10 years, and sense of belonging. Three participants (N = 3) were interviewed. Participants reported that support circles enabled them to discuss academic concerns as well as personal and distressing clinical experiences and that peer support and the development of social connections with other student midwives from across various year levels was highly valued.
Conclusion
Student circles provide support and are a valuable co-curricular activity promoting emotional wellbeing and a sense of professional belonging.

Full URL: https://doi.org/10.1016/j.midw.2025.104536

2025-07522

Births in England and Wales: 2024. Office for National Statistics (2025), Office for National Statistics, London, 1 July 2025

Annual counts of live births, stillbirths, maternities, and stillbirth rates in England and Wales by factors including parent age, parent country of birth, ethnicity, deprivation, gestational age, and birthweight. (© Author)

Full URL: https://www.ons.gov.uk/releases/birthsinenglandandwales2024

2025-06411

Research and development strategy 2025-2027. Royal College of Midwives (2025), Royal College of Midwives, London, April 2025. 7 pages

Royal College of Midwives (RCM) research and development strategy for 2025-2027 The strategy outlines goals to support midwives and their colleagues in maternity research, maximise the role of the RCM as an advocate for greater funding, and ensure the RCM strategy remains diverse, equitable and inclusive to all. (LDO)

Full URL: https://rcm.org.uk/wp-content/uploads/2025/04/RCM0061_research_strategy_final_digital.pdf

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2025-06371

7 tips on preparing for a clinical placement. Pearce L (2024), Nursing Standard vol 39, no 9, 4 September 2024, pp 53-54

Practical advice on how to prepare yourself for the steep learning curve you'll experience, whatever the practice setting.

Whether it is your first or final clinical placement, day one often feels daunting. Anxieties range from the personal: will the team like me?; to the professional: will I be able to learn everything I need to progress? (© Author)

2025-06318

A reflection on an episode of midwifery care provision in induction of labour as a student midwife. Harington M (2025), MIDIRS Midwifery Digest vol 35, no 2, June 2025, pp 157-161

This reflective case study will analyse the quality of midwifery care provision to Annabel, a 35-year-old multiparous woman whose labour was induced (IOL) via dinoprostone pessary at 37 weeks' gestation, as her baby's estimated weight was below the 10th centile and therefore classified as small for gestational age (SGA) (Royal College of Obstetricians and Gynaecologists (RCOG) 2014). (© MIDIRS 2025)

2025-01973

Births in England and Wales: 2023. Office for National Statistics (2024), Office for National Statistics, London, 28 October 2024

Annual live births, stillbirths, maternities and fertility rates in England and Wales broken down by area of usual residence, sex, registration, age of parents, number of previous live-born children, place of birth, multiplicity of birth, deprivation, socio-economic classification, gestational age, birthweight, and ethnicity. (Author)

Full URL: https://www.ons.gov.uk/releases/birthsinenglandandwales2023

2024-13967

Maternity survey 2024. Care Quality Commission (2024), Care Quality Commission, London, 28 November 2024

Presents the findings of a survey from the Care Quality Commission (CQC) which examined the experiences of pregnant women and new mothers who had given birth between 1 and 29 February 2024, (and during January if a trust did not have a minimum of 300 eligible births in February). (JSM)

Full URL: https://www.cqc.org.uk/publications/surveys/maternity-survey

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2024-12831

Decolonising practice in midwifery. Royal College of Midwives (2024), Royal College of Midwives, London, October 2024. 10 pages

Royal College of Midwives (RCM) position statement on decolonising practice in midwifery. Discusses how to remove the colonial lens and deliver culturally competent care to Black, Asian and minority ethnic women and babies. Presents three sets of recommendations to governments; NHS Trusts and Boards; and midwives, maternity support workers and maternity care assistants. (LDO)

Full URL: https://rcm.org.uk/wp-content/uploads/2024/10/RCM_Position-Statement_Decolonising_midwifery_8.pdf

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2024-11304

State of the UK midwifery student finance. Royal College of Midwives (2024), Royal College of Midwives, London, September 2024. 9 pages

Report published by the Royal College of Midwives calling for action on the following recommendations:
1. Maintenance loans for student midwives that are forgiven after three years of service in the NHS, specific to the country in which they studied.
2. Financial support that increases by inflation.
3. Benefit entitlements preserved, so that the vocational burden is not borne by the whole family.
4. The cost of student placements, which can involve high travel costs, is reimbursed promptly.
5. Abolition of tuition fees for student midwives in England, bringing it in line with the other nations. (Author, edited)

Full URL: https://rcm.org.uk/wp-content/uploads/2024/09/rcm_state-of-uk-midwifery-student-finance-report.pdf

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2024-11216

NHS staff survey 2024: what did midwives say?. Nicolaides M (2024), MIDIRS Midwifery Digest vol 34, no 3, September 2024, pp 198-200

With almost 1.5 million staff, the NHS is the biggest employer in England and one of the largest employers in the world. Approximately five per cent of workers in England work for the NHS.
The NHS workforce survey is the largest published survey in the world. More than 700,000 staff and around 11,000 midwives responded to the latest survey.
The Royal College of Midwives (RCM), like other organisations representing workers in the NHS, uses the results of the survey when advocating and campaigning for better terms and conditions for midwives and maternity support workers.
What stands out in this year's results is that midwives' satisfaction is not yet back to pre-pandemic levels (satisfaction levels then were already low) and indicator scores for midwives remain below the
national average for NHS staff. However, latest results show that midwives' satisfaction levels have improved from last year. The relative improvements demonstrate the greater focus that has been
put on midwifery. But it is still early days and improvements need to be accelerated and sustained in the future.
In this article, we explore in more detail the results of the NHS staff survey that were published on 7 March 2024 (www.nhsstaffsurveys.com/). We look at the headline figures for midwives and all NHS staff and, where possible, compare the responses over time. For methodological reasons. it is not possible to extract data for maternity support workers (MSWs). (Author)

2024-05464

Neurodivergence Acceptance Toolkit. Royal College of Midwives (2024), Royal College of Midwives, London, May 2024. 22 pages

The Neurodivergence Acceptance Toolkit has been designed to support midwifery educators and clinical areas engaged in the planning and delivery of midwifery education. Its primary purpose is to prompt midwifery education providers to evaluate their processes, from recruitment to qualification, to ensure the provision of an all-encompassing and inclusive midwifery education. Moreover, the toolkit builds on the work undertaken by a team of neurodivergent midwifery educators, midwives, and students who developed the RCM 'Neurodiversity in the Workplace' i-Learn module, launched at the RCM Education and Research Conference in March 2023. By providing a comprehensive checklist of considerations, the toolkit assists midwifery educators and linked clinical areas in the processes of recruitment, planning, delivery, and assessment of midwifery education. (Author)

Full URL: https://rcm.org.uk/wp-content/uploads/2024/09/nat_final.pdf

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2024-03294

Reflections of a student midwife: has our role become misunderstood and how can we fix it?. Love I (2024), MIDIRS Midwifery Digest vol 34, no 1, March 2024, pp 9-12

As is the case for many who choose midwifery as a career, I started with the desire to be with women — to provide support and care.
When I share my chosen profession with loved ones and strangers, the automatic response is 'so you deliver babies?', encouraging the belief that our role is working in a labour ward. I have quickly become aware of the perception the public and other health care professionals have of what constitutes a midwife. These perceptions are limiting in relation to the many roles we have, including public health, specialities, research and education.
I believe one of the contributing factors to this perception is how the other arms of our profession are often overlooked, even within our own field of midwifery, with some individuals unaware of the alternative career routes. From my experience, I have observed that many students are not informed of career options available in midwifery

and those who are qualified don't always have a clear career framework to support their development and progression.
It is important to consider how, as a profession, we may be limiting the advancement of midwifery, as some midwives may not be pursuing alternative career options such as research, higher clinical practice (specialisms, advanced practice and consultant level practice) or working in academic settings (lecturers, researchers and professors, and clinical academics), since we may not fully understand what the challenges and barriers may be.
I will be using the Gibbs (1988) reflective cycle to explore my experience as a student midwife in relation to career development, and the potential barriers to and methods of facilitating improvement. (Author)

2024-03281

Being a student midwife with birth trauma: a reflection. Lowdean G (2024), MIDIRS Midwifery Digest vol 34, no 1, March 2024, pp 29-30

Before beginning to study to be a midwife, I worked in various advice and guidance roles where I was fortunate enough to be offered clinical supervision. When I commented to my supervisor that I had always secretly wanted to be a midwife, she immediately replied 'Why is it a secret?' At the time, I had no answer and her question emboldened me. (Author)

2024-01902

Maternity survey 2023. Care Quality Commission (2024), Care Quality Commission, London, 9 February 2024

This survey looked at the experiences of women and other pregnant people who had a live birth in early 2023, including ethnic minorities in January and March. We found that:
All areas of antenatal care improved from 2022.
Mental health support has shown improvement during antenatal and postnatal care.
Availability of staff has worsened in during labour and birth, in hospital after birth and during postnatal care.
Those who had poor continuity of care, report worse experiences during antenatal care, labour and birth and postnatal care. (Author)

Full URL: https://www.cqc.org.uk/survey/11

2024-00600

Student midwives' experiences of clinical placement and the decision to enter the professional register. Mcneill M, Kitson-Reynolds E (2024), British Journal of Midwifery vol 32, no 1, January 2024, pp 14–20

Background/Aims
In addition to the high rate of attrition among registered midwives, student midwives are increasingly likely to choose to leave their programme, decreasing the projected number of midwives who would join the NHS. The aim of this study was to understand how students experience clinical practice and if these experiences affect their decision to enter the professional register.

Methods
Seven student midwives who had experienced clinical placement as part of their pre-registration training were invited to attend semi-structured interviews. Data were analysed following an interpretive phenomonology approach, where descriptive, linguistic and conceptual comments on the transcripts were used to identify emergent themes.

Results
The 79 identified themes were categorised into five sub-themes within two super-ordinate themes: 'kindness and compassion grows future midwives and strength' and 'resolve through COVID-19 and beyond'. The overarching theme from the participants' interviews was 'I can be a good midwife when I qualify'.

Conclusions
Students want to feel like they will be good midwives, which will be achieved with positive attitudes and behaviours towards them from senior staff during clinical placements. Staff involved with the care of women and newborns should ensure they show students civility and patience while teaching and supporting them. Understanding the level of knowledge that students possess can make it simpler for staff to recognise what each student may or may not have been exposed to. (Author)

2023-10263

NMC Series 1. Support from the NMC. Williams J, Wallace V (2023), The Student Midwife vol 6, no 3, July 2023, p 29

The Nursing and Midwifery Council (NMC) regulates midwives – but are also there for student midwives during their midwifery programmes. This new series of four articles will explore the role of the NMC in supporting students and their practice. (AS)

2023-10163

Scotland State of Maternity Services 2023. Royal College of Midwives (2023), Royal College of Midwives, London, September 2023. 9 pages

The latest State of Maternity Services for Scotland report from the Royal College of Midwives (RCM) notes several positives in maternal health services in recent years, but acknowledges that there are also challenges ahead and the report highlights the urgent need for a maternity strategy.

The report sets out the challenges facing midwives, maternity care assistants (MCAs) and the wider maternity team – and how those challenges can be met. The majority of pregnant women in Scotland are either overweight of obese, which can make pregnancy, labour and birth more complex. At the same time, women in Scotland are giving birth later in life, which again can require different levels of care.(Author, edited)

Full URL: https://rcm.org.uk/wp-content/uploads/2024/06/scottish-state-of-maternity-services-report-2023-1.pdf

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2023-09457

'It takes a village': a qualitative study exploring midwives' and student midwives' experience of the new Standards for Student Supervision and Assessment in practice. McKelvin G, Shackleton D, Clarke J, et al (2023), MIDIRS Midwifery Digest vol 33, no 3, September 2023, pp 217-226

Objective

To explore students' and midwives' preparation for and experiences of supervision and assessment in practice, using the new SSSA.

Design

An exploratory qualitative study was undertaken. Student midwives (SMs) and registered midwives (RMs) were invited to participate using online recruitment strategies across closed groups. Participants were required to complete either an open-ended questionnaire or take part in an in-depth interview. The demographics and background data were presented in a descriptive format and qualitative data were analysed thematically.

Setting and participants

Twenty-two SMs and 13 RMs from across the United Kingdom who had experience using the new SSSA were recruited for this study.

Findings

The thematic analysis identified three key themes: 'Thrown in the deep end', where a lack of preparation, training, time, resources and communication were identified. 'A double-edged sword', in which staff and students identified the benefits of working with different professionals, while acknowledging the significant challenges they faced without the student–midwife relationship and lack of supervisor continuity. 'A daily struggle' was expressed because of burnout, which many students faced. Overall, one overarching theme that threaded itself through the narrative was that 'it takes a village' to create competent and confident midwives.

Key conclusions and implications for practice

This study highlights some of the benefits students and midwives experience using the new standards but they are marred with significant challenges that need to be addressed to protect the future workforce and the public. There needs to be a more collaborative effort to ensure that midwives have the right resources, training and protected time to fulfil their roles as supervisors and assessors. The student journey across placement needs to be mapped out carefully to ensure that an element of continuity that builds a student–midwife relationship is maintained. This will alleviate the impact on student learning, confidence and burnout. (Author)

2023-08469

Spotlight on Nursing and Midwifery Report 2023. Nursing and Midwifery Council (2023), Nursing and Midwifery Council, London, 3 August 2023. 56 pages

The first of the Nursing and Midwifery Council's (NMC's) annual insight publications. Covers three major areas: 1. Becoming a registered professional. This section looks at trends in the nurses, midwives and nursing associates joining the NMC register. It also explores people's motivations for joining the profession, their experiences of education and training and how it prepared them for practice and any variation between those educated in the UK and overseas. 2.

Practising in the UK. This section looks at the experiences of early career UK and internationally educated professionals practising in the UK, their career intentions and reasons why they choose to leave the NMC register. 3. Maternity care. Sharing findings from public inquiries and insights from NMC fitness to practise cases, this section looks at people's experiences of maternity services across the UK. (Author, edited)

Full URL: https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/insight-spotlight/2023/spotlight-on-nursing-and-midwifery-report-2023.pdf

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2023-07580

England State of maternity services 2023. Royal College of Midwives (2023), Royal College of Midwives, London, July 2023. 11 pages

The Royal College of Midwives' annual State of Maternity Services report provides an overview of some of the trends in the midwifery workforce in England, and identifies some of the challenges faced by the profession and by maternity services. The report draws on the latest statistics available to provide information on birth rates, the age profile of mothers, numbers of current and student midwives and other observations such as the challenges faced by the profession with regard to staff shortages, staff burnout and the impact of retirement. The Government's 2018 commitment to open up more places on midwifery courses is underway. Courses numbers have increased, from 2,380 in the 2015/16 academic year, to 3,720 in 2021/22.
The RCM supports the development of midwifery apprenticeships as a new route into the profession. This was included on the recent NHS Long Term Workforce Plan and is a positive step towards increasing the workforce. (EA)

Full URL: https://www.rcm.org.uk/media/6915/england-soms-2023.pdf

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2023-07461

Wales State of maternity services 2023. Royal College of Midwives (2023), Royal College of Midwives, London, June 2023. 11 pages

The annual report from the Royal College of Midwives (RCM) provides information on maternal health services in Wales, and includes statistics and recommendations for maternity services, the Government, and NHS staff. Recent years have seen a large increase in the numbers of student midwives in Wales, which has resulted in more newly qualified midwives in the NHS, but despite this, greater investment in the recruitment and retention of midwives and maternity support workers (MSWs) is still needed. (JSM)

Full URL: https://rcm.org.uk/wp-content/uploads/2024/06/0246_wales_som_digital.pdf

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2023-06136

Northern Ireland State of maternity services 2023. Royal College of Midwives (2023), Royal College of Midwives, London, 22 May 2023. 20 pages

The latest State of maternity services for Northern Ireland report from the Royal College of Midwives (RCM) notes several positives in maternal health services in recent years, but acknowledges that there are also challenges ahead and the report highlights the urgent need for a maternity strategy. (JSM)

Full URL: https://rcm.org.uk/wp-content/uploads/2024/06/rcm-northern-ireland-state-of-maternity-services-report-2023.pdf

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2023-02757

Reframing leadership for student midwives. Beckford-Procyk C (2023), MIDIRS Midwifery Digest vol 33, no 1, March 2023, pp 6-8

There are many things student midwives need to consider throughout their studentship.
Completion of practice hours, passing assessments and maintaining their health and wellbeing, to name but a few. One thing that may not be emphasised is leadership and, specifically, how student midwives are in an excellent position to explore their passions to make tangible changes to their field.
In this reflective piece the author reflects on their journey into student leadership and how it impacted their philosophy as a student and midwife. (Author)

2023-01604

Students as researchers: An example of high-level participation of undergraduate midwifery students as co-investigators in research. Kuipers YJ, Verschuren S (2023), Women and Birth: Journal of the Australian College of Midwives vol 36, no 2, March 2023, pp 171-176

Background
There is a shift in focus of the curricula of undergraduate midwifery research-education - from research content to the

research process, and the student from being an observer to a participant.
Aim and Methods
To explore an example of how to involve midwifery students as co-investigators in research. This paper discusses the experiences of an educational research project that adopted the highest level of student autonomy in research, involving six Bachelor of Midwifery final-year students participating as co-investigators in qualitative research focusing on women's lived experiences of traumatic childbirth. The experiences are supported by the parameters of research-education and learning, and are discussed in the context of the dimensions of framing undergraduate research: Motivation, Inclusivity, Content, Originality, Setting, Collaboration, Focus and Audience
Discussion
Crucial for this educational research project is the recognition of the motivation, interests, (experiential) knowledge and real-world experiences of students. It starts with listening to the questions, thoughts and ideas that students bring, recognising and respecting the content and importance of their work and what is important and meaningful to them, while facilitating a student-led learning process. Collaboration between students and students and supervisors needs to be formally facilitated and supported, as this contributes to qualitative products for curricular and extra-curricular products. An academic infrastructure is necessary to support extra-curricular activities.
Conclusion
To embed research adequately and effectively in the curriculum, a pedagogical approach, institutional learning and student-centred teaching strategies and practices, including high impact practices to mainstream undergraduate research and enquiry, are crucial. (Author)

Full URL: https://doi.org/10.1016/j.wombi.2022.11.004

2022-11070

Does a student midwife's personal experience of childbirth affect their philosophy of care and the choices they offer to women? A qualitative study. Milnes S (2022), MIDIRS Midwifery Digest vol 32, no 4, December 2022, pp 460-465

Background to the study
It is estimated that one in four women experiences birth trauma and this, if unresolved, can lead to irrational, unconscious flashbacks when exposed to an associated situation. Mature student midwives often attribute their own birth experiences as a catalyst to commence their midwifery studies, however, little is known about how this experience can affect them in clinical placement.
Aims of the research
To examine student midwives' personal experiences of birth, their perceptions about birth and how these may influence their clinical practice.
Methodology
A qualitative phenomenological approach was adopted and a purposive sample of 10 student midwives was interviewed using a semi-structured method. The transcripts were coded and thematic analysis used to search for themes.
Ethical approval
Granted by the university ethics committee.
Findings
Three themes were generated from the data: quality of care; the medicalisation of childbirth; and the road to redemption. It was apparent that all students believed in a physiological philosophy of care, associating good-quality care with perceived control, communication and compassion. However, this was not what they witnessed in clinical practice. The majority of students reported experiencing unexpected flashbacks of their own experience during their clinical placement. Students who had not experienced a subsequent redemptive birth found these flashbacks distressing and felt this affected their clinical judgment.
Conclusions
More research is needed to explore whether student midwives would benefit from counselling prior to their first clinical placement to examine and debrief their own experience, reducing attrition by managing expectations. Including such a session in the existing midwifery curricula is also recommended. (Author)

2022-09836

'It's no ordinary job': Factors that influence learning and working for midwifery students placed in continuity models of care. Moncrieff G, Martin CH, Norris G, et al (2023), Women and Birth: Journal of the Australian College of Midwives vol 36, no 3, May 2023, pp e328-e334

Background
Maternity policy and guidelines increasingly recommend or stipulate the increased provision of midwifery continuity

of carer as a priority model of care. The scale up and sustainability of this model will require that student midwives are competent to provide continuity of carer at the point of qualification. Guidance relating to how to optimally prepare student midwives to work within continuity models is lacking.
Aim
To explore perspectives and experiences of working within and learning from student placement within continuity models of care.
Methods
An online mixed methods survey aimed at midwifery students and qualified midwives with experience of working within or providing education relating to continuity models. Quantitative results were analysed through descriptive statistics while free text responses were brought together in themes.
Findings
Benefits and challenges to placement within continuity models were identified. These provide recommendations that will enhance learning from and skill development within continuity models of care.
Conclusion
There is a need for continuity of mentorship and strong relationships between education and practice, and the provision of flexible curriculum content around this to enable students to prioritise appointments with women in their care. System level evaluation and support is needed to guide the optimal provision of continuity models, so that they are effective in improving outcomes and experiences. Foregrounding woman centred care as foundational to education and facilitating the critical deconstruction of dominant discourses that conflict with, and may prevent this form of practice, will promote the provision of care that is integral to these models. (Author)

2022-09477

Position statement: safer staffing. Royal College of Midwives (2022), Royal College of Midwives, London, March 2022. 8 pages

Sets out the Royal College of Midwives' (RCM) position on safe staffing in midwifery establishments in England, Northern Ireland, Scotland and Wales. (CI)

Full URL: https://www.rcm.org.uk/media/5936/rcm_position-statement_safer_staffing.pdf

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2022-08138

Useful databases and resources for maternity professionals. Mitchell J (2022), MIDIRS Midwifery Digest vol 32, no 3, September 2022, pp 289-291

Your subscription package to MIDIRS includes access to the Maternity and Infant Care (MIC) database. The MIC database is a great resource for midwives, students, maternity support workers and others working in maternity services, bringing together thousands of references in one place.

This article provides an overview of MIC and looks at some other databases and resources available in the health care field. (Author)

2022-07864

Learning about compassion during midwifery education: exploring student midwives' perspectives. Pearson M (2022), British Journal of Midwifery vol 30, no 8, August 2022, pp 444-449

Background
Although compassionate healthcare is not a new neologism in midwifery, formal study about compassion in undergraduate curricula is relatively unexplored. This research offered an opportunity to explore midwifery students' perspectives of learning about compassion during their course.

Methods
A mixed-methods approach was used to collect data in three phases. First, 24 first-year student midwives completed a free writing exercise. Second, 81 self-completion questionnaires were given to students from all three years. Third, semi-structured interviews in focus groups were conducted with six first-year students, four second-year students and six third-year students. Thematic analysis was used to interpret qualitative findings.

Results
The majority of students reported formal study about and for compassion had increased their understanding of the concept. Midwifery practice placements were reported to support students' learning about compassion.

Conclusions
Formal teaching about compassion during undergraduate midwifery education is recommended. Three distinct, interrelated themes emerged and students' brought their pre-professional life experiences to the classroom and clinical practice; they continued to learn about compassion both formally and informally, depending upon the situations they found themselves in. (Author)

2022-05675

Re:Birth summary report. Royal College of Midwives (2022), Royal College of Midwives, London, June 2022. 13 pages

Report from the Royal College of Midwives (RCM) presenting the findings of the Re:Birth project on the use of language in maternity services. Results suggest that service users prefer terms that are: non-judgemental, non-hierarchical, nor value-laden; descriptive and technically accurate; and reflect their experiences, rather than what their experiences are assumed to be. Similarly, health professionals prefer terms that are: clear, descriptive and unambiguous; consistently understood between individuals and professional groups; and specific enough to identify differences in modes of labour and birth. The report identifies several preferred terms for health professionals and researchers to use, including 'birth', 'spontaneous vaginal birth', 'induced and/or augmented labour', 'birth with forceps/ventouse' and 'caesarean birth'. (LDO)

Full URL: https://rcm.org.uk/wp-content/uploads/2024/03/rcm-rebirth-report.pdf

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2022-05419

Exploring Midwifery Students' Experiences of Professional Identity Development During Clinical Placement: A Qualitative Study. Sun J, Wang A, Xu Q, et al (2022), Nurse Education in Practice vol 63, August 2022, 103377

Background
Healthy China 2030 has proposed to strengthen the investment in midwifery education to prepare more qualified midwives to address the shortage of midwifery workforce in China. The formation of a strong professional identity has been demonstrated to be a vital enabler for successfully transitioning from university to work. As midwifery is a practice-based profession, clinical placement is a key period for midwifery students' professional identity development, where they can be part of the profession and exposed to professional behaviour and interaction in the real world. However, it has not yet been explored in terms of the professional identity development of midwifery students in China during clinical placement.

Aim
To gain insight into the professional identity development experiences of midwifery students in China during clinical placement.

Design
A qualitative study using a descriptive phenomenological approach.

Methods
Semi-structured interviews were conducted with fourteen final-year midwifery students who were undertaking clinical placement in four public hospitals in central China between March 2021 and May 2021. The transcribed data were analyzed following the Colaizzi's phenomenological analysis method.

Results
A total of one category, two theme clusters and seven themes emerged. The overarching category "conflicting experiences of professional identity development" was identified from the interaction of two theme clusters, "positive experiences motivating professional identity development" and "negative experiences impeding professional identity development". Four themes including "feeling the sense of accomplishment for facilitating smooth births", "developing professional competence", "positive role models of clinical mentors", and "cooperative inter-professional relationships" fell into the theme cluster of "positive experiences motivating professional identity development"; while the other three themes including "high-intensity working state", "emotional instability of birthing women", and "feeling insufficient in professional competence" fell into the theme cluster of "negative experiences impeding professional identity development".

Conclusions
The conflicting experiences of professional identity development among midwifery students might lead to the emergence of confusion and further decrease their retention intention in the profession. Thus, intervention strategies

should be adopted to promote midwifery students' professional identity development during clinical placement, so as to prepare confident and motivated midwives to provide high-quality maternal care and address the shortage of midwifery workforce in China. (Author)

2022-02317

An exploration of the development of resilience in student midwives. Williams J, Hadley J (2022), British Journal of Midwifery vol 30, no 4, April 2022, pp 202-207

Background
Resilience has been considered a key personal characteristic for a healthcare professional to be able to cope with the demands of their profession. There is a paucity of research that has considered resilience in midwifery and none has used a resilience scale over the length of the midwifery programme.

Methods
A resilience scale was used with one cohort of student midwives on five occasions throughout their midwifery programme.

Results
The mean across all of the five scale scores for the 15 participants was 122 (range of mean scores:92–135). The majority of participants (n=13) had average, moderate or moderately high resilience and all student midwives except one increased their resilience between the first and fifth completion of the scale.

Conclusions
The true resilience scale is a useful tool to use in midwifery undergraduate programmes to determine the development of resilience in student midwives. Importantly, the scale could be used at an early opportunity to identify any support needs. (Author)

2021-12226

Literature searching explained!. Deighton-O'Hara L, Brumby M (2021), MIDIRS Midwifery Digest vol 31, no 4, December 2021, pp 421-422

The authors present an overview of how to conduct literature searches in bibliographic databases. Includes tips on choosing a database, using Boolean operators, creating a list of keywords and exporting results into reference management software. (LDO)

2021-08227

How to read a research paper. Parsons R (2021), MIDIRS Midwifery Digest vol 31, no 3, September 2021, p 289

Academic writing can seem complex, especially for those unfamiliar with research. However, most papers are set out in a similar manner. Once you are familiar with this, searching and reading journal articles becomes simpler. This short article goes through the main components of a research paper and what to expect in each section. (Author)

2021-05244

An exploration of the development of resilience in student midwives. Williams J, Lathlean J, Norman K (2021), British Journal of Midwifery vol 29, no 6, June 2021, pp 330-337

Student midwives have to complete a demanding programme to become a midwife, and therefore it is questioned whether they need resilience to be successful. The study's aims were to explore whether resilience developed in one cohort of 25 undergraduate student midwives and what the concept of resilience meant to them. This study adopted a longitudinal case study approach in one Higher Education Institution in England during the first 18 months of their programme. The study used Wagnild and Young's (1993) (updated 2015) True Resilience Scale© (1), administered on three occasions. Additionally, four focus groups were conducted twice and six participants were involved in one-to-one interviews to explore issues raised in the focus group. SPSS Pairwise comparisons revealed that there were significant differences in True Resilience Scale© scores between the first and the second completion (p=0.034), and time one and time three (p=0.002); there were no significant differences between time two and time three (p=1.0). In this cohort of student midwives, the scale showed that the majority had developed their resilience during the study and this was supported in what the students reported. A conceptual model, which defines resilience for student midwives, is presented to strengthen how resilience can be supported and developed. (Author)

1. Wagnild G, Young H. Journal of Nursing Measurement, vol 1, no 2, 1993, pp 165-178

2021-01477

Midwifery students experience of continuity of care: A mixed methods study. Foster W, Sweet L, Graham MK (2021), Midwifery vol 98, July 2021, 102966

Background
Continuity of Care Experiences are a mandated component of Australian midwifery programs leading to registration. Despite research evidence of the benefits of Continuity of Care Experiences for student learning and for women, there is limited evidence on the personal impact of this experience to students. Additionally, there is limited guidance on how to best support students to successfully complete this valuable component of their program.

Objective
To identify the emotional, psychological, social and financial costs of undertaking the Continuity of Care Experience component of a midwifery program and to provide information which may lead to educational strategies within CoCE aimed to improve student support and alleviate challenges.

Design
Using surveys and diary entries, a convergent parallel mixed methods approach was used to collect qualitative and quantitative data concurrently. Descriptive statistics were used to analyse financial cost, and clinical, travel and wait times. A constant comparative analysis was used for qualitative data about student's Continuity of Care Experiences. Integrative analysis was used to reconstruct the two forms of data.

Setting
Two Australian universities offering Bachelor of Midwifery programs.

Participants
Seventy students completed the demographic survey and 12 students submitted 74 diaries describing 518 episodes of care. There was a response rate of 18% recorded.

Findings
Analysis identified four themes: perception of Continuity of Care Experiences; personal safety; impact on self and family; and professional relationships. The mean time spent per completed experience was 22.20 hours and the mean cost was $367.19. Although students found Continuity of Care Experiences to be a valuable learning experience, they identified numerous factors including time, money, and personal circumstances that impacted on their ability to successfully meet the requirements.

Implications for practice
Continuity of Care Experiences are a highly valuable, but often challenging component of midwifery education in Australia. Using a model of social interdependence, students, educators and maternity care providers may engage better with the process and philosophies of CoCE. (Author)

2021-01283

Undertaking a scoping review: A practical guide for nursing and midwifery students, clinicians, researchers, and academics. Pollock D, Davies EL, Peters MDJ, et al (2021), Journal of Advanced Nursing vol 77, no 4, April 2021, pp 2102-2113

Aim
The aim of this study is to discuss the available methodological resources and best-practice guidelines for the development and completion of scoping reviews relevant to nursing and midwifery policy, practice, and research.

Design
Discussion Paper.

Data Sources
Scoping reviews that exemplify best practice are explored with reference to the recently updated JBI scoping review guide (2020) and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Scoping Review extension (PRISMA-ScR).

Implications for nursing and midwifery

Scoping reviews are an increasingly common form of evidence synthesis. They are used to address broad research questions and to map evidence from a variety of sources. Scoping reviews are a useful form of evidence synthesis for those in nursing and midwifery and present opportunities for researchers to review a broad array of evidence and resources. However, scoping reviews still need to be conducted with rigour and transparency.

Conclusion
This study provides guidance and advice for researchers and clinicians who are preparing to undertake an evidence synthesis and are considering a scoping review methodology in the field of nursing and midwifery.

Impact
With the increasing popularity of scoping reviews, criticism of the rigour, transparency, and appropriateness of the methodology have been raised across multiple academic and clinical disciplines, including nursing and midwifery. This discussion paper provides a unique contribution by discussing each component of a scoping review, including: developing research questions and objectives; protocol development; developing eligibility criteria and the planned search approach; searching and selecting the evidence; extracting and analysing evidence; presenting results; and summarizing the evidence specifically for the fields of nursing and midwifery. Considerations for when to select this methodology and how to prepare a review for publication are also discussed. This approach is applied to the disciplines of nursing and midwifery to assist nursing and/or midwifery students, clinicians, researchers, and academics. (Author)

Full URL: https://doi.org/10.1111/jan.14743

2021-00523

Creating a partnership of care in clinical practice: a student midwife's reflection. Rajan-Brown N (2021), MIDIRS Midwifery Digest vol 31, no 1, March 2021, pp 58-60

Advocacy is a mainstay of midwifery practice, ensuring women's needs are met holistically. This reflection explores the mother–midwife relationship, discussing the fine balance between empowering self-efficacy, while advocating on women's behalf where necessary. Student midwives must also learn to develop advocacy skills, being mindful of the impact of the student–mentor relationship on practice. (Author, edited)

2021-00522

Virtual Reality Learning Environments — reconfiguring clinical practice situated in health care education. King D (2021), MIDIRS Midwifery Digest vol 31, no 1, March 2021, pp 40-45

Objective: The higher education of future health care professionals continues to be recognised as of significant importance for the betterment of women's and children's health, yet the World Health Organization (WHO) has highlighted the global issue of learners with limited access to higher education and practical skills teaching, and educators lacking skills and equipment. Virtual Reality Learning Environments (VRLEs) are offered as a computer-generated virtual simulation of a clinical workspace. Mobile handheld devices, laptops and personal computers (PCs) can be used to access learning materials, and practise clinical skills by interacting with simulations of patients, their families and other health care professionals. Both practical and more intuitive aspects of health care competency can be experienced, supporting health care learners worldwide, at any stage of their career, to access clinical scenarios which cannot otherwise be guaranteed.

Methods: The use of VRLEs was researched for a doctorate exploring the impact of VRLEs on health care education. Data were contributed by 311 health care students from all three years of their degree programmes for this research project which was created for an academic clinical doctoral thesis. The research participants (RPs) were from various professions, including midwifery, paramedic science and physiotherapy. This action research project explores health care students' collective experience of VRLEs. The research data were collected using a pre- and post-intervention questionnaire and focus groups, viewed through a phenomenographical lens and themes generated using thematic analysis.

Ethical approval: Obtained from Bournemouth University, reference 23182.

Results: This research project provided health care students with realistic, easily accessible, immersive virtual experiences in which they could actively participate. It found that VRLEs offer health care students a space to practise clinical skills, have a positive impact on their confidence and their ability to develop clinical intuition skills and result

in a positive impact on students' patient care going forwards.

Conclusion: VRLEs are profession-generic and topic-specific so clinical skills can be practised by health care students and professionals from a wide variety of disciplines. VRLE flexibility means educational institutions, worldwide, can provide access to clinical training and experiences which cannot otherwise be guaranteed. (Author)

20201218-37*

The NMC Code and its application to the role of the midwife in antenatal care: a student perspective. Rajan-Brown N, Mitchell A (2020), British Journal of Midwifery vol 28, no 12, December 2020, pp 844-849

The Nursing and Midwifery Council (NMC) Code provides the foundational 'values and principles' a midwife should follow throughout their practice. This article discusses the application of the four pillars of the Code - prioritise people, practice effectively, preserve safety, and promote leadership and trust - to the role of the midwife in antenatal care. In providing holistic care facilitated through communication, a midwife can demonstrate advocacy, accountability, competency and leadership to provide quality, safe care to women. However, following the Code is not always straightforward; organisational demands are often in opposition with NMC values. This article discusses the midwife's duty to reconcile these juxtapositions, fulfilling the needs of their employer whilst upholding the requirements of the professional body. (Author)

20200930-20*

BSc nursing & midwifery students experiences of guided group reflection in fostering personal and professional development. Part 2. for discussion and innovation section. O'Brien B, Graham MM (2020), Nurse Education in Practice vol 48, October 2020, 102884

Reflective practice is a learning strategy supporting preregistration nursing and midwifery students in meeting everyday clinical practice challenges. This paper reports on a development and innovation evaluation using a qualitative approach exploring students' experiences of guided group reflection organised during fourth year undergraduate internship. Data were collected through student feedback and interviews using a descriptive approach. Three categories emerged from the findings; beginnings for reflective learning, engaging in reflective learning and being a reflective practitioner. Students reported that guided group reflection provided positive opportunities for enhancing confidence. Students demonstrated understanding of reflection and valued reflective time within the closed group structure, which fostered personal and professional development. Findings support the benefits of the established collaborative guided group reflection structures. Guided group reflection is described as a valuable learning strategy on the journey of becoming a nurse in an ever-demanding health care practice world. (Author)

20200903-2

Introducing midwifery students to the world of research: building the basis for future leaders in evidence-based practice. Borrelli S, Walker L, Jomeen J, et al (2020), MIDIRS Midwifery Digest vol 30, no 3, September 2020, pp 324-329

This educational project aimed at involving undergraduate midwifery students as co-investigators in research studies, with the primary aim of acquiring first-hand experience of operationalising fundamental aspects of the research process by working with established researchers. The secondary aim of the project was to evaluate students' experience of being involved as co-investigators in a research study.

This initiative involved six undergraduate midwifery students in two qualitative research studies. Students were involved in the following activities: development of focus group topic guides; data collection (focus group facilitation and co-facilitation) and analysis; preparation of abstracts for peer review; poster and conference presentations; team meetings; group work and research seminars.

This paper reports the educational initiative and students' experiences. The project was perceived by students as an exciting and unique opportunity to experience research first hand. Students gained direct knowledge and understanding of the research process and how that builds the evidence base for midwifery practice and service provision, with the ultimate aim of improving care for childbearing women and their families.

The academic team hopes that the participants' involvement in this project will have a direct, authentic and long-lasting impact on their remaining experience as student midwives and future qualified midwives. Long-lasting effects include: a) providing a novel activity for inclusion in the student's portfolio with potential to increase employability; b) gaining insights into activities involved in midwives' development beyond registration, such as Masters and PhD programmes; c) providing students with a greater understanding of different midwifery roles and career paths, including the current priority for developing clinical academic careers. (Author)

20200424-32*

Exploring the woman-student-midwife relationship: a critical reflection on practice. Ashforth K (2020), The Student Midwife vol 3, no 2, April 2020, pp 6-9

Critical reflection aims to develop and improve professional practice to provide optimal midwifery care that is current, responsive, woman-centred and safe. However, existing models of reflection can be limiting. Kate developed a novel critical reflection tool to facilitate reflective practice among student midwives. (Author, edited)

20190821-18*

Myles survival guide to midwifery. Raynor MD, Catling C (2017), Edinburgh: Elsevier 2017. 3rd ed. 608 pages

The latest edition of the Survival Guide to Midwifery continues to offer readers with a wealth of information presented in a quick reference format which is perfectly tailored for use in the clinical environment.
Fully updated throughout and now with new authorship, the book covers the core essentials of midwifery with topics that range from anatomy and reproduction, change and adaptation in pregnancy, antenatal care, clinical investigations, abnormalities and common medical problems. Other areas include obstetric emergencies, physical problems and complications in the puerperium, infant feeding, and the sick neonate.
Now rebranded as Myles Survival Guide to Midwifery, this popular title will be ideal for midwives - whether qualified or in training - in all parts of the world.
Helpful bullet point style allows rapid access to essential information
Useful revision guide for examinations and assessments
Contains common abbreviations, medications, drug calculations, glossary of common terms, and normal values
Thoroughly revised to reflect key developments in current midwifery practice
Now includes further reading and useful website addresses (Publisher) [Previous edition: published as Survival guide to midwifery by Diane M. Fraser and Maggie A. Cooper. Edinburgh: Churchill Livingstone. 2012]

20190821-16*

Myles Pocket Reference for Midwives. Ashwin C, Anderson M (2017), London: Elsevier June 2017. 100 pages

Well illustrated with over 100 figures, tables and pull-out boxes, this slim pocket guide includes a wealth of information ranging from physical examination to antenatal investigations, screening, medical complications of pregnancy, birth emergencies, drug calculations and infant feeding. (Author)

20190729-8

The new Nursing and Midwifery Council standards for student supervision and assessment (SSSA). Marshall JE, Ashwin C (2019), MIDIRS Midwifery Digest vol 29, no 3, September 2019, pp 277-282

In the Hot Topic the development and rationale for the new Nursing and Midwifery Council's standards for student supervision and assessment are discussed. The article gives an insight into how these standards will work in practice and what the changes mean for students and midwives. (15 references) (ABS)

20190513-6

Midwives matter: developing a positive staff culture using restorative clinical supervision. An evaluation of a professional midwifery advocate quality improvement project. Sterry M (2019), MIDIRS Midwifery Digest vol 29, no 2, June 2019, pp 162-166

The two-year anniversary of the legislative change that heralded the cessation of statutory supervision of midwifery is approaching. The NHS England (2017) Advocating for Education and QUality ImProvement (A-EQUIP) model has been developed to provide a framework for ongoing support, and the promotion of the continuous improvement for practising midwives that will ultimately impact on the delivery of safer care and enhance the maternity experience for women (NHS England 2017).
The A-EQUIP model is deployed through professional midwifery advocates (PMAs) who are performing a new leadership and advocacy role which is now becoming embedded into NHS organisations across England. Whilst university courses provide excellent preparation for PMAs, there has been no defined pathway guiding integration of their role into the existing maternity services and embedding the A-EQUIP model as mandate into the employing organisation. Trusts across England have developed their own strategies whilst NHS England, universities and regional peer networking have supported some consistency in implementation and promoted sharing of innovative examples of good practice (NHS England 2018). (13 references) (Author)

20190103-122*

State of Maternity Services Report 2018 - Northern Ireland. Royal College of Midwives (2018), London: RCM December 2018. 9 pages

The RCM's annual State of Maternity Services Report provides an overview of some of the 'big picture' trends that are taking place in the midwifery workforce and identifies some of the challenges that face the profession and our maternity services. This year, for the first time, the RCM is publishing individual reports for England, Scotland and Wales as well as Northern Ireland, rather than one report for the UK as a whole. This is our report for Northern Ireland. (Author)

Full URL: https://www.rcm.org.uk/media/2825/state-of-maternity-services-report-2018-northern-ireland.pdf

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20181107-64*

State of maternity services report 2018 - Wales. Royal College of Midwives (2018), London: RCM November 2018. 8 pages

The Royal College of Midwives' annual State of Maternity Services report provides an overview of some of the trends that are taking place in the midwifery workforce, and identifies some of the challenges faced by the profession and maternity services. For the first time, the RCM has published individual reports for England, Scotland, Wales and Northern Ireland, rather than one report for the whole of the UK. This report draws on the latest statistics available to provide information on birth rates, the number of home births and the age profile of mothers, as well as smoking and obesity rates in pregnancy. It also highlights the increase in the number of training places for student midwives in Wales, and considers what the implications of this are for the age profile of the midwifery workforce. Warns that Brexit is a potential threat to maternity services, as the loss of over 1,000 EU midwives in England could lead the NHS to seek to recruit increasingly from Wales. (CI)

Full URL: https://www.rcm.org.uk/media/2469/wales-state-of-maternity-report-2018-english-language.pdf

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20180912-4*

State of maternity services report 2018 - England. Royal College of Midwives (2018), London: RCM September 2018. 12 pages

The Royal College of Midwives' annual State of Maternity Services report provides an overview of some of the trends that are taking place in the midwifery workforce, and identifies some of the challenges faced by the profession and maternity services. For the first time, the RCM has published individual reports for England, Scotland, Wales and Northern Ireland, rather than one report for the whole of the UK. This report draws on the latest statistics available to provide information on birth rates and the age profile of mothers, as well as numbers of current and student midwives. Highlights that, despite an increase in the number of newly-qualified midwives graduating from university, the overall number of NHS midwives in England rose by just 67 in the last year because so many existing midwives are leaving the service. Amongst other findings, the report also identifies that the profile of mothers is continuing to change; in 2017 over 55% of births were to women over the age of 30. (CI)

Full URL: https://www.rcm.org.uk/media/2373/state-of-maternity-services-report-2018-england.pdf

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20180912-12*

State of maternity services report 2018 - Scotland. Royal College of Midwives (2018), London: RCM September 2018. 12 pages

The Royal College of Midwives' annual State of Maternity Services report provides an overview of some of the trends that are taking place in the midwifery workforce, and identifies some of the challenges faced by the profession and maternity services. For the first time, the RCM has published individual reports for England, Scotland, Wales and Northern Ireland, rather than one report for the whole of the UK. This report draws on the latest statistics available to provide information on birth rates and the age profile of mothers, as well as the smoking status and BMI of pregnant women. It details the number of current and student midwives and highlights that, although the midwife shortage is less acute than in England, there are a rising number of unfilled midwifery vacancies. The report also identifies that there is evidence that while the birth rate is falling somewhat, the workload for midwives is not reducing proportionately. (CI)

Full URL: https://www.rcm.org.uk/media/2448/state-of-maternity-services-report-2018-scotland.pdf

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20180723-27*

Realising professionalism: Standards for education and training. Part 2: Standards for student supervision and assessment. Nursing and Midwifery Council (2018), London: NMC 17 May 2018. 12 pages

These standards set out the NMC's expectations for the learning, support and supervision of students in the practice

environment. They also set out how students are assessed for theory and practice learning. (Author, edited)
NB: This publication has been superseded by Standards for education and training. Part 2: Standards for student supervision and assessment, 25 April 2023.

Full URL: https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/

20180502-7

Introduction and background to the role of professional midwifery advocate. Martin T, Stephens L, Dennis T (2018), MIDIRS Midwifery Digest vol 28, no 2, June 2018, pp 161-163

Toni Martin and colleagues give an introduction and background to the role of Professional Midwifery Advocates and discuss how best to facilitate the A-EQUIP model to support midwives in practice. (12 references) (ABS)

20180411-39

Student survival guide no 8: Developing a personal philosophy and preparing for qualification. Allan G, Harper F (2018), The Practising Midwife vol 21, no 4, April 2018, pp 14-18

Qualification is an exciting, nerve-racking time that ties together three years of hard work, dedication and commitment. In the final article of the Student survival guide series, Georgia Allan and Felicity Harper explore how to develop your personal midwifery philosophy and offer advice on preparing for qualification. This includes practical tips on tackling your research proposal, preparing for interviews and embracing the final few months with your fellow students. (17 references) (Author)

20171011-40

Learning through reflection. Wain A (2017), British Journal of Midwifery vol 25, no 10, October 2017, pp 662-666

Reflection is a process of learning through everyday experiences and forms an integral part of undergraduate and post-graduate higher education midwifery programmes. Students are encouraged to use a structured model of reflection to demonstrate their ability to reflect on their experiences during clinical practice. These models of reflections will be discussed, and the use of reflective practice within midwifery higher education will be evaluated. The article will also consider the importance of reflection as part of continued professional development and revalidation, and the role it has to enable midwives to become reflective practitioners and ultimately increase self-awareness, self-identity and personal growth. (26 references) (Author)

20171003-46

Student survival guide 2: Practice placements. Ali A, Matthews A (2017), The Practising Midwife vol 20, no 9, October 2017, pp 14-17

In the second article of this new series, Afshan Ali and Anna Matthews provide advice on how to approach practice placements. This includes practical tips on what to take with you and what might be expected of you when you get there, as well as how to prepare for reflection, relating to your mentor and coping with challenges. (14 references) (Author)

20170919-25

Student survival guide 1. In the beginning: getting off to the best start as a student midwife. Baker S, Webster L (2017), The Practising Midwife vol 20, no 8, September 2017, pp 17-20

In the first article of this new series, Sarah Baker and Louise Webster provide advice on how to get off to the best start as a new student at university. This includes practical tips on how to 'hit the ground running', as well as how to prepare for university, liaising with lecturers, peers, budgeting, applying for funding, wider university life, how to get yourself involved and time management. (11 references) (Author)

20170810-55

Coping with end-of-year assessments: a survival guide for pre-registration midwives. Power A, Murray J (2017), British Journal of Midwifery vol 25, no 8, August 2017, pp 531-532

The midwifery preregistration programme of study is a demanding undertaking that prepares students for the stressors and complexities of the role of the qualified midwife. Additionally, there are 'pinch points' during each academic year, where the pressures of theory and practice assessments can lead to students feeling overwhelmed and unable to cope. While multiple submissions due on or around the same time may seem excessive, as students

cannot be assessed on what they have not learned, this inevitably leads to a heavy assessment schedule towards the end of each academic year. This article will complement existing literature by suggesting self-help techniques such as relaxation, exercise and making use of existing support networks, along with signposting to useful online resources for students to access during particularly stressful times of their training.
(9 references) (Author)

20170810-52

Continuity of carer and application of the Code: how student midwives can be agents of change. Corrigan A (2017), British Journal of Midwifery vol 25, no 8, August 2017, pp 519-523

Despite continuity of carer being signalled in policy in 1993 (Department of Health, 1993), it remains a largely elusive aspiration in the UK. This has implications for midwives with regards to how well they can apply the Nursing and Midwifery Council (NMC) Code (NMC, 2015) and their navigation of some of its inherent tensions. From the perspective of a new student midwife, this article discusses the advantages of caseloading in applying the Code and suggests ways in which student midwives might draw from the caseload model, bringing some of its strengths into mainstream practice.
(32 references) (Author)

20170725-47

Turning your assignment into a publication. McIntosh T (2017), MIDIRS Midwifery Digest vol 27, no 3, September 2017, pp 286-288

This paper gives you some brief tips on turning your academic assignment into a paper for publication. The tips also work if you have not yet written anything, but are just turning ideas over in your mind; perhaps there is something you have seen, or not seen, in practice which is niggling away at you. Change and improvement in midwifery relies on questioning and critical individuals; new ideas power the profession and drive the best care for women and babies. (Author)

20170711-9*

Peer to peer mentoring: Outcomes of third-year midwifery students mentoring first-year students. Hogan R, Fox D, Barratt-See G (2017), Women and Birth: Journal of the Australian College of Midwives vol 30, no 3, June 2017, pp 206-213

Problem
Undergraduate midwifery students commonly experience anxiety in relation to their first clinical placement.
Background
A peer mentoring program for midwifery students was implemented in an urban Australian university. The participants were first-year mentee and third-year mentor students studying a three-year Bachelor degree in midwifery. The program offered peer support to first-year midwifery students who had little or no previous exposure to hospital clinical settings. Mentors received the opportunity to develop mentoring and leadership skills.
Aim
The aim was to explore the benefits, if any, of a peer mentoring program for midwifery students.
Methods
The peer mentoring program was implemented in 2012. Sixty-three peer mentors and 170 mentees participated over three academic years. Surveys were distributed at the end of each academic year. Quantitative survey data were analysed descriptively and qualitative survey data were analysed thematically using NVivo 10 software.
Findings
Over 80% of mentors and mentees felt that the program helped mentees adjust to their midwifery clinical placement. At least 75% of mentors benefited, in developing their communication, mentoring and leadership skills. Three themes emerged from the qualitative data, including 'Receiving start-up advice'; 'Knowing she was there' and 'Wanting more face to face time'.
Discussion
There is a paucity of literature on midwifery student peer mentoring. The findings of this program demonstrate the value of peer support for mentees and adds knowledge about the mentor experience for undergraduate midwifery students.
Conclusion
The peer mentor program was of benefit to the majority of midwifery students. (21 references) (Author)

20170607-13*

A-EQUIP: a model of clinical midwifery supervsion. NHS England (2017), NHS England 7 April 2017

This document describes the new model of midwifery supervision, A-EQUIP, an acronym for advocating and educating for quality improvement and provides guidance for implementation. It is of particular relevance to: All midwives, student midwives, members of the multi professional team, providers of maternity services, Clinical Commissioning Groups (CCGs), Higher Education Institutes (HEIs), The Care Quality Commission (CQC), Maternity Service Liaison Committees (MSLC), Maternity Voices Partnership and Patient Advisory Groups. (Publisher)

Full URL: https://www.england.nhs.uk/publication/a-equip-a-model-of-clinical-midwifery-supervision/

20170510-29*

Overcoming fear of facilitating water birth: student and mentor perspectives. Feeley C, Drew EM (2017), The Practising Midwife vol 20, no 5, May 2017, pp 22-24

Water immersion for labour and birth is a powerful, low cost intervention that facilitates physiological birth. However, for some midwives - students or qualified - a lack of exposure to water births can create fearful perceptions and reduce their willingness to support women in water. This article explores the nature of this fear, and how it was overcome from the perspectives of both the mentor and student, perhaps offering useful insights for others. (8 references) (Author)

20170510-27*

Midwifery basics: Becoming a midwife (professional issues). 7. The relationship between academic integrity and professional practice. Shepherd J (2017), The Practising Midwife vol 20, no 5, May 2017, pp 13-16

In the seventh article of the series, Jancis Shepherd explores issues relating to academic integrity, the presentation of original work by students and the relationship with professional practice. (6 references) (Author)

20170503-8

Friendliness, functionality and freedom: Design characteristics that support midwifery practice in the hospital setting. Hammond A, Homer CSE, Foureur M (2017), Midwifery vol 50, July 2017, pp 133-138

Objective

to identify and describe the design characteristics of hospital birth rooms that support midwives and their practice.

Design

this study used a qualitative exploratory descriptive methodology underpinned by the theoretical approach of critical realism. Data was collected through 21 in-depth, face-to-face photo-elicitation interviews and a thematic analysis guided by study objectives and the aims of exploratory research was undertaken.

Setting

the study was set at a recently renovated tertiary hospital in a large Australian city.

Participants

participants were 16 registered midwives working in a tertiary hospital; seven in delivery suite and nine in birth centre settings. Experience as a midwife ranged from three to 39 years and the sample included midwives in diverse roles such as educator, student support and unit manager.

Findings

three design characteristics were identified that supported midwifery practice. They were friendliness, functionality and freedom. Friendly rooms reduced stress and increased midwives' feelings of safety. Functional rooms enabled choice and provided options to better meet the needs of labouring women. And freedom allowed for flexible, spontaneous and responsive midwifery practice.

Conclusion

hospital birth rooms that possess the characteristics of friendliness, functionality and freedom offer enhanced support for midwives and may therefore increase effective care provision.

Implications for practice

new and existing birth rooms can be designed or adapted to better support the wellbeing and effectiveness of midwives and may thereby enhance the quality of midwifery care delivered in the hospital. Quality midwifery care is associated with positive outcomes and experiences for labouring women. Further research is required to investigate the benefit that may be transmitted to women by implementing design intended to support and enhance midwifery practice. (51 references) (Author)

20170503-20

Critical thinking skills in midwifery practice: Development of a self-assessment tool for students. Carter AG, Creedy DK, Sidebotham M (2017), Midwifery vol 50, July 2017, pp 184-192

Objective
Develop and test a tool designed for use by pre-registration midwifery students to self-appraise their critical thinking in practice.
Design
A descriptive cohort design was used.
Participants
All students (n=164) enrolled in a three-year Bachelor of Midwifery program in Queensland, Australia.
Methods
The staged model for tool development involved item generation, mapping draft items to critical thinking concepts and expert review to test content validity, pilot testing of the tool to a convenience sample of students, and psychometric testing. Students (n=126, 76.8% response rate) provided demographic details, completed the new tool, and five questions from the Motivated Strategies for Learning Questionnaire (MSLQ) via an online platform or paper version.
Findings
A high content validity index score of 0.97 was achieved through expert review. Construct validity via factor analysis revealed four factors: seeks information, reflects on practice, facilitates shared decision making, and evaluates practice. The mean total score for the tool was 124.98 (SD=12.58). Total and subscale scores correlated significantly. The scale achieved good internal reliability with a Cronbach's alpha coefficient of 0.92. Concurrent validity with the MSLQ subscale was 0.35 ($p<0.001$).
Conclusion
This study established the reliability and validity of the CACTiM - student version for use by pre-registration midwifery students to self-assess critical thinking in practice.
Implications for practice
Critical thinking skills are vital for safe and effective midwifery practice. Students' assessment of their critical thinking development throughout their pre-registration programme makes these skills explicit, and could guide teaching innovation to address identified deficits. The availability of a reliable and valid tool assists research into the development of critical thinking in education and practice. (58 references) (Author)

20170503-13

A systematic mixed-methods review of interventions, outcomes and experiences for midwives and student midwives in work-related psychological distress. Pezaro S, Clyne W, Fulton EA (2017), Midwifery vol 50, July 2017, pp 163-173

Background
within challenging work environments, midwives and student midwives can experience both organisational and occupational sources of work-related psychological distress. As the wellbeing of healthcare staff directly correlates with the quality of maternity care, this distress must be met with adequate support provision. As such, the identification and appraisal of interventions designed to support midwives and student midwives in work-related psychological distress will be important in the pursuit of excellence in maternity care.
Objectives
to identify interventions designed to support midwives and/or student midwives in work-related psychological distress, and explore any outcomes and experiences associated with their use.
Data sources; study eligibility criteria, participants, and interventions This systematic mixed-methods review examined 6 articles which identified interventions designed to support midwives and/or student midwives in work-related psychological distress, and reports both the outcomes and experiences associated with their use. All relevant papers published internationally from the year 2000 to 2016, which evaluated and identified targeted interventions were included.
Study appraisal and synthesis methods
the reporting of this review adhered to the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines. The quality of each study has been appraised using a scoring system designed for appraising mixed-methods research, and concomitantly appraising qualitative, quantitative and mixed-methods primary studies in mixed reviews. Bias has been assessed using an assessment of methodological rigor tool. Whilst taking a segregated systematic mixed-methods review approach, findings have been synthesised narratively.
Findings
this review identified mindfulness interventions, work-based resilience workshops partnered with a mentoring programme and the provision of clinical supervision, each reported to provide a variety of both personal and

professional positive outcomes and experiences for midwives and/or student midwives. However, some midwives and/or student midwives reported less favourable experiences, and some were unable to participate in the interventions as provided for practical reasons.
Limitations
eligible studies were few, were not of high quality and were limited to international findings within first world countries. Additionally, two of the papers included related to the same intervention. Due to a paucity of studies, this review could not perform sensitivity analyses, subgroup analyses, meta-analysis or meta-regression.
Conclusions and implications of key findings
there is a lack of evidence based interventions available to support both midwives and student midwives in work-related psychological distress. Available studies reported positive outcomes and experiences for the majority of participants. However, future intervention studies will need to ensure that they are flexible enough for midwives and student midwives to engage with. Future intervention research has the opportunity to progress towards more rigorous studies, particularly ones which include midwives and student midwives as solitary population samples. (52 references) (Author)

20170405-70

Midwifery basics: Becoming a midwife 6. Overcoming health and learning disabilities. Shepherd J (2017), The Practising Midwife vol 20, no 4, April 2017, pp 13-17

In the sixth article of the series, Jancis Shepherd explores issues of supporting students with health and specific learning difficulties while recognising the need for safe and competent practice. On commencement of the midwifery course, students may have physical or mental health issues or specific learning difficulties. This article reviews these issues and examines how students may be supported to achieve success. (6 references) (Author)

20170315-22*

Adding to the midwifery curriculum through internationalisation and promotion of global mobility. Williams J, Hulme G, Borrelli SE (2017), British Journal of Midwifery vol 25, no 3, March 2017, pp 184-188

Despite the obvious need for student midwives to be exposed to meaningful learning experiences that consider engagement in the wider context of international health care and the associated benefits, there is a lack of information on how this is achieved within midwifery curricula both nationally and internationally. At the University of Nottingham, work has been undertaken to ensure the midwifery curriculum is internationalised and global mobility is promoted to all midwifery students. Processes and strategies have been put in place to encourage students' mobility including the Erasmus+ programme, elective placements and short-term ad hoc international opportunities. Thanks to the strategies that have been implemented, the Division of Midwifery has seen an increase in students undertaking an international placement from 5% in 2013/14 to 18% in 2015/16. Moving forward, future works will aim to develop 'virtual mobility' projects and evaluate the Erasmus+ programme in conjunction with European partners. (24 references) (Author)

20170315-19*

Courage, commitment and resilience: Traits of student midwives who fail and retake modules. Power A (2017), British Journal of Midwifery vol 25, no 3, March 2017, pp 180-182

In the context of staff retention in maternity services in the UK, the concept of resilience has a high profile. The ever more complex demands of contemporary midwifery practice in the UK lead some midwives to make the difficult decision to leave the profession, with the top five reasons being: dissatisfaction with staffing levels; dissatisfaction with the quality of care they were able to give; excessive workload; lack of managerial support; and poor working conditions. It is estimated that around 20% of students who commence the pre-registration midwifery programme will not qualify to become a midwife; reasons for non-completion of studies include deciding it is the wrong career choice, financial difficulties and family circumstances. Academic failure, however, is not cited as a key reason for leaving the course. This article shares the stories of three students who failed and then retook a theory module during their pre-registration midwifery programme. The students show courage in their willingness to publicly discuss their experiences; commitment to their chosen profession by retaking the module; and resilience by persevering despite the additional emotional and financial demands of their situation. A fourth student offers advice for others who might find themselves in the same situation. (6 references) (Author)

20170210-31

Advancing practice: Safeguarding children. Kirk-Batty L (2017), The Practising Midwife vol 20, no 2, February 2017, pp 16-20

Safeguarding children is arguably one of the most challenging areas of the midwife's role. At a time when there is a national midwifery shortage and a rising birth rate, resources are stretched more than ever (Dabrowski 2016). Safeguarding is everyone's responsibility (Department for Education (DfE) 2015), but has become a much more significant part of the midwife's role and workload over recent years (Halsall and Marks-Moran 2014). Student midwives, newly qualified and experienced midwives alike must have the required level of understanding of the principles, processes and accompanying orders, to appropriately protect children (Griffiths 2009). This article explores safeguarding practice from a midwifery perspective, which includes looking again at the fundamental, basic principles of midwifery in order to advance practice further. (14 references) (Author)

20170210-30

Midwifery basics: Becoming a midwife. 4. Promoting professional behaviour in practice. Shepherd J (2017), The Practising Midwife vol 20, no 2, February 2017, pp 13-15

In this fourth article of the series, Jancis Shepherd discusses the issues of maintaining confidentiality, use of social media and veracity of students' practice assessment documents, to demonstrate the need to uphold the NMC Code (2015a) in clinical practice. (3 references) (Author)

20170210-22

Pre-registration midwifery education: do learning styles limit or liberate students?. Power A, Farmer R (2017), British Journal of Midwifery vol 25, no 2, February 2017, pp 123-126

In 1995, all pre-registration health education moved into higher education, signalling a shift from the apprenticeship model to an academic one. Since 2008, the Nursing and Midwifery Council has required all pre-registration midwifery programmes to be offered at degree level only, with a required practice-to-theory ratio of no less than 50% practice and no less than 40% theory. Individual education institutions vary in how these requirements are met in terms of learning and teaching strategies. This article explores literature in relation to the 'learning styles' pedagogical approach, which advocates that all students have a particular preferred learning style and will learn best if they are allowed to learn in their preferred style. The key question is: What are the most appropriate learning and teaching strategies to support student midwives to develop the skill set required to meet the demands of contemporary practice? (17 references) (Author)

20170209-83

What does studying research methods have to do with practice? Views of student midwives and nurses. Power A, Ridge J (2017), British Journal of Midwifery vol 25, no 1, January 2017, pp 59-61

At the point of registration, the Nursing and Midwifery Council (NMC, 2015) requires nurses and midwives to prioritise people, practise effectively, preserve safety and promote professionalism and trust. Registrants must 'always practise in line with the best available evidence' (NMC, 2015: 7), both in terms of their skills and competencies and the evidence on which their practice is based. A key aspect of a university lecturer's role in teaching on pre-registration nursing and midwifery programmes is to ensure students appreciate the link between research and practice. Student midwives and nurses must develop an understanding that gold-standard care is based on best evidence and realise that by studying research methods during their programme of study they are actually developing higher-order skills of critical thinking and decision making. Such skills are highly transferable for safe and effective clinical practice, commensurate with graduate-level programmes of study. (11 references) (Author)

20170209-80

As a midwife 'you must respect a woman's right to confidentiality': A Northern Ireland perspective. Duff H, Patterson D (2017), British Journal of Midwifery vol 25, no 1, January 2017, pp 46-50

Within the role of a registered midwife, the issue of maintaining confidentiality is complex. A midwife's responsibility is outlined and governed by laws such as the Human Rights Act 1998 and the Data Protection Act 1998. The ideology of confidentiality is further reinforced by the Nursing and Midwifery Council, and should not cause the midwife undue pressure or stress; however, it often becomes a cause for concern. Midwives in Northern Ireland may carry out their role in environments that are not well suited for preserving confidentiality or sharing sensitive information. Conflict may arise for midwives in maintaining women's confidentiality while also having a duty of care to protect the public. In today's climate, many midwives experience a fear of litigation, so the importance and complexity of confidentiality must not be underestimated.
There are pro fes sional standards of practice and behav iour to which a registered midwife must adhere, which are set out by the Nursing and Midwifery Coun cil (NMC). One such obligation is confiden tiality, which extends to women and

their families throughout their care (NMC, 2015). A woman's right to confidentiality is identified in the NHS Constitution and is part of creating and maintaining therapeutic relations (NHS, 2015). This is arguably one of the most sensitive and challenging aspects for a midwife to manage. The Human Rights Act 1998, Data Protection Act 1998 and common law principles result in the midwife being legally bound to confidentiality until it becomes clear that information needs to be disclosed (Peate and Hamilton, 2008). This article explores the role of the midwife relating to confidentiality, its significance within midwifery in Northern Ireland, and the difficulties and challenges it brings. It will identify when and why trusted information is shared, why the right to confidentiality is not absolute, and the consequences when a breach of confidentiality arises. Examining the systems in place in midwifery, the article evaluates their success in protecting sensitive information and providing a platform for woman-centred care. Ultimately, the aim of this article is to highlight the importance of trust between a woman and midwife, the determining factor being confidentiality. (32 references) (Author)

20170209-76

Including the newborn physical examination in the pre-registration midwifery curriculum: National survey. Yearley C, Rogers C, Jay A (2017), British Journal of Midwifery vol 25, no 1, January 2017, pp 26-32

Aims

This study aimed to assess the scope of newborn infant physical examination (NIPE) education in programmes of pre-registration midwifery education.

Methods

An online questionnaire was sent to all lead midwives for education in the UK. Findings are reported in two parts: part A (the current paper) examines the education provision for the inclusion of NIPE in the midwifery curriculum. Part B (a subsequent paper) explores NIPE education as a post-registration module.

Findings

Of 58 education institutions, 40 (68.9%) completed the questionnaire. A quarter (25.0%) stated that NIPE training is included in their pre-registration midwifery programmes; 37.5% reported plans to implement it within the next 2-5 years and 30.0% had no plans to do so. Benefits for practice partners, commissioners, students and service users were identified. Challenges were noted, particularly in relation to resources and student support in practice.

Conclusion

Although barriers doubtless exist, the success of the few institutions that have incorporated NIPE into their curricula is evidence that this is not only possible, but has proven benefits. (17 references) (Author)

20170126-24

The development of an online resource on 'professionalism' for student midwives and student nurses. Todhunter F, Nevin G, Riley S, et al (2017), MIDIRS Midwifery Digest vol 27, no 1, March 2017, pp 20-21

From the outset of their studies, health care students working towards professional registration are required to be accountable and responsible for their behaviours and actions at all times. This paper sets out the development of a digital resource, a re-usable learning object (RLO) about the Code of professional standards of practice and behaviour for nurses and midwives (Nursing and Midwifery Council (NMC) 2015). The discussion and resource shows the value of peer-led learning to influence students' understanding of the behaviours and language of professional practice. A resource about professional and public expectations of behaviour that provides opportunities for reflection before action. (4 References) (Author)

20170112-108

The value of elective placements. Quarrell C, Clifford L (2017), The Practising Midwife vol 20, no 1, January 2017, pp 19-22

This article discusses the value of an elective placement, for finalist student midwives, to a range of health care facilities in Uganda. It uses Race's (2015) 'seven factors to facilitate learning' to analyse the effectiveness of elective placements in promoting deep learning and personal development. It is evident from the student evaluation of the placement that both of these outcomes were achieved. However the learning varied, depending on the individual; hence some students focused more on their personal development whilst others recognised the contributing factors which impact on maternity care. The article also identifies that preparation and managing student expectations were key to facilitating a conducive learning environment. This was enhanced by tutor-led interaction and discussion, thus encouraging deep learning. The students' experience resulted in a greater awareness of the variation in how individuals are valued and of cultural practices. (13 references) (Author)

20170112-105

Becoming a midwife - protecting the public through disclosure and barring service checks. Shepherd J (2017), The Practising Midwife vol 20, no 1, January 2017, pp 12-14

Becoming a midwife is the 16th series of 'Midwifery basics' targeted at practising midwives and midwifery students. The aim of these articles is to provide information to raise awareness of the impact of professionalism on women's experience, consider the implications for a midwives' practice and encourage midwives to seek further information through a series of activities relating to the topic. This article looks at the need for a Disclosure and barring service (DBS) check; issues that can arise through this are used to demonstrate challenges that may affect students during recruitment or while awaiting clearance. This shows how the public are protected during recruitment procedures. (7 references) (Author)

20161201-39

'Am I too emotional for this job?' An exploration of student midwives' experiences of coping with traumatic events in the labour ward. Coldridge L, Davies S (2017), Midwifery vol 45, February 2017, pp 1-6

Background
Midwifery is emotionally challenging work, and learning to be a midwife brings its own particular challenges. For the student midwife, clinical placement in a hospital labour ward is especially demanding. In the context of organisational tensions and pressures the experience of supporting women through the unpredictable intensity of the labour process can be a significant source of stress for student midwives. Although increasing attention is now being paid to midwives' traumatic experiences and wellbeing few researchers have examined the traumatic experiences of student midwives. Such research is necessary to support the women in their care as well as to protect and retain future midwives.
Aim
This paper develops themes from a research study by Davies and Coldridge (2015) which explored student midwives' sense of what was traumatic for them during their undergraduate midwifery education and how they were supported with such events. It examines the psychological tensions and anxieties that students face from a psychotherapeutic perspective.
Design
A qualitative descriptive study using semi-structured interviews.
Setting
A midwifery undergraduate programme in one university in the North West of England.
Participants
11 second and third year students.
Analysis
Interviews were analysed using interpretative phenomenological analysis.
Findings
The study found five themes related to what the students found traumatic. The first theme Wearing the Bluesreferred to their enculturation within the profession and experiences within practice environments. A second theme No Man's Land explored students' role in the existential space between the woman and the qualified midwives. Three further themes described the experiences of engaging with emergency or unforeseen events in practice and how they coped with them ('Get the Red Box!', The Aftermath and Learning to Cope).This paper re-examines aspects of the themes from a psychotherapeutic perspective.
Key conclusions
Researchers have suggested that midwives' empathic relationships with women may leave them particularly vulnerable to secondary traumatic stress. For student midwives in the study the close relationships they formed with women, coupled with their diminished control as learners may have amplified their personal vulnerability. The profession as a whole is seen by them as struggling to help them to safely and creatively articulate the emotional freight of the role.
Implications for practice
For midwifery educators, a focus on the psychological complexities in the midwifery role could assist in giving voice to and normalising the inevitable anxieties and difficulties inherent in the role. Further research could explore whether assisting students to have a psychological language with which to reflect upon this emotionally challenging work may promote safety, resilience and self-care. (Author)

20161108-26

Experiences of student midwives learning and working abroad in Europe: the value of an Erasmus undergraduate

midwifery education programme. Marshall JE (2017), Midwifery vol 44, January 2017, pp 7-13

Background
Universities in the United Kingdom are being challenged to modify policies and curricula that reflect the changing global reality through internationalisation. An aspect of internationalisation is study abroad which the European Commission Erasmus exchange programme is just one means of addressing this.
Objective
To explore the experiences of student midwives who are engaged in the Erasmus exchange programme and the effect it has on their learning and working in an international context.
Design
Approval for the small phenomenological cohort study was obtained from two participating universities: the University of Malta and University of Nottingham. Data were collected from 13 student midwives from a total of five cohorts in the form of diaries to explore their experiences of learning and working in another country. Thematic analysis supported by Computer-Assisted Qualitative Data Analysis Software was used to identify five recurrent themes emerging from the data: the findings of which have served further in developing this programme.
Findings
Students valued the opportunity of undertaking study and midwifery practice in another culture and healthcare system, extending their knowledge and development of clinical competence and confidence. For some, this was the first time outside of their home country and adaptation to a new environment took time. Support from their contemporaries, lecturers and midwife mentors however, was overwhelmingly positive, enabling the students to feel 'part of the local university / midwifery team'. By the end of the programme, the students recognised that they had become more independent and felt empowered to facilitate developments in practice when they returned home.
Implications for Education / Practice:
This innovative development embracing internationalisation within the curricula has the potential to increase students' employability and further study within Europe and beyond. It can be used as a vehicle to share best practice within an international context, ultimately making a difference to the quality of care childbearing women, their babies and families experience worldwide. (23 references) (Author)

20160714-9

Impact of peer assessment on student understanding of the assessment process and criteria. Jones J (2016), British Journal of Midwifery vol 24, no 7, July 2016, pp 484-488

Peer assessment has often been used and examined in relation to student engagement. There is also a place for investigation into the effect it has on students' perception and understanding of the assessment process and criteria used. This small-scale qualitative study indicates that peer assessment can have a beneficial effect on the understanding students have of the assessment process. Larger studies are required to determine whether this is a tool that can be used to improve student assessment outcomes, particularly in relation to students' understanding of the assessment criteria. This also involves them being more aware of what it is like to critically review a piece of work, and so enhance their ability to critically review their own work before submitting. It is has been shown that preparation for the task is of benefit but can be time-consuming. It is necessary to have a team of motivated lecturers who are willing to put in the time and effort to prepare students adequately for peer assessment. (15 references) (Author)

20160318-31

Reflecting on revalidation. Lloyd C (2016), Midwives vol 19, Spring 2016, pp 58-60

Provides guidance on the process of reflective writing, a key requirement of the new NMC revalidation. (SB)

20150908-5*

Nursing research. Principles, process and issues. Parahoo K (2014), Basingstoke: Palgrave Macmillan 2014. 3rd ed. 421 pages

Learning about research can be a daunting task. Kader Parahoo's bestselling Nursing Research guides beginners gently but thoroughly, as well as presenting new debates and perspectives to those with some research experience.
This latest edition includes three timely new chapters on qualitative methods, introducing grounded theory, phenomenology and ethnography. It integrates the discussion of evidence-based practice throughout, advises on systemic literature reviewing and clearly explains a wealth of methods and skills to support your understanding of research. An explanatory glossary at the end of the book complements Parahoo's accessible writing style, ensuring all readers can get to grips with the knowledge needed to read, comprehend and critique research.

This popular book offers a comprehensive introduction to important research concepts, processes and issues. It equips students with the information and skills they need to utilise research throughout study and in everyday practice. (Author)

20150908-14*

Numeracy for midwives. Butenuth C (2015), London: First Steps Publishing Ltd 2015. 2nd ed. 78 pages

This book is based on keywords provided by the Royal College of Midwives to help those who have to pass a numeracy test for midwives, viz. an ability to accurately manipulate numbers as applied to volume, weight, and length, including, addition, subtraction, division, multiplication, use of decimals, fractions, and percentages. In fact there is more than that because the derivation and manipulation of concentrations are also needed. Readers are shown that they use many of the mathematical operations used in midwifery in everyday life and this reduces the 'terror' of 'doing the maths' to satisfy the requirements set by the NHS. For example readers will have used different currencies when abroad but when we think about what we do to use them we realise how these cannot be added or subtracted or multiplied of divided without transforming one to another (via the 'exchange rate'). The same logic is used when changing length, volume, weight or concentrations into different units and different amounts needed in midwifery. By these examples the book deals with the manipulation of numbers, decimals, fractions and percentages and shows these concepts are known to most of us in other contexts; readers will find they have 'done this before' (and so know they can do it) but in a different context. The work is divided into 25 short sections, each illustrated to assist comprehension. The text also deals with conversions; length, area, volume are all considered together with their units, and the conversion of these units. Through this it is possible to deal with concentrations. Worked examples are given including how an answer should be checked to ensure you have got the right result. The book also shows the reader what to consider when searching websites for units and why it is necessary to be careful which websites to use for conversions. The Second Edition has an additional section introducing the statistical handling of data that midwives may commonly encounter and to which they may be contributing from the factual data they record at birth (weight, height etc.). (Publisher)

20150527-18

Raising a quizzical eyebrow: the language of birth. Kelly K (2015), Essentially MIDIRS vol 6, no 2, March 2015, pp 20-24

Examines the role of language in pregnancy and childbirth and the ways in which women can be made to feel disempowered by some of the terminology used by health professionals. (49 references) (JSM)

20130607-33

Effective communication in midwifery. Price C (2013), British Journal of Midwifery vol 21, no 6, June 2013, p 454

Newly qualified midwife Cheri Price explains why effective communication isn't just verbal. (7 references) (Author)

20120822-31*

Communication skills for midwives. Challenges in everyday practice. England C, Morgan R (2012), Maidenhead: Open University Press 2012. 137 pages

This is the first book on communication skills that specifically explores the difficult contexts and circumstances that many midwives find hard to deal with. As these occur infrequently and often unexpectedly in the daily practice of many midwives, they may find it difficult to communicate effectively to alleviate the situation. Knowing what to say and how to say it is part of this dilemma. The book uses vignettes, reflective questions, illustrations, tools and techniques to provide the evidence base needed to cope effectively in a range of situations by offering support to enhance your communication skills. (Publisher)

20120309-52

Words, metaphors and images as powerful tools for change. Donna S (2011), In:Donna S ed, Promoting normal birth: research, reflections and guidelines. Chester le Street: Fresh Heart Publishing 2011, pp 313-324

Considers the use of language in the childbirth profession and what is implied by particular words. Includes sections on: words used in pregnancy books; metaphors for birth; images of pregnant women; a historical look at the power of words; the power of words in maternity contexts: individual responsibility. (41 references) (JR)

20101027-25

Understanding a systematic review. MacInnes D (2010), African Journal of Midwifery and Women's Health vol 4, no 4, October-December 2010, pp 201-204

This is the first in a series about how to read research. This article gives an overview of the process of performing a systematic review, how it is communicated and what to consider when making judgments about the information it contains. (13 references) (Author)

20100218-10*

Psychology for midwives: pregnancy, childbirth and puerperium. Raynor M, England C (2010), Maidenhead: Open University Press May 2010. 188 pages

This accessible, evidence-based book explores how important it is for midwives to understand the psychological aspects of care, in order to create positive experiences for mothers and families. The book provides simple explanations for why psychological care matters in midwifery practice and uses different theoretical perspectives of psychology to illustrate how it fundamentally contributes to good midwifery practice. The book addresses many core concepts and principles of psychology, including: Mother-midwife relationship; emotions during the childbearing continuum; perinatal mental illness; communications in midwifery practice; the birth environment; stress and anxiety; providing support to families; attachment and bonding. Reflective questions, activities, illustrations, summary boxes and a glossary help readers navigate the book. One of the first books of its kind, Psychology for Midwives is essential reading for all midwives, students and allied health care professionals interested in the psychological dimensions of childbearing. (Publisher)

20071108-4

How to conduct an effective and valid literature search. Havard L (2007), Nursing Times vol 103, no 45, 6 November 2007, pp 32-33

This article describes the key principles involved in conducting a literature search. (Author)

20070914-22*

Study skills for nursing and midwifery students. Scullion P, Guest D (2007), Maidenhead: Open University Press 2007. 22 pages

An essential course companion for all nursing and midwifery students and degree or diploma level, as well as those returning to study. The book covers all the key skills and knowledge bases needed to succeed as a nursing student, including study strategies, reflective learning, literature searching, using evidence, exams and assessment, career choices and CPD. (Publisher). At first glance, I was dubious as to whether this book would be any different from the plethora of other study skills books available to students. However, this is the only book I have come across that gives consideration to student midwives. There are many study skills books available for nursing students, and although this book is aimed at both, it does take into account the differences between the two professions. The book starts off with a useful chapter on what to expect at university. This covers a wide range of areas from what is expected of you as a student, to different teaching methods you may come across on your course, such as role play and web-based learning. This is particularly relevant to mature students returning to education as it provides a good overview of research techniques available via the web - an essential tool when doing research for assignments. The chapter I found most valuable was the one on reflective learning in clinical practice. Reflective learning is an essential component of midwifery and is a skill that develops with time and experience. This section gives the student a good grounding in what reflective learning is and how to gain the most benefit from it. It includes information about mentorship and support in practice alongside some of the basic reflective models students will be expected to use during their course. There is also a section, albeit brief, about coping with difficult situations in practice. This is an area that I feel the authors could have developed further as it is an area many students and prospective students worry about. Overall, I feel this book is suited to all students, whether they be prospective student midwives or those in their final year. The book covers lots of areas I didn't expect it to, such as critical analysis skills, which will be particularly beneficial to second and third year students. There is also a section on continuous professional development which may appeal to newly qualified midwives. In conclusion, this is a useful book which delves deeper than its cover would suggest. Reviewed by Laura Perkins, second year student midwife, University of Huddersfield.

20060717-2*

Principles and practice of research in midwifery. Cluett ER, Bluff R, editors (2006), Edinburgh: Churchill Livingstone 2006. 2nd ed. 293 pages

Building on the strengths of the first edition, this new edition of Principles and Practice of Research in Midwifery

clearly and concisely examines evidence based practice and research from a midwifery standpoint. This book provides an excellent introduction to the subject and looks at various methods and principles from practical and theoretical perspectives. Equal weight is given to the quantitative and qualitative approaches. New chapters on evidence based research and interviewing in qualitative research ensure that this edition is fully relevant to current research and practice. Written by authors with clinical and research experience, this book is intended for midwives and student midwives participating in Diploma, Advanced Diploma and first level degree programmes. It aims to increase research awareness and develop the skills of critical appraisal of research evidence that are essential to evidence based practice. Used in conjunction with other texts, Principles and Practice of Research in Midwifery will give confidence to those undertaking research projects by helping to bridge the `reality gap' between research and theory and its application to midwifery practice. (Publisher)

20060407-15

Think before you speak. Lucas M (2006), Practising Midwife vol 9, no 4, April 2006, p 46

The language that midwives use in their practice can empower or disempower women, profoundly affecting the birth experience. (7 references) (Author)

20040602-26

Assessing the state of the art: doing a literature review. Dickinson F (2004), Midwifery Matters no 101, Summer 2004, pp 6-7

Advises on how to conduct a literature review and appraise the information found. (2 references) (RM)
