Investing in Education and Training to Create High Quality Future Midwives

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Session outline

- Exploring the potential impact of the National Maternity Review on Midwifery education and training

- Embedding a culture of collaboration throughout training to strengthen multi-professional working

- Assessing the talent pipeline and the need to attract more recruits into midwifery
Curriculum Aims

To enable highly motivated students to:

- Become safe, confident, compassionate and competent midwives
- Develop midwifery skills and knowledge that support the implementation of high quality, research/evidence based practice which is acceptable and sensitive to women’s needs and choices
Creation of high quality future midwives

Policy

Research

Education

Practice

Women & Families
Benefits of midwife-led continuity models
(Sandall et al 2016)

Women who received models of midwife-led continuity of care

- 7x more likely to be attended at birth by a known midwife
- 16% less likely to lose their baby
- 19% less likely to lose their baby before 24 weeks
- 15% less likely to have regional analgesia
- 24% less likely to experience pre-term birth
- 16% less likely to have an episiotomy
Relational Continuity (Sandall et al 2016)
Testimony from the mothers

‘The pregnancy and labour of our daughter was a wonderful .... *** should take full credit for this. It was her care and support that really changed things and for this we will be eternally grateful. *** did such an amazing job that we really want to have another child - although we hope she will be available to be our midwife again.’

‘If I hadn't been told that ** was a student midwife I would not have known. She was confident in her examinations and positive and encouraging during the birth. In my opinion she will make an excellent midwife and if I do go on to have any more children I hope that either ** or ** will be able to deliver me again.'
Communicating complex information

**First Baby**

Birth planned in Obstetric Unit

- **995**
  - per 1000 babies are born healthy

- **5**
  - per 1000 babies have a poor outcome

**Birth planned at home**

- **991**
  - per 1000 babies are born healthy

- **9**
  - per 1000 babies have a poor outcome

The orange outline shows that 4 more babies per 1000 have a poor outcome, compared to planned first birth in an obstetric unit.
Care of women with complexities.

Maternal, Newborn and Infant Clinical Outcome Review Programme

Saving Lives, Improving Mothers’ Care

Surveillance of maternal deaths in the UK 2011-13 and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-13

December 2015

MBRRACE-UK

Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries across the UK
High Fidelity Simulation
The importance of listening

Unsafe care:
‘Muffle the voice of the patients, their carers and their families and largely ignore their complaints’

Safety:
‘Hear the patient voice, at every level, even when that voice is a whisper’

I don’t have control
I start panicking
I try to make
I had tried to
I wanted things a certain way
I wanted to be listened to
I wanted people to pay attention
I felt
I think
I felt so
I, I felt almost like an animal
I had everyone just looking at me
I felt embarrassed
I felt degraded
I felt dirty
I felt horrible! Horrible!
I just wanted to run away
I couldn’t
Arts and Humanities in Midwifery Practice

Emma
Attracting recruits into midwifery

- Midwifery applications were buoyant for the 2016 entry:
  - 1300 applicants for 99 places
  - 180 applicants were graduates
  - 325 invited to a selection event
  - 240 proceeded to interview
  - 168 offers were made

- Clinical placements are main limiting factor

- Impact of changes to bursary & fees?
  - 1/3 of cohort are already graduates
  - 1/3 from non-traditional academic backgrounds
Key messages

• Our curriculum prepares students to provide safe, compassionate, evidence-based care

• Our commitment to research-led education is already taking us in the direction recommended by the Maternity review

• The availability of clinical placements limits the number of midwifery students we can educate

• The diversity of our cohorts may be at risk