



The Royal College of
Midwives

Response

Response to
*“A healthier future: A
twenty year vision for
health and wellbeing in
Northern Ireland 2005 –
2025”*

DHSPSS

March 2005



**The Royal College of Midwives UK Board for Northern Ireland
58 Howard Street, Belfast, BT1 6PJ**

The Royal College of Midwives' response to *A healthier Future: a twenty year vision for health and wellbeing in Northern Ireland 2005-2025*

The Royal College of Midwives (RCM) is the professional association and trade union representing 95% of all practising midwives in the United Kingdom. The vast majority of midwives work within the NHS, and the RCM is recognised in every Trust that provides a midwifery service.

General Comments

The College is delighted to have the opportunity to contribute to this important debate around improving health and health services in Northern Ireland. The RCM would argue that midwives do have and always have had a significant health improvement role, in giving children and families the best start, in tackling social and health inequalities and in supporting women to make choices about their care and invest in their own health.

The College recommends that as priorities are set and planning takes place within health services in Northern Ireland, midwives should be enabled to continue this vital work, and the RCM would stress the importance of investing in midwives, who can achieve so much. The RCM is pleased to welcome much of the vision set out in this strategy, but is disappointed to see so little reference to midwives in the strategy, given the importance of their role as a professional group in engaging with services users and communities and supporting women and families to improve their own health.

This response first presents some context to the work that midwives do and how this can contribute to efforts to improve the public's health, and then gives some more specific comments on the twenty-year vision, including the College's support for the implementation of a full ban on smoking in all enclosed public places and workplaces in Northern Ireland.

Why are midwives so important in efforts to improve the public's health?

"When the baby's born, it's the beginning of a lifetime of health"

Consultant Midwife, Manchester

The Context

Midwives are healthcare professionals whose primary duty is to offer care and support to women and their babies throughout pregnancy, in childbirth and in the immediate postnatal period. In addition to maintaining the clinical expertise that relates to this role, the midwife is also a highly skilled communicator. This is vital to the role that the midwife plays, that she is able to build up a trusting relationship with the pregnant woman and also engage with the woman's family and partner. It is through this professional relationship that the midwife becomes a trusted source of information and support for the woman and her family, helping to ensure that should

advice or reassurance on any aspect of health during pregnancy be needed, the woman knows where to turn.

Midwives provide a vital service to women and their partners in listening to their concerns and addressing their needs. The midwife provides care that is unique to each woman, which means engaging with issues around sexuality, disability, cultural and ethnic background and family relationships.

Some midwives reinforce this relationship building by holding a caseload, and offering care to a woman all the way through her pregnancy and birth experience. Others practise within a team, which works together with the woman and her family. Some work in the community and some work in hospitals or birth centres. However, in whatever setting the midwife practises, it is clear that her position is unique and privileged in terms of the trust she builds with a woman and the access she gains to a family at a very defined and special time in family life.

The time both before and after the birth of a child is unique in the pattern of family life. More often than not, pregnancy is a happy time when the whole family can focus on the arrival of a new baby. However, there are, of course, women and families who have a less than ideal experience of pregnancy, childbirth and the postnatal period for a variety of reasons. Domestic violence, mental ill health, insecure immigration status, having a poor command of English and therefore reduced access to services can be factors. Basic problems such as a lack of appropriate accommodation or not having adequate financial means to support a child properly will also detrimentally affect a woman's experience of pregnancy.

Midwives strive to support all women throughout their experience of childbirth, and this includes giving particular support to women who need it most. It is vital however, to recognise the contribution that **all midwives** make in supporting women and families to make healthier choices and to have healthier lives.

A time to talk about health

Pregnancy, Birth and Beyond

Most women will access the maternity services at some point during their pregnancy. Some, for example socially excluded groups, will require extra assistance to address health issues and it is vital to ensure equality of access to healthcare services by supporting such women. Whether these women are having a normal experience with no particular problems or whether they require extra care, whether they have support from their families and partners or not, they are all accessing maternity services and a large number of them will have contact with a midwife.

This contact presents a unique and vital opportunity in terms of health promotion and making sure that women have the right information about their choices in relation to pregnancy and maternity care, which do also impact on long-term health:

- **Clinical interventions, such as caesarean section, can impact on both the baby's and mother's long-term well beingⁱ.**
- **Reductions in coronary heart disease in adults will be assisted by promoting and sustaining breastfeeding of babies todayⁱⁱ and breastfeeding has also been associated with reductions in breast and ovarian cancers in pre-menopausal womenⁱⁱⁱ.**
- **Supporting pregnant women to stop smoking^{iv}**
- **Giving birth at home, when it is safe and appropriate to do so, can ensure that birth is a family event and that a baby is born into a relaxed and welcoming environment, which also benefits the mother.**

The midwife can strongly impact on the choices a woman makes in relation to her pregnancy and the postnatal period.

Midwives can and do also ensure that women are better equipped and supported to continue to make healthier life choices for themselves and their families beyond pregnancy. Increasingly, midwives not only offer advice from their own expertise around diet, nutrition, breastfeeding support, smoking cessation and many other public health issues, but they can signpost and encourage women and families to access other services, including services outside the healthcare sector that will better enable women and families to take steps towards health and wellbeing.

Many women and families who meet and work with midwives may not come into contact with health services on a regular basis; it is therefore vital that when people do access healthcare, every opportunity to support them to be healthier, safer and happier is utilised to the full.

Part of a team

Midwives work effectively in partnership with other professionals to support women and families. It is this multi-professional network, incorporating midwifery expertise that the RCM believes is crucial to achieving the best outcomes for service users and for staff. Midwives do brilliant work, but they are often under-resourced and services can be badly under-staffed. Professional midwifery skills must not be overly diluted as midwives try to fulfil different roles.

Midwives work as part of a team, acting as a conduit for women and family to receive all the support that they need. Working in partnership is best practice and the RCM believes very strongly that midwives should play an integral role in any partnership working that seeks to improve the health and well being of women, children and families.

Midwives work within communities and engage with women and families on their own terms, working in partnership with those who use maternity services. The location of maternity services within the acute sector often does not adequately facilitate midwives in their outreach activities, and the RCM believes that changes should be made to shift focus for maternity services to the community sector. Any shift of management of maternity services to the primary care sector must also be accompanied by assurances that commissioning covers a large enough area to facilitate the provision of a reasonable range of care options. The planning and provision of maternity services should be led by midwives working in collaboration with GPs, health visitors and other health and social care professionals. Only by starting at the beginning, can we make the biggest impact on people's long-term decisions around their own health. It is for this reason that the RCM fully endorses the recommendations of the Health Select Committee that pregnant women should be encouraged to see midwives as their first point of contact.

Specific Comments on the twenty-year vision

1.4 Investing for health and wellbeing: Teenage Pregnancy and breastfeeding rates.

The College welcomes the acknowledgement in the strategy of problems with breastfeeding rates and rates of teenage pregnancy in Northern Ireland (p8), and would like to highlight the contribution midwives can make in these two vital areas of long-term health and wellbeing.

The vast majority of births to girls conceiving before their sixteenth birthday are concentrated in the manual social classes^v. Teenage parents can face some very specific social challenges, and as a group they and their babies are more likely to experience poor health: teenage mums are more likely to suffer from postnatal depression, more likely to smoke during pregnancy and less likely to breastfeed^{vi}.

In terms of public health, the long-term target must be to reduce the number of teenage pregnancies. In order to achieve this, it is vital however, to support teenage parents now, to empower them to become effective parents and to make healthy choices. In this way, the cycle of deprivation can be broken and more children will get a better start.

Midwives are a vital component in any programme to support teenage parents: their knowledge, empathy and advice can help young parents cope with the pressures of parenting and perhaps make it easier to face the difficult decisions that come with being a young parent. Midwives can offer advice on postnatal contraception, thereby reducing repeat conception rates. The midwife can also help young people access the services they need to remain supported should they choose to work, or return to education.

1.7 Smoking

As part of normal midwifery care, the midwife will address issues such as diet and nutrition, exercise and smoking in pregnancy. Smoking in pregnancy has serious implications for the health of a woman and her family. The RCM would expect midwives to adopt a non-judgemental position when discussing smoking in pregnancy: the midwife's chief concern should be to provide clear information on the effects of smoking and effective support for those women who decide to give up. This support would also include discussion of the possible effects of passive smoking, including smoking in the home environment, where a woman's partner, or other members of her family smoked.

The RCM acknowledges that all pregnant women, smokers and non-smokers, may be exposed to environmental tobacco smoke during the course of their pregnancy.

There is a growing body of evidence demonstrating the dangers of exposure to environmental tobacco smoke. Many of these dangers are similar to those associated with active smoking; given the well-known risks associated with maternal smoking in pregnancy, the College is becoming increasingly concerned about the potential impact of exposure to passive smoking on mothers and babies.

For pregnant women, there are very particular risks associated with smoking, relating to both the woman's health and the health of the unborn child. When women smoke during pregnancy, there is an increased risk of bleeding during pregnancy, spontaneous abortion, placenta praevia, pre-term delivery and an increased risk that the baby will be born at a low birth weight^{vii}. Research quoted by June Thompson in *Community Practitioner* also indicates that after making sure that a baby sleeps on its back, smoking can be the next most important risk factor in relation to Sudden Infant Death Syndrome^{viii}.

There is now increasing evidence to show that there are also very particular health risks for mother and baby associated with exposure to environmental tobacco smoke. Pregnant women not only face the risk factors linked with exposure to passive smoking that the rest of the population faces, they must also consider the effect of such factors on the foetus.

Action on Smoking and Health (UK) recently collected together a summary of some of the evidence relating to the effects of exposure to passive smoking.

This summary refers to a number of scientific reviews of the effects of passive smoking and quotes evidence from the WHO, which identifies passive smoking as a potential risk factor in causing low birth weight^{ix}.

A review of studies into the effect on birth weight of exposure of pregnant women to environmental tobacco smoke, published in 1999 and reviewed in 2000 in *Evidence Based Obstetrics and Gynaecology*, indicated that:

"Chronic exposure to environmental tobacco smoke during pregnancy results in a mean decrease in birth weight of 25-30g and a 10-20% increase in the risk of low birth weight or small-for-gestational-age infants."^x

The commentary given on this review went on to say:

“This finding suggests that there is a real increase in risk and that clinicians need to stress to pregnant women in their care the importance of avoiding chronic environmental tobacco smoke exposure.”^{xi}

Research published in *Epidemiology* 2000, reporting the findings of a study into the effect of exposure to environmental tobacco smoke on birth weight or pre-term delivery, found that **“the data support earlier studies suggesting that prenatal environmental tobacco smoke exposure, in addition to maternal smoking, affects infant health.”^{xii}**

The main health risk for pregnant women who are exposed to environmental tobacco smoke would therefore seem to be an increased likelihood of having a baby with a low birth weight or a baby who is small-for-gestational age. The research quoted here represents only a small proportion of the growing evidence in this field and the RCM would encourage the DHSPSS to examine this body of evidence in more depth if this is possible.

For the reasons given above, the RCM would therefore support Option 3 and would urge the statutory authorities to ban smoking in all enclosed public places and workplaces in Northern Ireland.

- 1.10** Rising levels of obesity in children and adults will clearly be a major public health issue over the next twenty years (p11), and the RCM would emphasise the importance of early intervention through education and health promotion, in order to tackle this issue.

Midwives are able to deliver early advice to women and families on nutrition, diet and healthy living during the antenatal period and the risk of childhood obesity can be reduced through breastfeeding (see above). The College would highlight the opportunities for health promotion presented by pregnancy, as a time when families are more receptive to messages about health and have a greater interest in health issues.

1.18 Key Population Health Outcomes

The College welcomes the commitment within these key outcomes to ensuring that people are encouraged and supported to avoid harmful behaviour, including risk-taking that may lead to poor sexual health and teenage parenthood (p13). The College would again emphasise the important role of the midwife in this area.

1.30 Promoting Workplace Health

The College welcomes the commitment to the promotion of good workplace health, and would like to draw attention to the health of midwives as a professional group. As numbers of midwives have fallen and the expectations of those using midwifery and maternity services have rightly risen, this has undoubtedly placed increased pressure on midwives as professionals. All midwives are committed to delivering a safe, high-quality service to all women, but the fulfilment of this commitment within understaffed and under-resourced environments will increase stress levels. As the trade union representing the interests of midwives, the RCM would urge the DHSPSS to monitor this issue and take appropriate steps to support the midwifery workforce. In the long term, DHSPSS should continue to focus on recruitment and retention of midwives to ensure a fully staffed service.

1.40 Regional Development

The College welcomes the acknowledgement of the importance of a high quality, accessible and convenient transport system in the provision of good health and social care services. The College would also stress the particular importance of integrated and appropriately priced transport where services are reconfigured such that people need to travel to access them.

1.49 Can our system cope?

The College recognises the pressure on the DHSPSS in Northern Ireland to deliver services and acknowledges that partnership working with key stakeholders such as professional bodies will be vital in delivering modernised services and supporting staff to work within those services.

- 1.53** The RCM would like to highlight the importance of midwives in delivering community-based services: most antenatal and post-natal services are delivered in the community (p21).

- 2.20** The RCM welcomes further development of telemedicine, which will enable midwives to deliver enhanced care to women at home (p29).

- 2.34 The College strongly supports the commitment within this strategy to developing an ethnically and culturally diverse workforce that reflects the community that it serves (p34).
- 2.35 The RCM recognises that boundaries between professional groups are constantly shifting and acknowledges that this may mean developing roles for midwives within the new structure of the health service. The College would welcome the opportunity for further discussion around the continuing training and professional development needs of midwives (p35).
- 2.36 The College would welcome further opportunities for midwives to be involved in multi-professional training (p35).
- 3.12 The midwifery profession has a long-established tradition of working with women as partners in their own care. To this end, listening to the views of the people who use maternity services is vital in ensuring services remain responsive and appropriate to women's needs. Maternity Service Liaison Committees have been established in many areas for some time, and are acknowledged as providing important opportunities for maternity service users to have contact with staff and managers, and feed back their comments, criticism and praise for services.

The College welcomes the commitment within this strategy to make services responsive, and would recommend that these Committees continue to be supported to undertake this work (39).

3.16 Teams which deliver

The College would again like to highlight the decrease in the number of midwives in Northern Ireland, and draw attention to the pressure that this places on maternity services. According to the draft report of the DHSPSS Workforce Planning Review, the midwifery workforce decreased by 8% between 2001 and 2004. The issues of recruitment and retention need to be addressed in order for midwives to continue to be an effective part of teams delivering healthcare services in Northern Ireland.

- 4.9 The RCM welcomes the commitment to seeking a unified focus in community engagement and promoting meaningful dialogue with those who use services. (p44).
- 4.17 The RCM welcomes opportunities to work in partnership with the community and voluntary sector and would like to highlight the midwives already do in collaboration with voluntary sector organisations such as NIMBA, SANDS, TAMBA and the NCT (p45).
- 5.2 The RCM agrees that integrated services that are responsive to communities' needs can only be delivered by professionals who are willing to work innovatively across boundaries. Midwives are adept at working with other professionals, signposting women on to other services where appropriate and working in multi-professional teams and the RCM would be keen to see midwives supported to continue working in this way (p48).
- 5.4 The College is very supportive of moves to locate services within communities and ensure that people have ready access to services. Health, Social Services and Public Safety Minister, Angela Smith, MP announced in July 2004 that the go-ahead had been given for the development of community

midwifery units in Northern Ireland. The College is therefore disappointed, given this announcement and the strategic aims of the twenty-year vision now being put forward, that more progress has not been made in establishing these community units (p48).

5.19 The Primary Care Team within a multi-skill network

The College is disappointed that midwives have not been included in either the core team or the extended teams described in this section of the strategy. Given the importance of midwives in delivering care within multi-professional networks across the acute and community sectors, the College would like to see midwives acknowledged as part of the primary care team (p53 and p54)

5.88 Key outcomes: positive outcomes for children and young people

Midwives will be vital in delivering parts of this agenda, particularly focusing on targets around breastfeeding. The RCM would welcome the opportunity to work with DHSPSS on these targets and discuss the ways in which midwives can be supported to help women breast feed: this could include provision of CPD courses and study days (p71).

5.93 A Family and Parenting strategy

Midwives play a vital role in supporting people as they make the transition to parenthood, which can be a daunting time for new parents. Midwives are able to give parents the confidence they need to care for their children during the antenatal period and immediately after the birth, answering questions and providing information and support on accessing other services if parents need to do this. The RCM has also produced an open learning resource for midwives in collaboration with Johnson and Johnson, entitled *Transition to Parenting* (1999) (p73). The RCM would like to highlight the role of midwives in parenting support and education.

5.101 The College would welcome further information on the planned development of managed care networks in areas such as the transfer of critically ill children and newborn infants (p75).

6.3 The College welcomes the acknowledgement that staff shortages need to be tackled in order to provide improved services and the RCM will continue to work in partnership with the DHSPSS to address midwifery shortages (p84).

6.10 The College is pleased to note the continued commitment to implementing Agenda for Change and the associated Knowledge and Skills Framework. However, the College would like to highlight the importance of the role of the NMC as the statutory regulatory body for nursing and midwifery. The title of midwife is protected and midwives are required to practise within the remit of NMC rules and standards. The function of the NMC in this respect is vital when considering the implementation of mutual codes of conduct across the workforce (p85).

6.13 New roles and competencies

Whilst the RCM welcomes the development of new roles and competencies for staff, the College would wish to highlight that competencies developed by the Royal College of Nursing to be applied to nurse practitioners would not be appropriate for midwives. The role and competencies of midwives may need to be developed as their functions within modernised services evolves, but this will need to be addressed separately. The College is also keen to ensure that midwifery expertise is not diluted by the inappropriate extension of the

role of the midwife. The RCM would be happy to work in collaboration with the DHSPSS on this issue and would also urge consultation with the NMC (p86).

- 6.17 This paragraph mentions issues around the recruitment and employment of overseas staff. We would point out that due to the adaptation programme that midwives from overseas are required to undertake in order to register with the NMC, this avenue is not readily available to trusts wishing to recruit midwives from overseas. There has also been an increase in active recruitment of nurses and midwives from other developed countries, including the Republic of Ireland. Bearing in mind that Northern Ireland is the only UK country with a foreign land border, it is inevitable that this trend will continue so long as the Republic of Ireland continues to experience shortages of qualified staff (p87).
- 6.22 The RCM welcomes the acknowledgement that a majority of staff working in caring roles are women, and that this presents particular challenges for workforce planning and ensuring that human resource policies are effective. The Northern Ireland midwifery workforce is 100% female, with many staff choosing to work part-time to meet family commitments, workforce planning must continue to take account of this (p88).
- 6.26 The College welcomes an acknowledgement of the role that healthcare assistants play in delivering care. Maternity Care Assistants play an important role in supporting midwives to deliver maternity care and the College has developed a curriculum to facilitate continuing professional development for this group of staff. Given the development of initiatives such as the Skills Escalator, the College believes there would also be value in encouraging Maternity Care Assistants who wish to do so to undertake midwifery training. The College would welcome further discussion on how the skills of this group of staff can best be integrated into teams providing care (p90).
- 7.3 The RCM welcomes the commitment to improve public confidence in service provision (p94).

Conclusion and Recommendations

1. Midwives should be recognised as key professionals in delivering a modernised healthcare service and improving the public health.
2. The DHSPSS should pursue Option 3 and seek to ban smoking in all enclosed public places and workplaces in Northern Ireland.
3. Midwives should be supported as the lead professionals in the provision of care to pregnant women and should be included as a key part of any multi-disciplinary teams set up to deliver care. Midwives should also be involved in multi-professional training where this is to be implemented.
4. Midwives should be supported to continue to assist women who wish to breastfeed through the provision of advice, encouragement, support and one-to-one care.
5. Midwives should be supported to continue to work with teenage parents, providing support and advice for young mothers and fathers.
6. The DHSPSS should continue to work in partnership with the RCM to address issues surrounding the recruitment and retention of midwives in Northern Ireland. Midwives working in units where there are shortages should be appropriately supported to deal with increased pressure and stress.
7. The development and rollout of Community Midwifery Units should be effected as soon as possible and should be given a high priority in the planning of healthcare services.

The College would welcome the opportunity to discuss the implementation of this strategy and how midwives can be involved in the twenty-year vision and continue to make a full contribution to the improvement of health and health services in Northern Ireland.

The College looks forward to further developments in this area and to continued partnership working with the DHSPSS.

The Royal College of Midwives UK Board for Northern Ireland March 2005

ⁱ NICE Clinical Guideline 13 *Caesarean Section* developed by the national Collaborating Centre for Women's and Children's Health.

ⁱⁱ Wilson et al (1998) Relation of infant diet to childhood health: seven year follow-up of cohort of children in Dundee infant feeding study, *BMJ*: Vol 316 21-25

ⁱⁱⁱ Henig M. et al (1997). Health effects of breastfeeding for mothers: a critical review. *Nutrition Research Reviews*: Vol 10, 35-56

^{iv} *Helping women stop smoking: a guide for midwives*, RCM London, 2002

^v Statistics taken from <http://www.poverty.org.uk>, a website produced by the New Policy Institute with support from the Joseph Rowntree Foundation.

^{vi} *Investing in teenage parents: what maternity services can do* RCM Midwives' Journal: Vol 7, No 6 June 2004

^{vii} Thompson, June in *Community Practitioner*, London, October 2001, Vol 74. Iss 10 p389.

^{viii} *ibid.*

^{ix} *International Consultation on Environmental Tobacco Smoke (ETS) and Child Health*; WHO Tobacco Free Initiative; WHO/NCD/TFI/99.10; 1999. Quoted by ASH UK in *Passive Smoking: A summary of the evidence May 2004*. Available at www.ash.org.uk

^x *Exposure to environmental tobacco smoke during pregnancy is associated with decreased birth weight*; Windham GC; Eaton A; Hopkins B. Evidence for an association between environmental tobacco smoke exposure and birthweight: a meta-analysis and new data (*Paediatr. Perinat. Epidemiol* 1999; 13: 35-57. Commentary by Khan, Khalid in *Evidence based Obstetrics and Gynaecology* (Harcourt, 2000) 2,5.

^{xi} *Ibid.*

^{xiii}Windham GC; Hopkins B; Fenster L; Swan S; *Prenatal active or passive tobacco smoke exposure and the risk of preterm delivery or low birth weight*; *Epidemiology*, 2000, 11:427-433.