

## Midwifery Survey

Permission was sought from Midwifery managers to interview local midwives in order to collect their perceptions how well parents' needs are met by Midwifery, the frustrations and successes of their work and the impact of Sure Start on their workload.

9 Midwives were interviewed in total, 2 of these were Sure Start Midwives, and 5 Community midwives, and 2 midwifery managers based at Sherwood Forest Hospitals.

Sherwood Forest Hospital employs the Mansfield PCT midwives and whilst working in the community are dependent on GPs for clinic and storage space, rather than having a specifically allocated space. Community Midwives are required to work regular clinical shifts in the labour suite in order to retain their professional skills:

### Surgeries Represented:

Oak Tree Lane	Kings Mill/Dukeries suite
Bull Farm	Roundwood
Sandy Hills	Blidworth
St John Street	Ravenshead
Orchard Practice	Dukeries Labour suite

## **KEY FINDINGS**

### Job purpose as a midwife

As would be expected midwives felt their job purpose was to provide antenatal and postnatal care, emotional, psychological and physical care. To empower women to make informed choices

2/7 midwives specifically mentioned caring for women and their families although another mentioned providing necessary care to promote healthy mums and healthy babies.

Main frustrations with the work

Midwives felt undervalued in their professional role and undermined By GPs.

They felt a lack of time to provide support to the women who need it, to do Health Promotion and prepare women for birth.

They also lacked resources- funding to hire rooms to run groups, learning resources, lack of storage and a permanent base and a lack of administrative support to deal with increasing paperwork.

The most fulfilling aspects of the work were building relationships with women, continuity of care and managing the birth process.

Parents' needs.

6/7 midwives felt that parents had needs they could not meet. They need more preparation for parenthood, social support and practical help with newborns

They felt this should ideally be provided by midwives, but also by multidisciplinary teams, including NHS and Sure Start workers working in a co-ordinated way. They felt that earlier intervention was important to support and prepare parents, particularly young parents and those with learning disabilities.

Benefits of Sure Start.

All respondents felt that Sure Start provided the extra social support that some women need.

*'I know they'll get input and support but having Sure Start midwife is neither logistically or financially viable'*

The main complaint was that Sure Start services are not available to all mothers, only those within their geographical boundaries.

Some felt that Sure Start is not making a noticeable difference to how prepared mothers are for the birth/ hospital experience and that the achievements that have been made have not been communicated to the midwifery service.

Which parts of the Sure Start service do you feel are worth maintaining?

Sure Start is able to work to more flexible boundaries, has time to develop relationships and do health Promotion and can work with those who won't see a GP and those who miscarry.

*'The Sure Start midwife has the time and persistence to keep encouraging mums and to develop relationships'*

Sure Start can provide access to professionals and signpost mothers to other services, offer social support and encourage the social structure of the community.

The groups that are worth maintaining are Drop-In, Babble, Bumps and Babies Group, (pre and post pregnancy support) Smoking Cessation and Breastfeeding Support (individual and group support.

7/7 Community midwives refer parents to Sure Start as matter of course and feel that it helps, particularly with social support and reaching the 'hard to reach'

Midwives had several suggestions to get Parents to access services earlier.

- Raising public awareness in schools, in the media and through local grapevines that women can go straight to a midwife for advice about (unplanned) pregnancy before consulting their GP, more women might access confidential support.
- Paying women to attend routine appointments on a drip feed system rather than a one off grant at 30 weeks.
- Provide more services like Sure Start and make them more local and accessible, and particularly antenatal classes which should be less structured and offer more opportunities to build peer support networks.
- Work with Social Services to ensure that parenting assessments happen well before 34 weeks, which is too late for some parents to develop the skills and support networks they need.

Role of Maternity Assistants.

Trained and used appropriately under the supervision of qualified staff, midwives felt that maternity assistants could complement existing services by providing a lot more support in the home with breastfeeding, care of the newborn and social/parenting support.

CONCLUSIONS AND RECOMMENDATIONS

It is reassuring to see that midwives generally have the same perceptions of the frustrations and successes of their work that parents and Sure Start staff alike have noted (see Sure Start Ravensdale Baby Survey and Breastfeeding Survey).

In the current climate of mainstreaming and the introduction of Children's Centres there are opportunities and responsibilities to build on the successes of recent practice to further develop services for all parents of new babies, particularly those living in disadvantage.

It is recommended that Sure Start Ravensdale continue to work closely with the Midwifery service to support midwives to provide an effective service to parents during pregnancy and the first few weeks of life.

It is recommended that Sure Start Ravensdale improve its communication systems to ensure that midwives are kept up to date about current activities, services and relevant information.

## **MIDWIFERY SURVEY RESULTS**

### **Main frustrations with the work**

- Staffing levels too low in hospitals – vacancies not being filled.
- GP's in the community undermining Midwives by giving conflicting advice, not referring mothers on early enough and a lack of understanding of midwives roles.
- Time limitations – set routines of clinic visits at certain times during the pregnancy, limits time to support women who specifically need it.
- Financial restrictions – money to rent rooms, storage for medical notes to buy videos and other learning resources.
- Lack of time with patients.
- Lack of training on community issues e.g. DV, Child Abuse
- Too much paperwork and lack of admin support
- Staffing levels at time
- Lack of feedback from Audit data, which would help to manage caseloads
- Women arriving on Labour Ward unprepared for the birth i.e., knowledge of pain relief etc not enough
- Women giving birth all at once – stretching resources
- Fragmented work – 15 more Midwives across the Trust could provide better continuity of care
- Too much paperwork – so much volume, recording contacts for litigation purpose
- In sufficient staffing both in the community and hospital
- Lack of resources for parent education
- IT and Admin support, particularly as data collections increasing, but support systems not in place
- Lack of funding
- Lack of time – particularly for Health Promotion
- Only time to do clinical stuff, not form relationships. Not valued for professional role.

Which are the most fulfilling aspects of the work?

- Discharging a healthy content baby, mum and family
- Caring for women at the birth
- Excellent 'normal' delivery rate
- Having skilled practitioners to manage the birth process
- All of it
- Patient contact
- Being able to provide continuity of care from booking to post-natal visits
- Building relationships with mums and a good end product.
- Getting to know the women and building relationships

Do Parents have needs you cannot fulfil?

6/7 said YES

Needs for more social support and practical help with newborn,

Young women who are isolated

Preparation for parenthood, socially and medically

Those needing social support and parents with learning disabilities

- Housing issues and teenagers

Who should be fulfilling these needs?

- Multidisciplinary work – need better systems and to work closer together
- Earlier intervention would help – but SSD wont assess until 34 weeks which is too late to start in depth work
- Health Authority
- Midwives as part of a wider team of physiotherapists, community health and Sure Start workers
- Ideally Midwifery
- Ideally Midwifery with more time to spend with clients

- Ideally family and friend; if not then Sure Start or maternity assistants
- Multidisciplinary – but the organisation needs to be more effective we could do with knowing what's available and work closer together e.g. identifying parenting problems at 36 weeks is too late.

Earlier intervention would give a better chance to cope. Could build a peer support network

All community midwives refer clients who live in the Sure Start area to Sure Start as a matter of course.

Which parts of the Sure Start service do you feel are worth maintaining

BBB

Drop-In

Groups – pre and post pregnancy

Smoking and breastfeeding support

Access to professionals

Sure Start midwife has the time and persistence to keep encouraging mums and develop relationships

Freebies with breastfeeding

Social support/encouraging social structure of the community

Breastfeeding group

Signposting mothers to other services

Midwife being able to pick up the women who need more support

Good to have somewhere to refer women to – from social and health points of view

Sure Start – meet needs of parents?

Social and peer group support

“Oh God Yes” – just wish there were more Sure Starts about

Meets social aspects

Reaches the parents it should

Yes

Aimed at those in need but accessed by the worried well

Don't see any difference now in the women – no more, empowered, Knowledgeable or prepared

Only some mums can access service – if you don't live in the right area, can come to breastfeeding group but not get freebies.

At Strelley Sure Start are achieving targets very well + Sure Start Midwives carried caseloads. Sure Start had a knock on effect

NOT AWARE of a achievements at Sure Start Ravensdale or Meden Valley

### Do you refer Parents to Sure Start?

7/7 midwives referred parents to Sure Start as matter of course and feel that it helps

Helps with smoking cessation and social support

Don't worry about mothers so much once in a group

Pity all women can't access Sure Start

I know they'll get input and support but having Sure Start midwife is neither logistically or financially viable

Breastfeeding group and reaches those parents it should

Only some mums can access the service, if out of the area, can't claim freebies

Sure Start should be aimed at those in need; accessed by the worried well rather than those who most need it

Parents' benefit from Sure Start

### Benefits of Sure Start Midwife

No one felt that Sure Start Midwife duplicated the work of the community midwives.

Rather she provides the extra support that some women need

Sees 2 women who won't attend GP surgery and encouraged them to do so; supports their needs

Can give more breastfeeding support than I have time for

Has the time to develop relationships and share information with mums

Margaret able to work with women who miscarry, whereas midwife not sure whether appropriate or within their remit

They are there to do the extra bits

I've worked quite well with Sure Start midwife – if she takes on a case she lets us know

Addressing the social issues, nutrition, smoking cessation but not doing routine work

Sure Start midwife not taking anything from us; has more time to talk health promotion and one to one time

Breastfeeding is useful, including to those outside the area.

Which bits of the Sure Start Service do you feel are worth maintaining?

Drop-In groups

Baby and bump groups

Smoking and breastfeeding support

Access to professionals

Transport (?)

Lot more pregnant women accessing the centre than before Margaret started

The time of the intervention is important

Its all valuable, BBB and socialising

Margaret has the stamina and the time to keep visiting and encouraging mums to attend clinic or Sure Start

Breastfeeding group

Encouraging social structure of the community

Being able to pick up the women who need more support and time

Someone who can signpost mothers on

Don't see the integration between Sure Start and hospital

Its good to have somewhere to refer ladies to- for the social and health point of view for mum and child

What could be done to get parents to access services earlier?

At the beginning of the pregnancy tend to be very transient – moving house

Those women who really need it do not attend antenatal classes. Classes tend to be structured and without the opportunity to mix. Teenagers don't come

Need to develop support networks before 6 months, before they go back to work

- Public information and info in schools; Particularly that pregnant girl can go straight to the Midwife and discuss options before the GP knows about the pregnancy. This allows confidential support to be given
- Get them into Sure Start for pre-birth 30 week check  
Margaret piloted this 50% of women come for check, 2 stayed for BBB
- Time of intervention important. Visit at 4 – 6 weeks post partum because mum will be receptive to new horizons
- A Drop-In for pre-conceptual advice
- Inform people they can go direct to Midwife, this avoids problems with women who don't wish to go to GP straight away
- Parent craft too structured
- GP's could encourage women to think about their role as parents
- Use grapevines to raise awareness of services
- Pay mums to attend antenatal care as a 'drip fed bonus' at each attendance, rather than one off grant at 30 weeks
- Make clinics more accessible
- Provide services (like Sure Start Services) and take them to them.
- More staff time for health promotion
- Give maternity grant forms earlier, and information ASAP to pregnant women
- Social workers won't access support needs of parents (e.g. with learning disabilities) until 34 weeks, which is too late to do much preparatory work with them.

#### Views on Maternity Assistants

- Midwives have the medical experience to pick up abnormal situations
- The roles would need to be clear, so that assistants know how and when to sign post clients
- If they are given the right remit they could complement existing services
- Need to get the boundaries 'spot on' so that they can refer on to midwives. They could really only do fluffy stuff

- Be great, a lot of women could do with a lot more support and time in the home. Blood pressure, bathing etc. If a good team was working with clear roles and feedback. Wouldn't want to lose relationships with midwife and continuing care
- There's a big future for them being training in assisting at births and taking blood and breastfeeding
- Trained and used appropriately under the supervision of qualified staff. Won't invade midwife role, and with the workload we have got we have to find other ways of working
- Not sure what the role is. Hope they will be targeted at those identified as in need. Practical support e.g. making bottles, changing nappies particularly with mums with learning disabilities
- Hope they will have time to do the parenting preparation bits

#### NHS midwife services and reflections

Sure Start Bilsthorpe/Bildworth/Clipstone midwife attends local team meeting and feeds back relevant information.

Community midwives are on your own no one to check out problems with

Very important to use appropriate language – not jargon

Not aware of achievements in Mansfield Sure Starts. In Strelley Sure Start Midwives carried caseloads and had a knock on effect on other services. At Ravensdale I am not aware of achievements.

Midwives have to share premises rather than have a permanent base

- Home delivery should be promoted at booking in, and the birth plan done later.
- Hospital cannot talk about bottle feeding (unless asked directly by parent) if it wants to be perceived by UNICEF as 'baby friendly' and get Baby Friendly status
- Most successful at Sure Start Ravensdale is extra social support (rather than clinical agenda)
- Most successful services at Meden Valley are Breastfeeding support and Baby Massage, Planning Aqua natal and Baby Yoga.  
Parent craft preaches to parents in a very structured way

4 classes – one each on labour, pain relief, breastfeeding postnatal care.

Finding time to give antenatal information on bottle-feeding individually is difficult

It's important to use appropriate language (not jargon) and to present information in a way that will 'sell' ideas to parents

Parent craft classes – we run 2 in the day and 1 in the evening, mostly couples attending, and 1 postnatal reunion

There should be a co-ordinated service that is accessible and could pre-empt problems and avoid women being admitted to hospital prematurely or unnecessarily

We run antenatal and mum to be Drop-In. Health Visitor runs 6-week post-natal groups including Baby Massage, First Aid and Weaning

More staff are needed. Health Promotion has snow balled necessarily but could be addressed by IT or better admin support. Insufficient time for health promotion.

Antenatal classes are not attended by the women who really need it.

Mums swop phone numbers on last date. Classes tend to be structured and little opportunity to mix. Teenagers don't come.

Need to develop support networks before 6 months before going back to work

Thousands of midwives left the profession during 2003 (Royal College of Midwives Jan/Feb 2004) because of the medical situation of childbirth

Wonder if academic training is attracting the wrong the wrong sort of people – not skills based

Would like to see – all antenatal care in an informal Drop-In setting like Sure Start Professionals accessible at Toddler Groups in the community

Pre-conceptual counselling

Why did Sure Start have to be a community based? Would be better as part of the Health Authority, rolled out and managed alongside the Maternity service.

The management structures could be merged for more mutual understanding of roles.

Buses to roll out Sure Start

