The Future Midwife

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NMC Lead Advisor
Let’s get social

Please get involved in the discussion using:

#futuremidwife

Twitter: @nmcnews

Email: futuremidwife@nmc-uk.org

Invite others to sign up via our website: www.nmc.org.uk/futuremidwife
#futuremidwife – the challenge

What standards of proficiency should the regulator set to make sure newly qualified midwives at the point of registration are:

- able to meet the needs, views and preferences of women, newborn infants, and families
- safe
- effective
- respectful
- compassionate?
Midwifery: the changing context in the UK

The Report of the Morecambe Bay Investigation

NHS National Institute for Health and Clinical Excellence

NMC Nursing & Midwifery Council

Better Births

Evidence for Everyday Midwifery

Work, Health and Emotional Lives of Midwives in the United Kingdom: The UK WHELM study

THE BEST START)

A Strategy for Maternity Care in Northern Ireland 2013-2016

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Midwifery: the changing context in the UK
The future midwife – informed by evidence, key lessons, policy

- Existing and new evidence
- Changing demographics and population health
- Lessons from key reports
- National policy in four countries
The future midwife – informed by evidence from The Lancet Series on Midwifery

<table>
<thead>
<tr>
<th>Practice categories</th>
<th>For all childbearing women and infants</th>
<th>For childbearing women and infants with complications</th>
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</thead>
<tbody>
<tr>
<td>Education</td>
<td>Assessment</td>
<td>Promotion of normal processes, prevention of complications</td>
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<tr>
<td>Information</td>
<td>Screening</td>
<td></td>
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<tr>
<td>Health promotion</td>
<td>Care planning</td>
<td></td>
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<tr>
<td>Organisation of care</td>
<td>Available, accessible, acceptable, good-quality services—adequate resources, competent workforce</td>
<td>First-line management of complications</td>
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<td>Values</td>
<td>Continuity, services integrated across community and facilities</td>
<td>Medical obstetric neonatal services</td>
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<tr>
<td>Philosophy</td>
<td>Respect, communication, community knowledge, and understanding</td>
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<tr>
<td></td>
<td>Care tailored to women’s circumstances and needs</td>
<td></td>
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<tr>
<td>Care providers</td>
<td>Optimising biological, psychological, social, and cultural processes; strengthening woman’s capabilities</td>
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<td></td>
<td>Expectant management; using interventions only when indicated</td>
<td></td>
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<tr>
<td></td>
<td>Practitioners who combine clinical knowledge and skills with interpersonal and cultural competence</td>
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<td></td>
<td>Division of roles and responsibilities based on need, competencies, and resources</td>
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</tbody>
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The future midwife – informed by external engagement

- Thought Leadership Group – regular meetings, discussion, challenge

- Engagement +++ with
  - women and families
  - experienced and new midwives, students, educators, researchers, managers, policy makers, multidisciplinary colleagues….
  - advocacy groups and individual advocates
  - professional organisations and groups

- 600++ people in all 4 UK countries participated directly so far – now at the stage of open public consultation
The future midwife – internal NMC review processes and governance

- Regulatory review
  - is everything consistent with other relevant regulations in four countries?
- Legal review
  - is everything consistent with current legislation in four countries?
  - EU legislation – current and possible changes
- Policy review
  - is everything consistent with policy?
  - new policy development needed?
- Stakeholder review and challenge
  - women’s voices, senior midwives, academics, educators, RCM, Council of Deans, +++
- Ongoing review and challenge by TLG, Midwifery Panel, Council
  - to ensure transparent processes, inclusion of evidence and engagement
Responding to evidence, engagement, the changing context

The future midwife: transformative change
The future midwife: key attributes 1

Autonomous and accountable

• safe, effective, knowledgeable, skilled, respectful, empowering, kind
• effective communication skills in all contexts

Focussed on equity and human rights

• optimum standard of care for all
• culturally competent
• irrespective of social, cultural, spiritual, clinical difference
• recognising inequality and vulnerability, reaching out

Evidence-informed - knowledge, understanding, and skills

• keeping updated, understanding data and evidence
• challenging poor practice, practice not based on evidence
The future midwife: key attributes 2

Focussed on women, newborn infants, partners and families

• working in partnership, building relationships
• meeting the needs of women and newborn infants
• enabling women’s views and preferences
• advocating for women

Providing continuity of care and carer

• pre-pregnancy to parenthood and very early child development
• across different care settings e.g. home, hospital, social care, criminal justice, wider reproductive health
• multi-disciplinary and multi-agency working
The future midwife: key attributes 3

Confident, safe, responsive

- understanding normal processes, recognizing deviations
- responsive to complications and additional needs
- minimising risk, clinical and psycho-social
- creating a safe, respectful, kind, compassionate environment

Public health, health promotion, clinical, social care perspectives

- optimising normal processes, mental and physical health
- preventing complications
- able to have difficult conversations
The future midwife: key attributes 4

Future focussed

- skills to keep informed, updated, relevant
- population health, health education, health promotion
- clinical, mental health, social care, health inequalities

Leader and scholar

- lead professional coordinating care, making referrals
- integrated within multidisciplinary team
- constantly seeking improvement – self, others, system
- role model, supervisor, assessor
- constantly seeking new knowledge
- consciously developing a career pathway for self and others
- supporting and developing self and others – strength and flexibility
The draft proficiencies – five domains
Domains 1, 2 and 3

1. Being an accountable and autonomous midwife

2. The midwife’s ability to provide and promote continuity of care and carer

3. Universal care for all women, newborns infants, and families
   - The midwife’s role in public health and health promotion: informing and educating women, and their partners and families
   - The midwife’s role in assessment, screening, and care planning
   - The midwife’s role in optimising physiological processes, supporting safe psychological, social and cultural situations, and working to promote positive outcomes and prevent complications
The draft proficiencies – five domains
Domains 4 and 5

4. Additional care for women, infants and families with complications and/or further care needs
   • The midwife’s role in first line assessment and management of complications and further care needs
   • The midwife’s role in caring for and supporting women, newborn infants, and families requiring medical, obstetric, neonatal, mental health, social care, and other services

5. Promoting safe and effective care: the midwife as colleague, scholar and leader
   • The midwife working with others to promote safe and effective care: the midwife as colleague
   • Promoting safe and effective care through developing knowledge, positive role modelling and leadership: the midwife as scholar and leader
The draft proficiencies – transformative change

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The draft proficiencies – Key themes across the domains

- Evidence-based care, staying up-to-date with current knowledge
- Communication, relationship building
- Safety
- Advocacy
- Public health, health promotion, health protection
- Enabling and advocating for human rights of women and children
- Enabling and advocating for views and preferences of women, partners, families
- Importance of mental, physical, social, cultural, spiritual factors
- Understanding, mitigating health and social inequalities
- Optimising normal processes
- Anticipating, preventing, responding to complexity
- Multidisciplinary, multi-agency working
- Working across whole continuum of care, in all settings
- Continuity of care and carer
- Long-term impact of pregnancy, labour, birth, postpartum, infant feeding, early weeks
Developing the proficiencies: from evidence and engagement to standard

Demonstrate the ability to provide continuity of midwifery carer across the whole continuum for women and newborn infants with and without complications and further care needs
Developing the proficiencies: from evidence and engagement to standard

Evidence and reports
* 15 RCTs, circa 18,000 women and babies
* 13 meta-syntheses of women’s and staff’s views
* Learning from key reports

Engagement and policy
* Consistent view of stakeholders: advocacy, service users, professional, policy makers
* Policy and strategy: recommendations in four country policy documents

Considerations from design principles and framework
Evidence informed
Core focus on safety, needs, views, preferences
Future focussed
Outcome focussed
Measureable and assessable
Co-produced
Universal plus additional care as needed
Developing the proficiencies: from evidence and engagement to standard

Demonstrate the ability to
...provide continuity of midwifery carer
...across the whole continuum
...for women and newborn infants
...with and without complications and further care needs
Developing the proficiencies: from evidence and engagement to standard

Use evidence-based, best practice approaches to provide person-centred, safe, effective, respectful and compassionate care that optimises normal processes and prevents complications; drawing on the findings of assessment, screening and care planning, and working in partnership with the woman.
Developing the proficiencies: from evidence and engagement to standard

**Evidence and reports**
* 60%+ of effective practices from 460+ systematic reviews demonstrated importance of optimising normal processes
* Key reports found need for better understanding of this

**Engagement and policy**
* Widespread view of stakeholders: advocacy, service users, professional, policy makers
* Policy: related recommendations in four country policy documents

**Considerations from design principles and framework**
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Core focus on safety, needs, views, preferences
Future focussed
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Universal plus additional care as needed
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Use evidence-based, best practice approaches to provide person-centred, safe, effective, respectful and compassionate care

...that optimises normal processes and prevents complications

...drawing on the findings of assessment, screening and care planning

...and working in partnership with the woman
What next?

- Public consultation opens 12th February 2019
  - online survey open to all: four versions
  - for midwives, lay/service users, other professionals, easy read
  - open for 12 weeks, closes 9th May 2019

- Events organized across the four countries
  - for face-to-face input and discussion

- Plus Twitter chats and webinars
  - open to all
What next?

Seeking very wide input on key questions -

- Do the draft standards reflect the key attributes of the future midwife at the point of registration?
- Are they realistic, achievable?
- Is anything missing?
- Is there anything that should be removed?
- ......
What can you do?

Please tell us what you think and encourage others to do the same!

How to do this -

- respond to the online survey, as individual or group
- tell people about the survey, encourage participation
- join an event, Twitter chat, or webinar, encourage others

http://www.nmc.org.uk/future-midwife
Thank you!
from the
#futuremidwife team

futuremidwife@nmc-uk.org