AIMS For a better birth...

Midwifery Unit Network

AIMS Journal, 2016, Vol 28 No 4

Mary Newburn talks about a new association of people committed to achieving change

Last year I received an email from Sheena Byrom OBE, midwife consultant. Would I be willing to become an advisor for a small group of midwives committed to supporting and promoting midwifery units? What was the initiative exactly, I wanted to know. How would it work? What would its governance be? If I was going to give advice, I wanted to know the context.

My questions prompted Sheena, Lucia Rocca and Felipe Castro to ask me to join them as one of the co-founders of what we call MUNet for short. My brief is for parent and public involvement. Having worked for the women's and parents' charity NCT for almost three decades and been a member of NCT for almost four – my eldest son is 40 next year(!) – I have some experience as a service user advocate. My other skills are in policy and research.

I hope you will go and explore the MUNet website, www.midwiferyunitnetwork.com. Sheena is the lead for website development. She has done a great job in setting up an attractive, welcoming platform to provide information and – more importantly – for midwives and services users to share their experiences, resources, and ideas.

We are delighted to have support from the Royal College of Midwives, who helped to finance the London launch in April and with whom MUNet have launched webinars to provide guidance to midwives in need of management or marketing support. Fortunately MUNet has a long list of expert advisors from all countries of the UK, from research, education, practice, service-user involvement and management, so there is relevant help we can offer.

At MUNet, we use 'midwifery unit' and 'birth centre' interchangeably. Sometimes it is more relevant to highlight one term and sometimes another. Birth centre emphasises a philosophy of care[1] (see the policy briefings at www.midwiferyunitnetwork.com/what-is-a-midwiferyunit/). Midwifery unit, as used in the Birthplace in England study, describes the professional group providing care. 'Midwifery', can also mean a defined practice and philosophy. The Lancet Midwifery series defines midwifery as:

'*Skilled, knowledgeable and compassionate care for childbearing women, newborn infants and families across the continuum throughout pre-pregnancy, pregnancy, birth, postpartum and the early weeks of life. Core characteristics include optimising normal biological, psychological, social and cultural processes of reproduction and early life, timely prevention and management of complications, consultation with and referral to other services, respecting women's individual circumstances and views, and working in partnership with women to strengthen women's own capabilities to care for themselves and their families.*

;2

Unity makes strength

The network exists for the following reasons:

- to enable midwives and others who use and value birth centre care to have an easy means of networking and supporting each other.
- to maximise opportunities for innovation and help to solve practical challenges, minimising the need to 'reinvent the wheel'.
- to create a community; midwives developing and/or working in freestanding or alongside midwifery units never need to feel isolated or alone.

The network can signpost commissioners, managers and maternity services liaison committees (MSLC) to relevant policy, up to date evidence, and practical documents, such as suppliers of equipment and furnishings, different approaches to training, and eligibility criteria. There will also be a strong focus on supporting and reporting clinical audit and research from a variety of perspectives.

There is a facility for direct messaging on the 'contact us' page so that sensitive or confidential issues can be talked through with an experienced midwifery leader. The network will also enable the media to find out more about midwifery care and midwifery units. This will enable more of the public and professionals to learn about a 'social model' of care for healthy women and newborn babies that is responsive to their social, emotional and physiological needs.

Guest blogs

So far, one of the most interesting and dynamic parts of the website has been the blog page.

The first blog was written by Consultant Midwife, Tracey Cooper, at Lancashire Teaching Hospitals NHS Foundation Trust, who was a member of the NICE Intrapartum Care guideline development group. The blog, A Taste of success: Two midwifery units in Lancashire (October 2015), describes how Chorley freestanding birth centre was refurbished in April 2013, following a successful bid for environment funding from the Department of Health. Tracey used the available research evidence and the support of local service users to make a really strong case for midwifery unit development. The findings from the large Birthplace in England prospective cohort study were key. The study included over 64,000 'low risk' women, including 28,000 who planned to give birth in either an alongside or a freestanding midwifery unit (www.npeu.ox.ac.uk/birthplace/results). The Lancashire team raised sufficient money to also develop a new alongside birth centre at Preston. You'll find photographs of Baroness Cumberlege opening the birth centre and a video of midwives and parents from Chorley, which is also on YouTube.

On 18 July, Midwifery Unit Network supporters were out in force for a conference at Preston, organised by Tracey Cooper and Cathy Atherton, Head of Midwifery, to celebrate four options for care: home birth, freestanding birth centre, alongside birth centre and hospital care. Even the Trust CEO turned out for the occasion!

The next blog post published by MUNet was by Dr Mandie Scamell, medical anthropologist and midwife specialising in risk and the maternity services in the UK. Mandie joined City University in 2013 from the Florence Nightingale School of Nursing and Midwifery at King's College London. In 'She can't come here': birth centre criteria and ethics[3] (November, 2015) Mandie asks 'Is it ethical to turn women away from midwifery care offered in a birth centre?' and states: 'The answer to this question I think should be no! But are we brave enough as a profession to stand up and say this? Do we have a strong enough professional identity to stand up against the irresistible logic of risk calculation?' Mandie and colleagues from City University held a conference in July to present and discuss some of these ideas in more detail.

For those of you interested in women's rights to use birth centres, the latest blog at the time of writing, 'Midwifery Units in Northern Ireland' (July 2016) by Seána Talbot, service user and MSLC Chair, presents the criteria for new, differentiated, eligibility criteria for freestanding and alongside birth centres in Northern Ireland. These criteria as published by Guidelines and Audit Implementation Network (GAIN), suggest that alongside units should have a broader, more inclusive policy than freestanding units.[4] The blog post provides links to videos for six of the eight midwifery units in the province.

There is also a blog about the development of The Meadow Birth Centre, Worcestershire (June, 2016) where a 'bespoke maternity team preparation programme' was developed for the staff, alongside physical changes to the physical environment. This included 'a physiology refresher for all stages of labour ; aromatherapy training; team building activities; conflict resolution and emergency skills n drills'. Midwives also went on 'observational placements' to well-established birth centres to see the kind of culture and practices in action that they would need to develop.

In Februar y 2016, I contributed a blog on midwifer y units – films of birth, virtual tours for parents and antenatal preparation to explore and provide a flavour of some of the information and messages parents might find if they search the web, and inspire others to make films and share information about units in their area.

Birth Centre Beacon Sites

MUNet and the Royal College of Midwives are working together to launch Birth Centre Beacon Sites as means of sharing good practice. The scheme will recognise those NHS Trusts and Boards with:

- Significant numbers of births in freestanding and/or alongside midwifery units;
- A clear philosophy to provide personalised care, promote physiological birth and support women as they become mothers, and their partners and the wider family;
- Systems for midwifery development, multidisciplinary learning and case review.
- A desire to share learning with other midwifery units about vision, set up and on-going organisation, what has and hasn't worked, etc.
- A willingness to host visits from other midwives wishing to develop birth centre services, and arrange placements for student midwives and midwives wishing to develop their skills
- Participation in research relating to midwifery units and national audit.

If you know of a Trust or board with good practice to share, please encourage them to connect with the network. And get in touch yourself if you have ideas or need help to mobilise support for a birth centre in your area. We're especially keen to get more on the website from service users. We'd welcome any feedback and relevant video clips.

Mary's blog Birth Talk is at marynewburn1.com/Facebook: follow Midwifery Unit Network cause and/or the Midwifery Unit Network closed group for discussion.
Twitter : follow @MidwiferyUnits and include us when you tweet.
Midwifery Unit Network and the Royal College of Midwives are supporting Shrewsbury and Telford Hospitals NHS Trust to host a fantastic community conference on 13 February, Implementing the National
Maternity Review in Rural Areas: Better Births – Shropshire and beyond #SaTHFMU. Tickets are a bargain at only £35. Full details and booking at bit.ly/onlinebookingMU. Speakers include midwifery leaders Kathryn Gutteridge, Denis Walsh, Tracey Cooper, Cate Langley and Gill Walton, and parents supporting midwifery units in Ludlow, Oswestry and Bridgnorth.
Chaired by Baroness Cumberlege.

References

1. Newburn M, Byrom S, Rocca-Ihenacho L, Castro Cardona F (2015) Midwifery Unit Network Policy Briefing 1: Philosophy of care and policy on midwifery unit care. Midwifey Unit Network. static1.squarespace.com/static/553ca2bee4b00f34b152cc73/t/559ac055e4b0050728db9bd0/1436205141945/Midwifery+Unit+Network+policy+research+briefing+1+Philosophy+and+policy+FINAL.pdf

2. The Lancet Midwifer y Series. June 2014. Available at www.thelancet.com/pb/assets/raw/Lancet/stories/series/midwifer y/midwifery_exec_summ.pdf. Accessed 27 July 2016.

3. Scamell, M. 'She can't come here!' Ethics and the case of birth centre admission policy in the UK. J Med Ethics 2014;40:813-816 doi:10.1136/medethics-2013-101847

4. GAIN. Guideline for admission to midwife-led units in Northern Ireland & Northern Ireland normal labour & birth care pathway (January,2016) Guidelines and Audit Implementation Network. Available at www.gain-ni.org/images/Uploads/Guidelines/GuidelinesFINAL.pdf. Accessed 27 July 2016.