Reclaiming midwifery

The government devoted a whole section of its new strategy for the nursing professions England to developing the role of midwives
Dina Leifer looks at the details

Advising on healthy lifestyles, tackling domestic violence, carrying out post-natal checks at six weeks after birth – these are just some of the areas into which the government has said it wants midwives to move.

Making a Difference, its strategy for nurses, midwives and health visitors in England, says there is scope for midwives to apply their skills and knowledge more widely. It also suggests giving them a stronger role in the government’s public health strategy and targeting their services towards vulnerable groups such as ethnic minorities and substance misusers.

Anne Jackson-Baker, director of the English Board of the Royal College of Midwives, said midwives had always had a strong public health role, but it had been eroded over the years, mainly due to staff shortages. ‘I am delighted to see it back and I look forward to reclaiming it,’ she said. Midwives are advising women all the time – they might not think of it as a public health role, but it is.’

But the ideas could not be put into practice without enough staff to carry them out. ‘We will need more midwives in post. We’ve got the same recruitment crisis as nursing – numbers are at an all time low,’ she said.

Vicki Allanach, midwifery adviser at the Royal College of Nursing, said it was crucial there were enough resources to allow midwives to take on the role the government proposed. ‘We know there is pressure on the service at the moment in terms of numbers and the expectations of the public. We need to equip midwives to do the job,’ she said.

‘We can help women take more interest in their own health, particularly on issues like smoking. Some young women are very heavy smokers. We have got to target them in the interests of the child.’

Dawn Saunders, chair of the RCN midwifery society, said the public and midwives themselves often did not recognise how much of a public health role midwives were already playing. ‘Because they are usually employed by acute trusts, midwives are not seen as primary care workers. But a lot of their work is in the community. I’m delighted it has been highlighted now,’ she said.

A new role for midwives

■ A stronger public health role
■ More health promotion, particularly for women
■ Targeting vulnerable groups
■ Extending the period of contact after birth, including the post natal examination

‘There is an enormous public health role for midwives to play,’ she added. ‘In the government’s White Paper, Saving Lives, maternity is not even mentioned – it begins with children. But public health should start at pregnancy or even prior to conception.’

Ms Saunders, who has a background in public health, added that the idea of expanding midwives’ role after birth would build on what was happening already. ‘Many midwives are doing care of the newborn and are discharging babies and mothers from hospital,’ she said.

Mary Daly, professional officer of the Community Practitioners and Health Visitors’ Association, said it was sensible to set aside tribal demarcations to look at the needs of patients.

This thinking has been taken a stage further in Wales, where the new strategy for nursing, midwifery and health visiting, Realising the Potential, makes no distinction between the professions.

Liz Hewett, secretary of the RCN in Wales, said: ‘The tone of the strategy is that nurses, midwives and health visitors in Wales must work in closer collaboration than ever before to realise the goals that have been set.’

Ms Allanach said it was up to professionals to work together in the interests of the child. ‘Postnatal care is a Cinderella service and there is a need to focus attention on it. This can’t be done in isolation. We need to work together and ask women what they want.’

She added there was a need to target services at the most vulnerable groups. ‘We need to be linking in with primary care groups, health action zones and social services. This is an excellent opportunity,’ she said.

Ms Jackson-Baker said midwives had long campaigned to extend the period of contact midwives had with mothers postnatally. This was being piloted in some projects in Scotland. ‘We will be reclaiming the role we used to have,’ she said. ‘Until recently, most midwives were visiting mothers until 28 days after birth, not ten days.

‘It always seemed that if you could provide care until four weeks it was odd to hand over before the postnatal check at six weeks,’ she added. ‘And who is better placed to advise a mother on family planning than the midwife she’s got to know really well?’

She did not think the changes would cause conflict between professions, particularly as the government recently announced plans to invest £1 million in developing the role of health visitors. Ms Saunders said it was now up to midwives to take up the challenges offered to their profession. ‘The possibilities are endless,’ she said.