

Newsletter

Volume 2, Winter 2013



Welcome

Welcome to the second CMMPH newsletter. Much has happened since the first newsletter in May 2013. First, we've had a baby, a royal baby! The birth of little George helped focus some media attention on the plight of the maternity services in the UK.

Over the summer the team has been busy with the curriculum rewrite and Jane Fry presents their vision for humanising the curriculum (page 3). Sue Way was appointed to the Royal College of Midwives Board (page 4). In September Lesley Milne completed her fieldwork in Nepal for her study funded by Wellbeing of Women; she also presented a paper on her work at the first ever National Midwifery Conference in Nepal. In October CMMPH welcomed three new postgraduate students in midwifery— shared studentships with Portsmouth Hospitals NHS Trust (page 5).

Vanora Hundley is taking a lead role in organising the conference on 'Midwifery and the Post-Millennium Development Goals Agenda'. The conference planned for 5 February 2014 has already gained widespread support in the international reproductive health field, and the international academic journal Midwifery will be one of its key sponsors.

Last but not least, we wish our colleague Dr. Catherine Angell all the best in her new job as midwifery lecturer at the University of Southampton. We hope to be collaborating with Catherine in the years to come. We hope you enjoy reading the newsletter.

Edwin van Teijlingen,

Professor of Reproductive Health Research

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CMMPH Aims

We aim to promote the health and wellbeing of women, babies and their families by enhancing practice through education, research and scholarship. Our strategy is to develop nationally and internationally recognised research that:

- Promotes the health and well-being of women, babies and their families
- Underpins clinical midwifery practice
- Informs policy making in relation to maternity care
- Ensures relevance and impact by maximising service user/voluntary sector involvement and the dissemination of results to health and social care professionals, service users and the voluntary sector undertakes work across a wide methodological range.

Our educational and research activity has gained national and international recognition for its contribution to the enhancement of professional practice and maternal and perinatal health.

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Breastfeeding

Breastfeeding has enormous advantages for both newborn infants and their mothers. However, UK breastfeeding rates are low: 81% women initiate breastfeeding, only 17% exclusively breastfeed at 3 months. This compares badly with 60% women breastfeeding at 3 months in many EU countries. Support for breastfeeding is a key to its success, and research from CMMPH has provided valuable insights into factors that help mothers continue to breastfeed.



The research has been used to develop the advice and support available on Healthtalkonline. This successful breastfeeding support website is regularly used by around 1,500 mothers every month. The site is an invaluable resource for breastfeeding mothers because it provides easily accessible and round the clock consistent advice from an evidence-based trustworthy source. Unlike many evidence-based sources, which make dry and sometimes difficult reading, the Healthtalkonline pages present information through real relatable stories.

A recent survey found that users were very positive about the quality and coverage of the information. Nearly all (97.4%) considered the webpages helpful. More importantly, responses demonstrated changes in users' behaviour or attitudes: 7.7% of respondents had decided to continue breastfeeding or start breastfeeding after visiting the Healthtalkonline website. The website is getting an international following with users from as far afield as Australia, New Zealand, the USA and Canada.

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Field work in Nepal

Lesley Milne, Senior lecturer in Midwifery at Bournemouth University (BU), had the opportunity to present her work while in Nepal undertaking fieldwork as part of the first International Fellowship for Midwives (funded by Wellbeing of Women, in association with the Royal College of Midwives [RCM]). Lesley is studying why women in Nepal don't use health services when giving birth in areas where such facilities are available. Her study uses a mixed-methods approach which comprises observation and interviews with staff.



Lesley was invited to present at the First National Midwifery Conference in Kathmandu, Nepal. After her presentation Lesley (pictured top right) was awarded a certificate and token in true Nepali style.

The team consists of Prof. Vanora Hundley, Professor in Midwifery, Prof. Edwin van Teijlingen, Professor of Reproductive Health Research at BU, and BU Visiting Faculty Dr. Padam Simkhada based at SchARR, the University of Sheffield.

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Reducing maternal mortality in Kabul

Rachel Arnold's PhD analyses the culture of care within an Afghan maternity hospital in the capital Kabul. In a country striving to reduce its high rate of maternal mortality the provision of quality intra-partum care for women in Kabul's maternity hospitals is vital. Health care providers are pivotal if this is to be achieved.

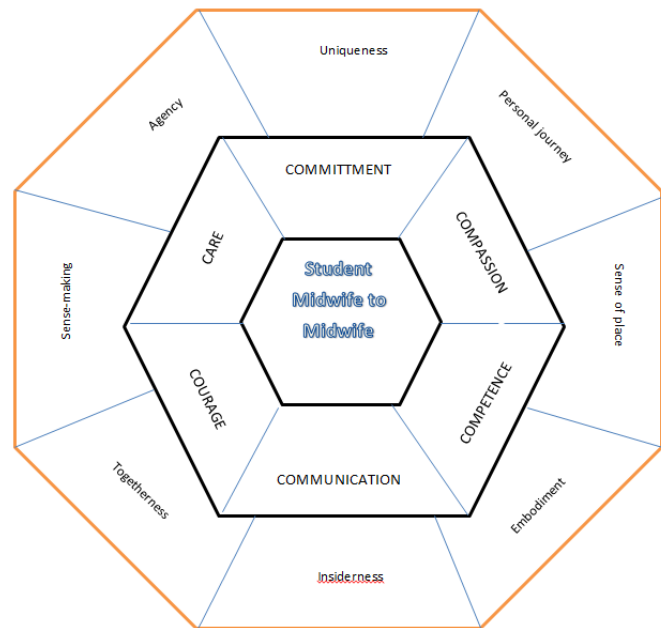
Using a qualitative ethnographic approach, Rachel is exploring the culture of care within the hospital, to identify the barriers and facilitators to quality care. The specific focus is the health care providers and their experiences, perspectives, and values. Using two formal data collection periods, facilitated by an Afghan translator, Rachel has built on more than a decade of experience by the student within the Afghan health care system. She has conducted semi-structured in-depth interviews and informal group discussions with a range of health care providers including senior specialist doctors, midwives, nurses and cleaners. In addition, focus group discussions were held with Afghan women in Kabul.

Rachel recently presented some of the key issues at the GLOW conference (see page 6). They include notions of control, motivation and obligation experienced by female care providers in the workplace and their wider community.

Rachel is supervised by Professors Immy Holloway, Kath Ryan (LaTrobe University) and Edwin van Teijlingen.

Humanising the curriculum

As midwifery educators assigned with the task of writing the philosophy for the undergraduate pre-registration midwifery curriculum at BU, we wished to thread the current polemic of humanising maternity care throughout the curriculum. Central to this endeavour was the utilisation of Todres et al's (2009) "Humanising Framework" and the NHS Commissioning Board's (2012) six Cs representing care, compassion, competence, communication, courage and commitment. Our intention is to incorporate Todres et al's philosophical framework and the six Cs as a basis for the pre-registration midwifery curriculum.



The Humanising Framework

Based on existential phenomenological traditions and sociological perspectives, Todres, Galvin and Holloway have developed a framework to elicit what humanisation is and how it can be used as a value base for guiding care. This framework has been underpinned by a definition that humanisation is to uphold a view of what it is to be human and discover ways of supporting and maintaining this ethical principle. Todres et al. (2009, p.69) have proposed eight dimensions or "touchstones of awareness" which they conceptualise as a continuum between the dimension that represents humanisation in its most positive meaning extending through to the obstacles to achieving the value, or dehumanising element. Todres et al (2009) have acknowledged that these values can be "differentially emphasised or de-emphasised in particular circumstances" so within this spirit the positive humanising values have been adapted to suit a maternity care perspective.

The Six Cs

In December 2012, the Government published a three year vision and strategy report for nursing, midwifery and care staff entitled "Compassion in Practice". This vision proposed the widespread adoption and use of six values or "Cs" intended to "transform the care of our patients and ensure we deliver a culture of compassionate care" (Department of Health 2012, p.6). The strategy called for a valued based recruitment for pre-registration education programmes. The choice to adopt the vision was an obvious one as the six Cs strategy, similar to the value framework fits seamlessly into the key tenet of the Pre-registration midwifery framework at BU where women are at the centre of their midwifery care. The six Cs also dovetails with core aspects of the national agenda of maternity care enabling the curriculum to meet contemporary NHS strategies. The central principals of the framework have been fused with the six Cs themes and encapsulated within the following diagram above.

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BU midwife on RCM Board

Dr Susan Way from Bournemouth University has been elected to a prestigious position on the board of the Royal College of Midwives (RCM).

Susan, Lead Midwife for Education at BU, has been elected as one of the RCM's 11 national board members. She took up office on September 1st for four years.

She said: "I am extremely proud to serve as a member of the RCM Board and look forward to taking up this important role."



The Board is the governing body for the RCM, setting the organisation's strategic direction and ensuring it is viable, properly managed and properly governed. It gives direction, exercises control and holds the Executive to account in its day-to-day management of the RCM. All Board members are midwife members of the RCM.

Cathy Warwick, chief executive of the RCM, said: "I am delighted to welcome Susan as one of the new board members and look forward to working with her. Our board members play a vital role in providing direction, ensuring the organisation is fit for purpose and securing accountability."



ESRC festival of Social Science: Promoting Dignity through Narratives of Care

Building on their successful HEA funded seminar series event, *The Power of Narrative and Stories in Enabling Learning for Professional Development* in April 2013, our Narrative Group attracted funding to deliver an event as part of the ESRC Festival of Social Science on Saturday 2 November 2013.

Promoting Dignity through Narratives of Care, began by considering the multiple formats that a narrative approach can take with an emphasis on the need to promote dignity in health and social care, with reference to the theoretical framework developed at BU (Todres et al, 2009; Galvin & Todres, 2012) and the reflective framework of Bolton (2010). Attendees included people involved in health and social care from the perspectives of receiving or providing care, education, research or a fusion of perspectives.

Participants created visual representations of their narrative to represent dignity in care. The creative activity was supported by members of the HSC Narrative Group using arts, craft and photography materials and theatrical props. Creative outputs were shared in the final session, including a play about nursing over different periods of time, poetry, two and three dimensional art work representing concepts of dignity and collages representing personal experience. The day was positively evaluated by those who attended, has led to an expanded network and will act as a stimulus for future HSC Narrative Group activity.

CMMPH members were involved in the event with representation from the narrative organisation group, midwife post graduate researchers, visiting faculty and retired midwives indicating the interest in the narrative approach and the significance of promoting dignity in childbirth.

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In our spring newsletter we told you about our innovative four year PhD studentship that enables midwives to undertake a PhD while remaining connected with clinical practice. The studentships will run for 4 years and students will spend two days per week working as a midwife in clinical practice and three days per week working on their PhD research studies. In addition to benefiting the individual midwife, these studentships are intended to build research expertise in the clinical area. We are excited that our three students have started. Here's what they have to say:

Daisy Wiggins

I am thrilled that I have been given this opportunity having finished my Midwifery degree and becoming a registered Midwife in September. I am excited for the future: new opportunities to learn, develop and challenge myself, especially as I am lucky enough to be supported by fabulous supervisors, peers and my family. So far, so inspiring!

Dana Colbourne

I am currently a practising Midwife with 9 years' experience in all aspects of Midwifery care, specialising within the community setting. One of my many passions as a Midwife is teaching and supporting Student Midwives on their own journey to becoming a qualified Midwife. I believe that striving for excellence in Midwifery education is the foundations for delivering exemplary maternity care. I also feel that I have been given an amazing opportunity with Bournemouth University to now develop my own career with research, with the subject focus being on Midwifery education. I look forward to this new challenge as a Post Graduate Researcher and also contributing to a profession I care so much about.

Carol Ann Richardson

After being in a high paced clinical environment for quite some time, returning to student status is taking some getting used to! However the prospect of researching a subject in such an in depth way is an exciting and challenging prospect. I am hoping to broaden understanding of the issues around caring for pregnant obese women in order to contribute to ideas and strategies for care pathways in the future. An integral part of this programme is having the time as a Midwife and as a Supervisor of midwives, to maintain my clinical skills by continuing to do the job that I love and keep in touch with

Denyse King



Denyse has been nominated and shortlisted for a BU staff award for her work on the Maternal & Childhood Obesity (MaCO) distance-learning package that she has produced; an education

intervention integrating research-based evaluation and aiming to improve practice, this package exemplifies Fusion. Award winners will be announced at the end of the November.

Congratulations

Congratulations to Liz Davey and Jane Fry who successfully completed their PhD transfer vivas.

SAVE THE DATE

Wednesday 5 February 2014

Midwifery and the post MDG agenda

A one day conference exploring workforce and quality of care in maternal and newborn health.

Register online at:

<http://postmdgagenda.eventbrite.co.uk>



Publications

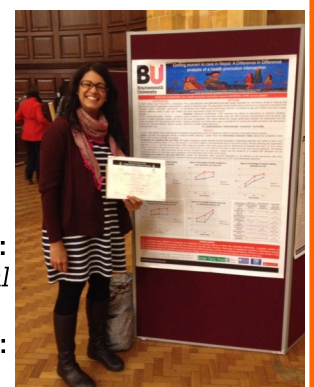
Denyse King - Writer in Residence for Portsmouth libraries.

2013

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Conferences

- **Royal College of Midwives, West Midlands November 2013:** Angell C, Hundley V, van Teijlingen E, Taylor A, Ryan K. *Evaluation of the breastfeeding web pages at Healthtalkonline* [poster]
- **Global Women's Research Society (GLOW), Birmingham November 2013:**
 - Arnold A, van Teijlingen E, Ryna K, & Holloway I. *Afghan Women: A qualitative study of the culture of care in a Kabul Maternity Hospital* [oral]
 - Hundley V, Avan B, Ahmed H, Graham W. *Clean Birth Kits to promote safe childbirth: perspective of policy makers and district health officers in Pakistan.* [poster]
 - Sharma S, van Teijlingen E, Hundley V, Angell C, Stephens J, Simkhada P, Sicuri E & Belizan J. *Getting women to care in Nepal: A Difference in Difference analysis of a health promotion intervention.* [poster—won best poster prize]
- **First National Midwifery Conference in Kathmandu, Nepal September 2013 :** Milne L, van Teijlingen E, Hundley V & Simkhada P. *Barriers within hospital (either real or perceived) to women seeking facility based birth in Nepal* [oral]
- **Nutrition and Nurture in Infancy and Childhood Conference July 2013:** Catherine Angell and Alison Taylor



Spotlight

Are there other ways of knowing? Independent Midwives' experiences of utilising intuition during maternity care. *By Jane Fry*



Out of the diversity of ways of knowing in maternity and health care has emerged a hegemonic emphasis on knowledge that is based on scientific principles. There is conversely scant research on the knowledge that derives from the art of midwifery such as intuition. Leading midwives, educationalists and researchers in related fields have

however hailed its role in advancing midwifery practice and education. Intuition does not lend itself to rationalisation and there appears a lack of understanding of intuition. A review of the literature demonstrates there is a dearth of research exploring the nature and use of intuition in midwifery practice. It is the intention of this study to identify a cohort of independent midwives' experiences of intuition and explore how they incorporate this form of knowing as an authoritative form of knowledge during their midwifery practice.

My progress to date has accomplished completion of ethics approval, data collection (7 independent midwives were interviewed) and personal transcription of the interviews. Rudimentary analysis has already been commenced with the first two transcripts. I remain committed to my doctoral journey, the most challenging aspect to date has been understanding phenomenology as a philosophy and a research method and then remaining faithful to this methodology and my phenomenon during the description and data collection. I remain eternally grateful to my research team: Professor Todres, Dr. Scammell and Dr. Barker who have made this process so enjoyable and informative.

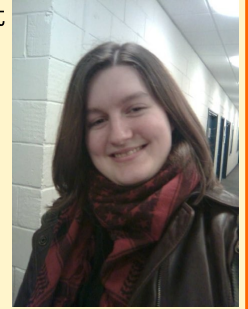
Many lessons have been learnt not at least undertaking interviews and the skill of returning the interviewees to the phenomenon without interrupting their narrative. The other major challenge has been gaining study leave. I remain however passionate and determined to fulfil my planned timescale and enable the midwives' experiences to be shared with health and social care professionals and users to ensure the experience of using intuition can be better comprehended and embraced as an authoritative form of knowledge.

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Stable Isotopes as an Indication of Weaning Age

by Hannah Haydock

I trained as an osteoarchaeologist and I am currently undertaking a cross-disciplinary project between the schools of Health and Social Care and Applied Sciences. I am particularly interested in the diet of past populations and my PhD study examines breastfeeding and age of weaning in 17th and 18th century populations in London.



For an archaeologist conducting a population study morbidity and mortality rates for different ages as well as overall life expectancy are important aspects to be taken under consideration and therefore anything that may have impacted these, such as breastfeeding and weaning, is of interest. That weaning practices may be influenced by culture, tradition or religion only adds to what determining breastfeeding practices and weaning age can tell us.

By analysing the bone chemistry of children from a population the ages at which complementary foods were introduced and breastfeeding ceased can be identified. By supporting this data with osteological assessments of individual and population wide health as well as documentary evidence of breastfeeding and weaning practice the impact of improved medical knowledge or social trends in infant care, such as the use of wet nurses, on infant feeding can be assessed.

This study specifically examines populations from in and around central London in the late 17th and 18th centuries. Between the 1690s and 1750s opinions in medical literature on early infant care changed from recommending practices such as the withholding of colostrum, seen as 'bad milk', and refraining from maternal breastfeeding until the mother had been 'churched', to recognising the benefits of breastfeeding on infant health and the dangers of withholding breast milk from young infants. By assessing a range of populations from around this period this study aims to assess the impact of this new medical knowledge on the breastfeeding and weaning practices of the time.

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