



Midwifery 2020 Programme

**Public Health Workstream
Final Report**

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1 Introduction

The premise for the work of the Midwifery 2020 Public Health workstream, is an acknowledgement that pregnancy, birth and parenting are influenced by the wider social context in which the mother, family and child lives including a recognition that midwives are uniquely placed to influence the health and well-being of women and children. To be effective midwives must see their role in the wider public health context, facilitating as required assessment and referral to other professionals, agencies and services for action.

Vision Statement:

Impact for a lifetime's health: a healthier society right from the start, beginning with excellent midwifery care.

2 Public health and midwifery: a definition

Where public health is seen as looking at the health of populations and population sub groups, midwifery is defined in terms of the care given to individuals. However, midwifery practice affects the whole population, that is, all of us at the time of birth, the great majority of people who become parents and the half of these who become mothers. Defining the role of the midwife in public health requires explicit acknowledgement that everyday midwifery care impacts significantly on the overall health of the population, as well as recognizing those areas in which broader public health activity can be integrated into existing midwifery practice.

In addition, midwives in partnership with their obstetric colleagues need to ensure that their analysis of the key drivers for improving the health and well-being of women and children are heard at the strategic, policy and political level.

Public Health is about helping people to take responsibility for their own health, preventing disease and supporting the population on the benefits of a healthy lifestyle. It is what we do as a society to improve and protect the health and social well-being of the population and in that sense

is too important to be left solely to the health service. A modern, successful society must include major improvements in health, individual and population social well-being and the environment. This will require action across the whole of government and society if we are to improve health and tackle the inequalities in health.

Definitions of health vary greatly and the World Health Organization (WHO) has defined health as:

“A complete state of physical, mental and social well-being and not simply the absence of disease or infirmity”

(WHO 1948)

This supports the view that health is largely determined by our social, economic, physical and cultural environment. Subsequent definitions have focused on the positive aspects of health rather than the absence of disease and have tended to view it as a continuing process of adaptation and change (Barnes A. 1987).

Yet we also know that there is a strong link between social conditions and health outcomes. The recent Marmott Review (2010) indicates that we could go a long way to achieving remarkable improvements in health and social outcomes by giving more people, but particularly women and children, those life chances currently enjoyed by the few. The benefit of such efforts would be wider than lives saved. People would be better off in many ways: in the circumstances in which they were born, grow, live, work and age. People would see improved well-being, better mental health and less disability, their children would flourish and they would live in sustainable, cohesive communities.

3 Moving to a Changing World

As we move forward into the twenty-first century, we see improved life chances for all our citizens, but inequalities in health and health outcomes still persist. The Commission on Social Determinants of Health (WHO 2008) note that even within developed countries the differences in life chances are dramatic, and health and illness still follow a social gradient, with the lower the socioeconomic position, the worse the health.

A review of the literature demonstrates the debate as to the balance of effect between the individual and society, the balance between material standards and psychosocial responses to social position or, in other words, the stress of living within society. This is an important distinction, for at one end of the scale it could be argued that general improvements in the socio-economic infrastructure benefits everyone but benefits most those who are already well off, unless we understand the psychosocial factors at play, there will always be sections of society which continue to be disadvantaged.

To be effective we will need a multi-faceted, multi-agency approach based on strengthening individuals, families and communities, while at the same time improving infrastructure and access to services. Midwives and midwifery services have a strong part to play in this.

This requires a rethink of the role of health professionals in a move away from industrial age medicine to information age health care. This change can mean that inequalities become wider and, therefore, the role of the midwife in this context becomes more complex; however, she must ensure universal services are provided.

Early childhood development, including the physical, social/emotional and language domains, has a determining influence on subsequent life chances and health through skills development, education and occupational opportunities. Early childhood influences have a direct impact on the subsequent risks of obesity, malnutrition, mental health problems, heart disease and criminality. Investment in early years provides one of the greatest potentials to reduce health inequalities within a generation. Experiences in early childhood, from antenatal development until eight years of age lay critical foundations for the entire life course.

Science shows that brain development is highly sensitive to external influences in early childhood, with lifelong effect. For example, good nutrition is crucial and begins in-utero with adequately nourished mothers and this is an area where midwives can provide advice and support. Mothers and children need a continuum of care from pre-pregnancy, through pregnancy and childbirth, to the early years of life. Midwives have a key role to play in this and ensure their contribution integrates with the role of other professionals and agencies working in collaboration with maternity services. A comprehensive approach to early life is needed, building on existing programmes to ensure our children get the best start in life.

“A small injection of professional skills can reach a long way when it’s combined with a network close to the community. Likewise a shot of advice from a community perspective

can help shape a professional message into something that becomes ten times more powerful and accurately targeted.” (Fieldgrass J.,1992)

The Public Health Group defined the focus and scope of the work to be undertaken and developed three sub groups to work in parallel with each other to in order to complete this work.

The work of the sub groups involved:

1. Commissioning a literature review to examine the public health role of the midwife;
2. The development of a Public Health pathway for midwives considering the public health message and impact on pre-conception, conception, pregnancy and birth;
3. Set out the Public Health component of a midwife's role and recording these skills and competencies in line with the Skills for Health *Public Health Skills and Career Framework*.

4 Literature Review

The context of this piece of work was a commissioned review of reviews carried out as a result of a limited timescale. It reviewed the sections of current practice which have a strong evidence base. However, as it is a review of reviews it is backward looking and does not look at emerging evidence which may be good areas of practice.

A review of reviews was conducted to explore current evidence on the public health role of the midwife through interventions aiming to prevent disease, reduce inequalities in health and improve health and well-being in women and their families. The review identified 190 systematic reviews, which met the inclusion criteria of being published between January 1999 and November 2009, in the English language, originating from countries within the Organisation for Economic Co-operation and Development and containing an identifiable, systematic, search strategy relating to midwifery practice. The review explored the education, support and screening roles of midwives through the reproductive pathway, starting from pre conception through pregnancy, childbirth and the postnatal period.

Current national and international maternity care policy has very clear health promotion and public health principles, which underpin key objectives and recommendations. The WHO's *Making Pregnancy Safer* initiative aims to enable women, their families and communities to increase

control over, and to improve, their health and quality of life (WHO, 2010). Wider policy on health inequalities throughout the life course also support the importance of investing in early years. The Commission on Social Determinants of Health (WHO, 2008) recommends a comprehensive approach to the early years in life, which should include social/emotional and language/cognitive development programmes to ensure an equitable start for all children. Within the UK, the Marmot review (2010), a strategic review of health inequalities in England post 2010, highlights as its primary objective that every child should have the best start to life. This places the midwife firmly at the centre of public health policy.

Evidence based prenatal and postnatal interventions that reduce adverse outcomes and promote well-being in pregnancy and infancy are needed to achieve this policy objective. Looking towards 2020, clarification is needed into effective practice within the everyday role of the midwife that will impact on public health. The review explored the education, support and screening roles of midwives through the reproductive pathway starting before conception through pregnancy, childbirth and the postnatal period. A number of effective interventions that could promote public health and that are currently part of routine midwifery care have been highlighted in this review of reviews. Examples of everyday roles of the midwife that could be built on over the next decade to further develop the public health role of the midwife are now explored.

4.1 Future directions for the public health role of the midwife

4.1.1 Reducing the social gradient: promoting well-being and preventing ill health

Health inequalities are best reflected as a gradient across society rather than reflecting a gap between two population groups (Marmot Review, 2010). Viewing health inequalities in society as a gradient means that greater intensity of action is likely to be needed for those with greatest disadvantage but actions must be universal and proportionate to the level of disadvantage throughout the population to be effective in reducing inequality. This has significant implications for the delivery of care with judicious consideration being needed as to how interventions are applied across the population.

In addition, policies have moved towards a holistic approach to care based on overall need. Internationally there has been a shift away from only using measures of mortality and morbidity to reflect global health to include measures of well-being. Traditional indicators of perinatal health, such as maternal mortality and infant mortality which focus on avoiding mortality, cannot reflect

health and well-being. The policy shift to support the measurement of well-being as an outcome is of particular value for midwifery care where the goal for most women is enhancement of well-being rather than absence of illness. Recent decades have seen a rapid increase in well-being research and a range of theoretical approaches to the study of well-being can now be drawn from a variety of disciplines. However, the measurement of well-being in pregnancy and childbirth has remained underdeveloped. Not only is our understanding of the concept of well-being in pregnancy and childbirth limited but this review demonstrates that our approach to assessing well-being as a primary outcome of maternity care interventions is inadequate and requires significant research investment.

The WHO (2010) report '*Working with Individuals, Families and Communities*' highlights the importance of promoting self-care in women, families and communities throughout pregnancy and childbirth. Self-care promotes healthy living, health-related care and decision-making, including care-seeking behaviours. Self-care could be developed through strengthening the role of ill health prevention, as outlined in the Marmot review (2010). A number of health prevention roles were identified in reviews of psychosocial and lifestyle interventions, for example, antenatal psychological interventions to aid smoking cessation and postnatal weight management programmes. Pregnancy is a good time to explore lifestyle choices as women are more receptive to positive health choices, which have the potential to be maintained post pregnancy. Whether such interventions are delivered or co-ordinated by midwives is a point for future debate.

4.1.2 Every child should have the best start in life: parenting education

Antenatal care may have the potential to reduce inequalities; however, this has not been well evaluated. Antenatal care provides the overarching mechanism to facilitate the delivery of education in relation to pregnancy, childbirth and parenting. The importance of parenting education has been highlighted throughout the literature review and is thoroughly integrated into each of the seven topics included. Parenting education, from a midwifery perspective, not only relates to pregnancy but also the postnatal period and the establishment of bonding, holistic infant development and parental lifestyle choices that lay important foundations for healthy living. The evidence from this review of reviews was inconclusive as to the best method of delivering antenatal education indicating the need for further research in this area. Two recent systematic reviews (outside of the search strategy of this review) recently conducted by the National Perinatal Epidemiology Unit (Oakley et al., 2009; Hollowell et al., 2009) identified a lack of quality evidence to support the routine implementation of antenatal education interventions to reduce

prematurity which concurs with the findings from this review. Several interventions, such as group antenatal care, nutritional interventions and home visiting, are promising; however, large trials and evaluation are required before implementation on a wide scale.

Providing care to all women across the gradient of health inequality, tailored to suit the individual needs of women, is a realistic way in which midwives can reduce inequalities and is in keeping with the core role of the midwife. An example of an intervention that could be adapted for all women is an innovative model of group antenatal care and education that has been implemented in the United States, Canada and Australia for women at high socioeconomic risk. Evaluations of this model have demonstrated positive results in terms of measurable health outcomes. However, it also offers important social benefits to communities in terms of social connection and inclusion. Many groups formed strong bonds and continue meeting in the post-natal period (Wedin et al., 2008). Other evidence has demonstrated the effectiveness of CenteringPregnancy® with socially disadvantaged groups (Ickovics et al 2003, Schindler Rising et al 2004, Grady & Bloom 2004, Klima 2003, South Community Birth Program 2006). Ickovics et al (2003) reported that women of low socioeconomic status birthed heavier infants and in a group of teenage mothers Grady & Bloom (2004) found fewer infants born prematurely or underweight.

The existing SureStart and HealthyStart initiatives are well established within the UK and provide the opportunity for midwives to interact and collaborate with other agencies avoiding duplication. While much of postnatal parenting support may be beyond the scope of the midwife there is opportunity for midwives to initially co-ordinate services or provide training for peer support workers and liaise with other agencies.

4.1.3 The midwife as co-ordinator of care: identifying vulnerable groups

Marmot (2010) highlights a number of vulnerable groups who need additional support through policy and practice including those with mental illness, disability or chronic illness, ethnic minorities, asylum seekers and those on low incomes. For groups easily identified, such as teenage parents, support programmes related to parenting education have been found to be effective, as outlined above. However, review evidence on screening initiatives to identify specific vulnerable groups produced mixed findings. For example, current evidence suggests screening for risk of domestic violence may increase the identification of women at risk but screening in itself may not improve health and well-being outcomes. This dilemma is also evident in reviews of postnatal screening for postnatal depression where it was difficult to establish the benefits of

screening as half the trials reviewed introduced screening as an intervention alongside enhancement of care. In addition, screening and surveillance by midwives to ensure the health of mother and fetus needs further consideration. For example, decision making around antenatal screening needs to be properly co-ordinated to ensure equity and choice, while surveillance interventions, such as fetal movement counting, have been found to have no effect and should not be part of routine midwifery practice.

Midwifery led or managed care has been recommended for all women irrespective of clinical or social risk status (Hattem et al 2009, Raisler & Kennedy 2004). Whilst the predominant focus of midwifery will always be the healthy pregnant woman, it is pertinent to have a targeted response to those women and their families who are identified as particularly vulnerable. More research is needed into how to best support women at serious risk once identified and how to improve service provision through co-ordinated interdisciplinary and interagency working. This important public health role of the midwife needs clarification and development over the next decade.

4.1.4 Limitations of review evidence

Owing to the breadth of the topic, i.e. the public health role of the midwife, and the limited timeframe to conduct the review of reviews, the search strategy was limited to reviews published between 1999 and 2009. We are aware of a number of reviews outside of this timeframe that may have been helpful in addressing current gaps in knowledge. Also, reviews were limited to those that noted the role of midwives. As a result, effective interventions in the perinatal period that do not currently have midwifery input, but could in the future, were not systematically identified in the search, but may have been identified through the key terms used. Of those reviews included, few explored the organisation of care or how care could be strengthened through interdisciplinary and interagency working. Health and well-being outcomes for the majority of reviews were limited to the timeframe immediately following birth and even then to a very limited range of physical indicators and satisfaction with care. Psychosocial well-being was often not measured as an outcome and reviews on maternal mental health were dominated by postnatal depression. In short, evaluation of everyday midwifery practice from a public health perspective was limited in review literature. However, recent policy documents using a range of evidence sources have noted similar gaps in knowledge to inform policy and practice in the perinatal timeframe (Marmot 2010).

4.2 Conclusion

This review of reviews has identified many opportunities for midwives to impact on public health outcomes as they care for women and their families throughout pregnancy and the postnatal period. Midwives are the primary health professionals who can initiate and drive forward parenting education and effective antenatal and postnatal care into the next decade. However, the impact of everyday midwifery practice on longer term, holistic maternal and family well-being outcomes is poorly articulated in review literature. To fully evaluate the public health roles of the midwife, future research requires a more comprehensive approach, providing a public health rationale for the population being studied, the interventions used and outcomes studied. Interventions being introduced, whether in research or practice should reflect the needs of the population being served: examine the organisation of care and distribution of resources. Embracing a greater public health role will require vision from individual midwives, a commitment from the midwifery workforce and, also, those involved in planning and commissioning maternity services to ensure the challenge of reducing inequalities and improving maternal and family health succeeds.

The Executive Summary from the literature review is attached at Appendix 1.

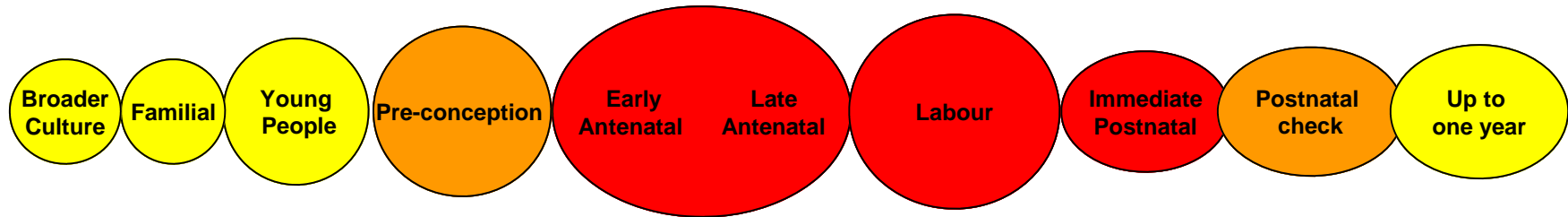
5 Public Health pathway for midwives

Starting from the journeys of both mother and baby, pathways to health were looked at, where the experiences during the time around pregnancy had a public health impact, and where lifetime experiences impacted on health in pregnancy and fetal life. The potential outcomes and activities were related to the midwifery role and areas of priority for action were proposed. Towards the end of this process it was agreed that the group would merge with the literature review group and this led to development of indicators of success.

This group explored pathways to better health outcomes that midwives could have an impact on. In order to do this they focused on a life course approach. This led to outlining the midwifery role in the journey of mother and baby.

The current pathway identified that midwives work within is shown below:

CURRENT PATHWAY



Key:

Role and support of the Midwife

Role of appropriate agencies

Joint working between midwives and appropriate agencies

The current focus of the midwives' contribution in public health is therefore identified as during the labour period and some impact in the antenatal and postnatal periods.

In looking at future roles the group noted that historically the role of the midwife had expanded from support in labour and immediately afterwards and reached back through antenatal care in recognition of the value of early support and intervention. If looking towards all the areas where there is a potential role for some or all midwives to have public health impact then these could expand exponentially back through the life course, and also forward from the early postnatal period in giving support to infant feeding and parenting. Given the constraints on the size and training of the workforce, both now and in the future, the group aimed to identify priority areas for action, bearing in mind:

1. The need to identify the midwife's role within maintaining and improving health;
2. The need for a broader exploration of what is the role of all midwives, or what might be an enhanced role for some.

5.1 Priority Areas

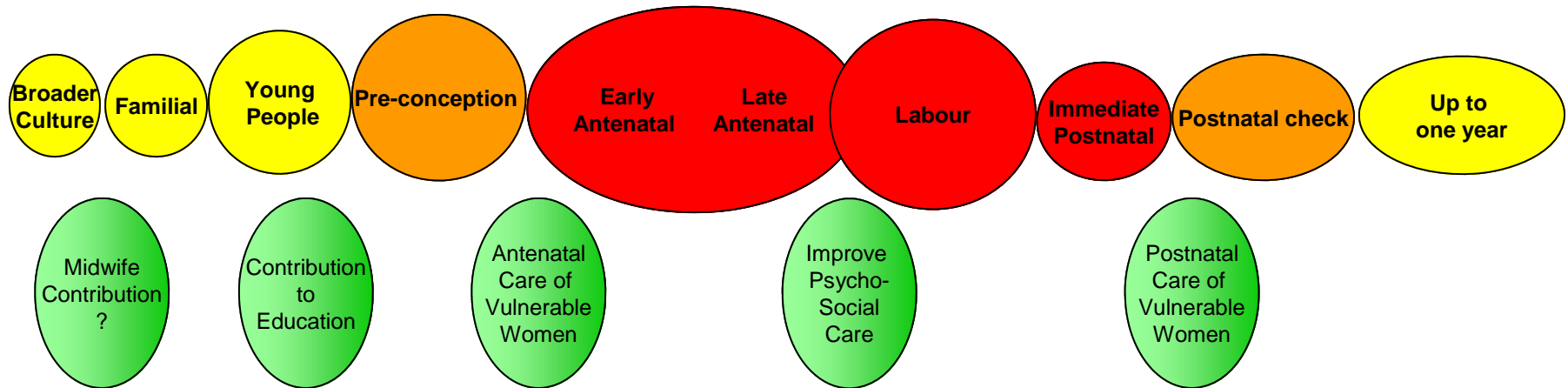
The priority areas were considered in light of current and future demographic change. There are a number of vulnerable groups, such as immigrant families and young parents, and there is good evidence of the poorer obstetric outcomes for the socio-economically disadvantaged, which may have lifelong effects. Other examples would be the continuing trend to older motherhood in more affluent women and the geographical separation from close family members. Good evidence also exists for the lifelong impact of poor early bonding and attachment and feeding practice and the current impact of these in our society in terms of levels of violence and obesity. Increasing rates of intervention, particularly caesarean section, are of concern, as is the impact of these on the expectation and experience of childbirth and relationships. The priority areas are summarised below:

Area for action	Current role	Potential role/ activities
Improved cultural attitudes to childbirth	Individual experience of childbirth	Broad education and campaign work
Knowledge and understanding of pregnancy, fetal and human development and factors influencing health of mother and baby	Antenatal education	Increase with vulnerable women Involvement in school and youthwork
Inequalities in health and the potential of antenatal care and education in making a difference	Booking Antenatal education Dedicated projects	Increase with vulnerable women
Short and longer term post natal care and the impact of attachment, parenting skill and infant feeding on lifelong health of the baby and the impact on society as a whole, including inequalities in the short and long term	Current pattern of routine postnatal care	Role extension on parenting, attachment and feeding ...more intensive care ... care for longer, e.g. between 10 days and postnatal check ...change of practice for different groups
Reduce unnecessary intervention in childbirth and focus on the caesarean section rate.	Core role	Maintain and develop the role of the midwife in the provision of care in both normal and complex labour Either as lead professional (normal pregnancy) or co-ordinator of care (complex pregnancy) Promotion of normal childbirth
Maintain and improve current maternal and fetal morbidity and mortality rates in childbirth.	Core role	Review current practice for short and longer term impact and possible need for change
Acknowledge the importance of the experience of labour and birth (normal and complex) to women and their families and the long term effect of the experience on mother, baby and family relationships	Core role	Provide psycho-social care

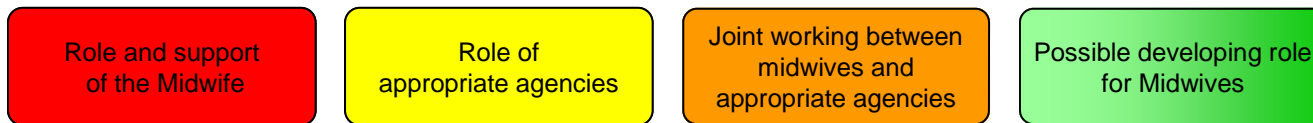
5.2 Developing pathway

As a result of these discussions a potential future or developing pathway was identified by the group, in which the need to maintain and improve current morbidity and mortality through good clinical care is balanced by the need for good psycho-social and emotional care of women experiencing a range of inequalities, which may have significant impact for the health of both mother and baby.

DEVELOPING PATHWAY



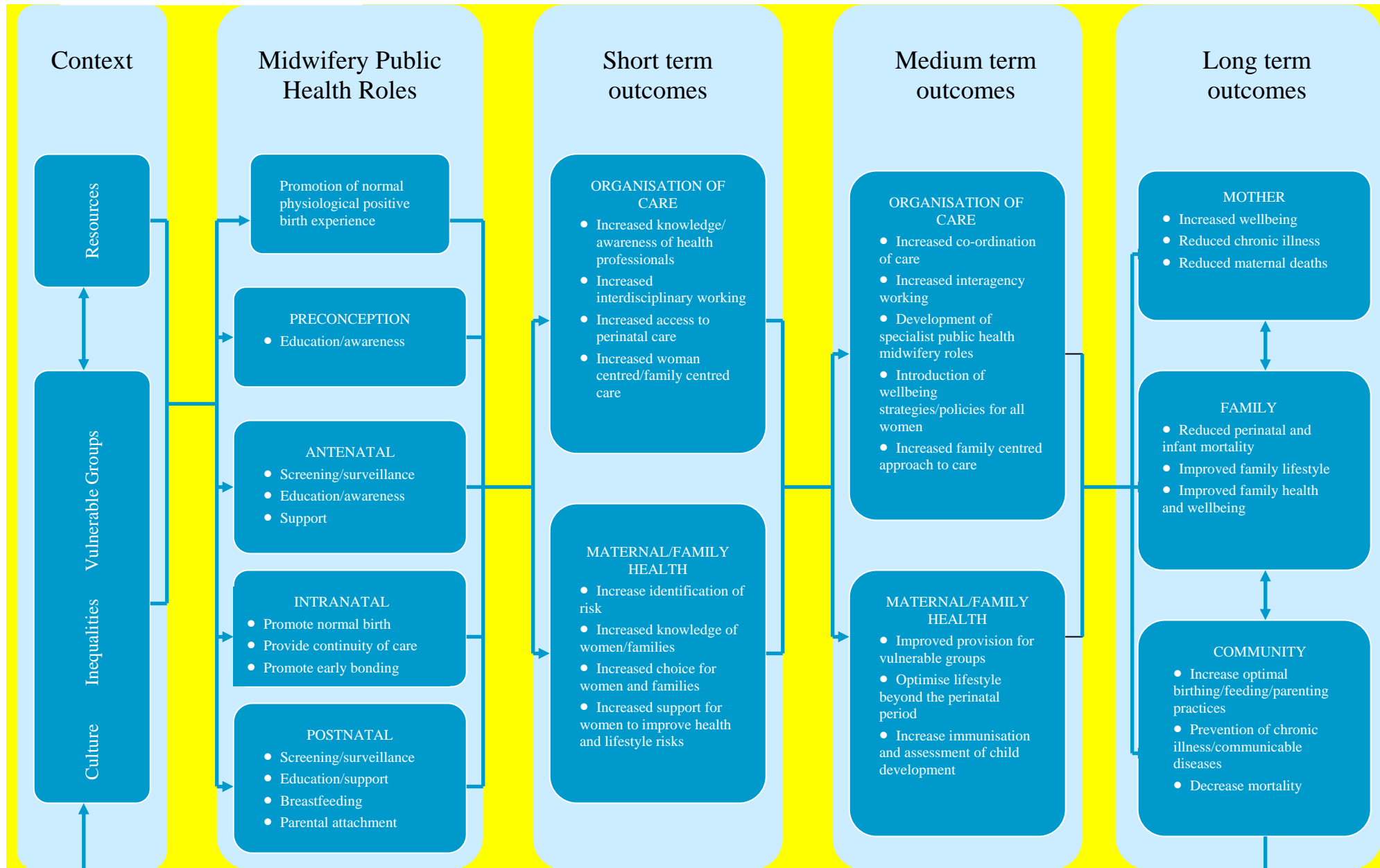
Key:



5.3 Logic Models

The use of an outcomes focused approach and the development of priority areas suggested that a more formal outcomes based planning approach would be helpful. It was agreed to take a logic model approach whereby the long term outcomes are identified first, and then the steps and activities needed to reach these outcomes are identified. This process requires an evidence based approach to identify whether the suggested activities have a basis in evidence. The logic model was therefore commissioned alongside the literature review. The high level model below is supported in the full literature review by a series of detailed 'nested 'models for each of the key themes'.

High level logic model



5.4 Indicators of success

The Group then considered what success would look like and outlined areas where it would be helpful to have performance indicators to demonstrate progress:

- Good maternal experience/satisfaction: establishing where the accepted baseline is before examining expectations and experience against that baseline so that women's experience and expectations through the maternity pathway can act as an audit tool and shape service development and improvement
- Proportion of women accessing a midwife as first point of contact
- Intervention rates
- Emotional attachment
- Postnatal support
- Continuity of care, with the midwife being the co-ordinator of care
- Breastfeeding: e.g. greater proportion of those initiating continuing to successfully breastfeed for longer, e.g. at 6-week postnatal check
- Other lifestyle indicators: e.g. smoking rates
- Process measures for any change management set up.

In order to achieve these indicators of improved population health the following essential components were identified:

- **Midwives as first point of professional contact**
- **Knowledgeable, confident and skilled midwives**
- **Compassionate and emotionally literate midwives**
- **Equality & diversity aware midwives**
- **Respect for midwifery expertise within teams**

5.5 Conclusion

As identified by Marmott (2010) a life course perspective is required if we are to improve health and well-being for all and reduce health inequalities. Disadvantage starts before birth and accumulates throughout life that is why action to reduce inequalities must start before birth and be followed through the life of the child. Only then can the close links between early disadvantage

and poor outcomes throughout life be broken. For this reason Marmott (2010) makes giving every child the best start in life the highest priority. The Pathways Group concluded that midwives are well placed make a good best start. We must therefore discuss:

- Underlying economic issues which relate to comparative advantage , what can midwives do more efficiently than other professionals
- Opportunity cost – what is the most efficient way of utilising midwives time, recognising that there is a shortage of staff time and this may persist even if additional funding were available.

The Pathways Group's work therefore has implications for the groups looking at the core role of the midwife and workforce development.

6 Public Health competencies for midwives

This workstream was tasked to look at existing information and publications relating to midwifery and public health in the four countries and investigate their applicability to maternity care. It was agreed to use the Skills for Health document *Public Health Skills and Career Framework* (2008) as a framework to progress skills and competencies work forward. This resource was used to map the midwifery public health roles. (This document has four country sign up and has been endorsed by the Royal College of Midwives.) It was agreed to consider also the role of maternity care assistants as part of the skill mix team.

Four tables were developed for use by those who practice or participate in midwifery or public health and by any organisation where midwifery or public health roles are required. They are specific to:

- Midwife with strategic responsibility in the field of public health
- Midwife with added responsibility in the field of public health
- Midwife
- Maternity Care Assistant (i.e. a support worker who has undertaken specific training in maternity care)

The tables define nine levels of competence and knowledge. Those at level 1 will have little previous knowledge, skills or experience, while those at level 9 will be setting strategic priorities and direction and providing leadership to improve population health and well-being.

The group decided not to give practical examples of application as this would be decided at local job planning. However, for illustrative purposes of how the levels move up as the midwife role demands more knowledge, skill and experience; the example below using ‘Core 1; Surveillance and Assessment of the population’s health and well-being’ is given as a trigger to begin the local development process:

Core 1: Surveillance and Assessment of the population’s health and well-being

Role	Level	Practical examples
Maternity Care Assistant	Level 1	Awareness of key inequalities in health such as breastfeeding and smoking rates Understand the need for recoding information and maintaining confidentiality
Midwife	Level 4	Knowledge and understanding of Health Inequalities and how judgmental attitudes can affect access to care Knowledge of the national datasets for maternity services and their reporting systems Understanding the importance of accurate and reliable data, e.g. for breastfeeding and smoking cessation
Midwife with added responsibility in field of public health	Level 5	Understanding of local demographics that affect health Knowledge and understanding of Health Inequalities and how to target in specific communities Delivering key areas of improvement through the audit of practice, collecting data and acting on it – providing intervention and supporting others, undertaking training of other staff Understanding of where to direct women and families to most appropriate services locally
Midwife with strategic responsibility in the field of public health	Level 7	Identifying need and developing programmes to support delivery of public health initiatives in maternity services Provide evidence and research to support intervention Provide support to evaluate and research interventions Develop and deliver training/update programmes

These links are only for illustrative purposes and to show how these developments might fit together. They should not be taken as definitive statements of a relationship.

The following points are to be taken into account when using the competency tables:

- The levels are cumulative, i.e. someone working at a particular level has already developed, or would have the capability to develop, the competences and knowledge of all lower levels.
- The statements of competence and knowledge capture the essence of working at each level when an individual is fully developed at that level, i.e. the framework is designed to inform development and be realistically aspirational.
- This framework complements the NHS Knowledge and Skills Framework (KSF) in that it recognises the public health elements of a midwife's and maternity care assistant's role. However, the full KSF outline represents the entirety of the practitioner's role.
- There is a need to stress the public health role within each midwifery/maternity care assistant's job profile.
- Consideration needs to be given to the Continuing Professional Development in the future to enable the progression to higher levels of competency.

¹. Although the *Skills for Health* framework does, as stated above, complement the NHS Knowledge and Skills Framework (KSF) in the area of public health when scoped against KSF the competencies were not able to be matched against KSF midwife profiles. Much discussion took place both within the Public Health Workstream and Midwifery 2020 UK Programme Board and a decision was made by the workstream that the piece of work required to align the competency tables to KSF was considerable and outwith the remit of this Group. The output from this work was to alert the midwifery profession to public health skills and competencies by raising awareness and profiling the public health work of midwives but not to specifically create a role for midwives as public health practitioners. However, some midwives will consider a career within commissioning or public health departments. Within the faculty of public health, there are opportunities for midwives to

specialise in public health and become public health consultants. The outputs from this sub group were shared with the Midwifery 2020 Education and Career Progression workstream for consideration.

The four tables created are enclosed at Appendix 2.

7 Conclusion

When looking at this pathway and the possible outcomes from it we need to understand what resources or changes in practice would be required to achieve some of these outcomes and also link closely with other workstreams, such as the Core Role of the Midwife and Education and Career Progression.

We must also discuss the underlying economic issues which relate to comparative advantage:

- What can midwives do more efficiently than other professionals;
- Opportunity cost – what is the most efficient way of utilising midwives' time, recognising that there is a shortage of staff time and this may persist even if additional funding were available.

The outcomes focused analysis would have as its objective to distinguish between what midwives could do and what midwives should do; as a result, this work also links with the Workforce and Workload workstream.

Support for a change management process is required in order to affect a paradigm shift. What is needed is an infrastructure that makes the right thing to do to become the easy thing to do: a process of 'routinisation' whereby the right thing becomes part of the midwife's habitual process. The scale of the task suggests the need for a supporting infrastructure, for example, UK or national working groups and action plans with targets set.

8 Key Recommendations

- 1. The midwife as first point of professional contact should be community based, with a good knowledge of the health care needs of the local community, well networked into the local health and social care system, proactive in identifying women at risk, and engaging with the woman, her family and other services as appropriate.**
- 2. Midwives in partnership with the wider health community should develop their analysis and advocacy role for improving the health and well-being of women, children and families. This will include making the economic case for increasing the overall proportion of expenditure allocated to early year's development, and ensuring that there is a midwifery contribution at policy, strategic and political level.**
- 3. Integrated maternity services should be developed to support families to achieve improvements in early child development, facilitating access to parenting programmes, and good quality early years education.**
- 4. Midwives working as part of an integrated maternity service, with colleagues in health, social care and local communities should ensure that priority is given to antenatal and postnatal activities which promote positive outcomes of pregnancy and infancy.**
- 5. A research and development strategy with a focus on public health is needed to support evidence based practice in midwifery.**
- 6. All midwives should maximise the opportunities available to them to ensure delivery of public health interventions utilising relevant research where available.**

- 7. Undergraduate and post registration midwifery education should take account of the Skills for Health document *Public Health Skills and Career Framework (2008)* and utilise the competencies to influence the design of programmes.**

- 8. Midwives should be aware of career opportunities within commissioning and public health. Within the field of public health there are opportunities for midwives to specialise in public health and become public health consultants.**

9 Membership of Public Health Workstream

Name	Position
Chair: Martin Bradley	Chief Nursing Officer for Northern Ireland
Lesley Barrowman	Northern Ireland Representative
Doreen Bell (from November 2009)	Royal College of Nursing
Denise Boulter	Northern Ireland Midwifery Officer
Yvonne Bronsky	UK Local Supervising Authority Midwifery Officers
Sheena Byrom	England Representative
Pauline Cameron	Community Engagement Officer
Ruth Campbell	Infant Nutrition Co-ordinator, Scottish Government Health Directorate
Jane Cantrell	Programme Director, NHS Education for Scotland
Carol Curran	Midwifery 2020 Project Co-ordinator
Julie Evans	Wales Representative
Rhona Hogg (to September 2009)	Royal College of Nursing
Carol Johnston	Maternity Care Assistant
Joyce Jones	Clinical Midwife
Noreen Kent	Midwifery 2020 UK Programme Director
Ann Kerr	NHS Health Scotland
Jackie Kerr	Association of Directors of Social Work
Heather Livingston	Senior Medical Officer, Northern Ireland
Anne Ludbrook	Health Economist
Elizabeth McGrady	Royal College of Anaesthetists
Claire Homeyard	Nursing & Midwifery Council Representative
Sandra Smith	Consultant Midwife
Andrew Symon	Researcher
Grace Thomas	Wales Representative
Brenda Thorpe	Head of Midwifery
Margaret Wilson	Clinical Midwife
Tricia Younger	Associate Director, Centre for Public Health Excellence

10 Glossary

Agenda for Change	The NHS system of pay that is linked to the job content, and the skills and knowledge staff apply to perform jobs. http://www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/Modernisingpay/Agendaforchange/index.htm
Antenatal care	Professional care provided to a woman and her partner to support them and their baby through the pathway of pregnancy and to help achieve the best possible health, psychological and social outcomes for the mother, baby and family
Attachment	The emotional and physical attachment occurring between a parent or parent figure, especially a mother, and offspring, that usually begins at birth and is the basis for further emotional affiliation.
Care pathway	A pre-determined plan of care for patients/women with a specific condition/situation
CEMACH	Confidential Enquiry into Maternal and Child Health
Chief Nursing Officer	Responsible for delivering the Government's strategy for nursing, and leading all nurses, midwives, health visitors, and allied health professionals. Each country has CNO – England, Scotland, Northern Ireland and Wales.
Conception	The act of becoming pregnant by the fertilisation of an ovum
Culture	The customs, institutions, and achievements of a particular nation, people or group
Domestic abuse/violence	Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality (An adult is defined as any person aged 18 years or over and family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family)
Evidence based practice	An approach to supporting best practice and decision making, critically using the best available evidence and, in collaboration with the client/woman, enabling informed effective practice.
Health behaviours	Any actions undertaken by an individual which have the potential to influence health (e.g. diet, smoking, physical activity, consulting with health care professionals)
Iatrogenesis	Resulting from the activity of a health professional; said of any adverse condition in a patient resulting from treatment by a health professional, for

example, death after injection of an inappropriate solution or of an appropriate solution in an inappropriate manner.

Immediate postnatal	Relates to a newborn in the period immediately after birth. A suitable subdivision is: early postnatal - within 48 hours of birth; delayed postnatal - 2 to 7 days; late postnatal - 1 to 4 weeks
Integrated service	Coordinated service provision across professions and organisations according to people's needs
KSF	(NHS) Knowledge for Skills Framework
Local health communities	A range of medical, mental health and social care services in a particular area that meets the needs of a local population
Logic model	A systematic and visual way to present and share understanding of relationships among resources, planned activities and proposed results hoped to be achieved
Maternity, neonatal and perinatal mental health networks	These networks support the effective planning and delivery of a full range of maternity services thereby ensuring access to high quality, safe and appropriate services which meet the needs of women and their families
Maternity team care	Although every women has care by a midwife, for women with complex pregnancies, care is provided by a maternity team comprising midwives, obstetricians, anaesthetists, neonatologists and other specialists working in partnership
Maternity Care Assistant (MCA)	Someone who works as part of a team and assists the practising midwife in carrying out maternity care, both in community and hospital settings. The role varies locally and may include duties (under the direction and supervision of a midwife) for which midwifery training and registration are not required. Also referred to as Health Care Assistant/Support Worker
Midwifery	The profession which leads on normal pregnancy and birth and provides expert care to all mothers and babies irrespective of complexity during pregnancy, childbirth and the postnatal period within a family centred environment.
Midwife-led care	Care where the midwife is the lead professional. Midwife led care is suitable for women assessed to be low risk. Also referred to as Midwife led practice
Neonatal care	Medical care for newborn babies

National Institute for Health and Clinical Excellence (NICE)	A special health authority producing guidance for the NHS and patients on medicines, medical equipment and clinical procedures.
NIPEC	Northern Ireland Practice and Education Council
NMC	Nursing and Midwifery Council
Pathway	A course usually followed
Perinatal mental health	Refers to maternal mental health problems that are already present or develop during pregnancy and for up to one year after the birth of their baby
Postnatal care	Professional care provided to meet the needs of women and their babies up to 6-8 weeks after birth, in the context of their families
Preconception	Preceding the time of conception
Public Health	"the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals" (<u>C.E.A. Winslow, 1920</u>)
Public Health Skills and Career Framework	A document produced by the Public Health Resource Unit
Skills for Health	Initiative that helps to create a skilled and flexible healthcare workforce. www.skillsforhealth.org.uk
Socio-economic status	Economic and sociological combined total measure of a person's work experience and of an individual's or family's economic and social position relative to others, based on income, education, and occupation
Substance misuse	The use of illegal drugs, or the improper use of alcohol, prescribed medication, over-the-counter medicines, and volatile substances (such as aerosols and glue)
Vulnerable groups	The definition of vulnerable groups varies between countries, but amongst the most important defining characteristics are age, sex, ethnicity and location. Also important are people with disabilities and stigmatised illnesses, such as mental ill-health. In areas facing war or civil conflicts displaced people and refugees form an important vulnerable group. This section presents some ways that vulnerable groups are defined and how health systems have been adapted to meet their needs
Woman-focused, family-centred	The needs of the individual woman provide the main focus for the planning, organising and delivery of maternity services. The needs of her partner and

her family in relation to caring for the baby and for supporting positive health outcomes for the mother are kept in focus at all times

WHO

World Health Organization

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Appendices

APPENDIX 1 – LITERATURE REVIEW EXECUTIVE SUMMARY

Executive Summary

Introduction

The review of reviews was undertaken in response to a UK wide programme of work reviewing the work of midwives and their contribution to women's experiences of pregnancy and childbirth. The review was commissioned by the Midwifery 2020 Public Health Workstream and Queen's University Belfast was successful in the acquisition of the tender. The focus of this report is the public health role of the midwife which involved searching and reviewing evidence from research reviews to identify key areas where midwives can impact on the health and well-being of women and their families.

Background

The extent to which midwives have a role in public health has been debated, however, it is clear that midwifery practice has the potential to contribute significantly to the health of the public (RCM, 2001). Future directions for midwifery practice must capitalise on the potential to impact on public health and maximise opportunities to improve the health and well-being of families and future generations. Midwives have a window of opportunity to influence women regarding positive health choices which have the potential to have far reaching effects on families and communities. It is not envisaged that all midwives will be experts in public health, however, a key role will be the ability to identify and provide signposting for women in need, for example, those with complex social need, and to liaise effectively through multiagency working to provide individualised care. The WHO (2008) report on The Social Determinants of Health, identified a need for a co-ordinated continuum of care from pre-pregnancy through pregnancy and childbirth to the early days and years of life. Current policy recognizes that more could be done to improve outcomes for more vulnerable and disadvantaged families in planning future maternity services (Maternity Matters, DH England, 2007). The aim of reviewing the literature in relation to the public health role of the midwife is to identify areas of practice which can be supported by good quality evidence from systematic reviews and build future services on evidence and evaluation.

Objectives

- To develop a logic model summarising the public health role of midwives
- To conduct a systematic review of reviews in relation to the public health role of the midwife

Context of Care

Routine maternity statistics demonstrate a considerable change in the childbearing population in the UK. Birth rates are rising again and there has been a change in the profile of women giving birth with an increase in older mothers and women born outside the UK. Increasing levels of poor lifestyle factors, such as obesity, have been linked to maternal morbidity and mortality. Further development of midwifery roles and service planning at local and national level needs to consider variations across the UK in relation key public health indicators such as deprivation, emigration and lifestyle factors.

Methods

Logic Model

The logic model provides an evaluation framework which can be fundamentally used for evidence based decision making and planning (Chiappelli & Cajulis 2009). A detailed logic model was initially constructed which outlined public health interventions that could be conducted or co-ordinated by midwives. A summary model was then produced based on these interventions and informed by policy and strategy documents including Maternity Matters (Department of Health England 2007), Healthy Children Programme (Department of Health England 2009a) and Public Health Skills and Career Framework (PHRU 2008). In addition, the model incorporated four key aspects identified by the Public Health Workstream Group (inequalities, parenting education, early years work and multiagency working) and priorities areas highlighted by the group when considering current and future demographic changes. Information from the detailed logic model was extrapolated to develop individual models relevant to each broad topic area included in the search strategy to help identify gaps in the current review literature.

Searching the Literature

A search strategy was developed to identify all published systematic reviews regarding the public health role of the midwife and data were extracted from all eligible studies onto a data extraction form. The key topic areas included in the search strategy were vulnerable groups; lifestyle factors; mental health and well-being; education and support; screening; birthing choices and breastfeeding. Reviews were excluded that did not clearly identify a search strategy or databases used. Reviews that were not related to the public health role of the midwife were also excluded. A data extraction form was developed and completed for all reviews selected for inclusion. All reviews were quality appraised using an adapted quality framework from the Scottish Intercollegiate Guidelines Network (SIGN 2008). A total of 189 systematic reviews were included in the review of reviews.

Summary of Key Findings

Evidence to support effective interventions which may be conducted or co-ordinated by midwives is highlighted in the key findings below. These interventions are based on good quality evidence which has been reviewed in systematic reviews to indicate effectiveness. Interventions which are supported by limited evidence have been identified as areas for future research at the end of individual sections.

Vulnerable Groups

- Advise women with HIV infection not to breast feed in order to prevent MTCT of HIV
- For HIV infected mothers who choose to breast feed, exclusive breastfeeding for the first few months of life should be advised in conjunction with the use of antiretroviral prophylaxis
- The use of contingency management techniques for pregnant women with illicit drug problems
- Provision of additional emotional support for socially disadvantaged women
- Provision of adolescent antenatal clinics and teenage parent support programmes
- Implementation of a universal screening policy for domestic violence and provision of midwifery training on the effective management of women experiencing domestic violence including inter-agency communication
- Additional home visiting for disadvantaged families

Lifestyle Factors

- All women should be advised regarding the benefit of Folic Acid supplementation preconceptually and in pregnancy
- All women should be advised regarding the benefit of iron supplementation in pregnancy
- Overweight and obese women should be advised regarding the increased risk of miscarriage, stillbirth and developing gestational diabetes mellitus
- Women who are overweight or obese should be given specific support with regard to weight management in the postnatal period
- Women should be encouraged and supported to reduce or stop smoking in pregnancy

Maternal Mental Health and Well-being

- Individualized, flexible postpartum care providing psychosocial interventions to treat postpartum depression
- Facilitation/co-ordination of parent training programmes

Education

- Offer all women midwife led care irrespective of risk status
- Provision of supportive interventions for parents of premature infants
- Provision of information and encourage all women to perform pelvic floor muscle training exercises
- Provision of a minimum of four antenatal visits for low risk women

Screening

- Facilitation of discussion about screening tests and supplement with additional information to enhance decision making such as leaflet or DVD
- Recommending women to have two routine ultrasound scans during pregnancy unless otherwise indicated

- Routine fetal movement counting for all women is not supported by evidence

Birth Choices

- Continuous support from a midwife during labour for all women
- Delayed umbilical cord clamping
- Strategies to reduce caesarean section rate
- No routine CTG on admission in labour for low risk women

Breastfeeding

- Breastfeeding education should be routine for all women
- Supplementary breastfeeding support in the postnatal period should be part of routine care
- All midwives should receive extra training to promote breastfeeding rates and maximise duration of feeding
- Both lay and professional breastfeeding support should be provided for women to maximise breastfeeding initiation and duration

Conclusions

A number of effective interventions that could promote public health which are currently part of routine midwifery care have been highlighted in this review of reviews. Three areas were identified which are key to the future public health role of midwives: reducing the social gradient through promoting well-being and preventing ill health; enabling children to have the best start in life through parenting education and the opportunity for midwives as co-ordinators of care to identify vulnerable groups. Promoting well-being is core to the everyday role of the midwife and well-being as an outcome is central to maternity care and policy. However, there has been little substantive work exploring the concept of well-being in pregnancy or adequate measurement of well-being beyond traditional measures of satisfaction with care and absence of morbidity. Health prevention roles were identified in reviews of psychosocial and lifestyle interventions, for example, antenatal psychological interventions to aid smoking cessation and postnatal weight management programmes. The importance of parenting education has been highlighted throughout the literature review and for groups easily identified, such as teenage parents, support programmes related to parenting education have been found to be effective. Other review evidence was less robust. The evidence was inconclusive as to the best method of delivering antenatal education and review evidence on screening initiatives to identify specific vulnerable groups produced mixed findings, indicating the need for further research in these areas.

Within the UK, The Marmot Review (2010), a strategic review of health inequalities in England post 2010, highlights as its primary objective that every child should have the best start to life. This places the midwife firmly at the centre of public health policy. Evidence based pre- and postnatal interventions that reduce adverse outcomes and promote well-being in pregnancy and infancy are needed to achieve this policy objective. Midwives are the primary health professionals who can initiate and drive forward parenting education and effective antenatal and postnatal care into the next decade.

However, the impact of everyday midwifery practice on longer term, holistic maternal and family well-being outcomes is poorly articulated in review literature. To fully evaluate the public health roles of the midwife, future research requires a more comprehensive approach, providing a public health rationale for the population being studied, the interventions used and outcomes studied.

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APPENDIX 2 - PUBLIC HEALTH SKILLS AND CAREER FRAMEWORK

MIDWIFERY 2020 – COMPETENCES

Maternity Care Assistant

AREAS OF WORK	Level	Overview of competences needed in this area	Overview of knowledge needed in this area
CORE 1 Surveillance and assessment of the population's health and well-being	Level 1		<ul style="list-style-type: none"> a) Awareness of the difference between individual and population health and well-being b) Awareness that health and well-being inequalities exist c) Awareness of what surveillance is and what it is used for d) Awareness of the factors that affect health and well-being and how everyone can contribute in their personal and work capacity e) Awareness of the importance of data confidentiality
CORE 2 Assessing the evidence of effectiveness of interventions, programmes and services to improve population health and well-being	Level 2	1. Record data that will inform the effectiveness of own area of work	<ul style="list-style-type: none"> a) Awareness of the meaning of 'effectiveness' and its application to own area of work b) Awareness of the importance of evidence in the decision-making process
CORE 3 Policy and strategy development and implementation to improve population health and well-being	Level 1	1. Feedback to relevant person any positive or negative comments relating to policies	<ul style="list-style-type: none"> a) Awareness of policies that directly relate to own work b) Awareness of own role in relation to the team
CORE 4 Leadership and collaborative working to improve population health and well-being	Level 2	<ul style="list-style-type: none"> 1. Work effectively as a member of a team to improve population health and well-being 2. Communicate effectively with people related to own work role to improve the population's health and well-being 	<ul style="list-style-type: none"> a) Awareness of who does what in improving population health and well-being b) Awareness of the need for and use of opportunities for personal development
DEFINED 5 Health Improvement	Level 1	1. Offer accurate information on health and well-being on specific issues to others	<ul style="list-style-type: none"> a) Awareness of hazards to health b) Awareness of how behaviour impacts on health c) Awareness of the variety of language and terms used in health improvement

DEFINED 6 Health Protection	Level 2	1. Identify and report risks to health, well-being and safety in own area of work	a) Awareness of the importance of clear and effective recording and reporting in incident, disease and hazard control
DEFINED 7 Public Health Intelligence	Level 1	1. Notice and report anecdotal issues relating to data to the relevant person	a) Awareness of what is meant by data quality and the need to report issues
DEFINED 8 Academic Public Health			
DEFINED 9 Health and Social Care Quality	Level 2	1. Work in line with policies, guidelines, protocols and procedures 2. Make changes in own practice 3. Offer suggestions for improving own and others' work	a) Awareness of the purpose of quality procedures, protocols and guidelines in own area of work, and the need to report any issues or problems b) Awareness of the importance of effective relationships with the users of services c) Awareness of the meaning of the term 'risk management' in the context of health and social care quality d) Awareness of how own work contributes to service quality

Midwife

AREAS OF WORK	Level	Overview of competences needed in this area	Overview of knowledge needed in this area
<p>CORE 1 Surveillance and assessment of the population's health and well-being</p>	<p>Level 4</p>	<ol style="list-style-type: none"> 1. Obtain and use routine data to describe the health and well-being of a defined population 2. Collect and collate basic data on health and well-being and the related needs of a defined population 3. Undertake simple analysis of various types of data on health and well-being and needs 4. Summarise and present data and the results of simple analysis of health and well-being and needs in simple formats 5. Check the quality of own data and results of analysis 	<ol style="list-style-type: none"> a) Knowledge of health and well-being and its various aspects b) Knowledge of the determinants of health and well-being and how these affect needs c) Knowledge of the major causes of morbidity and mortality, and how they are measured d) Knowledge of health and well-being inequalities and their nature, and how they might be measured e) Knowledge of the people and agencies involved in the surveillance and assessment of the population's health and well-being f) Awareness of relevant routine, existing data sets and monitoring systems g) Knowledge of the importance of accurate and reliable data h) Knowledge of the contribution that small-scale data collection can bring to understanding the population's health and well-being
<p>CORE 2 Assessing the evidence of effectiveness of interventions, programmes and services to improve population health and well-being</p>	<p>Level 5</p>	<ol style="list-style-type: none"> 1. Collect and collate evidence from various sources identified by others 2. Assess and validate evidence from various sources 3. Synthesise and interpret evidence from various sources 4. Communicate evidence to others 5. Apply evidence in own role 6. Identify whether the benefits of own work might contribute to the development of the evidence base, and share this with others 7. Develop specific performance indicators based on evidence to review the effectiveness of own work 8. Contribute to reviewing the effectiveness of own area of work 	<ol style="list-style-type: none"> a) Knowledge of literature searching techniques b) Understanding of levels of evidence and their use in assessing effectiveness and informing decision-making c) Understanding of how effectiveness is measured d) Understanding of the purpose and methods of reviewing effectiveness in own area of work

CORE 3 Policy and strategy development and implementation to improve population health and well-being	Level 4	1. Support the implementation of policies and strategies in own area of work 2. Offer constructive comments on the effect of policies and strategies on health and well-being 3. Seek advice when there are issues with applying policies and strategies to own work	a) Knowledge of policies relevant to own areas of work b) Knowledge of how policies are developed and translated into local action
CORE 4 Leadership and collaborative working to improve population health and well-being	Level 4	1. Work effectively with people from teams and agencies other than one's own to improve population health and well-being 2. Be an effective member of various teams 3. Support others in undertaking specific activities and tasks 4. Promote the value of health and well-being and the reduction of inequalities in own work 5. Communicate effectively for a range of purposes and with various audiences 6. Constructively reflect on own work and area of practice	a) Awareness of the principles of collaborative working b) Knowledge of the principles of management c) Awareness of the use of objectives and success criteria d) Knowledge of the relationships between own employing organisation and partner organisations e) Awareness of teams and the various roles that individuals have in teams f) Knowledge of the benefits of reflection in practice
DEFINED 5 Health Improvement	Level 4	1. Contribute to the planning and evaluation of health improvement projects and approaches 2. Implement specific aspects of health improvement projects and approaches 3. Communicate with individuals, groups and communities using various methods to enable them to improve their health and well-being 4. Support individuals and groups to make and maintain informed choices about improving their health and well-being 5. Communicate to relevant people the health concerns and interests of individuals and communities	a) Knowledge of how social, cultural, emotional and psychological factors impact on health and well-being b) Knowledge of models of, and approaches to, health improvement, e.g. health promotion, community development, prevention c) Knowledge of effective models of behaviour change for individuals and groups d) Knowledge of the ways in which individuals and groups express their interests and concerns about health and well-being e) Knowledge of the various approaches needed when working with people in groups rather than individually
DEFINED 6 Health Protection	Level 4	1. Inspect, monitor and audit risks to health, well-being and safety in own area of work 2. Report on medium to high risk activity in own area of work 3. Communicate risks to health, well-being and safety to individuals and advise how the risks can be prevented, ameliorated or controlled	a) Awareness of health inequalities and the needs of vulnerable groups in protecting health and well-being b) Understanding of the varying scale of risks to health, well-being and safety in own area of work c) Understanding of the implications of exposure to hazards, the varying scale of risks and management of risks d) Knowledge of the importance of clear and effective recording of incident and disease and/or hazard control

DEFINED 7 Public Health Intelligence	Level 2	1. Communicate health-related information to a relevant manager	a) Awareness of the information that is relevant to population health and own role in producing this b) Awareness of software and database packages and the uses to which they can be put c) Awareness of the need for data confidentiality
DEFINED 8 Academic Public Health	Level 2	1. Undertake specific research activities 2. Undertake specific activities to support the learning of others	a) Awareness of basic methods of teaching others b) Awareness of basic research tools and methodologies
DEFINED 9 Health and Social Care Quality	Level 4	1. Implement policies, guidelines, protocols and procedures in area of practice 2. Contribute to the improvement of services 3. Develop relationships with the users of services in own area of work	c) Awareness of factors that contribute to quality in own area of work d) Understanding of the importance of effective relationships with the users of services a) Awareness of the importance of health economics and its application to developing service quality b) Knowledge of risk management and the need to report challenges to health and social care quality c) Knowledge of how own and team's area of work contributes to service quality

Midwife with added responsibility in the field of Public Health

AREAS OF WORK	Level	Overview of competences needed in this area	Overview of knowledge needed in this area
<p>CORE 1 Surveillance and assessment of the population's health and well-being</p>	Level 5	<ol style="list-style-type: none"> 1. Collect and collate routine data on health and well-being and needs using a range of tools and techniques 2. Analyse routine data on health and well-being and needs using basic analytical techniques 3. Collect and collate non-routine data on health and well-being and needs that is specific to own area of expertise or practice, using specified methods and tools 4. Analyse non-routine data on health and well-being and needs that is specific to own area of expertise or practice, using basic analytical techniques 5. Interpret data on health and well-being within own area of expertise or practice 6. Communicate and disseminate findings on the health and well-being of a population to others 	<ol style="list-style-type: none"> a) Knowledge of the links between, and relative importance of, the determinants of health and well-being and needs b) Knowledge of how determinants of health and well-being impact on various populations c) Knowledge of basic quantitative and qualitative methods of surveillance and assessment of the population's health and well-being d) Understanding of the relevance and use of measures of socio-economic deprivation in population health and well-being analysis e) Knowledge of the use of trend data in monitoring health and well-being and needs f) Knowledge of the strengths and weaknesses of various types of data relating to health and well-being and needs g) Understanding of basic terms and concepts used in epidemiology and how rates are calculated h) Knowledge of the limitations of analysis when working with small numbers or populations i) Knowledge of the importance of data confidentiality and disclosure, and the use of data sharing protocols j) Awareness of political sensitivities of data release
<p>CORE 2 Assessing the evidence of effectiveness of interventions, programmes and services to improve population health and well-being</p>	Level 6	<ol style="list-style-type: none"> 1. Frame a question to be used as the basis for reviewing literature in relation to evidence on a specific issue 2. Identify, collect and collate the evidence that is needed to answer a question on a specific issue 3. Synthesis, appraise and summarise evidence on a specific issue 4. Communicate findings of the appraisal of evidence on a specific issue 5. Apply evidence within own area of work 6. Advise others about using evidence in their work 7. Contribute to the development and implementation of evidence-based policies, procedures, guidelines and protocols 	<ol style="list-style-type: none"> a) Understanding of how to search literature b) Knowledge of the principles of critical appraisal as applied to various studies, and its use in improving health and well-being c) Understanding of the levels of evidence and their importance for decision-making in own area of work d) Knowledge of various techniques to assess productivity and cost-effectiveness

<p>CORE 3 Policy and strategy development and implementation to improve population health and well-being</p>	<p>Level 5</p>	<ol style="list-style-type: none"> 1. Contribute to the implementation of policies and strategies in own area of work 2. Support others in implementing policies and strategies within a defined area 3. Contribute to development of specific policies and strategies 4. Identify the actual and/or potential impact of policies and strategies on the population's health and well-being in own area of work 	<ol style="list-style-type: none"> a) Knowledge of the policies and strategies that affect the overall area in which one works b) Awareness of the complexity of the policy context and how policy is made c) Awareness of major Government policies relevant to health and well-being and inequalities
<p>CORE 4 Leadership and collaborative working to improve population health and well-being</p>	<p>Level 5</p>	<ol style="list-style-type: none"> 1. Collaborate with others effectively to improve population health and well-being 2. Lead on discrete areas of work 3. Identify and influence other people and agencies in own area of work to improve population health and well-being 4. Contribute effectively to change within own area of work 5. Promote the value of population health and well-being and the reduction of inequalities in various teams or agencies 6. Communicate using various techniques appropriate to the audience and the purpose of the communication 7. Share knowledge to facilitate the development of others 	<ol style="list-style-type: none"> a) Knowledge of the principles of collaborative working and their application b) Knowledge of methods of effective communication c) Knowledge of how to present material using styles and techniques appropriate for a range of audiences d) Knowledge of various leadership styles e) Knowledge of the difference between management and leadership f) Knowledge of management principles and skills and their application g) Awareness of drivers and levers of change relevant to own area of work h) Understanding of your interaction with and impact on others i) Understanding of the principles of reflective practice j) Awareness of how people can help to build capacity and capability in the system overall

<p>DEFINED 5 Health Improvement</p>	<p>Level 5</p>	<ol style="list-style-type: none"> 1. Listen to and involve the public and communities in improving health and well-being and reducing inequalities 2. Identify and take advantage of opportunities to improve health and well-being and reduce inequalities 3. Plan, implement and review specific aspects of health improvement projects 4. Develop resources for specific audiences to support the improvement of health and well-being and the reduction of inequalities 5. Provide information and advice on specific measures and approaches to improve health and well-being 6. Articulate the health interests and concerns of individuals and communities to relevant people 	<ol style="list-style-type: none"> a) Knowledge of how social, cultural, emotional and psychological factors lead to various perceptions of health and well-being and illness b) Knowledge of the principles of and strategies for community development, and their application c) Knowledge of the models and principles of health promotion and their application d) Knowledge of models and approaches of behaviour change e) Knowledge of the basic principles of, models for and approaches to the reduction or prevention of risks to health (primary, secondary and tertiary) f) Understanding of how strategies for improving health and well-being may contribute to reducing inequalities and achieving longer-term equity g) Awareness of how services and programmes are commissioned and the effect they can have on population health and well-being and the reduction of inequalities
<p>DEFINED 6 Health Protection</p>	<p>Level 4</p>	<ol style="list-style-type: none"> 1. Inspect, monitor and audit risks to health, well-being and safety in own area of work 2. Report on medium to high risk activity in own area of work 3. Communicate risks to health, well-being and safety to individuals and advise how the risks can be prevented, ameliorated or controlled 	<ol style="list-style-type: none"> a) Awareness of health inequalities and the needs of vulnerable groups in protecting health and well-being b) Understanding of the varying scale of risks to health, well-being and safety in own area of work c) Understanding of the implications of exposure to hazards, the varying scale of risks and management of risks d) Knowledge of the importance of clear and effective recording of incident and disease and/or hazard control
<p>DEFINED 7 Public Health Intelligence</p>	<p>Level 3</p>	<ol style="list-style-type: none"> 1. Collect data on defined populations 2. Contribute to drafting health intelligence reports 3. Report data quality inaccuracies or where the data do not make sense 	<ol style="list-style-type: none"> a) Knowledge of data that are relevant to understanding population health and own role in producing this b) Awareness of basic sources of data c) Awareness of non-standard or organisation specific software packages d) Awareness of how to use specific software and database packages e) Knowledge of the need for data confidentiality f) Knowledge of data quality issues and the purpose of reporting anomalies

DEFINED 8 Academic Public Health	Level 3	<ol style="list-style-type: none"> 1. Contribute to various aspects of a research project 2. Assist with the planning and design of learning sessions 3. Facilitate the learning of individuals 4. Give feedback to individuals on their progress 	<ol style="list-style-type: none"> a) Awareness of teaching and learning principles and methods and their use in various settings and for various audiences b) Knowledge of basic research tools and methods c) Awareness of the role of literature reviews and how they are produced
DEFINED 9 Health and Social Care Quality	Level 5	<ol style="list-style-type: none"> 1. Signpost patients, clients to services on the basis of accessing and analysing relevant information and evidence on quality 2. Audit services and practices using appropriate methods (including information from patients, clients or users) and use to improve services 3. Implement policies, guidelines, protocols and procedures to deliver quality services 4. Gain feedback from patients, clients or users by means of appropriate methods, and use it to improve services 5. Identify, assess and communicate risks to service quality in own area of work 6. Communicate and disseminate information that improves practices or services 	<ol style="list-style-type: none"> a) Awareness of the principles and processes for commissioning health and social care services b) Awareness of the principles and processes related to various forms of governance and the systems that support them c) Awareness of the principles and methods of quality improvement (including outcome data) and how these are applied in the development of services d) Awareness of the principles and methods of ensuring equity of service provision and priority setting e) Awareness of cultural differences between service users and how they impact on quality f) Knowledge of how the quality of services is evaluated and the importance of this for patients, clients and users g) Knowledge of quality measures, policies, procedures, protocols and guidelines in own area of work h) Awareness of the effect that the media has on public perception, investment and decision-making in the context of health and social care quality i) Awareness of access issues and their impact on health inequalities j) Knowledge of how feedback from the users of services can be proactively used to improve services

Midwife with strategic responsibility in the field of public health

AREAS OF WORK	Level	Overview of competences needed in this area	Overview of knowledge needed in this area
<p>CORE 1 Surveillance and assessment of the population's health and well-being</p>	<p>Level 7</p>	<ol style="list-style-type: none"> 1. Assess and describe the health and well-being and needs of specific populations and the inequities in health and well-being experienced by populations, communities and groups 2. Measure, analyse, compare and interpret the health and well-being and needs of various populations, communities and groups 3. Identify gaps in surveillance data and initiate action to fill these gaps 4. Influence decision-making about population health and well-being through the presentation, communication and dissemination of data and analysis of health and well-being and needs 5. Advise others on the collection, analysis and reporting of surveillance and assessment data for your specific area of expertise 6. Interpret and apply indicators for monitoring the population's health and well-being 	<ol style="list-style-type: none"> a) Understanding of qualitative and quantitative sources and methods for measuring, analysing and interpreting health and well-being, needs and outcomes b) Understanding of the importance of compliance, data confidentiality, disclosure and data sharing protocols
<p>CORE 2 Assessing the evidence of effectiveness of interventions, programmes and services to improve population health and well-being</p>	<p>Level 9</p>	<ol style="list-style-type: none"> 1. Set and maintain a culture of continuous evidence-based improvement 2. Influence political and partnership decision-making to maximise the application and use of evidence in achieving change 3. Anticipate and meet challenges to evidence in a range of political and partnership environments 4. Communicate and disseminate critically appraised evidence to key decision-makers in various organisations 5. Integrate critically appraised evidence into work programmes and services 	

<p>CORE 3 Policy and strategy development and implementation to improve population health and well-being</p>	<p>Level 7</p>	<ol style="list-style-type: none"> 1. Interpret and communicate local, regional and national policies and strategies within own area of work 2. Work with a range of people and agencies to implement policies and strategies in interventions, programmes and services 3. Contribute to the development of policies and strategies beyond own area of work 4. Contribute to the development of policies and strategies within own area of work 5. Assess the actual or potential impact of policies and strategies on health and well-being 6. Provide specialist input to policies and strategies that are under development 7. Alert the relevant people to issues and gaps in policies and strategies that are affecting health and well-being 	<ol style="list-style-type: none"> a) Understanding of various methods to assess the impact of policies on health and well-being b) Knowledge of the policy setting context and the process of policy development c) Understanding of the variety of tools that can be used to aid strategic decision-making and planning d) Understanding of public service organisation and delivery e) Understanding of the concepts of power, interests and ideology in policy development f) Understanding of how to communicate and implement policy and strategy to improve the population's health and well-being
<p>CORE 4 Leadership and collaborative working to improve population health and well-being</p>	<p>Level 8</p>	<ol style="list-style-type: none"> 1. Lead on improving population health and well-being within and/or across organisations 2. Engage and lead a group to influence positively the population's health and well-being 3. Improve the population's health and well-being through effective use of negotiating, influencing, facilitation and management skills within a multi-agency environment 4. Manage programmes and/or services to successful completion within available resources and timescales 5. Lead change in a complex environment, handling uncertainty, the unexpected and conflicts appropriately 6. Review collaborative working and put in place the necessary improvements 7. Build and sustain capacity and capability through individual, team, organisational and partnership development 	<ol style="list-style-type: none"> a) Understanding of the models and principles of leadership and their potential use in improving and protecting health and well-being and in motivating colleagues and partners b) Understanding of how various organisational cultures can influence the outcomes of collaborative work c) Understanding of the roles that various organisations, agencies, individuals and professionals play and the influence they may have on health and health inequalities d) Understanding of the principles of influencing, negotiating, facilitating and managing in a multi-agency environment to bring about change e) Understanding of how individuals and teams learn and the benefits and disadvantages of various approaches f) Understanding of basic management models and theories associated with motivation and leadership g) Understanding of frameworks for managing change h) Understanding of the design and implementation of performance management

<p>DEFINED 5 Health Improvement</p>	<p>Level 6</p>	<ol style="list-style-type: none"> 1. Involve communities and the public in assessing their health and well-being and needs, and identifying approaches to addressing these needs 2. Involve communities and the public in the planning, implementation and evaluation of health improvement programmes and projects 3. Plan, implement and review health improvement programmes and projects in various settings 4. Develop resources to support health improvement and the reduction of inequalities for a range of audiences 5. Support communities and the public in articulating and advocating for health and well-being and their health concerns 	<ol style="list-style-type: none"> a) Understanding of the principles of and various strategies for community development, and their application b) Understanding of the theories, models and principles of health promotion and their application c) Knowledge of the principles of, models for and approaches to behaviour change (agency, group and individual) and their application d) Understanding of the basic principles of, models for and approaches to reduction or prevention of risks to health (primary, secondary and tertiary) e) Understanding of how social, cultural, emotional and psychological factors lead to various perceptions of health and well-being and illness f) Knowledge of how to assess the impact of strategies to involve communities and the public in improving population health and well-being g) Knowledge of the politics of improving health and well-being given the range of interests
<p>DEFINED 6 Health Protection</p>	<p>Level 5</p>	<ol style="list-style-type: none"> 1. Contribute to field epidemiological investigations 2. Implement interventions to protect health and well-being, taking into account health inequalities 3. Identify and communicate with at-risk contacts and give advice under guidance 4. Determine and deliver simple interventions to protect health, well-being and safety at an individual level 5. Communicate risks to health, well-being and safety and provide advice to individuals on how to prevent, ameliorate or control the risks 6. Assess risks to health, well-being and safety through audit, inspection, monitoring and analysis of basic data sets 7. Contribute to the management of outbreaks or incidents 	<ol style="list-style-type: none"> a) Knowledge of health inequalities and the needs of vulnerable groups in health protection b) Understanding of the principles of surveillance and the techniques used in protecting the health and well-being of the population c) Knowledge of the principles of managing environmental incidents d) Knowledge of the principles of controlling disease and of on-call arrangements e) Knowledge of the principles of emergency planning f) Knowledge of the roles and legal responsibilities of local health agencies and departments and other agencies at regional and national level g) Knowledge of the law relating to the protection of health and well-being h) Awareness of the impact of incidents and outbreaks on other health and well-being programmes

<p>DEFINED 7 Public Health Intelligence</p>	<p>Level 5</p>	<ol style="list-style-type: none"> 1. Collect and collate data from a wide range of sources 2. Ensure data are complete and valid for the purpose for which it is to be used 3. Analyse and interpret routine data using appropriate analytical techniques 4. Present the outcomes of data analysis 5. Monitor and quality assure routine data collection, collation and analysis 	<ol style="list-style-type: none"> a) Knowledge of statistical methods appropriate to health and health needs b) Awareness of the qualitative methodologies used in health intelligence and their contribution to the understanding of health and well-being c) Awareness of health needs assessment methods and their use d) Knowledge of sources of data and information relevant to health and health needs and how to access them e) Awareness of the principles of Geographical Information Systems and the importance of demography on assessing population health and well-being needs f) Knowledge of use of geographically linked packages g) Knowledge of the Data Protection Act and its implications for data disclosure h) Knowledge of software and database packages and their use in manipulating data i) Understanding of the importance of quality assurance
<p>DEFINED 8 Academic Public Health</p>	<p>Level 6</p>	<ol style="list-style-type: none"> 1. Formulate a specific research question regarding population health and well-being 2. Advise others of the relative strengths and limitations of various research methods to address a specific research question 3. Communicate primary or secondary research findings using methods appropriate to the audience 4. Plan and design learning sessions for learners in various contexts 5. Facilitate the learning of learners in various contexts 6. Supervise and assess learners' progress and give appropriate feedback 7. Respond reflectively to being assessed 	<ol style="list-style-type: none"> a) Awareness of developing areas of research and emerging research methods in own area of work

<p>DEFINED 9 Health and Social Care Quality</p>	<p>Level 6</p>	<ol style="list-style-type: none"> 1. Set quality standards within an area of service or practice 2. Support services to deliver quality outcomes 3. Monitor performance and/or practices against quality standards, identify failures and risks and follow appropriate procedures to address them 4. Contribute to service reviews 5. Interpret data from incidents or untoward events and ensure risks are addressed through individual practice and/or governance arrangements. 	<ol style="list-style-type: none"> a) Knowledge of the principles and methods of commissioning services b) Knowledge of the principles and methods of various forms of governance and improving patient, client and user safety c) Knowledge of the principles and methods of quality improvement (including outcome data) and their application d) Knowledge of the principles and methods of ensuring equity of service provision and priority setting e) Knowledge of the cultural differences that exist between service users and how this impacts on quality f) Awareness of the implications of funding individual exceptional requests on future funding and precedent setting g) Knowledge of access issues and their impact on population health and well-being and inequalities
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APPENDIX 3

MIDWIFERY 2020 UK PROGRAMME BOARD MEETING - 04 FEBRUARY 2009 SUMMARY OF FACILITATED SESSION

MIDWIFERY 2020 - VISION FOR THE FUTURE

POLITICAL/LLEGAL	CHALLENGE FOR MIDWIFERY 2020
Greater emphasis on child protection	<ul style="list-style-type: none">◦ Working in partnership with other agencies – better joint working between professions◦ Extending work with family
EU regulations	<ul style="list-style-type: none">◦ Working times directive
EU migration	<ul style="list-style-type: none">◦ Demands of working with a mobile and increasingly diverse population
'Right' to have a child	<ul style="list-style-type: none">◦ People who may never have had the opportunity to parent may have access to reproductive technology
What form will the NHS take in 2020?	<ul style="list-style-type: none">◦ Raises the challenge of how the service will be funded and managed
Increased emphasis on women's rights	<ul style="list-style-type: none">◦ Working with women with, potentially, increasing expectations of the service◦ 2020 may well involve greater 'partnership' working with women

ECONOMIC/WORKFORCE	CHALLENGE FOR MIDWIFERY 2020
Midwifery – are there enough people coming through?	<ul style="list-style-type: none"> ◦ Declining population and greater opportunities available for young people raises the question of who will provide midwifery care, who will the profession recruit? ◦ Strong sense that the workforce will still be mainly female in 2020 and mainly part time
More inter-professional working	<ul style="list-style-type: none"> ◦ Extending the type of work now done with Sure Start, Social Work and Social Services ◦ More and better joint working
Increasingly ageing workforce	<ul style="list-style-type: none"> ◦ What can be done to ensure that a new cohort of leaders is ready in 2020?
Training and development	<ul style="list-style-type: none"> ◦ 2020 midwife will need greater clinical skills
Career pathways	<ul style="list-style-type: none"> ◦ In order to attract people into the profession, may need to provide more part time courses ◦ Need to recognise that the profession will have to attract older people for whom midwifery will be their second or even third career choice
Growing polarisation of rich and poor families	<ul style="list-style-type: none"> ◦ Meeting the needs of socially excluded groups, for example, in terms of advice and support

SOCIAL	CHALLENGE FOR MIDWIFERY 2020
'Blended' families	◦ Working with families with children from different relationships
Lack of social support for families	◦ Who will provide this support?
Loss of extended families and role models	◦ How will mothers and fathers learn to be parents? Who will provide this input?
More 'motherless' mothers	◦ More women without support or advice offered by own mother
Older mothers	◦ 'Risks' associated with older mothers
Rising expectations – access to knowledge	◦ Meeting rising expectations of mothers who are better informed of choices/options open to them. For example, will there be an increasing demand for caesarean sections?
Obesity amongst women	◦ Looking at the consequences for the health of the mother and her baby
Ageing society – where will resources be spent	◦ With an increasingly ageing population and a falling birth rate, will midwifery have to compete for funds?
More women working to support families	◦ More women in work during pregnancy and more women returning to work after giving birth
Increased emphasis on parenting skills	◦ Who will provide education for parenting skills and when will this input be given? At school, prior to conception?
More mobile population	◦ How will the NHS keep track on an increasingly mobile population?

TECHNOLOGICAL	CHALLENGE FOR MIDWIFERY 2020
Availability of information via www – well informed population	<ul style="list-style-type: none"> ◦ Working with an increasingly well informed client group
Gene therapy	<ul style="list-style-type: none"> ◦ Dealing with service user expectations and difficult decisions
Reproductive technology – parents with conditions previously prohibitive now having children	<ul style="list-style-type: none"> ◦ Increased medical needs of a cohort of mothers – some unknown risks in pregnancy/childbirth
IT to communicate with women in remote communities	<ul style="list-style-type: none"> ◦ Use of telemedicine in remote parts of Scotland – need to communicate differently, awareness of need to intervene in very difficult geographies.
Increased use of IVR/IUI	<ul style="list-style-type: none"> ◦ Potential increase in multiple births ◦ Parental demands and associated anxieties ◦ Training and development needs