

INAUGURAL FORUM

“MIDWIFERY IN IRELAND:
OPENING THE DIALOGUE
FOR A UNIFIED VOICE”

SUMMARY OF PROCEEDINGS

June 29
2018



MIDWIVES ASSOCIATION OF IRELAND

MIDWIVES SUPPORTING MIDWIVES, WOMEN, BABIES, FAMILIES.

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FOREWORD



Following a review of the National Maternity Strategy put before the Oireachtas committee in February 2018, the [Midwives Association of Ireland](#) expressed concerns about the lack of views and opinions from a midwifery perspective on the proposed implementation of the strategy. Particularly concerning for the Association, was the lack of views from midwives working at the coalface of our maternity services, in various roles and models of care across Ireland.

Similar concerns were echoed at the Maternity Care Research Symposium in Trinity College Dublin. Following on from this, several academics met with the Midwives Association to discuss our mutual concerns. They felt that midwives lacked a forum/platform to express their views and experiences. Subsequently, they decided to invite midwives to attend a workshop session at the end of June in Dublin. This inaugural forum was titled 'Midwifery in Ireland: Opening the Dialogue for a Unified Voice.'

by Jeannine Webster,
RM, MSc, Chairperson
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The objective of the workshop was to seek a range of views and opinions on how to form and project a unified midwifery voice at policy development and implementation level in Irish health services and to seek consensus on prioritised actions. The workshop was attended by over 40 midwives and student midwives drawn from education, primary care, hospital and community based maternity services, HSE and DOH.

The following is a synopsis of what was a very valuable discussion that day.

The core questions, the discussions and action points considered are presented in sequence in this report.

INTRODUCTION



On Friday 29th June 2018, a forum was hosted by the Midwives Association of Ireland (MAI) titled 'Midwifery in Ireland: Opening the Dialogue for a Unified Voice'. It was held at the Elbow Room in Smithfield, Dublin 7, the forum was attended by over 40 midwives and student midwives from around the country. They discussed:

- 1) the need for a midwifery association;
- 2) how midwives can present a unified voice;
- 3) provision and evaluation of maternity services to women and their families in Ireland;
- 4) shaping the future of Irish maternity services;
- 5) supporting each other;
- 6) growing as a profession.

From the outset, midwives were asked to voice their expectations of the day. These comments are included at the end of this document in Appendix 1.

Two brief presentations were given:

- 'Setting the context: The Case for a Midwifery Association,' Dr. Liz Newnham, Assistant Professor in Midwifery, Trinity College Dublin.
- 'A Brief History of the Midwifery Association of Ireland (MAI) since its inception in 2015,' Jeannine Webster, RM, Rotunda Hospital.

Copies of the Constitution of the MAI were made available for information and consideration for those who wanted to join the Association.

Participants were allocated into five groups. Each of which was asked to consider a preset question on a topic related to the theme of the day. There was enthusiastic participation and animated conversation in these roundtable discussions, followed by a period of feedback and sharing.

QUESTION ONE



What are the current strengths and opportunities of the midwifery profession in Ireland? How can we build and develop these going forward?

STRENGTHS

- Women becoming more vocal, looking for more choice.
- Third-level education for midwives – improved critical thinking of (student) midwives.

OPPORTUNITIES

- Strengthen, empower and support clinical midwives (normality and clinical skills need to be a focus)
- Having the confidence to stand up and support and advocate for normal birth.
- Funding opportunities for midwifery services
- Address culture of bullying
- Midwifery Association can represent Ireland in the ICM

POSSIBLE ACTIONS

- Tools and training to assist in change of culture
- Unified vision for midwifery in Ireland
- Improved communication between NWIP (National Women & Infants Programme) and Midwifery Association e.g. Midwives Association of Ireland
- Prioritise [Supported Care Pathway](#)
- Increase community midwifery programmes (all 19 maternity units)
- Midwives should rotate into the community for regular updating
- Support/mentoring for newly-qualified midwives to work in community; remove bar which requires midwives to have 3 years post-registration experience in a hospital setting. The bar does not translate into adequate or appropriate experience in the community, but serves to further alienate midwives from working in the community given the intervention levels in most Irish Maternity hospitals at present.

QUESTION TWO



How can midwives at grassroots level influence midwifery at local and national level and develop a strong unified voice at local and national level?

- Medicalisation of midwifery practice. Keeping “midwifery” in practice
- Need a strong voice and an association and need to be public about it.
- Be visible, be on social media, be in the media, respond to issues.

ISSUES AND BARRIERS

- The current invisibility of midwifery (e.g. 1) Practice midwives being called “nurses” instead of “midwives,” even though some are direct-entry trained midwives and don’t hold a nursing qualification and 2) title Nurse tutor (not Midwife tutor).
- GP gets HSE bursary to help hire and pay for a practice nurse – bursary could also be used to employ practice midwife.
- Insurance – only one insurance company covering midwives who work in GP practices – therefore many midwives “not covered” to auscultate fetal heart irrespective of the level of experience of the midwife compared to that of the GP in this area of healthcare. This could be a good opportunity to provide continuity of care.
- If a woman is having a homebirth with the hospital service, she can’t access antenatal or postnatal care through the GP – even for a specific reason.
- Talking in corridors “trying to find your tribe” (e.g. trying to support a woman with a physiological 3rd stage).
- Continued Professional Development (CPD) for midwives – education is currently prioritised for hospital midwives, but all midwives need to be able to access CPD including those subcontracted to the HSE Home Birth Scheme.
- Currently no provision of midwifery or other preconception care services available.

QUESTION TWO

Continued...



How can midwives at grassroots level influence midwifery at local and national level and develop a strong unified voice at local and national level?

FURTHER IDEAS

- Information leaflet by HSE to outline all services/options for maternity care.
- Midwifery marketed as a first point of call.
- More education is required in schools (e.g. about what a midwife is/does).
- Midwives adapting to increased use of technology sometimes at the cost of individualised personal care and support. There is a need for more normal birth training e.g. National HOPSCOTCH programme.
- More support is required e.g. in terms of leave for midwives to attend for education (if outside the hospital).
- Structured solution to implementing research findings in practice.

ACTIONS

- Work towards ensuring the correct use of the title "midwife" in the models above and challenge the continued use of the title "nurse" in these instances.
- Regular communication with the HSE (i.e. form a relationship, clarify route of access in terms of influencing the Minister for Health, establish clear 2-way communication with the NWIP and the Midwifery voice (Association).
- Midwifery guidelines are needed to support midwifery profession and practice.
- Introduce a 3rd postnatal visit (suggest 12 weeks) to facilitate a birth discussion and reflection, to offer an opportunity to explore issues, concerns around birth experience and discuss sexual health which is currently completely neglected.
- Market midwifery – e.g. a visible presence at public events such as at the Annual Ploughing Championship, Electric Picnic, RDS Health, Mind & Body, craft shows and give school talks.
- Midwifery Association to be more mobile around the country – run workshops, help develop branches etc. Also important for midwifery – reach out, recharge, re-inspire.

QUESTION THREE



Ideally, what changes in the current culture of midwifery and women's services would you like to see?

CULTURE OF MIDWIFERY

- Supports for midwives on the ground.
- Opportunities for midwives to come together and get to know each other.
- Colleges and hospitals have become separated; need to integrate more.
- Need to change from culture of “surviving” to culture of “thriving” – midwives can also act as obstructors to change.
- HSE website – Pathways of care and midwifery models need to be visible

MARKETING AND PROMOTING MIDWIFERY

- Ideas for “branding” midwifery identity (as a separate profession from nursing)
- Symbol, eg Pinard, logo
- Grassroots: my “name is...and I’m a midwife”
- Simple: signage
- MAI Midwife stories book
- Brochures
- Midwives into schools – Transitional Year
- Network - tell stories/experiences

CHANGES IN SERVICES

- Midwifery-led services (Ring fence funding. Midwifery needs investment).
- Midwife autonomous lead in normal risk.
- Alongside birth units implemented as a matter of priority.
- Open-up maternity hospital antenatal clinics – e.g. open days or drop-in pregnancy confirmation service, preconception care, breastfeeding support.

QUESTION THREE

Continued...



What ideal changes in the current culture of midwifery and women's services would you like to see?

CHANGES IN SERVICES (continued)

- Community clinics (with GPs. Or in shopping centres, pregnancy drop-in support or groups rather than classes).
- Rotation of hospital staff through community/hospital.
- Advanced midwife practitioners for normality.
- Self-employed community midwives (SECMs) as role-models for hospital midwives who are interested in providing homebirth.
- Relook at the governance for SECMs.
- Midwifery advisory board for strategy implementation.

MIDWIFERY ASSOCIATION - SUGGESTIONS

- Endeavour to get endorsement of midwives from everywhere – hospitals, education, management and community.
- Defined roles and jobs within the Midwifery Association, regional reps for Midlands, Cork, Galway, North South East etc.
- Liaise with consumer groups e.g. Positive Birth Movement, AIMS, Cuidiú, etc.
- Education
- Templates on website of Midwifery Association to effect change (eg letters for women to use to request waterbirth in their hospital).
- Coming together – celebration of midwifery.
- Hospital celebrations.

IDEAS FOR CHANGE

- Self-referral to maternity hospital.
- Insurance to cover midwife care and private hospital room.
- Continuity of midwifery care - building alternative models/domino services.
- Build autonomy and confidence in midwives (e.g. RCM caring for you campaign).
- Showcase midwifery champions and examples of cultural change.
- Move away from blame culture – toward interdisciplinary discussion of case histories and shared learning/systems approach.

POSSIBLE ACTIONS

- HSE led - Social media campaign to promote midwifery (Facebook, Snapchat, Instagram).

QUESTION FOUR



What are the current challenges (weaknesses and threats) for the midwifery profession in Ireland? How can we address these going forward?

CHALLENGES

- Lack of cohesive representation for midwives
- Visibility
- Midwives not the first point of contact
- Lack of equity; e.g.
 - 1) private bed access - Woman has to book with consultant regardless of risk if she wants a private room
 - 2) Consultant signs off ethics committees
- Legislation: mother and infant scheme
- Lack of professional growth

SOLUTIONS

- Midwifery position statements/guidelines
- MAI templates (i.e. letter requests for birth pool for midwives/women etc).
- Named midwife for every woman.
- National public awareness campaign on role of the midwife.
- Midwifery primary health care centres.
- Attendance at mini-marathons, festivals, shopping centres.
- Named media contact to speak for midwifery.
- Lobby government for change
- Parliamentary questions
- Funding
- Education
- Student: Access to different services when training.
- Staff: Void in short courses outside of mandatory.
- Need to emphasise normal birth.

QUESTION FOUR

Continued...



What are the current challenges (weaknesses and threats) for the midwifery profession in Ireland? How can we address these going forward?

ACTIONS

3 PROGRESS POINTS

4 levels required:

Government
NWIP/HSE
Hospital
Community



- Bring issues to the wider audience of midwives.

- Work to address issue of inequity around private beds

- Midwives Association website could list members' experience to encourage networking and professional growth/support.

QUESTION FIVE



What would midwives want from a professional association to support and safeguard them/you in their/your role(s)?

KEY POINTS -

Be the voice of midwives

- Key factors: Solidarity, collegiality, confidence-building, supporting colleagues, overcoming fear

Promote the role of the midwife at national level

- build respect/partnership between professions
- build public awareness about the role of midwives
- midwives recognised as experts in normal birth

Develop midwifery guidelines

Critique and develop midwifery practice

- Acknowledge and challenge poor practices

KEY ACTIONS

- Nurture students and midwives
- Help to flatten the hierarchy (e.g. in coming together to discuss issues as midwives together rather than professors, managers, clinicians, students etc.) – events such as this forum facilitate this.
- Encourage midwives and students to join the association.
- Support student engagement in all aspects of the organisation (Students involved in developing guidelines; Students involved in MDT meetings; champion and focus on areas specific to student needs).
- Promote and support midwifery models of care and the role of the midwife
- Promote kindness, confidence-building, best practice, advanced practice role (AMP in normal birth).
- Education of the public.
- International examples – Scottish model.
- Use of social media.
- Communications group – liaise with HSE.

PRIORITISING OF ACTIONS

(Collective)



1. Promote and support midwifery models of care and the role of the midwife
2. Provide voice, visibility, support, education and networking for midwives
3. Promotion of midwives:
 - Logo, or symbol (e.g. Pinard);
 - Advertising (video/posters e.g. Scotland, Australia);
 - MAI midwifery stories book;
 - School talks (TY students);
 - Brochures re: birth options for GP surgeries;
 - Annual event 5th May. Brand it. Logo, T-shirt, pens; mini-marathon or walk to celebrate midwifery.
4. Advocate for changes suggested above (e.g. title of midwife; 3 year experience before community; self-referral to maternity services; insurance - private room with midwife; increased community services, drop-in centres)
5. Liaise with consumer groups
6. Website: links on MAI page (eg CMA, INMO, RCM, learning); template letters

3 TANGIBLE ACTIONS FOR THE MAI IN THE SHORT TERM

1. Consolidate roles, structure and process; strategic plan to address actions.
2. Build MAI. Recruitment drive (maternity hospitals) and hold similar forums around Ireland.
3. Plan social media campaign to promote midwifery (HSE endorsed).

APPENDIX



THE VISION

Quotes from post-it notes taken at Forum registration.

QUESTIONS

1: Vision? Why did you come here today?

2: What do you hope to get out of the day?

- I am an advocate for midwives. I need to hear what you have to say.
- Networking, new knowledge, inspiration for personal and professional development.
- To be part of the dialogue.
- As national lead midwife I want to hear the voice of midwives.
- I would like to be part of something solid, providing real midwifery care.
- I want the midwifery voice to be heard.
- To form a College of Midwifery
- I want to see that we are driving community midwifery and giving midwives a voice.
- A breath of optimism and normality.
- To share knowledge and to learn and to promote midwives practice in primary care
- To hear midwives' views on where we are at and where we are going.
- More student recognition and involvement as stakeholders.
- How do we get families to trust midwifery more?
- I came to hear a collective midwifery voice and meet people passionate about moving forward.
- I hope to get a sense of unity and agency.
- To talk about promoting physiological birth.
- I believe midwives have important things to say about maternity services.
- To help unify our voice to make it more powerful.
- To meet like-minded midwives and facilitators of choice.
- To get a change in midwifery representation and voice.
- I am here to connect with midwifery colleagues to find our voice and become visible.
- To hear midwives' voices outside of the hospital setting, in discussion.
- To get insight into midwives' thoughts and aims for midwifery in Ireland.
- Inspiration, new ideas, a plan of action!
- To listen to the discussion between midwives outside of the hospital and contribute as a student.
- To network, to support midwifery.
- To get an insight into what is going on behind the scenes.
- Is midwifery safe for the future?

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Organising Committee

Deirdre Kane, Ali Murphy, Mary Curtin, Liz Newnham, Jeannine Walsh, Patricia Hughes, Margaret Dunlea, Mag Whitely, Deborah Hadley

Join the Midwives Association of Ireland

To join or learn more about the association, please visit our website:

[HTTP://MIDWIVESIRELAND.IE](http://MIDWIVESIRELAND.IE)

Follow us on social media to keep apprised of upcoming events

