

UK Midwifery Study System

# Newsletter 10 - September 2018

UKMPdSS



September is, for many, about new academic terms, crisp and clean new writing books, new teachers, new students, new friends, new shoes, new studies... new beginnings. And so it is for our UKMidSS reporters who received the first report request for our new study, Previous PPH in alongside midwifery units, on 1st September. UKMidSS reporters will have received the new study guidelines and protocol, but just for revision, please read the following.

The case and control are identified based on admission for labour care to the birth centre and not necessarily on delivery in the birth centre.

A case is any woman, admitted to the birth centre for labour care, who had a previous PPH ≥ 500ml OR received a blood transfusion for a PPH prior to discharge home.

There is only one control per case for this study and this must be the preceding multiparous woman admitted for labour care who did not have a PPH.

Here are a few points and tips to share with you from hearing lessons learned and time-saving systems devised or suggested by our UKMidSS reporters. Some learning already!

- Try to keep up momentum by recording details of cases and controls, and your monthly birth centre admission and delivery figures, in a systematic and timely way.
- Use the Case Log in your white UKMidSS folder, and keep this somewhere handy, on the birth centre.
- Spread the word with other midwives about the study by putting the study poster in the birth centre staff areas, do a short presentation on the ward about what you do as a UKMidSS reporter and why it is important work, and get colleagues to support you in identifying cases and controls.



Maggie Jenkins learning new things every day

- Think about how you might identify your cases and who might be able to help you. Some units have electronic systems to cross check the admission with the woman's previous history to identify cases this way. Others may use the services of their clinical effectiveness teams to run reports for them. Some maternity units have designated research midwife teams who have helped reporters in our previous studies. For women who delivered elsewhere in a previous pregnancy, then their booking history may be your best resource.
- Make sure your OpenClinica log-in username and password are working and remembered. •
- Enter data for both case and control as soon as possible after reporting. Or you can use the sample forms on our website for writing down the data while you have the maternity notes in the unit and then enter into OpenClinica later.

Do send us your tips for identifying cases and controls, and your system for keeping up to date with admission and delivery figures on your unit, and we can share them with all reporters in our future newsletters.

# UKMidSS Birth Centre Admission Criteria Project



What birth centre midwife has not wondered at one time or another how admission criteria in birth centres might vary across the UK and what does this mean for practice, safety, and choices for women? Over the coming weeks, all alongside birth centre reporters and freestanding birth centres will receive an email from us here at UKMidSS asking them to answer a few short and simple questions in an online survey and upload their birth centre admission criteria documents.

Ceri Glenister, a Midwifery MSc student at Oxford Brookes University, will be working on this topic as part of her studies with us here! We think this promises to be a very informative and useful piece of work for mothers and midwives and we hope you will be able to spare a few moments when you receive the request to provide us with the details we need. All study findings will be anonymised.

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# UKMidSS Study Day - December 6th 2018

Check your email for the EventBrite Invite and register for what promises to be a really good day. We will be sharing the results of the Severe Obesity Study, and have a number of exciting speakers lined up. Come and share your experiences, learn and network with other UKMidSS reporters, and maybe even get some Christmas shopping done!

# Midwifery Unit Network Conference - July 2018

Two of our enthusiastic and helpful UKMidSS reporters took up our offer of a free place at this conference in exchange for helping to run our UKMidSS stand. Here's what they had to say about the day:

## **Stephanie Horridge - Preston Birth Centre**

I have been a UKMidSS reporter for the last 18 months, reporting on behalf of Preston Birth Centre here in Lancashire. I work as a research midwife part time as one of a team of four, and I also work clinically on our delivery suite. I was recently offered the opportunity to visit the Midwifery Unit Network (MUNet) conference in London, thanks to UKMidSS. It was a brilliant day, showcasing developments in midwifery units across the country, and it was lovely to get to meet other UKMidSS reporters, and talk to midwives about what UKMidSS is set out to achieve. There was a real positive attitude towards change within midwifery units across the UK, and I really enjoyed hearing about the developments and innovations in maternity units across the country. It was great to hear on the day that the results of the UKMidSS Severe Obesity Study will be published soon, and we are excitedly waiting to hear the findings here at Preston. As our birth centre has recently been chosen as one of the MUNet 'Beacon Sites', it was a fantastic opportunity to go and watch our local team celebrate their achievements also.

## Louise Elmy - Brook Birth Centre Ipswich

I was fortunate enough to represent UKMidSS at the recent Midwifery Unit Network Conference in London. It was a fantastic opportunity to meet so many likeminded colleagues and have an insight to the great work UKMidSS do. I am new to the role of UKMidSS reporter but it was very evident how many have participated in previous studies and are eagerly awaiting the results! I am now in the process of implementing the new midwifery unit standards in my own AMU as well as preparing for the UKMidSS current study. My intention is to use the basis of the study as a way to widen this element of our AMU inclusion criteria. This should be very interesting!





# **September Biscuits**

The September newsletter biscuit awards go to midwives who have been ahead of the game (and ahead of us in some cases!) and showed interest, enthusiasm and hunger for the new study (and the biscuits probably). **Carolyn Beaumont at Watford** and **Julie Grindey at Stockport** have been in touch with us regularly and are preparing well.

We also welcome back the **Kirkcaldy** and **Wexham** birth centre teams, as their units re-open following temporary closure, so they receive some biscuits too.



In the course of day to day UKMidSS work we speak to many midwives doing creative and interesting midwifery things. We asked **Teri Gavin-Jones** Midwifery-led Unit manager in Colchester, Hypnobirth trainer and, of course, a UKMidSS reporter, to write a short piece for the newsletter about her book writing. Here is what she wrote;

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My passion for normal birth is not uncommon in midwifery. However I find myself constantly disappointed in the choices available to women for managing their labour without pharmacological drugs. I am also constantly disappointed in the choice and results of pharmacological drugs. It was this that led me to explore hypnosis.

Once I had trained as a hypnobirth teacher, I realised the courses we were teaching at Colchester hospital contained limited midwifery input. I had trained in all hypnobirth 'brands', but none satisfied me as a midwife. This was how I started the journey of collaborating with a fabulous hypnotherapist and writing our own course.

HypnobirthMidwivesUK was gestated, and continues to grow in popularity. We continue to offer midwife specific in-house NHS training, and travel across the country as demand is high. In 2016 our Parents Workbook was published to accompany the course. This was quickly followed by an evidence based book for health professionals interested in the research. Writing two books, working full time as a midwife and also completing my Master's that year was challenging, and looking back am still unsure of how it happened. I have a very understanding husband, who also provides regular foot rubs and prosecco!

Today we are one of the largest hypnobirth Trusts in the country. Our approach to hypnobirth is one of neuroscience and evidence. We understand the limitations, but fully realise the potential for all births. We encourage a multidisciplinary approach, and are the only training program to have trained consultant obstetricians as well as midwives. New starter doctors have hypnobirth training on induction week and it has become an embedded technique.

My next challenge is a year secondment with the CCG as clinical lead for the Better Births program.

Wish me luck!!



# The UKMidSS Back Page Interview Introducing Mervi Jokinen, UKMidSS Steering Group Chair

## Mervi, can you tell UKMidSS reporters something about yourself?

I am Mervi Jokinen, a midwife, and the current Chair of the UKMidSS Steering Group. I was fortunate enough to be involved with UKMidSS from the beginning. I truly believe national

surveillance studies are important in informing all health professionals, women and their families they care for. I am originally from Finland but have been working in the NHS since 1974, having qualified as a nurse and then a midwife in the UK. After several memorable years in clinical practice, I now work as a Professional Adviser in the Royal College of Midwives.

## What do you do to wind down after work?

Whenever I get a chance to be at home you will find me in the garden. I used to have an allotment but became too busy so had to let it go. I still miss my fresh vegetables and fruit, though it was hard work. Keep fit without gym prices and with great benefits.

## Do you have any pets?

Just gold fish now, they are quite self-sufficient so no need to fret about them if away. I did use to have budgies though and would love to have chickens.

## When you were a clinically based midwife is there a birth story that was particularly memorable?

It was a home birth during Rugby World Cup. The labour suddenly speeded up when the woman was in her bath. She wanted to move to the bedroom for the birth, so her husband and I duly helped her. She sat on the bed (her choice) and was swinging legs onto the bed, her husband standing next to her. I could hear from the noises she was making that the birth was imminent; turned to reach for my gloves near the end of the bed. With a loud noise (any midwife would recognise this) her waters suddenly broke. I turned around and in a glorious slow motion in my mind (very fast in reality) the baby after backtracking a bit with the force of the water, followed like a rugby ball. Her husband had the presence of mind to put his hands down and I made a beautiful dive with my hands stretched and caught the baby, after him bouncing from the husbands hands. It was so apt as the husband was a rugby fan. I often wonder if the baby grew up to be a rugby player. I am sure the parents remember the birth as vividly as myself - it was a glorious catch.

## What would be your inheritance tracks?

I love Motown, funk and soul, being young in the 1970s in London. For some reason this type of music gets into my soul and all my cells start to dance and as anyone who knows me I am suddenly moving. I cannot name any specific songs but many events in my life are framed by music and when I hear some songs memories flood back.

## I suspect you eat very healthy food. What is your food indulgence?

I love food; I remember places by the food I ate. I am not fussy in thinking if it is healthy or not, but naturally cook with basic nature provided ingredients. I am a more savoury than sweets person and spicier the better. That comes from working with colleagues from so many different countries. Midwives always share food.

#### What film or theatre production has really made its mark on you and why?

'Hello Dolly' my first musical when I was 10, I decided there and then to become an actress. Well there is still time.

#### Where might you be holidaying this year?

No decisions, I travel a fair amount in my European roles and appreciate home and the garden.

Mervi, you are involved in Standards for Practice and Midwife Education and we at UKMidSS are based at the University. Let's think of future technology and research possibilities... If a collaboration between research, genetics, and the college could 'design' a midwife for the future NHS needs what key work/life attributes would this midwife possess?

Without getting too academic about it, I still believe if the midwife possesses the old adage 'Hands, Hearts and Mind' you can build anything on those attributes that allows her to adapt to the needs of women and their families in contemporary society. Childbirth is a mirror of society we live in. Changes in technology, medical and social needs may seem different now, but a midwife with those attributes above will always make a difference.

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