Authors:

Mary Newburn, Lucia Rocca-Ihenacho & Sheena Byrom

Mary Newburn
Consultant, health researcher / public & parent involvement PPI lead for Maternity theme, King's College London, CLAHRC South London

Dr Lucia Rocca-Ihenacho

NIHR Research Fellow and Lecturer in Midwifery, City University of London

Sheena Byrom

Please add titles.

Title:

The Midwifery Unit Network: creating a community of practice to enhance maternity services

Abstract

The Midwifery Unit Network (MUNet) is a community of practice which aims to promote and support the implementation and improvement of midwifery units (MUs) in the UK and internationally. It was launched in April 2016 and has been growing fast since its inception.

In this article the co-leads of the MUNet describe how they established the network, and the challenges that they had to overcome. The aim of this article is to inspire more midwives and parent advocates to consider establishing a community of practice, and to offer some guidance on the key aspects involved.

Background

Robust evidence suggests that midwifery units are the ideal birth place for healthy women with straightforward pregnancies, since they lead to better maternal clinical outcomes and at least comparable perinatal outcomes (Hallowell et al, 2011; 2015). Midwifery units are also linked to better experiences for mothers (Macfarlane et al, 2014a, 2014b, Overgaard, 2012) as well as lowering healthcare costs (Schroeder et al, 2012; 2017).

As a community of healthcare professionals and managers we are faced with the difficult and elusive challenge of implementing best evidence into practice (Rycroft-Malone et al, 2013). Despite the recommendations to commissioners and providers to ensure that all four

birth settings (home, alongside and freestanding midwifery units, obstetric unit) are available, most women still give birth in hospital (Rowe et al, 2014). Many NHS services still offer obstetric unit as the mainstream option and midwifery-led birth settings as an alternative.

Communities of practice can be used as a strategy to support the implementation of best evidence into practice (Ranmuthugala et al, 2011).

Creating a community of practice: the beginnings of the Midwifery Unit Network (MUNet)

Early in 2015, consultant midwives Lucia Rocca-Ihenacho and Felipe Castro Cardona asked Sheena Byrom to join them in creating the *Midwifery Unit Network*. We wanted to build on the work of the *Birth Centre Network*, an initiative established for similar reasons but functioning mainly via an email list.

The aim of the network was to promote and protect the provision of midwifery units (birth centres). We were passionate about the potential to influence service provision and to change the culture of maternity care in England and other European countries. Lucia and Felipe were each working in a London teaching hospital; they had a clear grasp of the evidence on place of birth for healthy women with a straightforward pregnancy and wanted to join forces with other like-minded individuals to make change happen. Lucia had been involved in establishing the Barkantine Birth Centre, which was the first purpose built freestanding midwifery unit (FMU) in London. Sheena had co-lead the development of three MLU's in East Lancashire. Lucia was in the final year of her doctoral study, focusing on identifying the key ingredients which made a FMU successful.

We knew from practice and research, that women could be supported to have their babies in ways that were fulfilling and empowering on a personal level and associated with less interventions than in UK obstetric units.

The environment of the midwifery unit, the philosophy of the team, as well as the ownership of both the environment and the ways of working, made midwifery units special places where to give birth and to work in (McCourt et al, 2011; 2014; Rocca-Ihenacho, 2017). As values and beliefs were different, behaviour towards women and their families was different.

Sheena Byrom, an experienced midwife who had been a consultant midwife and head of midwifery, now working as a consultant and very active on the conference circuit and on social media was an obvious choice as a partner for the new initiative. Mary Newburn was also invited to join as a co-leader for the network in an executive role. Mary was invited because of her extensive experience working as policy advisor to the NCT, her knowledge as a parent-advocate, and her broad networks. The group of four took things forward together.

From the beginning the idea was to create a not-for profit, 'knowledge transfer hub', using social media to connect people. The home page of the website says that the network:

'offers support to those wishing to develop midwifery units (birth centres), and to already established midwifery units. The network acts as a hub to share good practice and information resources, and be a community of practice with a shared philosophy essential to offer consistent, excellent and safe care for women and their families'.

Our ambition

Our ambition is to maximise potential for a positive childbirth experience, and to enhance the physical and psychological wellbeing of childbearing women, their babies and their partners through the promotion and support of midwifery units (birth centres).

We strongly believe that childbirth can be an opportunity for growth as individuals and as a family and that the way we approach this event can have long term positive impact.

Building support for the MUNet

1- **Collaboration with the RCM:**

   One of the founders, Sheena Byrom, was a Royal College of Midwives board member at the time, & kept the College informed about the network. She also liaised with the RCM about how the founders wanted it to complement other initiatives to support and develop midwifery care.

   A formal collaboration was agreed in 2016, with the network working with the college through its *Better Births Initiative*.

2- **The creation of an Advisory Group**

   An advisory group, was established, made up of a wide range of maternity experts: midwifery leaders in practice, management, education and research, other clinical health professionals, including obstetricians a GP and neonatologist, women who use maternity services and are involved in developing their local services, commissioners and a senior policy leader at NHS England, the body that leads the National Health Service (NHS) in England, setting the priorities and direction of the NHS.

Those were our beginnings. If you choose to set up a more local network in your area, or a network to serve another country, your ambitions and methods of working may be different.

Practice challenge N.1:

How could you build a local network of support for your midwifery unit?

How to help midwives accessing information on midwifery units

Information on the Midwifery Unit website explains that 'There is a huge amount of experience and good practice available for others to learn from, but there has been no easy way to access that information.'

Midwives can contact 'the hub' of the co-founders and their advisors via the enquiries facility on the website which links to email, or via the Facebook Page (link), or the closed Facebook Group , which people can join via a request to the moderator. As a member, they can post questions and respond to posts from other members. The Midwifery Unit Network Twitter account (@MidwiferyUnits) is another way to communicate. It raises the profile of the network, sharing news, ideas and links to publications and events.

Practice challenge N.2:

Do you know how to navigate our website and find the resources that you need?

How to support service improvement

Despite having a national policy that women should be offered choice of place of birth, (National Maternity Review, 2016), in many areas provision of midwifery units (and home birth services) is limited and the proportion of women who book to give birth in a midwifery unit is often well below all those who are eligible (Coxon et al, 2017).

We know anecdotally and from monitoring and support provided by www.BirthChoiceUK, that free-standing midwifery units have often been under clinical scrutiny, have experienced falling numbers of women booking in these facilities in some areas, especially if the fabric of the building is in poor repair or there are 'temporary' closures, and these units frequently come under pressure to close or operate a reduced opening hours model of service for financial reasons. These factors can lead for poor morale among midwives staffing FMUs, who can feel isolated and unsupported.

Alongside midwifery units (AMUs) also experience staff being moved to the labour ward leading to temporary closure or functioning at less than full capacity. Our perception is that midwifery units, rather than being seen as the core service for women at low-risk of experiencing complications, continue in many areas to be seen as additional 'extra' or luxury, unnecessary services.

We feel that a culture change is needed so that midwifery units are readily accessible by women in all areas at all times. As advocated by the new Maternity Review *Better Births* (NHS England, 2016) we want to see a world in which good practice in running midwifery units is shared. Instead of a fragmented system with freestanding midwifery units being at the periphery, they will be seen as core services, 'community hubs', as defined by *Better Births* (2016). These midwifery units should be developed and promoted as highly valued facilites providing holistic care to families, addressing needs for emotional support and recognising social issues as well as providing exemplary clinical care. Midwives would feel

confident and proud of the services they were running and women would expect to be able to go to a birth centre as one of their birth options.

Practice challenge N.3:

Would you know how to strategically challenge the threat of closure of your MU?

Would you know how to strategically challenge the continuous puling of midwives from the AMU to the labour ward?

What needed to be done?

In the beginning, it appeared that many of the barriers could be overcome. In the age of social media, we could very readily provide an information resource centre, signposting midwives to relevant research studies, such as the Birthplace in England research programme (Hollowell et al, 2011), summaries of evidence and NICE guidance on choice of place of birth, as well as sharing policy developments. We would put interested midwives and women campaigners in touch with each other, so that they could provide mutual support and solutions to each other's challenges. We wanted to create a virtual community so that those working in midwifery units could feel part of a group that was strong and proud, and able to address challenges, look for solutions, reflect and learn together.

What actions did we take?

One of the earliest actions taken was to develop a website, so there was an online presence. Names of invited Advisors were listed and leaders in the field were invited to write blogs to start some conversations. A closed group was set up on Facebook where midwives and others with an interest could pose questions in a secure place, post news and get feedback. Twitter has been used to highlight Midwifery Unit Network developments and maternity news, and to build a community of interest.

A launch meeting was held in London in the spring of 2016 about 12 months after the idea was first put into action. Student midwives helped the co-founders to manage the event using Eventbrite, a conference booking service which is free of charge for 'free to attend' events. This created an opportunity for interested parties to come together; friendships and professional contacts were renewed or created for the first time. Energy and enthusiasm was generated. Services show-cased there work and came to celebrate. Baroness Julia Cumberlege, chair of the recent maternity review in England, chaired the event. *Better Births,* the review report, emphasised the importance of choice of place of birth and access

for women to midwifery care. An atmosphere of energy and purposeful direction was generated.

On the same day, Lucia Rocca-Ihenacho and Felipe Castro Cardona held the First European Midwifery Unit Network event, which ended with all our international partners attending the official MUNet Launch in the evening.

Collaborations and progress

The joint programme of work which Midwifery Unit Network has agreed with the Royal College of Midwives includes hosting of regular webinars during which NHS Trust midwives can book a half-hour session to put questions to an expert panel made up of Network founders and advisors. Dr Rocca-Ihenacho is coordinating a group at City University of London, partially commissioned by the RCM, with the aim of creating updated Midwifery Units Standards, a project nested in her NIHR funded post-doctoral Fellowship '*NICE Birthplace Action Study*' aimed at developing strategies for implementing NICE recommendations on place of birth.

In February, Midwifery Unit Network supported the lead for community maternity services in Shropshire to run a conference on *Implementing the national maternity review in rural communities.* Dr Denis Walsh presented preliminary research findings from a mapping study of maternity units. Nationally renowned midwifery leaders and managers, including Cathy Warwick, Tracey Cooper, Kathryn Gutteridge, Gill Walton and Cate Langley shared their models of community services. A new practical guidance sheet was launched at the event which included tips of how to write business case for developing midwifery services.

Case study - Midwifery Unit Network Australia

Mary Newburn and Sheena Byrom ran a workshop at *The Normal labour and birth conference* in Sydney in October 2016 to share with midwives from around the world information on how Midwifery Unit Network operates, mainly in the UK. Midwives attended from Australia, north America, and many European countries. In small groups they discussed the most pressing needs for change in their countries and whether an online network might be a useful way to promote growth and change. One of our messages was that a network can be run on a shoestring by a small number of volunteers, though financial and other resources can also increase reach and effectiveness. Midwives in Australia decided that they would establish a midwifery unit network and they soon crated MUNet Australia.

Making the MUNet sustainable

The four MUNet co-leads have worked for the last two years often on top of their other job commitments. As it often happens grass-route initiatives have a great deal of energy due to the non-institutional nature and the high commitment by group members (Rocca-Ihenacho & Redfearn, 2011; Rocca-Ihenacho, 2017).

We are now facing the challenge of getting established as an organisation and to strategically plan some income generating activities in order to make the MUNet financially sustainable.

We are planning to offer consultancy to NHS Trusts who need support in developing their services and to offer training. We have also applied for research funding for the activities more closely aligned with that aspect of the MUNet, particularly useful in order to offer support to partner European countries such as Italy, Spain, Czech Republic, Bulgaria and Romania, who are keen in developing their midwifery units capacity but lack funding to pay for the support. We have already facilitated training events, and we are available to participate in others , in these countries and income generated in the UK often helps us paying for travel and subsistence to organise events abroad.

Conclusions

We strongly believe that midwifery units offer unique settings which benefit both local families and the staff working in them. We will keep campaigning and supporting the development and improvement of midwifery units both in the UK and globally. The creation of the MUNet has been an inspiration to us all, and we have learned many lessons about strategic planning, how to get support and grow, how to develop a community of practice and become financially viable. Moreover we have learned how to work together, how to overcome obstacles and how our key characteristics as individuals made us strong together.

Final practice challenge:

- Is your MU considered the 'norm' for health women with straightforward pregnancies by your local GPs, Health Visitors, Midwives, obstetricians and neonatologists?
- Are local women and their families receiving evidence-based unbiased information on options for birthplace.
- Would you benefit form establishing a local advisory group to support your MU?
- Do you facilitate small group tours of your MU?
- Do you run your own 'active birth workshops' for all women (and their birth supporters) who might plan to give birth at the MU?
- Do you host positive birth tea parties, run by service users?
- Have you run a 'walkabout' in partnership with service users to ensure your MU environment is service users friendly and welcoming?
- Would organising a local conference increase the profile of your MU?
- Have you conducted a developmental needs assessment of your staff (interdisciplinary team)?
- Are you routinely collecting extra data for you MU, including clinical outcomes but also processes data?
- Do you present yearly the clinical outcomes for the MU as well as service users' experiences?

References

Coxon, K., Chisholm, A., Malouf, R., Rowe, R., Hollowell, J. (2017) What influences birth place preferences, choices and decision-making amongst healthy women with straightforward pregnancies in the UK? A qualitative evidence synthesis using a 'best fit' framework approach. *BMC Pregnancy and Childbirth* 17:103 DOI 10.1186/s12884-017-1279-7

Department of Health (2007) *Maternity Matters: Choice, access and continuity of care in a safe service*. Crown Copyright, London.

Hollowell, J., McCourt, C. and MacFarlane, A., (2011) *Birthplace programme overview: background, component studies and summary of findings. Birthplace in England research programme. Final report part 1*: NIHR Service Delivery and Organisation programme.

Hollowell, H., Rowe, R., Townend, J., Knight, M., Li, Y., Linsell, L., Redshaw, M., Brocklehurst, P., Macfarlane, A., Marlow, N., McCourt, C., Newburn, M., Sandall, J., Silverton, L. (2015) *The Birthplace in England national prospective cohort study: further analyses to enhance policy and service delivery decision-making for planned place of birth. Health Services And Delivery Research*. Vol 3 Issue 36 Aug 2015 ISSN 2050-4349

McCourt, C., Rance, S., Rayment, J., Sandall, J. (2011) *Birthplace Qualitative Organisational Case Studies: How Maternity Care Systems May Affect the Provision of Care in Different Settings. Birthplace in England Research Programme. Final report part 6*. London: NIHR Service Delivery and Organisation programme.

McCourt, C., Rayment, J., Rance, S., Sandall, J. (2014) *An ethnographic organisational study of alongside midwifery units: a follow-on study from the Birthplace in England programme.* Health Services And Delivery Research 2014 VOL. 2 NO. 7

National Maternity Review (2016) *Better Births: improving outcomes of maternity services in England. A five year forward view for maternity care.* London; 2016.

Overgaard, C., Fenger-Grøn, M. and Sandall, J. (2012) The impact of birthplace on women's birth experiences and perceptions of care, *Social Science & Medicine*, 2012 Apr 30;74(7):973-81.

Ranmuthugala, G., Plumb, J.J., Cunningham, F.C.,Georgiou, A., Westbrook, J.I., Braithwaite, J. (2011) How and why are communities of practice established in the healthcare sector? A systematic review of the literature. *BMC Health Services Research* 201111:273 DOI: 10.1186/1472-6963-11-273.

Rocca-Ihenacho, L (2017) *An ethnographic study of the philosophy, culture and practice in an urban freestanding midwifery unit*. PhD Thesis. City University of London.

Rocca-Ihenaco, L and Redfearn, R (2010) Creating the Barkantine birth centre: the successes and challenges. *New Digest*, October, no. 52, p. 12.

Rowe, R.E., Townend, J., Brocklehurst, P., Knight, M., Macfarlane, A., McCourt, C. et al. (2014) Service configuration, unit characteristics and variation in intervention rates in a national sample of obstetric units in England: an exploratory analysis. *BMJ* Open 2014;4:e005551. http://dx.doi.org/10.1136/bmjopen-2014-005551.

Rycroft-Malone, J., Seers, K., Chandler, J., Hawkes, C., Crichton, N., Allen, C., Bullock, I., Strunin, L. (2013) The role of evidence, context, and facilitation in an implementation trial: implications for the development of the PARIHS framework. *Implementation Science*, 8:28 http://www.implementationscience.com/content/8/1/28.

Schroeder, E., Petrou, S., Patel, N., Hollowell, J., Puddicombe, D., Redshaw, M., Brocklehurst, P. (2012) Birthplace in England Collaborative Group., Cost effectiveness of alternative planned places of birth in woman at low risk of complications: evidence from the Birthplace in England national prospective cohort study, *BMJ,* 344, e2292.

Schroeder, L., Patel, N., Keeler, M., Rocca-Ihenacho, L. and Macfarlane, A.J., (2017). The economic costs of intrapartum care in Tower Hamlets: A comparison between the cost of birth in a freestanding midwifery unit and hospital for women at low risk of obstetric complications. *Midwifery*, 45, pp.28-35.