

Opinion

Upfront / Rosemary Mander

In the aftermath of scandals, there come reports. But they do not tell the whole story. For example, the Francis report (2013) into the failings of the Mid Staffordshire NHS Foundation Trust gave little consideration of the governmental, organisational and cultural pressures that prevented staff from providing an acceptable standard of care.

Likewise, the maternal, neonatal and other deaths at the Morecambe Bay Trust were subject to a series of investigations (Ramesh, 2013), which led to a verdict of 'dislocation between senior managers and senior clinicians' (CQC, 2012). But this focused on leadership and a profound ignorance of midwifery supervision was evident.

Against this backdrop, there are a number of publications that seek to offer reassurance about the healthy condition of midwifery in the UK, and in Scotland in particular. But they too are flawed.

Helen Cheyne et al (2014) say that the majority of women consider their care to be excellent or good, in spite of clear deficiencies in crucial areas, such as information giving and continuity. Their report also finds that about a third of women reported a lack of understanding or kindness postnatally. However, the report is based on a response rate of only 48% and one has to question its validity.

The review of the state of maternity services for the RCM (2013) also endeavours to be comforting. The vertiginous fall in the number of midwives practising

in Scotland is passed off merely as a 'data cleansing exercise' to which the removal of those with a midwifery qualification working in neonatal units contributed. However, such a decline has not affected the other countries of the UK.

There is a failure to take account of sickness absence with its serious potential for understaffing and there is no breakdown by age for midwives in Scotland, as there is in England. So, there is no impression of the staffing challenge anticipated

when the greying midwifery population comes to retire (Griffiths, 2014). Instead, the report reveals significant cuts in the number of undergraduate midwifery programmes and students as 'reasonable'.

Audit trail

Of course, the lack of midwives is far from the whole picture.

Midwifery practice is becoming more defensive because of an increased number of childbearing women being labelled as 'high risk', the rising rates of medical

intervention, shorter stays for women giving birth in hospital and a truncated postnatal period in community midwifery. Thus, the focus of practice has been transferred from the new mother to the audit trail.

It may be that unsafe staffing levels continue to go unreported because of the unsupportive culture of NHS midwifery practice (Kirkham, 1999). Although the NMC's guidance on whistleblowing (2013) does not even acknowledge such a culture, and it is a brave midwife who risks being labelled as 'unable to cope' or, worse, 'a trouble-maker' since it would jeopardise her future.

An online discussion among self-identified feisty midwives, results in resilience being put forward as the solution to the challenges (Hunter and Warren, 2013). But this solution also has critics who envisage resilience as an accepting response to a less than acceptable environment (MacKinnon and Derickson, 2013).

Because of the unclear picture, an online survey is planned so that midwives and students can discuss how their practice is affected by their working environment. The survey, which is anonymous and confidential, can be completed at: ([need web address](#)). The findings will be used to provide policy-makers with a reliable picture of midwifery practice. **M**

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For references, visit the
RCM website.



SMOKE AND MIRRORS

Reports and papers that claim to illuminate the state of midwifery in the UK are misleading, says **Rosemary Mander**. She explains why.