



# POSTNATAL CHANGES

*The shift away from midwifery's involvement in postnatal care has implications for students – the workforce of the future. Two midwifery educators argue that there needs to be joined-up thinking on how postnatal care is delivered.*

**A**s midwifery educators, we are well placed to observe changes taking place in practice areas, both in clinical roles and in messages we receive from students. For many years, postnatal care has been regarded as the 'Cinderella' service and it is the first area to be cut in times of financial austerity. The postnatal period remains defined as 'up to six weeks postpartum' (NICE, 2014), yet in recent years, midwives rarely have the opportunity to care during the whole period. It is apparent that some trusts believe that postnatal care could be carried out by others instead of midwives. As educators, we are concerned at the potential impact on women and families, students and the future of the midwifery profession.

The RCM audit (2010a) outlines the importance of future midwives being able to provide flexible services amid the changing context of women's health needs in the postnatal period (Schmied and Bick, 2014). The report also highlights the

importance of skill acquisition among midwives, particularly as MSWs now provide a key support role.

In order to develop skills, student midwives need quality placement experiences, particularly in areas that enable continuity and focus on health after childbirth. However, the RCM audit (2010a) established that changes to models of postnatal care are having an impact on student contact with women and their families. Reconfiguration means women are being seen less often, making it difficult for both midwives and students to follow the continuum of health and social care needs. There also appears to be a heavier reliance on telephone contact to support women or a requirement to attend postnatal clinics (RCM, 2010a).

## **MSWs**

The incorporation of the MSW role has been perceived by Griffin et al (2009) as a mechanism for enhancing the midwife's role and improving the experience of postnatal mothers. However, this study identified that MSW training needed to be standardised and there was scope to improve aspects of the training. In essence, this demonstrates variation in the MSW role and responsibilities, including aspects of training and content. Baxter and Macfarlane (2005) discuss a working strategy



# Your thoughts

to employ registered nurses and nursery nurses to care for women who have undergone a CS birth. Seemingly, this was implemented on the basis of postnatal mothers' feedback and, overall, this approach appears to be evaluated positively.

It is shown that MSWs do more postnatal care visits independently of student midwives (RCM, 2010a). However, prior to independently undertaking postnatal assessments, there should be an expectation for appropriate training for student midwives and MSWs to ensure competence.

The RCM, in its document *The role and responsibilities of maternity support workers* (RCM, 2010b), has tried to outline the roles that MSWs can undertake. It says that tasks, such as the newborn blood spot, would need to be agreed by the newborn screening programme. But, regardless of agreement, the document suggests that MSWs may not have the depth of understanding to convey information on this test. This process is, in effect, deskilling the midwifery profession of the future and needs careful thought. Is this what we want? Do we no longer need to educate students in taking newborn blood tests?

## Changing role

The use of volunteers in the provision of breastfeeding support could prompt the question about whether midwives will continue to be involved in infant feeding. If not, does this need to be included in education competencies? Any such shifts in practice that mean the midwife's role is changing should have high level debate across the NMC and even wider to the European Union. If they are still to be included, then practice areas should ensure students are provided the opportunity to learn appropriately.

If midwives are not carrying out the care in practice, then students are not learning what

is 'normal' for each aspect of the puerperium.

Therefore, once qualified, these individuals will be unable to recognise what is 'abnormal' and needs referral. Before qualification, some students are having difficulty in being signed off for competencies – midwives are reluctant to complete documentation where students have not had experience or have visited with an MSW. It is suggested that more student midwives might experience difficulty in meeting expected standards and essential skills clusters set by the NMC in 2012 and the European Parliament in 2005 (RCM, 2010a).

Current fragmentation of services is leading to a task-orientated approach. For example, the attendance of MSWs to provide breastfeeding support means their role is focused on the needs of the baby. However, they are not trained in the full aspects of the needs of a postnatal woman and her family. Potentially they will not ask the right questions around the new mother's health and wellbeing, so nuances around postnatal mental illness or signs of infection may be missed. Also, over the long term, women are no longer receiving effective support in the early days of motherhood with anecdotal evidence of increased admissions for infant-feeding problems and maternal infection.

## Training needs

It is vital that educationalists work with stakeholders to consider the training needs of student midwives, so that they can develop the core clinical skills needed to care for postnatal women. Ingvild and Lilleengen (2013) similarly explored the challenges of reduction in postnatal provision in Norway. They researched the benefits of student midwives being able to follow women from birth into the postnatal period.

It is important, therefore, that innovative ways of working and learning are developed, so that students can meet the needs of postnatal mothers. There needs to be joint decision-making on how students can develop skills in roles that are currently undertaken by MSWs. Issues of accountability need to be addressed, in line with how mentors work, to support student learning within areas of postnatal care.

Women and families should also be provided with individualised postnatal care that meets their holistic needs. Overall, there should be widespread consideration of the impact of any change in care provision that goes beyond cost-saving. **M**

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## PROVISION OF POSTNATAL CARE

In an RCM survey (2015) of members in 2013:

**20%**  
stated that some postnatal visits were solely carried out by a student midwife

**40%**  
stated that some were solely carried out by an MSW

**20%**  
thought that midwives were present at all visits

**84%**  
reported all visits had a midwife present in 2010 RCM survey (RCM, 2010)

