



Promoting - Supporting - Influencing



Learn, Share & Improve Care

Inspiring midwives, improving maternity care

E: midirs.helpdesk@rcm.org.uk

T: 07768 015063

W: www.midirs.org

Student Midwife Resource Pack 2021-2022

Created: 07/27/2021

Maternity and Infant Care (MIC) comprises more than 290,000 citations relating to the midwifery profession, pregnancy, labour, birth, postnatal care and the 'transition to parenthood', infant feeding and neonatal/infant care up to 24 months. Material selected for inclusion comes from over 400 journals as well as book chapters, reports, guidelines, audio visual materials, news items, conference proceedings and other 'grey literature'. MIC includes citations for records from the Cochrane Database of Systematic Reviews, as well as from government bodies and professional organisations which include the Department of Health, the National Institute for Health and Clinical Excellence, the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, and the World Health Organization [this is not an exhaustive list].

Bespoke Search tips:

1. The results of your Bespoke Pack start below. If the full text of an article is freely available online, we will provide the URL - simply click the live hyperlink to view. MIDIRS cannot take responsibility for external content, and hyperlinks provided by external organisations are subject to change.
2. You can search within the Bespoke Pack PDF for relevant keywords by pressing 'CTRL + F' and entering the terms you wish to find.
3. If a record in the Bespoke Search has been published in MIDIRS Midwifery Digest or Essentially MIDIRS then this can be ordered via the following [link](#)
4. If a record in the Bespoke Search does not have a full-text URL link and is not from a MIDIRS publication, then unfortunately we are unable to supply. Try your university library, Trust library, or British library for a copy.

2021-05244

An exploration of the development of resilience in student midwives. Williams J, Lathlean J, Norman K (2021), British Journal of Midwifery vol 29, no 6, June 2021, pp 330-337

Student midwives have to complete a demanding programme to become a midwife, and therefore it is questioned whether they need resilience to be successful. The study's aims were to explore whether resilience developed in one cohort of 25 undergraduate student midwives and what the concept of resilience meant to them. This study adopted a longitudinal case study approach in one Higher Education Institution in England during the first 18 months of their programme. The study used Wagnild and Young's (1993) (updated 2015) True Resilience Scale© (1), administered on three occasions. Additionally, four focus groups were conducted twice and six participants were involved in one-to-one interviews to explore issues raised in the focus group. SPSS Pairwise comparisons revealed that there were significant differences in True Resilience Scale© scores between the first and the second completion ($p=0.034$), and time one and time three ($p=0.002$); there were no significant differences between time two and time three ($p=1.0$). In this cohort of student midwives, the scale showed that the majority had developed their resilience during the study and this was supported in what the students reported. A conceptual model, which defines resilience for student midwives, is presented to strengthen how resilience can be supported and developed. (Author)

1. Wagnild G, Young H. Journal of Nursing Measurement, vol 1, no 2, 1993, pp 165-178

2021-01477

Midwifery students experience of continuity of care: A mixed methods study. Foster W, Sweet L, Graham MK (2021), Midwifery vol 98, July 2021, 102966

Background

Continuity of Care Experiences are a mandated component of Australian midwifery programs leading to registration. Despite research evidence of the benefits of Continuity of Care Experiences for student learning and for women, there is limited evidence on the personal impact of this experience to students. Additionally, there is limited guidance on how to best support students to successfully complete this valuable component of their program.

Objective

To identify the emotional, psychological, social and financial costs of undertaking the Continuity of Care Experience component of a midwifery program and to provide information which may lead to educational strategies within CoCE aimed to improve student support and alleviate challenges.

Design

Using surveys and diary entries, a convergent parallel mixed methods approach was used to collect qualitative and quantitative data concurrently. Descriptive statistics were used to analyse financial cost, and clinical, travel and wait times. A constant comparative analysis was used for qualitative data about student's Continuity of Care Experiences. Integrative analysis was used to reconstruct the two forms of data.

Setting

Two Australian universities offering Bachelor of Midwifery programs.

Participants

Seventy students completed the demographic survey and 12 students submitted 74 diaries describing 518 episodes of care. There was a response rate of 18% recorded.

Findings

Analysis identified four themes: perception of Continuity of Care Experiences; personal safety; impact on self and family; and professional relationships. The mean time spent per completed experience was 22.20 hours and the mean cost was \$367.19. Although students found Continuity of Care Experiences to be a valuable learning experience, they identified numerous factors including time, money, and personal circumstances that impacted on their ability to successfully meet the requirements.

Implications for practice

Continuity of Care Experiences are a highly valuable, but often challenging component of midwifery education in Australia. Using a model of social interdependence, students, educators and maternity care providers may engage better with the process and philosophies of CoCE. (Author)

2021-01283

Undertaking a scoping review: A practical guide for nursing and midwifery students, clinicians, researchers, and academics.

Pollock D, Davies EL, Peters MDJ, et al (2021), Journal of Advanced Nursing vol 77, no 4, April 2021, pp 2102-2113

Aim

The aim of this study is to discuss the available methodological resources and best-practice guidelines for the development and completion of scoping reviews relevant to nursing and midwifery policy, practice, and research.

Design

Discussion Paper.

Data Sources

Scoping reviews that exemplify best practice are explored with reference to the recently updated JBI scoping review guide (2020) and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Scoping Review extension (PRISMA-ScR).

Implications for nursing and midwifery

Scoping reviews are an increasingly common form of evidence synthesis. They are used to address broad research questions and to map evidence from a variety of sources. Scoping reviews are a useful form of evidence synthesis for those in nursing and midwifery and present opportunities for researchers to review a broad array of evidence and resources. However, scoping reviews still need to be conducted with rigour and transparency.

Conclusion

This study provides guidance and advice for researchers and clinicians who are preparing to undertake an evidence synthesis and are considering a scoping review methodology in the field of nursing and midwifery.

Impact

With the increasing popularity of scoping reviews, criticism of the rigour, transparency, and appropriateness of the methodology have been raised across multiple academic and clinical disciplines, including nursing and midwifery. This discussion paper provides a unique contribution by discussing each component of a scoping review, including: developing research questions and objectives; protocol development; developing eligibility criteria and the planned search approach; searching and selecting the evidence; extracting and analysing evidence; presenting results; and summarizing the evidence specifically for the fields of nursing and midwifery. Considerations for when to select this methodology and how to prepare a review for publication are also discussed. This approach is applied to the disciplines of nursing and midwifery to assist nursing and/or midwifery students, clinicians, researchers, and academics. (Author)

2021-00523

Creating a partnership of care in clinical practice: a student midwife's reflection. Rajan-Brown N (2021), MIDIRS Midwifery Digest vol 31, no 1, March 2021, pp 58-60

Advocacy is a mainstay of midwifery practice, ensuring women's needs are met holistically. This reflection explores the mother-midwife relationship, discussing the fine balance between empowering self-efficacy, while advocating on women's behalf where necessary. Student midwives must also learn to develop advocacy skills, being mindful of the impact of the student-mentor relationship on practice. (Author, edited)

2021-00522

Virtual Reality Learning Environments — reconfiguring clinical practice situated in health care education. King D (2021), MIDIRS Midwifery Digest vol 31, no 1, March 2021, pp 40-45

Objective: The higher education of future health care professionals continues to be recognised as of significant importance for the betterment of women's and children's health, yet the World Health Organization (WHO) has highlighted the global issue of learners with limited access to higher education and practical skills teaching, and educators lacking skills and equipment. Virtual Reality Learning Environments (VRLEs) are offered as a computer-generated virtual simulation of a clinical workspace. Mobile handheld devices, laptops and personal computers (PCs) can be used to access learning materials, and practise clinical skills by interacting with simulations of patients, their families and other health care professionals. Both practical and more intuitive aspects of health care competency can be experienced, supporting health care learners worldwide, at any stage of their career, to access clinical scenarios which cannot otherwise be guaranteed.

Methods: The use of VRLEs was researched for a doctorate exploring the impact of VRLEs on health care education. Data were contributed by 311 health care students from all three years of their degree programmes for this research project which was created for an academic clinical doctoral thesis. The research participants (RPs) were from various professions, including midwifery, paramedic science and physiotherapy. This action research project explores health

care students' collective experience of VRLEs. The research data were collected using a pre- and post-intervention questionnaire and focus groups, viewed through a phenomenographical lens and themes generated using thematic analysis.

Ethical approval: Obtained from Bournemouth University, reference 23182.

Results: This research project provided health care students with realistic, easily accessible, immersive virtual experiences in which they could actively participate. It found that VRLEs offer health care students a space to practise clinical skills, have a positive impact on their confidence and their ability to develop clinical intuition skills and result in a positive impact on students' patient care going forwards.

Conclusion: VRLEs are profession-generic and topic-specific so clinical skills can be practised by health care students and professionals from a wide variety of disciplines. VRLE flexibility means educational institutions, worldwide, can provide access to clinical training and experiences which cannot otherwise be guaranteed. (Author)

20201218-37*

The NMC Code and its application to the role of the midwife in antenatal care: a student perspective. Rajan-Brown N, Mitchell A (2020), British Journal of Midwifery vol 28, no 12, December 2020, pp 844-849

The Nursing and Midwifery Council (NMC) Code provides the foundational 'values and principles' a midwife should follow throughout their practice. This article discusses the application of the four pillars of the Code - prioritise people, practice effectively, preserve safety, and promote leadership and trust - to the role of the midwife in antenatal care. In providing holistic care facilitated through communication, a midwife can demonstrate advocacy, accountability, competency and leadership to provide quality, safe care to women. However, following the Code is not always straightforward; organisational demands are often in opposition with NMC values. This article discusses the midwife's duty to reconcile these juxtapositions, fulfilling the needs of their employer whilst upholding the requirements of the professional body. (Author)

20200930-20*

BSc nursing & midwifery students experiences of guided group reflection in fostering personal and professional development. Part 2. for discussion and innovation section. O'Brien B, Graham MM (2020), Nurse Education in Practice vol 48, October 2020, 102884

Reflective practice is a learning strategy supporting preregistration nursing and midwifery students in meeting everyday clinical practice challenges. This paper reports on a development and innovation evaluation using a qualitative approach exploring students' experiences of guided group reflection organised during fourth year undergraduate internship. Data were collected through student feedback and interviews using a descriptive approach. Three categories emerged from the findings; beginnings for reflective learning, engaging in reflective learning and being a reflective practitioner. Students reported that guided group reflection provided positive opportunities for enhancing confidence. Students demonstrated understanding of reflection and valued reflective time within the closed group structure, which fostered personal and professional development. Findings support the benefits of the established collaborative guided group reflection structures. Guided group reflection is described as a valuable learning strategy on the journey of becoming a nurse in an ever-demanding health care practice world. (Author)
Copyright © 2020 Elsevier Ltd. All rights reserved.

20200903-2

Introducing midwifery students to the world of research: building the basis for future leaders in evidence-based practice. Borrelli S, Walker L, Jomeen J, et al (2020), MIDIRS Midwifery Digest vol 30, no 3, September 2020, pp 324-329

This educational project aimed at involving undergraduate midwifery students as co-investigators in research studies, with the primary aim of acquiring first-hand experience of operationalising fundamental aspects of the research process by working with established researchers. The secondary aim of the project was to evaluate students' experience of being involved as co-investigators in a research study.

This initiative involved six undergraduate midwifery students in two qualitative research studies. Students were involved in the following activities: development of focus group topic guides; data collection (focus group facilitation and co-facilitation) and analysis; preparation of abstracts for peer review; poster and conference presentations; team meetings; group work and research seminars.

This paper reports the educational initiative and students' experiences. The project was perceived by students as an exciting and unique opportunity to experience research first hand. Students gained direct knowledge and understanding of the research process and how that builds the evidence base for midwifery practice and service provision, with the ultimate aim of improving care for childbearing women and their families.

The academic team hopes that the participants' involvement in this project will have a direct, authentic and long-lasting impact on their remaining experience as student midwives and future qualified midwives. Long-lasting effects include: a) providing a novel activity for inclusion in the student's portfolio with potential to increase employability; b) gaining insights into activities involved in midwives' development beyond registration, such as Masters and PhD programmes; c) providing students with a greater understanding of different midwifery roles and career paths, including the current priority for developing clinical academic careers. (Author)

20200424-32*

Exploring the woman-student-midwife relationship: a critical reflection on practice. Ashforth K (2020), *The Student Midwife* vol 3, no 2, April 2020, pp 6-9

Critical reflection aims to develop and improve professional practice to provide optimal midwifery care that is current, responsive, woman-centred and safe. However, existing models of reflection can be limiting. Kate developed a novel critical reflection tool to facilitate reflective practice among student midwives. (Author, edited)

20190821-18*

Myles survival guide to midwifery. Raynor MD, Catling C (2017), Edinburgh: Elsevier 2017. 3rd ed. 608 pages

The latest edition of the Survival Guide to Midwifery continues to offer readers with a wealth of information presented in a quick reference format which is perfectly tailored for use in the clinical environment.

Fully updated throughout and now with new authorship, the book covers the core essentials of midwifery with topics that range from anatomy and reproduction, change and adaptation in pregnancy, antenatal care, clinical investigations, abnormalities and common medical problems. Other areas include obstetric emergencies, physical problems and complications in the puerperium, infant feeding, and the sick neonate.

Now rebranded as Myles Survival Guide to Midwifery, this popular title will be ideal for midwives - whether qualified or in training - in all parts of the world.

Helpful bullet point style allows rapid access to essential information

Useful revision guide for examinations and assessments

Contains common abbreviations, medications, drug calculations, glossary of common terms, and normal values

Thoroughly revised to reflect key developments in current midwifery practice

Now includes further reading and useful website addresses (Publisher) [Previous edition: published as Survival guide to midwifery by Diane M. Fraser and Maggie A. Cooper. Edinburgh: Churchill Livingstone. 2012]

20190821-16*

Myles Pocket Reference for Midwives. Ashwin C, Anderson M (2017), London: Elsevier June 2017. 100 pages

Well illustrated with over 100 figures, tables and pull-out boxes, this slim pocket guide includes a wealth of information ranging from physical examination to antenatal investigations, screening, medical complications of pregnancy, birth emergencies, drug calculations and infant feeding. (Author)

20190729-8

The new Nursing and Midwifery Council standards for student supervision and assessment (SSSA). Marshall JE, Ashwin C (2019), *MIDIRS Midwifery Digest* vol 29, no 3, September 2019, pp 277-282

In the Hot Topic the development and rationale for the new Nursing and Midwifery Council's standards for student supervision and assessment are discussed. The article gives an insight into how these standards will work in practice and what the changes mean for students and midwives. (15 references) (ABS)

20190513-6

Midwives matter: developing a positive staff culture using restorative clinical supervision. An evaluation of a professional midwifery advocate quality improvement project. Sterry M (2019), *MIDIRS Midwifery Digest* vol 29, no 2, June 2019, pp 162-166

The two-year anniversary of the legislative change that heralded the cessation of statutory supervision of midwifery is approaching. The NHS England (2017) *Advocating for Education and Quality Improvement (A-EQUIP)* model has been developed to provide a framework for ongoing support, and the promotion of the continuous improvement for practising midwives that will ultimately impact on the delivery of safer care and enhance the maternity experience for women (NHS England 2017).

The A-EQUIP model is deployed through professional midwifery advocates (PMAs) who are performing a new leadership and advocacy role which is now becoming embedded into NHS organisations across England. Whilst university courses provide excellent preparation for PMAs, there has been no defined pathway guiding integration of their role into the existing maternity services and embedding the A-EQUIP model as mandate into the employing organisation. Trusts across England have developed their own strategies whilst NHS England, universities and regional peer networking have supported some consistency in implementation and promoted sharing of innovative examples of good practice (NHS England 2018). (13 references) (Author)

20190103-122*

State of Maternity Services Report 2018 - Northern Ireland. Royal College of Midwives (2018), London: RCM December 2018. 9 pages

The RCM's annual State of Maternity Services Report provides an overview of some of the 'big picture' trends that are taking place in the midwifery workforce and identifies some of the challenges that face the profession and our maternity services. This year, for the first time, the RCM is publishing individual reports for England, Scotland and Wales as well as Northern Ireland, rather than one report for the UK as a whole. This is our report for Northern Ireland. (Author)

20181107-64*

State of maternity services report 2018 - Wales. Royal College of Midwives (2018), London: RCM November 2018. 8 pages

The Royal College of Midwives' annual State of Maternity Services report provides an overview of some of the trends that are taking place in the midwifery workforce, and identifies some of the challenges faced by the profession and maternity services. For the first time, the RCM has published individual reports for England, Scotland, Wales and Northern Ireland, rather than one report for the whole of the UK. This report draws on the latest statistics available to provide information on birth rates, the number of home births and the age profile of mothers, as well as smoking and obesity rates in pregnancy. It also highlights the increase in the number of training places for student midwives in Wales, and considers what the implications of this are for the age profile of the midwifery workforce. Warns that Brexit is a potential threat to maternity services, as the loss of over 1,000 EU midwives in England could lead the NHS to seek to recruit increasingly from Wales. (CI)

20180912-4*

State of maternity services report 2018 - England. Royal College of Midwives (2018), London: RCM September 2018. 12 pages

The Royal College of Midwives' annual State of Maternity Services report provides an overview of some of the trends that are taking place in the midwifery workforce, and identifies some of the challenges faced by the profession and maternity services. For the first time, the RCM has published individual reports for England, Scotland, Wales and Northern Ireland, rather than one report for the whole of the UK. This report draws on the latest statistics available to provide information on birth rates and the age profile of mothers, as well as numbers of current and student midwives. Highlights that, despite an increase in the number of newly-qualified midwives graduating from university, the overall number of NHS midwives in England rose by just 67 in the last year because so many existing midwives are leaving the service. Amongst other findings, the report also identifies that the profile of mothers is continuing to change; in 2017 over 55% of births were to women over the age of 30. (CI)

Full URL: <https://www.rcm.org.uk/briefings-and-reports>

20180912-12*

State of maternity services report 2018 - Scotland. Royal College of Midwives (2018), London: RCM September 2018. 12 pages

The Royal College of Midwives' annual State of Maternity Services report provides an overview of some of the trends that are taking place in the midwifery workforce, and identifies some of the challenges faced by the profession and maternity services. For the first time, the RCM has published individual reports for England, Scotland, Wales and Northern Ireland, rather than one report for the whole of the UK. This report draws on the latest statistics available to provide information on birth rates and the age profile of mothers, as well as the smoking status and BMI of pregnant women. It details the number of current and student midwives and highlights that, although the midwife shortage is less acute than in England, there are a rising number of unfilled midwifery vacancies. The report also identifies that there is evidence that while the birth rate is falling somewhat, the workload for midwives is not reducing proportionately. (CI)

Full URL: <https://www.rcm.org.uk/briefings-and-reports>

20180723-27*

Realising professionalism: Standards for education and training. Part 2: Standards for student supervision and assessment.

Nursing & Midwifery Council (2018), London: NMC 17 May 2018. 12 pages

These standards set out the NMC's expectations for the learning, support and supervision of students in the practice environment. They also set out how students are assessed for theory and practice learning. (Author, edited)

Full URL: <https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/>

20180502-7

Introduction and background to the role of professional midwifery advocate. Martin T, Stephens L, Dennis T (2018), MIDIRS Midwifery Digest vol 28, no 2, June 2018, pp 161-163

Toni Martin and colleagues give an introduction and background to the role of Professional Midwifery Advocates and discuss how best to facilitate the A-EQUIP model to support midwives in practice. (12 references) (ABS)

20171011-40

Learning through reflection. Wain A (2017), British Journal of Midwifery vol 25, no 10, October 2017, pp 662-666

Reflection is a process of learning through everyday experiences and forms an integral part of undergraduate and post-graduate higher education midwifery programmes. Students are encouraged to use a structured model of reflection to demonstrate their ability to reflect on their experiences during clinical practice. These models of reflections will be discussed, and the use of reflective practice within midwifery higher education will be evaluated. The article will also consider the importance of reflection as part of continued professional development and revalidation, and the role it has to enable midwives to become reflective practitioners and ultimately increase self-awareness, self-identity and personal growth. (26 references) (Author)

20171003-46

Student survival guide 2: Practice placements. Ali A, Matthews A (2017), The Practising Midwife vol 20, no 9, October 2017, pp 14-17

In the second article of this new series, Afshan Ali and Anna Matthews provide advice on how to approach practice placements. This includes practical tips on what to take with you and what might be expected of you when you get there, as well as how to prepare for reflection, relating to your mentor and coping with challenges. (14 references) (Author)

20170919-25

Student survival guide 1. In the beginning: getting off to the best start as a student midwife. Baker S, Webster L (2017), The Practising Midwife vol 20, no 8, September 2017, pp 17-20

In the first article of this new series, Sarah Baker and Louise Webster provide advice on how to get off to the best start as a new student at university. This includes practical tips on how to 'hit the ground running', as well as how to prepare for university, liaising with lecturers, peers, budgeting, applying for funding, wider university life, how to get yourself involved and time management. (11 references) (Author)

20170810-55

Coping with end-of-year assessments: a survival guide for pre-registration midwives. Power A, Murray J (2017), British Journal of Midwifery vol 25, no 8, August 2017, pp 531-532

The midwifery preregistration programme of study is a demanding undertaking that prepares students for the stressors and complexities of the role of the qualified midwife. Additionally, there are 'pinch points' during each academic year, where the pressures of theory and practice assessments can lead to students feeling overwhelmed and unable to cope. While multiple submissions due on or around the same time may seem excessive, as students cannot be assessed on what they have not learned, this inevitably leads to a heavy assessment schedule towards the end of each academic year. This article will complement existing literature by suggesting self-help techniques such as relaxation, exercise and making use of existing support networks, along with signposting to useful online resources for students to access during particularly stressful times of their training.

(9 references) (Author)

20170810-52

Continuity of carer and application of the Code: how student midwives can be agents of change. Corrigan A (2017), British Journal of Midwifery vol 25, no 8, August 2017, pp 519-523

Despite continuity of carer being signalled in policy in 1993 (Department of Health, 1993), it remains a largely elusive aspiration in the UK. This has implications for midwives with regards to how well they can apply the Nursing and Midwifery Council (NMC) Code (NMC, 2015) and their navigation of some of its inherent tensions. From the perspective of a new student midwife, this article discusses the advantages of caseloading in applying the Code and suggests ways in which student midwives might draw from the caseload model, bringing some of its strengths into mainstream practice.

(32 references) (Author)

20170725-47

Turning your assignment into a publication. McIntosh T (2017), MIDIRS Midwifery Digest vol 27, no 3, September 2017, pp 286-288

This paper gives you some brief tips on turning your academic assignment into a paper for publication. The tips also work if you have not yet written anything, but are just turning ideas over in your mind; perhaps there is something you have seen, or not seen, in practice which is niggling away at you. Change and improvement in midwifery relies on questioning and critical individuals; new ideas power the profession and drive the best care for women and babies. (Author)

20170711-9*

Peer to peer mentoring: Outcomes of third-year midwifery students mentoring first-year students. Hogan R, Fox D, Barratt-See G (2017), *Women and Birth: Journal of the Australian College of Midwives* vol 30, no 3, June 2017, pp 206-213

Problem

Undergraduate midwifery students commonly experience anxiety in relation to their first clinical placement.

Background

A peer mentoring program for midwifery students was implemented in an urban Australian university. The participants were first-year mentee and third-year mentor students studying a three-year Bachelor degree in midwifery. The program offered peer support to first-year midwifery students who had little or no previous exposure to hospital clinical settings. Mentors received the opportunity to develop mentoring and leadership skills.

Aim

The aim was to explore the benefits, if any, of a peer mentoring program for midwifery students.

Methods

The peer mentoring program was implemented in 2012. Sixty-three peer mentors and 170 mentees participated over three academic years. Surveys were distributed at the end of each academic year. Quantitative survey data were analysed descriptively and qualitative survey data were analysed thematically using NVivo 10 software.

Findings

Over 80% of mentors and mentees felt that the program helped mentees adjust to their midwifery clinical placement. At least 75% of mentors benefited, in developing their communication, mentoring and leadership skills. Three themes emerged from the qualitative data, including 'Receiving start-up advice'; 'Knowing she was there' and 'Wanting more face to face time'.

Discussion

There is a paucity of literature on midwifery student peer mentoring. The findings of this program demonstrate the value of peer support for mentees and adds knowledge about the mentor experience for undergraduate midwifery students.

Conclusion

The peer mentor program was of benefit to the majority of midwifery students. (21 references) (Author)

Full URL: [http://www.womenandbirth.org/article/S1871-5192\(17\)30103-8/fulltext](http://www.womenandbirth.org/article/S1871-5192(17)30103-8/fulltext)

20170607-13*

A-EQUIP: a model of clinical midwifery supervision. NHS England (2017), NHS England 7 April 2017

This document describes the new model of midwifery supervision, A-EQUIP, an acronym for advocating and educating for quality improvement and provides guidance for implementation. It is of particular relevance to: All midwives, student midwives, members of the multi professional team, providers of maternity services, Clinical Commissioning Groups (CCGs), Higher Education Institutes (HEIs), The Care Quality Commission (CQC), Maternity Service Liaison Committees (MSLC), Maternity Voices Partnership and Patient Advisory Groups. (Publisher)

Full URL: <https://www.england.nhs.uk/publication/a-equip-a-model-of-clinical-midwifery-supervision/>

20170510-29*

Overcoming fear of facilitating water birth: student and mentor perspectives. Feeley C, Drew EM (2017), *The Practising Midwife* vol 20, no 5, May 2017, pp 22-24

Water immersion for labour and birth is a powerful, low cost intervention that facilitates physiological birth. However, for some midwives - students or qualified - a lack of exposure to water births can create fearful perceptions and reduce their willingness to support women in water. This article explores the nature of this fear, and how it was overcome from the perspectives of both the mentor and student, perhaps offering useful insights for others. (8 references) (Author)

20170510-27*

Midwifery basics: Becoming a midwife (professional issues). 7. The relationship between academic integrity and professional practice. Shepherd J (2017), *The Practising Midwife* vol 20, no 5, May 2017, pp 13-16

In the seventh article of the series, Jancis Shepherd explores issues relating to academic integrity, the presentation of original work by students and the relationship with professional practice. (6 references) (Author)

20170503-8

Friendliness, functionality and freedom: Design characteristics that support midwifery practice in the hospital setting.

Hammond A, Homer CSE, Foureur M (2017), *Midwifery* vol 50, July 2017, pp 133-138

Objective

to identify and describe the design characteristics of hospital birth rooms that support midwives and their practice.

Design

this study used a qualitative exploratory descriptive methodology underpinned by the theoretical approach of critical

realism. Data was collected through 21 in-depth, face-to-face photo-elicitation interviews and a thematic analysis guided by study objectives and the aims of exploratory research was undertaken.

Setting

the study was set at a recently renovated tertiary hospital in a large Australian city.

Participants

participants were 16 registered midwives working in a tertiary hospital; seven in delivery suite and nine in birth centre settings. Experience as a midwife ranged from three to 39 years and the sample included midwives in diverse roles such as educator, student support and unit manager.

Findings

three design characteristics were identified that supported midwifery practice. They were friendliness, functionality and freedom. Friendly rooms reduced stress and increased midwives' feelings of safety. Functional rooms enabled choice and provided options to better meet the needs of labouring women. And freedom allowed for flexible, spontaneous and responsive midwifery practice.

Conclusion

hospital birth rooms that possess the characteristics of friendliness, functionality and freedom offer enhanced support for midwives and may therefore increase effective care provision.

Implications for practice

new and existing birth rooms can be designed or adapted to better support the wellbeing and effectiveness of midwives and may thereby enhance the quality of midwifery care delivered in the hospital. Quality midwifery care is associated with positive outcomes and experiences for labouring women. Further research is required to investigate the benefit that may be transmitted to women by implementing design intended to support and enhance midwifery practice. (51 references) (Author)

20170503-20

Critical thinking skills in midwifery practice: Development of a self-assessment tool for students. Carter AG, Creedy DK, Sidebotham M (2017), *Midwifery* vol 50, July 2017, pp 184-192

Objective

Develop and test a tool designed for use by pre-registration midwifery students to self-appraise their critical thinking in practice.

Design

A descriptive cohort design was used.

Participants

All students (n=164) enrolled in a three-year Bachelor of Midwifery program in Queensland, Australia.

Methods

The staged model for tool development involved item generation, mapping draft items to critical thinking concepts and expert review to test content validity, pilot testing of the tool to a convenience sample of students, and psychometric testing. Students (n=126, 76.8% response rate) provided demographic details, completed the new tool, and five questions from the Motivated Strategies for Learning Questionnaire (MSLQ) via an online platform or paper version.

Findings

A high content validity index score of 0.97 was achieved through expert review. Construct validity via factor analysis revealed four factors: seeks information, reflects on practice, facilitates shared decision making, and evaluates practice. The mean total score for the tool was 124.98 (SD=12.58). Total and subscale scores correlated significantly. The scale achieved good internal reliability with a Cronbach's alpha coefficient of 0.92. Concurrent validity with the MSLQ subscale was 0.35 (p<0.001).

Conclusion

This study established the reliability and validity of the CACTiM - student version for use by pre-registration midwifery students to self-assess critical thinking in practice.

Implications for practice

Critical thinking skills are vital for safe and effective midwifery practice. Students' assessment of their critical thinking development throughout their pre-registration programme makes these skills explicit, and could guide teaching innovation to address identified deficits. The availability of a reliable and valid tool assists research into the development of critical thinking in education and practice. (58 references) (Author)

20170503-13

A systematic mixed-methods review of interventions, outcomes and experiences for midwives and student midwives in work-related psychological distress. Pezaro S, Clyne W, Fulton EA (2017), *Midwifery* vol 50, July 2017, pp 163-173

Background

within challenging work environments, midwives and student midwives can experience both organisational and

occupational sources of work-related psychological distress. As the wellbeing of healthcare staff directly correlates with the quality of maternity care, this distress must be met with adequate support provision. As such, the identification and appraisal of interventions designed to support midwives and student midwives in work-related psychological distress will be important in the pursuit of excellence in maternity care.

Objectives

to identify interventions designed to support midwives and/or student midwives in work-related psychological distress, and explore any outcomes and experiences associated with their use.

Data sources; study eligibility criteria, participants, and interventions This systematic mixed-methods review examined 6 articles which identified interventions designed to support midwives and/or student midwives in work-related psychological distress, and reports both the outcomes and experiences associated with their use. All relevant papers published internationally from the year 2000 to 2016, which evaluated and identified targeted interventions were included.

Study appraisal and synthesis methods

the reporting of this review adhered to the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines. The quality of each study has been appraised using a scoring system designed for appraising mixed-methods research, and concomitantly appraising qualitative, quantitative and mixed-methods primary studies in mixed reviews. Bias has been assessed using an assessment of methodological rigor tool. Whilst taking a segregated systematic mixed-methods review approach, findings have been synthesised narratively.

Findings

this review identified mindfulness interventions, work-based resilience workshops partnered with a mentoring programme and the provision of clinical supervision, each reported to provide a variety of both personal and professional positive outcomes and experiences for midwives and/or student midwives. However, some midwives and/or student midwives reported less favourable experiences, and some were unable to participate in the interventions as provided for practical reasons.

Limitations

eligible studies were few, were not of high quality and were limited to international findings within first world countries. Additionally, two of the papers included related to the same intervention. Due to a paucity of studies, this review could not perform sensitivity analyses, subgroup analyses, meta-analysis or meta-regression.

Conclusions and implications of key findings

there is a lack of evidence based interventions available to support both midwives and student midwives in work-related psychological distress. Available studies reported positive outcomes and experiences for the majority of participants. However, future intervention studies will need to ensure that they are flexible enough for midwives and student midwives to engage with. Future intervention research has the opportunity to progress towards more rigorous studies, particularly ones which include midwives and student midwives as solitary population samples. (52 references) (Author)

Full URL: [http://www.midwiferyjournal.com/article/S0266-6138\(17\)30274-7/fulltext](http://www.midwiferyjournal.com/article/S0266-6138(17)30274-7/fulltext)

20170405-70

Midwifery basics: Becoming a midwife 6. Overcoming health and learning disabilities. Shepherd J (2017), *The Practising Midwife* vol 20, no 4, April 2017, pp 13-17

In the sixth article of the series, Jancis Shepherd explores issues of supporting students with health and specific learning difficulties while recognising the need for safe and competent practice. On commencement of the midwifery course, students may have physical or mental health issues or specific learning difficulties. This article reviews these issues and examines how students may be supported to achieve success. (6 references) (Author)

20170315-22*

Adding to the midwifery curriculum through internationalisation and promotion of global mobility. Williams J, Hulme G, Borrelli SE (2017), *British Journal of Midwifery* vol 25, no 3, March 2017, pp 184-188

Despite the obvious need for student midwives to be exposed to meaningful learning experiences that consider engagement in the wider context of international health care and the associated benefits, there is a lack of information on how this is achieved within midwifery curricula both nationally and internationally. At the University of Nottingham, work has been undertaken to ensure the midwifery curriculum is internationalised and global mobility is promoted to all midwifery students. Processes and strategies have been put in place to encourage students' mobility including the Erasmus+ programme, elective placements and short-term ad hoc international opportunities. Thanks to the strategies that have been implemented, the Division of Midwifery has seen an increase in students undertaking an international placement from 5% in 2013/14 to 18% in 2015/16. Moving forward, future works will aim to develop 'virtual mobility' projects and evaluate the Erasmus+ programme in conjunction with European partners. (24 references) (Author)

Full URL: <http://www.magonlinelibrary.com/doi/10.12968/bjom.2017.25.3.184>

20170315-19*

Courage, commitment and resilience: Traits of student midwives who fail and retake modules. Power A (2017), British Journal of Midwifery vol 25, no 3, March 2017, pp 180-182

In the context of staff retention in maternity services in the UK, the concept of resilience has a high profile. The ever more complex demands of contemporary midwifery practice in the UK lead some midwives to make the difficult decision to leave the profession, with the top five reasons being: dissatisfaction with staffing levels; dissatisfaction with the quality of care they were able to give; excessive workload; lack of managerial support; and poor working conditions. It is estimated that around 20% of students who commence the pre-registration midwifery programme will not qualify to become a midwife; reasons for non-completion of studies include deciding it is the wrong career choice, financial difficulties and family circumstances. Academic failure, however, is not cited as a key reason for leaving the course. This article shares the stories of three students who failed and then retook a theory module during their pre-registration midwifery programme. The students show courage in their willingness to publicly discuss their experiences; commitment to their chosen profession by retaking the module; and resilience by persevering despite the additional emotional and financial demands of their situation. A fourth student offers advice for others who might find themselves in the same situation. (6 references) (Author)

Full URL: <http://www.magonlinelibrary.com/doi/10.12968/bjom.2017.25.3.180>

20170210-31

Advancing practice: Safeguarding children. Kirk-Batty L (2017), The Practising Midwife vol 20, no 2, February 2017, pp 16-20

Safeguarding children is arguably one of the most challenging areas of the midwife's role. At a time when there is a national midwifery shortage and a rising birth rate, resources are stretched more than ever (Dabrowski 2016). Safeguarding is everyone's responsibility (Department for Education (DfE) 2015), but has become a much more significant part of the midwife's role and workload over recent years (Halsall and Marks-Moran 2014). Student midwives, newly qualified and experienced midwives alike must have the required level of understanding of the principles, processes and accompanying orders, to appropriately protect children (Griffiths 2009). This article explores safeguarding practice from a midwifery perspective, which includes looking again at the fundamental, basic principles of midwifery in order to advance practice further. (14 references) (Author)

20170210-30

Midwifery basics: Becoming a midwife. 4. Promoting professional behaviour in practice. Shepherd J (2017), The Practising Midwife vol 20, no 2, February 2017, pp 13-15

In this fourth article of the series, Jancis Shepherd discusses the issues of maintaining confidentiality, use of social media and veracity of students' practice assessment documents, to demonstrate the need to uphold the NMC Code (2015a) in clinical practice. (3 references) (Author)

20170210-22

Pre-registration midwifery education: do learning styles limit or liberate students?. Power A, Farmer R (2017), British Journal of Midwifery vol 25, no 2, February 2017, pp 123-126

In 1995, all pre-registration health education moved into higher education, signalling a shift from the apprenticeship model to an academic one. Since 2008, the Nursing and Midwifery Council has required all pre-registration midwifery programmes to be offered at degree level only, with a required practice-to-theory ratio of no less than 50% practice and no less than 40% theory. Individual education institutions vary in how these requirements are met in terms of learning and teaching strategies. This article explores literature in relation to the 'learning styles' pedagogical approach, which advocates that all students have a particular preferred learning style and will learn best if they are allowed to learn in their preferred style. The key question is: What are the most appropriate learning and teaching strategies to support student midwives to develop the skill set required to meet the demands of contemporary practice? (17 references) (Author)

20170209-83

What does studying research methods have to do with practice? Views of student midwives and nurses. Power A, Ridge J (2017), British Journal of Midwifery vol 25, no 1, January 2017, pp 59-61

At the point of registration, the Nursing and Midwifery Council (NMC, 2015) requires nurses and midwives to prioritise people, practise effectively, preserve safety and promote professionalism and trust. Registrants must 'always practise in line with the best available evidence' (NMC, 2015: 7), both in terms of their skills and competencies and the evidence on which their practice is based. A key aspect of a university lecturer's role in teaching on pre-registration nursing and midwifery programmes is to ensure students appreciate the link between research and practice. Student midwives and nurses must develop an understanding that gold-standard care is based on best evidence and realise that by studying research methods during their programme of study they are actually developing higher-order skills of critical thinking and decision making. Such skills are highly transferable for safe and effective clinical practice,

20170209-80

As a midwife 'you must respect a woman's right to confidentiality': A Northern Ireland perspective. Duff H, Patterson D (2017), *British Journal of Midwifery* vol 25, no 1, January 2017, pp 46-50

Within the role of a registered midwife, the issue of maintaining confidentiality is complex. A midwife's responsibility is outlined and governed by laws such as the Human Rights Act 1998 and the Data Protection Act 1998. The ideology of confidentiality is further reinforced by the Nursing and Midwifery Council, and should not cause the midwife undue pressure or stress; however, it often becomes a cause for concern. Midwives in Northern Ireland may carry out their role in environments that are not well suited for preserving confidentiality or sharing sensitive information. Conflict may arise for midwives in maintaining women's confidentiality while also having a duty of care to protect the public. In today's climate, many midwives experience a fear of litigation, so the importance and complexity of confidentiality must not be underestimated.

There are professional standards of practice and behaviour to which a registered midwife must adhere, which are set out by the Nursing and Midwifery Council (NMC). One such obligation is confidentiality, which extends to women and their families throughout their care (NMC, 2015). A woman's right to confidentiality is identified in the NHS Constitution and is part of creating and maintaining therapeutic relations (NHS, 2015). This is arguably one of the most sensitive and challenging aspects for a midwife to manage. The Human Rights Act 1998, Data Protection Act 1998 and common law principles result in the midwife being legally bound to confidentiality until it becomes clear that information needs to be disclosed (Peate and Hamilton, 2008). This article explores the role of the midwife relating to confidentiality, its significance within midwifery in Northern Ireland, and the difficulties and challenges it brings. It will identify when and why trusted information is shared, why the right to confidentiality is not absolute, and the consequences when a breach of confidentiality arises. Examining the systems in place in midwifery, the article evaluates their success in protecting sensitive information and providing a platform for woman-centred care. Ultimately, the aim of this article is to highlight the importance of trust between a woman and midwife, the determining factor being confidentiality. (32 references) (Author)

20170209-76

Including the newborn physical examination in the pre-registration midwifery curriculum: National survey. Yearley C, Rogers C, Jay A (2017), *British Journal of Midwifery* vol 25, no 1, January 2017, pp 26-32

Aims

This study aimed to assess the scope of newborn infant physical examination (NIPE) education in programmes of pre-registration midwifery education.

Methods

An online questionnaire was sent to all lead midwives for education in the UK. Findings are reported in two parts: part A (the current paper) examines the education provision for the inclusion of NIPE in the midwifery curriculum. Part B (a subsequent paper) explores NIPE education as a post-registration module.

Findings

Of 58 education institutions, 40 (68.9%) completed the questionnaire. A quarter (25.0%) stated that NIPE training is included in their pre-registration midwifery programmes; 37.5% reported plans to implement it within the next 2-5 years and 30.0% had no plans to do so. Benefits for practice partners, commissioners, students and service users were identified. Challenges were noted, particularly in relation to resources and student support in practice.

Conclusion

Although barriers doubtless exist, the success of the few institutions that have incorporated NIPE into their curricula is evidence that this is not only possible, but has proven benefits. (17 references) (Author)

20170126-24

The development of an online resource on 'professionalism' for student midwives and student nurses. Todhunter F, Nevin G, Riley S, et al (2017), *MIDIRS Midwifery Digest* vol 27, no 1, March 2017, pp 20-21

From the outset of their studies, health care students working towards professional registration are required to be accountable and responsible for their behaviours and actions at all times. This paper sets out the development of a digital resource, a re-usable learning object (RLO) about the Code of professional standards of practice and behaviour for nurses and midwives (Nursing and Midwifery Council (NMC) 2015). The discussion and resource shows the value of peer-led learning to influence students' understanding of the behaviours and language of professional practice. A resource about professional and public expectations of behaviour that provides opportunities for reflection before action. (4 References) (Author)

20170112-108

The value of elective placements. Quarrell C, Clifford L (2017), *The Practising Midwife* vol 20, no 1, January 2017, pp 19-22

This article discusses the value of an elective placement, for finalist student midwives, to a range of health care facilities in Uganda. It uses Race's (2015) 'seven factors to facilitate learning' to analyse the effectiveness of elective placements in promoting deep learning and personal development. It is evident from the student evaluation of the placement that both of these outcomes were achieved. However the learning varied, depending on the individual; hence some students focused more on their personal development whilst others recognised the contributing factors which impact on maternity care. The article also identifies that preparation and managing student expectations were key to facilitating a conducive learning environment. This was enhanced by tutor-led interaction and discussion, thus encouraging deep learning. The students' experience resulted in a greater awareness of the variation in how individuals are valued and of cultural practices.

(13 references) (Author)

20170112-105

Becoming a midwife - protecting the public through disclosure and barring service checks. Shepherd J (2017), *The Practising Midwife* vol 20, no 1, January 2017, pp 12-14

Becoming a midwife is the 16th series of 'Midwifery basics' targeted at practising midwives and midwifery students. The aim of these articles is to provide information to raise awareness of the impact of professionalism on women's experience, consider the implications for a midwives' practice and encourage midwives to seek further information through a series of activities relating to the topic. This article looks at the need for a Disclosure and barring service (DBS) check; issues that can arise through this are used to demonstrate challenges that may affect students during recruitment or while awaiting clearance. This shows how the public are protected during recruitment procedures. (7 references) (Author)

20161201-39

'Am I too emotional for this job?' An exploration of student midwives' experiences of coping with traumatic events in the labour ward. Coldridge L, Davies S (2017), *Midwifery* vol 45, February 2017, pp 1-6

Background

Midwifery is emotionally challenging work, and learning to be a midwife brings its own particular challenges. For the student midwife, clinical placement in a hospital labour ward is especially demanding. In the context of organisational tensions and pressures the experience of supporting women through the unpredictable intensity of the labour process can be a significant source of stress for student midwives. Although increasing attention is now being paid to midwives' traumatic experiences and wellbeing few researchers have examined the traumatic experiences of student midwives. Such research is necessary to support the women in their care as well as to protect and retain future midwives.

Aim

This paper develops themes from a research study by Davies and Coldridge (2015) which explored student midwives' sense of what was traumatic for them during their undergraduate midwifery education and how they were supported with such events. It examines the psychological tensions and anxieties that students face from a psychotherapeutic perspective.

Design

A qualitative descriptive study using semi-structured interviews.

Setting

A midwifery undergraduate programme in one university in the North West of England.

Participants

11 second and third year students.

Analysis

Interviews were analysed using interpretative phenomenological analysis.

Findings

The study found five themes related to what the students found traumatic. The first theme Wearing the Blues referred to their enculturation within the profession and experiences within practice environments. A second theme No Man's Land explored students' role in the existential space between the woman and the qualified midwives. Three further themes described the experiences of engaging with emergency or unforeseen events in practice and how they coped with them ('Get the Red Box!', The Aftermath and Learning to Cope). This paper re-examines aspects of the themes from a psychotherapeutic perspective.

Key conclusions

Researchers have suggested that midwives' empathic relationships with women may leave them particularly vulnerable to secondary traumatic stress. For student midwives in the study the close relationships they formed with women, coupled with their diminished control as learners may have amplified their personal vulnerability. The profession as a whole is seen by them as struggling to help them to safely and creatively articulate the emotional freight of the role.

Implications for practice

For midwifery educators, a focus on the psychological complexities in the midwifery role could assist in giving voice to and normalising the inevitable anxieties and difficulties inherent in the role. Further research could explore whether assisting students to have a psychological language with which to reflect upon this emotionally challenging work may promote safety, resilience and self-care. (Author)

20161108-26

Experiences of student midwives learning and working abroad in Europe: the value of an Erasmus undergraduate midwifery education programme. Marshall JE (2017), *Midwifery* vol 44, January 2017, pp 7-13

Background

Universities in the United Kingdom are being challenged to modify policies and curricula that reflect the changing global reality through internationalisation. An aspect of internationalisation is study abroad which the European Commission Erasmus exchange programme is just one means of addressing this.

Objective

To explore the experiences of student midwives who are engaged in the Erasmus exchange programme and the effect it has on their learning and working in an international context.

Design

Approval for the small phenomenological cohort study was obtained from two participating universities: the University of Malta and University of Nottingham. Data were collected from 13 student midwives from a total of five cohorts in the form of diaries to explore their experiences of learning and working in another country. Thematic analysis supported by Computer-Assisted Qualitative Data Analysis Software was used to identify five recurrent themes emerging from the data: the findings of which have served further in developing this programme.

Findings

Students valued the opportunity of undertaking study and midwifery practice in another culture and healthcare system, extending their knowledge and development of clinical competence and confidence. For some, this was the first time outside of their home country and adaptation to a new environment took time. Support from their contemporaries, lecturers and midwife mentors however, was overwhelmingly positive, enabling the students to feel 'part of the local university / midwifery team'. By the end of the programme, the students recognised that they had become more independent and felt empowered to facilitate developments in practice when they returned home.

Implications for Education / Practice:

This innovative development embracing internationalisation within the curricula has the potential to increase students' employability and further study within Europe and beyond. It can be used as a vehicle to share best practice within an international context, ultimately making a difference to the quality of care childbearing women, their babies and families experience worldwide. (23 references) (Author)

20160714-9

Impact of peer assessment on student understanding of the assessment process and criteria. Jones J (2016), *British Journal of Midwifery* vol 24, no 7, July 2016, pp 484-488

Peer assessment has often been used and examined in relation to student engagement. There is also a place for investigation into the effect it has on students' perception and understanding of the assessment process and criteria used. This small-scale qualitative study indicates that peer assessment can have a beneficial effect on the understanding students have of the assessment process. Larger studies are required to determine whether this is a tool that can be used to improve student assessment outcomes, particularly in relation to students' understanding of the assessment criteria. This also involves them being more aware of what it is like to critically review a piece of work, and so enhance their ability to critically review their own work before submitting. It has been shown that preparation for the task is of benefit but can be time-consuming. It is necessary to have a team of motivated lecturers who are willing to put in the time and effort to prepare students adequately for peer assessment. (15 references) (Author)

20160318-31

Reflecting on revalidation. Lloyd C (2016), *Midwives* vol 19, Spring 2016, pp 58-60

Provides guidance on the process of reflective writing, a key requirement of the new NMC revalidation. (SB)

20150908-5*

Nursing research. Principles, process and issues. Parahoo K (2014), Basingstoke: Palgrave Macmillan 2014. 3rd ed. 421 pages

Learning about research can be a daunting task. Kader Parahoo's bestselling Nursing Research guides beginners gently but thoroughly, as well as presenting new debates and perspectives to those with some research experience.

This latest edition includes three timely new chapters on qualitative methods, introducing grounded theory,

phenomenology and ethnography. It integrates the discussion of evidence-based practice throughout, advises on systemic literature reviewing and clearly explains a wealth of methods and skills to support your understanding of research. An explanatory glossary at the end of the book complements Parahoo's accessible writing style, ensuring all readers can get to grips with the knowledge needed to read, comprehend and critique research.

This popular book offers a comprehensive introduction to important research concepts, processes and issues. It equips students with the information and skills they need to utilise research throughout study and in everyday practice. (Author)

20150908-14*

Numeracy for midwives. Butenuth C (2015), London: First Steps Publishing Ltd 2015. 2nd ed. 78 pages

This book is based on keywords provided by the Royal College of Midwives to help those who have to pass a numeracy test for midwives, viz. an ability to accurately manipulate numbers as applied to volume, weight, and length, including, addition, subtraction, division, multiplication, use of decimals, fractions, and percentages. In fact there is more than that because the derivation and manipulation of concentrations are also needed. Readers are shown that they use many of the mathematical operations used in midwifery in everyday life and this reduces the 'terror' of 'doing the maths' to satisfy the requirements set by the NHS. For example readers will have used different currencies when abroad but when we think about what we do to use them we realise how these cannot be added or subtracted or multiplied or divided without transforming one to another (via the 'exchange rate'). The same logic is used when changing length, volume, weight or concentrations into different units and different amounts needed in midwifery. By these examples the book deals with the manipulation of numbers, decimals, fractions and percentages and shows these concepts are known to most of us in other contexts; readers will find they have 'done this before' (and so know they can do it) but in a different context. The work is divided into 25 short sections, each illustrated to assist comprehension. The text also deals with conversions; length, area, volume are all considered together with their units, and the conversion of these units. Through this it is possible to deal with concentrations. Worked examples are given including how an answer should be checked to ensure you have got the right result. The book also shows the reader what to consider when searching websites for units and why it is necessary to be careful which websites to use for conversions. The Second Edition has an additional section introducing the statistical handling of data that midwives may commonly encounter and to which they may be contributing from the factual data they record at birth (weight, height etc.). (Publisher)

20150908-13*

Skills for midwifery practice. Johnson R, Taylor W (2010), Edinburgh: Churchill Livingstone Elsevier 2010. 3rd ed. 432 pages

This highly acclaimed step-by-step guide provides the relevant physiology, available evidence and rationale for each clinical skill. In a highly readable format, Skills for Midwifery Practice offers self-assessment and short summaries, as well as detailed instruction on achieving a range of clinical skills. (Publisher)

20150527-18

Raising a quizzical eyebrow: the language of birth. Kelly K (2015), Essentially MIDIRS vol 6, no 2, March 2015, pp 20-24

Examines the role of language in pregnancy and childbirth and the ways in which women can be made to feel disempowered by some of the terminology used by health professionals. (49 references) (JSM)

20130607-33

Effective communication in midwifery. Price C (2013), British Journal of Midwifery vol 21, no 6, June 2013, p 454

Newly qualified midwife Cheri Price explains why effective communication isn't just verbal. (7 references) (Author)

20120822-31*

Communication skills for midwives. Challenges in everyday practice. England C, Morgan R (2012), Maidenhead: Open University Press 2012. 137 pages

This is the first book on communication skills that specifically explores the difficult contexts and circumstances that many midwives find hard to deal with. As these occur infrequently and often unexpectedly in the daily practice of many midwives, they may find it difficult to communicate effectively to alleviate the situation. Knowing what to say and how to say it is part of this dilemma. The book uses vignettes, reflective questions, illustrations, tools and techniques to provide the evidence base needed to cope effectively in a range of situations by offering support to enhance your communication skills. (Publisher)

20120813-22*

Writing skills for nursing and midwifery students. Taylor DB (2013), London: Sage Publishing 2013. 224 pages

Nursing and midwifery students are required to communicate in writing in a variety of forms, for a variety of potential audiences including their colleagues, allied health professionals, administrators and, most importantly, their patients

and the public. Dena Bain Taylor is an experienced teacher of writing and critical skills across the range of allied health professions, and understands the types of writing nursing and midwifery students do and the writing issues they face. Her accessible, straightforward book - tailored specifically to the content and conventions of nursing and midwifery curricula - teaches students to write persuasively and correctly, both to support them in their courses and to prepare them for their professional careers. The book:- offers practical strategies for using language to achieve clear, persuasive writing; - provides clear explanations of underlying principles; - contains samples of good and improvable writing, leading the student step-by-step through the whole writing process; - focuses on the genres and styles of writing that nursing and midwifery students are typically asked for. With regular summaries, learning aids, checklists and a glossary of key terms, nursing and midwifery students at all levels will find this book easy to follow and handy to refer to for help with the writing they need to do throughout their course. (Publisher)

20120309-52

Words, metaphors and images as powerful tools for change. Donna S (2011), In: Donna S ed, Promoting normal birth: research, reflections and guidelines. Chester le Street: Fresh Heart Publishing 2011, pp 313-324

Considers the use of language in the childbirth profession and what is implied by particular words. Includes sections on: words used in pregnancy books; metaphors for birth; images of pregnant women; a historical look at the power of words; the power of words in maternity contexts: individual responsibility. (41 references) (JR)

20110526-10*

Introduction to research for midwives. Rees C (2011), London: Elsevier 3rd ed. 2011. 249 pages

Research is now a fundamental part of midwifery practice. However, not everyone finds it easy to understand the basic principles, and particularly the language of research. This book provides an answer to these frustrations. The third edition of this introductory text explores and explains the world of research from the viewpoint of both those using it and those carrying it out. In simple language and with clear examples, Colin Rees demonstrates how quantitative and qualitative research projects are constructed, and how they are evaluated. The aim of the book is to enable midwives, midwifery students, and other health professionals, to apply research to their own practice. It is useful for anyone, particularly students, who have to evaluate research articles or carry out a review of the literature, as it is packed with practical advice and tips that really work. An essential purchase for any student beginning research, An Introduction to Research for Midwives 3rd edition will be equally useful for those who wish to broaden their understanding of the subject and improve their use of research in practice. (Publisher)

20101027-25

Understanding a systematic review. MacInnes D (2010), African Journal of Midwifery and Women's Health vol 4, no 4, October-December 2010, pp 201-204

This is the first in a series about how to read research. This article gives an overview of the process of performing a systematic review, how it is communicated and what to consider when making judgments about the information it contains. (13 references) (Author)

20100218-10*

Psychology for midwives: pregnancy, childbirth and puerperium. Raynor M, England C (2010), Maidenhead: Open University Press May 2010. 188 pages

This accessible, evidence-based book explores how important it is for midwives to understand the psychological aspects of care, in order to create positive experiences for mothers and families. The book provides simple explanations for why psychological care matters in midwifery practice and uses different theoretical perspectives of psychology to illustrate how it fundamentally contributes to good midwifery practice. The book addresses many core concepts and principles of psychology, including: Mother-midwife relationship; emotions during the childbearing continuum; perinatal mental illness; communications in midwifery practice; the birth environment; stress and anxiety; providing support to families; attachment and bonding. Reflective questions, activities, illustrations, summary boxes and a glossary help readers navigate the book. One of the first books of its kind, Psychology for Midwives is essential reading for all midwives, students and allied health care professionals interested in the psychological dimensions of childbearing. (Publisher)

20071108-4

How to conduct an effective and valid literature search. Havard L (2007), Nursing Times vol 103, no 45, 6 November 2007, pp 32-33

This article describes the key principles involved in conducting a literature search. (Author)

20070914-22*

Study skills for nursing and midwifery students. Scullion P, Guest D (2007), Maidenhead: Open University Press 2007. 22 pages

An essential course companion for all nursing and midwifery students and degree or diploma level, as well as those

returning to study. The book covers all the key skills and knowledge bases needed to succeed as a nursing student, including study strategies, reflective learning, literature searching, using evidence, exams and assessment, career choices and CPD. (Publisher). At first glance, I was dubious as to whether this book would be any different from the plethora of other study skills books available to students. However, this is the only book I have come across that gives consideration to student midwives. There are many study skills books available for nursing students, and although this book is aimed at both, it does take into account the differences between the two professions. The book starts off with a useful chapter on what to expect at university. This covers a wide range of areas from what is expected of you as a student, to different teaching methods you may come across on your course, such as role play and web-based learning. This is particularly relevant to mature students returning to education as it provides a good overview of research techniques available via the web - an essential tool when doing research for assignments. The chapter I found most valuable was the one on reflective learning in clinical practice. Reflective learning is an essential component of midwifery and is a skill that develops with time and experience. This section gives the student a good grounding in what reflective learning is and how to gain the most benefit from it. It includes information about mentorship and support in practice alongside some of the basic reflective models students will be expected to use during their course. There is also a section, albeit brief, about coping with difficult situations in practice. This is an area that I feel the authors could have developed further as it is an area many students and prospective students worry about. Overall, I feel this book is suited to all students, whether they be prospective student midwives or those in their final year. The book covers lots of areas I didn't expect it to, such as critical analysis skills, which will be particularly beneficial to second and third year students. There is also a section on continuous professional development which may appeal to newly qualified midwives. In conclusion, this is a useful book which delves deeper than its cover would suggest. Reviewed by Laura Perkins, second year student midwife, University of Huddersfield.

20060717-2*

Principles and practice of research in midwifery. Cluett ER, Bluff R, editors (2006), Edinburgh: Churchill Livingstone 2006. 2nd ed. 293 pages

Building on the strengths of the first edition, this new edition of Principles and Practice of Research in Midwifery clearly and concisely examines evidence based practice and research from a midwifery standpoint. This book provides an excellent introduction to the subject and looks at various methods and principles from practical and theoretical perspectives. Equal weight is given to the quantitative and qualitative approaches. New chapters on evidence based research and interviewing in qualitative research ensure that this edition is fully relevant to current research and practice. Written by authors with clinical and research experience, this book is intended for midwives and student midwives participating in Diploma, Advanced Diploma and first level degree programmes. It aims to increase research awareness and develop the skills of critical appraisal of research evidence that are essential to evidence based practice. Used in conjunction with other texts, Principles and Practice of Research in Midwifery will give confidence to those undertaking research projects by helping to bridge the 'reality gap' between research and theory and its application to midwifery practice. (Publisher)

20060407-15

Think before you speak. Lucas M (2006), Practising Midwife vol 9, no 4, April 2006, p 46

The language that midwives use in their practice can empower or disempower women, profoundly affecting the birth experience. (7 references) (Author)

20040602-26

Assessing the state of the art: doing a literature review. Dickinson F (2004), Midwifery Matters no 101, Summer 2004, pp 6-7

Advises on how to conduct a literature review and appraise the information found. (2 references) (RM)

©2021 MIDIRS All Rights Reserved

This Search Pack is distributed for your personal use, please do not illegally distribute this Search Pack either in part or in its entirety. MIDIRS web site is provided for reference information only. MIDIRS is not responsible or liable for any diagnosis made by a user based on the content of the website. Although great care is taken to ensure reference information is both suitable and accurate, MIDIRS is not liable for the contents of any external internet sites referenced, nor does it endorse any commercial product or service mentioned or advised on any of these sites.

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ

RCM Information Services Limited is a subsidiary of The Royal College of Midwives

The Royal College of Midwives
10-18 Union Street
London
SE1 1SZ

T: 0300 303 0444 Open 24 hours a day, 7 days a week
F: +44 20 7312 3536
E: info@rcm.org.uk
W: www.rcm.org.uk



Chief Executive: Gill Walton, MA, PGDip, BSc Hons, RM. President: Kathryn Gutteridge, RGN, RM MSc Dip Psychotherapy.
Patron: HRH The Princess Royal. The Royal College of Midwives Trust: A company limited by guarantee. Registered No. 01345335.