Essential Midwifery Practice: Leadership, Expertise and Collaborative Working

Edited by
Soo Downe
RM, BSc, PhD

Sheena Byrom
RM, MA

Louise Simpson
RM, BA(Hons), MSc

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Essential Midwifery Practice: Leadership, Expertise and Collaborative Working
Dedication

This book is dedicated to all the midwives, students, colleagues, doctors, healthcare assistants, women and partners who have taught us all we know about leadership, collaboration and expertise.
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Janet Baldwin is seconded to the NHS Institute of Innovation and Improvement UK as Clinical Lead on the Caesarean Section Team. In this role she works with midwifery and service improvement colleagues on a range of maternity improvements. She recently retired from clinical practice as a consultant obstetrician and gynaecologist at the West Middlesex University Hospital in London where she also held a succession of board-level posts, culminating in the Medical Directorship. In addition to Fellowships of the Royal College of Obstetricians and Gynaecologists and the Royal College of Physicians, she has a Master’s degree in Healthcare Administration. She remains actively involved in clinical governance and undergraduate teaching for Imperial College London.

Alison Brodrick is a consultant midwife in normality at the Jessop Wing Sheffield Teaching Hospitals NHS Foundation Trust, UK. Prior to this she worked nationally as a midwife consultant to the Caesarean Section Team at the NHS Institute for Innovation and Improvement on projects in England and Wales, working with maternity service staff and users to optimise opportunities for normal birth. Having trained initially as a nurse, she qualified as a midwife in 1994 at Kingston upon Thames. Since then she has also worked as a lecturer practitioner with Nottingham University and as a midwife and supervisor of midwives with United Lincolnshire NHS Trust. Her strong focus on promoting normality and enabling change within maternity services was reflected in her Master’s degree in Midwifery and in achieving an RCM award with a colleague in 2006.

Anna Byrom has worked within maternity services in the UK, as a midwife, for the past 6 years. She has worked around the UK within a range of midwifery care models, including a birth centre, working as a Sure Start caseload midwife and her present role as an infant feeding coordinator. Throughout her career, she has developed a philosophy of midwifery that embraces women’s physical, emotional and social needs within the context of their family environment. She has a passion for
social research and is currently undertaking a PhD with the University of Central Lancashire and the Maternal and Infant Nutrition and Nurture Unit. This research will involve exploring how macro-interventions impact on microcultures, looking specifically at UNICEF’s Baby Friendly Hospital Initiative.

**Sheena Byrom** is Head of Midwifery at East Lancashire Hospitals Trust, UK. She qualified as a nurse and midwife in the 1970s, and has worked in the north of England since that time. Her past clinical practice encompasses 10 years within a GP unit, and then a combination of hospital and community midwifery, both clinical and managerial. Sheena worked as a consultant midwife for 6 years, in a role that encompassed the refocusing of maternity services in response to need, leading midwives in the public health agenda, and developing peer support networks and user involvement in service provision. Her post was part funded by the University of Central Lancashire where she contributed to the research capacity building strategy. Sheena was nominated twice to meet the Prime Minister, has been involved in several national projects with NICE and the Department of Health. She has published and presented nationally and internationally on topics such as addressing inequalities in health and promoting true woman-centred philosophies of care.

**Ngai Fen Cheung** is the professor and head of the first Chinese Midwifery Research Unit of the Nursing College of Hangzhou Normal University in China. Her main research interest is in the area of childbearing women’s well-being and the development of Chinese midwifery. Her PhD, completed in the University of Edinburgh in 2000, compared the childbearing experiences of Chinese and Scottish women. Since then she has continued to design and organise international collaborative research projects studying Chinese midwifery. Her research aims to document and explain the practices of midwifery both in China and abroad, promoting normal birth and modern maternity care in China.

**Sophie Cowley** is an Associate with the NHS Institute for Innovation and Improvement, working on clinical pathway improvement. For the past 5 years she has supported NHS organisations delivering improvements in several pathways including promoting normal birth and reducing caesarean section rates, day surgery, radiology and ophthalmology. Previous to this Sophie was an information analyst with the NHS Modernisation Agency where she went on to become an improvement practitioner. Her main interests are service improvement tools and techniques, she has a Black Belt in Six Sigma and is currently studying for a Master’s in Managing Quality in Health Care.
Ann Davenport  A nurse since 1976 and midwife since 1991, Ann has been hired by organisations to live and work in more than 13 countries around the world – from the mountains of Nepal and Bolivia and the jungles of Brazil and Indonesia to the deserts of Ethiopia and western Mexico. She has worked with the University of Johns Hopkins Program for International Education in Gynecology and Obstetrics since 2001, along many other international organisations involved in the promotion of women and newborn health and well-being. She is the author of Babies in the Cornfield: Stories of Maternal Life and Death from Around the World, and lives in Chile, where she writes for a website promoting humanised childbirth (www.nuestroparto.cl).

Soo Downe  leads the Research in Childbirth and Health (ReaCH) group at the University of Central Lancashire (UCLan) in England. Soo spent 15 years working as a midwife in various clinical, research and project development roles at Derby City General Hospital. In 2001 she joined UCLan, where she is now the Professor of Midwifery Studies. She currently chairs the UK Royal College of Midwives Campaign for Normal Birth steering committee, and she co-chairs the ICM Research Standing Committee. She has been a member of a number of national midwifery committees, and has held a number of visiting professorships, most recently in Belgium, Hong Kong, Sweden and Australia. Her main research focus is the nature of, and culture around, normal birth. She is the editor of Normal Birth, Evidence and Debate (2004, 2008), and the founder of the International Normal Birth Research conference series.

Kenny Finlayson  has been working as a research assistant in the Research in Childbirth and Health (ReaCH) group at the University of Central Lancashire (UCLan) for the last 4 years. Although his background is in biochemistry and the pharmaceutical industry, Kenny has been involved in the research and practice of complementary medicine for much of the last decade. His research interests revolve around the integration of holistic approaches to healthcare, interprofessional boundary work and access to healthcare services by marginalised communities, all within a maternity context. For most of the last year Kenny has been deeply engaged in the design and development of a collaborative training programme for midwives and doctors. The programme is now entering its second phase of development and is being used as a regional initiative to foster a culture of collaboration within the maternity services.

Anita Fleming  trained as a nurse and midwife in Blackburn, Lancashire, and has continued to work in East Lancashire since. After gaining all-round midwifery experience, Anita became a midwifery team leader in 2001. Having developed a particular interest in public health, she
became a Sure Start midwife and in 2003 set up and led a midwifery group practice providing a caseload model of care to women from vulnerable groups. Anita is particularly interested in promoting normal birth and facilitating positive birth experiences for women, especially those deemed to be ‘high risk’, and this often involves working in collaboration with obstetricians to help enable this. She completed both a BSc(Hons) and MA in Midwifery at the University of Central Lancashire, and since February 2009, she has been working as a consultant midwife at East Lancashire Hospitals Trust and the University of Central Lancashire.

**Sue Henry** is Infant Feeding Co-ordinator at East Lancashire Hospitals NHS Trust, UK. Her current role focuses on leadership in the local maternity unit and primary care trust in reaching and maintaining full Baby Friendly Initiative standards, developing innovative ways to increase breastfeeding rates, and working closely with all partners and service users. Sue has represented her local trusts and shared her breastfeeding management experience via presentations and publications both regionally and nationally.

**Lesley Kay** is Lecturer in Midwifery at Anglia Ruskin University, UK. She previously worked as a midwifery team leader in a community-based team in the Cambridgeshire area. She completed a Master of Studies degree at the University of Cambridge in 2007, which incorporated the Postgraduate Certificate of Medical Education. She qualified as a midwife in 2000 after completing a direct-entry midwifery programme. In her current role, she is responsible for a ‘Birth and Beyond’ module, a ‘Complexities’ module and an ‘Obstetric Challenges in Midwifery’ module for the BSc(Hons) Pre-Registration Midwifery Pathway and the BSc(Hons) for Registered Nurses Pathway.

**Nicky Mason** is a midwife consultant seconded to the NHS Institute for Innovation and Improvement Caesarean Section Team in the UK. She has been a midwife since 1991 and has a background in clinical education and practice development. She has experience of facilitating large-scale change in both the south east of England and in Auckland, New Zealand through providing innovative coaching and support programmes to clinical staff. In her current role, Nicky has been working closely with maternity service staff and users across England and Wales to optimise opportunities for normal birth. Nicky is passionate about user involvement in service improvement and research. She has facilitated a women’s focus group at her local unit since 2001 and is working with an advisory group of women who are supporting her in her PhD looking at women’s narratives of planned caesarean birth.
Mary Newburn is Head of the NCT’s Research and Information Team (RAIT). She is editor in chief of the NCT’s continuing professional development journal, *New Digest*, and an advisor to the National Perinatal Research Unit. She trained as an NCT antenatal teacher before becoming a member of the NCT staff in 1988. Mary has a degree in sociology from the London School of Economics and a Master’s degree in Public Health: Health Services Research from the London School of Hygiene and Tropical Medicine. She was made an honorary professor by Thames Valley University in 2004, awarded for services to midwifery and women’s health.

Mary J. Renfrew is Professor and Director of the Mother and Infant Research Unit at York University. She is a graduate of the Department of Nursing Studies in the University of Edinburgh. She qualified as a midwife in 1978 and gained her PhD in Edinburgh in 1982 while working with the Medical Research Council Reproductive Biology Unit. She has since worked in Oxford, Alberta, Canada, Leeds and York. She established and led the Midwifery Research Initiative at the National Perinatal Epidemiology Unit, and has been co-editor of the Cochrane Pregnancy and Childbirth Group. She established the multidisciplinary Mother and Infant Research Unit (MIRU) in 1996. Her research has been funded by the Medical Research Council, the Department of Health, the National Institute for Health Research, the National Institute for Health and Clinical Excellence and the ESRC, among others. In addition to more than 90 academic journal publications, she has written widely about maternity care, and is author or editor of seven books, including *A Guide to Effective Care in Pregnancy and Childbirth* with Murray Enkin, Marc Keirse and Jim Neilson. She has an active interest in the integration of research, education, policy and practice, and has worked closely with service users and consumer groups for many years. She has sat on committees at national and international level including Chair of the WHO Strategic Committee for Maternal and Newborn Health. She has been awarded inaugural Senior Investigator status by the National Institute for Health Research.

Louise Simpson is Practice Education Facilitator, Women’s, Children and Sexual Health Division, Mid Cheshire NHS Trust, Crewe. She has been a practising midwife for 10 years. She has also worked as a labour ward co-ordinator. Her current role is to promote learning within the clinical environment, and to support midwives in a clinical capacity. Her philosophy of care is to promote pregnancy, labour and birth as a normal, natural process placing emphasis on birth as a whole, and supported through attending to the physical, social and emotional needs of the woman and her family. Louise is passionate about midwifery and research. She was involved in the data collection for the RCM
‘Campaign for Normal Birth’. Her Master’s by research explored midwives’ accounts of intrapartum expertise. Through this research, she identified the skills, practices and personal attributes required to promote expertise in practice. She has presented the findings of this research at local, national and international conferences, and published her findings in leading journals.

Denis Walsh is Associate Professor in Midwifery, University of Nottingham, UK. He was born and brought up in Queensland but trained as a midwife in Leicester, UK, and has worked in a variety of midwifery environments over the past 25 years. His PhD was on the birth centre model. He lectures on evidence and skills for normal birth internationally and is widely published on midwifery issues and normal birth. He authored the best seller Evidence-Based Care for Normal Labour and Birth.

Cathy Warwick CBE is General Secretary of the Royal College of Midwives (RCM), one of the world’s oldest and largest midwifery organisations, representing the majority of the UK’s midwives. She has written and published widely on midwifery issues and lectures and speaks nationally and internationally. She was awarded a visiting professorship by King’s College, London in 2004. She received a CBE for services to healthcare in 2006, and was awarded an Honorary Doctorate from St George’s and Kingston University, London, in 2007.
This book addresses three aspects of midwives’ work: leadership, expertise and collaboration. Individually, each is important to describing midwifery practice; collectively, they are a dynamic package that can elevate the health of women and babies locally and across the broad global community.

Midwives are called upon to be many things to many people. They must be first-rate practitioners who use their knowledge, skill and expertise to care effectively for women and babies. Some would say that is enough and all that really counts. But it is not! Students and junior midwives often funnel their energy into developing skills, as they should. However, their vision should not be so narrow as to block out other important aspects of midwifery practice. They must realise that their practice reflects the environment in which they work and the world in which we all live. They have the potential to influence both for the good of mothers and babies. This requires commitment to developing expert clinical skills, but also to broadening their expertise as collaborators and leaders.

As we all know, there are many paths, venues, roadblocks and bridges in the birth journey. Navigating that ‘travail’ (journey/the work of labour) is something a woman does in concert with others and she deserves the very best artists who are in harmony with her in the process. Her midwife should be a practitioner who artfully collaborates with others to ensure that the woman’s needs are met. Skilled collaboration fosters seamless care transitions when required, integrates complex healthcare systems and opens closed doors. Collaboration among practitioners involved in childbearing care is essential, but collaboration with the woman and family and the broad community also is important. It is a skill and not always easy, especially within daunting hierarchal institutions. It requires the recognition that all who enter a collaborative relationship are human beings with individual beliefs and values shaped by their culture, education and experiences. If we pride ourselves (as we often contest) that we are listeners and value each woman