Evidence Based Midwifery

Setting the ripples in motion

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This is the second paper in a series that aims to celebrate the contribution of academic midwives to the profession. *Evidence Based Midwifery: December 2009*

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This is the second paper in a series that aims to celebrate the contribution of academic midwives to the profession.

Abstract

The dominant model of maternity care in Ireland is one of consultant-led, hospitalised birth. A number of midwifery-led initiatives, such as 'early transfer home' and 'Domino' schemes have been introduced recently, in addition to two pilot midwifery-led units in Drogheda and Cavan.

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The School of Nursing and Midwifery in Trinity College Dublin opened in 1996 and is now the largest in Ireland, with 1500 students and 110 staff. Midwifery programmes include the direct-entry BSc in midwifery, the 18-month post-registration higher diploma in midwifery and the MSc in midwifery. A number of midwives also register for MSc and PhD research degrees.

Personal reflections of the chair of nursing and midwifery in Trinity College Dublin are given, followed by an outline of the professor's role and contribution to midwifery research and normal childbirth, and some advice to midwives contemplating a career in research. The conclusion highlights the usefulness of all research conducted by midwives, which together contribute to improving the care given to women in pregnancy and childbirth.

Key words: Professor's role, normal childbirth, midwifery education, midwifery research, evidence-based midwifery

Introduction

I am a midwife, and will always be a midwife. But I started as a nurse as one had to in those days and, after qualifying and working for nine months as a staff nurse, I joined the midwifery profession. Twelve happy years followed as student, staff midwife, midwifery tutor and research fellow before I took the step to move into third-level (colleges and universities) teaching and research. I did this because as a teacher I realised that, like dropping pebbles in a pond and setting the ripples in motion, one can do more good for more people by teaching others how to give superb care and support to women, than by just caring for one woman at a time yourself. As a researcher, I also realised that potentially one can change the care for whole cohorts of women, by demonstrating beyond reasonable doubt that a certain action, treatment or method of care is better than another. I just had to do that. Seeing research findings being successfully implemented and making a real difference to women's experience of childbirth is very satisfying, but the penalty is missing the satisfaction of giving 'hands-on' care to women, except in short bursts. Someday, I will be a full-time clinical midwife again.

Background

There are 20 maternity hospitals or units in Ireland, 19 publicly funded and one private institution. Together they catered for 70,620 births in 2007, giving a birth rate of 16.3 per 1000 of the population (Central Statistics Office (CSO), 2009). As 44% of the Irish population now hold private health insurance (Wiley, 2005), maternity care has become increasingly medicalised and consultant obstetricians are seen as the principal care providers for women in pregnancy and childbirth. The provision of community midwifery care decreased in Ireland from the 1960s onwards and, in the last decade, a number of smaller community-based maternity units have been closed down.

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The dominant model of maternity care in Ireland is thus one based on consultant-led, hospitalised birth (Wagner, 2001; Devane et al, 2007). Recently, however, a number of midwifery-led initiatives such as 'early transfer home' and 'Domino' schemes have been introduced, in addition to two pilot midwifery-led units in Drogheda and Cavan. These midwifery-led units have been evaluated by a rigorous randomised trial, known as the MidU study, the report of which is due to be launched this month (Begley et al, 2009a in press).

A recent report of the independent review of the maternity services in the Greater Dublin area carried out by KPMG consultants was published in February 2009 and set out a new vision for the future model of maternity and gynaecological care. The recommendations included the development and expansion of midwifery-led units and community midwifery initiatives, stating that *'only those women with high-risk pregnancies will require an obstetrician'* (KPMG, 2009: 229). It was also recommended that this model of community and midwifery-led services should be extended nationwide. This report, together with the published outcome of the MidU study (Begley et al, 2009a), provides the evidence and stimulus needed to expand midwifery-led care throughout Ireland.

Place of midwifery in Trinity College Dublin

The School of Nursing was opened in Trinity College Dublin in September 1996, with two members of staff, myself as head and one lecturer to run the new three-year diploma in nursing. Within three months, I had negotiated a change in name to School of Nursing and Midwifery, as we were planning to collaborate with a linked maternity hospital and validate their midwifery education programme at postgraduate diploma level. For the next six years, the school grew and developed, with 15 members of staff and 16 courses by July 2002. Very rapidly, top-up Bachelor and Master programmes were introduced for those midwives and nurses who had undertaken certificate courses in the past to educate themselves to a higher level. In the late 1990s, the postgraduate diploma in midwifery became a university-validated course, taught by midwifery tutors in the maternity hospitals and taking in qualified nurses for two years' post-registration education. The MSc in midwifery began in October 1997 on a one-year full-time or two-years' part-time basis. Some midwives were also accepted to undertake MScs or PhDs by research and three of these have been fully funded by health research board fellowships, with five others funded by competitive grants.

In 2002, the BSc nursing education programme began nationwide in all third-level institutes providing nursing education. Similarly, in 2006 the BSc direct-entry programme in midwifery started throughout the country and the post-registration programme decreased to 18 months and became a higher diploma course run entirely by the third-level sector, in conjunction with the linked hospitals. In tandem with this change, all midwifery tutors in the linked hospitals who held Master's degrees transferred into the third-level institutes. By 2009, the School of Nursing and Midwifery in Trinity College Dublin had 1500 students, over 70 academics and 30 plus support staff.

Personal reflections

I am so lucky to have been born at the right time, and to have experienced an initial apprenticeship training, followed by advanced education. That might sound a strange statement coming from a professor of midwifery, who presumably supports the importance of third-level education for midwives (as I do, strongly). But I and my contemporaries had lots of experience as students and junior staff that one would not necessarily want students today to have, but which rapidly gave me tremendous confidence and deep knowledge and skills that could not have been achieved over a number of years working as practitioners do now, with increasing medicalisation and the rising threat of litigation.

I had experience as a nursing student of managing full wards at night, with responsibility for drug administration and intensive and emergency care that would not be permitted today. I enjoyed the drama and rose to the challenge of dealing with every emergency that came through the door. The lack of support and leadership was, of course, not ideal for either giving quality patient care or receiving an education, but I enjoyed it at the time and wish that present-day students could have some of those experiences within a controlled and safe environment.

As a student and junior midwife, I again had responsibility for the care of wards full of women, or full case-loads in the delivery suite, including ‘acting up’ for senior staff on a frequent basis. I experienced ‘hands-on’ care of women labouring with breech presentations, twins, and persistent occipito-posterior positions that nowadays often end with caesarean sections rather than vaginal births. I developed a deep appreciation of women’s natural resilience and ability to birth normally when supported through labour, that maybe recently-qualified midwives today cannot develop if they work within tertiary level hospitals using active management of labour and epidurals on demand.

My luck continued as I was offered full funding to undertake the tutor’s course in University College Dublin and then work as a midwifery tutor. I was able to learn through six years of solid teaching in classroom and clinical areas so that my education skills are ingrained. Nowadays, it is hard for young lecturers entering the universities to come to grips swiftly with their teaching role. Clinical teaching is time-consuming and, as research is the main area examined for promotion, and classroom teaching is the main documented form of education, it can be hard to undertake sufficient practice teaching to become skilled and confident at it.

One innovation that we have introduced in Trinity College Dublin is the employment of clinical tutors. These are all qualified midwife teachers, registered as such with our Nursing (sic) Board and educated to MSc level. They have no research remit and their sole obligation is to teach. They conduct approximately 100 hours classroom teaching per year (lectures, tutorials and clinical skills laboratory work) and the remainder of the time they are

in clinical practice, working alongside students, teaching and guiding them. The students appreciate the teaching they receive and the tutors love their job – a nice mixture of clinical practice and teaching. Working for a few years in that role might be a stepping-stone between clinical practice and academia for those who like doing research, want a lecturer's post but are under-confident in their teaching role. It also suits those who do not want to undertake research, but who love teaching students and make the career move into a solely teaching post.

My love of research started when I did the tutor's course and we were introduced to the research process and learnt how to read research papers. In 1983, while working as a tutor, I undertook a retrospective study of perineal trauma that led to changes in midwives' practice in the Coombe Hospital where I worked. When I repeated the study six months' later and found that the changes had saved 678 women per year from having perineal sutures (Begley, 1987), I was 'bitten by the bug' and knew that I had to continue researching midwifery practice. The next study was a randomised clinical trial comparing active with physiological management of the third stage of labour, which gained me an MSc degree through research.

After that, I knew my future had to be where research was encouraged, so I took up a post as the sole lecturer in the Faculty of Nursing in the Royal College of Surgeons in Ireland (RCSI). At that time, no entry-level midwifery or nursing programmes were taught in the universities and there were no plans for them to move from hospital schools to other institutions. The RCSI was the only place in Ireland that provided post-registration diploma courses for midwives and nurses to help them educate themselves after qualifying through a certificate programme. Again, I was lucky to be in the right place at the right time, as I had eight years there as lecturer and senior lecturer, building up the diploma courses, developing a Bachelor's degree for registered midwives and nurses and a draft MSc programme and undertaking a PhD myself. When the news broke in 1995 that schools of nursing were to be opened in all universities around the country, I was ready with the qualifications and experience necessary to develop one of those schools.

For the past 12 years, I have been leading the team that built the school in Trinity College Dublin from its initial opening position, with two members of staff and 79 students on a part-time diploma course to one where it is now the largest school of nursing and midwifery in the country, with 1500 students and 110 staff. Initially, as I was head of a school that included both midwives and nurses, and later as chair of nursing and midwifery, my remit had to cover both professions. Now, however, I have passed on the headship and am free to research solely in the field of midwifery and women's health, which is wonderful.

The role of professor in developing midwifery education and research

A professor's role encompasses the development of both education and research. However, as there are a number of senior midwife and nurse educators in the school, and our

educational programmes and systems had been well developed in the first seven years, my remit on appointment was mainly to concentrate on research development.

When I took up the chair of nursing and midwifery in Trinity College Dublin in 2004, I set five research goals to be achieved in the following five years. These illustrate the research role of the professor as I see it, which is to:

- Develop the research strategy contributing to the College's theme 'Meeting the challenges of establishing and applying new knowledge in health sciences and health management'
- Support research – both at individual and school level
- Conduct research – both as an individual and while leading groups
- Develop collaborative research
- Publish and disseminate findings.

Five years later, we have achieved all the goals set and surpassed some of them. For example, because we had taken in a large number of midwife and nurse tutors with Master's degrees who needed support to become career researchers, we had set the target that by 2010, 75% of the academic staff would hold, or be undertaking, a PhD. That target has already, in April 2009, been met. Similarly, other targets such as a 20% annual increase in conference presentations and peer-reviewed publications have also been achieved. PhD student numbers have increased exponentially, with 57 research students now registered with the school. During this time, midwifery education also blossomed, with our school chosen by the Department of Health and Children to undertake the pilot direct-entry midwifery programme from 2000 to 2003. As a result of the successful evaluation of this course, the BSc in midwifery began nationwide in 2006.

Contribution to research and impact of author's work

The women and children's health research strand in our school is one of the most vibrant, with 13 PhD students, over €3m in funding achieved in the past six years and numerous publications emanating from the group (Trinity College Dublin, 2009). My main area of research is in normal childbirth (decreasing episiotomy rates, expectant management of the third stage of labour, midwifery-led care, fetal auscultation versus admission cardiotocography), but I also undertake funded research projects for various bodies. At present, we have just completed a national infant-feeding survey (Begley et al, 2009b) and are conducting two studies, one on the strengths and weaknesses of publicly-funded Irish health services provided to women with disabilities in pregnancy, childbirth and early motherhood. The second one is on an evaluation of clinical midwife and nurse specialists and advanced midwife and nurse practitioners in Ireland.

The impact of my research is seen most clearly in the practice areas, where midwives often approach me and state that they have read my work and have implemented new ideas or approaches to care because of it. My most important publication is probably the paper

reporting the 'Dublin trial' of third-stage management (Begley, 1990), as it has been commented upon across the world and is used for teaching and developing evidence-based guidelines. I hope in the future, though, that if I am remembered for anything, it is for my work on midwifery-led, women-centred care.

In the past, I have explored the experiences of student midwives (Begley, 1999) and conducted studies of assertiveness and self-esteem among student nurses (Begley and White, 2003; Begley and Glacken, 2004) and midwives (Begley and Carroll, 2005). Such research as this or other educational projects, however, are unlikely to be funded as they are not seen as priority issues. With the present pressures on university staff to obtain external competitive grants to support their research work, the amount of educational research is likely to decrease. This presents the challenge that leaders face when developing new models of education, of trying with minimal funding, to achieve high-quality educational programmes that are truly fit for purpose and are based on evidence, just as we expect our care to be.

Career advice for midwives in research

It can be hard for midwives with experience in an intensely practice-orientated profession to know whether or not they would like a research career. The best plan is to try it out first if you are not sure. You could do a small retrospective study in your own area of practice, on a topic that you feel passionate about, and then publish it. Do an MSc degree, either a taught one that includes some element of research practice, preferably a full research thesis, or a research degree if your knowledge of research methods is good. On completion of your thesis, do not stop there, publish from your findings so that we can all benefit and learn from your work.

If you think a research career is for you, link yourself early in the process to a well-known midwife researcher who will help and guide you. Academics have a good knowledge of how and where to get funding that will help you on your chosen path. Offer to take part in a research team on a voluntary basis, as you will learn from the best researchers around. If your contribution is good, you may co-author one or more of the team's papers, which will enhance your CV. Learning to write and write well will stand you in good stead in your career as a researcher. Take every opportunity given to you; if you are asked to take on supervision of junior researchers undertaking BSc literature reviews – do it – you will learn a lot and can move on later to supervising students' research proposals and eventual studies. Try also to get some experience of teaching, either in the classroom or practice areas, as it will assist you to gain a lecturer's post in the future.

Conclusion

To return to the concept of dropping pebbles in the water and seeing the ripples spreading out: I have seen students of mine who undertook their first literature review, with much toil,

time and tears, on small diploma courses in the RCSI in the 1980s, come back to do a BSc, then a MSc and finally sail gloriously on to gain a PhD on a three-year fully-funded scholarship. In the process, they have been teaching other midwives their skills, passing on their expertise and starting their own little ripples. Every piece of research conducted by every midwife goes some way towards improving the care we all give women in pregnancy and childbirth. That is the beauty of research and the pleasure of being a professor of midwifery.

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