

# RCM

Annual General Meeting &  
Annual Conference & Exhibition

## *Promoting the Business of Midwifery*

### Conference Handbook

HARROGATE INTERNATIONAL CENTRE

13 – 16 May 2003





**Dorcas Akeju**  
**RN RM ISM HISM BSc Hons**  
*Clinical Management, Team Leader /  
 Midwife, Liverpool Women's Hospital*

Dorcas did her General Nursing in Nigeria in 1969 and Midwifery at the Liverpool Maternity Hospital in 1975-76. She has been practising as a midwife since 1976 and worked at Basingstoke District General Hospital for two years. She moved back to Liverpool in 1978 as a Midwifery Sister on Postnatal Ward and became a rotational midwife in 1984 and moved to Community in 1989.

In 1997, she co-ordinated the Pilot Team that implemented Changing Childbirth at the Liverpool Women's Hospital. She initiated the implementation of the 'Link Clinic' in 1999. She developed training on Cultural Awareness and Female Genital Mutilation for staff and gave a lecture to student nurses on Diversity in health care. She designed a poster and leaflet on Cervical Smear to increase the uptake amongst the ethnic minority women. These have been translated into seven different languages. She has set up groups such as FGM/Multi-Cultural Women Advisory Group to address health issues of ethnic minority women.

She has developed an extensive network with midwives and other professionals nationally. Dorcas is very interested in equity, equality, diversity, tradition and culture.



**Lorna Wood,**  
**RN, RM, BA Hons Health Studies,**  
*Specialist Midwife / Co-ordinator, Liverpool  
 Women's Hospital NHS Trust*

Lorna first qualified as a state registered nurse in 1980 on the Wirral and as a registered midwife in 1985 in Liverpool. She has continued to work in Liverpool since qualifying and undertook a degree in Health Studies at John Moores University and graduated in 1992. She has always pursued a combined academic and clinical role with various part time research, audit posts and university teaching. At present Lorna is a specialist midwife and co-ordinator of specialist / high risk antenatal clinics which include: the Young Womens Clinic (age 17 and younger), Medical Disorders (women with diabetes), Multiple Pregnancies and the Link Clinic for ethnic minority women. She is currently undertaking research for an Mphil / Phd and is also a midwifery tutor at Liverpool University.

• **Shiatsu for midwives - re-integrating traditional midwifery skills into modern midwifery practice**

Shiatsu was the business of the traditional midwives in Japan before World War II. Massage was the business of traditional midwives world-wide. With the medicalisation of midwifery many of these traditional hands-on skills have become diluted or lost. They offer a nurturing holistic and personal approach which modern midwifery often, sadly, lacks. This presentation focuses on how to re-integrate shiatsu back into modern midwifery practice and the benefits to midwives and women of doing so.

Shiatsu is simply a form of massage, characterised by a use of static pressure and holding techniques combined with breathing and exercise and by its integration of the eastern and western ways of looking at the body. This presentation will include a description of the theory and practice of shiatsu and an

explanation of its benefits for modern midwifery practice in the UK. It will consider issues relevant to professional practice such as training, employment and professional issues, protocols, standards and audit criteria, supervision and support. Suzanne will draw upon case studies from midwives who have attended the course and are using shiatsu in their practice.



**Suzanne Yates**  
**BA(Hons), DipHSEC, MRSS(T),  
 APNT, PGCE (PCET),**  
*Director of Well Mother, education for  
 maternity care, Bristol*

Suzanne Yates has pioneered the integration of shiatsu into midwifery practice since 1990. She has developed and teaches a course specifically for midwives and supported them in integrating shiatsu into their practice. She has gathered together the existing research base, supported small midwifery-led research projects, linked midwives with shiatsu practitioners and worked on protocols relevant to shiatsu. She is launching her book "Shiatsu for Midwives" written with the collaboration of Tricia Anderson, midwife, and published by Elsevier Science at the conference.

**D2 Education**

• **Four phased antenatal and postnatal education framework**

Delivering education, which is sensitive to the changing needs of the childbearing woman and her family, is an important aim of those who provide her care. Research undertaken during 2000-2002 in one Irish health board area led to the development of a four-phased framework for antenatal and postnatal education. Based on the findings of interviews and focus groups with care providers, multigravida and primigravida women, and evidence of best practice, this framework was put out to wide consultation. This paper describes the education framework and the results of the consultation process.

Phase one demonstrates the need for education and information as being important at the early stages of pregnancy. Phase two reports on the educational preparation needed for the women and her "significant other" for labour and birth. The third phases focus on delivering basic care skills training to the new mother and care of self-techniques. The final phase encourages mothers to identify their personal and social resources as part of their preparation for mothering by accessing support networks. The framework demonstrates the need for tailored education to continue throughout the pregnancy and afterwards with an interest in the mothers own needs, as well as her new baby.

**Miriam Smith**  
**MSc, BA, MTD, RM**

*Lecturer in Midwifery, University of Ulster*

Miriam gained clinical experience as both a nurse and a midwife in the UK and the Republic of Ireland prior to studying for her Midwife Teachers Diploma in Liverpool. She subsequently held teaching posts in University Hospital Galway and the Northern Ireland College of Midwifery, Belfast before taking up her current post of lecturer at the University of Ulster in 1996. She teaches undergraduate and postgraduate students undertaking pre and post registration programmes. Currently she is the Course

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Director for the B.Sc. (Hons) in Midwifery Science. Her research interests include issues related to women's health and she has been involved in research projects exploring poverty related to childbirth and midwife led care.

• **Affirming the role of the midwife: A forgotten face of midwifery? the care of women with hyperemesis gravidarum**

Hyperemesis Gravidarum (HG) affects a significant proportion of pregnancies (about 0.6%-2%). The definition, aetiology and management of HG have been the subjects of much debate, which has culminated in differing views on the causes of HG, together with diverse and often inappropriate methods of treatment. Poor outcomes pertaining to women's experience of HG may also be related to an absence of midwifery care in the delivery of treatment interventions if the women are treated in areas other than maternity suits.

The purpose of this structured review was to explore the attitudes and beliefs of health care professionals towards HG and the women's experience of HG. It was also aimed to further the understanding of interrelations between these two elements and how they impact on contemporary midwifery practice.

The findings are summarised below:

- What is obvious is that HG itself causes great distress and if medical and ward staff misunderstand the condition it can increase rather than reduce the suffering of these mothers.
- Existing psychoanalytical views do not seem to have meaningfully helped in advancing the knowledge around the aetiology or effective treatment of this disabling condition.
- The care of women with HG is fragmented and the midwife's role is incomplete. There is also an obvious need for affirming the midwife's role in the management of the condition.

**Gillian M Taylor**  
MSc DPPM RM RN

*Midwife, Midwifery Research Department, Southern Derbyshire Acute Hospitals NHS Trust*

Gill qualified as a state registered nurse in 1981 following training at Ormskirk General Hospital in Lancashire. She then travelled to London where she undertook midwifery training at the Olive Haydon School of Midwifery at Guy's and St Thomas' Hospitals. After qualifying in 1984 she worked in Hull (staff midwife) and Liverpool Oxford Street (neonatal intensive care). She has worked as a midwifery sister in Derbyshire since 1985 and is currently based in the acute unit at Derby City Hospital. Gill completed her MSc in Midwifery at the University of Nottingham in 2001, with a thesis that explored the effectiveness of current treatment options for postnatal depression and mental health outcomes. At present she continues to be involved in both midwifery research and mental health liaison within clinical practice. In the near future she hopes to undertake a doctorate degree related to childbearing and mental health.



**Dr Hora Soltani**

*Lead Research Midwife, Derby City General Hospital, Derby*

Dr Hora Soltani currently works as a 'lead research midwife' in Derby City General Hospital. She received her BSc Midwifery degree in Iran (1991), followed by a Master degree in Human

Nutrition (1994) and PhD in Midwifery (1997) from University of Sheffield, UK. She registered with UKCC (NMC) in 1994. In between and after these courses and qualifications she worked as a staff midwife. Following completion of her doctorate degree she worked as a Midwife Nutritionist in Pregnancy Nutrition Centre (1997) in Sheffield University, followed by a period of post-doctoral fellowship in School of Nursing and Midwifery, Sheffield (1998). She also worked as a research officer in East Riding and Hull Health Authority. She has a wide range of research interests and experiences including Nutrition and various aspect of midwifery, evidence based practice and systematic reviews.

**D3 Innovation and research**

• **Teenagers' experiences of the maternity services study (TEMSS)**

Reducing teenage pregnancy is a major government initiative and considerable work is being undertaken to address this (Teenage Pregnancy Unit 2001). However there is a dearth of research evidence relating to teenage women who continue their pregnancy. Pregnant teenagers are a marginalised group with very little empirical data documenting their experiences, needs and expectations in relation to maternity care. At present teenage mothers cannot be guaranteed a service that meets their individual and complex needs. We have undertaken a research study to review the literature and identify existing gaps in the knowledge base. Using a phenomenological approach we have also explored and documented teenagers' needs and expectations of the maternity services. Issues that emerge from the data will be presented in the form of themes and categories. Particular attention will be given to suggestions made by the teenagers of how midwives can improve the services offered to this vulnerable group. Where good practice is identified this will also be shared.



**Sally Price**  
RM MICG BSc NNEB

*Consultant Midwife, North Bristol NHS Trust and University of the West of England*

Sally Price registered as a midwife in 1993 and initially worked as a hospital midwife, then as a team midwife. She became a community midwife in 1995 with a caseload home birth rate of 13%. In 1999 Sally acted as Practice Development Midwife for North Bristol NHS Trust, where she managed professional education of midwifery staff, led the development of multi-professional policies and guidelines and gained significant experience of change management. She became a Supervisor of Midwives in September 2000 and has also successfully participated in the UKCC Higher Level of Practice Pilot Study, for which she was awarded Membership of the Institute of City and Guilds for Leadership in Midwifery. She was the local facilitator of the National Sentinel Caesarean Section Audit and is an IOSH Health and Safety assessor and a member of National Domestic Violence Research Forum.

Sally became a Consultant Midwife in November 2000, and has almost completed a master's degree in Public Health. The focus of her post is public health, with an emphasis on supporting midwives as they move into the public health area. She works clinically with teenage women and women in prison, has a lead role in practice and service development and contributes to midwifery education. She is currently involved in three research projects - teenagers' experiences of the maternity services, a descriptive study of the maternity services for women in prison and an impact evaluation of an education and support programme for midwives in the introduction of routine antenatal screening for domestic violence.