



The Royal College of
Midwives

Health and Social care Committee
Inquiry into stillbirths in Wales
SB 10 – The Royal College of Midwives

Response

Written Submission
to

National Assembly for
Wales Health & Social
Care Committee

One day inquiry into
stillbirths in Wales

4 Cathedral Road
Cardiff CF11 9LJ
Tel: 02920 228111
Fax: 02920 228333
Email: helen.rogers@rcm.org.uk



The Royal College of
Midwives

RCM Wales
4 Cathedral Road, Cardiff. CF11 9LJ

The Royal College of Midwives's written submission to the National Assembly for Wales Health & Social Care Committee one-day inquiry into stillbirths in Wales.

The Royal College of Midwives (RCM) is the trade union and professional organisation that represents the vast majority of practising midwives in the UK. It is the only such organisation run by midwives and for midwives. The RCM is the voice of midwifery, providing excellence in representation, professional leadership, education and influence for and on behalf of midwives. We actively support and campaign for improvements to maternity services and we also provide professional leadership for one of the most established of all clinical disciplines.

The RCM welcomes the opportunity to provide oral evidence to the Health and Social Care Committee for the one day inquiry into stillbirths in Wales. Our comments are set out below;

Context

Since 1996 stillbirth rates in Wales have fluctuated between 4.6 and 5.7 per 1000 births. As expected amongst a smaller population the rate has fluctuated more than that in England, but the rate for Wales as a whole has generally been lower. Though neonatal and infant death rates in the UK have fallen over the last decade, rates of stillbirths have not improved significantly. In 2010, the rate in Wales was 5.3, compared to 4.9 in Scotland and 5.1 in England.

There is no question that stillbirth rates in the UK need to improve. Of 35 high-income countries, the UK has the 33rd highest stillbirth rate. Unfortunately, we may have to accept that there will always be some stillbirths and that the cause for some of these will remain unknown. And there will be occasions when, despite extensive intervention and monitoring women will still have a stillbirth. Sweden has the lowest stillbirth rate in Europe, which is still as high as 3.5 stillbirths per 1000 births. The objective should be to identify specific

opportunities to reduce stillbirths by tackling known-causes and improving the care available to women.

Appropriateness of current guidelines

The Royal College of Midwives supports the existing guidance as outlined in the Inquiry's terms of reference. In particular, we support the National Institute for Clinical Excellence's clinical guidance on antenatal care which states that fetal growth should be measured by fundal height and that routine formal fetal-movement monitoring should not be offered. There is also evidence from the West Midlands Perinatal Institute that the use of symphysis fundal measurements and customised growth charts were valuable in increasing the recognition of Intra Uterine Growth Retardation. It is of concern however, that there are inconsistencies in how professionals actually measure despite training. We recognise that there are opportunities to improve existing practices to ensure that guidelines are followed more consistently, and to enable midwives to more easily detect risk factors associated with stillbirths.

Though the causes of stillbirths are not fully understood, factors such as smoking, obesity, social deprivation are linked to higher stillbirth rates. The prevalence of these factors amongst child-bearing women is therefore something to be addressed. The role of the midwife in delivering the Public Health agenda is recognised in the Strategic Vision for Maternity Services in Wales (2012). We support this strategy and would like to emphasise how key the midwife is in raising public health issues. In order to address these factors, midwives need to develop relationships with the women that they care for and have enough time and understanding to deliver effective lifestyle support to women.

A key factor in addressing the recognition of reduced fetal movements, IUGR and their relationship to stillbirths is to concentrate on the role of the named midwife for every woman in the community setting providing continuity and consistency. This is in-line with Midwifery 2020 where this named midwife should be the coordinator of the woman's care and her lead professional if all is straight-forward. We also should consider the need for a "buddy" system, where pairs of midwives cover each other and take responsibility and accountability for a designated caseload, where they know their women well, follow them up and where women know their midwife. During pregnancy women feel comfortable about raising issues and midwives can detect any changes that are unusual or unexpected for a particular woman.

Midwives can also discuss with and educate women so that they can identify when their baby's movements change or stop. It is particularly important that women know of the relationship between fetal movements and fetal wellbeing. Where problems are detected, there needs to be rapid and appropriate referral processes in place so that the appropriate action can be taken.

Implementation of guidelines

The RCM is aware that many of the relevant guidelines have not been implemented consistently throughout Wales. To improve this, health boards, universities and other organisations need to ensure that these guidelines are adequately embedded in up-to-date training offered to practicing midwives and others involved in caring for pregnant women.

Student Midwife Training

It is important that we do not underestimate the importance of midwifery education in relation to stillbirths. And the RCM would like to highlight the following examples of how students are supported to learn.

The MINT project (2011) demonstrates how midwifery teachers may make a difference through supporting student midwives in the workplace - reducing the theory practice gap, facilitating evidence based practice, supporting mentors, mentorship training and encouraging student midwives to join evaluation of care meetings when there has been a near miss or poor outcome.

In all Welsh Universities the public health role of the midwife is core to the curricula. All midwifery pre-registration students are taught about the role of the midwife in monitoring fetal growth and wellbeing and Universities ensure that they utilise the following (along with updates as they are published):

- All relevant NICE guidelines: Antenatal Care CG62, Multiple pregnancy CG129, Diabetes in pregnancy CG63, Hypertension in pregnancy CG107, Induction of labour CG70.
- The National Service Framework for Children, Young People and Maternity Services.
- Midwifery 2020
- A Strategic Vision for Maternity Services in Wales (2012)
- NOFAS information for midwives <http://www.nofas-uk.org/>
- RCOG Guidelines: Greentop Guideline 57 and Greentop Guideline 31

Research-based socio-cultural and bio-scientific knowledge is used to raise students' awareness of the underpinning knowledge about fetal growth and wellbeing that supports safe and effective practice.

In practice settings students work with Sign Off mentors towards the NMC competencies as outlined in Standard 17 of the *Standards for Pre-registration Midwifery Education* (2009). Several of these competencies include developing skills in monitoring fetal growth wellbeing as well as in appropriate referral practices.

Assessment of these competencies is summative (core and compulsory for progress in the programme) and in some cases graded (contributing to the degree award).

Improving understanding of what causes stillbirths

The lack of understanding of the causes of stillbirths remains a problem. One option to improve understanding is to increase the rates of post mortems carried out following a stillbirth. Recent research by the RCOG has shown that emotional distress is the main reason for parents withholding their consent to a post-mortem. This suggests that a greater investment in supporting parents following a stillbirth could help to improve research in the area. In particular, midwives need to be trained to offer bereavement support to women and their families following a stillbirth. The number of midwives who are currently trained and in place to support bereaved parents is variable across Wales and this is an area where improvements could be made.

The National Stillbirths Working Group

The National Stillbirths Working Group, a subset of the 1000 Lives Plus Transforming Maternity Services Mini-Collaborative, is currently reviewing the relevant evidence and practice surrounding stillbirths in Wales. The working group brings together a wide range of stakeholders, including the RCM, and we are confident that its efforts will help to improve stillbirth rates in Wales.