



# Midwifery Bulletin

## August 2024

**The aim of this monthly current awareness bulletin is to provide a digest of recent news, guidelines, reports and research concerning all aspects of Midwifery.**

If you would like to request any of the research articles included in this bulletin, or to be put onto the bulletin's distribution list, please contact:

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### News, Guidelines and Reports

#### **New and updated guidelines from the Royal College of Pathologists:**

- [Fetal autopsy after termination of pregnancy or fetal loss associated with congenital anomaly](#)
- [Fetal autopsy following antepartum or intrapartum death of non-malformed fetuses](#)
- [Fetal autopsy of 2nd trimester fetal loss \(excluding termination of pregnancy for congenital anomaly\)](#)

#### **NIHR: [New Maternity Early Warning Score to be implemented in the NHS](#)**

Researchers funded by the NIHR have developed a new, standardised tool to help identify and respond to signs of deterioration in the health of pregnant women. The new "maternity early warning score" is based on patient data and is set to be rolled out across the country. ***The aim is that every organisation will have implemented MEWS across England by March 2026.***

#### **Guideline | Neonatal brain magnetic resonance imaging: clinical indications, acquisition and reporting | Archives of Disease in Childhood: Fetal & Neonatal Ed 2024;109:F348–F361**

This framework for practice was developed by the British Association of Perinatal Medicine and British Society of Neuroradiologists and has been endorsed by the British Paediatric Neurology Association and the Society of Radiographers

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#### **R v Noor: a landmark case in female genital mutilation prosecution | British Journal of Midwifery Vol. 32, No. 8 pp. 440-445**

This article on the case of R v Noor (2024) discusses the second successful UK prosecution under the Female Genital Mutilation Act 2003, marking a significant legal precedent in addressing female genital mutilation. It underscores the critical role of midwives in detecting, reporting and caring for victims, highlighting the intersection of healthcare, law and ethics in combating this practice.

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**“Things cannot remain as they are”—UK’s top obstetrician on workforce morale | BMJ, 386,7<sup>th</sup> August 2024**

Ranee Thakar, president of the Royal College of Obstetricians and Gynaecologists, speaks to **Emma Wilkinson** about her concerns for a maternity workforce on the edge

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**Maternity services and workforce**

**‘Bringing forth’ skills and knowledge of newly qualified midwives in free-standing birth centres: A hermeneutic phenomenological study | Journal of Advanced Nursing, August 2024, 80,8, pp. 3309-3322**

To understand and interpret the lived experience of newly qualified midwives (NQMs) as they acquire skills to work in free-standing birth centres (FSBCs), as well as the lived experience of experienced midwives in FSBCs in Germany who work with NQMs

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**Maternity support workers’ experiences of workplace trauma and post-traumatic stress symptoms | Midwifery 136 (2024) 104071**

Maternity support workers (MSWs) are now a key part of the maternity workforce. They work in environments with potential exposure to traumatic events, but little is known about their rates of exposure or psychological responses.

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**Maternal health inequalities**

**Gestational diabetes: addressing health inequalities and barriers to identification | British Journal of Healthcare Management, 30, 8 pp.1-3**

Dr Julie Dawn Jones discusses barriers to the identification of gestational diabetes and how these relate to health inequalities, suggesting that a compassionate, inclusive approach using quality improvement methodologies could help to address these issues.

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**Pregnancy complications**

**Gestational Diabetes: Pathophysiology from preconception, during pregnancy, and beyond | The Lancet, 2024, 404, 10448, pp. 158-174**

This is the first in a series of three papers about gestational diabetes.

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**Labour and childbirth**

**Consent and refusal of procedures during labour and birth: a survey among 11 418 women in the Netherlands | BMJ Quality & Safety 2024; 33:pp.511–522.**

This study examines (1) to what extent and for which procedures during labour and birth women report that consent requirements were not met and/or inadequate information was provided, (2) how frequently women consider consent requirements not being met upsetting and (3) which personal characteristics are associated with the latter.

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**Epidural analgesia in labour and the risk of emergency caesarean: a retrospective observational study | British Journal of Midwifery Vol. 32, No. 8 pp. 404-411**

A Cochrane review reported that epidural analgesia had no effect on the risk of emergency caesarean section; there was a discrepancy between these findings and the author's clinical observations, prompting the author to evaluate labour outcomes for women with and without epidural analgesia. The aim was to establish whether the author's clinical observations were supported by data.

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**Postnatal care**

**Instrument to evaluate the perception of abuse and/or disrespectful treatment during childbirth: A validation study | Midwifery 137 (2024) 104118**

To design and validate a tool to assess a woman's perception of whether she has experienced a situation of abuse or disrespect during childbirth attendance: "Childbirth Abuse and Respect Evaluation-Maternal Questionnaire" (CARE-MQ)

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**Neonatal care**

**Giving preterm babies the best start from birth**

Results of NIHR-funded research into the best feeding approach for extremely preterm babies have informed national guidelines, cut NHS costs and supported a consistent approach to practice. [Read the NIHR Making A Difference case study.](#)

[Recognising Uncertainty: An integrated framework for palliative care in perinatal medicine](#)

**A BAPM Framework for Practice July 2024**

The focus is perinatal: on provision of care for babies with potentially life-limiting conditions and their families, before and after birth. However, parts of the framework (particularly relating to babies transitioning to community care) will overlap with paediatric palliative care.