

Current awareness for Midwifery

Recent guidelines, reports and articles

January 2021

Guidelines

The following guideline(s) maybe of interest:

Antiepileptic drugs in pregnancy: updated advice following comprehensive safety review.

Medicines and Healthcare Products Regulatory Agency (MHRA); 2021.

<https://www.gov.uk/drug-safety-update/antiepileptic-drugs-in-pregnancy-updated-advice-following-comprehensive-safety-review>

[A review of the risks of major congenital malformations and of adverse neurodevelopmental outcomes for antiepileptic drugs by the Commission on Human Medicines has confirmed that lamotrigine (Lamictal) and levetiracetam (Keppra) are the safer of the medicines reviewed during pregnancy. This review was initiated in the context of the known harms of valproate in pregnancy, which should only be prescribed to women of childbearing potential if there is a pregnancy prevention programme in place.]

Freely available online

SSRI/SNRI antidepressant medicines: small increased risk of postpartum haemorrhage when used in the month before delivery.

Medicines and Healthcare Products Regulatory Agency (MHRA); 2021.

<https://www.gov.uk/drug-safety-update/ssri-slash-snri-antidepressant-medicines-small-increased-risk-of-postpartum-haemorrhage-when-used-in-the-month-before-delivery>

[Drug Safety Update. SSRIs and SNRIs are known to increase bleeding risks due to their effect on platelet function. Data from observational studies suggest that the use of SSRI/SNRI antidepressants during the month before delivery may result in a small increased risk of postpartum haemorrhage.]

Freely available online

The safety of COVID-19 vaccines when given in pregnancy.

Public Health England (PHE); 2020.

<https://www.gov.uk/government/publications/safety-of-covid-19-vaccines-when-given-in-pregnancy/the-safety-of-covid-19-vaccines-when-given-in-pregnancy>

Reports

The following report(s) may be of interest:

Learning from standardised reviews when babies die: National Perinatal Mortality Review Tool: second annual report.

Healthcare Quality Improvement Partnership (HQIP); 2020.

<https://www.hqip.org.uk/resource/perinatal-mortality-review-tool-second-annual-report/#.YABW-liny70>

[The national Perinatal Mortality Review Tool was commissioned with the intention of improving the quality of local reviews, by standardising a robust process that would ensure the whole pathway of care is reviewed for every death, incorporating the parents' perspective of their care and aiming to resolve questions they may have. This second annual report arising from the use of the PMRT in 2019 and early 2020 highlights the findings from reviews carried out during the early phase of the tool.]

Freely available online

[Maternal, Newborn and Infant Clinical Outcome Review Programme – perinatal surveillance report 2018.](#)

Healthcare Quality Improvement Partnership (HQIP); 2020.

<https://www.hqip.org.uk/resource/maternal-newborn-and-infant-clinical-outcome-review-programme-perinatal-surveillance-report-2018/#.YABb9Finy70>

[This report focuses on the surveillance of perinatal deaths from 22+0 weeks gestational age (including late fetal losses, stillbirths, and neonatal deaths) of babies born between 1st January and 31st December 2018. The report finds that in the UK there has been a reduction in all three mortality rates: 15% in the stillbirth rate, 11% in the neonatal mortality rate and 16% in the extended perinatal mortality rate, across the six years of the MBRRACE-UK programme.]

Freely available online

[Saving Lives, Improving Mothers' Care 2020: Lessons to inform maternity care from the UK and Ireland Confidential Enquiries in Maternal Death and Morbidity 2016-18.](#)

MBRRACE-UK; 2020.

[https://www.npeu.ox.ac.uk/assets/downloads/mbrance-uk/reports/maternal-report-2020/MBRRACE-UK Maternal Report Dec 2020 v10.pdf](https://www.npeu.ox.ac.uk/assets/downloads/mbrance-uk/reports/maternal-report-2020/MBRRACE-UK%20Maternal%20Report%20Dec%202020%20v10.pdf)

[Annual report of the Confidential Enquiry into Maternal Deaths and Morbidity, includes surveillance data on women who died during or up to one year after pregnancy between 2016 and 2018 in the UK. In addition, it also includes Confidential Enquiries into the care of women who died between 2016 and 2018 in the UK and Ireland from epilepsy and stroke, general medical and surgical disorders, anaesthetic causes, haemorrhage, amniotic fluid embolism and sepsis.]

Articles

The following articles maybe of interest:

[A safe space for parents.](#)

Fisher J. *British Journal of Midwifery* 2020;28(12):812–813.

[The UK charity Antenatal Results and Choices (ARC) started out under a different name. Support after Termination for Fetal Abnormality (SATFA) was founded in 1988 by a group of bereaved parents and concerned health professionals who recognised the practical and emotional needs of women and their partners ending a pregnancy after a prenatal diagnosis were not being met (Kenyon, 1988).]

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[Active warming after caesarean section to prevent neonatal hypothermia: a systematic review.](#)

Vilinsky-Redmond A. *British Journal of Midwifery* 2020;28(12):829–837.

[There is a lack of evidence on the effects of perioperative warming on maternal and neonatal outcomes in women undergoing elective caesarean section who are performing at-birth skin-to-skin contact. This study aimed to provide a systematic review of the current evidence base on the effects of perioperative warming versus no warming.]

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[Can augmentation with oxytocin be 'too much, too soon'?](#)

Norton J. *British Journal of Midwifery* 2020;28(12):814–820.

[The Sustainable Development Goals have specific aims to reduce maternal mortality and achieve gender equality. While a significant amount of literature focuses on lower-income countries, which have higher mortality and morbidity rates than the UK, the UK must not be complacent. Maternal mortality and morbidity can still be improved nationally by critically evaluating whether the almost ubiquitous use of interventions in obstetric units is a contributory factor.]

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[Cerebral venous sinus thrombosis viewed as a postpartum complication.](#)

Koziołek W. *British Journal of Midwifery* 2020;29(1):52-54.

[Cerebral venous sinus thrombosis (CVST) is a rare type of stroke caused by a clot forming in one of the cerebral sinuses and subsequent blockage in blood drainage. The clinical presentation of this disease can be atypical and diagnosis might be challenging. The patient in this case study was a 33-year-old woman admitted to the perinatology clinic at 39+5 weeks of gestation to perform a planned caesarean section, who had previously been discharged home in good condition.]

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[COVID-19 and caesareans. \[Comment\]](#)

Winter G. *British Journal of Midwifery* 2020;28(12):860–861.

[In their recent systematic review of SARS-CoV-2 in pregnancy, Akhtar et al (2020) considered 22 studies, which identified 156 pregnant women with SARS-CoV-2 and 108 neonatal outcomes. The most common maternal/fetal complications included intrauterine/fetal distress (14%) and premature rupture of membranes (8%). Neonatal clinical manifestations of SARS-CoV-2 included shortness of breath (6%), gastrointestinal symptoms (4%), and fever (3%).]

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[Feminism, midwifery and the medicalisation of birth.](#)

Davison C. *British Journal of Midwifery* 2020;28(12):810–811.

[Historically, childbirth was the domain of women only, regarded as a female mystery, of which women alone had special knowledge and understanding. From the 1700s, with the rise of science and what was considered the more 'modern' and rational approach to midwifery theory, the old midwifery 'ways of knowing' were dismissed as superstitions and old wives' tales. The medical profession mostly consisted of men and they accused midwives of using ancient, dangerous and outdated practices.]

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[Inequalities, safety culture and personalisation.](#)

Hajjaj J. *British Journal of Midwifery* 2020;29(1):45-47.

[COVID-19 has unmasked the prevalence of racial inequality still experienced in healthcare systems around the globe. June Pembroke Hajjaj shares her personal perspective. The disparity in outcomes in maternity for black, Asian and minority ethnic (BAME) women giving birth in the UK has been recognised for some time (Nair et al, 2016; Knight et al, 2018; Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK ([MBRRACE-UK], 2017).]

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[Midwives' recommendation of electronic cigarettes as a smoking cessation strategy in pregnancy.](#)

Broadfield A. *British Journal of Midwifery* 2020;29(1):37–44.

[Electronic cigarettes have been described as a public health crisis. Approximately 10.6% of pregnant women smoke conventional cigarettes at the time of delivery, but the prevalence of e-cigarette use during pregnancy is unknown. This review aimed to assess the extent of midwives' current knowledge and attitudes on electronic cigarettes as a smoking cessation strategy during pregnancy.]

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[Professional autonomy for midwives in the contemporary UK maternity system: part 1.](#)

Sonmezer E. *British Journal of Midwifery* 2020;28(12):850–856.

[The history and professionalisation of midwifery has travelled through turbulent times to arrive at an opportunity for transformation in the contemporary UK maternity system. This professionalisation, the midwifery profession and professional autonomy are explored in this article from a sociological perspective, to answer the question of whether a midwife can achieve professional autonomy within the UK system.]

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[Professional autonomy for midwives in the contemporary UK maternity system: part 2.](#)

Sonmezer E. *British Journal of Midwifery* 2020;29(1):19–25.

[In this article, professionalisation, the midwifery profession and professional autonomy are explored from a sociological perspective to answer whether it is possible for a midwife to achieve professional autonomy within the contemporary UK system. In part 2, choice, service pressures, evidence-based care, consumerism, leadership and reflexive practice are considered in the context of professional autonomy and the intention of retaining women's choice as the core belief of the profession.]

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[Rapid quality improvement in a preterm birth clinic care pathway during the COVID-19 pandemic.](#)

Zarasvand S. *BMJ Open Quality* 2020;9(4):DOI: 10.1136/bmjog-2020-001049.

[Conclusions: By using quality improvement methodology, we were able to safely and rapidly implement a new care pathway for women at high risk of Preterm birth (PTB) which was acceptable to patients and staff, and effective in reducing exposure of COVID-19.]

[Temporal trend of early pregnancy high body mass index in Australian women: risk factors and outcomes.](#)

Khajehei M. *British Journal of Midwifery* 2020;29(1):10-18.

[There is a shift toward the increasing weight gain among women of reproductive age. This study aimed to assess changes in the prevalence of high body mass index (BMI) (including both overweight and obese) in early pregnancy in Australian women, and its risk factors and association with selected birth outcomes from 2011–2017.]

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[The safety and efficacy of supervised exercise on pregnant women with overweight/obesity: a systematic review and meta-analysis of randomized controlled trials.](#)

Muhammad HFL. *Clinical Obesity* 2020;;doi.org/10.1111/cob.12428.

[This meta-analysis might suggest beneficial effects of supervised exercise on pregnant women with overweight/obesity to prevent excessive GWG, attenuates insulin resistance, and the post-prandial blood glucose level.]

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[Trusting women and birth despite the 'risks'.](#)

Davison C. *British Journal of Midwifery* 2020;29(1):6-7.

[Clare Davison discusses the differences between the medical model of childbirth and the midwifery or social model, and the importance of involving women in their care during pregnancy and labour. There are different ideologies and models in maternity care, each with underlying assumptions and philosophies relating to women and the care provided to them during the childbirth continuum.]

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Websites

The following websites(s) may be of interest:

[The COVID-19 Vaccine Communication Handbook: A practical guide for improving vaccine communication and fighting misinformation](#)

[WIKI publication]; 2020.

<https://ndownloader.figshare.com/files/25980764>

[A practical guide for improving vaccine communication and fighting misinformation. This project tracks behavioural science evidence and advice. "This handbook is for journalists, doctors, nurses, policy makers, researchers, teachers, students, parents – in short, it's for everyone who wants to know more about the COVID-19 vaccines, how to talk to others about them, how to challenge misinformation about the vaccines." Written by an international team of academics and clinicians.]

Freely available online

KGH Knowledge and Library Service

Phone: 01536 492862

Email: kgh-tr.library.index@nhs.net

Library Website:

<http://kghlibrary.koha-ptfs.co.uk>



[@KGHNHSLibrary](https://twitter.com/KGHNHSLibrary)

Would you like help to find information to support CPD and revalidation?

Or to receive personal alerts to articles and reports on topics of particular interest to you?

Ask us about **KnowledgeShare** to receive fortnightly emails highlighting relevant reports and articles



Newsletter for midwives

December 2020

Welcoming three new Council appointees, all registered midwives



We're delighted to announce that we've appointed a new designate Council member for Scotland. Justine Craig is a registered midwife and will take up her position from 1 May 2021.

We've also appointed two new Associates. Tracey MacCormack is a registered midwife. And Dr Gloria Rowland is a registered nurse, midwife and specialist community public health nurse (SCPHN). Both will join us from 1 January 2021.

[Read more](#)

Our response to the Ockenden Report

Andrea Sutcliffe, our Chief Executive and Registrar, has responded to the Ockenden Report.

The report is about emerging findings and recommendations from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust.

[Read Andrea's response](#)



Council Chair steps down



All of us here at the NMC are wishing the Chair of our Council, Philip Graf well following his announcement that he's stepping down from his role.

The current acting Chair of the Council and registered nurse, Karen Cox, will continue until a permanent successor is appointed.

[Read more](#)

Supporting you as Covid-19 immunisation begins

The UK's medicines regulator, the Medicines and Healthcare products Regulatory Agency (MHRA) has authorised the Pfizer-BioNTech Covid-19 vaccine.

We know that some midwives may be involved in this vitally important immunisation programme. We want to do all we can to support you throughout this period. That's why we've created a webpage with information about the Covid-19 vaccines.

[Read more](#)



Guest article



Helping women to take control

"It's about being open minded, compassionate and assessing what the mother needs from you as a midwife. This allows us to build a strong rapport with women."

[Read More](#)



Laura Larkin
Midwife

What did you think about Caring with Confidence?



Did 'Caring with Confidence: The Code in Action' make you feel more confident about your decisions and actions in these difficult times? Please take a minute to [let us know](#).

To ensure we regulate as well as possible, we proactively support our professionals. That's why we launched a series of animations called Caring with Confidence. We published the final animation this morning (17 December).

[Read more](#)



Have your say on future use of our emergency powers

We'd like your views on how we keep using the powers that the Department of Health and Social Care (DHSC) gave us in response to the coronavirus pandemic.

[Read More](#)



Research shows disparities in people's experiences.

Our '[Together in practice](#)' work continues. We've now published our latest research into disparities in people's experiences called 'Ambitious for change'.

[Read More](#)



Find out more about our midwifery standards web hub

Find out more about our midwifery standards web hub with useful resources to help you put our standards of proficiency into practice.

[Read More](#)

Mid-year update

1 April–30 September 2020

There are just under 725,000 people on our permanent register – more than ever. This includes nurses and midwives eligible to practise in the UK and nursing associates eligible to practise in England.



Number of midwives increases by 2.5 percent

The number of midwives on our permanent register increased from 37,918 in April to 38,855 in September, our latest figures show.

[Read More](#)



Taking care of each other during the festive season

You continue to do amazing work for the benefit of women, babies and families. Remember there are resources to support your own health and wellbeing.

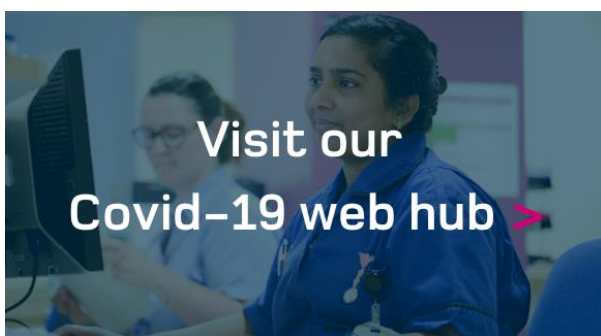
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What do you think of these newsletters?

We'd love to know what you think about our newsletters and any feedback you have on how we could improve them further.

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Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the professional regulator of almost 725,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

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