Aim of Project
Empower midwives to enhance their autonomous practice through promoting normality in childbirth

Primary Drivers
- Individualised care in accordance with KCND pathways and local and national policy drivers
- Increased implementation of normality by maternity staff

Secondary Drivers
- Improved maternity experiences/outcomes for service user
- Increased utilisation of KCND and unified maternity assessment (MA) pathway processes and guidelines
- Increased resources to facilitate normality
- Improved leadership and autonomy in delivering normality

Project Actions/Processes
A national survey “Having a Baby in Scotland 2013: Women’s Experiences of Maternity Care” (The Scottish Government, 2013) stated that 95% of women at the Southern General Hospital (SGH) who had a vaginal birth birthed their baby on a bed, with 32% lying supine and 36% in lithotomy position. This led to the birth of this project, which set out to explore ‘Labour Suite Midwives Perceptions of Promoting Normality’.

The project team met with management to discuss a project plan and created a driver diagram to set aims and primary and secondary drivers. This led to the development of a questionnaire by the project team.

The online questionnaire was piloted with n=5 midwives within labour suite at the SGH in December 2014. The survey went live in January 2015 and was actively promoted in labour suite by two of the project team members to encourage engagement and responses. A follow up email reminder with the survey link embedded in it was also sent out to labour ward co-ordinators for them to share with their teams to further encourage responses.

To-date the sample size is n=36 midwives, who have taken part in the study from a population of approximately 100 midwives in labour suite, which is 36%. Therefore this is interim data analysis report as data collection is still ongoing.

Results/Evaluation
88% of midwives agree there should be a designated midwife led unit in the hospital to promote normality.

63% would prefer to rotate between consultant unit and midwife led unit to maintain their knowledge and skills.

95-100% of midwives state they have confidence, skill and knowledge to promote, advocate and facilitate normality.

Despite confidence and skills, 96% feel the ability to promote normality is hindered by medical staff involvement in women on the green pathway and 86% feel staff need reminded labour is a normal process.

Training and development sessions will increase confidence when caring for all women (75%).

During labour 100% midwives encourage women to adopt positions, however in 2nd stage of labour, only 25-33% will have women standing or squatting.

The biggest barriers to facilitating normality included: culture (94%), lack of time (82%), obstetric involvement (80%).

Others barriers include: lack of resources (77%), lack of leadership (72%) and environment (71%).

The survey highlights many positives such as one to one care, individual confidence, teamwork and acknowledgement of training needs. These provide a great foundation for building upon and going forward in promoting normality in our hospital. There does appear to be contradictions in what midwives say they do and feel and what actually happens, such as confidence, birth positions and commitment to working exclusively in a midwife led unit. There also needs to be clarity about what is meant by culture and the impact it can have on promoting normality.

The data collected in this project will help the service make informed decisions about how we move forward with regards to promoting normality.