Newborn and infant physical examination: motivating midwives after “training”

Newborn and Infant Physical Examination: Motivating Midwives after "Training".

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Abstract:

Increasingly, the call to incorporate the screening activities of Newborn and Infant Physical Examination (NIPE) as part of the professional remit and the public health role of the midwife has been heeded; illustrated by an increase in the inclusion of the training in both pre-registration and post-registration courses. However, the underutilization of the skills attained upon completion of training remains evident. Issues that impact on perceptions of empowerment and autonomy in the role, may be contributors to the problem. Clear professional boundaries with a focus on low-risk newborns; an increase in the value placed on the extended role by both midwives and paediatricians; investment in resources that support continuous professional development could be an answer to the problem.

Introduction:

The NHS Newborn and Infant Physical Examination (NIPE) programme is a screening activity usually completed within 72 hours of birth. The detailed examination is primarily performed to confirm that the newborn is healthy, and to identify and refer babies born with congenital abnormalities (Public Health England, 2018) extending beyond the usual checks made by midwives at birth (Davis 2008; Carr 2014). By supporting midwives to develop the required clinical competency and knowledge in NIPE, among other benefits, it was seen as a way of empowering midwives and increasing their autonomy (Lomax, 2001). However, although a significant number of midwives have undertaken a course to conduct the detailed examination of the newborn, there are some who hesitate to, or have not had sufficient opportunities to effectively utilize and develop their skills post-qualification (Hayes et al, 2003; Rogers et al, 2015). This is worrying for a number of reasons; for not only is there a poor return for the investment of time and financial resources (Simms et al, 2012), midwives are missing vital opportunities to contribute to a public health activity that can hugely impact on the lives of women and their families.

Practice Challenge 1: After completing your course, periodically assess what knowledge and experience *you* need to enable *you* to enhance and maintain *your* competence in performing NIPE skills. Initially it could be at three or six monthly intervals, then annually as you gain more experience.

Drivers for placing NIPE in midwifery practice

The bulk of the published work on midwives' role and involvement in NIPE, traversed the developmental pathway from the early 90's to present day. Documented are the drivers for

extending their duties, one of which was the need to improve services to women and their babies, by delegating some of the responsibilities of paediatric Senior House Officers (SHOs) to midwives (DoH,1993); reducing the doctors' longer working hours to enable compliance with the 'then new' European Union Working Time directives. Seemingly reluctant at first, midwives eventually viewed the change as opportunistic, being a means of acquiring new skills and enhancing their range of competencies; and as implied by MacKeith (1995), fully articulating the lead professional role in the care of women with low-risk pregnancies and birth. Working as part of a multi-disciplinary team in NIPE, it was seen as a way of enabling midwives to further provide health information for women and contribute to the making of policies and protocols which impact on the newborn (Mitchell, 2002).

Practice Challenge 2: Think about what would be useful to support you and other NIPE colleagues to develop the relevant skills in your local setting. Consider how you can get your ideas moving forward, encouraging peers to join you.

Acceptance of midwives' practice of NIPE

In scoping the literature, it would appear that the demands over the years for the skill to be made part of midwives' role has been heard and acted upon. There is current increase in the inclusion of NIPE training in pre-registration programmes (Yearly et al 2017). Most of the early studies on the topic like the seminal report by Townsend et al (2004), often referred to as the EMREN study, were mainly evaluative in their approach. The findings of the work by Townsend et al (2004) have provided a much-needed platform to validate the idea that midwives when trained, are able to demonstrate competence in undertaking the skill. In one part of this evaluative research, consultant paediatricians rated midwives highly on their performance of NIPE (Bloomfield et al, 2003). However, the experienced midwife practitioners who were also observers in this study, seemed less satisfied with the accomplishment of their peers.

Practice Challenge 3: Consider the learning resources that are readily accessible to you. They should be easy to use and enjoyable to revisit regularly, such as *your* favourite midwifery textbook or short online video clips.

What women think about midwives performing an examination previously conducted by doctors is important, as it may have implications for the level of respect afforded to their relationship and the perceived value women have of the midwifery profession. However, how fellow paediatricians and midwifery colleagues feel is equally as important. Taking into consideration the findings of the study by Bloomfield et al (2003), it is possible that midwifery

practitioners may have higher than required expectations of what is necessary during the examination. This could be as a consequence of an inherent need to prove themselves in the professional arena; requiring affirmation of worthiness which some may think can only be conferred by over-performing. If this is so and midwives are too critical of their skills, it may impact on their belief of self-efficacy and resultant satisfaction in the role; factors which would influence whether they practice NIPE or not.

Empowering NIPE midwives and increasing their autonomy

In organizations where leadership is empowering, it means that there is a release of resources for learning and development to facilitate experience, so that employees become more competent, enabling them to gain the ability to self-lead and self-manage in practice (Amundsen and Martinsen 2014). Empowerment though difficult to define at times, is closely linked to autonomy and if midwives are to be truly self-governing, effective practitioners, they must feel that they can take, rather than be given that power to make decisions about their role and their needs for personal development. However, there has been further research into issues impacting on the expansion of the midwives' duties to include NIPE, exposing reoccurring themes. A lack of managerial support; non-allocation of resources or protected time for development; feelings of being undervalued; role conflict and crossing over of boundaries, beyond the remit of low-risk pregnancy has been expressed by midwives as some of the compounding elements (Lumsden, 2005; Steele 2007; Simms et al, 2012). Certainly, these are essential to improve that sense of motivation, which should occur when empowerment exists. In particular, feelings of appreciation have been looked upon as one of the rudimental features for motivation, to enable individuals to be more productive and achieve their highest potential (Maslow 1943). As healthcare professionals, Maslow's Hierarchy of Needs (Maslow 1943) is often used to inform how basic care is planned for clients to promote their health. It is equally important to turn the theoretical mirror around, to reflect on how fundamental elements such as respect and acceptance are addressed for NIPE midwives.

Practice Challenge 4: Continuously reflect on your qualities as a midwife, remembering that a significant portion of the knowledge and skills required in your NIPE role, starts with what you should already know and do well as a competent midwife.

Conclusion:

It seems that the analogy of a train running full steam ahead is apt here. Over the last two decades, midwives have been invited to take a journey, with a promise of professional rewards such as increased autonomy, empowerment, an improved service for women and their babies. However, there needs to be a continuous focus on the experiences of midwives as passengers on this journey or what will happen to the new travelers that come on board;

particularly those qualifying through pre-registration midwifery programmes. Midwives appear not to be fully satisfied with the ride, with some disembarking as soon as they board and not wanting to get back on. Lacking feelings of fulfillment and perception of support for many have a correlation to a number of factors including, clearer demarcation of roles and responsibilities. Working as part of the multidisciplinary team is pivotal to the effectiveness of service but the remit of midwives as experts in low-risk pregnancy and birth must not be forgotten. Factors that influence how contented NIPE midwives feel, such as the resources available for continuous professional development may be one of the answers to provide encouragement for them to use their valuable NIPE skills.

References:

Amundsen, S, and Martinsen, Ø L (2014) 'Empowering leadership: Construct clarification, conceptualization, and validation of a new scale'. *The Leadership Quarterly*, 25(3): 487-511.

Bloomfield L, Rogers C, Townsend J, Wolke D and Quist-Therson E, (2003) 'The quality of routine examinations of the newborn performed by midwives and SHOs; an evaluation using video recordings'. *Journal of Medical Screening*, 10(4), pp.176-180.

Carr, N and Foster, P (2014) 'Examination of the newborn: the key skills. Part 1. The eye'. *The Practising Midwife*, 17(1): 26-29.

Davies, L and McDonald, S. (2008). *Examination of the newborn and neonatal health: A multidimensional approach*. London: Churchill Livingstone.

Davies, L (2008) Examination of the newborn: a holistic approach. *The Practising Midwife,* 11(4): 24.

Department of Health (DOH) (1993) Changing childbirth: report of the expert maternity group (Cumberlege report). London: HMSO.

Hayes J, Dave S, Rogers C, Quist-Therson E. and Townsend J (2003) 'A national survey in England of the routine examination of the newborn baby'. *Midwifery*, 19(4), pp.277-284.

Lomax, A (2001) 'Expanding the midwife's role in examining the newborn'*. British Journal of Midwifery*, 9(2): 100-102.

Lumsden, H (2005) 'Midwives' experience of examination of the newborn as an additional aspect of their role: a qualitative study'. *MIDIRS Midwifery Digest*, 15(4), 450.

MacKeith N (1995) ‘Who should examine the 'normal' neonate?’. *Nursing Times*, 91(14): 34-35.

Maslow, A H (1943). ‘A theory of human motivation’. Psychological Review, 50(4): 370.

Mitchell, M (2002). ‘The neonatal examination. A chance to provide health education and influence public health’. *The Practising Midwife*, 5(5): 32.

Nursing and Midwifery Council (NMC) (2013) *Midwives Rules and Standards*. NMC: London.

Nursing and Midwifery Council (NMC) (2015) *The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives*. NMC: London.

Public Health England (PHE) (2018) ‘Newborn and Infant Physical Examination Screening Programme Standards. Public Health England: London.

Rogers, C, Jay, A, Yearley, C. and Beeton, K, (2015) ‘National survey of current practice standards for the newborn and infant physical examination’. British Journal of Midwifery, 23(12).

Royal College of Midwives (RCM) (2015) Review of Midwifery Regulation by the Nursing and Midwifery Council (NMC) – a briefing paper. Available at: https://www.rcm.org.uk. Accessed 4/1/18.

Simms M, Mitchell S, and Choucri L (2012). Seamless service?. *Midwives*, 3: 48-9.

Steele D (2007) Examining the newborn- why don't midwives use their skills?’ *British Journal of Midwifery*, 15(12):748-752.

Townsend J, Wolke D, Hayes, J, Dave, S, Rogers C, Bloomfield L, Quist-Therson E, Tomlin, M. and Messer D, (2004) ‘Routine examination of the newborn: the EMREN study. Evaluation of an extension of the midwife role including a randomised controlled trial of appropriately trained midwives and paediatric senior house officers’. Health Technology Assessment (Winchester, England), 8(14): iii-iv.

Yearley C, Rogers C and Jay A, (2017) ‘Including the newborn physical examination in the pre-registration midwifery curriculum- National survey’. *British Journal of Midwifery*, 25(1): 26-32.