The Midwives Role in Public Health

Introduction

Welcome to the second edition of the Midwives Role in Public Health Newsletter. We hope you find this Newsletter useful. This edition provides updates on our progress to date. Please feel free to contact any of the contributors for further information on their topics. We welcome comments and feedback on the project and the newsletter, please feel free to contact any of the steering group members listed.

Asylum Seeker and Refugee Link Midwife Project

We have recently received funding from the Home Office Challenge Fund to work on a link midwife project to improve perinatal care for refugees and asylum seekers in Glasgow. The £50K funding will allow for the secondment of 1X WTE “G” grade midwife or 2 X 0.5 WTE “G” grade midwives to work alongside the project midwife in developing and delivering the educational programme. The role of the link midwife or midwives will be to develop a model of education training and support for clinical midwives. The main aims of the project are:

- To help midwives understand the complex needs of asylum seeker and refugee women, children and families during the perinatal period.

The Royal College of Midwives Awards

The Midwives Role in Public Health project was fortunate to be short listed for a Royal College of Midwives Excellence in Leadership Award. Sheona and Diane Paterson attended the interview in London and gave a presentation on the work of the project to date. Ann and Sheona then attended an awards luncheon in London in November. Whilst we were not fortunate enough to win an award, our project was highly commended and we were presented with a certificate and plaque to commemorate this achievement. We also enjoyed the opportunity to hear the comedienne Jo Brand. We would like to extend our thanks to Diane and everyone else who supported us during the awards process.

We would like to offer our congratulations to all the winners. Our attendance allowed us the opportunity to hear what other projects are being undertaken across the UK. It also allowed us to reflect on the enormity of the task that we have undertaken!
The Role of Domestic Abuse Link Midwives

Domestic Abuse has in recent years been identified as a major public health concern, which has implications for women’s health and health service delivery.

1:3-1:5 will experience abuse from a partner or ex partner during their lifetime

Greater Glasgow NHS Board funds three link midwives to provide dedicated support to midwifery staff in responding to women who have experienced or are experiencing abuse.

Pregnancy is often a trigger for abuse to begin or escalate.

The Project has overseen the introduction of private time for all women in the antenatal period and early in 2005 will pilot routine enquiry for domestic abuse in line with key recommendations of the most recent Confidential Enquiry.

15-17% of women are abused during pregnancy

We offer information, support and guidance for staff responding to violence against women and also facilitate and deliver training. Basic awareness training is available for all staff and explores the dynamics of gender-based violence within the context of pregnancy. We also provide advanced training for midwives and neonatal staff, which is designed to equip them with the necessary skills to confidently broach the subject with women in preparation for routine enquiry.

Domestic Abuse is a key indicator of postnatal depression

Further information is available via the link midwives
PRM - Linda Kergan 211 5326
QMH – Lorna Pender 201 9206
SGH - Julie McCorkell 201 2382

Partnership Working

Sheona and Ann have been representing the public health steering group on the short life-working group investigating the possibility of shared documentation. Ann Gow, Consultant Nurse for Public Health, is leading this work. The group is comprised of members representing the West of Scotland and includes many of our primary care colleagues. The aim of this work is to develop a West Of Scotland Shared Document. This tool will incorporate child protection, family health, vulnerability and risk assessment. The tool will be based on best available evidence. The group is currently working on two main aspects - what should constitute a record and an assessment framework for the tool. We are delighted to be a part of this important work. Once agreement around content and style is approved there should be opportunities for joint training around use of the document. We would welcome any opportunities to work closely with our colleagues in primary care. The use of a shared document will allow for delivery of a more family focused service, reduce duplication of care and encourage consistency of care and advice. Alongside the document the working groups hope to develop robust systems for multi-professional communication. Further information on the work of this group will be reported in forthcoming newsletters.

Finally all of the members of the public health midwifery steering group would like to wish all our readers a happy Christmas and best wishes for 2005

MERRY CHRISTMAS