

**WORKING TOGETHER: IMPLICATIONS FOR MIDWIFERY EDUCATION OF AN
INTERNATIONAL WEEKEND WORKSHOP**

Running Head: International Weekend Workshop

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February 2011

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Implications for Midwifery Education of an International Weekend Workshop

Introduction

In order to develop a more collective approach to increase the likelihood of providing a 'good birth' in the UK and Ireland, a Weekend Workshop was organised by the Birth Project Group (BPG). This Group comprises deeply experienced women in different spheres relating to childbearing, who share common understandings of maternity services and community resources that promote good birth for woman, family and midwife.

Good birth is not a new concept, but it is becoming more significant as birth interventions are normalised. The meaning of good birth differs for all concerned; 'acceptable' and 'beneficial' are only two of many aspects. A 'good' birth has been defined in terms of a healthy baby and:

not an ideal birth but one where we are satisfied that what happened was as right as it could be. [1]

Weston's definition speaks of complexity and ambiguity yet there is little room within contemporary services to express or experience such nuances. So wider community input is vital to achieving 'good birth' and safeguarding the childbearing woman through the life-changing process of becoming a mother. Support is needed for all involved to enable them to truly be 'with woman' and her family at this crucial time [2,3,4]. Thus, sharing ideas about childbearing women's extensive needs is important [5,6,7].

The Workshop comprised a study day involving eminent speakers, followed by a more participative group activity day. It was thought crucial to utilise the experience of all involved with maternity services, so the BPG brought together a range of people to contribute different perspectives; midwives, birth educators, activists and doulas were invited. Because the future of the maternity services and the feasibility of achieving 'good birth' rest in all their hands, we encouraged midwifery students to attend and facilitated their active participation. Thus, midwifery students from one Irish and one Scottish higher education institution (HEI) attended and participated enthusiastically.

The workshop highlighted many novel midwifery and childbearing issues [2]. By chance, a number of unanticipated educational issues materialised in the evaluations. It is on these midwifery education-related issues that this paper focuses, after considering the relevant literature, examining the organisation of the weekend and scrutinising the evaluation's format.

Background Literature

Serendipitously, the literature reflecting midwifery students' experiences originates largely in Ireland, where many students participating in the Weekend Workshop were studying. Thus, this Irish orientation serves to inform the background literature.

Midwifery Education in Ireland

In the Republic of Ireland, entry to midwifery has changed. There is still a post qualifying programme for registered general nurses of eighteen months. Following a government-funded pilot project [8], a four year honours degree pre-registration midwifery education

programme began nationally in 2006 and the first midwives graduate from these programmes in September 2010. Births in Ireland have increased, with a 39% rise between 1999 and 2008 and are projected to continue to rise [9]. Therefore the clinical environment where midwifery students learn is extremely busy. It is currently under-resourced, delivering care in sub-optimal hospital facilities, requiring an additional 221 midwives to reach staffing levels that would achieve 70% of the recognised UK standard [9]

In the past, as nurses training to be midwives, students viewed themselves as 'workers not learners', described in a longitudinal study (1995-1997) of Irish midwifery students by Begley [10] also found in an earlier study [11]. Under this system, students, employed by the hospital, were briefly introduced to midwifery, then were expected to 'get on with it' (Begley 2001). Little attention was paid to broad learning needs.

The post-RGN midwifery programme has evolved since then; the theory content has increased from 13 to 26 weeks; preceptorship has been introduced i.e. each student is assigned a named midwife who facilitates and assesses the student's learning in practice (Government of Ireland, 1998) These changes may have ameliorated some of the negative experiences of students in Begley's study. The limited theoretical input of 13 weeks led students to describe the programme as "a do-it-yourself course" [10].

However, given the over-stretched maternity services, they might still consider themselves 'thrown in the deep end' and expected to 'get on with it' [10], not least because students continue to learn in what has been described as a highly medicalised, hospital environment [12] which is consultant-led producing relatively high intervention rates in the normal birth process [13]. Midwifery students will encounter midwives attempting to support women to achieve normal birth; however, this is rare and more likely at night when obstetricians and midwifery managers are scarce [14] and otherwise by "indirectly circumventing obstetric interference" [15].

All midwifery students, both pre and post-registration, have found difficulty applying a health-orientated approach to birth in these circumstances. In Begley's study, midwifery students had not developed a 'health-orientated' viewpoint. They appeared to become less assertive over this two-year period; a concern for midwifery in Ireland, where midwives need to be assertive and open to facilitating normal birth [16]. This lack of assertiveness ill-equips midwives to employ the concept of salutogenesis, wherein a philosophy of birth is based on a positive sense of connectedness and well-being [17].

The highly centralised, hospital-based and medically-managed maternity service is very slowly being challenged by new midwifery knowledges and practices. There are now elements of different models of maternity care that are commonplace (although patchy), in the UK, such as DOMINO services, midwife-led clinics and midwifery led units [12]. These are small beginnings available to only a few women. For midwifery students, it means a very limited exposure (possibly 2-3 weeks throughout the educational programme) to elements of woman-centred and midwife-led care. Strenuous efforts are being made to nurture these new

modes of supportive care within systems that are finding it very difficult to deal with increasing numbers and reduced resources.

Interestingly, although the UK is perhaps 15 years ahead of Ireland in relation to pre-registration, direct entry midwifery, it has encountered very similar challenges, albeit in different contexts. For example, there has been a clearly articulated framework of woman centred care in the UK since 1993 [18] and community-based midwifery has always been integral to maternity care. However, despite the tremendous strides in midwifery-led units, UK midwives face increasing fragmentation in their services, rates of intervention in normal birth easily match those in Ireland, and there are acute midwifery shortages comparable with the Australian situation [19, 20].

Despite these challenges, midwives writing about midwifery are clear that changing the system is fundamental to facilitating midwives and women to work together [21]. Midwives are working to resolve the 'instrumental' approach to midwifery care [22] and to properly anchor the concept of salutogenesis. Both women and midwives are integral to this process. Ideally, clinical midwives should be able to accept these recent developments and support midwifery students in developing confidence and competence in midwifery-led care. However, midwifery students describe experiencing a 'theory-practice gap' [23] and talk about their preceptors/mentors' hands as either guiding or controlling [24]. There is precious little time for midwifery students to talk about their fears and worries while in practice nor, more importantly, for midwives to explore these with them sharing their own 'experiential stories' [25]. There are, however, attempts to nurture midwifery students while in practice. In Ireland, preceptors and clinical placement co-ordinators attempt to heal what may be seen as a 'theory practice split'; in reality this is about educationists 'seeing' a setting struggling under deep pressures that tends to reinforce that system rather than nurture its students.

Midwifery Education in Other Settings

In comparison with Ireland, UK midwifery students' experiences of education are under-researched; the reason is unclear. It may, however, relate to perceptions of midwifery students being ignored compared with nursing students [26]. An exception to this lack of research is Cavanagh and Snape's classic, yet still highly relevant, work [27]. These researchers found that the midwifery student's, somewhat ill-defined, 'stress' related to insufficient time for assignments, placement exposure to life/death situations and competing demands of personal and student life. Disconcertingly, it was not only clinical aspects which aggravated stress; these researchers identified that the HEI, both its physical/organisational environment and teaching staff, exacerbated student perceptions of stress; this makes the paradox between the ideal of preparing compassionate practitioners and commercially-oriented HEIs very apparent in midwifery.

As with students, the focus of research tends to be on 'stress' [28]; all too often this concept is poorly explained, except for a definition of it as 'psychological distress' [26]. Student experiences have been linked with changing perceptions and their potential to affect caring,

such as declining empathy, have been demonstrated in other disciplines, which are relevant to midwifery [29].

Insightful research was undertaken to address longstanding problems of Australian midwifery education [19]. Many factors impeding effective midwifery education are familiar to educators in Ireland and the UK; these include clinical staff unable to provide support and/or supervision, horizontal violence, conflicting philosophies, placement difficulties and unrealistic expectations of students among clinicians.

Crucial to Leap and colleagues' findings, though, were what they termed 'competing demands'; the major manifestation of which was found in the ubiquitous perception of 'staff shortages'. This applied particularly to qualified staff, but student shortages could be included when they were 'pairs of hands':

eight women plus their babies can be allocated to one student midwife [19:129]

The concept of competing demands revolved around differing value systems held by the service and HEI, which the student was required to negotiate. These differing priorities resonate powerfully with the ideology of the midwife being 'with institution' as distinct from being 'with woman' [30]. Thus, the Australian midwifery student found herself supposed to be learning about woman-centred care in an organisation-centred environment in which her learning

always comes a long second [19:130].

Clearly, the minimal research attention given to the midwifery student's educational experience outwith Ireland lends support to her experience that the difficulties she encounters are somehow unmentionable.

Methods: The Event

The weekend began with an informal Friday evening session, followed by a Saturday study day and Sunday group activities. A total of 40 people attended all of the weekend sessions, of whom twenty-three completed evaluation forms.

Table 1 here

The completed evaluations provide the basis of this exploration of midwifery students' views about their experiences of midwifery education. The forms were given to all who attended, as part of their 'Welcome Pack'. During the opening session, attention was drawn to the evaluation forms, in the hope that participants would keep these in mind throughout the various activities. Participants were requested to complete the forms and leave them before departing when the events ended. The evaluation data were analysed qualitatively along thematic lines [3]. Despite respondents being a relatively heterogeneous group, it is necessary, in order to be faithful to the data, to indicate the responses of all who completed the evaluation forms. For this reason, all respondents' views are represented in this paper.

Ethical Issues

Through the medium of this paper, we seek to share the midwifery students' experiences of this Weekend Workshop and its implications with educationists. To clarify the findings, we are using a format approximating to a research report. Clearly, the event was not a research

project, but the rigour of research may serve to demonstrate ethical implications. The Birth Project Group, who organised the event, correctly identified that the atmosphere of the Workshop might encourage some degree of self-disclosure. For this reason, the Friday evening informal scene-setting included an outline of 'ground rules'; these included the need to maintain confidentiality among participants, although this could not be imposed. Ground rules also featured the possibility, if the Workshop was productive, of publications. This would be necessary to fulfil the ethical obligation of sharing any new ideas emerging. Participants were assured of anonymity and that confidentiality would extend to any publications.

Findings

The participants were keenly enthusiastic about the ideas advanced at the Workshop. This applied particularly to the presentations by practitioners already working innovatively to support good birth [3], of which no further mention will be made here. Analysis of the data found that a number of issues emerged, which related particularly to midwifery education.

Need for renewal

The theme of renewal summarised what seems to have been the most consistent response identified by participants about how they had benefited. As has been noted already, most of those who attended and completed evaluation forms were midwifery students and they wrote observations about how the weekend had helped them to reconnect with why they had originally felt impelled to become midwives. Simultaneously, the fact that students felt it necessary, at such an early stage in their careers, to mention being 'renewed' is disconcerting. The language which they used revealed the pressures to which they feel exposed through being educated in pressurised obstetric systems. Their comments reflect the extent to which those systems had already been found incompatible with the coherent philosophy of midwifery that is meant to be at the core of their learning. The participants' comments clearly demonstrate this response:

'Renewed'

'A renewed confidence and belief in my abilities as a midwife.'

It may be that the masculinist institutional settings of HEIs [31,32] serve to subliminally reinforce among midwifery students the medical ethos prominent in obstetrics.

Reassurance of commonality of experiences

The respondents identified how the problems, which they encountered in their educational programme in the context of course structures and practice placements, reflected larger dilemmas and conundrums that currently confront midwifery. Being able to explore such difficulties with others, to articulate them and to name what they were experiencing seemed crucial to securing a greater sense of purpose:

'The weekend just put my mind at ease, knowing that the difficulties we meet in practice are known about, not just by our group or in _____, and that there are people willing to join forces and do all we can to win back the right for women to choose to have their babies, what sort of care they want and let the world know that childbirth is normal.'

Out of this issue emerges the significance of inter-institutional and international contacts, which lend strength, as well as a clearer perspective, to students and educationists.

Recognising others' contributions

Midwifery students not infrequently bring with them to their programme life experiences of being a doula or a birth educator. Often it is that work life experience, or having become mothers themselves, that draws them further towards wishing to become a midwife. Many midwifery students, however, may not have encountered either doulas or birth educators. This situation is aggravated by doulas having an even more uncertain status in Irish hospitals, where it can be difficult for them to gain permission to be with a woman in labour, than in the UK. Conversations between and amongst participants with all these different roles proved a basis for new perspectives:

'I gained more of a knowledge of what doulas and birth teachers do'

'Spending some time with doulas and other birth teachers gave me an appreciation of exactly what they do and I can see how people from different disciplines can work together for the good of the women we are looking after.'

Understanding systems

The midwifery students had previously taken as 'given' the ubiquity of the system of maternity care within which their programme was offered. The contacts made during the weekend encouraged students to re-examine the context of their clinical learning. These limited regimes of care do have an impact on midwifery students, as seen from some of the comments, and this impact may be perceived either positively or negatively:

'Having met the girls from ----, the vast differences in the culture where they are training to become midwives.'

'A great opportunity to meet up with students who are doing the same thing but in a completely different way. It put a lot of our difficulties with course and placement in perspective.'

'That other student midwives face the same dilemmas in practice as we do here in --.'

Making change

Through the formal and the informal sessions, the midwifery students learned about the possibility, even necessity, of making political changes from both within and outwith the state-provided maternity services. A broader understanding of what is feasible was regarded as the first step to making political changes and there were some comments that centred on this possibility:

'Naïvely, I hadn't realized how political (and stroppy) we may need to become to be able to offer the best and most desirable care that women want.'

'I enjoyed what the ladies from the Association of Radical Midwives had to say. I thought they were quite thought provoking. I guess the most important theme for me was the realization that our practice as midwives is constantly evolving and that we should always keep our minds open and not get stuck in our ways of practice.'

Raising ideals

The talk by the Irish independent midwife, Sally Millar, was the presentation which was most often cited as having the greatest impression. Indeed, it seemed to have had an 'electric' impact on almost all participants. Midwifery students were well able to make sense of what Sally said to them. She seemed to represent to them, in her person and in her being, the ideal towards which they would like to evolve as midwives; that is, as strong, competent, connected, skilful, sustained and sustaining midwives:

'Listening to Sally Millar and the midwives from Montrose reaffirmed why I am pursuing this Midwifery course and showed me how to stay strong when faced with obstacles in the hospital.'

'Sally's talk encouraged me to work from the heart always'

What else was learned

In the final part of the evaluation questionnaire, as well as educational issues, some of the midwifery students contributed comments which may benefit the organisation of their programmes:

'Making links with other students in other years at my own University (---) and the conversations and ideas this allowed'

Midwifery students also found it valuable to contemplate how they might change their approaches to care, both as students and when they practise as midwives. Some of the participants commented that they found new ways of doing things; these constituted new ways to keep themselves focussed through the more challenging aspects of their programmes:

'As a student we can be so eager to learn how to do and when to do and in this situation, what should we be doing? The art of doing nothing and being with women quietly is something I intend to develop'

Discussion

A number of implications for midwifery education emerged out of the evaluation of this Workshop. The 'precarious' nature of the midwifery students' position emerged clearly from their evaluations [2]. The major explicit finding, however, related to what the students termed their need for 'renewal'. This need is a salutary reflection on the students' educational programmes, on the clinical settings in which much of those educational programmes are situated and on the midwives who practise in those clinical settings. The culture of clinical settings has been shown elsewhere to be potentially pathological, to the extent of urgently needing serious remedial attention to achieve salutogenesis [3,4].

Perhaps not unrelated to the need for 'renewal', in view of the significance of the clinical culture, are a range of other contextual issues, which also emerged out of the responses to the evaluation questionnaires. These issues, which are contextual to the extent that they are outwith the mother-midwife relationship, clearly demonstrate the crucial role of the 'other' in the experience of the midwifery student. Thus, they are of interest and assistance to the midwifery educator planning midwifery curricula. The 'other' manifests itself in difficulties experienced by many midwifery students, although the student assumes, at least initially, that

they are unique to her or her particular programme. Thus, these far from unusual experiences help students understand better the contested nature of contemporary birth systems.

The 'other' is also apparent in the contribution of non-health service birth support workers, including the doula, to whom the student may not enjoy much exposure and, thus, from whom she may be unable to learn. The maternity and health care systems, within which the student learns midwifery, also constitute a group of 'others'. It is this group which the student needs to recognise as major contributors to the midwife's practice for good or ill and, hence, the woman's experience of childbearing. The concept of 'otherness' represents, further, the understanding of a wide range of women encountering the maternity services. These are women who, because of their language, ethnicity, culture, religion, age, sexual orientation or a range of other characteristics, perceive themselves to be distinct, or even alienated, from the organisation and assumptions underpinning maternity care. Thus, while such feelings of 'otherness' tend to be regarded as totally negative, they may offer opportunities for learning about the perceptions and experiences of childbearing women to whom maternity and health care systems pay less attention than they deserve and need [33].

Following on from the recognition of these maternity and health care systems, the need for political action to bring about changes therein was a further issue which emerged. In part, this action and these changes may be influenced by the 'other' who serves as an ideal or role model. A midwife's strongly articulated ethos, philosophy and mode of practice are aspects to which the aspiring midwifery student should be introduced, with a view to understanding and securing woman-centred midwifery care.

The evaluations showed, at least implicitly, that the student respondents were contemplating their futures as midwives. These futures are clearly viewed with mixed feelings, but such concerns would be likely to be ameliorated were the ideas of Kensington [34] on mentoring implemented. Rather than the short term and superficial 'mentoring' which many midwifery students encounter, Kensington outlines the New Zealand model comprising at least twelve months of 24/7 accessibility, to achieve a more sustainable midwifery profession.

Conclusion

Through their evaluations, midwifery students clearly demonstrated the juxtaposition of their passion for midwifery and the extent to which they are floundering within a medicalised system of birth. While familiar to many midwifery educators, the persistence of this paradox makes painful reading. Similarly, the role of the 'other' has been explicitly shown to impact on the student's experience.

What emerges out of these evaluations of the Workshop is the need for a midwifery education system that supports midwifery students in gaining a profound knowledge of genuine midwifery skills. These are quite distinct from the painfully split and radically diminished contexts that midwifery students currently encounter.

This extract from the evaluation by one student midwife is a sobering reflection on the state of midwifery education and serves to summarise the lessons for midwifery educators of this event:

‘... I had been seriously considering leaving the course. I have been very doubtful as regards my future as a midwife; I had felt very overwhelmed and doubted if I was suited to being a midwife at all as regards my personal views and feelings over what I’ve been seeing in practice. However following the weekend, I know I have to soldier through this difficult period and that the future will be much brighter.’

Acknowledgements

We would like to recognise the role of the Birth Project Group in organising the Weekend and preparing this paper. We acknowledge Carilynne Yarascavitch’s help.

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