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MALTA MIDWIVES ASSOCIATION
AMOR VITÆ CUSTOS

Malta Midwives Association

Issue 2 July 2013


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Editorial

Dear Member,

This issue features information on past and future activities for 2013, organized by the Association. One of the events which we are organizing is the day trip to Gozo. We are hoping that as many of you as possible will join in and have fun. It is an occasion where we can meet socially with colleagues and together enjoy the day. Details of the Complimentary Therapy Course are also available and we would like to encourage those who wish to do this course to apply by sending the registration fee of 25 Euros.

The president urges all midwives to participate in the learning opportunities offered. These will help midwives to be empowered and consequently, facilitate the change process. The treasurer emphasizes the need for all midwives to involve themselves in the provision of the organization's activities.

This issue pays tribute to a beloved friend, colleague and midwife, Valerie Ghigo, who passed away on 11th June 2013. Her friend, Doreen Cassar expresses heartfelt thoughts of her friendship with Val, as her close friends used to call her, and share experiences on how her friends tried to support and be there for her during her illness.

The highlights of the International Conference held in Malta last April are included in this issue, together with highlights from another conference attended by two midwives in Amsterdam. These midwives were enthusiastic to share with us the information gained from this conference. Another midwife shared the learning experience and outcomes of the nine Maltese midwives who went to Bristol, UK.. The article on the use of baby wipes gives an overview on the safe use of this product.

Five MSc dissertation abstracts are included in this issue. I thank all midwives who participated in this activity and congratulate them for their achievements.

I would like to inform all midwives about the launch of the second Euro-Peristat project report. This report presents new data on the health and care of pregnant women and babies in Europe in 2010 from 26 European Union member states plus Iceland, Norway and Switzerland. The report also contains data from two other European projects: Surveillance of Cerebral Palsy in Europe (SCPE) and European Surveillance of Congenital Anomalies (EUROCAT). This report can be viewed on: www.europeristat.com

The 'European Charter of Patients' Rights' is being debated at the moment on a national level. This charter of patients' rights includes the Directive 2011/24/EU on patients' rights across borders. It consists of fourteen rights that a citizen has regarding healthcare in his/her country, as well as when seeking healthcare in other EU countries. In theory, the directive aims for a patient-oriented approach focusing on consumer choice, flexibility, more transparency and information on quality and safety standards. A Bill of Health is being published in the Government Gazette in the coming days. Any questions and/or suggestions regarding this Bill, are to be sent prior the end of July to cmo.mfh@gov.mt.

Finally, I would like to take this opportunity to thank all midwives who participated in this issue through their writings and to the many midwives who, with their suggestions and opinions, encouraged me to produce this issue.

Pauline Fenech

President's Message

The midwife is recognized as a responsible professional who works in partnership with women providing the necessary support, care and advice during pregnancy, labour and the postpartum period. (International Confederation of Midwives [ICM], 2011)

Colleagues does midwifery care in Malta really reflect the ICM definition? Are we really delivering Quality and Value as being expected of us today?

Some of us can feel disheartened and disempowered; but it is not the time to give up. We urgently need to invest all our energy and **continue** to join forces aiming to transform the culture of maternity care. Malta needs to aim for a system of care that places the mother and baby at the centre of our care, while maximizing the maternal and fetal wellbeing; a system that incorporates midwifery led care. Colleagues, be empowered; we have many opportunities that we can utilise to strengthen our profession and make full use of our resources. Education is one of the most powerful tools that could guide and support us.

Maltese midwives have always been resourceful, let us use that resourcefulness.

Today I would like to focus on one of our fundamental roles, the sharing of knowledge with other midwives, nurses and members of the obstetrics team, aiming to create the necessary cultural transformation to:

- Optimize the maternal and fetal wellbeing,
- Maximise job satisfaction in the midwifery force and all other disciplines working with the mother and child.
- Utilize the full potential of our resource
- Ensure the efficient and effective use of national resources allocated to health care and the family, by eliminating the waste of resource, through the short and long term complications created by unnecessary interventions during pregnancy and childbirth

Through the input of all midwives, midwifery in Malta will continue to evolve. We are all aware of the need for change, great efforts are being done, both on a local level and also in collaboration with international organisations. We are on a long journey that will eventually lead to the much awaited favourable outcome. With the commitment of each and every midwife, we can move forward to be one of the societies and systems that provide expectant mothers with true choice, where their needs and the normal physiology of birth are honoured respected and trusted. We will be able to offer care where interventions are applied solely when medically indicated, that their potential misuse does not cause harm. We need systems that highlight good birth models developed on knowledge, skills and practices that truly serve the mothers babies and their families.

Midwives are the mother's advocates, who facilitate the empowerment of the women through out their experience of pregnancy, childbirth and parenting. I ask, is it possible for us midwives to enable women to feel empowered if we ourselves feel disempowered? We need to unite in order to build trust, to support each other and resolve the challenges which are stopping us from moving forward together. This would help midwives to become effective change agents.

The Malta Midwives Association strongly believes in evidence based knowledge. We are working hard to give all midwives the opportunity to be exposed and equipped with knowledge which we will share and practice. MMA has taken a number of steps to give all midwives the opportunity to strengthen their resources. Steps which help towards the transfer of knowledge acquired by us maltese midwives.

1. **The Stork** gives a taster of the wealth of knowledge that has recently been achieved. It creates awareness and develops the desire to look deeper into the matter. Midwives invest in your professional development; make full use of the stork and continue to delve deeper.
2. **Normalising Childbirth Training Module at the University of West England in Bristol and the Complementary Therapy Course** which is going to be held in October are also tools that support the implemenation of evidence based care.

We must document and build a respected midwifery knowledge based on stretching the boundary of what is known to be normal and safe. We cannot build our knowledge and enrich our profession if we neglect the need for education. Education is about building our confidence in the challenge orthodoxy; it's about questioning our attitudes and learning to place the experience of pregnancy and childbirth within the wider social context of women's lives. It can also be about fostering better inter-professional understanding.

In order to move forward towards planning and providing safe women centred maternity care, there needs to be good working relationships between all professionals involved. We need to build mutual trust and respect and there needs to be recognition of our separate roles and how they complement each other. We need to establish equity between the professions. Good inter- professional relationships are vital for safe and supportive service.

Midwives whenever possible participate in learning opportunities. Learn, share and implement your learning for the benefit of the families we serve. Be the catalyst for change. Others will follow.

Mary Buttigieg Said
President

Treasurer's Message

MMA MEMBERSHIP

Dear colleagues

Our Association is doing its best to provide midwives and parents with the service/s they deserve.

One key aim for the Association include that of keeping midwives informed and abreast of developments that may be of interest to them. This is complemented by the aspiration to provide coaching to would-be parents.

A number of colleagues are already helping the Association in its tasks. The Committee thanks all those who have already volunteered in this regard.

The Committee is aware that a number of you would love to help us out in expanding the services we offer but are unable to do so due to family commitments. However one should still get in touch with the Committee members as at times solutions can be found to this problem. We also appeal to **all** colleagues who can participate in this venture to come forward.

It is worth mentioning that the membership of the Association has increased this year. This bodes well for the future. But membership is not simply about ''what's in it for me''; that as well. It is really about the feel-good factor of being part of an organisation that is rendering a service, a Non-Governmental Organisation that has clear aims and plans for the future.

As the Association maps out its future, the Committee aims to put the membership base – which is fundamental to any organisation – on a more solid framework. In this regard, the aim is to have the membership database updated regularly and not on an ad hoc basis. The aim is to approach membership from a more professional view point. In this regard, members are being asked to ensure that they renew their membership by the next Annual General meeting which is scheduled for End February 2014.

Colleagues can pay their membership as per the current process (by cheque addressed to the MMA, 62 Triq il-Kuncizzjoni, Msida, or directly to the President or Treasurer. Colleagues may also wish to note that the Association is currently exploring the possibility of setting up a direct debit system.

The Association thanks all those midwives who have always shown an interest in the Association and its working. The MMA's aim however remains that of having all midwives enrolled with it, more so since a review of who can, and how one may, have access to the MMA's services is currently being reviewed.

In this regard the Association is willing to consider any opinion and suggestion. Those colleagues who wish to give feedback to the Association are requested to do by contacting any member of the Committee or dropping us a mail. Conscious however that some of you may not be in receipt of information disseminated by the MMA since the Association is only using mail, those who wish to receive such information are requested to provide us with her mail address.

The MMA can be contacted on
info@maltamidwivesassociation.com

Doris Grima
Treasurer

Committee Members

Mary Buttigieg Said	President & Projects Manage Representative –Malta Movement Unborn Child
Claire Zerafa	Vice President Social Activities Website Representative – MEUSAC
Doris Grima	Treasurer Parentcraft Co-Ordinator
Rebecca Gilson	Secretary Representative Malta Health Network
Jahel Azzopardi	Secretary for Projects Representative – Malta Movement Unborn Child
Pauline Fenech	Committee Member Social Activities Editor of The Stork Representative - National Council of Women
Jessica Dalli	Committee Member Co-Editor of the Stork Representative - MEUSAC
Lilian Azzopardi	Committee Member, Social Activities Representative - National Council of Women
Ruth Xuereb	Public Relations IT Co-Ordinator Representative Malta Health Network

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Multi-Gyn Malta

Apprezzament

Valerie Ghigo (1972-2013)

Tislima mill-qalb...

Sirna ħbieb f'Labour Ward fl-Isptar Karen Grech. Dan imur lura 18-il sena ilu, eżattament meta bdejt naħdem bħala *midwife*. Għamilt żmien naħdem ma' Valerie fl-istess *shift* u għaldaqstant, il-ħbiberija tagħna bdiet tikber sew.

Madwar 5 snin ilu, Valerie ġiet fuqi u qaltli li kellha l-marda tal-kanċer. Inħsadt mal-aħbar li qaltli u wegħidtha li ser inkun magħha tul it-triq kollha sabiex tkun tista' tiġġieled din il-marda. Matul dawn is-snin, kienu diversi kollegi ta' fuq il-post tax-xogħol li flimkien għamilna dak kollu possibbli sabiex ngħinu lil Valerie. Niftakar li l-ewwel ħsieb kien li norganizzaw attivitajiet ta' *fundraising*; minn *Breakfasts* f'Lukandi ewlenin, ħarġiet diversi filgħodu, il-festin f'għeluq l-40 sena tagħha li sar fil-Każin tal-Banda San Gabriel f'Ħal Balzan u l-aħħar attività kienet il-*Party* tal-Milied fis-Sala tal-Kappillan ġewwa s-Swatar. Dawn is-swali kienu ngħataw b'xejn biex dawn l-attivitajiet saru possibbli.

Niftakar l-ewwel attività kien il-*Breakfast* fejn wieħed seta' jinnota li diversi kollegi u benefatturi oħra wrew li kienu lesti jagħtu l-kontribut massimu tagħhom kemm permezz ta' għotjiet u kemm ta' diversi rigali. Dan kien il-bidu li tani d-determinazzjoni u l-kuraġġ li ngħin lil Valerie għax il-bżonnijiet tagħha kienu kbar. Niftakar x'sorpriża kienet ħadet dakinhar tal-party tal-40 sena u x'biċċa xogħol kienet biex inżommu kollox sigriet ħalli s-sorpriża tirnexxi. U s-sorpriża rnexxiet għax fis-sala kien hemm 'il fuq minn 140 persuna li attendew. Ir-radd ta' ħajr tiegħi jmur lejn dawk kollha li għenu f'din il-ħidma ta' ġbir ta' fondi għall-ħabiba tagħna Valerie.

Minkejja l-problemi li kienet għaddejja minnhom, Valerie kienet dejjem bit-tbissima. It-tgergir ma kienx parti minnha u wisq aktar ma approfittat mis-sitwazzjoni. Kienet l-hena tagħha li tieħu ħsieb omm fil-ħlas, minkejja li xi drabi ma kinitx b'saħħitha biżżejjed. Ħaġa li għallmitni kienet il-mod kif wieħed għandu japprezza l-ħajja u juża l-ħin kollu possibli kemm fuq il-post tax-xogħol kif ukoll id-dar mal-familja. Kien jinħass il-vojt tagħha wkoll meta kienet tkun imsiefra għat-terapija u ma' min kont niltaqa' li jkun jaf lil Valerie, kien jistaqsini dwarha.

Ħdimna flimkien, ħriġna flimkien, iċċajtajna flimkien u studjajna flimkien ukoll. Għamilna d-*Degree* fil-*Midwifery*, fejn għal darb'oħra reġgħet spikkat id-determinazzjoni ta' Valerie li minkejja li kienet qed tieħu t-terapija, kienet qed tistudja sabiex tikseb id-*degree*. Dan irnexxielha tagħmlu wkoll b'ħilitha kollha.

Diffiċli li wieħed jispjega l-vojt li ħalliet Valerie. Il-fidi tagħna tgħina nifhmu u naċċettaw li Valerie qiegħda f'post aħjar mingħajr tbatija. Valerie, minn fejn qiegħda, itlob għalina ħalli għada pitgħada nerġgħu niltaqgħu fil-ferħ li ma jispiċċax.

Doreen Cassar

MMA esprimiet is-sogħba tagħha mal-familja, b'donazzjoni ta' flus lill-Hospice Movement

International Conference of the Southern European Region

Transforming the Culture of Maternity Services towards Physiology of Birth

Childbirth is the initiation of a journey in a woman's life which bridges the transition from pregnancy to motherhood (Cooper and Fraser, 2004). Such an event creates both physical and psychological changes within a woman's body (Cooper and Fraser, 2004). Every system in her body is affected and the experience represents a major rite of passage in a woman's life (Cooper and Fraser, 2004) remaining imprinted in her mind.

Since from early times, the midwife has been recognised as that skilled person who assists and cares for the woman during pregnancy and childbirth (Cooper and Fraser, 2009). Hence, the midwife plays an important part in a woman's life, where she needs to work in partnership with the mother during pregnancy, labour and afterwards promoting normality and ensuring a positive childbirth experience (FIGO, 2005). With the startlingly increasing rates of Caesarean Sections and medicalisation, midwives need to join forces in working towards the promotion of normal childbirth. However, we have to first embrace the need for change in order to be able to fulfil our mission of empowering women to believe in their birthing potential, whilst providing them with a better choice.

On the 26th of April, the Malta Midwives' Association (MMA) hosted the International Conference of the Southern European Region with a particular focus on "Transforming the Culture of Maternity Services towards Physiology of Birth". This conference was attended by midwives from various countries including Malta, Cyprus, Greece, Spain and Macedonia. Throughout this conference, various speakers, both local and foreign, delivered their speeches focusing on the need to provide more family-centred care, empowering women to believe in themselves, whilst providing them with the necessary information to make informed choices. This is indeed the role of each and every midwife who works towards normalising childbirth.

The conference was opened by the Minister of Health, Hon. Dr. Godfrey Farrugia. His speech stressed on the importance of ensuring that all women and their families should receive a high quality of care, addressing all the aspects of childbirth and the changes which occur within the family. Such points were also highlighted by Ms. Mary Buttigieg Said, the Malta Midwives Association President and Dr. Rita Borg Xuereb, Head of the Department of Midwifery, within the University of Malta. Both spoke on the importance of providing more midwifery-led care focusing on the needs of the family.

Through this concept we would be improving the birth outcomes, decreasing medicalisation which will ultimately result in substantially reducing the financial costs whilst increasing job satisfaction (Stewart et al., 2005; Hatem et al., 2009; Hodnett et al., 2010; and Begley et al., 2011). Moreover, woman would be more satisfied with their childbirth experience, as discussed by Ms. Catherine Bonnici, during her speech.

Page and McCandlish (2006) state that:

'the essence of being a midwife is the assistance of a woman around the time of childbirth in a way that recognises that the physical, emotional and spiritual aspects of pregnancy and birth are equally important. The midwife provides competent and safe physical care without sacrificing these other aspects'

This was also pointed out by Ms. Josephine Attard, a midwifery lecturer at the University of Malta, during her speech, where she stated that midwives need to combine the art and science of midwifery in an attempt to enhance the woman's body to allow normal and physiological birth and to harmonize women during labour. A midwife's focus should be to enable that all women and their families have a positive and safe experience of pregnancy, birth and early parenting (Midwifery 2020, 2010).

Communication, support, involving women and their partners in their own care and being treated with respect, dignity and kindness, have been recognised, even throughout the conference, as being vital components for a woman to be able to have a positive experience of pregnancy and childbirth (Midwifery 2020, 2010). This continues to show the significant role that a midwife plays in each and every woman's life and that of her family. As stated by Ms. Maria Papadopoulou, the ICM's European Representative, midwives need to work to strengthen the 3 pillars of midwifery: education, regulation and association; in order to be able to provide future families with better forms of midwifery care.

The conference was closed by Dr. Marie Louise Coleiro Preca, the Minister of Family and Social Solidarity, where she reiterated the need to provide women and their families with better maternity care in order to increase the women's confidence in believing in their ability to have a normal physiological birth.

Midwives are the ambassadors of normality. Working together, joining our forces, we can make our voices heard. Being convinced that this is the way forward is a fundamental aspect in this change process. Such conviction will eventually lead us to empower women in working together towards normalising childbirth.

Jahel Azzopardi

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1st European Congress on IntrapartumCcare (ECIC)

MAKING BIRTH SAFER

Amsterdam, May 2013

The birth of a child has a great impact on the life of the woman, her partner and those around them. Good teamwork, effective communication and a shared philosophy between the multidisciplinary team play a central role in the quality of care. The ECIC was set up to create a platform for professionals from different backgrounds, (including obstetricians, neonatologists, hospital midwives and homebirth midwives), from across Europe to meet, share ideas, experiences and research.

Birth environment and place of birth" Home birth: are there any increased risks?" was the title of the first controversy discussion during the congress. During this discussion, the UK birthplace study (2011) was brought up repeatedly by various speakers, and it was evident that research can be interpreted differently, to the use of the publisher and the reader. However, it was agreed that research shows us that there is less risk to the multiparous woman as opposed to the nulliparous woman birthing at home. Above all it is not about the birthing place, but rather what we are doing to increase women's satisfaction with labour events. Soo Downe, amongst other speakers, stated the need for more home like hospital settings. Such settings increase spontaneous vaginal birth, maternal satisfaction and breastfeeding rates and decreases medical interventions. Various speakers from different backgrounds emphasized the need for one to one care provided by a midwife, suggesting that there is no bigger measure for quality of care in labour.

Cesarean section

Gerard Visser, a Dutch obstetricians born at home (as he so proudly stated), discussed increasing cesarean section rates and questioned the need for cesarean section for all breeches and twins. He stated; "no evidence that increasing cesarean section has nothing to do with better perinatal outcome". He also mentioned the need to provide, and where already in practice, improve individualized care and counseling for women regarding mode of delivery. Recent evidence has shown cesarean section to increase risk of childhood diabetes by 23% and childhood asthma by 20%. Having a cesarean section can also influence the child's immunity as the procedure contributes to the child having low bacterial richness and diversity. Gerard Visser believes that the increased cesarean section rates may be partially due to loss of skills of midwives and obstetricians. For example the skills required for a normal vaginal delivery of twins. Therefore he suggested recognizing these lost skills within our practice and re-learning these skills.

Research

A global lack of randomized controlled trials in areas such as non-phramacological pain relief and place of birth make it difficult to draw up guidelines, protocols and make evidence based decisions. When dealing with intrapartum care it is often unethical to randomize women due to issues of choice and safety. This has been recognized by many participants at the congress as an issue for research and practice.

Local auditing of intrapartum practices was suggested by many of the speakers. Most especially in the areas of; oxytocin use, cesarean section, pain relief in labour, first line interventions and maternal satisfaction.

Rebecca Gilson u Ruth Marie Xuereb

The take home message from this experience was to work towards caring as apposed to just curing, and giving confidence back to the woman to deliver naturally. But more importantly to facilitate a positive experience for all those involved. The 2nd European congress on intrapartum care is to be held in May 2015 in Oporto, Portugal.

This congress was attended and financed on a personal basis and not as representatives of the MMA.

A SHORT STAY IN BRISTOL

Our short stay in Bristol consisted of lectures at the University of West of England and a visit to a Birth Centre. The birth rate in Bristol is 6000 births a year, there are about 200 midwives. In Bristol there is a Maternal and Foetal medicine unit catering for the southern part of England.

The group to Bristol consisted of 9 midwives, all from the Obstetric Department, of Mater Dei Hospital. This visit was an opportunity to get away from our everyday life and reflect on our midwifery practice. The diversity of subjects that were discussed during these lectures helped me to reflect even more. Humanising birth and promoting normality in complicated situations were two appropriate discussions due to an increase in complicated situations, such as elderly primigravidas, obese mothers and vaginal birth after caesarean section. Recently we have been facing more cases where mothers with medical conditions are having babies. Due to medical achievements, these mothers also include those who in the past were not expected to live to a child bearing age. Thus the importance of the midwives` support as these mothers could need more support to cope through labour.

Supporting mothers during pregnancy and birth

All mothers need to see a midwife during pregnancy to help them prepare for birth and the post natal period. Mothers require support and encouragement during pregnancy to help them assume a healthy life style, especially diet and exercise. To increase the possibility of a vaginal birth, mothers must be provided with all necessary information about VBAC, advantages of normal birth including recovery, bonding and implications for future pregnancy. Natural pain relief, minimal interventions, changing positions, left lateral in bed, kneeling and squatting are also important. Mothers need to be encouraged to exercise, have a healthy diet with plenty of water and to labour spontaneously as much as possible. The lectures dealt with several ways of providing support to the mother in labour, such as the use of water for pain relief. A disposable birthing pool was brought to the lecture room and an interactive lecture was given on how it can be used to accommodate mothers in labour.

One session was dedicated to massage therapies. This form of therapy helps to improve circulation, movement of lymphatic fluid and provide for enhancement of all body systems. These therapies increase energy, reduce stress, release tension and facilitate mind /body integration. When massage is used in the antenatal period and late pregnancy it helps to reduce the need for pharmacological analgesia during labour. According to Feild, Henandez, Reif (2004) massage reduces labour fatigue, shortens labour and increases maternal satisfaction. Jansssen, Shroff and Jasper (2012), conducted a randomised control trial with 77 women, on the use of massage therapy and labour outcomes. These researchers found that massage therapy is associated with a reduction in pain perception of up to 20 points in the McGill Pain Questionnaire. This sensitivity to pain can help to delay the use of epidural, in turn this is associated with a reduction in assisted vaginal delivery and a decreased length of first and second stage (Eltzshig, 2003; Sharma, McIntire, Wiley, et al., 2004; Liu, Sia,2004; Lieberman and O`Donoghue, 2002)

The explanation and recommendations were followed with a practical session on massage by two lecturers who gave a demonstration and then supervised as we practised on each other.

The highlight of this stay in Bristol was a visit to the Cossham Birth Centre which is a renovated part of an old hospital. It has 4 birthing rooms which look very homely.

cont. on page 14

Forthcoming Events

17th & 18th September 2013	33rd Annual SRIP Conference (Society for Reproductive and Infant Psychology), Hull, United Kingdom www.srip.ac.uk
10th – 14th October 2013	European Society for Paediatric Research: 54th Annual Meeting (ESPR 2013) Porto, Portugal www.espr2013.eu
30th October to 3rd November 2013	Autonomous Midwifery: The Key to the Future, Belgium www.midwiferytoday.com
13th – 14th November 2013	The Royal College of Midwives (RCM) Conference, West Midlands, UK rcmconference.org.uk
27th & 28th November 2013	Baby Friendly Initiative Annual Conference, Glasgow, Scotland www.unicef.org.uk/babyfriendly
1st to 5th June 2014	ICM 30th Triennial Congress – Prague. www.Midwives2014.org
4th – 7th June 2014	XXIV European Congress Perinatal Medicine, Florence, Italy www.ecpm2014.org


Bristol UK


April Conference

Mdian Tour



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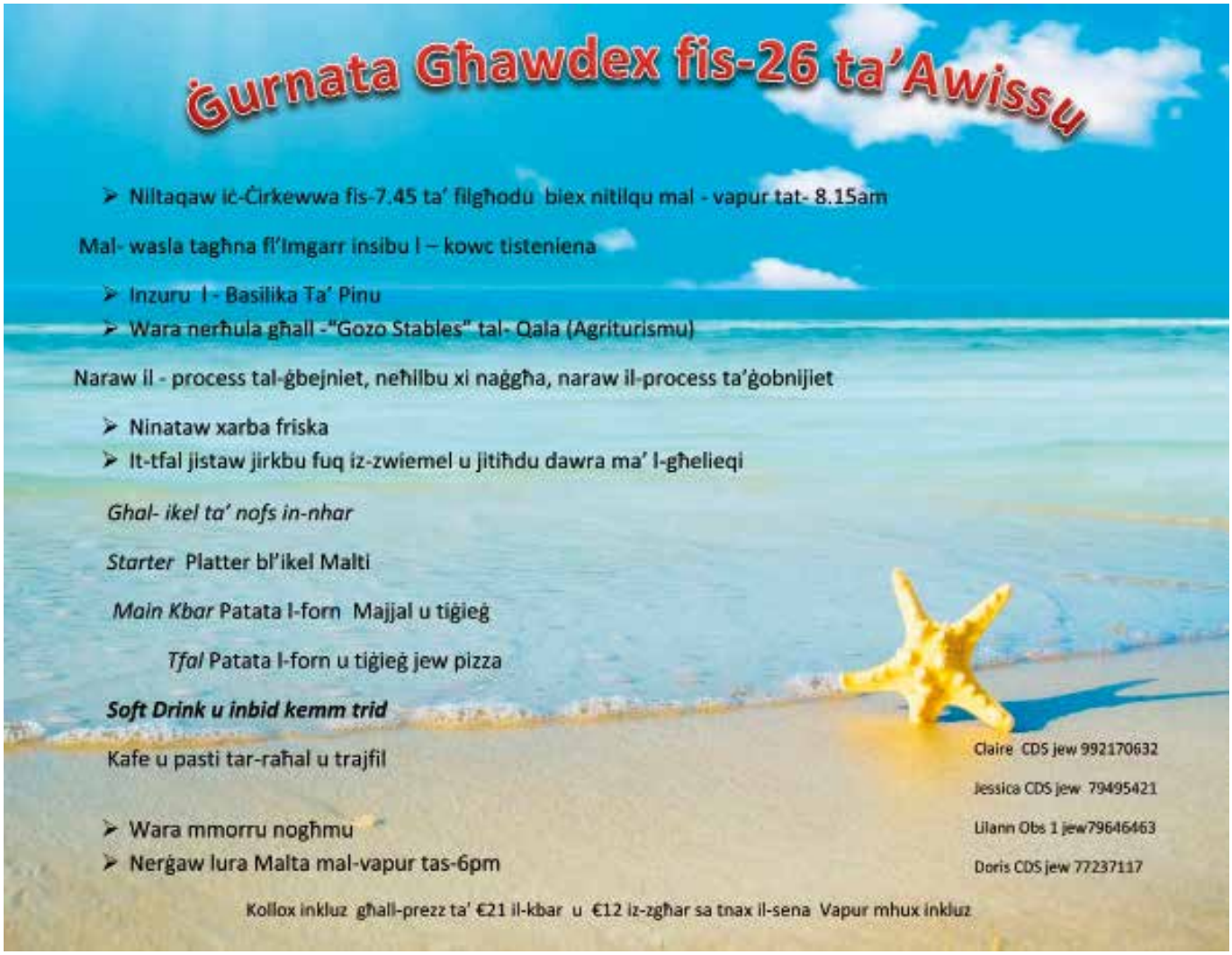

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The partners are encouraged to stay with the mothers and provide support. Staff at the birth centre consists of 10 midwives and 5 maternity care assistants. When a mother is in labour a second midwife will be notified on how the mother is progressing. At the birth centre midwives are the only source of help, not only to provide comfort but also to provide safety and timely response in emergency situations. Hence, it is important that the midwives are knowledgeable and trained to respond quickly to any emergency. Bleeding, collapse, shoulder dystocia, breech, cord prolapse and neonatal resuscitation are situations that are drilled upon frequently.

The birth centre provides a setting for antenatal care, parent craft and post natal care and breast feeding support, thus the midwives have the opportunity to build a relationship of trust with the parents. The birth centre also provides a base for the local community midwives.

Journal club

During the evenings we discussed a range of midwifery topics. Every midwife presented a study which she had prepared for the discussion. One of the studies explored the influence of uncertainty on the decision-making of midwives and doctors, and its potential as a contributory factor to the rising Caesarean rate. Thus the need for more knowledge that is evidence based. The use of electronic foetal monitoring, should not be routine for the low risk mother (Greer, 2010).

The health of the mother in the post natal period is affected by the mode of birth. The occurrences of physical health problems for all women were: incontinence (11.5%), no bowel control (2.6%), backache (41%), heavy bleeding (14.1%), and excessive fatigue or tiredness (35.7%). A significant association was found between all caesarean sections (elective and emergency) and the number of physical health problems compared to spontaneous vaginal births. Women who had an emergency caesarean were most likely to report two or more physical problems, whereas women who had an elective caesarean were more likely to report three or more physical problems (Fenwick et al.,2012). This study confirms that physical and psychological postpartum morbidity is indeed an area of concern and one that midwives need to take seriously.

My stay in Bristol helped me to reflect, to acquire new skills and to confirm to myself that I still want to be part of this worthy profession. I wish that this experience would be possible for all midwives.

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Antoinette Formosa

Malta Midwives Association Activities

January- June 2013

Activities for midwives:

20/1/13	First group of midwives attend the Normalising Childbirth Training Module at University of West England, Bristol
22/2/13	Annual General Meeting
6/3/13	Public Speaking course for midwives
17/3/13	Second group of midwives attend the Normalising Childbirth Training Module at University of West England, Bristol
26/4/15	Conference -Transforming the Culture of Maternity Services Towards Physiology of Birth
27/4/13	ICM Annual General Meeting of the Southern European region, in Malta
27/4/13	Cultural evening & Dinner at Palazzo de Piro, Mdina with Midwives representatives from the ICM Southern European Region
5/5/13	Midwives Day - Mass followed by Lunch at Monte Kristo

Educating parents:

The Malta Midwives Association has organised 6 groups of Parentcraft Classes from the beginning of the year, 3 Father's Role classes and 3 First Aid Classes. Furthermore a reunion for couples who attended the Parentcraft Classes was organised on the 10th of May. We are currently looking into methods to evaluate our Parentcraft Services so as to further improve this service. Furthermore, the MMA together with a professional pilates instructor are providing Pilates classes for mothers.

BABY WIPES
Conflicting Advice!

A newborn's skin lacks the maturity of adult skin, the stratum corneum is thinner, less hydrated, has reduced ability to handle water effectively, and has a neutral ph (Fleur et al., 2012, Stomatas, Nikolovski & Kolloas, 2011). The skin of the diaper area has special needs for protection from the irritating effects of urine and faeces. Variations in skin care regimens around the globe are influenced by tradition, culture and prior experience (Lavender et al., 2009). Most guidelines recommend the use of water alone for diaper area cleansing. Yet, there is a readiness, amongst many parents, to use baby wipes and the use of baby wet wipes is growing rapidly. This may be because some parents do not have confidence in water alone as a cleanser (Lavender et al., 2009).

The guidelines produced by the US Association of Women's Health, Obstetric and Neonatal Nurses, recommend that detergent and alcohol free wipes may be used if a clean cloth and water are not available (Lavender et al., 2012). However, the Postnatal Care guidelines in the UK recommend that wipes are not used for baby cleansing and thus in the UK, the use of cotton wool and water is recommended to parents.

However water may not be a harmless agent. The damaging effects of water in adults have previously been highlighted (Tsai, 1990). In babies water is absorbed into the skin, even within 10 seconds. This has the potential to disrupt the barrier function by increasing the space between skin cells. Furthermore, tap water has a pH between 7.9 to 8.2, which is more alkaline than the pH of the skin in the weeks following birth (Tsai, 1990). Skin integrity can be compromised if the acid milieu of the skin is altered (Fluhr et al., 2001).

Parents are faced with a complex situation regarding diaper area cleansing. In most cases, diaper area cleansing is incorporated into that for general skin care or bathing. Traditionally soap was used to cleanse newborns. Walter, Fevola, LiBrizz & Martin (2008) and Livesay (1976) pointed out that oil-based wipes would damage newborn skin. Conversely, Gfatter, Hack, & Braun, (1997), advocate that soap has been noted as causing drying and irritation to newborn skin. Cork et al., (2009) also confirm that soap and other harsh detergents breakdown the skin barrier and cause inflammation.

Ehretsmann et al., (2001) in a study on 102 infants over a period of 2 weeks compared skin tolerance of baby wipes to water and cleansing material. In the same study a chamber scarification test on adults to assess the skin irritation potential of the baby wipe and a 4 week clinical in-use study on 60 babies with atopic dermatitis. In the clinical comparison with water and cleansing material, skin conditions were assessed visually for presence and severity of erythema and diaper dermatitis. The overall skin condition was not different in the group using wipes and in the group using only water and a cleansing material, indicating comparable skin mildness to both treatments. Interestingly, there were statistically significant improvements in ertythema and diaper rash in the folds of the skin for the wipes area against the water and cleansing material area. It can be assumed that the cleansing efficiency of the wipes in this area could help to reduce skin irritation resulting from faecal residues.

Garcia-Bartels et al.,(2008) in a randomized control trial, explored the effects of a baby wipe with a high emollient content, compared with using cotton wool and water on the diaper area over the first four weeks of life in healthy term newborns. This study, 44 healthy neonates were randomly assigned to skin care with baby wipes (n=21) or water moistened washcloth (n=23) at each diaper change. Trans epidermal water loss (TEWL), skin hydration, skin ph, IL-1α and epidermal desquamation were measured on days 2, 14, and 28 postpartum. Microbiological colonization was evaluated at baseline and at day 28. Significantly lower TEWL was found on the buttock in the group using baby wipes compared to water. Although skin care with wipes seems to stabilize TEWL better than using water, the skin condition and microbiological colonization were comparable using both cleansing procedures. Thus these data suggest that neither of the two cleansing procedures harms skin barrier maturation within the first four weeks postpartum.

In a recent study on the effect on skin hydration when using baby wipes Lavender et al., (2012), recruited 280 term babies, of which 140 had their diaper area cleansed with an alchohol-free baby wipe and 140 other newborns had their diaper area cleansed with cotton wool and water. The primary outcome was a change in hydration from within 48 hrs of birth to 4 weeks and secondary outcomes comprised changes in trans-epidermal water loss, skin surface pH and erythema, presence of microbial skin contaminants and napkin dermatitis. Baby wipes were shown to be equivalent to water and cotton wool in terms of skin hydration. No significant differences were found in the secondary outcomes, except for maternal-reported napkin dermatitis, which was higher in the water group. This study concluded that there were no adverse effects of using these wipes.

These studies should provide child care professionals with the relevant information to address the common belief that the use of disposable baby wipes can lead to skin irritation and damage to infants' skin. The study by Lavender et al., (2012) is the largest clinical trial on healthy newborn babies and diaper area cleansing. This valuable data demonstrated, that using specially formulated baby wipes had an equivalent affect on hydration of the babies' buttocks as using water and cotton wool. This should reassure parents who choose to use baby wipes of a similar formulation to those used in this trial and to health professionals who support their use (Lavender et al., 2012).

Diaper area cleansing techniques are an important

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1. D. Hallsworth (Royal Glamorgan Hospital) et al. "Iron absorption from Spatone for prevention of iron deficiency in pregnancy" in Clinical and Laboratory Haematology, 2000; 22: 237-241.
2. IRI HBA outlets, 52 w/e 21st October 2010.
3. D. McKenna (Royal Victoria Hospital) et al. "A randomised trial investigating iron-rich mineral mineral water as a prophylaxis against iron deficiency in pregnancy" in Clinical and Laboratory Haematology 2000; 22: 99-103.
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part of newborn care. Advice on diaper area cleansing should be specific and not incorporated into general bathing advice. It is also important to emphasize the importance that the diaper area needs to be cleansed after urination alone.Wipes contain different ingredients and have changed notably over the last decade (Adams, 2008). Convenience and efficiency are important factors influencing parent's satisfaction with diaper cleansing methods. Thus parents require greater detail of information and advice about safe diaper cleansing practices.

Lilian Azzopardi

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Irish Presidency agrees legislation to recognise professional qualifications

More professional mobility will improve skills shortages and job opportunities. New proposals include the introduction of a European Professional Card and an alert system to protect consumers and patients.

The Irish Presidency has reached political agreement with the European Parliament on legislation to recognise professional qualifications throughout the EU. This is an important step towards the completion of the European Single Market and was a priority of the Irish presidency.

Irish Minister for Education and Skills Ruairí Quinn TD whose Department has led on the modernising of Directive 2005/36, acknowledged the practical benefits this agreement will bring to professionals and consumers across the EU. "This Directive provides tangible benefits to EU citizens. The common training principles, combined with the introduction for the first time of a European Professional Card, will make it easier than ever before for appropriately qualified EU professionals to seek work in other EU countries. Consumers and patients will also benefit from improved safeguards that are being introduced through the alert mechanism and the provisions on language testing."

Minister Quinn – "This new legislation has the potential therefore to promote professional mobility make a significant contribution to economic recovery, without compromising on consumer protection and patient safety."

The new proposals will bring a number of benefits for professionals and consumers across the EU including the introduction of a European Professional Card that will make it easier for professionals to have their qualifications recognised outside of their own country.

The legislation will also include provisions on common training principles, which is a significant innovation in the new legislation. These principles have the potential to extend the automatic recognition regime that exists for certain professions currently to a much wider range of professionals in EU states.

Both of these provisions have the potential to improve mobility among professionals and will address skills shortages and provide new job opportunities for those seeking work within the EU.

In addition to recognising professional qualifications, the legislation also promotes an alert system to protect consumers and strengthen patient safety. The alert system will apply where a professional has been convicted of an offence or suspended from practising, which is a particularly welcome development for patients and public safety in the EU, as it will apply to health professionals amongst others. The legislation also clarifies the language requirements applicable to applicants seeking recognition of professional qualifications.

The legislation also incorporates measures that seek to promote greater transparency with regard to regulation and the number of regulated professions across the EU. It will also require Member States to provide information to migrants through points of single contact and assistance centres.

Irish Minister for Jobs, Enterprise and Innovation Richard Bruton TD and current chair of the Competitiveness Council, welcomed the agreement, saying:

Minister Bruton - "As a key building block of a coherent Single Market, agreement on this legislation has been prioritised by the Irish Presidency and is a concrete example of how we are delivering on our commitments to stability, jobs and growth."

"This agreement goes to the heart of the European Project and one of its core concerns – the free movement of workers. The economic crisis has resulted in historic levels of EU unemployment. At the same time, there are 1.85 million vacancies in a range of professions across the EU. This does not make sense and I believe these changes will make progress towards addressing the anomaly. Heads of State and Government at the European Council had identified this agreement as one of the key actions which will speed Europe's journey to full economic recovery. Harmonising and coordinating our systems will make it easier for people to find employment and will ensure gaps in the labour market are filled, thereby strengthening the foundations for economic growth."

The agreement will now be presented to Coreper for final endorsement by Member States.

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MSc - Abstracts

An exploration of midwives' views of their role in the care of breastfeeding mothers

Malta continues to have a low breastfeeding rate which is incomparable with much of Europe (61% compared with the highest of 99%) and although there have been increases in this rate, the rise is slow. Midwives have a crucial role in promoting and supporting breastfeeding however, there is scant literature on how midwives interact with breastfeeding mothers. This study aimed to investigate the views of midwives of their role in caring for breastfeeding mothers and identify what midwives believed helped or hindered them to provide this care.

An exploratory qualitative approach was the design for this study using semi-structured, face-to-face interviews to collect data from a purposive sample of ten midwives working in a Maltese, state, tertiary care hospital. Thematic analysis using Pope and Mays (2006) five staged analytic process was employed for data analysis.

Findings created five themes, with subthemes, entitled: Breastfeeding Matters, The Ten Steps in Practice, Midwives and Breastfeeding Mothers, Breastfeeding Knowledge and Work Place Influence.

The study concluded that midwives valued their role in caring for breastfeeding mothers and believed that the role should extend beyond the traditional postnatal period of six weeks. Factors identified that enhanced and hindered midwives in fulfilling their role of caring for breastfeeding mothers included a personal breastfeeding experience, breastfeeding focused training, relatives and workplace issues. Recommendations for the evaluation of the set-up of both antenatal and postnatal care were made to facilitate the midwife to provide holistic care for breastfeeding mothers. Extending the services of a breastfeeding clinic was also recommended as this was seen as a means of how midwives can continue to support breastfeeding after discharge from traditional midwifery care.

Helen Borg
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Glasgow Caledonian University

Bringing Women's Birth Stories to Light. A Narrative Study.

This qualitative study explored women's childbirth narratives. The purpose of this research was to reveal women's experiences of birth and the meanings they interpret from their birth stories. Through a narrative methodology, this study intended to be the first locally in giving women a voice to construct their birth experiences and generate a contextualised interpretation of birth in the local setting. This research was located in the critical theory paradigm and framed by a feminist perspective. Ten narratives were generated through twenty interviews; two interviews were conducted with each woman. The narratives were analysed through dialogical analysis of the narratives.

Four major conceptual inferences were generated: 'The Medicalisation of childbirth', 'Women's critique of assistance during birth', 'Normalising discourses' and 'Women in labour: Performing birth and transforming the self'. These indicated that medicalisation was prevalent in women's local experiences of birth. This was associated to an emphasis on pathology, risk, technology and medical interventions. Assistance during birth, especially from the medical institution, was often authoritative and paternalistic. However, some women also experienced supportive and individualised care, primarily from midwives. Women considered birth to be a normal or natural process. Normalising discourses of birth reinforced this conception but though constructed to resist medicalisation, these discourses could suggest an essentialist representation of women and birth. For women birth represented a unique, personal and holistic experience, which instigated a meaningful transformation of the self and signified the naissance of maternal identity.

This study recommends that the practice of childbirth needs to be grounded in the principles of individualised, holistic and supportive midwifery-led care. Current intrapartum practice also needs to decrease medicalisation, develop information giving and informed consent and promote the practice of normal birth. Women need to be empowered and birthgiving must be considered as a creative and individual performance, which is informed by women's own subjective, experiential and situated knowledge.

Key words: childbirth, narratives, medicalisation, midwifery, normal birth, feminist perspective.

Pauline Borg
B.Sc., M.Sc.
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Women's Satisfaction with their Childbirth Experience

A woman's satisfaction with her childbirth experience is important for the well-being of her infant, family and society.

Objectives: To identify significant differences between women's childbirth satisfaction and factors related to self, baby, husband or partner, midwife, physician and demographic characteristics.

Design: A descriptive survey design was adopted. Data collection took place in one state general hospital in Malta. A convenience sample of 300 mothers who had a normal vaginal delivery was recruited to participate during the first 24-48 hours postpartum, with a response rate of 86%. Johansson, Oleni, Fridlund (2002) theory, based on Henderson's nursing care model provided an overarching theoretical framework.

Results: showed an overall women's satisfaction with care during labour and birth. Kruskal Wallis H test identified significant differences in overall labour experience (H(2)=12.505, p=0.002) and overall delivery experience (H(2)=11.723, p=0.003) and subgroups of women by level of education. Results also identified significant differences between the age subgroups of women and their participation in decision making during delivery (H(4)=12.298, p=0.015). Single mothers reported high satisfaction with their participation in decision making (U=3963, p=0.005) during their labour experience. There was a significant difference (U=4212, p=0.027) in the participation in decision making during delivery between single and married women. The midwife was identified as an important factor in giving full support to women during labour and birth. One main limitation of the study is timing. Women's birth experience has been measured too soon after the birth, and the responses may have been influenced by the happiness of having given birth safely to a healthy baby.

Recommendations: addressed the empowement to women in labour and giving birth. Women's childbirth experiences should be further explored by a qualitative approach which is well accepted in midwifery, health and social research.

Keywords: Women's satisfaction, childbirth experience, patient satisfaction.

Catherine Bonnici
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Midwife-Led Interventions to Address Postpartum Post-Traumatic Stress: A Systematic Review

Background: Midwives have an important role in identifying and supporting women at risk of developing mental health problems in the perinatal period. The efficacy of psychological interventions for the prevention and management of postpartum post-traumatic stress disorder (PTSD) has not been well established, and in particular the role of the midwife in relation to the implementation of such interventions has not been well explored.

Purpose: To systematically identify, describe and critically analyse empirically tested interventions that midwives could use to address post-traumatic stress in women following childbirth.

Methodology: The electronic databases Cinahl, Cochrane Library, EMBASE, Maternity and Infant Care, MEDLINE, PsycINFO, and Web of Science were systematically searched, as well as relevant research bibliographies. Key search terms included post-traumatic stress, postpartum, intervention, controlled trial, and review.

Papers eligible for inclusion were primary studies and reviews of research published between 2002-2012, focusing on midwifery related postpartum interventions for the prevention and/or management of PTSD. For primary studies RCTs, controlled clinical trials, and cohort studies with a control group were eligible. Eligible reviews were those with a specified search strategy and inclusion/exclusion criteria. Papers focusing on PTSD after adverse experiences such as stillbirth, or on depression, parental stress, or general anxiety or stress were excluded.

Methodological quality was assessed using a predefined quality assessment framework.

Results: A total of 6 primary studies and 8 reviews were included in the review. They largely focused on debriefing and/or counselling interventions, which produced inconsistent results. The evidence was disparate in terms of quality and similarity. No evidence-based midwifery interventions were identified from this review that can be recommended for introduction into practice to address PTSD

Conclusions: It may not be appropriate to deliver routine debriefing or counselling interventions in the postpartum period. It is recommended that future research in this area should incorporate standardised interventions with similar outcome measures to facilitate synthesis of results. Further research on interventions used in non-maternity populations such as Trauma-Focused Cognitive Behavioral Therapy and Eye Movement Desensitization and Reprocessing is needed in order to confirm their usefulness in addressing postpartum PTSD.

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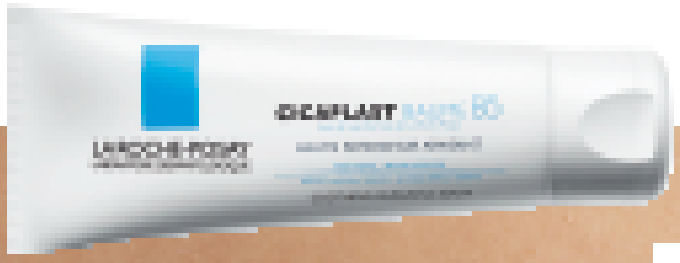

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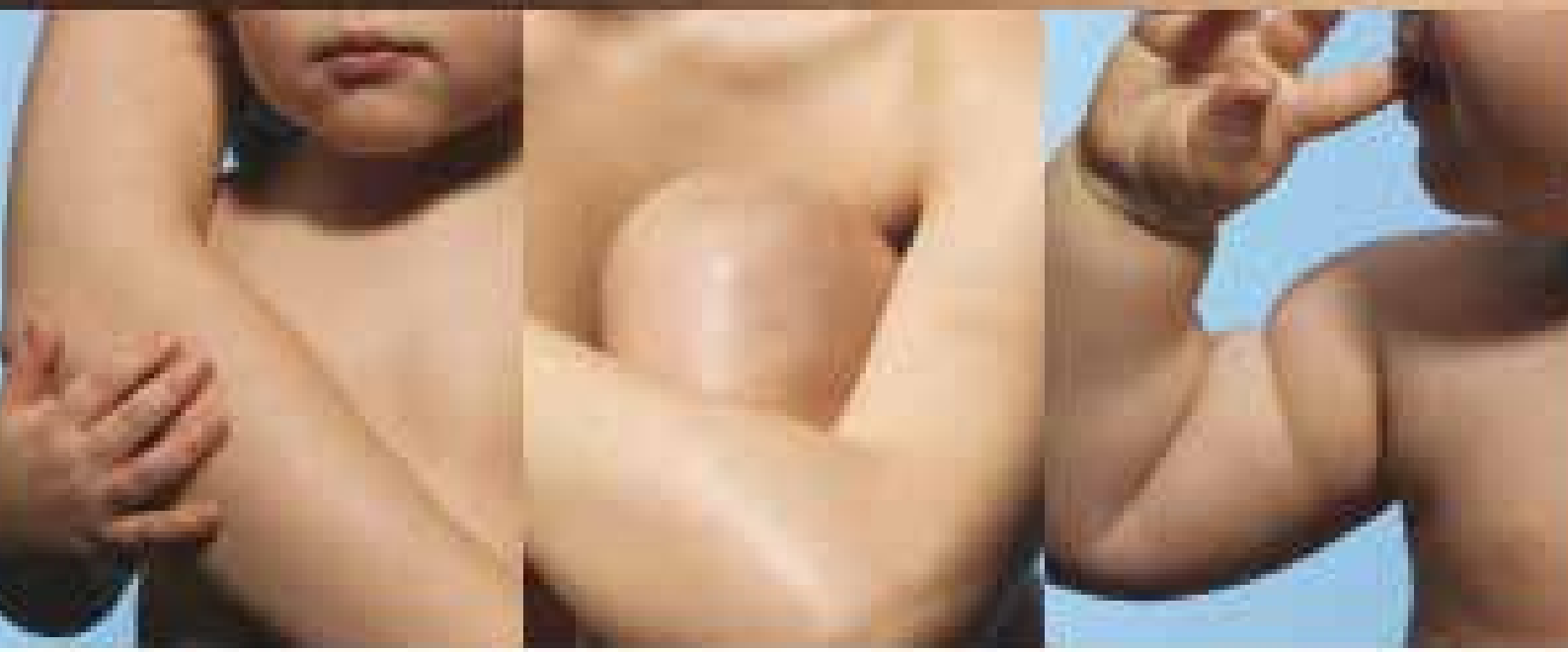

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