

Improving midwives' confidence in managing high-dependency maternal care



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Introduction

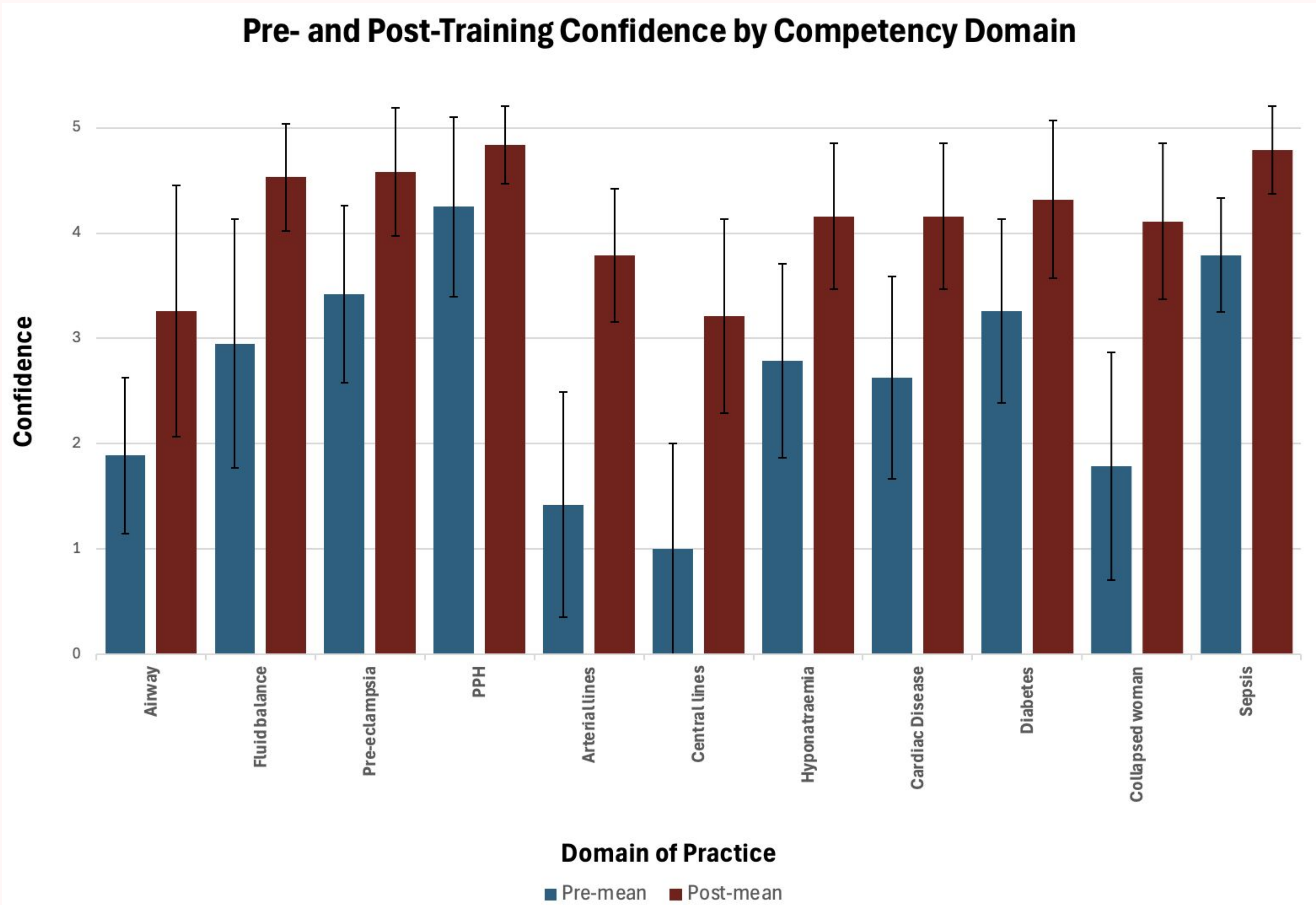
- Maternity services are caring for a growing number of women at risk of physiological deterioration and high-dependency care requirements. [1]
- In Wales, midwifery training and scope of practice may result in limited exposure to HDU competencies.
- **Aim:** This study **evaluates changes in self-reported confidence** in undertaking core competencies in high-dependency maternal care following the programme.

Methods

- **Pre–post evaluation of a blended training programme** delivered to registered midwives at a single centre (University Hospital Wales).
- The programme included online e-learning, a simulation skills day, and clinical exposure in the PACU, with hands-on experience in invasive line care and airway support.
- **Mixed-methods surveys were completed pre- and post-intervention.** Participants rated confidence across 11 HDU-related competency domains (Likert 1–5) and provided free-text feedback.
- Changes in confidence scores were analysed using the Wilcoxon signed-rank test for paired, non-parametric data. Free-text responses were analysed using thematic analysis to explore impact.
- This study was approved by AMaT (Obstetrics/QI/2025-26/01).

Results

- 19 midwives completed paired questionnaires. Median confidence levels increased from three to four following the intervention (Wilcoxon signed rank test, $n = 19$, $p < 0.001$).
- **The largest improvements were seen in high-acuity domains**, such as sepsis management and invasive line care.



- **Thematic analysis revealed high acceptability of the blended learning approach.** Participants particularly valued experiential learning through PACU exposure and simulation, alongside accessible and relevant e-learning.

Discussion

- This pilot service improvement project suggests that a **blended training programme can improve self-reported confidence in competencies required for high-dependency maternal care.**
- These findings suggest that combining e-learning with simulation and clinical exposure may be an supportive approach to addressing gaps in HDU-related skills within the midwifery workforce.

Limitations

- Small sample size ($n = 19$) from a single centre
- Reliance on self-reported confidence rather than objective measures of competence.

Conclusion

- **These encouraging preliminary results support further evaluation of this training model**, which is currently being upscaled in collaboration with Health Education and Improvement Wales to support wider workforce development across Wales.
- Future work should include multi-centre evaluation, incorporation of objective assessments of clinical competence and exploration of longer-term outcomes.

References

1. Weeks AD, Espenhahn S, Crowe S. The UK Maternity Crisis: Analysing the Underlying Causes to Find Solutions. BJOG An International Journal of Obstetrics & Gynaecology [Internet]. 2025 Aug 12 [cited 2026 Jan 16];132(12). Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12501746/>