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The role of one charity in maternal health in the UK

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Maternity care in the United Kingdom (UK) has a history of charitable assistance from the early charitable acts of midwives through to the 'Lying-in Charities', which provided hospital care in the 19th century (Donnison 1988). With the establishment of a UK National Health Service in 1948, the role of the maternal health charity has largely moved away from the direct provision of care (although such charities remain a vital resource in many developing countries). Charities in the UK generally influence maternity care by funding education and research, and/or by providing support or advocacy for certain groups. The 2006 Charities Act emphasised the need for all charities to be able to demonstrate that their primary purpose is for the benefit of the public (Great Britain 2006). This paper examines the public benefit of one UK-based charity, the Iolanthe Midwifery Trust, and discusses some of the challenges that modern charities face.



The work of the Iolanthe Midwifery Trust

Established in 1983, the primary aim of the Iolanthe Midwifery Trust is 'to promote and improve the care of mothers, babies and families through awarding grants and fellowships in support of midwifery education, practice and research'. A total of 321 awards have been made during the 25 years of the Trust's existence, the first awards being made in June 1984. From 1985 until 1988 awards were made biannually, first in April and then again in October, but from 1989 this changed to annual awards that were made in June, to facilitate applicants who were applying for courses. The Trust continues to offer annual awards today.

Awards were first made in three categories: research, courses and travel. Although a variety of names have subsequently been used, the funding has generally been for applications within these three areas. Education is by far the largest area in terms of the number of awards made; a total of 185 awards have been in this area to date. The types of courses funded have varied considerably from academic diplomas (many of the early awards enabled midwives to complete an Advanced Diploma in Midwifery) and degrees (B.Ed, BSc, MSc, PhD) to more applied courses, such as counselling skills, clinical

ultrasound, nutrition and the promotion of parenting skills.

However, from the start the Trustees recognised the importance of research, with a substantial research award being made in 1984 and also a travel award to enable a midwife researcher to present her research at the International Confederation of Midwives Congress in Australia.

A number of smaller research awards followed and, although these awards were not large, a number of well known names who received them early in their careers have gone on to make a significant contribution to midwifery research, education and practice. (If you are intrigued as to who these people are, you can find out at www.iolanthe.org/Award_winners.html). The Iolanthe Midwifery Research Fellowship (IMRF) was established as a major award to enable a midwife to undertake 'research of relevance to midwifery practice'. In June 1995, Andrew Symon became the first recipient of the Iolanthe Midwifery Fellowship for his work on 'Litigation in perinatal care — the effects on midwifery practice'. Subsequent recipients of the fellowship have explored topics as varied as perineal repair and emotion work. In 2006, and in response to changing times, the fellowship was modified to focus on the *writing up* of research, allowing the recipient to take time out from work to complete a PhD.

The third area, travel awards, has enabled qualified midwives to undertake study tours abroad or to present research papers at international conferences. However, by far the largest group of recipients of travel awards is student midwives, 54 of whom have received awards to date. These elective placements have been very varied from Australia and New Zealand, to India, Africa (Ethiopia, Kenya, South Africa, Uganda, Zambia), Europe (Denmark, Netherlands, Sweden, Spain, UK) and North America (Canada, USA: New York, Rhode Island, Tennessee).

A number of special awards exist to commemorate important figures in midwifery. The Ann Stewart Award (established in 1992) is made annually in memory of Ann Stewart and her lasting contribution to midwifery practice and education. The Dame Rosalind Paget Award (established in 2004) is given on an annual basis to the highest-scoring application which aims to progress

practice through holistic care for women and families. The Tricia Anderson Award (established in 2009) enables individuals or groups to undertake activities that reflect Tricia Anderson's passion, innovative approach, scholarship and commitment to the well-being of mothers and midwives.

Public benefit

The Charity Commission notes that for a charity to meet the public benefit requirement it must fulfil the following principles:

1. There must be an identifiable benefit or benefits.
2. Benefit must be to the public, or a section of the public.

(Charity Commission 2008, C3)

Measuring or quantifying the benefit of education or research is far from easy. 'Products', such as publications, might be considered a measurable outcome and a number of our award winners write up their experience or research study for publication. However, as any researcher knows, getting the report into practice is far more complex. So how can we know that our awards improve the care of mothers, babies and families?

A number of award winners introduce changes into practice. Although all of these changes are for the benefit of women, only a couple of the larger ones have been formally evaluated. In 1996, a Coventry-based team introduced a peer social support service for vulnerable pregnant women. The 'Pals in Pregnancy' project was found to be a service which women valued and in some cases was a 'lifeline' (Fogarty & Kingswell 2002). The service was associated with improved Edinburgh Postnatal Depression Scores. In 2004, a team at Newcastle-upon-Tyne Hospitals NHS Trust used an Iolanthe award to introduce evidence-based guidelines with the aim of improving practice in the second stage of labour. Their evaluation of this change showed that *'Adherence to the new guideline resulted in a reduction in the emergency caesarean section rate and a more positive birthing experience'* (Gilchrist *et al* 2007).

However, perhaps the legacy of the awards is the personal development that they provide for students and midwives alike. Some award winners report that their experiences have had a lasting impact on them. In 2007, Anne Green went to South India for an elective placement and afterwards she told us, *'The most important lesson I learnt was how it feels to be the ethnic minority. That will stay with me for a long time and make me appreciate women from other cultures who are in my care'*. Another student award winner Zoe Rawlence told us: *'I learnt a huge amount from this experience... I feel more confident, more aware and — most importantly — more inspired to be a good midwife'*. Midwives too report the impact of an award on their professional development. For example, *'It has helped practically and mentally to make things happen for me'* (Evelyn Davey 2007).

The second principle of public benefit is that *'the opportunity to benefit must not be unreasonably restricted'* (Charity Commission 2008, F3). The nature of the Iolanthe Midwifery Trust means that there is some restriction due to 'charitable need'. That is, awards are made to benefit mothers, babies and families and, as a result, applicants are restricted to groups working in the area of maternity care. However, Iolanthe awards have been made to student midwives, clinical midwives, midwifery managers, educators, and researchers. The Iolanthe Midwifery Trust has also funded a small number of other professionals involved in the field of maternity care, including a breastfeeding counsellor, an obstetrician and a sociologist. The only geographical restriction is that the awards are open to applicants who work in the UK. The geographical diversity of our award winners can be seen from our website with awards having been made to applicants across the UK, as far north as the Shetland Isles and as far south as Cornwall. The Iolanthe Midwifery Trust has no restrictions on the basis of 'personal characteristics' or access. The Trust values diversity and welcomes applications from all sections of the community.

The challenges

Demonstrating a public benefit and being valued by the users of the charity should not make a charity complacent. Like many other charities, the Iolanthe Midwifery Trust faces a number of challenges in today's market.

Most immediately, the economic climate has adversely affected both the income that the Trust derives from its capital and, less directly, the likely level of personal donations and corporate support. The Trustees are well aware that the funding of midwives' activities, however much proven to be a good investment in maternity care, is not a major priority for most people's charitable giving, so there is a considerable reliance on the generosity of the midwifery community itself. Only midwives really know how valuable are the often modest grants that enable them to pursue a much-desired course or take forward an innovative idea that may offer a lifeline to vulnerable mothers.

On the other hand, the Trust has benefited from the mushrooming of the popularity of sponsored sporting events and thankfully this does not seem to have been too badly affected by the credit crunch. We are extremely grateful to those who have run marathons or undertaken other physical challenges on our behalf. At this time, we are also very pleased to announce a new joint venture with MIDIRS, who will be providing support for our student midwife awards. Further information is available in this issue and on the websites for both organisations.

The other potential difficulty for a small charity is keeping a finger on the pulse — both as regards the fast pace of change in the health services (and the related education and research areas), and in the world of charity legislation and finance. As outlined above, the nature of the Trust's funding has evolved considerably since the foundation of

Box 1

The Iolanthe Midwifery Trust gets its name from the opera by Gilbert and Sullivan about a fairy, called Iolanthe. WS Gilbert also named his house in London after the sparkling opera. It was this house, Iolanthe House, which became the home of the Central Midwives Board (CMB) from 1958–1983 until the Nurses, Midwives and Health Visitors Act of 1979 resulted in its closure. With no further need for Iolanthe House, it was sold and the former members of the CMB decided that the funds raised would be used to form the Iolanthe Midwifery Trust. The Trust uses interest generated on the capital to award grants and fellowships in support of midwifery education, practice and research.

the charity and our aim is to keep the criteria for awards in line with midwifery practice, education and research at the cutting edge. The midwife trustees — working in all these areas — provide invaluable advice on movement within the profession and we rely also on the knowledge and experience of our financial and legal trustees, and the skilled support of the auditors.

Charity work is now grouped as ‘third sector’ — not necessarily a name welcomed by all as it recalls the

condescending term ‘third world’ for the developing nations. However, it at least implies comparable prominence for this area with the statutory and commercial sectors, both currently struggling under economic restraint. With the help and support of colleagues in and around midwifery, we hope to continue and in due course expand the activities of the Iolanthe Midwifery Trust, in the knowledge that it plays a significant part in the advancement of the profession and the morale and empowerment of midwives.

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