Will you be my friend? The use of social networking for midwifery professional development

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Introduction

Currently, there is a lack of empirical evidence about midwives’ use of social networking (SN). Most literature is focused on explaining what SN is and how to use SN tools, emphasising the negative aspects e.g. the lack of control over distribution of personal information (1, 2), the need for policy making for use of SN at the workplace (3), and considerations of use in relation to confidentiality and professionalism (4, 5, 6).

Fear of the negative aspects of SN may hinder midwives in using it for professional networking, learning and continuing professional development (CPD). In this article we will use the Virtual International Day of the Midwife (VIDM) as a case study to show how SN can be used professionally for CPD for midwives.

Social networking

Social networking is an activity that people carry out using social media tools, focusing on building relationships with each other (7). This includes sharing information, collaborating, sharing stories, rating information and resources, and participating in each other's lives, generally in open online environments (8). Social media is a collective term to describe the asynchronous and synchronous online tools that support social networking, which can be accessed on the internet and mobile technologies (9) (see text box 1).

SN has grown enormously over the last few years. The Pew Internet Research Centre estimates that 46% of all adults use SN sites (10). One only has to look at user statistics for Facebook, to get a sense of the potential influence of SN; over 901 million monthly active users; 488 million monthly active users use mobile products; more than 300 million photos were uploaded to Facebook per day in the first three months of 2012 (11). Adults have been accessing health information on the internet for some time. Nearly 60% of all adults look online for health information (10). However, there is now a steady increase of adults using SN to meet their health needs. The PwC Health Research Institute has found a third of adults are moving toward SN to not only find out about health issues, but to interact with each other, and manage their health (12). Maternity consumers are using SN to tell their birth stories, filter information to use in decision-making, provide support, and express themselves in ways that have not been previously possible (13, 14).

Whilst health consumers are increasing their engagement with social networking, midwives are a little more reticent. The main theme in literature regarding midwives’ use of SN is commentary about the professional use of social networking. Whilst commentators do not suggest a blanket ban, they do paint a rather bleak picture of the risk involved with social networking (15). Julie Wray believes that social networking breaks down the boundaries between private and professional lives, which have grave risks. Once private and public lives become visible in an online environment, they must be handled with extreme care and professionalism (16). Confidentiality of patient/client data must be maintained as a professional
and legal imperative. Concern about social networking has led to a number of guidelines being developed for midwives on how to use social networking sites safely, including how to maintain privacy by using appropriate setting; how to ensure clients and colleagues confidentiality; legal ramifications of giving advice to pregnant women, and advice on how to manage online arguments (15, 17). In spite of the guidelines that support midwives, Wray's concerns about SN are reflected extensively throughout the profession, which may impact on midwives’ engagement with social networking (18).

Some authors have described the potential of social networking. Carolyn Hastie believes that social media is an excellent tool for raising awareness. She shares the story of the Gold Coast Birth Centre in Queensland, Australia that was threatened with closure in 2010, but has remained open following a huge publicity campaign run on Facebook and Twitter (9). Joy Kemp is a midwife who has used Facebook to revive her local branch of the Royal College of Midwives, UK. She has found it to be a very effective tool for sharing information and organising events, and in particular prefers to use it to communicate with branch members, as opposed to email (19). Whilst there are a few anecdotal stories about midwives’ use of SN for dissemination of information, there is little empirical evidence in literature about the benefits of SN for professional learning.

Learning through connections and networks

Despite the bad press that sometimes accompanies SN, there is growing discussion on how it can be used for learning and continuing professional development (CPD). The literature reveals that social networking is facilitating “unprecedented affordances for information, interaction, networking, and collaboration” (20:55). Networked learning is learning in which information and communication technology (ICT) is used to promote connections and interactions between learners, tutors and learning resources (21). Siemens describes learning in the rapidly changing environment in which we live as no longer an individualistic activity, but rather about the networks that people belong to. He says “The pipe is more important than the content within the pipe” (22: Conclusion). By this he means that information is changing so quickly these days and that people have access to so much, that what is important is how knowledge is obtained, rather than the content. Midwives, in particular, are faced with the necessity of keeping up to date with ever-changing research, which is why networked learning is especially relevant and appropriate.

Continuing Professional Development

The International Confederation of Midwives’ guiding document “Global Standards for Midwifery Regulation” highlights that in order to maintain competence to practice, midwives must become lifelong learners, and engage in education and continuing professional development (CPD) activities (23). Many midwives are excluded from accessing traditional forms of CPD such as face-to-face workshops, conferences, courses and study days for a variety of reasons including cost, travel restrictions, lack of backfill and locum cover, and care responsibilities (24, 25). Thus, there has been an increase in the delivery of online CPD to meet the needs of these midwives, using a number of approaches. One such approach has been to use SN to plan, develop and facilitate an opportunity for midwifery CPD.
Social Networking for midwives - The Virtual International Day of the Midwife

The Virtual International Day of the Midwife (VIDM) uses SN to bring midwives together internationally to celebrate the International Day of the Midwife on 5th May to network internationally and sharing midwifery research and knowledge (7, 26)[see text box 2]. The VIDM is a free online, annual synchronous conference using web conferencing software. Participants need to be able to access the internet to attend the online conference. The VIDM starts at 12 pm New Zealand time and for a period of 24 hours there are 24 sessions, running for 1 hour each. This gives midwives the opportunity to attend in every time zone around the world.

Social networking tools and processes

The VIDM uses a number of online tools and SN processes to organise this CPD event.

The VIDM wiki\(^1\) is used to disseminate information about the conference, including the program, and how to access the web conferencing technology. It also hosts the recordings of the conference sessions, once the VIDM is over, which can be accessed by anyone, at any time. A wiki is a collaborative website that can be edited by more than one person. Every time the wiki is edited, the program saves a history, so content from previous years can be accessed and re-used when required. Thus, the wiki is used by the VIDM committee to do carry out planning and development work in a transparent and collaborative manner. It also models to others how SN can be used constructively by people in a community of practice, from all areas of the world. All content is licensed with a Creative Commons Attribution License, which allows people to re-use it in any way without copyright restrictions. Confidential, collaborative work is carried out using Google Documents, which can be kept private. The conference organisers communicate in real-time using Skype, which is a free program that allow people to talk, and see each other live using web cam.

Facebook\(^2\) and Twitter\(^3\) are used to make the call for abstracts, advertise and market the event, recruit speakers and facilitators, and answer queries. They are also used to gain feedback from conference participants, as well as discuss ideas for future events. The Facebook page was set up in November 2010 and currently has 1.666 ‘likes’ representing a largely female (95%) audience from over 19 countries. The Twitter page is followed by 1.080 people. During the year, between conferences, these pages are used to disseminate information about other online CPD events and learning opportunities.

The other SN tool that is used frequently is a blog, which is a personal web-based discussion or information web-site. The VIDM facilitator, Sarah Stewart, uses her blog\(^4\) for purposes such as recording and disseminating minutes from committee meetings, discussing issues that need feedback, and reflecting on lessons learned along the way. The blog posts are disseminated via the other VIDM spaces to access as great an audience as possible. The VIDM experience has shown that SN has been very successful in developing, marketing and facilitating this event. Feedback from the 2012 conference indicated that participants were twice as likely to hear about the VIDM via Facebook, than email.

\(^1\)VIDMs wiki: [http://internationaldayofthemidwife.wikispaces.com](http://internationaldayofthemidwife.wikispaces.com)

\(^2\) VIDMs Facebook side [www.facebook.com/VirtualInternationalDayoftheMidwife](http://www.facebook.com/VirtualInternationalDayoftheMidwife)

\(^3\) VIDMs Twitter side: [http://twitter.com/VIDofM](http://twitter.com/VIDofM)

Participants

The open environment that SN facilitates has encouraged people from different contexts and geographical locations all over the world, to come together and work toward a common goal, to support the VIDM, in a community of practice.

“It was a pleasure to get to share our organization with your audience, and I have been listening to some of the other presentations as well, and they are all so interesting! What a wonderful way to 'meet' and connect with likeminded professionals online”.

Committee members, speakers and facilitators are not only midwives, but also consumers, educators, social media enthusiasts, and random people who want to help support midwifery learning and development. Everyone volunteers their time, and in return they develop their own digital literacy skills.

The number of participants attending the VIDM has increased every year. The average number attending each session in 2009 was six, increasing to 30 in 2010, 50 in 2011 (7). In 2012 the average number of participants attending was 81 in each session with a limitation of 100. Participants mostly came from USA, UK, New Zealand and Australia. However, midwives also joined the event from countries such as Bermuda, Brazil, Canada, Cyprus, Denmark, Ethiopia, Germany, Greece, Jordan, Kenya, Latvia, Netherlands, Peru, Portugal and Slovenia. In 2012, the speakers were a mix of midwives, student midwives, consumers, as well as nurses, doctors and researchers. They came from a range of countries including Ethiopia, Kenya, Nicaragua and Pakistan. They spoke about a number of topics including the attitudes and practice of home birth, birth in resource-poor countries, management of nuchal cords and postnatal care. Each session was facilitated by a volunteer who supported the speaker, ensured the technology worked properly, and moderated the session. The participants were able to download a certificate of attendance of the VIDM from the wiki, after the conference, as evidence of CPD for their professional portfolio.

Participants have commented that the VIDM have given them a sense of belonging to an international community. They have also appreciated the opportunity to learn for free, in an easily accessible and flexible environment (7, 26).

They also appreciate being able to access eminent speakers (7, 26). One participant summed up her view of the VIDM; that it gives midwives a voice that they do not have in more traditional contexts.

“Thank you for going the extra mile to have VIDM be inclusive of those with difficulty getting the message out”.

Discussion and Conclusion

Social networking using social media tools such as Facebook, Twitter, blogs and wikis provide viable opportunities for midwives to network and learn from each other. They also have the capacity to facilitate CPD, which may be used by midwives to maintain their competency, and meet statutory requirements for ongoing registration. SN cannot be ignored by the midwifery profession, or written off as a risky activity. The reality is that SN is becoming increasingly popular for communication and collaboration. If midwives ignore SN, they will be left behind by maternity consumers and other groups of health professionals who are engaging with SN, and by a future generation of midwives who are growing up with SN.
For SN to be used successfully for CPD, midwives have to appreciate that it is not the tools themselves that make learning opportunities, but rather the connections and relationships that SN facilitates. It is not enough to set up a Facebook page. Time should be spent networking with others, sharing information and resources, and collaborating in a sharing manner that is transparent and inclusive. Networked learning is distributed, chaotic and serendipitous at times, so midwives need to develop digital literacy skills thus they can manage the digital environment, and find different ways of learning from social networks. This need to be done in a professional manner and midwives must pay attention to how they present themselves online. Attitudes about SN must change, and the potential for CPD acknowledged by professional and statutory bodies, and employers, along with the provision of support to increase digital literacy skills, and education about the professional use of SN. New evidence and knowledge from research and clinical practice changes and expands so quickly in an online connected and networked world. Midwives need to engage in social media and online communication, information sharing and social networking internationally to be on the frontier of development and research in midwifery.

Further research and development is required. Empirical research is needed to investigate how SN may effectively potentiate CPD, how midwives learn using SN, and how it impacts on clinical outcomes. Consideration must also be paid to midwives who are unable to access computers or internet, and thus are unable to make use of the CPD opportunities that SN affords. It may be that SN can facilitate CPD via mobile applications and smart phones, as mobile technology becomes more ubiquitous, in resource-poor, as well as developed countries.

**Text box 1 Social media**

Social media is forms of electronic communication tools, where users can create online communities to share information, ideas, personal messages, and other content. Social media afford among others opportunities for: social networking, using tools like Facebook, LinkedIn, Twitter and online conferences; social bookmarking, using e.g. Del.icio.us and user-generated content, using Flickr, YouTube, blog and wiki software and virtual representation in worlds like Second Life.

**Text box 2 Aims for the Virtual International Day of the Midwife**

The aims for the VIDM are:
- to disseminate evidence-based research to support clinical practice,
- to provide educational material through free-access channels to all interested participants regardless of location,
- to create an international network of practice and enable collaboration and sharing of ideas,
- to provide an opportunity for interaction with world leaders in midwifery to all interested parties regardless of location,
- to provide a freely available archive of high-quality educational material to support ongoing midwifery professional development, and
- to provide opportunities for informal learning within a lifelong learning paradigm (26:2).
References


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