

# THE ROLE AND RESPONSIBILITIES OF MATERNITY SUPPORT WORKERS



*The Royal College of*  
**Midwives**

## The aim of this guide

The aim of this guide is to assist all those involved in developing the maternity workforce with advice on the tasks that maternity support workers can and cannot legitimately undertake. It is important that the guide should be read in conjunction with the documents listed in the Reference section, particularly those addressing issues of responsibility, accountability and delegation.

## Acknowledgements

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Support Workers play a vital role in supporting midwives to deliver quality care to babies, mothers and their partners. The Royal College of Midwives is delighted that there is now a range of formal education programmes for MSWs across the United Kingdom. Despite this there remains some inconsistency and confusion about the tasks that support workers can perform. With this in mind the RCM has produced this guide which sets out the general, antenatal, intrapartum and postnatal tasks that properly trained, supported and supervised MSWs can undertake as well as those they cannot. This guide is one of a series that the RCM has produced to support MSW members and I would like to thank all the midwives and MSWs who took the time to contribute and review it. I hope this guide will help the further development of support workers in maternity services so that their contribution to the maternity team is maximised.

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## 1. Background

The Royal College of Midwives (RCM's) (2010) Position Statement on Maternity Support Workers states that the introduction of support workers: *"should be within a clear framework which defines their role, responsibility and arrangements for supervision"* (page 1). Too often as the Final Report of the Midwifery 2020 programme (2010) and the Kings Fund (2011) have noted the development of support workers in maternity services, particularly in England, can be ad hoc and inconsistent. On the 21st July 2011 a workshop was held at the RCM the aim of which was to reach, where possible, a consensus on the tasks and responsibilities appropriate for maternity support workers (MSWs) to undertake and those that are not. Workshop attendees were initially asked to complete a survey that listed 96, general, care of the woman, care of the baby, public health and theatre tasks that MSWs might perform. The survey items were based on a review of the following education programmes along with feedback from the RCM's internal MSW Group:

- All Wales MSW Curriculum.
- NHS Education for Scotland's Maternity Healthcare Support Worker programme.
- Northern Ireland level 3 MSW Diploma.
- London South Bank MSW Foundation Degree.

Through discussion and consensus building the workshop agreed a set of tasks they felt collectively MSWs could perform. These were then reviewed by the RCM's internal Maternity Support Worker group.

The RCM recognises that support workers perform tasks holistically, working as part of a team and require a wide range of competences including – communication skills, problem solving, recognising and responding appropriately to emergency situations and demonstrating awareness of equality and diversity issues. The workshop and this guide, however, focus on tasks alone. This is in order to assist the setting of clear and unambiguous role parameters.

## 2. The Maternity Support Worker role definition

There is currently no single definition of the maternity support worker role and a wide range of titles are used for particularly higher level roles. The term 'MSW' is used in this guide to describe any unregistered employee providing support to a maternity team, mothers and their families who work specifically for a maternity service. **MSWs do not assess mothers and**

**babies or make clinical judgements or decisions or initiate interventions.** They are, however, with appropriate training and supervision able to provide information, guidance, reassurance, assistance and support, for example with breastfeeding or recording vital signs, that improve the quality of care that midwives are able to provide to mothers and families. MSWs may be banded on *Agenda for Change* bands 2, 3 or 4. Further RCM guidance is being developed on the appropriate grading of support workers. See also the publications listed in the Reference section below.

### 3. Principles

There are a number of overarching principles that need to be taken into consideration when deploying MSWs in order to ensure safe, efficient, appropriate and high quality care:

The role and responsibility of the midwife is clearly set out in statute in the UK and underpinned by the EU Directive in Article 42. This means that activities deemed to be within the midwife's responsibility and accountability cannot be delegated or transferred to another person except in the context of a referral to a doctor on issues that are outside the sphere of the midwife.

- **MSWs must have the necessary knowledge, skills and behaviours to perform tasks. In most cases this will be provided by formal education.**
- **The delegation of tasks by midwives to and the acceptance of tasks by MSWs must be explicit (see below).**
- **MSWs must have the appropriate level of supervision and support to carry out their responsibilities.**
- **The undertaking of tasks by MSWs should complement the care that midwives provide to mothers and their families.**
- **Judgements should be made as to whether it is efficient for a MSW to carry out a task. While for example it may, with training, be possible for a MSW to undertake cannulation, in practice the potential time gap between a woman being cannulated and the venflon being flushed by a midwife means it may not be efficient to use a MSW for this task.**
- **Administrative and housekeeping tasks such as filing and cleaning may form part of the MSW role but trusts/boards may employ other Healthcare Assistant staff to carry out these tasks.**

- **Competence in performing many tasks requires not just the appropriate knowledge and skills but also necessary experience. In delegating a task, such as venepuncture for example, the midwife should ensure that the MSW is sufficiently experienced in practicing the task to undertake it safely.**
- **Effective role deployment is contingent on a range of factors including workforce planning, appropriate banding, training and education and team working.**

Neither the midwife nor her employing authority should arrange for anyone to act as a substitute for a midwife other than another practising midwife or a registered medical practitioner (NMC, 2004). The decision whether or not to delegate an aspect of care and to transfer and/or to rescind delegation is the sole responsibility of the midwife and is based on their professional judgement (NMC, 2008).

### 4. Delegation of tasks

While it is not the purpose of this guide to consider in depth delegation issues the following should help ensure Nursing and Midwifery Council (NMC) and other guidelines are appropriately enacted in respect of MSWs:

- **The MSWs role's boundaries should be clearly and unambiguously defined and reflected in up to date job descriptions.**
- **All staff should be made aware of the tasks MSWs can and cannot carry out. Developments such as the RCM Wales and National Leadership and Innovation Agency for Health Care 'MSW Fast Fact' cards and NHS Education for Scotland's Skills Passport were seen as particularly helpful, as were the 'Can Do/Can't Do Cards' used by some trusts and boards.**
- **Delegation needs to be a formal process that takes place each shift. It was felt that delegation to each MSW in a team should be the responsibility of a single midwife to avoid confusion, omission and duplication.**
- **The issue of delegation, including standards and responsibilities, should be regularly discussed with staff.**

## 5. Tasks MSWs should not perform

The following is taken from NHS Education for Scotland's (2010) Skills Passport and are endorsed by the RCM. MSWs should not perform:

- Maternal history taking and booking
- Diagnose pregnancies
- Monitor progress of pregnancies
- Interpret, make decisions and plan care for the woman and her baby
- Provide primary advice and information including telephone advice
- Give information and advice on pain relief
- Diagnose onset of labour
- Monitor progress of labour including maternal and fetal wellbeing
- Monitor the birth process
- Obtain consent for invasive procedures
- Antenatal assessment of a woman
- Abdominal/speculum/vaginal examination of a woman
- Assessment of uterine activity
- Auscultation of fetal heart
- Drawing up of an injection
- Run through an intravenous infusion
- Administration of any medication
- Attachment of a fetal monitor
- Interpretation of a cardiotocograph
- Fetal blood sampling
- Supra pubic pressure during shoulder dystocia
- Assisted delivery
- Delivery of a baby
- Episiotomy
- Perineal repair
- Rubbing up a contraction during a post-partum haemorrhage
- Assess the Apgar score
- Initial examination of the new born
- Insertion of a nasogastric tube
- Assess postnatal or postoperative recovery

- Postnatal examination of the woman
- Removal of skin staples and sutures
- Supervise student midwives
- Transfer/discharge postnatal examination of the baby
- Discharge and transfer of care to the appropriate professional
- Obtain a baby urine sample in community setting

### Home births

Achieving consensus on the role of the midwife in relation to the second midwife at homebirth is difficult. The RCM has been advised by members that using MSWs in this role may be too risky. The majority of the working group supported this view. In Scotland it is strongly recommended that there are two midwives at a home birth and that the MSW should not replace the second midwife. The RCM's view is that the pressure on NHS finances could make a home birth service unsustainable if it requires two midwives to be in attendance and that safety will not be compromised as long as the person in the support role has the appropriate competencies. Ultimately, this is a decision for the commissioners of maternity services. The RCM supports both student midwives and MSWs who have been appropriately trained, particularly in assisting midwives in neonatal resuscitation, to provide the necessary support to the midwife at a home birth.

## 6. Tasks MSWs can perform

The following points sets out the range of tasks that the RCM believes MSWs can undertake with appropriate training, supervision and support. MSWs CAN **observe, inform, support, guide and report**. They CANNOT **assess, initiate an intervention or make a clinical judgement**.

### General

- Prepare (including cleaning) the clinical area
- Clean, fill and maintain birthing pool to correct temperature
- Management of blood spillage
- Clean and make beds
- Re-stock and reorder equipment
- Sterilise feeding equipment
- Prepare equipment such as ultrasound scan
- Identify and report faulty equipment
- Undertake hospital transfer and discharge processes and procedures such as data inputting
- Input and retrieve data into and from computer systems, for example test results, contact details and discharge information
- Organise and set up antenatal and post natal classes and clinics, for example booking rooms, ensuring leaflets and other written information is available and arrangement of the room
- Contribute to midwife-led antenatal and post natal classes, for example parenting skills such as bathing and breastfeeding
- Assist midwives and doctors with instrumental deliveries- laying up trolleys, opening packs, gathering equipment, disposal of equipment

### Independent Removal of Epidural Cannula

It may be appropriate to seek the view of the Consultant Anaesthetist as to whether this is an appropriate task for a MSW to undertake.

### Support of the mother and birthing partner

- Assist midwives and doctors with performing ultrasound scans
- Assist midwives and doctors with performing trans vaginal scans
- Independent undertaking of venepuncture
- Calculation of mother's BMI
- Obtain urine sample from mothers
- Perform urinalysis
- Obtain capillary sample of maternal blood for glucose analysis
- Cannulation
- Support women with general personal hygiene
- Support mothers with oral hygiene
- Record mother's oral fluid intake and urine output
- Undertake, record routine maternal vital signs and report to midwife any concerns: temperature, pulse, respiratory rate and blood pressure
- Recognise signs of ill-health in mothers and report to midwife
- Measure and apply TED stockings
- Work with the midwife to prepare women for elective caesarean section, for example, measuring for TED stockings and providing gown
- Apply TENS machine
- Place women in lithotomy position in preparation for an instrumental delivery or theatre procedure
- Process fetal scalp/umbilical cord Ph
- Independent removal of epidural catheter
- Independent removal of an indwelling urethral catheter
- Provide reassurance to new mothers and birthing partners
- Promote skin-to-skin contact with healthy babies and their mothers
- Support mothers with bathing
- Arrange and process microbiological specimens (e.g. from wounds)
- Assist mothers with postnatal exercises
- Inform parents about the benefits of breastfeeding
- Position and comfort of breastfeeding women including the position and attachment of the baby
- Support women with hand expression of breast milk
- Assist women to use breast pump
- Support mothers to cup feed

- Assist with syringe feeding of expressed milk
- Support mothers with artificial feeding including demonstrate how to make-up bottle feed and making up artificial feeds
- Discuss changing stool and micturition of normal neonate
- In cases of bereavement assist families through the provision of information and support, for example registering the death
- Provide one to one information, advice and support to vulnerable or high risk mothers in respect of: public health, breast and artificial feeding, parenting skills and family adjustment

### Care of baby

- Assist midwife with neonatal resuscitation
- Weigh baby
- Identification and security of baby
- Skin care including awareness of the potential seriousness of skin rashes
- Wash and bathe baby
- Eye care of baby
- Nappy change
- Describe, undertake, document and where appropriate report to a midwife vital signs of the normal; neonate: temperature, respiratory rate, and heart rate and O2 saturation
- Following initial assessment by a midwife and their development of a care plan: undertake routine healthy baby observations (for example cord care) in the hospital and community reporting any abnormalities to the midwife.

### Newborn Blood Spot

The RCM believes that the level of knowledge and communication required before, during and after the obtaining of the newborn blood spot may make this an inappropriate task for a MSW. The UK Newborn Screening Programme Centre Guidelines need to be considered in any decision to delegate this task to a MSW.

- Observe and advise mother on care of cord including recognition of abnormalities and reporting these to a midwife
- Gather urine sample in hospital
- Obtain capillary sample of blood via heel prick
- Recognise and report to a midwife potential signs of neonatal jaundice
- Undertake new born hearing screening

### Public health

Promote healthy living through the provision of information and advice on: nutritional health, postnatal diet and smoking cessation

### Theatre tasks

In addition to the tasks in the table above some MSWs may also undertake the following theatre tasks:

- Document times and personnel present in theatre records for each procedure
- Check swabs and needles
- Support and reassure the woman and birth partner during the procedure
- Clean and prepare theatre
- Set up equipment
- Handle, package and send specimens
- Undertake scrub role

### Scrub Role

The Perioperative Care Collaborative (PPC) states that “when a registered practitioner delegates the scrub role to a support worker, this registered practitioner should be a member of the surgical operative team as a circulating practitioner. It is not appropriate to combine this responsibility with the role of the anaesthetic assistant. Where the scrub role is delegated within obstetric theatres it is not appropriate to consider the midwife to be the registered practitioner unless he/she is undertaking the circulating role only” (see PPC (2007)).

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