



The Royal College of Midwives

# *Position Statement*

## **Staffing Standard in Midwifery Services**

## Staffing Standard in Midwifery Services

This statement has been produced to assist maternity service providers and commissioners when they are reviewing their midwifery staffing levels.

The need for this statement arises from the fact that midwifery staffing numbers are variable throughout the UK. Yet we have clear evidence that an adequate ratio of midwives to births impacts on both the safety and quality of maternity services and mothers satisfaction (HCC 2008, Hatem et al 2008, Gardosi et al 2007, Ball 2006, McCourt 1996).

The Royal College of Midwives supports a minimum ratio of 1 midwife per 28 births per year. This is based on the requirements placed on midwives in the documents referenced in Appendix 1. Falling outside this ratio is a strong indication that a service should undertake a thorough workforce review. This ratio may need to be improved upon in particular circumstances (see Appendix 2).

Midwives working in caseload practices, giving total care and attending the majority of their births should have a caseload of 1:35 women.

Midwives should be supported in practice by appropriately qualified support workers and administrative staff.

Future guidance on this paper will be issued.

Endorsed by the Royal College of Obstetricians and Gynaecologists and the Royal College of Paediatrics and Child Health

## References

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## Appendix 2

- Where a service is experiencing higher than average levels of sickness absence or maternity leave.
- Where particular education and training is needed to enable service development e.g. midwives observing a different service model prior to its local introduction.
- Where a service is substantial 'gainer' of births (does not undertake antenatal and postnatal care for women who give birth in the unit). Cross boundary flows may be due to clinical needs, but are more often due to social and geographical factors.
- Where a service caters for a population with extraordinary social or medical needs, such as very deprived areas with high ethnic minority populations.
- Where community midwives cover very rural areas and have high mileages. Nationally mileage averages at 17.5 % of each wte community midwives' time.
- Where models of care are significantly different to NICE guidance.