The RCM supports the deployment of maternity support workers in the maternity services to support midwives to fulfil their role efficiently and effectively. The positive contribution made by maternity support workers in the maternity service is maximised where they are appropriately trained, pay banded, managed by midwives and work as an integral part of the maternity care team.

The rationale for creating maternity support worker posts should be clearly established. The post’s responsibilities and relationships with other members of the maternity team should be agreed and clearly set out in job descriptions (RCM, 2011).

The decision to delegate a task should be made solely by the midwife based on his/her professional judgment and he/she retains responsibility and accountability for such delegation (NMC, 2008). The exception to this may be in areas such as obstetric theatres where roles can be identified for which a midwife is not responsible or accountable. When a task has been appropriately delegated to a maternity support worker he/she will be responsible for the completion of the task. The midwife will not be responsible for the decisions and actions of the maternity support worker whilst undertaking the task.

The RCM supports the pay banding of maternity support workers at Agenda for Change (AfC) Bands 2, 3 and 4, provided that job evaluation principles are adhered to. Maternity Support Workers at Band 2 should not be undertaking clinical care.

It is wholly inappropriate and contrary to the principles of the AfC Job Evaluation Scheme to place maternity support workers on a lower band when they are performing duties commensurate with a higher banded job profile.

Maternity support workers must not be used as substitutes for midwives (NMC, 2012), or to cover shortfalls in midwifery staffing numbers.
THE RCM THEREFORE RECOMMENDS THAT:

• Maternity support workers be recruited and trained as workers specific to maternity care, not as general NHS health care assistants and that their role remains one of support to the midwife.

• Maternity support workers work in the maternity services under the direction and supervision of midwives, with recruitment and training appropriate to maternity care. This allows for greater job satisfaction, closer integration into the service and should improve retention.

• There is an agreed national standard for training of maternity support workers specific to the maternity service with the involvement of midwives and midwifery educators to ensure consistency and transferability of qualification.

• Clinical governance and other quality systems should explicitly address and include the role the maternity support worker.

• There should be mandatory regulation of maternity support workers. Any scheme of regulation or license for maternity support workers should provide for the individual to agree to a code of conduct and specify the need for minimum training standards, assessment of skills acquired and the timeframe over which this should be achieved.

BACKGROUND

The provision of high quality maternity care relies on all those involved having a clear understanding of their roles and responsibilities. National policy drivers and a changing workforce mean that maternity services need to consider the way staff are deployed in order to provide an efficient, effective service to women and ensure that they receive care from the most appropriate person with the relevant skills. The role and responsibility of the midwife is set out in statute. No one other than another practising midwife or a registered medical practitioner can attend a mother in childbirth (NMC, 2012).

It is important that there is a clear delineation between the role of the midwife and the roles of other groups of staff working in maternity care so the introduction of other groups of staff, e.g. the maternity support worker, to support midwives and women, should be within a clear framework which defines their role, responsibilities and arrangements for supervision.

The role of the maternity support worker therefore is to undertake work for which midwifery training and registration are not required (either by statute or by professional guidelines) under the direction and supervision of a midwife. It is for the midwife to decide whether delegating a task is appropriate in the care of a woman and her baby (NMC Circular 1/2004b). This judgment will be made on a case by case basis within a framework as to what is and is not appropriate (RCM 2011).

As both the title ‘midwife’ and the function of a midwife are protected in law (NMC, 2012) assistant or associate practitioner roles should not be developed or deployed in the maternity service. These roles have been developed in health and social care ‘to undertake clinical work in domains that have previously only been within the remit of registered professionals’ (Skills for Care, 2009). It is therefore inappropriate to deploy the role in the maternity service.

There is no definitive research into the optimum midwife to maternity support worker ratio, but current data and the consensus of expert midwifery opinion is that a 90%/10% split between midwives and maternity support workers allows for flexible and sustainable services. (Ball J, Washbrook M, RCM, 2013). Maternity support workers who do not provide clinical care should not be included in this ratio.
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