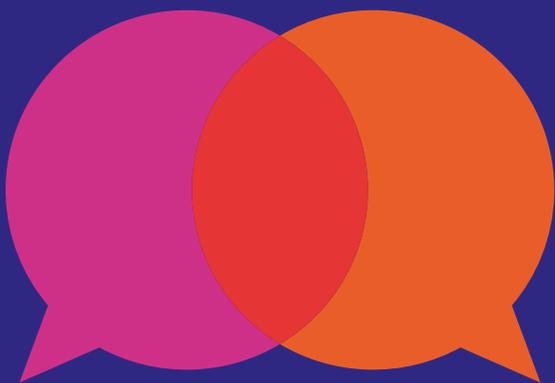


MCoC What if...? series



what if

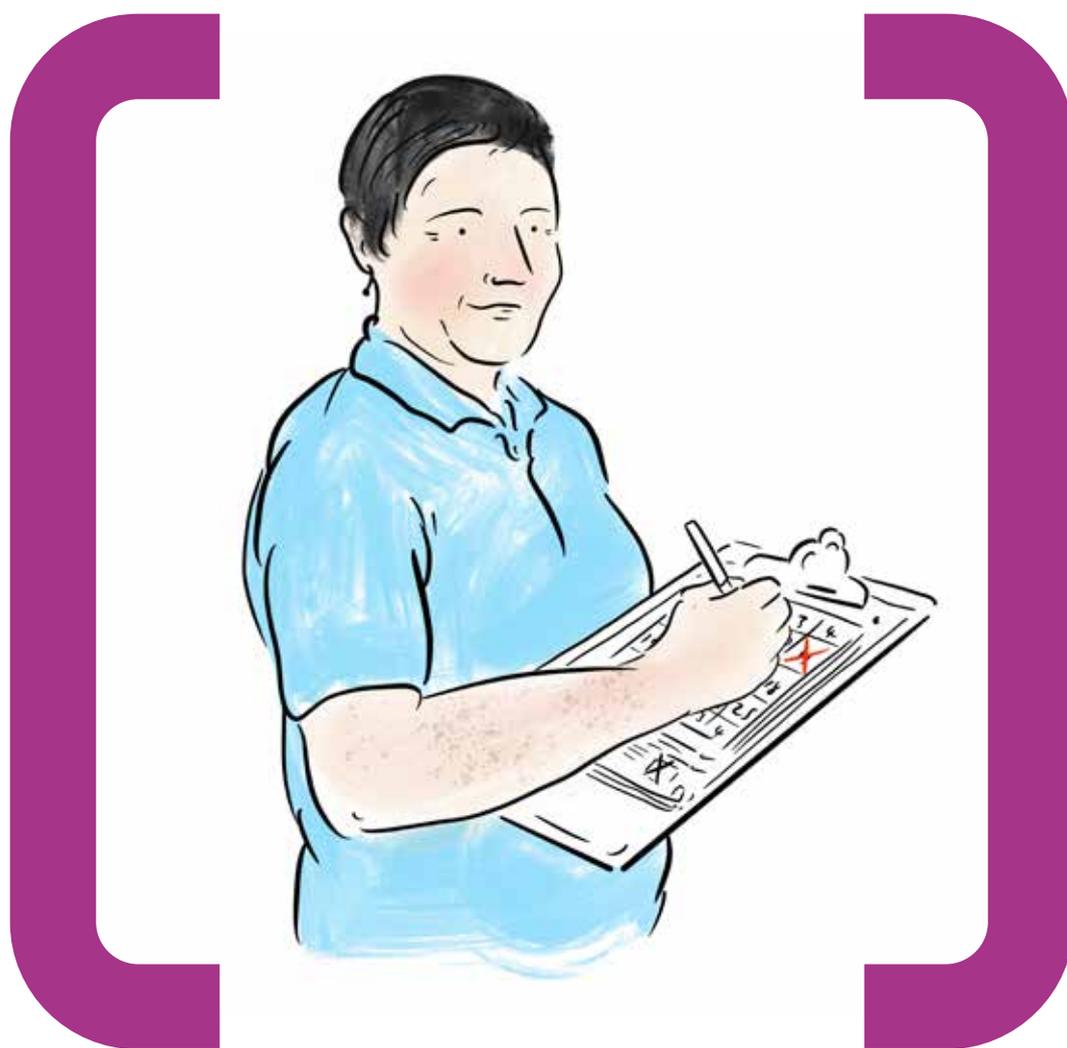
**I am a maternity support worker (MSW)
and I am wondering where I fit in with
continuity of carer?**

**I am a midwife thinking about
how MSWs might support a
continuity model?**



Royal College
of Midwives

MCoC What if...? series





This short document takes a look at how the role of the MSW can best be embedded into new models of maternity care that are built around continuity. It is not detailed guidance, but a starting point to spark local discussions and highlight some examples in practice of MSWs supporting continuity models.

Background

Midwifery continuity of carer (MCOC)

The current maternity policies in England, Wales and Scotland ('Better Births', 2016; 'Maternity care in Wales: a five year vision', 2019; 'Best Start', 2017) recommend that the central model of maternity care is built around continuity of carer. Preparations are underway for the development of a new maternity strategy for Northern Ireland and it seems likely that this will include recommendations around continuity of carer.

Midwifery continuity of carer is central to these policies, however continuity is also important in relation to other care providers – including obstetricians and MSWs.

The research evidence upon which these policy recommendations are based, focussed on the provision of continuity of care by midwives (Sandall et al, 2015). Although the role of the MSW is not explicitly described in this research or in the policy recommendations, this does not mean that there is not a key role for MSWs in supporting and enhancing MCOC.

To find out more about continuity of carer and the recommendations, take a look at the publications and i-learn module on the RCM website at <https://www.rcm.org.uk/search-results/?query=continuity+of+carer&page=1>

Better Births (2016) <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

Best Start (2017) <https://www.gov.scot/publications/best-start-five-year-forward-plan-maternity-neonatal-care-scotland-9781786527646/>

Maternity Care in Wales: a five year vision (2019) <https://gov.wales/sites/default/files/publications/2019-06/maternity-care-in-wales-a-five-year-vision-for-the-future-2019-2024.pdf>

The Role of the maternity support worker

The role of the maternity support worker (MSW) is an integral part of the maternity team in the UK. MSWs are unregistered employees providing support to a maternity team, mothers and their families, under the direction and supervision of a registered midwife. MSWs are an important complement to the care that midwives provide to mothers and babies.

The title MSW is the most commonly used title to describe a support worker in maternity but there are a range of alternative role descriptions in use that refer to the same role. In Scotland, the most commonly used title is Maternity Care Assistant. Maternity support workers can be NHS Agenda for Change banded at 2, 3 or 4.



1. MSWs supporting continuity midwives and teams

In many parts of the UK, new small teams of midwives are being set up with the aim of improving the continuity of care that women and families receive. The teams vary in size, often made up of six to eight midwives and many of them are community based in health centres or other 'community hubs' where midwives provide antenatal and postnatal care. The midwives follow the woman to where she gives birth – whether that is an obstetric led maternity unit, home or midwife led unit. At the beginning of pregnancy, each woman is linked with a 'primary' or 'named' midwife who provides the great majority of her care through the pregnancy, labour and birth and the postnatal period. In order to be able to provide the unscheduled care for labour and birth over 24 hours a day, the midwives working in these continuity teams will often be working 'on calls' rather than just set shifts.

MSWs working with a continuity team can meet the women booked with that team – either through being part of antenatal care with the team midwives and/or being part of antenatal classes. This means the MSW is an important part of the woman's care team. In some areas, MSWs have undertaken training to enable them to be present with women in labour and birth to support the midwife caring for the woman.

After the birth, the MSW will be able to provide some of the postnatal care at home – supporting breastfeeding and early parenting. MSWs also have an important role in supporting midwives to coordinate care, for example with the administration of clinics. MSWs working in community teams report the benefits of establishing rewarding relationships with women and colleagues and job satisfaction. Continuity teams will need to identify with the MSWs working with them what patterns of working will best suit the needs of the team and the individual MSW. This may be a shift based model with or without on call elements.

MSWs working in a continuity team need to have appropriate training and preparation to feel prepared and confident to work in a continuity model – working across both community and hospital settings, including in freestanding and alongside midwife led units. Training will be required to ensure understanding of issues around safety in lone working situations, safeguarding and child protection, what to do in an evolving emergency in a community setting and how to contact the midwife.

2. MSWs working as part of the hospital core team

A continuity of carer model has more midwives working in the community setting than in the current model of maternity care. Continuity midwives will generally attend the hospital maternity unit to provide care to women from their own team. This means the number of midwives working in the 'core' hospital setting will be reduced from traditional hospital staffing levels.

It is vital that hospital maternity units have a strong 'core' staff. Core staff are those midwives, MSWs and other members of the maternity team who are based for all of their work in the hospital maternity unit, working in a more 'traditional' shift rota.

There is a clear role as part of the core staffing for MSWs – on labour wards, in birth centres/alongside midwife led units, in triage and antenatal units and on antenatal and postnatal wards (HEE, 2019). It is essential to ensure that MSWs working in the core are trained, prepared and supported to work in this way.



Case study:

MSWs with homebirth team in Birmingham

Birmingham Women and Children's NHS Foundation Trust in England has been ground breaking in the way that MSWs work to support midwives at home births. Maternity support workers (MSWs) are integral to the Birmingham home birth team. Here the team leader, Sam Todd, tells us about their role: 'Following completion of a foundation degree MSWs act as the second birth attendant at home births, we currently have three maternity support workers who collectively have been the second birth attendant at over 100 home births. Our Team has a midwife-MSW model for home births which releases much needed midwifery time enabling a reliable service. The MSWs in our Team have defined roles and are assessed as competent to act as second birth attendant.

The MSWs within our Team enable the provision of a reliable home birth service and provide continuity of carer to women. As well as being the second birth attendant at home births they also assist midwives in the day to day management of women booked for a home birth. They provide breastfeeding support (including antenatal hand expressing) which contributes to our excellent breastfeeding initiation and continuation rates as they are able to spend time with women and families optimising their experience and wellbeing. They also undertake day 5 postnatal visits including neonatal screening providing continuity of carer to women and families they have met during pregnancy.

There are many examples of how women have benefit from continuity of carer provided by our MSWs. From meeting a woman in pregnancy they are able to build meaningful relationships and provide emotional support to the woman as she nears birth. I have seen many a face 'light up' in labour when the woman realises the MSW present is someone that she knows and who cares for her. This is made all the more special when the woman births in the presence of a known care giver and the relationship continues as the MSW provides infant feeding and early parenting support in the first few days of the postnatal period. The hardest bit always comes when it is time for the woman to be discharged from our care. Women and families in our care always provide excellent feedback regarding the care received from our MSWs.

We believe that our MSWs are inspirational; they are integral to not only promoting home birth but also enabling a reliable and seamless home birth service. It is important to note that the MSWs are not replacing a midwifery role and instead they are dedicated practitioners in their own right supporting women in their choices'.

“Women and families in our care always provide excellent feedback regarding the care received from our MSWs.”

Case study:

MSWs with Needing Extra Support team (NEST) Southampton

University Hospital Southampton have two permanent MSWs that work in our caseloading NEST (Needing Extra Support Teams) and they are vital in the day to day service that our teams provide. One of our essential aims in our caseloading teams is to provide continuity of care and our MSWs are able to provide this to our women and their families in the postnatal period.

The MSWs attend our weekly team meetings to gain history in order to build individualised professional relationships with the women and to provide extra support with breastfeeding, bonding and basic newborn care skills, where needed. Our MSW's often meet the women and their families during the antenatal period , through parent education classes, our drop in clinics or when supporting midwives with no lone visits.

Our MSWs are fundamental to the women and families we care for and also to our three teams of midwives and without them we wouldn't be able to provide the gold standard level of care that we do.

“Our MSWs are fundamental to the women and families we care for.”



I am an MSW

How can MSWs become part of a continuity model of care?

Go along to any meetings being held locally about implementing continuity and express your interest. Talk to your manager about working as part of a continuity team or on the core.

What tasks and roles would an MSW undertake as part of a continuity team?

Key to decisions about what MSWs do is that you are well prepared and trained, well supported and supervised and appropriately remunerated for the roles you are undertaking. MSWs working with a small continuity team will be able to provide a variety of elements of support to the team. This may include supporting midwives to provide antenatal classes and postnatal support groups, such as baby massage. Some MSWs have received additional training to support women in making healthy lifestyle changes during pregnancy, including supporting women to give up smoking and eat healthily. The role of the MSW may also include administrative and clerical support; monitoring and ordering key supplies and delivering equipment to women planning a homebirth. Elements of care, such as breastfeeding support, parenting advice and some maternal observations and venepuncture, may also be delegated to the MSW.

Take a look at some of the RCM and other guidance documents on this:
<https://www.healthcareers.nhs.uk/explore-roles/wider-healthcare-team/roles-wider-healthcare-team/clinical-support-staff/maternity-support-worker>

I am a Midwife or Midwifery manager

If you are implementing continuity models in your area, think MSWs. Invite MSWs to be part of your planning team. Support MSWs in your area to access appropriate training courses to prepare them to support continuity models.

In 2015 Skills for Health produced, in collaboration with the RCM, a set of national occupational standards in their competency tools range for MSWs. These competencies can be accessed here:

<https://tools.skillsforhealth.org.uk/>

<https://www.skillsforhealth.org.uk/resources/service-area/33-maternity>

In 2017 the RCM updated its guidance on MSW roles and responsibilities, which includes a detailed list of what MSWs can and cannot do:

<https://www.rcm.org.uk/publications/?query=roles+and+responsibilities&page=1>

In February 2019 Health Education England, supported by the RCM, published a detailed framework for the competencies, education and supervision of MSWs:

<https://www.hee.nhs.uk/our-work/maternity/maternity-support-workers>







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