



Royal College
of Midwives

**Position
statement**

nurses
in maternity



Our position

The Royal College of Midwives does not support nurses working in areas of maternity care other than the valuable work in theatre and recovery which enables midwives to focus on midwifery care. Recognising the contribution that nurses make to the multidisciplinary team, we support our position for the following reasons:

- Nurses in maternity settings are working outside the limits of their competence as they have not had the theory or practice in their nursing education to provide competent maternity or neonatal care (NMC, 2018a). Section 13 of the Nursing and Midwifery Council (NMC) Code states: recognise and work within the limits of your competence and includes 13.5 complete the necessary training before carrying out a new role.
- Nurses work under their own NMC registration (NMC PIN number) and are therefore accountable for their own practice. A midwife cannot be accountable for the actions or omissions of nurses working in maternity. Nurses do not have the knowledge and skills to practise midwifery and therefore should only work within the scope of nursing practise in maternity settings.
- Recently, Nurses have been deployed to maternity settings outside of theatre and recovery carrying out tasks such as maternal observation and medicines management. Whilst these are tasks that nurses are qualified to undertake in a nursing capacity, they are working outside their scope of practice in a maternity setting. It is impossible to interpret observations of a postnatal woman, for instance, without understanding the state of her uterus and lochia, which are not included in nursing education or nursing proficiencies.
- Employing nurses to work in maternity blurs the role boundaries between nurse and midwife, yet the NMC Standards are explicit and separate for the roles of nurse and midwife. There are no proficiencies in the NMC Standards for registered nurses relating to midwifery care.
- Nurses can only provide midwifery care by successfully completing an NMC approved midwifery programme (short course) to become a qualified and registered midwife. This route provides the theory and practice required to meet the Standards to become a midwife and to provide safe and competent care, recognising the knowledge and skills that a nurse has already acquired.
- The RCM does not believe a nurse working in a midwifery setting will be fulfilling the full band 5 role.



Background

The definition of a midwife has been agreed internationally (International Confederation of Midwives (ICM), 2017) and is included in the Standards of Proficiency for Midwives (NMC, 2019a). The title 'midwife' is protected in UK law, which makes it a criminal offence for someone to falsely represent themselves as being on the NMC register, use the protected title of midwife or to falsely represent themselves as having midwifery qualifications. Midwifery also has a 'protected function' which makes it a criminal offence (other than in an emergency or during training) for any person other than a registered midwife (or a registered medical practitioner) to 'attend a woman in childbirth' (NMC, 2001:63).

All midwifery education programmes in the UK are required to meet the NMC standards and proficiencies before they are approved by the NMC (NMC, 2019a

and b). Once qualified and on the NMC register, midwives are autonomous and accountable practitioners of midwifery practice, who can make decisions independently. Nurses are on a separate and distinct part of the professional register with their own set of proficiencies and scope of practice. Nurses who are working in maternity care using their nursing registration are forced to work outside their scope of practice and their level of competence. This is not supported by the NMC Standards for Nurses (NMC, 2018a) or the NMC Code (NMC, 2018b).

There is a UK-wide shortage of midwives which has led to alternative sources for the maternity workforce being explored. However, there is also a UK-wide shortage of nurses so it would seem short-sighted to employ nurses in maternity settings when they are needed within nursing, unless they have undertaken the short course midwifery programme.

Safety of maternity care

The safety of maternity services is of paramount importance. Women requiring acute maternity care in settings such as high dependency maternity units still need midwifery care for safe outcomes. High dependency maternity units should not be staffed by nurses. This is supported in the recommendations of the recent Ockenden report (Ockenden, 2022:163).

Introducing nurses into maternity settings increases fragmentation of care, reducing continuity of carer, which is a key part of the national maternity strategy (National Maternity Review, 2016). Fragmentation of care has been shown to lead to poorer outcomes for women and babies (Sandall et al, 2016).

Role of the nurse in maternity care

In recent years, adult nurses have been introduced into maternity theatres. Scrub nurses and recovery nurses have become an accepted part of the maternity team. This is partially in response to the increasing Caesarean section rate, which now stands at one third of all births (NHS

Digital, 2021). Their expertise as theatre nurses has been welcomed by maternity units, as this supports midwives to focus on providing midwifery care. The RCM is fully supportive of nurses working in theatres and recovery because they have the skills and expertise to provide competent care in this setting and are working within their scope of practice.

Role of the Maternity Support Worker in maternity care

In 2019, Health Education England (HEE) launched the National Maternity Support Worker Competency, Education and Career Development Framework (HEE, 2019). The Framework ensures there is consistency in the knowledge, skills and competencies of all MSWs and that any training needs can be identified. There will always be a limit to the scope of care MSWs can undertake, given the nature of midwifery care and the protected role of the midwife but the RCM is fully supportive of developing the role of MSWs in line with the Framework as they are the most appropriate health professional to support midwives in their role.



Conclusions

The RCM believes that nurses can make a valuable contribution by working in theatres and recovery, and in their role as specialist nurses as part of a multidisciplinary team. However, nurses are not qualified to provide midwifery care and should not be employed to provide antenatal, intrapartum or postnatal care. NHS funding is limited. Employing nurses to perform tasks that an MSW can perform places an unnecessary pressure on resources. Nurses should be required to undertake the midwifery programme (short course), enabling them to work within a midwife's scope of practice and meet the midwifery proficiencies required for safe maternity care.

The RCM believes that the midwife, supported by the maternity support worker (MSW), should be the only registered professional to provide midwifery care. The midwife and MSW are appropriately educated and, in the case of midwives, regulated, to deliver safe and knowledgeable midwifery and maternity care.

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