

Briefing one - Maternity Support Workers

Introduction

The role of support workers in the NHS has changed rapidly in the last decade and perhaps no more so than in maternity services. While support workers have been working alongside midwifery staff since the creation of the NHS, for most of that time they have undertaken largely housekeeping and clerical roles. While these remain important, there has been a rapid growth across the UK in the number of higher-level roles more directly providing care and support to women and their families. This briefing summarises the latest research on maternity support workers.

What are maternity support workers?

There is no single definition or agreed title for support workers in maternity services, however the Royal College of Midwives [1] defines maternity support workers (MSWs) as- *any unregistered employee providing support to a maternity team, mothers and their families working specifically for a maternity service*. The College point out that MSWs should not carry out assessments, make clinical judgements or decisions or initiate interventions. There are, however, a wide range of tasks that MSWs can perform.

Why has the number of maternity support workers increased?

While accurate workforce data is not available on the number and nature of MSW roles [2], it is clear that numbers have increased and will continue to do so in the future [3, 4]. Unpublished research carried out by the IVLWR in a London region in 2012 indicated that local maternity services expected to increase their deployment of MSWs by between 10-15%. The increase in MSWs, like the rise in the number of midwives' employed in the NHS has been for a range of reasons including:

- the rising birth rate
- the need to address potential labour shortages as registered midwives retire
- a rising incidence in complex births as a result, partly, of an increasing average maternal age
- government policy which has stressed the need to develop support workers
- the extending role of maternity services particularly in respect of public health
- the need to improve continuity of care.

In common with other healthcare support workers [5], the recent expansion of MSW roles created a number of issues including: inconsistent grading, non-transferable training, a lack of career opportunities and under utilisation of the role [2,3,6,7]. To some extent a number of these issues are being addressed, particularly through the development of specific education programmes (see below), although others, such as grading, appear to persist [8].

MSW education programmes

National MSW education programmes exist in Wales, Scotland and Northern Ireland. Higher-level education programmes, particularly Foundation Degrees, have been developed in England. There are also examples of apprenticeships being used for MSW development.

A feature of some of these programmes is a so-called *Skills Passport*, originally developed by NHS Education for Scotland, that allows MSWs to record their educational development (guided practice of skills in the workplace) but also sets out the tasks that the role can and cannot perform. This appears to have two benefits: it increases midwives' confidence to delegate tasks safely and clearly defines the MSW role's parameters [9].

What tasks do MSWs perform?

In 2012 the RCM published its *Guide to the Roles and Responsibilities of MSWs* [1]. This includes a range of tasks that MSWs may and may not perform. Recent research [9,10] suggests that higher-level support roles are typically: taking bloods, providing infant feeding information, advice and guidance, organising and delivering some ante and post natal education (for example on nutrition), undertaking low risk baby and maternal vital sign monitoring on the labour and post natal ward, supporting vulnerable women, taking responsibility for admission, transfer and discharge processes, acting as the second member of staff at a home birth and community visiting.

What is the impact of MSWs?

Studies [9,10] suggest that MSWs can have a significant impact on services including:

- reducing the workload of midwives - one midwife in a study said: "MSWs provide extra support which midwives do not have the time to do" [8]
- improving continuity of care
- increasing breast feeding rates
- reducing length of stays

- reducing hospital readmissions
- improving client satisfaction. In a study a mother said of a MSW: “she is very important, always there when I need her” [8].

Well-structured formal education, combined with leadership and effective workforce planning appear key in ensuring maximum utilisation of the role [9].

What next for MSWs?

It is likely that the number of higher-level MSW roles employed in the NHS will continue to increase particularly in community settings. This may create some challenges, as new staff may need increasingly to be recruited from outside existing maternity or nursing support workers. Distinct ‘specialist’ MSW roles are in some areas already emerging, particularly to support vulnerable women or in public health roles (for instance smoking cessation). This trend is likely to continue.

References

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- [2] Kings Fund (2011) *Staffing in Maternity Units* <http://www.kingsfund.org.uk/publications/staffing-maternity-units>
- [3] Midwifery 2020 (2010) *Midwifery 2020: Delivering expectations* <http://www.midwifery2020.org/>
- [4] Horizon scanning research undertaken by IVLWR for the Centre for Workforce Intelligence (unpublished)
- [5] Kessler I, Heron P, Dopson S, Magee H, Swain D, Askham I (2010) *Nature and consequences of support workers in hospital settings* http://www.netscc.ac.uk/hsdr/files/project/SDO_FR_08-1619-155_V01.pdf
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- [8] Griffin R (2013) *Evaluation of London South Bank University’s MSW Foundation Degree: Report to NHS London* (unpublished)
- [9] Griffin R, Blunt C, Dunkley-Bent J (2011) *The impact of Maternity Care Support Workers in Scotland*, NHS Education for Scotland <http://www.nes.scot.nhs.uk/media/9585/MCSW%20Evaluation%20Report%202011.pdf>



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About The Institute of Vocational Learning and Workforce Research

The Institute of Vocational Learning and Workforce Research (IVLWR) grew from a collaboration between its founder partners: Bucks New University, Buckinghamshire Healthcare NHS Trust and Imperial College NHS Trust. The Institute now works with a growing partnership of over 40 health and social care employers in North West London, Buckinghamshire and the Thames Valley, called the *Health and Social Care Skills Network (HSCSN)*.

The IVLWR works with health and social care providers and others to:

- share best practice to maximise the contribution of support workers and other staff to safe and productive quality care and support
- undertake workforce redesign including the development of new roles such as maternity support workers
- carry out audit, research and evaluation
- support the design of effective and innovative vocational education and training.

We are currently carrying out research with the Royal College of Midwives and Kings College London investigating the impact of recent government pay policy on midwifery students, support workers and midwives.

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