What is the ideal midwife to MSW ratio? RCM employment relations advisor Denise Linay explores the issue.

Not enough helping hands?

The RCM has recently updated its position statement on maternity support workers (MSWs) (RCM, 2010) to reflect its commitment to MSW members and to respond to the recent challenges and opportunities of having support workers in the maternity team. The updated statement incorporates the RCM position issued last year on the Agenda for Change banding of MSW posts and considers the issues of regulation and the midwife to MSW ratio.

It is this latter issue that presents a particular challenge to the RCM in light of midwife shortages, a rising birth rate and possibly a period of unprecedented spending cuts in the public services. At last year’s RCM annual conference, delegates were alarmed to hear that one maternity unit was seeking to implement a 60:40 ratio. The RCM is quick to challenge this and is now working collaboratively with the employer to identify an optimum ratio, but this is unlikely to be the only employer that advocates such a change.

Since 2006, the RCM – through its annual staffing survey, which is conducted to provide evidence to the NHS Pay Review Body – has sought to capture the number of MSWs employed by the NHS, including the midwife to MSW ratio. In the 2009 survey, this ranged between 100:0.5 to 100:30 with a median of 100:18.7. This has changed very little from the 2006 median of 100:18.4. The wide range reported could be explained by the lack of a universal definition for the MSW role, with some heads of midwifery including all their support workers, while others only counting those that have MSW or equivalent in their job title.

There has been no definitive research into what would constitute an optimum midwife to MSW ratio, but in Safer childbirth (RCOG, 2007), a ratio is recommended to provide one-to-one care in labour. This ranges from one MSW (maternity care assistants) for every six midwives for a category I to II case mix (the categories refer to the degree of a mother and baby’s need as identified in Birthrate Plus) and one to every four midwives where the case mix is III to V (Ball and Washbrook, 1996), the higher ratio reflecting the increased use of MSWs in obstetric theatre.

The RCM recognises that maternity service providers will need to audit their case mix regularly as ‘it is important to ensure that services have staff at appropriate levels, with appropriate skills, undertaking appropriate tasks’ (Department of Health, 2007). This audit should focus on ensuring that there are adequate numbers of MSWs to enable midwives to concentrate on delivering care to women and babies. There should also be an element of caution exercised in the identification of what is an ‘appropriate task’ – what may be right for an MSW to undertake in one area of maternity care, may be inappropriate in another if it undermines the delivery of holistic care, particularly during labour.

MSWs are a valuable asset to the maternity service. The creation of additional MSW posts is to be welcomed if they contribute to the delivery of exemplar maternity care, but not as a way to reduce staff costs or to cut much-needed midwife posts.

References

