

Nurses in Maternity Care

RCN report





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Introduction

This report, produced by the RCN Midwifery Forum Committee, is a result of a survey designed to explore the employment role-specific training and continuing professional development (CPD) of registered nurses and unregistered support workers in the maternity services in the UK.

For several years there has been a national debate about workforce configuration in the National Health Service (NHS). Maternity services are no exception, with longstanding midwife shortages compounded by budget pressures, an ageing workforce and the employment uncertainties generated by the United Kingdom's withdrawal from the European Union. In England, the *NHS Long Term Plan* (NHS, 2019) may also have implications for workload and staffing.

Across the UK, maternity services are primarily staffed by midwives. However, midwife shortages have led to rising numbers of unregistered staff such as maternity support workers assisting midwives in delivering care. In addition, the increasingly complex needs of many pregnant women have led to pressure on the skills and resources available to maternity services. Registered nurses are commonly employed in neonatal units but the protected function and title of the midwife means that registered nurses cannot, by law, deliver babies. In some maternity units, registered nurses are employed to assist in obstetric theatres, obstetric high dependency areas or to provide nursing care to postnatal women. In one trust, health care assistants (HCAs) have taken on the role of scrub assistants in obstetric theatres (Skills for Health, 2009).

Newer roles such as nursing associates and assistant practitioners are also a potentially attractive resource when staff shortages and budget pressures are intense. It is clear that the maternity workforce has changed and will continue to do so. Staff working in this service need to understand the specific care needs of the maternity population in order for care to be safe.

The RCN Midwifery Forum was concerned about the lack of detailed information around the employment of non-midwives in maternity settings. There was also concern that there was little recognition of the specific needs of registered nurses and unregistered support workers around training and CPD. In England, maternity support workers have access to the Care Certificate and in Scotland Band 4 maternity care assistants/maternity support workers receive a Certificate of Higher Education on completion of an undergraduate one-year course. However, information on role-specific preparation and CPD is patchy. To gain some understanding of the issues a survey was developed by the committee of the RCN Midwifery Forum, in order to formulate recommendations from the results.

The RCN Midwifery Forum acknowledge the work carried out by Health Education England on the *Maternity Support Worker Competency, Education and Career Development Framework* in 2018 (HEE, 2019). However, this project was not published during the lifetime of this survey and so did not inform the work.

Survey aims and objectives

The aim of the UK-wide survey was to obtain a snapshot of the structure of, and role-specific training and CPD provision for, the non-medical, non-midwifery maternity workforce. The objectives were to:

- determine the ratio of unregistered staff to registered midwives in the maternity services
- determine the number of maternity services where nursing associates were employed
- determine the number of maternity services where registered nurses were employed in areas other than neonatal care
- determine the areas of work for registered nurses in maternity care
- gather information about the role-specific training offered to non-midwives at induction and as CPD during employment.

For the purpose of this report, and to capture all staff titles and grades, nursing associates are included; health care assistants and maternity support workers will be referred to as unregistered support workers.

The survey was sent out to all heads of midwifery/directors of midwifery throughout the UK in 2018. There were 187 potential respondents and 27 participated. This gave a response rate of 14%, which is better than is usual for this type of survey (verbal communication, RCN May 2018).

Key findings

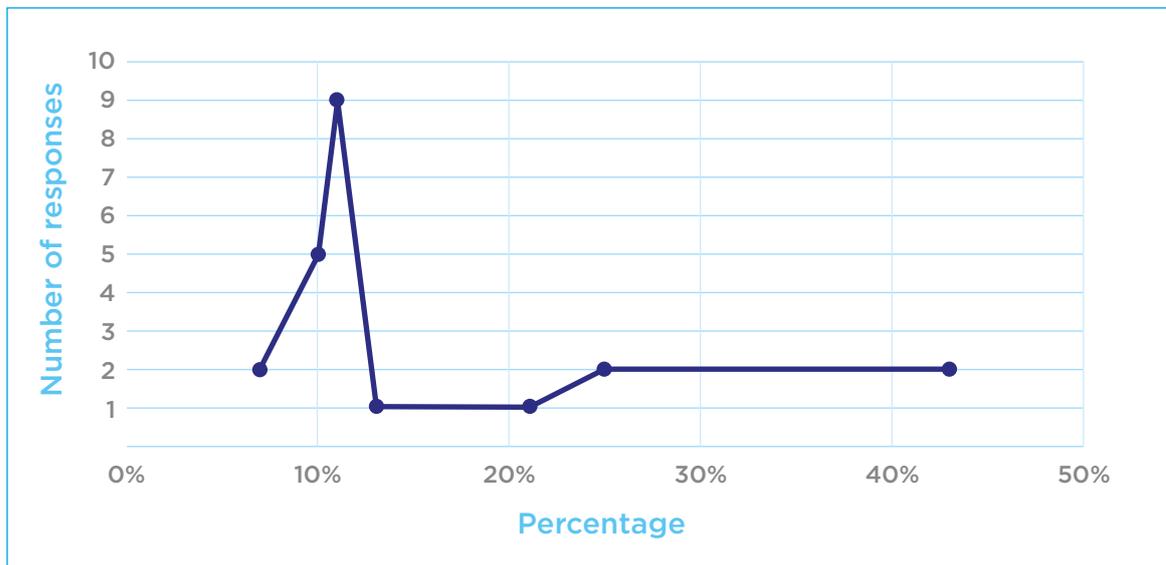
The survey uncovered a more diverse spread of workers employed in maternity services than had been expected. It also found that, while most employers offer specialty-specific training for non-midwives at induction, some did not. Similarly, some employers offered specific ongoing training or CPD whilst others did not.

Key findings were:

1. The ratio of unregistered staff to registered midwives in the maternity services

The proportion of unregistered support workers in the workforce varied from 7% to 43%.

Figure 1 Proportion of unregistered support workers to midwives

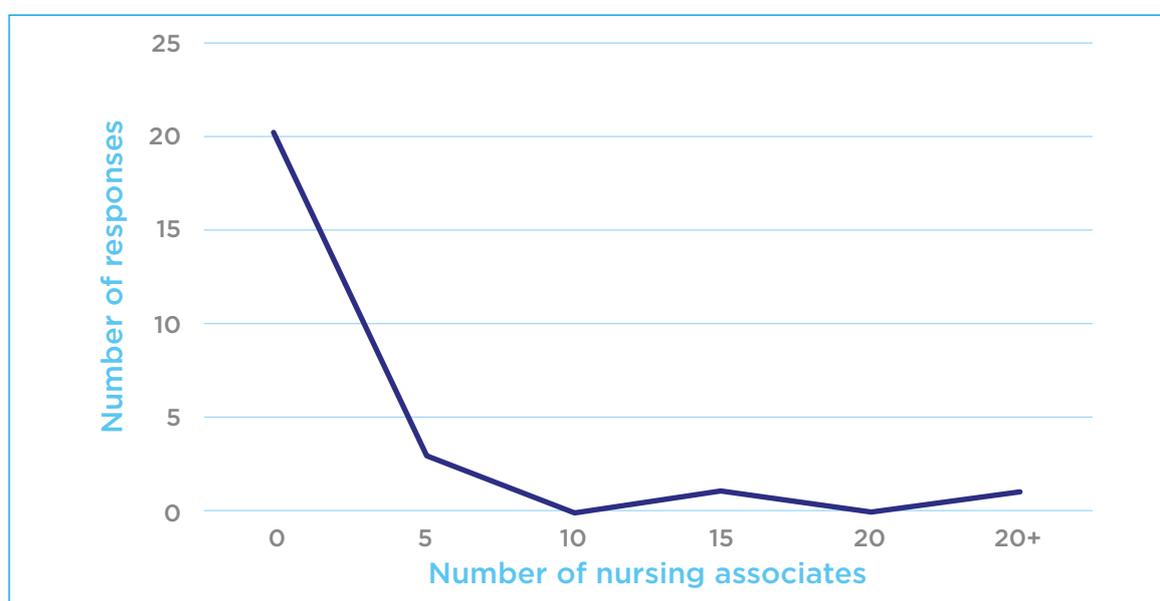


The survey responses indicated a wide range of figures. Both the respondents who indicated unregistered support workers as 43% of the workforce compared to midwives had fewer midwives in post than the funded establishment. For postnatal services, the RCM (2014a) support a 90%/10% split of midwives to Band 3 maternity support workers (MSWs) who deliver clinical skills. Band 2 MSWs in housekeeping roles are not included in this ratio.

2. Number of maternity services employing nursing associates (England only)

It was surprising that any responses indicated the employment of nursing associates as this is a recently developed role. The programme of preparation is two years and the first did not qualify until January 2019. The number of nursing associates employed in respondents' services varied between none and more than 20. One respondent employed associate specialists at Grade 4 and these workers had a midwifery-based training (this was not elaborated on in the results). One respondent mentioned nursing associates were trained with maternity-specific competencies. It was not clear what was meant by either 'midwifery-based training' or 'maternity-specific competencies'. In the trust where more than 20 nursing associates were employed, this was equivalent to 10% of the funded midwifery establishment. Other data supplied by this respondent indicated a picture of unfilled midwifery posts and a high proportion of unregistered support staff.

Figure 2 Number of nursing associates



3. The number of maternity services employing registered nurses

26% of the respondents employed registered nurses in their maternity services. This was usually in low numbers (1-5) although one respondent said there were more than 20.

Table 1 Numbers of registered nurses

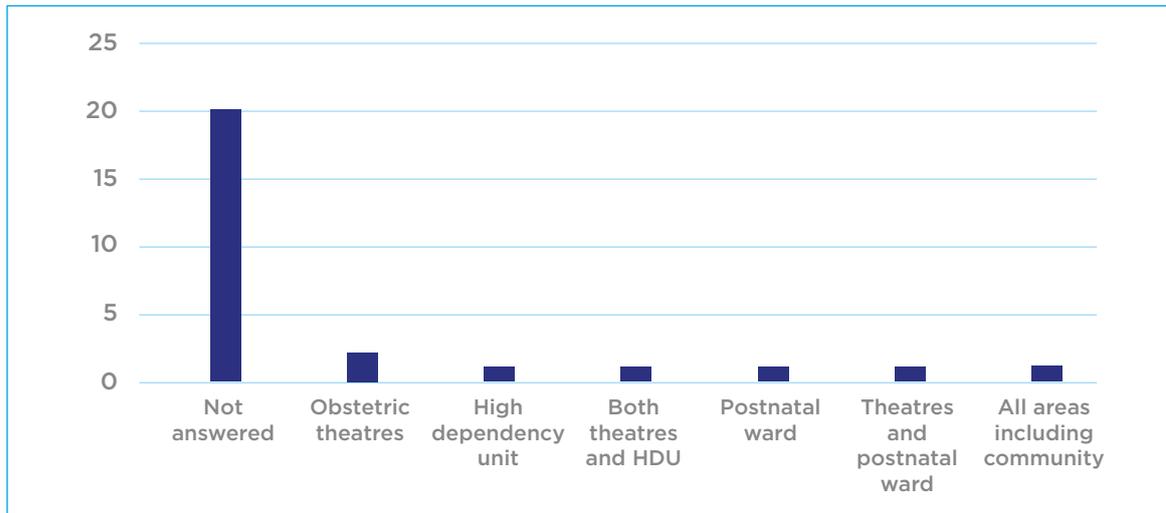
| Number of registered nurses | Number of responses per option |
|-----------------------------|--------------------------------|
| 0 | 20 |
| 1 -5 | 5 |
| 6 - 10 | 0 |
| 11 - 15 | 1 |
| 16 - 20 | 0 |
| More than 20 | 1 |

In most cases, where registered nurses were employed, the numbers tended to be low. The respondent who reported more than 20 registered nurses in their service, employed them in obstetric theatres and high dependency unit. It was noted that 11% of their workforce were unregistered support staff. This respondent provides role-specific induction and CPD, including Master's level modules.

4. Areas where registered nurses are employed

Where registered nurses were employed, the work areas were usually obstetric theatres or high dependency units. Two respondents employed registered nurses on the postnatal ward.

Figure 3 Work areas of registered nurses



5. Role-specific training at Induction for registered nurses

The survey results indicate that, where registered nurses are employed in the respondents’ maternity areas, 71% receive maternity-specific training at induction. The content of this training included obstetric emergencies and breastfeeding. Of those that did not offer maternity-specific training at induction, one employed 11–15 registered nurses, placed in all maternity areas, including community. The other respondent who indicated that registered nurses did not receive maternity-specific teaching at induction employed registered nurses in HDUs. This respondent employs 1–5 registered nurses and did not mention any other clinical area where registered nurses were employed.

Table 2 Induction training for registered nurses

| Clinical area | Training provided | Content of training |
|--|-------------------|---|
| Obstetric theatres only | Yes | Management of PPH Obstetric emergency multidisciplinary training |
| HDUs | No | Not answered |
| Obstetric theatres and HDUs | Yes | Multidisciplinary training and skills and drills |
| Postnatal ward only | Yes | Attend midwifery update days including skills drills |
| Postnatal ward and obstetric theatres | Yes | Breastfeeding training |
| Antenatal ward/area, postnatal ward, HDUs, obstetric theatres, community | No | Not answered |

6. Ongoing training/CPD for registered nurses

Some respondents who employed registered nurses offered ongoing CPD. The content of this ongoing CPD was largely obstetric emergencies training. However, the respondent who employed more than 20 registered nurses offered maternity HDU modules and Master's modules. From the survey responses it appears that, where registered nurses are employed in maternity services, 57% receive ongoing maternity-specific CPD in this survey.

Table 3 Ongoing training for registered nurses

| Clinical area | Ongoing training /CPD provided | Content of training | Number employed |
|---------------------------------------|--------------------------------|---|-----------------|
| Obstetric theatres only | Yes | Obstetric emergency multidisciplinary training | 1-5 |
| Obstetric theatres and HDUs | Yes | Maternity HDU courses, PDG (sic), Masters modules | >20 |
| Postnatal ward and obstetric theatres | Yes | Prompt (sic), breastfeeding | 1-5 |

The content of the PDG (sic – possibly Postgraduate Diploma – PGD) and master's level modules was not specified. The respondent who mentioned prompt was assumed to mean PROMPT - PRactical Obstetric Multi-Professional Training. Breastfeeding was mentioned by one respondent and appeared appropriate for the work areas of registered nurses in their service. These responses, though few, were interesting. Some heads of service appear to offer the standard ongoing training which is required for midwives and other members of the multidisciplinary team. One respondent offered area-specific training (maternity HDU courses) and Level 7 (Master's level) modules. This represents a considerable investment in registered nurses on the staff.

7. Role-specific training at induction for unregistered support workers

Maternity-specific teaching was offered by 78% of the respondents at induction for unregistered support workers or nursing associates working in maternity services, meaning 22% did not. The content of this induction training was often around obstetric emergencies, joining the midwives mandatory training, or infant feeding/care skills, including newborn blood spot. One respondent provided modules with the local college, whilst another stated that their associate specialists received midwifery-based training. It was not clear what roles the associate specialists undertook, or the content of the midwifery-based training. Of those that said 'no', one respondent did not offer maternity-specific induction or ongoing training for the registered nurses working in the service either.

However, this still means that in over a quarter of services in this survey, unregistered staff or nursing associates were not offered maternity-specific preparation on starting work in the maternity areas. The content of the training varied. In one case it appeared that the induction training was generic but maternity-specific content was offered later, once the worker had been allocated to maternity services. In most cases the training appeared to be provided at multidisciplinary training days. The content mentioned was divided into managing clinical situations and specific skill training. The clinical situations or issues most often mentioned included obstetric emergencies, infant feeding, antenatal care/screening and safeguarding. Other issues mentioned once included public health, mental health, community and diabetes support.

The skills most often referred to were:

- moving and handling
- neonatal blood spot screening
- maternal observations
- MEOWS (the modified early warning score for obstetrics)
- postnatal care/examination
- dealing with bereaved parents.

A range of other skills were also mentioned once by a number of respondents. These included venepuncture, maternal bladder/catheter care and baby hygiene. Aromatherapy/massage for labour was also mentioned once, but the respondent said that limited numbers were trained in this.

Table 4 Induction training for unregistered support workers

| Type of content | Frequency of appearance in responses |
|--|--------------------------------------|
| Obstetric/neonatal emergencies | 12 |
| Breast feeding/infant feeding | 10 |
| Safeguarding | 5 |
| New born blood spot/screening | 3 |
| MEOWS | 2 |
| Dealing with bereaved parents | 2 |
| Moving and handling/lifting and handling | 2 |
| Postnatal care/examination/clinics | 2 |
| Theatre skills | 2 |
| Antenatal screening | 2 |
| Maternal observations | 2 |
| Community | 1 |
| Modules with local college | 1 |
| Midwifery education | 1 |
| Venipuncture | 1 |
| Diabetes | 1 |
| Public health | 1 |
| Mental health | 1 |
| Maternal catheter/bladder care, routine baby hygiene, Aromatherapy/massage in labour to support midwives and women | 1 |

The content delivery appeared to be mainly face to face, usually on mandatory days for example. One unit had a dedicated maternity care assistant day, whilst another stated that they had a competency package for maternity care assistants. A further respondent noted that nursing associates were in training with maternity specific competencies and one further replied with a midwifery-based training for associate specialists. As reported earlier, the roles and competencies were not outlined and the content of training was not stated. The location of the training was mainly in-house. However, one respondent used the local college to provide modules.

8. Ongoing training/CPD for unregistered support workers

Ongoing maternity-specific training was offered by 85% of respondents for unregistered support workers or nursing associates working in maternity services, meaning that 15% did not. Where ongoing training was provided it was often shared with the midwives and focused on emergencies and infant feeding. Three respondents provided specific updates for unregistered support workers.

Table 5 Organisation and content of ongoing education and training

| Organisation and content | Frequency of responses |
|---|------------------------|
| Shared with midwives/multidisciplinary team | 13 |
| Emergencies/PROMPT | 13 |
| Breast feeding/infant feeding | 10 |
| Safeguarding/child protection | 4 |
| Specific updates for midwifery care assistants/unregistered staff | 3 |

Some respondents mentioned other issues. These included part of the patient safety agenda (human factors, lessons learned from incidents), topical midwifery issues, national agenda/policy issues such as *Better Births* and new research. Some mentioned specific skills which included:

- postnatal clinics
- newborn blood spot/screening
- antenatal screening
- taking blood
- glucose tolerance test support
- lifting and handling
- observations
- MEOWS.

Discussion

The aim of the survey was to obtain a snapshot of the structure of the non-medical, non-midwifery maternity workforce. This was achieved. However, some specific and pertinent issues arise.

There was some indication in the survey that nursing associates are trained with maternity-specific competencies, which suggests they are part of the maternity workforce in that service. One respondent, who did not employ nursing associates, indicated that they employed associate specialists at Grade 4, who had had midwifery-based training, however, the relevance of the answer in the context of this survey remains unclear.

At the time of writing, the first nursing associates have graduated. However, there seems to be little support for their use in maternity although Barker (2017, p349) suggests nursing associates could speak to women at antenatal appointments about any anxieties or concerns, then feedback to the midwife before their antenatal examination. While this may be attractive, it fragments care and runs counter to the concept of holistic care. It should be noted that the nursing associate role applies to England only. The RCM has developed a Band 4 job profile for maternity support workers and does not see a role for assistant or associate practitioners in maternity services (RCM 2014b, 2014c, 2016). However, some universities such as Buckinghamshire New University offer a Foundation Degree course leading to an assistant practitioner (Midwifery) (Buckinghamshire New University, 2019). The survey responses indicate that some employers use this type of training for their unregistered support staff.

Where specific induction training was provided for registered nurses it was largely around management of obstetric emergencies. A few respondents who employed registered nurses offered ongoing CPD, one of whom offered high dependency modules and Master's level courses. Interestingly, some initiatives have

already emerged from an apparent tacit recognition of the training needs of registered nurses and unregistered support workers in maternity services. The education needs of registered nurses employed in maternity care is acknowledged by at least one UK university, which offers a module for registered nurses working in this care setting (Middlesex University, 2019).

Over three quarters of respondents stated that they offered specific induction training/ preparation for unregistered support workers or nursing associates (where employed). Those offering ongoing training/ CPD was slightly higher at 85%. However, one of those who did not offer CPD to this staff group had a high proportion of unregistered support workers in the workforce.

Some answers around the content of the training were vague but the content of the induction programmes, where reported, largely consisted of training around obstetric emergencies, infant feeding and safeguarding. Some offered training around maternal and newborn screening and management of postnatal clinics, whilst others reported training in physical aspects of care such as taking observations and bladder care, and in supporting bereaved parents and involvement in mental health support. Some employers offered induction courses specific to this staff group but most mentioned the training as being part of the multidisciplinary/midwifery offering.

The content of ongoing training for unregistered support workers/nursing associates was largely focused around key issues such as management of emergencies, infant feeding and safeguarding. This was most often shared learning sessions with midwives or the multidisciplinary team. Three employers offered specific CPD days for support workers or unregistered staff.

Conclusions

Unregistered support staff are commonly employed in maternity services. It is not possible to say if all respondents employ them as some did not answer the question about the unregistered support worker to midwife ratio/split. However, no respondent said that they did not employ them. Registered nurses are also employed in maternity areas in approximately 26% of trusts/boards in this survey. It is not possible to state exact numbers working in maternity services. In most cases they were employed in clinical areas such as obstetric theatres where their nursing skills were most useful, particularly in light of increasing caesarean section rates. It appears that nursing associates and assistant/associate practitioners are also employed in some services. There is some evidence that in some cases, nursing associates and assistant/associate practitioners are training with midwifery/maternity competencies. It is unclear what roles they undertake.

Most, but not all, respondents who employ registered nurses, nursing associates or unregistered support workers, offered maternity specific training at induction. Most, but not all, offered ongoing maternity specific CPD, which is frequently shared with midwives and the multidisciplinary team. Some employers offered modules for registered nurses, however from the data it appeared that there were gaps in the content around the areas of communication, bereavement care and mental health care. Childbearing women are experiencing a normal physiological event. However, they and their babies have specific care and support needs which are different to those of other adults using health services. Client safety may be compromised if maternity care professionals have a poor understanding of these needs. This survey indicated that there is a widespread training deficit in non-midwifery staff in maternity services. It is important that this is rectified to improve the safety and quality of care to women and to provide increased job satisfaction for all workers in maternity services.

Recommendations

This survey is intended to add to the conversation on some aspects of the workforce and skill mix in maternity services. As a result of the findings the following recommendations are made:

- the opportunity should be created for a stakeholder engagement event to disseminate findings and consider aspects requiring further exploration, which may include:
 - o future training needs analysis work to explore role-specific training for non-midwifery staff (registered or unregistered) in maternity services, to clarify what should be provided.
- to look at utilising these findings in the wider work being carried out within the RCN safe and effective staffing campaign (RCN 2019). Although the RCN campaign is focused on nursing, these survey results may inform work on both midwifery and nursing staffing.

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