

Literature Review: Training and Continuing Professional Development Needs of Registered Nurses and Unregistered Support Workers in Maternity Care



Literature Review for Royal College of Nursing Midwifery Forum Project – Training and Continuing Professional Development Needs of Registered Nurses and Unregistered Support Workers in Maternity Care

Produced by Dr Pat Lindsay (February 2019)

Introduction and rationale

For several years now 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 (UK's) vote to withdraw from the European Union. Across the UK, maternity services are primarily staffed with midwives who deliver midwifery care to mothers, babies and their families. However, rising numbers of unregistered staff such as Health Care Assistants (HCAs) are employed to support midwives in delivering care. In addition, the increasingly complex needs of many pregnant women has led to pressure on the skills and resources available to maternity services. Nowadays the majority of midwives do not have a nursing qualification and are therefore not trained or experienced in the care of the sick adult. This has led some commentators to suggest that this lack of nursing expertise may make care less safe in today's practice environment (Smith and Dixon 2008).

While Registered Nurses are employed to give care in maternity settings they are most commonly found in neonatal units, providing care for small and sick babies. The protected function of the midwife means that in the UK Registered Nurses do not give care to labouring women, or deliver babies, although they may be employed in obstetric theatres to assist at caesarean section. In some maternity units, Registered Nurses are also employed to provide nursing care to pregnant and postnatal women. This may be in the capacity of High Dependency care, post-operative care (post caesarean section) or other elements of antenatal and postnatal care. In one Trust HCAs have taken on the role of scrub assistants in obstetric theatres (Skills for Health 2009). It is clear, therefore, that the maternity workforce has changed and will continue to do so.

Currently there are no publicly accessible national figures for the number of Registered Nurses or HCAs employed in maternity care (Hussain and Marshall 2011). A recommendation of the King's Fund report (Sandall et al 2011) on staffing in maternity units was to increase the number of Registered Nurses working in maternity units. While this appears to be a useful way forward there is no way of ascertaining the level of Registered Nurses' knowledge about the very specific care and support needs of childbearing women. In addition to this, service staffing pressures and skill mix changes have led to rising numbers of health care assistants (HCAs) working in maternity care. Various local training schemes have been devised and evaluated (Lindsay 2004, Griffin, Richardson and Morris-Thompson 2012). McKenna et al (2004) note the lack of training for HCAs and consider the safety implications. The Royal College of Midwives (RCM) produced a document outlining the role of the Maternity Support Worker (RCM 2016a) but this is guidance only. Meanwhile there appears to be no robust national data on the number of HCAs working in maternity services, or their training, education and development within their roles. Lavender and Chapple (2004) note that the numerical superiority of Registered Nurses within health Trusts may lead to the midwifery voice remaining unheard at Board level. It is important that midwives speak up to defend their clients' right to receive care from a healthcare attendant who is appropriately trained.

Project overview

Objective: The Royal College of Nursing Midwifery Forum believes that Registered Nurses and HCAs who are part of the maternity workforce may be poorly served in recognition of, and provision for, the needs they may have around training and continuing professional development (CPD). The Forum would like to establish a scoping exercise to consider the numbers of Registered Nurses and HCAs working in maternity services, and their training and CPD needs. It should be noted that in Scotland the management of the maternity support worker workforce is slightly different. For example, in Scotland entry requirements for HCAs / Maternity Support Workers are clearly defined and universal, and induction and training is based on a national competency framework. This is not the case in England where recruitment and training is more ad hoc. Harris et al (2011) note that in rural Scotland, community midwives commonly undertake nursing roles, including that of the Public Health Nurse as well. It should also be noted that during the course of this project Health Education England started a piece of work to develop and professionalise the role of the Maternity Support Worker (HEE 2018). The project completed phase 1 in February 2019 with the launch of the Maternity Support Worker Competency, Education and Career Framework (HEE 2019). For the purpose of the review, HCAs working within maternity services will be referred to by their more usual title of Maternity Support Workers (MSWs).

Some initiatives have already emerged from an apparent tacit recognition of the training needs of Registered Nurses and MSWs in maternity services, and the education needs of Registered Nurses employed in maternity care is acknowledged by at least one UK University – Middlesex - who offer a module for Registered Nurses working in this setting. Box 1 outlines the advertised content:

Box 1 Nursing Care in the Maternity Setting Module, Middlesex University 2019a

- Anatomy and Physiology in relation to changes and adaptations to body systems during pregnancy, birth and the postnatal period
- Physiological norms during pregnancy
- An overview of medical disorders and how they impact on childbearing
- Obstetric emergencies – immediate care and referral
- Pre and post-operative nursing care of women following a caesarean section including anaesthesia recovery and pain management
- Facilitation of breastfeeding and alternative methods of feeding babies where breastfeeding is not possible
- Thermoregulation of the newborn and caring for the newborn
- Nursing care of women during the postpartum period and recovery following birth
- Pregnancy loss and bereavement
- The wider context of maternity care: public health issues within maternity
- The provision of support and assessment of emotional wellbeing during pregnancy and the postpartum period
- Safeguarding children and adults
- Ethical, legal and professional issues surrounding care
- Inter professional and team working
- Fluid management
- IT and information retrieval skills in relation to strengthening the evidence base

This broad scope appears to tacitly acknowledge that Registered Nurses may work in antenatal care, in labour ward and obstetric theatres and on the postnatal ward. The module assessment includes a

3,500-word case study report based on the nurse's experiences in practice. It requires the student to formulate and justify appropriate plans of nursing care for a woman and baby that they have provided care for.

Middlesex University also offers a study module for MSWs (Middlesex University 2019b).

A review by Browne (2005) indicated that MSW training was variable across the country, with some Trusts offering National Vocational Qualifications and others a limited ad-hoc training. Some Universities, such as London South Bank, have offered Foundation degrees for HCAs in maternity care (MSWs). It appears, therefore, that some training is available to Registered Nurses and MSWs but it is variable in provision, content, offer and uptake.

However there remain a number of gaps in knowledge around the employment and use of Registered Nurses and Unregistered support workers in maternity services. Following discussion with the Royal College of Midwives, a consideration of the literature around trainee nursing associates was also included.

Key questions for the literature review were:

1. *What is the literature around the employment Registered Nurses in maternity services and in what areas do they work?*
2. *What is the literature around the employment of Nursing associates in maternity services?*
3. *What is the literature around maternity-specific training for Registered Nurses and Unregistered support workers on taking up post (at induction)?*
4. *What is the literature around maternity-specific ongoing training / CPD for Registered Nurses and Unregistered support workers?*

The following pages comprise the body of this review, initially acknowledging those with an interest in the outputs from this project. These are individuals or bodies with a personal, professional, logistical or financial concern in the provision of, or outcomes of care.

Current stakeholders:

The Royal College of Nursing

The Midwifery Forum Committee of the Royal College of Nursing

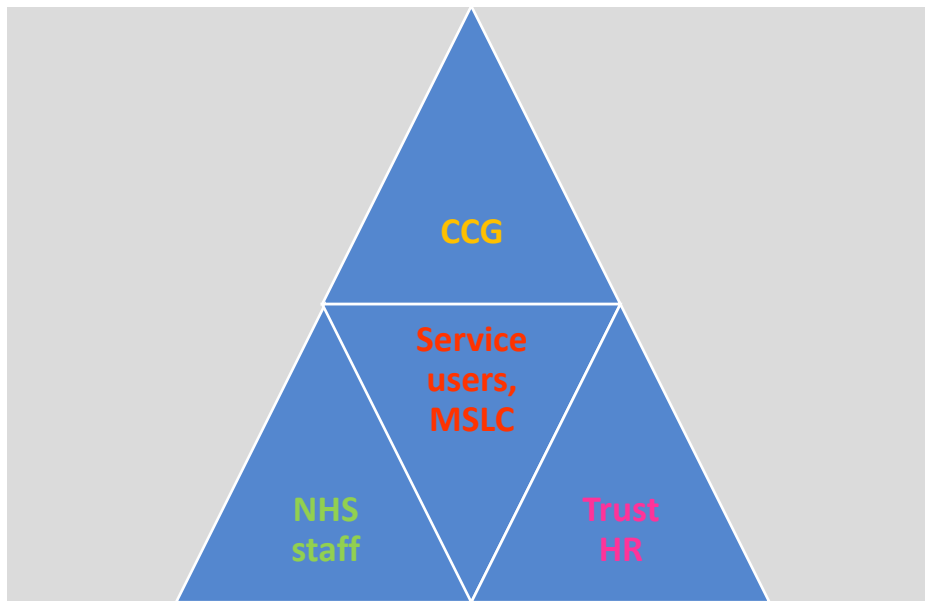
The Royal College of Midwives

Future stakeholders in this enterprise include, but are not limited to:

- Service users
- Obstetricians
- Midwives
- Clinical Commissioning Group(s) (CCG)
- Maternity Services Liaison Committee(s) (MSLC)
- NHS Trust Human Resources (HR) departments

These are illustrated in Figure 1 below.

Figure 1 potential future stakeholders



Method

The literature was searched for papers related to the employment, role and role-specific training of Registered Nurses, unregistered support workers and nursing associates, in maternity services. Scotland has a Maternity Support Worker induction training package and Apprenticeships are available throughout the UK for Maternity Support Workers who wish to progress in their role (Skills for Health 2011, RCM 2018). A review by Browne (2005) indicated that unregistered support worker training in England was variable, with some Trusts offering National Vocational Qualifications and others a limited ad-hoc training. Some Universities, such as London South Bank, have offered Foundation degrees for HCAs in maternity care.

Search strategy

Sources relevant to maternity staffing, MSWs / HCAs, Registered Nurses and nursing associates in maternity services and education / training were sought.

Inclusion criteria were:

- Papers published in English language
- Papers published within the last 15 years.

Exclusion criteria were:

- Papers not published in English
- Literature relating to Registered Nurses in neonatal services (Neonatal Nurses) or Nursery Nurses

As the structure and staffing of health care, including maternity services, differs across Western nations, the literature sought was largely focused on maternity care provision within the UK. However, relevant papers drawing on experiences outside the UK were also given consideration.

A literature search for the scoping study was requested from the Royal College of Nursing library services in 2017. This search produced papers accessed via the British Nursing Index. There were 9

combinations of search terms each of which generated between 7 and 24,880 items. These are outlined in Table 1 below.

Table 1

Set#	Searched for	Databases	Results
S9	"health care assistants" AND subject("Maternity Services")	British Nursing Index	52°
S8	"professional development" AND subject("Maternity Services")	British Nursing Index	82°
S7	subject("Maternity Services")	British Nursing Index	3396°
S6	(subject("Midwifery") AND "professional development") AND (ab(maternity) or ti(maternity))	British Nursing Index	73°
S5	ab(maternity) or ti(maternity)	British Nursing Index	4509°
S4	subject("Midwifery") AND "professional development"	British Nursing Index	704°
S3	"professional development"	British Nursing Index	24880°
S2	subject("Midwifery")	British Nursing Index	10245°
S1	"maternity training"	British Nursing Index	7°

A list of papers most relevant were isolated by the library staff of the Royal College of Nursing. Most of these were not of use as they referred to maternity care in Canada, the United States of America (USA), Australia or the Netherlands. The difference in maternity services staffing and skill-mix between these countries and the UK was considered to be too great for the papers to be useful. Similarly, papers relating to education of student midwives were discarded as not relevant to the topic.

A search via CINAHL produced a range of papers. The sources found numbered 77 - 122,276 items with 5 combinations of search terms. These are outlined in Table 2 below. This search produced 28 abstracts, none of which was entirely relevant, mainly for the reasons given above.

Table 2

Search ID#	Search Terms	Results
S6	S2 AND S5	245
S5	maternal health services	5,063
S4	S2 AND S3	77
S3	maternity services	1,245
S2	training OR professional development	122,276

A Proquest search was undertaken in July 2017 by the author, using the inclusion and exclusion criteria mentioned. Search terms, and combinations of terms, included:

Maternity care, maternity services, support workers, maternity support workers, MSWs, Registered Nurses, CPD, training

The search terms were combined using Boolean operators.

Policy internet sites such as the National Institute for Health and Care Excellence (NICE) were also searched.

There were 188 results, none of which were of close enough relevance to the literature review questions. A search of the Embase database, and a refined search within Google Scholar and Pubmed produced 58 papers, 21 of which had some relevance. Full text versions were accessible for most of these. These 21 papers were obtained and of these, 14 were included in the review. One additional source from NICE was included as it was deemed to be relevant. A search of the Royal College of Midwives library site produced a statement on Registered Nurses in maternity services dating from 2003. This gave a total of 16 papers eligible for the literature review.

In July 2018 the search was repeated, using search terms:

Maternity care, maternity services, support workers, maternity support workers, Registered Nurses, nursing associates, CPD, training

Inclusion / exclusion criteria were the same. The search of policy internet sites such as the National Institute for Health and Care Excellence (NICE) was repeated but yielded no new sources. The British Nursing Index database was searched and yielded 64 potential sources. A search within Google Scholar yielded a further 3 and Pubmed produced 70 papers, 1 of which had some relevance. Full text versions were accessible for most of these. Overall 19 papers were considered of use to the literature review including the source from NICE which was deemed to be relevant. The papers selected for review are listed below.

Literature review

The papers reviewed are listed below.

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Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 3333

July 2019
007 761

