

Scoping Exercise: Training and Education of Registered Nurses and Unregistered Support Workers in Maternity Services





The voice of nursing in the UK

Results of a Scoping Exercise Exploring the Employment and Role-Specific Training and Continuing Professional Development of Registered Nurses and Unregistered Support Workers in Maternity Services in the UK

Produced by Dr Pat Lindsay

Project summary

This short section highlights the findings from the survey. The survey was sent out to all Heads of Midwifery/Directors of Midwifery throughout the United Kingdom (UK). There were 187 potential respondents and 27 responded. This gave a response rate of 14%. While this is very low, it is apparently slightly better than the normal response for surveys from the Royal College of Nursing (verbal communication May 2018). The final survey contained 13 questions as, at the request of the Royal College of Midwives, additional information about Nursing Associates in maternity services was requested. A proportion of questions were not answered. Of the 13 questions, only 2 were answered by everybody.

Key findings from the questions were:

- The funded midwife to birth ratio varied from 1:24 to 1:32. The actual midwife to birth ratio varied from 1:21 to 1:50
- The proportion of unregistered support workers in the workforce varied from 7% to 43%.
- The number of Nursing Associates in respondents' services varied between none (20 respondents) and more than 20 (1 respondent). 1 person employed Associate Specialists at Grade 4.
- 26% (7 out of 27) of the respondents employed Registered Nurses in their maternity services. This is usually in low numbers (1-5) although one respondent said there were more than 20.
- Where Registered Nurses were employed, the work areas were usually obstetric theatres or High Dependency Unit. 2 respondents employed Registered Nurses on the postnatal ward
- Of the 7 respondents who employed Registered Nurses, 5 offered maternity-specific training at Induction and 2 did not. The content of this training included obstetric emergencies and breast feeding
- 4 of the 7 respondents who employ Registered Nurses offer ongoing training / CPD. The content of this ongoing training / CPD was largely obstetric emergency training. However,

one respondent who employs more than 20 Registered Nurses offers Maternity HDU modules and Master's modules.

- Everybody answered this question. 21 respondents (78%) offered maternity-specific teaching/training at induction for unregistered support workers or Nursing Associates working in maternity services. Six 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 provides modules with the local college. One respondent said that their Associate Specialists received midwifery-based training.
- 23 respondents (85%) offer ongoing maternity-specific training/CPD for unregistered support workers or Nursing Associates working in maternity services. 4 did not. Everybody answered this question. 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. Twenty respondents answered this question.

Section 1 Introduction and rationale

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) imminent 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 with midwives who deliver midwifery care to mothers, babies and their families. However, rising numbers of unregistered staff such as Health Care Assistants (HCAs / Maternity Support Workers (MSWs)) are employed to support midwives in delivering 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. 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 maternity care less safe in today's practice environment (Smith and Dixon 2008). While Registered Nurses are sometimes employed to give care in maternity settings they are most commonly found in neonatal units, providing care for preterm, small and sick babies. The protected function of the midwife means that in the UK Registered Nurses do not give care to labouring women, and cannot 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) care or other elements of antenatal and postnatal care.

Currently there are no publicly accessible national figures for the number of Registered Nurses 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 might 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 England MSWs have access to the Care Certificate and in Scotland Band 4 Maternity Care Assistants / MSWs receive a Certificate of Higher Education on completion of an undergraduate one-year course. However, information on role-specific preparation and CPD is patchy. In the past, 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 professional who is appropriately trained.

It is clear that, while midwives remain the key professional support for childbearing women and their families, the midwifery workforce in the UK is understaffed. This gap has been filled by the employment of unregistered care staff and registered nurses to carry out some of the work midwives formerly undertook. It is unclear how large a proportion of the maternity workforce they comprise. It is also unclear whether they have the requisite knowledge and skills to provide safe, competent and appropriate care to the maternity population. The Midwifery Forum believes that Registered Nurses and HCAs who are part of the maternity workforce may be under-represented in terms of recognition of specific needs they may have around training and Continuing Professional Development (CPD). The survey reported in this document was carried out in order to address this knowledge gap.

For the purpose of this report, and to capture all staff titles and grades, HCAs and MSWs will be referred to as Unregistered Support Workers. This report, and the survey, did not include medical staff.

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.

Current situation: risks and weaknesses

Adequate and appropriate staffing in maternity services is a requirement, and not just a desirable goal. Childbearing women and their families have an absolute right to care that is competent, knowledgeable, respectful and compassionate. This client group are, on the whole, healthy. They are experiencing a normal life event which involves altered physiology and both social and psychological changes. Their care requires a different approach to that of the sick adult. It is therefore essential that those involved in their care have the requisite knowledge and skills. This is important to provide care that is safe and emotionally fulfilling. Childbearing women are usually receptive to health advice but may also be inexperienced, uncertain of their abilities as mothers and prone to anxiety; poor, ignorant or unsupportive care at this time may damage their confidence, with long lasting consequences.

There are advantages to the employment of non-midwives in maternity services: it helps ensure adequate numbers of staff on shifts, the pool of Registered Nurses and Unregistered Support Workers is bigger than midwives, recruitment may be easier and they are cheaper to employ. However, there are also disadvantages in that their personal construct of care will almost certainly be founded on the sick adult model. There may be little understanding of the different care and support needs of childbearing women and their families. They may have scant knowledge of childbearing and neonatal physiology and limited understanding of women's autonomy in childbearing. While it may be convenient to plug the midwifery workforce gap with Unregistered Support Workers and Registered Nurses it is essential that they have the knowledge to allow them to provide care that is safe and satisfying to them and their clients. This is both humane and expedient: better client care may mean better maternal and neonatal outcomes, greater satisfaction, fewer complaints and less likelihood of litigation.

The RCN Midwifery Forum believe that this project has a number of stakeholders, that is, those with an interest in the outputs. 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

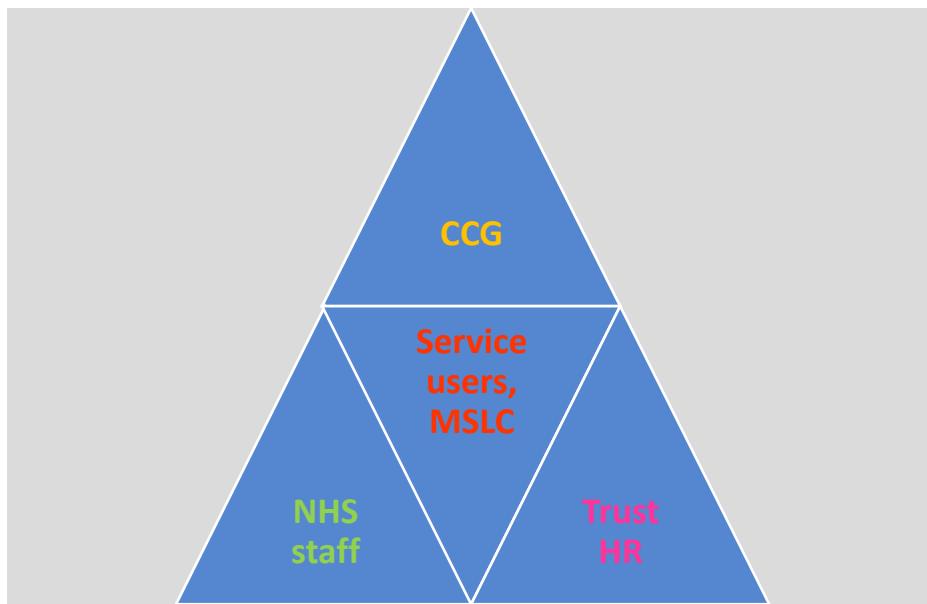
The Midwifery Forum Committee of the Royal College of Nursing

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



Section 2 Literature review

Key questions: As noted, there is a lack of clarity around the number of Registered Nurses and Unregistered Support Workers in maternity services. It is also unclear if they receive the discipline-specific knowledge they need, both on taking up post and as ongoing CPD. This survey is an initial attempt to address some of these issues. Following a request from the Royal College of Midwives, information about Nursing Associates was also sought as part of the survey. As part of this investigation a literature review was undertaken to determine the existing information on the topic. Key questions for the literature review:

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 literature was searched for papers related to the employment, role and role-specific training of Registered Nurses and Unregistered Support Workers, including Nursing Associates, in maternity services. Scotland has a Maternity Support Worker competency framework (NHS Education for Scotland 2006). Apprenticeships are available throughout the UK for Maternity Support Workers who wish to progress in their role. 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.

Method

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.

The RCN represents nurses and nursing, promotes
excellence in practice and shapes health policies

RCN Online
rcn.org.uk

RCN Direct
rcn.org.uk/direct
0345 772 6100

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

020 7409 3333

July 2019
007 760

