



Department of
**Health, Social Services
and Public Safety**
www.dhsspsni.gov.uk



**Northern Ireland Practice and Education
Council
for Nursing and Midwifery**

**Review of the Impact of the Maternity
Support Worker Role**



Published by

Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC)

'All rights reserved. This document may not be reproduced, stored in a retrieval system, transmitted or utilized in any form, either in whole or part, without prior written permission from NIPEC.'

Copyright © Northern Ireland Practice and Education Council for Nursing and Midwifery
(NIPEC)

FOREWORD AND ACKNOWLEDGEMENTS

In February 2012, the Chief Nursing Officer, Department of Health, Social Services and Public Safety (DHSSPS) commissioned the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) to lead a Review of the impact of the maternity support worker role in maternity services.

It was intended that this Review should evaluate:

- the impact of the role of the maternity support worker (Band 3), within maternity services, hospital and community, in supporting midwives to provide a high standard of care to women, their partners and babies before, during and after birth
- if the education programme prepares the maternity support worker to be “fit for purpose” for the role.

As Chair of the Review Team, I believe this review should assist in providing direction to the reform and modernization agenda of the midwifery workforce into the future. I would like to thank all those who contributed to this Review, particularly:

- The women who kindly related their experiences
- The maternity support workers and midwives who participated in the focus groups
- The key stakeholders who participated in the questionnaires
- The members of the Review Team (Appendix Two) who contributed to the Review and ensured that the outcomes of the process were achieved
- The NIPEC team, including administration and information technology staff, for their invaluable contribution to ensuring the successful outcomes of the Project.

Finally, I would like to commend this Report to the Chief Nursing Officer (DHSSPS) and the Director of Nursing and Allied Health Professions, Public Health Agency.



Frances Cannon,
Senior Professional Officer,
NIPEC,
Chair of the Review Team

CONTENTS

Foreword and Acknowledgements

1.0	Introduction	5
2.0	Background.....	6
3.0	Review Plan.....	7
4.0	Aim.....	7
5.0	Objectives	7
6.0	Work Plan	8
7.0	Review Process	9
8.0	Review Findings.....	11
9.0	Emerging Themes.....	12
10.0	Stories from Women using Maternity Services	20
11.0	Conclusions and Recommendations	21

APPENDICES:

Appendix 1: Regional Generic Job Description: Maternity Support Worker Band 3	23
Appendix 2: Membership - Review Team	27
Appendix 3: Process for Data Collection	28
Appendix 4: Number of Maternity Support Workers employed in each HSC Trust from 2009 -2011.....	29
Appendix 5: Tasks performed by Maternity Support Worker	30

1.0 Introduction

- 1.1 The purpose of this document is to set out the findings of the Review of the Impact of the Maternity Support Worker (MSW) Role within maternity services in Health and Social Care (HSC) Trusts across Northern Ireland.
- 1.2 The provision of maternity services and practices in Northern Ireland has changed due to a number of factors, including changing population demographics, workforce challenges, the ageing profile of the qualified midwifery workforce, policy reports and increasing public expectations. The promotion of skill mix was identified as one way of developing and modernising the service in order to be responsive to current and future needs of women, their babies and their families.¹
- 1.3 In 2008, the Department of Health, Social Services and Public Safety (DHSSPS) commissioned a *Review of Skill Mix in Maternity Services in Northern Ireland*.² The Review concluded that there was a need for a regional and consistent approach to the ongoing development in skill mix within maternity services in Northern Ireland.
- 1.4 The Review group recommended that the role of the Band 3 MSW should be developed, along with a regionally agreed job description. It also recommended that a group should be set up to determine the training requirements for the Band 3 MSW.
- 1.5 During 2008, and in response to local needs, the Southern Health and Social Care Trust (SHSCT) had initiated and developed a MSW programme. This pre-dated the introduction of the regionally agreed MSW role across all the HSC Trusts in 2010.
- 1.6 It is relevant to note that the purpose of the MSW role is to support the provision of a high standard of direct care to women, their partners and babies before, during and after birth, with minimal supervision under the direction of a qualified midwife who retains accountability.

¹ NHS Education Scotland (2006) *Maternity Care Assistants in Scotland: A Competency Framework*. Edinburgh: NES

² Department of Health Social Services and Public Safety (2008). *Review of Skill Mix in Maternity Services in Northern Ireland*. Belfast: DHSSPS.

2.0 Background

- 2.1 In 2009, NIPEC established a Steering Group to facilitate the development of a programme for Maternity Support Workers in Northern Ireland.³ This resulted in the following:
- The development of a regionally agreed (Band 3) Maternity Support Worker job description (Appendix 1, page 23). It was anticipated that this job description would ensure a consistent approach in respect of the role across all relevant HSC Trusts
 - The development of a regional Maternity Support Worker Programme⁴. This programme was developed using the National Vocational Qualification (NVQ) Level 3 framework, set within the maternity context required by support workers working in maternity services
 - A 'Traffic Lights System', adapted from NHS Education Scotland⁵ was also developed. This sets out, through the application of a 'traffic lights' format, the tasks that may be undertaken by MSWs, those that require further training and those that must not be carried out by MSWs. The Traffic Lights System is used as an aide memoire and defines the limits and boundaries of this role.
- 2.2 The Health and Social Care Clinical Education Centre (HSC CEC) worked in collaboration with the NVQ centre in the SHSCT to facilitate approval and delivery of the regional education programme. The necessary assessment and verification of the programme was carried out by the SHSCT NVQ Centre.
- 2.3 The first regional MSW programme was completed in June 2011. Twenty - five candidates completed the programme and graduated with an NVQ Level three.
- 2.4 The second regional MSW programme commenced in September 2011. Prior to this, the Qualifications and Credit Framework (QCF) was introduced to replace the existing NVQ framework. All the NVQ units were mapped over to the QCF framework at Diploma Level 3. It is important to note that all

³ Northern Ireland Practice and Education Council (2009). *Development of a Maternity Support Worker Programme for Northern Ireland*. Belfast: NIPEC

⁴ The Beeches Management Centre (2010). *Northern Ireland Regional Programme for Maternity Support Workers*. Belfast: The Beeches Management Centre

⁵ Southern Health and Social Care Trust and the Beeches Management Centre (2011). *Regional Maternity Support Workers' Programme Traffic Lights System*. Adapted from Southern NHS Education Scotland (2008) *Maternity Care Assistants in Scotland: A Skills Passport*. Edinburgh: NES

programmes, regardless of NVQ or QCF accreditation, ultimately achieved the same level of qualification on successful completion.

- 2.5 In light of the work undertaken to develop and implement the MSW role into HSC Trusts, it was now considered timely to evaluate the impact of this role within maternity services. As the second cohort of participants had just completed the regional MSW programme, it was decided by the Review team that this cohort would not be included in this Review.
- 2.6 NIPEC was commissioned by the Chief Nursing Officer (CNO), DHSSPS, to lead a review of the impact of the role of the maternity support worker within maternity services.

3.0 Review Plan

- 3.1 A Review team was convened in April 2012, comprising membership from a range of stakeholders within HSC Trusts, professional and education provider organisations. A full list of membership and Terms of Reference can be found at Appendix 2, page 27. At the first meeting of the Review Team, the following aims and objectives to meet the desired outcomes of the process were agreed.

4.0 Aim

- 4.1 The aims of this Review were to evaluate:
- The impact of the role of the Maternity Support Worker (Band 3), within maternity services, hospital and community, in supporting midwives to provide a high standard of care to women, their partners and babies, before, during and after birth.
 - If the education programme prepares the MSWs to be “fit for purpose” for the role.

5.0 Objectives

- 5.1 The objectives of the Review were agreed as:
- i. Gather and analyse information from each of the five HSC Trusts in relation to the role of the Band 3 Maternity Support Worker against the DHSSPS *Review of Skill Mix in Maternity Services in Northern Ireland* using regional or relevant local job descriptions, detailing the MSWs’ start date, their allocation and the number of Whole Time Equivalents (W.T.E.).

- ii. Use a variety of methods and tools to capture qualitative and quantitative feedback from a range of stakeholders. The range of stakeholders included: Assistant Directors of Nursing (workforce), Heads of Midwifery, ward sisters, midwives, Local Supervising Authority Midwifery Officer (LSAMO), the Midwifery Advisor (DHSSPS), Royal College of Midwives (RCM) and service users (women), along with (Band 3) Midwifery Support Workers (who have completed an education programme since 2008).
- iii. Agree data set to evaluate the impact of the role of the Maternity Support Worker (Band 3) within maternity services in supporting midwives to provide a high standard of care to women, their partners and babies, before, during and after birth.
- iv. Share findings of the Review and agree recommendations with HSC Trust Executive Directors and Assistant Directors of Nursing, the Midwifery Advisor (DHSSPS), the Heads of Midwifery, the SHSCT QCF Centre and the Clinical Education Centre before finalising the report.
- v. Present a final report of the Review to the Acting Chief Nursing Officer (DHSSPS) and the Director of Nursing and Allied Health Professionals (AHPs), PHA, to include recommendations in relation to the MSW.

6.0 Work Plan

- 6.1 At the first meeting of the Review Team, a work plan was agreed. This included the sampling process required for the Review; identification of key individuals who would facilitate the data gathering process and an associated outline time frame, within which to achieve the objectives.
- 6.2 It was agreed at this first meeting that the first two cohorts of participants who completed the MSW education programme in the SHSCT, and the first cohort who completed the regional education programme, should be included in the Review.
- 6.3 In May 2012, a sub group was convened from members of the Review Team to agree the methodology and potential questions for data collection from the agreed range of stakeholders. The sub group agreed to divide further the range of stakeholders into the following sample groups (Appendix 3, page 28) including:
 - Midwives
 - Maternity Support Workers

- Strategic and managerial group to include: Assistant Directors of Nursing (workforce), Heads of Midwifery, the LSAMO, the Midwifery Advisor (DHSSPS), RCM
 - Service Users.
- 6.4 A range of methodologies was subsequently agreed to collect the data from these sample groups (Appendix 3) Page 28. It was agreed that a skilled facilitator from the CEC should be employed to enable the data collection process. This would help to reduce the potential for bias and inconsistency in the data collection process.
- 6.5 The sub group worked on behalf of, and shared the agreed outcomes of this meeting with, the Review Team.
- 6.6 Section Two of this report describes the approaches used to gather the relevant data to present the findings, conclusions and recommendations included within Section Three.

7.0 Review Process

- 7.1 This section will provide an account of the progress of the Review in relation to each objective, presenting key activities, difficulties and challenges experienced, outcomes and the extent to which each outcome was achieved.
- 7.2 Objectives i – ii were:
- i. Gather and analyse information from each of the five HSC Trusts in relation to the role of the Band 3 Maternity Support Worker against the DHSSPS *Review of Skill Mix in Maternity Services in Northern Ireland* using: regional or relevant local job descriptions, detailing the MSWs' start date, their allocation and the number of Whole Time Equivalent (W.T.E.).
 - ii. Use a variety of methods and tools to capture qualitative and quantitative feedback from a range of stakeholders. The range of stakeholders included: Assistant Directors of Nursing (workforce), Heads of Midwifery, ward sisters, midwives, LSAMO, the Midwifery Advisor (DHSSPS), RCM, and service users (women), along with (Band 3) Midwifery Support Workers (who have completed an education training programme which was specific to the role of the MSW since 2008).
- 7.3 The Review Team nominated a representative from each organisation, who was asked to submit the relevant information in relation to Objective (i).

Trusts were also asked to identify which education programme the MSWs had undertaken, i.e. the SHSCT or regional education programme. This information was returned electronically to NIPEC.

- 7.4 The focus groups for the midwives were held locally in each of the HSC Trusts and meetings lasted approximately two hours. A series of broad based, semi-structured questions developed by the Review Team were put to the groups, encouraging wide participation and discussion. A total of 35 midwives participated in the focus groups.
- 7.5 The Review Team agreed that two focus groups should be held in central HSC locations to accommodate the MSWs. Antrim and Craigavon were identified as the most appropriate venues. A series of broad based, semi-structured questions developed by the Review Team were put to the groups, encouraging wide participation and discussion. A total of 19 MSWs participated in the focus groups, discussions lasting approximately two hours.
- 7.6 For convenience purposes, an online questionnaire was developed by the Review Team, with a series of six questions to collect the information from the strategic and managerial sample group. The questionnaire was made available to participants via NIPEC's website. A total of eight responses were fed back via the on-line questionnaire.
- 7.7 It was agreed by the Review team that a collection of stories and experiences from three mothers, in each of the following settings - antenatal, postnatal and community - should be gathered by the facilitator. The SHSCT agreed to accommodate this request and the facilitator communicated with a Trust representative to put these arrangements in place. Due to the difficulty of accessing and capturing relevant information from women, it was agreed by the Review Team that the number of women within the sample group should be increased. A total of five women's stories and experiences were collected.
- 7.8 Objectives i – ii were fully achieved. It was agreed by the Review Team that the time frame for the production of the final report should be extended to October 2012. A further meeting of the Review Team was planned in September 2012 to share the review findings and agree the recommendations.
- 7.9 Objectives iii - v were:
- iii Agree data set to evaluate the impact of the role of the Maternity Support Worker (Band 3) within maternity services in supporting

midwives to provide a high standard of care to women, their partners and babies, before, during and after birth.

- iv Share findings of the Review and agree recommendations with HSC Trust Executive Directors and Assistant Directors of Nursing, the Midwifery Advisor (DHSSPS), the Heads of Midwifery, the SHSCT QCF Centre and the Clinical Education Centre before finalising the report.
- v Present a final report of the Review to the Acting Chief Nursing Officer (DHSSPS) and the Director of Nursing and Allied Health Professionals (AHPs), PHA, to include recommendations in relation to the maternity support worker role.

7.10 The Review Team agreed that the information provided through the range of data collection methods should be presented under emerging themes drawn from each of the three sample groups, i.e. midwives, maternity support workers and the strategic and managerial group. Information from the fourth sample group would be presented as a collection of women's stories. The information gathered in relation to Objective i would be displayed in a table format. Through this process of analysis, conclusions were made along with suggested recommendations.

7.11 During the month of August 2012, the Review Report was drafted by NIPEC. The draft document was then circulated to the Review Team for comment, and amendments were made following a final meeting of the Review Team in September 2012.

7.12 Objectives iv – v were fully achieved.

7.13 Section three of this document presents a summary of the collected data gathered from the processes identified.

8.0 Review Findings

8.1 From the information gathered in relation to Objective i, a total of 41 MSWs (35.85 W.T.E.) were employed within the five HSC Trusts from 2009 until 2011 (Appendix 4, page 29). There is a good indication that the MSWs are now working across all areas of maternity care.

8.2 The information gathered via the focus groups and online questionnaire is presented under emerging themes within three of the sample groups:

- Midwives
- Maternity Support Workers

- Strategic and Managerial group

Information from the remaining sample group, the Service Users' group, is presented as a collection of women's stories.

9.0 Emerging themes

9.1 Theme 1: Introduction, preparation and support for the MSW role

Midwives

Seventy percent of midwives reported that they were informed and prepared for the new MSW role. Information sessions were held with the peripatetic assessor at ward level, at ward meetings and Supervisor of Midwives roadshows. These information sessions provided midwives with details of the education programme and the role and responsibilities of the MSW. Midwives also learned about the new MSW role from the Ward Sister or through word of mouth. There were information packs available in some clinical areas and the Traffic Lights System was also displayed on some notice boards.

Approximately one third of midwives, from both the hospital and community settings, stated that they were given limited information on the maternity support worker role and relied on colleagues and the MSW to 'keep them right' as to which tasks the MSW could and could not undertake. These midwives were unaware of the Traffic Lights System and the CNAC Delegation Algorithm⁶. This lack of awareness led to uncertainty for these midwives in regard to the tasks they could delegate to the MSW, in particular tasks such as countersigning, record keeping and community home visits.

It should be noted that midwives from the Trust where two cohorts were already employed appeared to be more informed about the MSW role.

All midwives stated that the MSWs were confident and clearly knew what their role and responsibilities involved.

More than half the midwives were already familiar with the education programme that the MSWs had undertaken and were able to report details regarding the competencies that the MSWs were required to achieve. On the

⁶ Central Nursing Advisory Committee (CNAC) (2009). *Operational Framework for Delegation Decision Making*. Belfast: DHSSPS

whole, midwives felt that the education programme had prepared the MSWs adequately for their role. A few midwives suggested that training in theatre skills should be included in future regional MSW education programmes.

Some midwives commented on the lack of formal support systems for MSWs within clinical areas during their training and whilst becoming established in their new role. They suggested that 'something like mentorship' would have been beneficial to them.

Maternity Support Workers

The majority of MSWs (90%) felt they were adequately prepared for their role. They stated that the education programme was comprehensive and gave them a wide range of practical skills, combined with underpinning knowledge. A small number of MSWs felt they would have benefited from more time spent learning practical skills, such as venepuncture and Breastfeeding, as these were tasks they had not performed before. Some MSWs (n=4) would like to extend their skills to include blood sampling for Newborn Blood Spot Screening.

All of the MSWs stated that they understood clearly what their responsibilities and boundaries were in relation to their role. They commented that this was reinforced within their education programme. They appeared to use the mantra 'not trained, don't do' and found the Traffic Lights System a beneficial aide memoire to guide them. In regard to delegation of duties, 75% of the MSWs reported that many midwives depended on the MSW to tell them what they could and could not do. MSWs suggested that all midwives should be issued with the Traffic Lights System document.

A small number of MSWs (n=2) commented that there was some ambiguity in relation to certain tasks they were asked to perform, as they were unsure if those tasks formed part of their role. This happened mostly in the community setting and included tasks such as checking wounds or umbilical cords; all of the MSWs, however, stated that they would check with the midwife if they had any uncertainties.

The MSWs commended the approachability, helpfulness and invaluable support that the peripatetic assessor gave to them. They also commented that they received support from midwives on an informal basis. An example was provided of a named midwife being allocated to the MSW throughout her education programme.

Most of the MSWs reported that there was no formal induction or orientation into their new role within the clinical areas. This was because the majority of

MSWs had previously been employed as Band 2 healthcare workers in the wards and were familiar with the ward environment and systems.

Strategic and Managerial Group

75% of respondents from the online questionnaire indicated that their expectation of the MSW role was to assist the midwife and other healthcare professionals in the provision of maternity care. Over half of respondents stated that the role of the MSW was to release time for the midwife to provide 'more hands-on care to women'.

All of the respondents indicated that the MSW role was clearly defined. Over 50% of responses stated that the regional job description and education programme assisted in clarifying and defining the MSW role.

25% of respondents commented that the education programme increased skills and job satisfaction whilst providing a career pathway for unregistered staff. One respondent commented that:

'It encouraged further recognition of the skill mix within the workforce which should be viewed positively as long as the appropriate safeguards are in place'.

9.2 Theme 2: Tasks undertaken by the MSW

The midwives described the range of tasks performed by the MSW and this was reflected in the tasks that the MSWs also described. MSWs work under the supervision and direction of midwives and can work in all areas where maternity care is provided, except in direct care of women in labour.

For the most part, this list of tasks matched the regional and SHSCT job descriptions and is set out in Appendix 5, page 30.

9.3 Theme 3: Impact of the MSW role on maternity care and the workload of the midwife

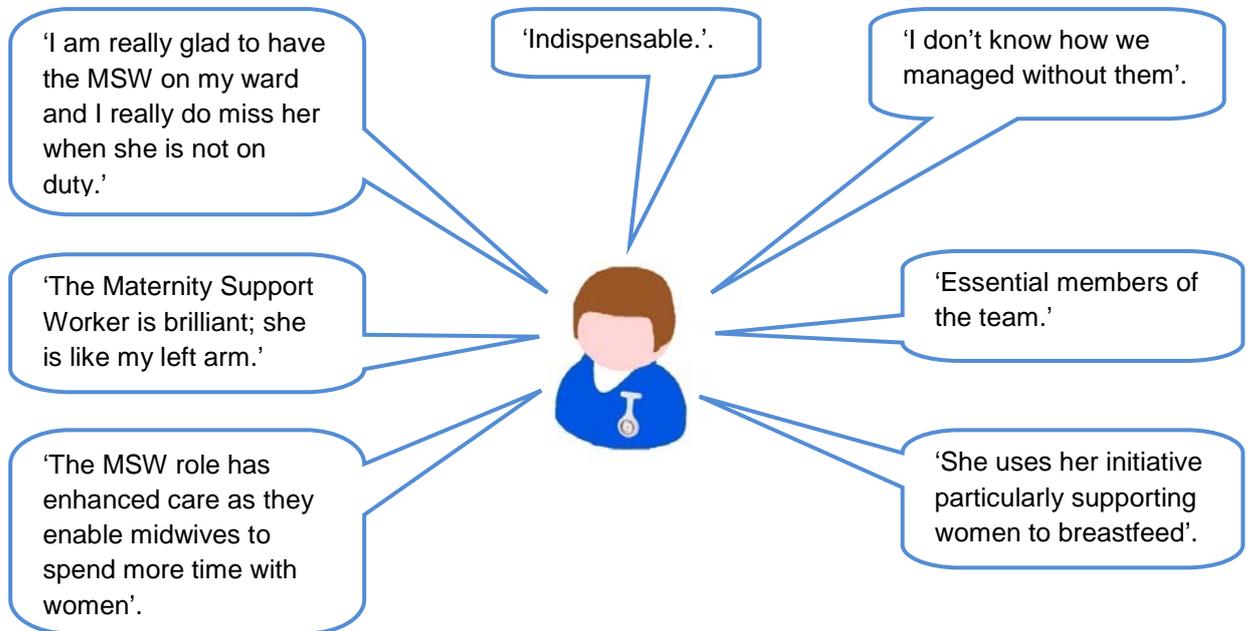
Midwives

All midwives reported that the MSWs carried out additional delegated duties, which in turn provided them with more time to spend with women and made a significant difference to their workload.

Midwives found it difficult to quantify the amount of extra time the MSW had provided for them but stated that their role had provided a more efficient

service to women. It had resulted in reduced waiting times at the clinics - women are seen for their appointments on time and there is improved continuity of care. It has also released more time for midwives to spend with women and complete relevant documentation.

Comments from midwives regarding the MSW included:



Whilst all of the midwives were positive about the new role, some midwives (20%) expressed feelings of fear and resentment that the number of midwives would be reduced whilst increasing the number of MSWs. The following quote from a midwife demonstrates this:

'Increasing the number of MSWs and reducing us'

Impact of the MSW role within Antenatal Care

All midwives commented that 'MSWs worked well in antenatal clinics, both in hospital and community settings'. The MSW in the antenatal clinics and the Day Obstetric Unit perform more tasks which enables the midwife to spend more time with women, particularly those women who have complex needs. Midwives stated that the increased number of antenatal Glucose Tolerance Tests (GTTs) placed extra demands on their workload. MSWs were now able to perform this duty under the direction of the midwife.

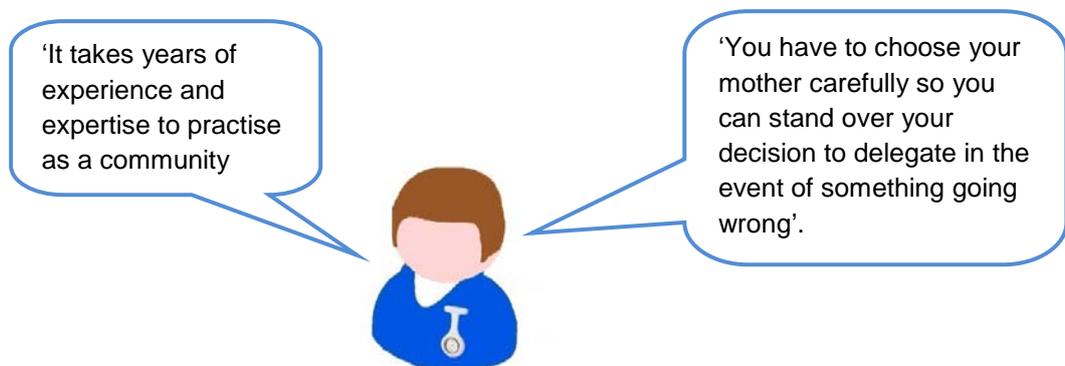
Midwives commented that the MSW role has facilitated an increase in the number of women being seen at each of the antenatal clinics; it has enabled clinics to run more smoothly and the care provided to women is more timely.

Impact of the MSW role within Postnatal Care:

Due to the large increase in the number of women being discharged home early from hospital, midwives reported that they need to give women targeted, tailored information within a specific time frame. The additional support that the MSW provides allows more time for the midwife to discuss issues and common concerns with the mother. This support facilitates a more efficient discharge process and reduces the backlog of work.

All of the community midwives (n=7) regarded the contribution of the MSW as 'invaluable' in supporting women at home, particularly with breastfeeding and building the mothers' confidence in caring for their babies. However, these midwives also articulated feelings of fear and resistance to the MSW's role. They stated that caution is needed in regard to delegation of tasks for the MSW role within the community settings. As women are discharged home much earlier than before, and because of the selective home visiting policy, women are not seen so often in the postnatal period. They stated that, for this reason, it was even more important that midwives attended women in the postnatal period in order to provide safe and effective quality care.

Comments from midwives included:



Some of these community midwives (n= 5) believed that the best place for MSWs is in clinics, where their role appears to be indispensable for reasons already stated, as well as supporting midwives in facilitating breastfeeding support groups.

Impact of the MSW role within theatre settings:

In one of the Trusts, the MSWs who had undertaken the regional MSW education programme have completed further training in theatre skills. These MSWs perform theatre duties as outlined in Appendix 5 page 30, as well as care for the woman and her baby in the recovery ward, monitoring vital signs and initiating skin to skin contact and early breastfeeding. Both

midwives and medical staff describe the MSW role within theatre as 'invaluable'.

In another Trust, prior to the introduction of the regional MSW education programme, NVQ Level 3 healthcare workers had already undertaken training in theatre skills. A third Trust is currently providing further training in theatre skills for some of their MSWs.

Some midwives suggested that standardised training in theatre skills should be included in future regional MSW education programmes.

It should be noted that although the Band 3 MSW regional job description includes 'supporting the midwife by assisting with theatre duties', the content of the regional education programme was not expected to, nor does it prepare the MSW to perform theatre duties. Additional skills to prepare MSWs in theatre duties were provided at local level and are the responsibility of each Trust.

Maternity Support Workers

All of the MSWs appeared to embrace their new role and considered themselves as 'important members of the ward team'. The majority of MSWs preferred to be based in one clinical area and were dissatisfied when asked to help out in another area.

Some of the MSWs commented that they would like to rotate around the different clinical areas to gain more experience.

Strategic and Managerial Group

75% of respondents indicated that the role of the MSW had released more time for midwives to focus on providing direct care to women. The role had enhanced the care provided, thereby increasing the satisfaction of women using the service.

9.4 Theme 4: Conflict and tension

Midwives

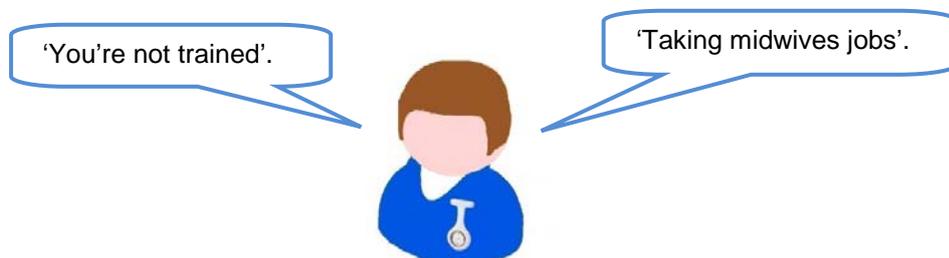
There was some resistance expressed by midwives on the initial introduction of the MSW role, regarding concerns of 'the MSW taking over the role of the midwife'. These concerns were quickly allayed, once the midwives gained confidence in the ability of the MSW to carry out delegated tasks and they could see the potential benefits of the MSW's role in supporting them.

In a midwife- led care unit within one of the Trusts, the MSW is the second person attending a woman who is considered to be low risk and having a normal birth. The MSW assists the midwife to carry out delegated duties and is able to take appropriate actions within emergency situations. Some midwives expressed concerns regarding this approach, believing it to be ‘a step too far’; they stated that they preferred to have a second midwife assisting them at a birth. Other midwives supported this arrangement and were confident in the MSWs ability to assist them in caring for a low risk woman in labour.

Most of the midwives reported that they were aware of tension and conflict between the MSW and Band 2 healthcare workers. The degree of conflict appeared to vary among the Trusts and for the most part, through explanation and discussion, was partially - though still not completely - resolved.

Maternity Support Workers

Seventy five percent of MSWs stated that their initial experience of being in their new role was ‘not always positive’. They reported that midwives were initially reluctant to accept the new MSW role passing remarks such as:



The MSWs stated that these issues had mostly resolved when midwives saw the impact the MSW role was making to the care they were providing. As a result MSWs felt they were valued members of the midwifery team.

All of the MSWs reported that they experienced negative attitudes from some of the Band 2 healthcare workers. This was in relation to existing Band 2 healthcare staff having to do more housekeeping duties on their own.

MSWs reported that they received comments from Band 2 healthcare workers such as:

'I do all the cleaning while she, the Band 3 Maternity Support Worker is behind the curtain.'

Over 70% of MSWs stated that, on occasions, they had to do 'double duties'. This entailed carrying out Band 2 and Band 3 duties, if the Band 2 healthcare worker was not on duty. The MSWs appeared to be dissatisfied with this, providing comments such as:

'They were not doing what they were trained to do'

'Their skills could be put to better use'.

It should be noted that the duties of the Band 2 healthcare worker are included within the Band 3 Maternity Support Worker job description.

In one particular Trust, the role of the Band 2 healthcare worker appears to be almost identical to that of the MSW. The main differences between the two roles are that the MSW rotates into the community and performs venepuncture on a more frequent basis. MSWs report that this has caused some resentment from the Band 2 healthcare workers.

Strategic and Managerial Group

Half of the respondents indicated that there was some resistance from midwives, regarding erosion of their role; these concerns appear to have dissipated, however, once they worked with, and saw the value of, the MSW role.

Other responses in regard to challenges surrounding the implementation of the MSW role included ongoing funding to support the role, and friction between Band 2 and Band 3 support workers.

10.0 Stories from women using maternity services

- 10.1 In discussion with the sample group of five women, the following information and feedback were provided.

Within the postnatal wards, two women reported that they were satisfied with the care they had received; neither woman, however, could differentiate between care given by a midwife, a Band 2 or a Band 3 healthcare worker.

In an antenatal clinic held in the community setting, one woman commented that:

'The MSW had taken my blood at my booking visit and she was now doing my Glucose Tolerance Test. I originally thought the MSW was a nurse, I knew she was not a midwife as midwives spend more time with you, however I was very satisfied with the care she gave me.'

Another woman stated that she had contact with, and was cared for by, a MSW several times during her pregnancy. The woman reported that the MSW had taken appropriate action and raised concerns to the midwife when she had a low haemoglobin. Comments from this woman included:

'I found the MSW more than helpful, she talked to me as a friend, she was as good as a midwife, she remembered my name and took my care to a personal level and she was competent.'

The woman also stated:

'There is a great need for MSWs, it takes pressure off busy clinics because of what they can do.'

Another woman commented:

'I was very happy with my care, I had met the MSW before and my arm was not sore after my bloods were taken.'

11.0 Conclusions and recommendations

11.1 Conclusions

- The introduction and development of the MSW role was identified as one way of developing and modernising maternity services to meet current and future demands
- Under direction and supervision of midwives, the role of the MSW was to assist in the delivery of quality care to women, their partners and babies, before, during and after birth
- This Review has presented findings which support the positive impact of the MSW role within maternity services. The role of the MSW is considered as an invaluable asset to midwives in the care of women and has made a significant difference to the organisation of the midwives' workload
- MSWs are carrying out additional delegated duties and this is freeing up time for midwives to provide more midwifery care to women. Anecdotal evidence suggests that this has increased capacity and improved the quality of care to women
- The Review found that the education programme appears to be relevant and provides the MSW with the necessary skills and knowledge to undertake the role
- The MSWs appear to apply and use the full range of knowledge and skills they have acquired and are integrated into the maternity service.
- The Traffic Lights System, if appropriately used, safeguards against inappropriate delegation of tasks, as it identifies those skills which the MSW can and cannot perform
- There was some evidence of resistance from midwives to the MSW role; this was mainly due to concerns regarding erosion of the midwife's role and reducing the number of midwives. Such resistance was allayed once the role was established and staff concerns were addressed
- There was some evidence of tension and resistance in regard to clarity and definition of roles between the Band 2 healthcare workers and the Band 3 MSWs

- There are MSWs performing theatre duties in some of the HSC Trusts. As the regional MSW education programme did not include preparation for this role, the Trusts reported that they provided additional training to facilitate MSWs within these roles.

11.2 Recommendations

Based on the findings of the Review, the following recommendations are made:

- i. Midwives require further information and guidance in regard to the role and responsibilities of the MSW. They need to be aware of their accountability in relation to delegation of appropriate tasks to the MSW.
- ii. The Traffic Lights System is a useful aide memoire which sets out in a clear, helpful format the tasks MSWs can and cannot perform. This should be made available to all midwives and displayed clearly in all clinical areas.
- iii. There is a need to promote awareness among women in regard to the role of MSW and the fact that they are part of the midwifery team. This could be facilitated through routes such as antenatal education classes and information booklets.
- iv. Consideration should be given to the support mechanisms for the MSWs in clinical areas, particularly during their training programme and in the early stages of their acquired role.
- v. Consideration should be given to the provision of opportunities for MSWs to develop their career pathway.
- vi. Workforce planning should be kept under review with regard to increasing skill mix.
- vii. The education programme should be kept under review with regard to the changing needs of the service.

REGIONAL GENERIC JOB DESCRIPTION: MATERNITY SUPPORT WORKER BAND 3

Title of Post	Maternity Support Worker
Grade of Post	Band 3
Reporting to	Ward Manager/Team Leader
Responsible to	Head of Midwifery
Location	Maternity services Trust wide
Hours of work	37.5 hours or pro rata as required

Job Summary/ Main Purpose

The post holder is required to help and support midwives in providing a high standard of care to women, their partners and babies, before, during and after birth.

Following appropriate training, the Band 3 Maternity Support Worker will have the skills, knowledge and competence to work with minimal supervision and, using their initiative, to undertake, on a frequent basis, a range of tasks and roles delegated⁷ by the midwife, the majority of which will involve direct care to women, their partners and babies.

Main duties/responsibilities

Communication

- Deal courteously with women, relatives, visitors, chaplains and others with whom they come in to contact in the course of their duties
- Communicate effectively with women and others taking in to account their clinical conditions and differing levels of ability to understand
- Observe and report to midwifery staff any changes in the women's physical and emotional condition or behaviour
- Ensure that any instructions regarding women's and babies treatment and diet are carried out and recorded as directed
- Maintain confidentiality at all times regarding women and staff

⁷ In accordance with the DHSSPS CNAC delegation framework.

- Record and/or pass on messages to the midwife in charge, as required
- Establish working relationships with all grades of staff and disciplines, ensuring the maintenance of good communication
- Ensure accurate and comprehensive completion of women's and babies' records including, where required, entering data on to maternity computer systems.

Personal and People Development

- Participate in the Trust's personal performance and development review process and comply with the Trust's appraisal system
- Attend staff induction and participate in training of self and others, and avail of other learning activities, as requested, to maintain competence in the Maternity Support Worker role
- Provide induction training and support to new and existing Maternity Support Workers
- Share best practice with others.

Health, Safety and Security

- Participate in and co-ordinate housekeeping duties including cleaning of labour rooms, cleaning women's bed space and maintaining a tidy and clutter-free environment in line with Trust infection prevention and control policies
- Be aware of the risks of identity confusion when caring for babies, and diligently follow Trust and local policies and procedures to minimise these risks
- Report any accidents and incidents to midwifery staff and assist in investigation of same, verbally and in writing as required
- Comply with health and safety policies and statutory regulations
- Contribute to a safe environment within the risk management and clinical governance strategies
- Comply with Trust policies, procedures, guidelines, protocols and codes of conduct
- Contribute to the effective and economic use of resources and the maintenance of all equipment, including reporting of faults
- Ensure that uniform is worn correctly and personal hygiene is of a high standard
- Work within own role in emergencies and summon help when required
- Assist with chaperoning staff for intimate procedures.

Service Improvement

- Contribute to effective team working
- Cooperate with off duty scheduling so as to ensure that adequate staffing and optimum use of workforce are achieved
- Demonstrate commitment through regular attendance, efficient completion of duties and participation in department and teamwork activities
- Ensure that an adequate level of supplies and equipment is maintained

Quality

- Ensure that all documentation is completed in accordance with NMC standards for Record Keeping
- Work within own role, adhering to current legislation, policies and procedures
- Assist in the reception, admission and discharge of women
- Assist midwifery staff in the delivery of person-centred care
- Carry out assigned duties under the direction of a registered midwife in such a way as to ensure that care is of a high standard
- Cooperate with colleagues to ensure that harmonious relationships are developed and maintained within the Trust.
- Reports all complaints immediately to Ward Sister/Team Leader

Equality & Diversity

- Adhere to current legislation on equality and diversity
- Present a positive image of self and the organisation and treat others with dignity and respect
- Recognise and report any discriminatory practice.

Provision of Care and Promotion of Health and Well Being

- Assist in the teaching and demonstration of basic parenting skills on a one-to-one basis and in group sessions
- Actively contribute to supporting mothers in the prevention of ill health, e.g. smoking cessation
- Reinforce key health messages delivered by the midwifery staff in all encounters with women, relatives and visitors
- Supporting women towards self care and independence during pregnancy and following delivery, including personal care
- Support women in their chosen method of infant feeding, in accordance with Trust Policy
- Assist midwifery staff in the delivery of care as indicated in individualised care plan
- Report significant changes in women's progress to midwifery staff
- Provide physical and emotional support to women
- Provide support for women who are experiencing bereavement
- Accurately record and report care activities undertaken to the midwifery staff
- Prepare women for elective caesarean section
- Undertake vital signs, including routine post-operative observations following uncomplicated surgery, e.g. elective caesarean section

- Support the midwife by assisting with theatre duties and aspects of instrumental delivery, including⁸:
 - Undertaking the duties of the runner in theatre
 - Assisting in positioning of women for procedures
 - Assisting with setting up of instruments, using an aseptic technique
 - Checking of swabs, needles and instruments during and post procedures
 - Appropriate application and connection of equipment e.g. diathermy, suction
 - Monitoring and ordering surgical general and sterile services stores
 - Cleaning, preparing and setting up of the theatre environment.

This job description is not meant to be definitive and may be amended to meet the changing needs of the Trust.

February 2010

⁸ Local arrangements in respect of working arrangements for theatre will determine if Maternity Support worker undertakes these duties.

Review of Impact of the Maternity Support Worker Role

Membership - Review Team

Glynis Henry	Chief Executive (NIPEC)
Frances Cannon	NIPEC Senior Professional Officer (Chair)
Lynn Fee	Assistant Director of Nursing (SHSCT)
Heather Clyde	Programme Leader/Co-ordinator/Peripatetic Assessor (SHSCT)
Brendan McGrath	Assistant Director of Nursing (WHSCT)
Maureen Miller	Senior Lead Midwife (WHSCT)
Amanda Sayers	Senior Lead Midwife (WHSCT)
Shona Hamilton	Consultant Midwife (NHSCT)
Zoe Boreland	Lead Midwife (SEHSCT)
Maureen Ritchie	Midwife (SEHSCT)
Brenda Kelly	Lead Midwife (SHSCT)
Heather Kyle	Lead Midwife (BHSCT)
Gillian Morrow	Practice Development Midwife (BHSCT)
Eileen Pollock	Midwife Education Consultant (CEC)
Breedagh Hughes	Royal College of Midwives
Maureen Clark	NIPEC Council Member
Fiona Bradley	NIPEC Professional Officer

TERMS OF REFERENCE

Terms of Reference for the Review Team are as follows:

- TOR1 To agree a Review plan, timescales and methodology for the review
- TOR2 To contribute to the achievement of the Review aims and objectives
- TOR3 To undertake ongoing monitoring of the Review against the planned activity
- TOR4 To receive progress reports from the NIPEC Professional Officer and agree actions arising
- TOR5 To contribute to the development of the final Review report for submission to the DHSSPS

- Membership of Review Team is non-transferrable, other than in exceptional circumstances and with prior agreement of the Chair.

Review of the Impact of the Maternity Support Worker Role - Process for Data Collection

Appendix 3

Midwife Sisters/Midwives Group

To include: Midwives from each of the 5 Health and Social Care Trusts

Data Collection by:

- A Focus Group in each of the 5 Trusts
- Using semi-structured questions

Maternity Support Workers Group

Criteria for inclusion:

- Working as a Band 3 Maternity Support Worker, using other Regional Job Description or relevant Local Job Description
- Have completed an education programme, specific to role of Maternity Support Worker
- Working within maternity services.

Data Collection by:

- Two Focus Groups to be held in central locations – Craigavon and Antrim venues
- Using semi structured questions
- Facilitated by Education Consultant (CEC).

Strategic and Managerial Group

To include:

- Local Authority Supervisory Midwifery Officer, PHA
- Royal College of Midwives
- Midwifery Advisor, DHSSPS
- Assistant Directors of Nursing, 5 HSC Trusts
- Heads of Midwifery, 5 HSC Trusts.

Data Collection by:

- Online Questionnaire via NIPEC's website and coordinated by Education Consultant (CEC)

User Group

Data Collection by:

- Mothers' stories/experiences (one from antenatal, postnatal and community areas), coordinated by Education Consultant (CEC).

Appendix 4

Number of Maternity Support Workers employed in each HSC Trust from 2009 - 2011

	HSC Trust	Employment start date of Band 3 MSW role	Number of W.T.E. MSWs employed by HSC Trust	Head count of MSWs employed by HSC Trust	Allocation on completion of MSW Education Programme	Current allocation of Band 3 MSW
1st Cohort MSW Education Programme	SHSCT	2009	6.6	8.0	Antenatal, postnatal, clinics and community	Postnatal, clinics and community
2nd Cohort SHSCT MSW Education Programme	SHSCT	2010	9.64	11.0	Antenatal, postnatal, clinics and community	Antenatal, postnatal, clinics and community
3rd Cohort Regional MSW Education Programme	BHSCT	2011	6.47	8	Day obstetric unit, early discharges in delivery suite and theatres	Day obstetric unit, early discharges delivery suite and theatre
	NHSCT	2011	3.56	6.0	Maternity ward	Maternity ward and theatres
	SEHSCT	2011	3.0	3.0	Midwife led unit, and maternity ward	Midwife-led unit, and maternity ward
	SHSCT	2011	1.72	2	Maternity wards	Maternity wards
	WHSCT	2011	4.86	5	Postnatal, clinics, community and Labour Delivery Recovery Postnatal (LDRP) suite	Postnatal, clinics, community and LDRP
TOTAL			35.85	41		

Care of mother

Support women with general personal hygiene.
 Undertake and record routine maternal vital signs: temperature, pulse, respiratory rate and blood pressure.
 Obtain urine samples and perform urinalysis.
 Undertake venepuncture.
 Remove urinary catheters and intravenous cannulas.
 Provide pre and post-operative Caesarean Section care.
 Enter data on to computer systems. Search for laboratory results on computer systems and relay information to midwife.
 Make and receive telephone calls and pass key information to midwife.
 Chaperoning.
 Assist with admission/transfer/discharge procedures.
 Assist with parenting skills e.g. demonstrating baby bath; advising parents on cord care, including recognition of abnormalities; helping parents understand baby cues; promoting bonding and skin-to-skin contact.

Care of the baby

Weigh baby.
 Identification and security of baby.
 Wash and bathe baby/nappy change.
 Skin care /eye and cord care.

Infant feeding

Inform parents about the benefits of breastfeeding.
 Provide assistance and support to breastfeeding women, including positioning and attachment of the baby.
 Support with hand expression of breast milk.
 Assist women to use the breast pump.
 Give information regarding preparation of artificial feeds.

Public Health

Provision of information on:
 Diet and exercise
 Smoking cessation
 Alcohol and drugs
 Domestic violence and abuse
 Reducing the risk of Sudden Infant Death Syndrome
 Car safety.

Theatre tasks:

Undertaking duties as a theatre runner.
 Assist in the positioning of women for procedures.
 Setting up of instruments using aseptic techniques.
 Checking of swabs, needles and instruments during and post procedures.
 Appropriate application and connection of equipment e.g. suction.
 Monitoring and ordering surgical, general and sterile stores.
 Cleaning, preparing and setting up of theatre environment.



For further Information, please contact

NIPEC

Centre House

79 Chichester Street

BELFAST, BT1 4JE

Tel: (028) 9023 8152

Fax: (028) 9033 3298

September 2012

This document can be downloaded from the
NIPEC website www.nipec.hscni.net