

MATERNITY SUPPORT WORKERS (MSWs)

# The roles and responsibilities of MSWs



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## The aim of this guide

The aim of this guide is to assist all those involved in developing the maternity workforce with advice on the tasks that maternity support workers can and cannot legitimately undertake.

It is important that the guide should be read in conjunction with the documents listed in the references section, particularly those addressing issues of responsibility, safe and effective staffing, accountability and delegation.



This guide was originally published in 2011. It was based on the work of a Royal College of Midwives (RCM) expert steering group who sought to reach a consensus on the tasks that Maternity Support Workers (MSWs) could and could not perform.

An initial list of potential tasks was drawn from a review of UK-wide education programmes and a sample of MSW job descriptions. A consensus workshop was held with the expert group, the outcomes of which were reviewed by the RCM. Since the publication of this guide there have been a series of policy and other developments in respect of support roles. We have taken the opportunity to update this guide to reflect these. The vast majority of tasks listed in the guide remain the same.

Our thanks to the original steering group's work remains.

### *For further information*

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Since its publication in 2011 The Role and Responsibilities of Maternity Support Workers has become one of the most popular guides ever produced by the RCM. Maternity support workers make such an important contribution to safe and effective care within the maternity team and there is a recognition of the need to ensure clarity about role boundaries and delegation.

I am delighted to be able to introduce the second edition of the guide – the only one of its kind produced by a professional body. In recent years there has been a growing recognition of the importance of ensuring that all support staff have access to the right supervision, education and training.

I hope this guide will continue to assist the development and deployment of MSWs, whether they work in general, antenatal, intrapartum or postnatal care, so that their contribution can be maximised. They are an essential part of the maternity workforce to ensure the delivery of safe and high quality maternity services to mothers and families.

**Gill Walton**  
Chief Executive  
The Royal College of Midwives

## Background

The RCM's (2014) Position Statement on Maternity Support Workers states that the introduction of support workers: '*should be within a clear framework which defines their role, responsibility and arrangements for supervision*' (page 1). Too often as The Final Report of Midwifery 2012 (Midwifery 2020, 2010) and the King's Fund (Sandall, Homer et al, 2011) have noted that the development of support workers in maternity services, particularly in England, can be inconsistent.

In July 2011 a workshop was held at the RCM with the aim to reach, where possible, a consensus on the tasks and responsibilities appropriate for MSWs to undertake and those that are not. Workshop attendees were initially asked to complete a survey that listed 96 tasks, such as the care of the woman and her baby, public health and theatre tasks that the MSW might perform.

The survey items were based on a review of the following education programmes along with feedback from the RCM's internal MSW group.

- All Wales MSW Curriculum.
- NHS Education for Scotland's Maternity Healthcare Support Worker programme.
- Northern Ireland level 3 MSW Diploma.
- London South Bank MSW Foundation Degree.

Through discussion, the workshop agreed a set of tasks they collectively felt MSWs could perform. These were then reviewed by the RCM's internal MSW group. The RCM recognises that support workers perform tasks holistically, working as part of a team and require a wide range of competencies including – communication skills, problem solving, recognising and responding appropriately to emergency situations and demonstrating awareness of equality and diversity issues. The workshop and this guide, however, focuses on tasks alone. This is in order to assist the setting of clear and unambiguous role parameters.

## The MSW role definition

There is currently no single definition of the MSW role and a wide range of titles are used for particularly higher level roles. The term 'MSW' is used in this guide to describe any unregistered employee providing support to a maternity team, mothers and their families who work specifically for a maternity service. **MSWs do not assess mothers and babies or make clinical judgements or decisions or initiate interventions.** They are, however, with appropriate training and supervision able to provide information, guidance, reassurance, assistance and support, for example with breastfeeding or recording vital signs, that improve the quality of care that midwives are able to provide to mothers and families. MSWs may be banded on *Agenda for Change* bands 2, 3 or 4.

Further RCM guidance is being developed on the appropriate grading of support workers. Please see the publications listed in the references section.

## Introduction

This guide was originally produced in response to a series of studies that suggested the development and utilisation of particularly higher-level support roles in maternity services could be inconsistent and ad hoc (see for example King's Fund, Sandall, Homer et al. 2011 and Griffin, Morris-Thompson et al, 2012). As the RCM's 2014 *Position Statement on Maternity Support Workers* (page 3) points out deployment of MSW roles to support midwives must be 'within a clear framework which outlines their role, responsibilities and arrangements for supervision'. Duties and responsibilities should be set out clearly in job descriptions. Posts should also be appropriately and fairly graded for the work that they do (following job evaluation criteria). Posts graded at *Agenda for Change* band 2 should not perform clinical tasks.

### Talent for Care and Care Certificate

In October 2014 Health Education England published a new nationally agreed framework for the NHS in England's support workforce called Talent for Care (Health Education England, 2014). This includes ten strategic intentions.

In addition from April 2015 all newly recruited NHS support workers in 'patient facing' roles - including MSWs are required to complete the fifteen standard Care Certificate. Support staff are required to remain in 'line of sight supervision' while they complete each standard. Completion is through a combination of teaching and workplace assessment.

### The role of the MSW

The role of MSWs is to undertake, under the direction and supervision of a registered midwife, tasks and duties for which midwifery training and registration are not required (either by statute or professional guidance).

There is no single definition of the MSW role or robust research evidence on the contribution of the role; the optimum safe ratio of qualified midwives to support roles (NICE, 2015) or even the appropriate title to use for the role. This guide continues to use the generic term 'MSW' but recognises this title is not universally accepted.



## Principles

The RCM recommends that the following principles are adhered to when designing and deploying MSW roles. Following these principles will allow appropriate judgement to be made about how MSW roles can effectively support midwives.

- The role and responsibilities of midwives is clearly set out in statute in the UK and underpinned by the EU Directive 2013/55/EU. Activities deemed to be within the sphere of midwives responsibility and accountability must not be transferred or delegated to another person. MSWs complement the care that midwives provide mothers and their families.
- MSWs should be recruited and trained as employees specific to maternity care not as general healthcare assistants. MSWs must have the right knowledge, skills and attitudes to perform appropriate tasks. In most cases this will require completion of a formal education programme.
- MSWs must have the appropriate level of supervision, direction and support to carry out their responsibilities safely.
- Clinical governance and other quality standards should explicitly address and include the role of MSWs.
- Consideration must be given to whether it is *efficient* for MSWs to undertake a task within their remit. For example, while with appropriate training a MSW will be able to undertake cannulation, in practice the time gap between a woman being cannulated and the midwife being able to flush it means that it may not be efficient to use the MSW for that task.
- While housekeeping tasks such as cleaning and administrative tasks may be carried out by MSWs, it is also appropriate to employ general healthcare assistants for this role.

### NICE guidelines (NG4, 2015)

NICE have published a series of guidelines to assist organisations assess safe staffing levels to ensure that women and their families receive the care that they require.

## Delegation of tasks

The decision whether or not to delegate a task to a MSW should be made solely by a midwife based on their clinical judgement. The midwife is responsible and accountable for any decision to delegate.

The following principles will assist appropriate delegation.

- MSW role boundaries are clearly and unambiguously defined and reflected in up-to-date job descriptions and person specifications.
- All staff are made aware of the tasks that MSWs can and cannot perform.
- Delegation is a formal process that must take place on each shift. The RCM recommends that delegation to MSWs should be the responsibility of a single midwife to avoid confusion, omission or duplication.



## Tasks MSWs must not perform

The following set of tasks must not be performed by MSWs.

- Maternal history taking.
- Booking.
- Diagnose pregnancies.
- Monitor progress of pregnancies.
- Give information and advice on pain relief.
- Diagnose onset of labour.
- Monitor progress of labour including maternal and fetal wellbeing.
- Monitor the birth process.
- Obtain consent for invasive procedures.
- Antenatal assessment of a woman.
- Abdominal/speculum/vaginal examination of a woman.
- Assessment of uterine activity.
- Auscultation of a fetal heart.
- Drawing up of an injection.
- Run through an intravenous infusion.
- Administration of any medication.
- Attachment of a fetal monitor.
- Interpretation of a cardiotocograph.
- Fetal blood sampling.
- Assisted delivery.
- Delivery of a baby.
- Episiotomy.
- Perineal repair.
- Assess the Apgar score.
- Initial examination of the newborn.
- Insertion of a nasogastric tube.
- Assess postnatal or postoperative recovery.
- Postnatal examination of the woman.
- Removal of skin staples and sutures.
- Mentor student midwives.
- Transfer/discharge postnatal examination of the baby.
- Discharge and transfer of care.

## Home births

The original RCM expert group was unable to reach a consensus on whether women giving birth at home could be supported by a single midwife and a MSW (rather than a second midwife). The majority view was that home births should be attended by two midwives. The RCM's view remains that safety at home births will not be compromised if a MSW becomes the second role supporting a midwife as long as they have sufficient higher-level knowledge, skills and experience.

The RCM remains supportive of both student midwives and MSWs who have been appropriately trained (particularly in neonatal resuscitation) to provide the necessary support to a midwife at a home birth. Deploying MSWs in this role will help address declining home birth rates.



## Tasks MSWs can perform

The following sets out a range of tasks that the RCM believes MSWs can undertake with appropriate training, supervision and support.

### *General*

- Prepare (including cleaning) the clinical area.
- Clean, fill and maintain birthing pool to correct temperature.
- Management of blood spillage.
- Clean and make beds.
- Re-stock and reorder equipment.
- Sterilise feeding equipment.
- Prepare equipment such as ultrasound.
- Identify and report faulty equipment.
- Undertake hospital transfer, the discharge process and tasks such as data input.
- Input and retrieve data into and from computer systems, for example, test results, contact details and discharge information.
- Organise and set up antenatal and postnatal classes and clinics.
- Contribute to midwife-led antenatal and postnatal classes.
- Assist midwives and doctors with instrumental deliveries, such as laying up trolleys, opening packs, gathering equipment and the disposal of equipment.

### *Support of the mother and birthing partner*

- Assist midwives and doctors with performing ultrasound scans.
- Assist midwives and doctors with performing trans vaginal scans.
- Independent undertaking of venepuncture.
- Calculation of mother's body mass index.
- Obtain urine sample from mothers.
- Perform urinalysis.
- Obtain capillary sample of maternal blood for glucose analysis.
- Cannulation.
- Support women with personal hygiene.
- Support mothers with oral hygiene.
- Record mother's oral fluid intake and urine output.
- Undertake, record maternal vital signs such as temperature, pulse, respiratory rate and blood pressure and report any concerns to the midwife.

- Recognise signs of ill-health in mothers and report to midwife.
- Measure and apply thrombo embolic deterrent stockings.
- Work with the midwife to prepare women for elective caesarean section.
- Apply transcutaneous electrical nerve stimulation machine.
- Apply supra pubic pressure during shoulder dystocia.
- Assist with placing women in lithotomy position in preparation for an instrumental delivery or theatre procedure.
- Process fetal scalp/umbilical pH.
- Rubbing up a contraction during a post-partum hemorrhage.
- Independent removal of epidural catheter.
- Independent removal of indwelling urethral catheter.
- Provide reassurance to new mothers and birthing partners.
- Promote skin-to-skin contact with healthy babies and their mothers.
- Support mothers with bathing their baby.
- Arrange and process microbiological specimens.
- Assist mothers with postnatal exercises.
- Inform parents about the benefits of breastfeeding.
- Position and comfort of breastfeeding women including the position and attachment of the baby.
- Support women with hand expression of breast milk.
- Assist women to use breast pumps.
- Support mothers to cup feed.
- Assist with syringe feeding of expressed milk.
- Support mothers with formula feeding including demonstrating how to make-up formula feeds.
- Discuss changing stool and micturition of normal neonate.
- In cases of bereavement assist families through the provision of information and support.

### *Care of baby*

- Assist midwife with neonatal resuscitation.
- Weigh baby.
- Identification and security of baby.
- Skin care including awareness of the potential seriousness of skin rashes.
- Wash and bathe baby.
- Eye care of baby.
- Nappy change.
- Describe, undertake, document vital signs of the normal neonate: temperature, respiratory rate, heart rate and oxygen saturation and where appropriate report to a midwife.

- Following initial assessment by a midwife and their development of a care plan undertake routine healthy baby observations in the hospital and community reporting any abnormalities to the midwife.
- Observe and advise mother on care of cord including recognition of abnormalities and reporting these to a midwife.
- Gather urine sample in hospital.
- Obtain capillary sample of blood via heel prick.
- Undertake Newborn Blood Spot.
- Recognise and report to a midwife potential signs of neonatal jaundice.
- Undertake newborn hearing screening.

### Public health

- Promote healthy living through the provision of information and advice on nutritional health and smoking cessation.
- Provide one to one information, advice and support to vulnerable or high risk mothers in respect of public health, breast and formula feeding, parenting skills and family adjustment.

### Theatre tasks

In addition to the tasks above some MSWs may also undertake the following theatre tasks.

- Document times and personnel present in theatre records for each procedure.
- Check swabs and needles.
- Support and reassure the woman and birth partner during the procedure.
- Clean and prepare theatre.
- Set up equipment.
- Handle, package and send specimens.
- Undertake scrub role.



## Scrub role

The Perioperative Care Collaborative (PCC) states that 'when a registered practitioner delegates a role to a support worker, this registered practitioner should be a member of the perioperative team. It is not appropriate to combine this responsibility with any other role. Within obstetric theatres the execution of the scrub role by an appropriately trained support worker must be supervised by a registered practitioner who is competent in the scrub role. This should be a registered nurse, operating department practitioner or registered midwife who is competent in the scrub role, and where there is no compromise to the midwife's primary function and responsibility to mother and baby. The midwife should not be expected to undertake any role which could detract from his/her overarching primary responsibility. It is recommended that support workers do not undertake the scrub role for emergency obstetric surgery. (PCC 2015 : 3).

## Newborn hearing screening

It is appropriate for MSWs to perform hearing tests to identify moderate, severe and profound deafness and hearing impairment in newborn babies. They must undertake the NHS Newborn Screening Programme training.

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