The RCM standards for midwifery services in the UK

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Background

Crucial reports and strategic reviews about the quality of maternity care in different parts of the UK have consistently identified that improvements should be underpinned by implementation of existing evidence-based clinical standards (for example see 1, 2, 3, 4 and 5).

The RCM identified that to deliver compassionate, well-led, professional evidence-based midwifery care which maximises midwives' contributions to improving quality also required midwifery service standards within a framework which could be used by service providers, commissioners and RCM members.

The Royal College of Midwives (The RCM)

A small project team was tasked with developing The RCM Standards for midwifery services in the UK. The team developed the standards using a pragmatic review of the evidence available and through consensus informed by views, comments and suggestions on draft outputs from respondents amongst those listed in Appendix 1.

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Format of report

Section 1

Section 1 covers principles of standards for high quality midwifery services which were used as the basis for developing the standards.

Section 2

Section 2 sets out statements and standards presented under six key themes for service delivery:

- clinical governance
- communication
- staffing
- education and accountability
- family-centred care
- care and the birth environment.

Key measurement criteria are suggested for each standard, along with an example of at least one suggested source of evidence that could be used to evaluate implementation.

The standards are addressed to service providers and commissioners and also to midwives for attention and action.

Contextual references for Section 1 are listed at the end of the report along with a bibliography for Section 2.

Section 1
Principles for high quality midwifery services

High quality midwifery services nurture and develop a trusting relationship with the women and families that they serve. They work in collaboration with all key stakeholders in the provision of maternity care and engage proactively with service users, ensuring that feedback is responded to in a timely manner and that their views are sought when any significant changes to systems are proposed. They foster a culture of learning and supportive work practices amongst professional colleagues and are open and transparent in response to an investigation of any critical incidents. (6 and 7)

Midwifery is defined as "Skilled, knowledgeable and compassionate care for childbearing women, newborn infants and families across the continuum throughout pre-pregnancy, pregnancy, birth, postpartum and the early weeks of life. Core characteristics include optimising normal biological, psychological, social and cultural processes of reproduction and early life, timely prevention and management of complications, consultation with and referral to other services, respecting women's individual circumstances and views and working in partnership with women to strengthen women's own capabilities to care for themselves". (8)

A midwifery model of care assumes that pregnancy, birth and the postnatal period are normal life events for a woman and her baby. It is woman-centred and based on strong evidence that continuity of carer in monitoring and promoting the physical, psychological and social well being of the woman and family throughout the childbearing cycle is critically important. A midwifery model of care provides the woman with individualised education, counselling and antenatal care, continuity of care during labour, birth and the immediate postpartum period and ongoing support during the postnatal period. The midwife plays a central role in co-ordinating care and linking with other health and social care professionals and voluntary sector organisations providing services for childbearing women (adapted from International Confederation of Midwives 2011). (9)

This definition clearly places the midwife in a central position in both providing care and communicating with other family members, providers and clinicians. The care from a midwife will take place in many diverse settings and as such requires midwives to be adaptable and versatile. (10)

Midwifery care should take place within services which are organised to provide evidence-based guidance for midwives and in systems that validate and regularly review policies, guidelines and protocols. Services should use systems to continuously audit and monitor clinical activity and are reviewed regularly as part of the governance arrangements and adhere to professional standards for documentation, record keeping and data information storage. They should address the requirements of national guidelines and policies with particular regard to improving health and reducing health inequalities. (11-14)

Section 2
Key themes, statements and standards for midwifery services

Theme 1: Clinical Governance

Standard Statement:
Planning and organising of midwifery services takes place under midwifery leadership and through multi-disciplinary collaboration which supports a high quality clinical governance framework that delivers personalised maternity services.

Standard	Measure	Example of evidence sources
1. There must be multi-professional input into the development of evidence-based guidelines, policies and procedures that are relevant to clinical practice in midwifery care and subject to regular review.	Evidence of membership of policy and guideline development groups.	Local arrangements and written clinical protocols.
2. There should be a multi-disciplinary steering / management group responsible for oversight of clinical care, which meets at least quarterly with published minutes and is directly accountable to the service provider's clinical governance body.	Evidence of membership and governance of steering / management group responsible for oversight of clinical care.	Local arrangements for written terms of reference and minutes.
3. There should be structures that facilitate open, transparent, respectful, non-hierarchical professional communication.	Evidence of structures that facilitate professional communication.	Staff survey. Minutes of perinatal mortality meetings.
4. There must be clear referral and communication pathways for the transfer of care between professionals and sites.	Evidence of referral and communication pathways.	Local arrangements and written protocols. Regional arrangements and written protocols.
5. There should be clear role profiles to support effective team working.	Evidence of role profiles.	Job descriptions.
6. There must be a written risk management policy, including trigger incidents, adverse incident reporting and multi-professional review.	Evidence of risk management policy.	Local arrangements and written clinical protocols.

Standard	Measure	Example of evidence sources
7. There must be a process for feeding back promptly, honestly and transparently to women and families when things go wrong and involving them as they wish in any review or inquiry.	Evidence of duty of candour policy.	Local arrangements and written clinical protocols.
8. There must be a process to ensure that all critical incidents, including all perinatal deaths, are thoroughly reviewed by a multi-disciplinary group including service user representation and independent peers.	Evidence of process for reviewing all critical incidents.	Local arrangements and written clinical protocols.
9. There must be a process of rapid dissemination of learning from such reviews to facilitate multi-disciplinary learning.	Evidence of process for dissemination of learning.	Local quality accounts. Shared learning summaries.
10. There must be effective collaborative partnership working with the local and national maternal, neonatal and child health services.	Evidence of collaborative partnership working.	Local arrangements for local data collection.
11. There should be senior midwifery representation on the local Maternity Services Liaison Committee (MSLC) and the service provider's clinical governance body.	Evidence of membership of the local MSLC and the service provider's clinical governance body.	Local arrangements and written minutes of meetings.
12. Systems must be in place to ensure electronic collection, reporting and transfer of information regarding activity, performance and outcomes of care which support midwives and other clinical staff to have access to the relevant data to assess and improve outcomes.	Evidence of systems for collection, reporting and transfer of information.	Local arrangements and written policy.
13. Personal and team practice audit should take place linked to evidence-based guidance, reflection and practice change.	Evidence of personal and team practice audit.	Local arrangements and local data collection.
14. There must be an agreed care plan based on an individual woman's health and needs assessment that is reviewed regularly.	Evidence of individual care plan.	Local arrangements for woman held maternity notes.

Theme 2: Communication

Standard Statement:
Midwives must have the ability to communicate effectively with all members of the maternity team, other professionals, women receiving care and their family members. They should ensure that all information relevant to the care pathway is accessible, aids decision making and assists communication.

Standard	Measure	Example of evidence sources
15. There should be processes and systems, including IT, that support good communication in all elements of care.	Documented processes and systems for communication.	Local arrangements and local written clinical policy. Local data collection.
16. There should be formal communication and referral pathways for midwives with general practitioners, health visitors, laboratory services, emergency services, acute and primary care trusts and other health and social care networks.	Documented communication and referral pathways.	Local arrangements and local written clinical policy. Regional arrangements and written policy.
17. There should be protocols on the content and format of written communication, in particular about transfer of care between professionals.	Documented protocols on content and format of written communication.	Local arrangements and written clinical policy.
18. Women and their families should be actively encouraged to express their preferences and supported to make choices, share decisions and take responsibility for their own health care.	Evidence about women and their families active involvement in decision making.	Local data from national survey of women's experiences.
19. Women should be offered the opportunity to talk about their birth experiences and to ask questions about the care they received. This may continue beyond the six week postnatal period.	Evidence that women are offered opportunities to talk about their experiences and ask questions.	Local review and investigation of complaints. Local data from survey of women's experiences.
20. Documentation must be to a standard expected by the professional regulator and organisation's / employer's systems.	Evidence of documentation.	Local information systems.
21. The named professional responsible for the woman's care must be documented at all stages and most importantly when transfer of care takes place.	Evidence of documentation.	Local arrangements for woman held maternity notes.

Theme 3: Staffing

Standard Statement:
Safe staffing levels of midwives and support staff are maintained, reviewed and audited at least six monthly.

Standard	Measure	Example of evidence sources
22. Staffing establishments should be calculated according to a recognised workforce planning tool that ensures women have continuity of carer and one to one care from a midwife in labour.	Documented process for calculating staffing establishments.	Local arrangements and written clinical policy. Quality accounts.
23. There should be an appropriate skill mix that supports safe delivery of midwifery care that meets the needs of women in all environments.	Documented process for calculating skill mix.	Local arrangements and written clinical policy. Quality accounts.
24. The organisational leadership structure should reflect the philosophy of care, provide expert advice at board level to support the staff in the working environment.	Documented organisational leadership structure.	Local arrangements and written clinical policy.
25. An appropriately skilled and competent workforce must be maintained.	Documented process for monitoring workforce competency.	Local arrangements and written clinical policy.
26. New staff in all care environments must have access to induction and preceptorship.	Documented process for induction and preceptorship.	Local arrangements and written clinical policy.
27. Performance management appraisals should be undertaken for each member of the maternity team at least annually.	Evidence of annual performance management appraisals.	Local arrangements and written clinical policy. Staff survey.
28. Good morale and culture should be demonstrated through evidence from staff surveys, rates of sickness, absence and staff retention.	Evidence about morale and culture.	Staff survey. Local HR records.
29. A leadership style should be demonstrated to exist at all levels which assures engagement of all staff in the success of the organisation and supports staff in a way which maximises their contribution to high quality care.	Evidence about leadership style.	Staff survey.
30. Staff should have a safe working environment and culture that provides space which enables and supports them to take adequate rest, comfort and meal breaks.	Evidence of the working environment.	Local arrangements and written HR policy.

Theme 4: Education and professional accountability

Standard Statement:
Midwives have a personal accountability for continuing professional development and life-long learning. The system they work in should provide a positive learning culture with opportunities to fulfil these responsibilities.

Standard	Measure	Example of evidence source
31. Employers must provide time and opportunities for all midwives to maintain professional development in line with revalidation.	Evidence of continued professional developments.	Staff survey. Local arrangements and written policy.
32. Each staff member should undergo a staff performance review annually, which identifies development needs.	Evidence of annual staff performance review.	Staff survey. Local arrangements and written policy.
33. There must be a framework for effective accessible clinical supervision.	Evidence of clinical supervision.	Local arrangements and written policy.
34. All maternity staff should have access to courses and activities for workforce development and team building.	Evidence of workforce development and teambuilding.	Local arrangements and written policy. Local data collection.
35. There must be structures in place for the development and provision of the role of a sign off mentor for student midwives and of preceptors for newly qualified midwives.	Evidence of mentorship and preceptorship.	Local arrangements and written policy. Local data collection.
36. The culture of working environments should actively encourage learners and learning.	Evidence of working environment that encourages learners and learning.	Local arrangements and written policy. Local data collection.
37. Midwives and support staff should undertake multi-disciplinary training and participate in a regular clinical skills programme that is appropriate within the context of care environment.	Evidence of multi-disciplinary training.	Local arrangements and written policy. Local data collection.

Theme 5: Family-centred care

Standard statement:
Care is accessible, responsive and provided in partnership with women and their families, respecting their diverse needs, preferences and choices and in collaboration with other organisations whose services impact on family wellbeing.

Standard	Measure	Example of evidence sources
38. The model of midwifery care must be family centred and responsive to the cultural, emotional and physical aspects of pregnancy and birth.	Evidence about family-centred care.	Local arrangements and written clinical policy. Local data from national survey of women's experiences. Patient experience survey. Local data collection.
39. All midwifery services should be planned on the basis of high quality information about local population needs.	Evidence about service planning.	Local arrangements and written policy. Local data collection.
40. There should be effective partnership working across communities, including local authorities and the voluntary sector, providing pathways of care with access to social care agencies.	Evidence of partnership work.	Local arrangements and written policy. Local data collection.
41. There should be a structure that addresses the requirements of the relevant children and young people's legislation which includes safeguarding policies and collaboration with the relevant local networks.	Evidence of structure that addresses requirements of children's and young people's legislation.	Local arrangements and written policy. Local data collection.
42. There should be evidence that the local MSLC or other such structures embed user involvement to develop and improve services.	Evidence of user involvement to develop and improve services.	Local arrangements and written policy. Local data collection. Quality account.
43. Experiences of women and their family must be used to drive continuous improvement of care.	Evidence of feedback from service users.	Local review and investigation of complaints.
44. Women must be fully involved in all aspects of their care enabling them to be at the centre of decision making throughout.	Evidence about women's active involvement in decision making.	Local data from national survey of women's experiences. Local arrangements and written clinical policy.
45. Women must have access to the right information that facilitates direct access to care and midwives without unnecessary delay at any stage in the care pathway.	Evidence about information offered to women.	Local data from national survey of women's experiences. Local arrangements and written clinical policy. Local review of serious incident investigations.
46. Women should be introduced to all healthcare professionals involved in their care and made aware of their roles and responsibilities.	Evidence that women are introduced to all healthcare professionals.	Local arrangements and written clinical policy. Local data collection. Survey of women's experiences.
47. Women and their families' rights must be consistently respected throughout the care pathway, including their right to decline particular aspects of care and their right to privacy, dignity, autonomy and equality.	Evidence that women and their families rights are respected.	Local arrangements and written clinical policy. Survey of women's experiences. Local review and investigation of complaints.

Theme 6: Care and the birth environment

Standard statement:
Care is provided in a chosen, comfortable, clean, safe setting that promotes the wellbeing of women, families and staff, respecting women's needs, preferences and privacy. The physical environment supports normality and compassionate care.

Standard	Measure	Example of evidence sources
48. Maternity services should ensure women have access to midwifery care in all birth settings including midwifery units and home births.	Evidence of women's access to all birth settings.	Local arrangements and written clinical policy. Local published information. Local data from national survey of women's experiences.
49. There must be clear, evidence-based guidelines and policies supporting women's access to antenatal and postnatal care in different care environments.	Documentation of guidance and policies.	Local arrangements and written clinical policy.
50. The design of the environment for care must be led by the needs of women and their families and should contribute to relationship building between women and those caring for them.	Evidence about women's active involvement in design of the environment.	Local arrangements and written clinical policy.
51. All care environments must protect and promote women's privacy and dignity, respecting their human rights.	Evidence about privacy and dignity in care environments.	Local arrangements and written clinical policy. Survey of women's experiences. Local review and investigation of complaints.
52. Consideration should be given to the efficiency, effectiveness and sustainability when planning care environments.	Evidence about sustainable planning of care environments.	Local arrangements and written clinical policy. Local data collection.
53. There should be facilities that include space for furnishing and storage of equipment commensurate with normal birth and effective midwifery practice.	Evidence about space for storage of equipment.	Local arrangements and written clinical policy. Local data collection. Local incident reporting, review and action.
54. There must be appropriate private, sound proofed environments for families experiencing a loss in pregnancy, stillbirth or neonatal death that enables partners to stay with women throughout their hospital stay.	Evidence of an appropriate environment for bereaved families.	Local arrangements and written clinical policy. Local data collection. Survey of women's experiences.
55. The impact of the environment whatever the complexity of the care should be recognised, assessed and any concerns identified acted upon.	Evidence of assessment of impact of environment.	Local arrangements and written clinical policy. Local review and investigation of complaints.

Appendix 1
Project team and advisors involved in developing this report

Project team

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