



MIDIRS Search Pack


Search Pack M57

Maternity support workers and health care assistants


Includes articles relating to Maternity Support Workers (MSWs), Health Care Assistants (HCAs) and other support worker roles in maternity services.

Date created: 11/22/2024

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M57 - Maternity support workers and health care assistants

(164)

971114-027

Do we need support workers in the maternity services?. Francomb H (1997), British Journal of Midwifery vol 5, no 11, November 1997, pp 672-676

There has been relatively little discussion in the literature regarding the National Vocational Qualification (NVQ) support worker in midwifery. However, some have challenged whether midwives can offer the full range of midwifery care without assistance (Magill-Cuerden, 1994). In January/February 1994 a small research study was conducted to ascertain midwives' perceptions of the role of the support worker in a large consultant maternity unit. Midwives welcomed support in some areas of their work, e.g. hospital wards, but did not wish to see their role eroded, standards of care reduced or fewer midwives employed. Midwives need to establish whether a support worker is needed and if so, their role. They also need to carefully address the issues of training and control. (Author)

960909-060

'It's time to stop kissing babies!'. Duff E (1996), Midwives vol 109, no 1304, September 1996, pp 243-246

Report from the Royal College of Midwives annual conference in Torquay, September 1996. The motions discussed include: insufficient funding for woman-centred care; unsafe administration of vitamin K; financial commitment to breastfeeding; pregnant prisoners; evaluation of health care assistant level 3 in the community; supervision of midwifery education programmes; indemnity insurance cover for all midwives; practice nurses and antenatal care; industrial relations representation on council; privatisation of funding; continuity of care; exodus of midwives from the profession; support for stewards; British tourist authority breastfeeding information; discrimination against pre-registration midwives; MPs' pay; midwives subsidising work related activities; midwife needed at UKCC executive level; purchasing strategies with provide units of maternity services. (KL)

960907-031*

The place of health care assistants in the maternity services. Royal College of Midwives (1995), London: Royal College of Midwives October 1995. 1p

Position statement from the Royal College of Midwives explaining their view that 'health care assistants employed in the maternity services should not be graded at higher than level II, and should mainly undertake hotel and clerical duties.' (KL)

960903-068

Comment... Stretching the midwife. Magill-Cuerden J (1996), Modern Midwife vol 6, no 9, September 1996, p 4

Editorial comment on the expanding role of the midwife, for example, the administration of intravenous fluids in emergencies, offering vaccinations, and prescribing drugs. What are the limits of the role? Should health care assistants take over normal midwifery care thus freeing midwives for roles previously carried out by medical staff? Midwives cannot hope to expand their role without readjusting their workload and salaries should reflect the increased responsibility. (SJH)

960715-014

Issues for debate at the AGM. A manager's perspective of the AGM resolutions. Warwick C (1996), British Journal of Midwifery vol 4, no 7, July 1996, pp 387-388

The author discusses some of the resolutions to be presented at the 1996 AGM annual conference and offers comments and suggestions on the following: woman-centred care; routine vitamin K administration; representation at the UKCC of a practising midwife at executive level; evaluation of health care assistants at Level 3; recruitment and

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960715-010

Enough work for everyone. Jackson K (1996), British Journal of Midwifery vol 4, no 7, July 1996, pp 378-379

Each health profession involved in the care of pregnant women feels that they should play the key role in the provision of maternity care. Yet each claims to be under stress and overworked. Given that financial resources are unlikely to increase, health professionals need to work together to develop a system of care that makes best use of the available skills. (SJH)

951011-077

'Voting for change'. Report of the RCM annual conference, 1995 - Belfast. Ferguson P, Tyler S (1995), Midwives vol 108, no 1292, September 1995, pp 290-293

Summary of discussions and rulings at the 1995 Royal College of Midwives (RCM) conference in Belfast. Issues discussed include: Midwives' prescribing rights; practice nurses and midwifery care; employment level and health care assistants; separate legislation for midwives; RCM trade union activity; local pay bargaining; woman-centred care used for downgrading; unsocial hours payments; maternity care for women prisoners; safety in the community; supply of free formula in maternity hospitals; the role of the midwife and GP/Trust fundholding; student/teacher ratios in midwifery; safe working periods; national definition of continuity of midwifery care. (KL)

950907-083*

Midwives call for health care assistants to be employed at no higher than level two. Royal College of Midwives (1995), London: Royal College of Midwives 19 July 1995. 1p

Delegates at the RCM Annual Conference have voted to retain current policy and recommend to providers of maternity services that Health Care Assistants in the maternity services will not be employed higher than at Level 2. Proposing the motion, Enfield midwife Rohanna Carr paid tribute to the valuable work carried out by HCAs, including social support to socially isolated mothers; support for midwives in early labour; and help with domestic chores and childcare, especially following home birth and multiple birth. However, she cautioned against any move to grade HCAs at NVQ Level 3, arguing that this would involve them in supervisory and management work more appropriate to senior midwives and midwifery teachers. Seconding the motion, Exeter midwife Kay Cassidy stressed the value of HCAs, and called for full recognition of their role. She was concerned that some NHS Trusts may seek to grade HCAs at Level 3 in order to cut their maternity care budget. This concern was echoed by a number of delegates. Yvonne Wade of Solihull warned, 'If HCAs go to Level 3, midwives will lose jobs', and Monica Thompson from Edinburgh asked, 'Are we prepared to commit professional suicide?' Manchester midwife Ann Thomson said, 'This will take us back to the fragmented care status we have fought so long to get rid of... we don't need a cleavage of care between SENs, SRNs, nursery nurses and midwives again - what we need is a properly funded maternity service'. A dissenting voice came from Jane Duncan (RCM Council member). She said, 'HCAs are currently providing vital services - often untrained. If I was a mother I would want the advice and help I received to be from a trained person. If HCAs are trained to Level 3 we can influence what they are trained in. There will always be unscrupulous Trusts, but we must look at this pragmatically and... use it positively'. The motion was carried by a large majority. (Full text. This item is reprinted here in full. There is therefore no need to order it from MIDIRS or from the publisher.)

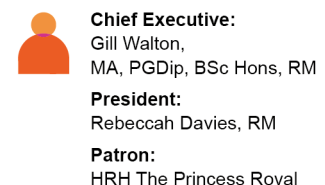
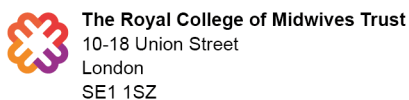
941219-010*

Health care assistants: a briefing for RCN members. Royal College of Nursing (1990), London: Royal College of Nursing March 1990. 4p

Editing in progress.

941103-001

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Labor assistants. Kardong-Edgren S (1994), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 23, no 8, October 1994, p 637

Recent reports of the role of labour assistants in the support of women in labour causes speculation that they are fulfilling the role of midwives who may have 'high tech'd' themselves out of a job. (KL)

941020-018

Support the supporters. Magill-Cuerden J (1994), Modern Midwife vol 4, no 10, October 1994, p 4

Can we realistically expect to continue offering the full range of midwifery care without assistance? (Author)

940803-018

[Home maternity assistants]. Miedema G, Fillmore M (1994), Midwives Chronicle vol 107, no 1279, August 1994, p 329

Two Dutch nurses working as home care assistants in the Netherlands offer to come to England to explain their role in the Dutch maternity services and its possible adoption in Britain. (KL)

930715-013*

Midwifery teams and caseloads. Flint C (1993), Oxford: Butterworth-Heinemann 1993. 194p

Following the publication of the Cumberlege Report, the professional press seems to be full of articles bemoaning the difficulties in implementing the recommendations. The views expressed appear so depressingly negative; where are the people who see the glorious possibilities for growth and change that are inherent in the document? Well, in answer to that, Caroline Flint's book on Teams and Caseloads goes a long way towards lifting the gloom. It is compulsory reading for all those involved in, and working for, change. Here, researched, refined and clearly presented, are a series of exciting working practices which can be achieved if there is the will there to do so. There is considerable debate about the form of care that should be provided in order to achieve a measurable level of continuity. Team midwifery is discussed in detail, and examples of schemes, rotas and on-call responsibilities are given. However, most interesting are the chapters which advocate a clear departure from the usual service provision, by expanding the idea of the named midwife to include caseload practices. Also included is a section on professional partnerships between midwives. This is a timely reminder, when independent practice is becoming a realistic option for more and more midwives, that setting up in midwifery practice is not a decision to be taken lightly. Notes on staffing a birth centre serve to remind midwives that this is a viable alternative form of care, and one which could be a way forward in making choice for childbearing women a reality. In order to achieve the fullest benefit from the recent Government recommendations, a change of thinking is the most basic requirement. This change can only come from those pioneers in the profession whose thinking is not confined to the great hospital / community framework. Caroline Flint demonstrates ways in which the existing rigid framework can be softened and adapted to a point at which midwives can be enabled to practise in a far wider setting, and women's choice is improved beyond measure. (Reviewed for MIDIRS by Lesley Hobbs. Independent midwife.)

930317-002*


The support worker in the maternity services (institutional setting) [circular]. English National Board for Nursing, Midwifery and Health Visiting (1993), London: English National Board for Nursing, Midwifery and Health Visiting January 1993. 5p
Editing in progress.

920808-004


Opening the gates?. Ewing A (1992), Nursing Times vol 88, no 29, 15 July 1992, p 68

Allison Ewing looks at the arguments over whether health care assistants should be allowed to join the Royal College of Midwives. (Author)

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920808-001

Midwifery support?. Carlisle D (1992), Nursing Times vol 88, no 29, 15 July 1992, pp 22-23

Midwives are debating whether to let health care assistants join their number. Daloni Carlisle reports. (Author)

910221-012

The profession of maternity home care assistant and its significance for the Dutch midwifery profession. van Teijlingen ER (1990), International Journal of Nursing Studies vol 27, no 4, 1990, pp 355-366

This paper describes how the Maternity Home Care Assistants (Kraamerzorgende) have a key role in the Dutch Maternity Service. In the Netherlands it is recognized that only a percentage of mothers have medical needs but all mothers have practical needs. The midwives are autonomous obstetrical practitioners; they care for low risk mothers and refer high risk mothers to obstetricians. Fees paid to GPs for maternity care will only be reimbursed if there is a practising midwife in the area. Three-quarters of all midwives are self employed and work without the supervision of a doctor. They have direct entry training, do not wear uniforms and the way they practise is comparable to the British GP. Home birth is considered safe. All mothers are given the opportunity of using a Maternity Home Care Assistant and they are given information about the service by the midwife or GP when their pregnancy is confirmed. The Assistant is booked very early in the pregnancy by the mother. 73% of all mothers in Holland use the service. The Assistants are trained to assist at delivery at home or at short stay hospital births. They attend and nurse the mothers and baby postnatally, recognise any deviations from the norm and report these to the midwife or GP. They care for any other children in the family and will undertake any household or domestic task (even walking the family dog!). The assistants also provide health education for parents in all aspects of the care of a new baby. The assistance they give covers 8-10 days after the birth and can be full-time 8 hours a day, part-time 2 and 1/2 hours a day (in two visits, ie. 1 hour and 1 and 1/2 > hours), or a combined flexible amount of time. The midwife phones the Assistant's Maternity Centre when the mother goes into labour and if possible the family keeps the same Assistant throughout. The service is funded by small fees from the families and the Government Health Insurance Scheme. Special arrangements are made for families on State Income Support. In the Netherlands there is a very low turnover of midwives as they enjoy job satisfaction and receive a reasonable financial reward. Postnatal care is not time-consuming because of the assistance they receive. There is however a high turnover in the Maternity Home Care Assistant profession because of low status, poor pay and increasing demands and stress in the work involved. The statistics regarding perinatal mortality and the numbers of mothers breastfeeding suggest that the scheme is effective and mothers in Holland do have freedom of choice as to where their babies are born and the care they receive. Abstract writer's comments. This article demonstrates very clearly the different approach the Dutch have to maternity care and how important the Maternity Home Care Assistants are to the maternity services in Holland. The training of these assistants has changed in recent years due to Health Service cuts and the present training and length of time it takes is not clearly described in the article. From my knowledge of the system it is about 2-3 years. (Maureen Beck for MIDIRS)

900724-018

Birth assistance. Langford J (1990), Nursing Times vol 86, no 28, 11 July 1990, p 77

Outlines the proposed role of the support worker in midwifery. (Author)

2024-12841

Maternity Services: Great Grimsby and Cleethorpes [written answer]. House of Commons (2024), Hansard Written question 7791, 8 October 2024

Karin Smyth responds to a written question from Melanie Onn to ask the Secretary of State for Health and Social Care, if he will make an assessment of the potential merits of agreeing to the asks of the striking maternity support workers in Great Grimsby and Cleethorpes constituency. (AS)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2024-10-08/7791>

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2024-12671

Maternity Services: Great Grimsby and Cleethorpes [written answer]. House of Commons (2024), Hansard Written question 7792, 8 October 2024

Karin Smyth responds to a written question from Melanie Onn to the Secretary of State for Health and Social Care, regarding if he will hold discussions with striking maternity support workers in Great Grimsby and Cleethorpes constituency on their requests. (AS)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2024-10-08/7792>

2024-11541

Standards for maternity support workers. Northern Ireland Practice and Education Council for Nursing and Midwifery (2024), Belfast: Northern Ireland Practice and Education Council for Nursing and Midwifery September 2024. 14 pages

This document presents the Standards of care, conduct and behaviours required from Maternity Support Workers and informs employers, colleagues, women and their families who use our services and the public about these. (Author)

Full URL: https://www.health-ni.gov.uk/publications/nipec-standards-maternity-support-workers?dm_i=4YCH,Z4GL,3PNLZ4,4J9CC,1

2024-10119

Maternity support workers in Grimsby strike over pay. Devereux E (2024), Nursing Times 29 July 2024

Maternity support workers in Grimsby have started a two-day walk out over pay and have demanded remuneration for taking on additional responsibilities. (Author)

Full URL: <https://www.nursingtimes.net/news/workforce/maternity-support-workers-in-grimsby-strike-over-pay-29-07-2024/>

2024-08284

Maternity support workers' experiences of workplace trauma and post-traumatic stress symptoms. Slade P, Smart C, Krahé C, et al (2024), Midwifery vol 136, September 2024, 104071

Background

Maternity support workers (MSWs) are now a key part of the maternity workforce. They work in environments with potential exposure to traumatic events, but little is known about their rates of exposure or psychological responses.

Objectives

We aimed to identify the proportion of MSWs reporting exposure to a traumatic work event and consequential rates of post-traumatic stress disorder (PTSD). We also aimed to identify factors associated with PTSD and to describe levels of burnout, empathy, and functional impairment, and to explore their potential associations with PTSD symptoms.

Methods

MSWs were recruited via the Royal College of Midwives newsletter, which is sent to all MSW members, and via social media on the College MSW Facebook page. Participants completed an online survey. They provided information on demographic details, job role, and exposure to traumatic events, and completed questionnaires covering PTSD symptoms related to work events, related functional impairment, burnout, and empathy. Data were analysed via correlations and multiple regression.

Findings

Of 98 respondents, 88 had been exposed to a traumatic work event; 79 of these through being present and nine through hearing about traumatic events. Of those exposed, 14.8% (n = 13) participants had probable PTSD, while a further 5.7% (n = 5) met the subclinical threshold. Over a third (35.2%) of the sample showed high levels of emotional exhaustion, a key feature of burnout, and 27.3% reported functional work impairment. PTSD symptoms were associated with younger age, higher empathic concern, and direct exposure to traumatic perinatal events.

Conclusions and clinical implications

MSWs are routinely exposed to traumatic events at work and are at risk of work-related PTSD. Younger and more

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empathic staff appear more at risk, although our methods could not distinguish cause and effect. It must also be noted that the survey took place during the COVID-19 pandemic, and findings could be influenced by this context. MSWs need to be routinely included in programmes to support staff in relation to trauma exposure at work. (Author)

Full URL: <https://doi.org/10.1016/j.midw.2024.104071>

2024-07530

RCM apprenticeship guide. Royal College of Midwives (2018), February 2018. 39 pages

Guidelines produced by the Royal College of Midwives (RCM) on apprenticeships in England, Wales, Scotland and Northern Ireland. Includes information on funding, education levels and future employment. (LDO)

Full URL: <https://haso.skillsforhealth.org.uk/wp-content/uploads/2019/01/2019.01.24-RCM-Apprenticeship-Guide-2018.pdf>

2024-07514

The deployment, education and development of maternity support workers in England: a scoping report to Health Education England. Royal College of Midwives (2017), December 2017. 55 pages

This report presents the findings of a review on the deployment of maternity support roles in England, the education and training they receive and career development opportunities available to them. Examples of innovative practice are presented along with proposals for how the role's capacity could be enhanced in support of safe care for mothers, babies and their families. (Author)

Full URL: <https://www.rcm.org.uk/media/2347/the-deployment-education-and-development-of-maternity-support-workers-in-england.pdf>

2024-06875

Empowering maternity support worker voices through evidence-based practice. Moore R (2024), MIDIRS Midwifery Digest vol 34, no 2, June 2024, pp 102-106

Maternity support workers (MSWs) provide invaluable services in maternity care and are undergoing a transformational period with the implementation of Health Education England (HEE)'s framework (2019a). With more MSWs now encouraged into higher education in pursuit of this development, it is important that they are educationally supported in accessing evidence-based information to inform their practice. This article will discuss the introduction of an MSW-focused virtual journal club service as a cost-effective and contemporary resource for the national workforce. (Author)

2024-06874

From the Editor. Webb S (2024), MIDIRS Midwifery Digest vol 34, no 2, June 2024, p 101

Editorial from Sara Webb introducing articles in the June 2024 issue of MIDIRS Midwifery Digest, highlighting the work of midwifery support workers (MSWs) and specifically the effort of Robert Moore, Practice Development Midwife for MSWs at Birmingham Women's and Children's NHS Foundation Trust, to support MSWs with the development and progression of their careers. (AS)

2024-05478

Maternity support worker implementation and mapping toolkit. NHS England (2024), London: NHS England 8 May 2024

This toolkit has been developed in conjunction with the review and refresh of the Maternity support worker competency, education and career development framework. It has been developed with the support of an expert stakeholder group and by a team who have experience of transforming the support worker element of a maternity unit's workforce.

This toolkit provides a guide for teams who are implementing the updated national framework and includes examples of plans for people who have support worker roles in maternity services. It provides direction for individuals in roles

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who will be tasked to lead, project manage and operationalise the development of support workers. This includes examples for those who will be responsible for undertaking assessments and mapping of staff, and those who will be required to report progress on the safety and quality agenda to their trust board.

This toolkit will support you to undertake your own strategic planning and support the long-term goals for your service. Full implementation of the Maternity support worker competency, education and career development framework provides assurance that maternity care assistants (MCAs), maternity support workers (MSWs) and assistant practitioners (APs) (maternity) are appropriately educated and competent and support your service to deliver high quality and safe care. (Author)

Full URL: <https://www.england.nhs.uk/long-read/maternity-support-worker-implementation-and-mapping-toolkit/>

2024-05477

Maternity support worker competency, education and career development framework: realising potential to deliver confident and capable care [Last updated 18 June 2024]. NHS England (2024), London: NHS England 8 May 2024

Support workers in maternity settings are vital members of the maternity team providing a wide range of care and support every day to the women and families we care for, and the whole maternity team. The first competency framework allowed us for the first time to put a formal support structure around these important roles. Now, as we have continued to see the evolution of their work and the continued dedication of those in the roles, we are delighted to be able to publish this updated version to reflect the breadth and depth of the work they do.

This framework provides the blueprint for the development of support worker roles across maternity services. It was originally created in 2019 in response to the Government recognising that professionalising the role of support workers is vital to delivering safe and personalised care. This refreshed framework ensures that this essential group of staff working within our maternity services can continue to develop by having the right knowledge, skills, education and training to work alongside midwives and others within the multidisciplinary team to provide effective and seamless care.

We would like to extend our thanks to all those colleagues who have supported and engaged with us so constructively throughout this process to develop the refreshed framework.

This framework not only achieves an ambition of the Three year delivery plan for maternity and neonatal services (NHS England 2023), but it also contributes to the vision of the NHS Long Term Workforce Plan (NHS England 2023) to train and retain our workforce. (Author) [This revised framework supersedes the original version published in 2019].

Full URL: <https://www.england.nhs.uk/long-read/maternity-support-worker-competency-education-and-career-development-frameworkor-k/>

2024-03637


Working Together to Deliver Safe Care. Elliott-Mainwaring H, Phillips C, Bowie P (2024), The Practising Midwife vol 27, no 2, March 2024, pp 18-21

Throughout this four-part Advancing Practice series, we have explored the science and practice of human factors and ergonomics in healthcare, and how a systems approach can support maternity, midwifery care and patient safety. In this final article, we explore the Maternity Support Worker (MSW) role and how registered midwives and MSWs can work together to support the delivery of safe and efficient maternity care. The reflection points in this article are adapted from NHS Education for Scotland's Safety Culture Discussion Cards. In this series, we hope to support an improved understanding of the current maternity safety landscape. (Author)


2024-03530

The role of a community health worker-delivered preconception and pregnancy intervention in achieving a more positive pregnancy experience: the Bukhali trial in Soweto, South Africa. Soepnel LM, Mabetha K, Norris SA, et al (2024),

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Background

A patient-centered, human-rights based approach to maternal care moves past merely reducing maternal mortality and morbidity, towards achieving a positive pregnancy experience. When evaluating an intervention, particularly in the context of the complex challenges facing maternal care in South Africa, it is therefore important to understand how intervention components are experienced by women. We aimed to qualitatively explore (i) factors influencing the pregnancy and postpartum experience amongst young women in Soweto, South Africa, and (ii) the influence of Bukhali, a preconception, pregnancy, and early childhood intervention delivered by community health workers (CHWs), on these experiences.

Methods

Semi-structured, in-depth interviews were conducted with 15 purposively sampled participants. Participants were 18–28-year-old women who (i) were enrolled in the intervention arm of the Bukhali randomized controlled trial; (ii) were pregnant and delivered a child while being enrolled in the trial; and (iii) had at least one previous pregnancy prior to participation in the trial. Thematic analysis, informed by the positive pregnancy experiences framework and drawing on a codebook analysis approach, was used.

Results

The themes influencing participants' pregnancy experiences (aim 1) were participants' feelings about being pregnant, the responsibilities of motherhood, physical and mental health challenges, unstable social support and traumatic experiences, and the pressures of socioeconomic circumstances. In terms of how support, information, and care practices influenced these factors (aim 2), four themes were generated: acceptance and mother/child bonding, growing and adapting in their role as mothers, receiving tools for their health, and having ways to cope in difficult circumstances. These processes were found to be complementary and closely linked to participant context and needs.

Conclusion

Our findings suggest that, among women aged 18–28, a CHW-delivered intervention combining support, information, and care practices has the potential to positively influence women's pregnancy experience in South Africa. In particular, emotional support and relevant information were key to better meeting participant needs. These findings can help define critical elements of CHW roles in maternal care and highlight the importance of patient-centred solutions to challenges within antenatal care.

Trial registration

Pan African Clinical Trials Registry PACTR201903750173871, 27/03/2019. (Author)

Full URL: <https://doi.org/10.1186/s12905-024-02982-8>

2024-03016

Maternity Services: Staff [written answer]. House of Lords (2024), Hansard Written question HL2664, 21 February 2024

Lord Markham responds to a written question from Lord Hunt of Kings Heath to the His Majesty's Government regarding what assessment they have made of the impact of understaffing in maternity units on levels of bullying, as highlighted in the #Saynotobullyinginmidwifery report published on 12 November 2023. (MB)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2024-02-21/HL2664>

2024-02908

Enabling wellbeing within trusts. NHS Providers, Foundation Trust Network (2023), October 2023. 32 pages

There is an urgent need for interventions and support for the NHS workforce, to address concerning data on staff wellbeing, and to ensure high quality patient care. While vacancy rates and workload demands across the NHS will require action by government and national NHS bodies to resolve sustainably, the case studies in this report highlight how local, proactive measures can help to improve staff wellbeing and retention.

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The key enablers to the initiatives featured in this report include access to adequate funding, senior leadership understanding and buy in, and continuous impact monitoring and evaluation for interventions. An overall understanding that staff wellbeing is everybody's business, and vital to the success of organisations, is also imperative.

The benefits to employers proactively enabling wellbeing are undeniable. With staff working in a healthier and more inclusive culture, organisations benefit from better employee morale and engagement. As trusts are continually challenged to deliver more activity within existing resources, and to maximise productivity without compromising on patient care, supporting staff and their wellbeing will be essential in achieving the asks of the NHS. (Author)

Full URL: <https://nhsproviders.org/media/697461/providers-deliver-enabling-wellbeing-within-trusts.pdf>

2024-00744

MSW all-stars. Various (2024), Midwives vol 27, January 2024, pp 59-63

Maternity Support Workers (MSWs) – we see you! We're celebrating those who take the lead, going above and beyond in their care to families and their support to colleagues and those who are being proactive in their education and training. Here are some great examples of why MSWs are maternity superstars. (Author, edited)

2024-00492

Maternity Services: Staff [written answer]. House of Commons (2024), Hansard Written question 7891, 5 January 2024

Maria Caulfield responds to a written question from Grahame Morris to the Secretary of State for Health and Social Care, regarding how many maternity support workers there were in the NHS in each of the last five years. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2024-01-05/7891>

2023-09325

'Agents of change': Kenya's traditional midwives help cut deaths of mothers. Gregory A (2023), 23 August 2023, online
Leitati Rabikon who is in her 80s, arrives with three other women at the home of Kevina Kenyaga, who is heavily pregnant with her fourth child. The four are traditional birth attendants (TBAs) in Leparua, a remote community in Isiolo county, north-east Kenya. Rabikon gives Kenyaga an abdominal massage and states that she will give birth to a baby boy later today. Kenyaga does have a baby boy at the local clinic later that afternoon. The clinic, funded by the Lewa Wildlife Conservancy, which it borders, is privately run. The nearest government hospital is 30 miles away in Isiolo town. To get there, a woman takes her chances with bandits – who have made this region insecure – and has to find the money for transport and a hospital stay.

While traditional midwives are key providers of delivery services in rural areas in Kenya and across sub-Saharan Africa, they have been blamed at times in the past for unhygienic practices in regions with high rates of maternal and child deaths. Data released by the World Health Organization in February shows that 95% of the 287,000 deaths associated with pregnancy and childbirth in 2020 occurred in poor countries, mostly in sub-Saharan Africa, because of inadequate health facilities or personnel, particularly in remote areas. Kenya has one of the highest maternal mortality rates in the world, with 530 deaths per 100,000 live births. However, the few healthcare workers at the clinic in Leparua are now involving the TBAs. There are 22 working in the area, and their skills and the respect they engender in the community are being used to encourage pregnant women to have safer deliveries. (Author, edited)

Full URL: <https://www.theguardian.com/global-development/2023/aug/23/agents-of-change-kenyas-traditional-midwives-help-cut-deaths-of-mothers>

2023-08521

Grow your own. Anon (2023), Midwives vol 26, July 2023, pp 36-37

The registered midwife degree apprenticeships provide an alternative route into midwifery and an irresistible opportunity for "homegrown" midwives in Trusts in England. (Author)

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2023-07461

Wales State of maternity services 2023. Royal College of Midwives (2023), June 2023. 11 pages

The annual report from the Royal College of Midwives (RCM) provides information on maternal health services in Wales, and includes statistics and recommendations for maternity services, the Government, and NHS staff. Recent years have seen a large increase in the numbers of student midwives in Wales, which has resulted in more newly qualified midwives in the NHS, but despite this, greater investment in the recruitment and retention of midwives and maternity support workers (MSWs) is still needed. (JSM)

Full URL: https://www.rcm.org.uk/media/6898/0246_wales_som_digital.pdf

2023-02285

Somerset NHS Foundation Trust: Maternity Services [written answer]. House of Commons (2023), Hansard Written question 149425, 21 February 2023

Will Quince responds to a written question from Mr Ian Liddell-Grainger to the Secretary of State for Health and Social Care, regarding how many maternity support staff were employed by the Somerset NHS Foundation Trust in each of the last five years. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2023-02-21/149425>

2023-01949

Job evaluations. Anon (2022), Midwives vol 25, November 2022, pp 29-31

The 2004 Agenda for Change said there should be job evaluation for every role to standardise responsibilities and ensure equal pay, but has this changed anything? (Author)

2023-01735

On-calls. Sorby A (2023), Midwives vol 26, January 2023, pp 22-23

Director of Employment Relations, Alice Sorby, explains the RCM standpoint regarding on-calls and says the health, safety and wellbeing of staff is key. (Author, edited)

2023-00133

The role of the maternity support worker in personal hygiene/pressure area care of the childbearing woman. Lindsay P (2019), British Journal of Healthcare Assistants vol 13, no 3, March 2019, pp 120-125

Personal hygiene is fundamental to physical and psychological health. Most childbearing women are able to care for their own personal hygiene needs and normally only need minimal support. However, there are some situations where the woman may be confined to bed and unable to care for herself. In these circumstances, she is reliant on her carers to meet her hygiene needs, including pressure area care and toileting needs. She may find this experience upsetting and care must be competent, kind and sensitive. Maternity support workers are essential to providing compassionate, skilled and safe personal hygiene care for childbearing women. (Author)

2023-00101

Maternity Services: Staff [written answer]. House of Commons (2022), Hansard Written question 99843, 30 November 2022

Will Quince responds to a written question from Jim Shannon to the Secretary of State for Health and Social Care, regarding what recent assessment he has made of the (a) comprehensiveness and (b) adequacy of the figures he holds on the number of maternity support workers in the NHS in England. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-11-30/99843>

2022-11133

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Maternity Services: Staff [written answer]. House of Commons (2022), Hansard Written question 99840, 30 November 2022

Will Quince responds to a written question from Jim Shannon to the Secretary of State for Health and Social Care, regarding how many maternity support were working in the NHS, in each of the past five years. (MB)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-11-30/99840>

2022-11051

Maternity Services: Staff [written answer]. House of Commons (2022), Hansard Written question 99841, 30 November 2022

Will Quince responds to a written question from Jim Shannon to the Secretary of State for Health and Social Care, regarding what data his Department holds on the age profile of maternity support workers in the NHS. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-11-30/99841>

2022-11050

Maternity Services: Staff [written answer]. House of Commons (2022), Hansard Written question 99842, 30 November 2022

Will Quince responds to a written question from Jim Shannon to the Secretary of State for Health and Social Care, regarding how many NHS maternity support workers there were in each region of England in the most recent period for which data is available. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-11-30/99842>

2022-09786

Safe Nurse Staffing and the 2022 AWHONN Nurse Staffing Standards. Simpson KR (2022), MCN - American Journal of Maternal/Child Nursing vol 47, no 5, September/October 2022, p 303

In June 2022, the Association of Women's Health, Obstetric, and Neonatal Nurses published updated standards for nurse staffing covering the continuum of inpatient childbirth and neonatal care. Since the first edition, published in 2010, there has been a substantial amount of evidence linking nurse staffing to patient outcomes. Safe, high-quality maternity care requires the appropriate number of nurses to provide comprehensive assessment, interventions as needed, emotional and physical support, and discharge teaching. Adequate nurse staffing can be a key factor in avoiding failure to rescue events and preventable adverse outcomes for mothers and babies hospitalized during the childbirth process. (Author)

2022-09740

Cross-Sectional Study of the Frequency and Severity of Traumatic Childbirth Events and How They Affect Maternity Care Clinicians. Robinson KA, Johantgen ME, Storr CL, et al (2023), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 52, no 1, January 2023, pp 84-94

Objective

To describe the frequency and severity of traumatic childbirth events (TCEs) and how they affect the professional practice and personal lives of maternity care clinicians, including registered nurses (RNs), certified nurse-midwives, attending physicians, and resident physicians.

Design

Descriptive cross-sectional study.

Setting

Maternity units across five hospitals in the Baltimore metropolitan area.

Participants

Maternity care clinicians (N = 160) including RNs (n = 104), certified nurse-midwives (n = 17), attending physicians (n = 28), and resident physicians (n = 11).

Methods

Participants completed an online survey to measure the frequency and severity of TCEs and how they affect participants' professional practice and personal lives. We used descriptive statistics to characterize maternity care clinicians and bivariate analysis and linear regression to examine relationships.

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Results

Most participants were women (92.5%), White (62.5%), between the ages of 21 and 54 years (89.4%), RNs (65.0%), and employed full-time (79.2%). Shoulder dystocia was the most frequently observed TCE (90.6%), and maternal death was the most severe TCE (M = 4.82, SD = 0.54). Attending physicians (50.0%) reported a significantly greater frequency of exposure to TCEs than the other participants, $\chi^2(6) = 23.8$ (n = 159), $p < .001$. The frequency of TCEs had a significant medium correlation with perceived effect on professional practice, $r(154) = 0.415$, $p < .001$, and personal life, $r(155) = 0.386$, $p < .001$. Perception of severity was strongly associated with professional practice, $\beta = 0.52$, $p < .001$, and personal life, $\beta = 0.46$, $p < .001$.

Conclusion

If severe, TCE exposure can affect the professional practice and personal life of maternity care clinicians. (Author)

2022-09725

The effectiveness of neonatal early supported transfer to home interventions for parents and preterm infants in neonatal intensive care units: A systematic review and meta-analysis. Hamer O, Hill J, Kuroski J, et al (2023), Journal of Neonatal Nursing vol 29, no 3, June 2023, pp 429-443

Background

Preterm infants often need admission to a neonatal unit causing prolonged stress for parents. Evidence has shown that neonatal early supported transfer to home interventions may reduce stress levels. This systematic review investigates effectiveness of neonatal early supported transfer to home interventions for parents and preterm infants in neonatal intensive care units.

Methods

Six databases and two trials registries were searched from inception to February 2022. Risk of bias was assessed using the RoB2 and ROBINS I tool.

Results

Ten studies were included. Neonatal early supported transfer to home interventions reduced duration of hospital stay by up to 11 days compared to usual care, without significantly increasing hospital re-admission rates ($p = >0.05$). Studies were judged to have moderate to serious risk of bias.

Conclusions

The findings indicate that early supported transfer to home interventions may reduce hospital stay with no evidence of difference in hospital admission rates, infants weight gain or breastfeeding rates (compared to standard care). However, due to the dearth of high-quality evidence it is not possible to make recommendations for implementation.

(Author)

Full URL: <https://doi.org/10.1016/j.inn.2022.08.005>

2022-08802

Improved maternal–fetal outcomes among emergency obstetric referrals following phone call communication at a teaching hospital in south western Uganda: a quasi-experimental study. Kanyesigye H, Kabakyenga J, Mulogo EM, et al (2022), BMC Pregnancy and Childbirth vol 22, no 684, 5 September 2022

Background

Emergency obstetric referrals develop adverse maternal–fetal outcomes partly due to delays in offering appropriate care at referral hospitals especially in resource limited settings. Referral hospitals do not get prior communication of incoming referrals leading to inadequate preparedness and delays of care. Phone based innovations may bridge such communication challenges.

We investigated effect of a phone call communication prior to referral of mothers in labour as intervention to reduce preparation delays and improve maternal–fetal outcome at a referral hospital in a resource limited setting.

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Methods

This was a quasi-experimental study with non-equivalent control group conducted at Mbarara Regional Referral Hospital (MRRH) in South Western Uganda from September 2020 to March 2021. Adverse maternal–fetal outcomes included: early neonatal death, fresh still birth, obstructed labour, ruptured uterus, maternal sepsis, low Apgar score, admission to neonatal ICU and hysterectomy. Exposure variable for intervention group was a phone call prior maternal referral from a lower health facility. We compared distribution of clinical characteristics and adverse maternal–fetal outcomes between intervention and control groups using Chi square or Fisher’s exact test. We performed logistic regression to assess association between independent variables and adverse maternal–fetal outcomes.

Results

We enrolled 177 participants: 75 in intervention group and 102 in control group. Participants had similar demographic characteristics. Three quarters (75.0%) of participants in control group delayed on admission waiting bench of MRRH compared to (40.0%) in intervention group [$p = < 0.001$]. There were significantly more adverse maternal–fetal outcomes in control group than intervention group (obstructed labour [$p = 0.026$], low Apgar score [$p = 0.013$] and admission to neonatal high dependency unit [$p = < 0.001$]). The phone call intervention was protective against adverse maternal–fetal outcome [aOR = 0.22; 95%CI: 0.09–0.44, $p = 0.001$].

Conclusion

The phone call intervention resulted in reduced delay to patient admission at a tertiary referral hospital in a resource limited setting, and is protective against adverse maternal–fetal outcomes. Incorporating the phone call communication intervention in the routine practice of emergency obstetric referrals from lower health facilities to regional referral hospitals may reduce both maternal and fetal morbidities.

Trial registration

Pan African Clinical Trial Registry PACTR20200686885039. (Author)

Full URL: <https://doi.org/10.1186/s12884-022-05007-0>

2022-01904

MSW apprenticeships. Various (2022), *Midwives* vol 25, March 2022, pp 41-47

Three years after the launch of maternity support worker apprenticeships in England, MSWs discuss how they are opening up opportunities for them to advance in their role. (Author)

2021-13469

High hopes. Anon (2022), *Midwives* vol 25, January 2022, pp 29-31

The Higher Development Award is a Health Education England backed personal development programme created specifically for healthcare support workers. (Author)

2021-03994

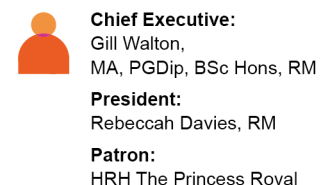
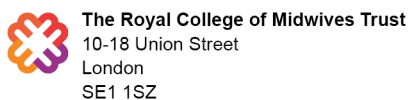
Exploring how to enhance healthcare worker well-being on a labour ward: insider participatory action research. Wood C, Chambers M, Marshall J (2021), *MIDIRS Midwifery Digest* vol 31, no 2, suppl, June 2021, pp 170-172

Qualitative research exploring how to enhance health care worker (HCW) well-being on a labour ward in the United Kingdom. Three key themes emerged around physical, professional and emotional nourishment, with HCWs valuing sufficient rest, teamwork and a positive atmosphere. (LDO)

2021-00936

Should the COVID-19 pandemic encourage us to re-evaluate the role of the maternity support worker (MSW) in homebirths?. Grainger C (2021), *The Practising Midwife* vol 24, no 3, March 2021, pp 32-34

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This article will explore whether the pandemic calls for the re-evaluation and extension of the maternity support worker (MSW) role with regards to homebirths, and what training is required to ensure we have competent, capable and highly skills MSWs in homebirth settings. (Author, edited)

20201116-19

Pay banding. Sorby A (2020), *Midwives* vol 23, November 2020, pp 29-30

RCM employment relations advisor Alice Sorby discusses the RCM's job evaluation campaign. (Author)

20201116-17

Leading by example. Teasdale A (2020), *Midwives* vol 23, November 2020, pp 21-23

Andrea Teasdale, matron for antenatal, postnatal and gynaecological services at Maidstone and Tunbridge Wells NHS Trust, discusses the role of MSWs. (Author)

20201116-15

Pride and joy. Anon (2020), *Midwives* vol 23, November 2020, pp 14-18

It's high time we start to shout about MSW roles and have the confidence to explore career options. (Author)

20200915-53

Part of the community. Anon (2020), *Midwives* vol 23, September 2020, pp 35-37

How do you make the maternity experience culturally sensitive to the locality and families you serve? Here's a good idea. (Author)

20200804-71*

Maternity Support Worker Competency, Education and Career Development Framework. Health Education England (2019), London: HEE February 2019, 32 pages

Provides clear definitions of the maternity housekeeper and maternity support worker and discusses the competencies needed for both roles. Outlines the minimum requirements for the roles following an apprenticeship, further education or pre-registration midwifery degree programme. (LDO) [This version has been superseded by the revised framework published in May 2024].

Full URL: https://www.hee.nhs.uk/sites/default/files/document/MSW_Framework_MayUpdate.pdf

20200804-22*

Funding offer announced for local maternity support worker training. Ford S (2020), *Nursing Times* 16 July 2020

Health Education England (HEE) has launched a £1m fund for maternity support worker education and training. (Author)

20200727-34

A band 3 MSW. Barrett L (2020), *Midwives* vol 23, July 2020, p 33

Lee Barrett is an MSW at Ulster Maternity Unit, Belfast. She was given the opportunity to develop her skills by doing an MSW band 3 course and hasn't looked back since. (Author)

20200424-31*

Compassionate care and the maternity support worker. Portaluri C (2020), *The Practising Midwife* vol 23, no 4, April 2020, pp 32-34

In this reflective article, Chelsea, a maternity support worker, highlights her role supporting a woman through an

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anxious situation while in hospital. Chelsea highlights that all maternity professionals can offer supportive, compassionate care to make a difference to women's experiences in hospital. Moreover, Chelsea draws upon this experience as a key learning opportunity, developing her skills further. (Author)

20200318-48*

Healthcare workers' clinical knowledge on maternal and newborn care in Ethiopia: findings from 2016 national EmONC assessment. Zemedu TG, Teshome A, Tadesse Y, et al (2019), BMC Health Services Research vol 19, no 915, 29 November 2019

Background

Improving maternal and newborn health indicators are key if Ethiopia is to achieve the Sustainable Development Goals. To do so, women need access to skilled attendance at birth and emergency obstetric and newborn care. To maximize their impact, understanding gaps in workers' knowledge is required to remedy the weakness. This assessment determines knowledge levels of clinical management of maternal and newborn healthcare and factors that influence knowledge.

Methods

This study used data from the National Emergency Obstetric and Neonatal Care assessment conducted in 2016. Provider knowledge for MNH was assessed by interviewing providers. Respondents were scored on each question by calculating the number of correct responses provided out of the total possible answers, and standardizing this to a scale of 100. Mixed linear regression was used to determine individual and contextual factors associated with the score.

Results

A total of 3800 interviews with complete data were included in this study. Most respondents were diploma midwives (73%), BSc midwives (11%) and diploma nurses (10%). On average, midwives scored 60 out of 100 on the question regarding the primary aspects of focused antenatal care and elements of a birth plan. Half of the midwives and health officers, and one-third of nurses knew to provide a loading dose of magnesium sulphate. Midwives scored 90% on the steps of active management of third stage of labor. In the mixed linear regression, working in a private for profit facility, health center/clinic, rural area, or in a facility with a protocol on referral/counter referral predicted lower knowledge scores. More positive scores were associated with work environments that had a computer, internet, and protocols on safe abortion care, management of selected obstetric topics, integrated management of pregnancy, childbirth, postnatal, and newborn, care for low birth weight including kangaroo mother care, and treatment of infection in young infants.

Conclusion

With regard to most knowledge related questions, health officers and midwives scored similarly. Providers scored substantially better on routine intrapartum and newborn care than on aspects related to care for complications. A substantial proportion of providers indicated that they would never give a loading dose of magnesium sulphate.

(Author)

Full URL: <https://doi.org/10.1186/s12913-019-4758-x>

20200220-30*

Increasing utilisation of perinatal services: estimating the impact of community health worker program in Neno, Malawi. Kachimanga C, Dunbar EL, Watson S, et al (2020), BMC Pregnancy and Childbirth vol 20, no 22, 6 January 2020

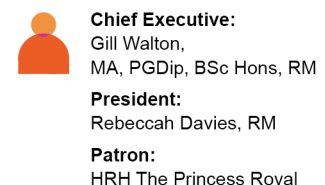
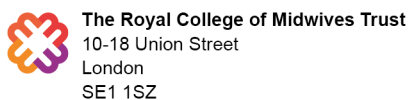
Background

By 2015, Malawi had not achieved Millennium Development Goal 4, reducing maternal mortality by about 35% from 675 to 439 deaths per 100,000 livebirths. Hypothesised reasons included low uptake of antenatal care (ANC), intrapartum care, and postnatal care. Involving community health workers (CHWs) in identification of pregnant women and linking them to perinatal services is a key strategy to reinforce uptake of perinatal care in Neno, Malawi. We evaluated changes in uptake after deployment of CHWs between March 2014 and June 2016.

Methods

A CHW intervention was implemented in Neno District, Malawi in a designated catchment area of about 3100 women

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of childbearing age. The pre-intervention period was March 2014 to February 2015, and the post-intervention period was March 2015 to June 2016. A 5-day maternal health training package was delivered to 211 paid and supervised CHWs. CHWs were deployed to identify pregnant women and escort them to perinatal care visits. A synthetic control method, in which a 'counterfactual site' was created from six available control facilities in Neno District, was used to evaluate the intervention. Outcomes of interest included uptake of first-time ANC, ANC within the first trimester, four or more ANC visits, intrapartum care, and postnatal care follow-up.

Results

Women enrolled in ANC increased by 18% (95% Credible Interval (CrI): 8, 29%) from an average of 83 to 98 per month, the proportion of pregnant women starting ANC in the first trimester increased by 200% (95% CrI: 162, 234%) from 10 to 29% per month, the proportion of women completing four or more ANC visits increased by 37% (95% CrI: 31, 43%) from 28 to 39%, and monthly utilisation of intrapartum care increased by 20% (95% CrI: 13, 28%) from 85 to 102 women per month. There was little evidence that the CHW intervention changed utilisation of postnatal care (- 37, 95% CrI: - 224, 170%).

Conclusions

In a rural district in Malawi, uptake of ANC and intrapartum care increased considerably following an intervention using CHWs to identify pregnant women and link them to care. (35 references) (Author)

Full URL: <https://doi.org/10.1186/s12884-019-2714-8>

20200214-3

Voice of an MSW. Barrett K (2019), *Midwives* vol 22, November 2019, p 41

Keelie is the first MSW elected to the RCM board. (Author)

20200213-53

Celebrating support workers. Linay D (2019), *Midwives* vol 22, November 2019, pp 14-23

MSWs are a vital part of maternity services, yet are not always recognised as such. Denise Linay, head of organising and engagement at the RCM, discusses job evaluation and MSW pay banding. (Author)

20191127-9*

Talking to babies: improving literacy and reducing inequalities. The role of the maternity support worker [Last updated October 2023]. Royal College of Midwives (2019), October 2019

Maternity support workers (MSWs) are a vital part of the maternity team and often establish bonds with the women in their care. This can be incredibly valuable not only for the women but also the midwives, providing them with additional insight and support.

Women and families may share information more informally with MSWs, for example at the bedside, in clinics, in the community and in women's homes. This could be around their mental health or any financial worries they may have. Sharing this information appropriately with the wider team can ensure that families get the right support in a timely way – which is just one of the reasons why MSWs are so important.

This guide, created by the Royal College of Midwives (RCM) for maternity support workers (MSWs), will help recognise when good parent infant interaction is being established, and to help identify when a woman may need additional help. (Author, edited)

Full URL: https://www.rcm.org.uk/media/7136/0240_talking-to-babies_draft3.pdf


20191127-7*

Maternity support worker advocate. Royal College of Midwives (2018), London: Royal College of Midwives 5 December 2018


MSWs play a vital role in supporting midwives to deliver quality care to babies, mothers and their families. This leaflet provides details about MSW Advocates - a description of the role, what they do and the benefits that the position offers. (Author)

Full URL: <https://www.rcm.org.uk/media/3111/msw-advocate-information-booklet.pdf>

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20190327-22*

Midwives [written answer]. House of Commons (2019), Hansard Written question 233537, 18 March 2019

Jackie Doyle-Price responds to a written question asked by Lyn Brown to the Secretary of State for Health and Social Care, regarding what recent assessment he has made of the effect of reducing the ratio of registered midwives to maternity support workers in midwifery services on (a) workforce skill levels, (b) quality of care, (c) patient safety, (d) staff morale and (e) staff retention. (JSM)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2019-03-18/233537/>

20181030-23

How the marvels of the maternity support worker can be used to improve maternity care. Ablett L (2018), MIDIRS Midwifery Digest vol 28, no 4, December 2018, pp 438-441

'The birth of a child should be a wonderful...time for a mother' (NHS England 2016:2) but with a shortage of midwives and an 'unsafe' and 'dangerous' workplace, innovation in maternity care is sorely needed (Royal College of Midwives (RCM) 2016a). Since the introduction of the European Working Time Directive, midwives have been taking on roles previously carried out by doctors, such as newborn examinations and intravenous cannulation; this extra workload, alongside a growing population and a rise in complex cases, has led to maternity support workers (MSWs) playing an increasingly important role in supporting midwives and caring for families (Brown et al 2010). Advancing the role of the MSW further is essential for the future of maternity services, however with an estimated 30-90% of innovation projects in health care failing at implementation (Jacobs et al 2015), it is essential to analyse the most important issues when planning an innovation. In this case these include: the 'need' for advanced MSWs, what intellectual capital can be used, what the current organisational climate is, which innovation approach is most fitting, and how leadership can augment change. MSWs are an invaluable resource which could be capitalised upon to improve safety and efficiency within maternity care - both important elements of health care improvement (Panesar et al 2014). (26 references)
(Author)

20180918-57

The new MSWs: defined roles, clear careers. Anon (2018), Midwives vol 21, Autumn 2018, pp 51-52

A new programme to develop a nationally defined and standardised MSW role in England is underway. Midwives find out more about it. (Author)

20180911-40

Bearing witness: United States and Canadian maternity support workers' observations of disrespectful care in childbirth. Morton CH, Henley MM, Seacrist M, et al (2018), Birth vol 45, no 3, September 2018, pp 263-274

Background

Disrespectful care and abuse during childbirth are acknowledged global indicators of poor quality care. This study aimed to compare birth doula's and labor and delivery nurses' reports of witnessing disrespectful care in the United States and Canada.

Methods

Maternity Support Survey data (2781 respondents) were used to investigate doula's and nurses' reports of witnessing six types of disrespectful care. Multivariate analysis was conducted to examine the effects of demographics, practice characteristics, region, and hospital policies on witnessing disrespectful care.

Results

Nearly two-thirds of respondents reported witnessing providers occasionally or often engaging in procedures without giving a woman time or option to consider them. One-fifth reported witnessing providers occasionally or often engaging in procedures explicitly against the patient's wishes, and nurses were more likely to report witnessing this than doula's. Doula's and nurses who expected to leave their job within three years were significantly more likely to

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report that they witness most types of disrespectful care occasionally or often (OR 1.78-2.43).

Conclusions

Doulas and nurses frequently said that they witnessed verbal abuse in the form of threats to the baby's life unless the woman agreed to a procedure, and failure to provide informed consent. Reports of witnessing some types of disrespectful care in childbirth were relatively uncommon among respondents, but witnessing disrespectful care was associated with an increased likelihood to leave maternity support work within three years, raising implications for the sustainability of doula practice, nursing work force shortages, and quality of maternity care overall. (56 references) (Author)

20180314-19

Task shifting: Midwifery Support Workers as the second health worker at a home birth in the UK: a qualitative study.

Taylor B, Henshall C, Goodwin L, et al (2018), Midwifery vol 62, July 2018, pp 109-115

- A midwife-MSW home birth model was well-received.
- It has potential to release midwife capacity and support reliable low risk home birth.
- Challenges include: role definition; training; recruitment/retention.
- Two midwives are still required for high risk births.
- Further work is required to quantitatively examine cost and safety.

Objective

Traditionally two midwives attend home births in the UK. This paper explores the implementation of a new home birth care model where births to low risk women are attended by one midwife and one midwifery support worker (MSW).

Design and setting

The study setting was a dedicated home birth service provided by a large UK urban hospital.

Participants

73 individuals over three years: 13 home birth midwives, 7 MSWs, 7 commissioners (plan and purchase healthcare), 9 managers, 23 community midwives, 14 hospital midwives.

Method

Qualitative data was gathered from 56 semi-structured interviews (36 participants), 5 semi-structured focus groups (37 participants) and 38 service documents over a three year study period. A Rapid Analysis approach was taken: data were reduced using structured summary templates, which were entered into a matrix, allowing comparison between participants. Findings were written up directly from the matrix (Hamilton, 2013).

Findings

The midwife-MSW model for home births was reported to have been implemented successfully in practice, with MSWs working well, and emergencies well-managed. There were challenges in implementation, including: defining the role of MSWs; content and timing of training; providing MSWs with pre-deployment exposure to home birth; sustainability (recruiting and retaining MSWs, and a continuing need to provide two midwife cover for high risk births). The Service had responded to challenges and modified the approach to recruitment, training and deployment.

Conclusions

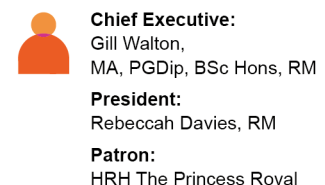
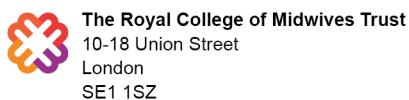
The midwife-MSW model for home birth shows potential for task shifting to release midwife capacity and provide reliable home birth care to low risk women. Some of the challenges tally with observations made in the literature regarding role redesign. Others wishing to introduce a similar model would be advised to explicitly define and communicate the role of MSWs, and to ensure staff and women support it, consider carefully recruitment, content and delivery of training and retention of MSWs and confirm the model is cost-effective. They would also need to continue to provide care by two midwives at high risk births. (16 references) (Author)

20180313-82

Championing MSWs. Jenner M (2018), Midwives Spring 2018, p 23

A Maternity Support Worker advocate describes how she gained her role, and reflects on the first event she organised,

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during MSW Month. She arranged for internal and external speakers to give updates on current topics of interest to MSW staff and clerical staff who were also RCM members, including the librarian, specialist feeding midwife and IT midwife; the literacy and numeracy department gave a presentation, and midwives served an afternoon tea. The author provided folders for each department with information on how and why to join the RCM. As a result of the event, more MSWs were recruited. (KRB)

20170906-89*

The contribution of female community health volunteers (FCHVs) to maternity care in Nepal: a qualitative study.

Panday S, Bissell P, van Teijlingen E, et al (2017), BMC Health Services Research vol 17, no 623, 4 September 2017

Background

In resource-poor settings, the provision of basic maternity care within health centres is often a challenge. Despite the difficulties, Nepal reduced its maternal mortality ratio by 80% from 850 to an estimated 170 per 100,000 live births between 1991 and 2011 to achieve Millennium Development Goal Five. One group that has been credited for this is community health workers, known as Female Community Health Volunteers (FCHVs), who form an integral part of the government healthcare system. This qualitative study explores the role of FCHVs in maternal healthcare provision in two regions: the Hill and Terai.

Methods

Between May 2014 and September 2014, 20 FCHVs, 11 health workers and 26 service users were purposefully selected and interviewed using semi-structured topic guides. In addition, four focus group discussions were held with 19 FCHVs. Data were analysed using thematic analysis.

Results

All study participants acknowledged the contribution of FCHVs in maternity care. All FCHVs reported that they shared key health messages through regularly held mothers' group meetings and referred women for health checks. The main difference between the two study regions was the support available to FCHVs from the local health centres. With regular training and access to medical supplies, FCHVs in the hill villages reported activities such as assisting with childbirth, distributing medicines and administering pregnancy tests. They also reported use of innovative approaches to educate mothers. Such activities were not reported in Terai. In both regions, a lack of monetary incentives was reported as a major challenge for already overburdened volunteers followed by a lack of education for FCHVs.

Conclusions

Our findings suggest that the role of FCHVs varies according to the context in which they work. FCHVs, supported by government health centres with emphasis on the use of local approaches, have the potential to deliver basic maternity care and promote health-seeking behaviour so that serious delays in receiving healthcare can be minimised. However, FCHVs need to be reimbursed and provided with educational training to ensure that they can work effectively. The study underlines the relevance of community health workers in resource-poor settings. (62 references) (Author) [Please note: BMC initially publishes articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes]

Full URL: <https://link.springer.com/article/10.1186/s12913-017-2567-7>

20170322-110

Just an MSW? Dignam Y (2017), Midwives vol 20, Spring 2017, p 23

Yvonne Dignam speaks up for MSWs everywhere and urges them not to undersell their role and fight to raise their profile. (Author)

20170321-2*

The gathering storm: England's midwifery workforce challenges. Royal College of Midwives (2017), London: RCM March 2017. 20 pages

The demands bearing down on midwifery are growing. Births in England are on the up, and 100,000 higher in 2015 than they were in 2001. Complexity is up too, with the women using maternity care typically older than previously and around a fifth are now obese. These factors are made worse by some of the challenges facing the midwifery

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profession. Around 3,500 full-time midwives short, the pressure created by the lack of staff actually forces even more staff to leave because of the intolerable pressure caused by the shortage. The profession is ageing rapidly, with over 1,000 NHS midwives in England now in their sixties; one in three is now over the age of 50. Student numbers are dipping just as full tuition fees are introduced and bursaries are abolished. Early signs point to a drop of almost a quarter in applications for nursing and midwifery courses at our universities. This report aims to facilitate a better understanding of the factors that are influencing the demands on maternity services and the supply of midwives and MSWs, and to advocate for a set of practical solutions to address these challenges. (Author, edited)

Full URL: <https://www.rcm.org.uk/media/2374/the-gathering-storm-england-s-midwifery-workforce-challenges.pdf>

20161216-20*

Midwives' voices, midwives' realities: findings from a global consultation on providing quality midwifery care. International Confederation of Midwives, World Health Organization, The White Ribbon Alliance (2016), Geneva: World Health Organization 2016. 76 pages

This report documents the voices and experiences of 2,470 midwifery personnel who provide care to childbearing women and their newborns in 93 countries. The information was gathered through a multilingual participatory workshop combined with the largest global online survey of midwives to date. It highlights critical issues in the provision of quality midwifery care, describing the barriers experienced as well as solutions to improving care for women, newborns and their families. The report was developed in collaboration with the International Confederation of Midwives (ICM) and the White Ribbon Alliance (WRA) and is part of the World Health Organization's (WHO) wider work on improving the provision of quality midwifery care to further prevent maternal and newborn deaths and disabilities. (Publisher, edited)

Full URL: <http://apps.who.int/iris/bitstream/10665/250376/1/9789241510547-eng.pdf?ua=1>

20161206-49

Supporting learning needs. Wheeler L (2016), Midwives vol 19, Winter 2016, p 23

Lyndsey Wheeler talks about her work supporting MSWs and why she is passionate about the subject. (Author)

20160927-22

Health promotion. Barrett K (2016), Midwives vol 19, Autumn 2016, p 23

Keelie Barrett talks about new initiatives that will help MSWs in their role. (Author)

20160318-23

Developing the role. Simpson C (2016), Midwives vol 19, Spring 2016, p 23

The author describes the development of her maternity assistant role over the 13 years she has worked at Birmingham Women's NHS Foundation Trust. Initially consisting of mainly administrative duties, her role now encompasses antenatal care, assisting at home births as the second birth attendant and performing postnatal checks. (SB)

20151216-75

When opportunity knocks. Richardson M, Clay L (2015), Midwives vol 18, Winter 2015, p 21

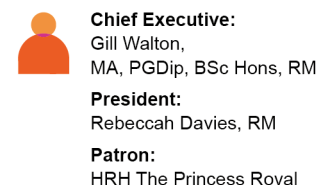
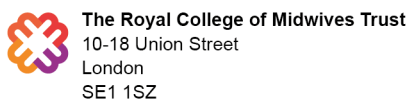
The authors describe their role as health care assistants in a team offering support with substance abuse and smoking cessation to pregnant women. (SB)

20150925-5

Becoming an MSW advocate. Dignam Y (2015), Midwives vol 18, Autumn 2015, p 21

Yvonne Dignam explains why she became an MSW advocate and what she hopes to achieve. (Publisher)

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20150804-47

MSWs do matter. McClennan C (2015), *Midwives* vol 18, Spring 2015, p 34

Gives a brief summary of the findings of a survey into the roles and practices of maternity support workers (MSWs), commissioned by the Royal College of Midwives. Reports that recommendations from study participants have resulted in several changes, including the appointment of a new MSW project worker. (JSM)

20150114-23

Training new HCAs to give compassionate care. Morgan A, Hamilton S, Medows S (2015), *Nursing Times* vol 111, no 3, 14 January 2015, pp 22-23

In October 2013, Newcastle upon Tyne Hospitals Foundation Trust set up an academy for all new healthcare assistants, to enable them to develop with the knowledge and skills to deliver compassionate and safe care. HCAs attend the academy before working in clinical practice. They complete knowledge packs in line with national minimum training standards during their probationary period. Evaluation showed that HCAs felt more confident to deliver clinical care after completing academy training. (6 references) (Author)

20141118-10

The evolution of the maternity support worker. Hutchinson J (2014), *British Journal of Midwifery* vol 22, no 11, November 2014, pp 814-818

The maternity support worker (MSW) has become an important, yet sometimes controversial, member of the maternity workforce. With health budgets being reduced in real terms and maternity services striving to deliver high quality women-centered care; managers are having to become even more astute when planning services. This article reviews how one London Trust has developed the role and responsibilities of the MSW through education and training to meet local demand. The author reflects on her experiences on becoming an advanced maternity support worker (AMSW) and the possible implications for the midwifery profession. (22 references) (Author)

20141104-34

Maternity support workers and safety in maternity care in England. Lindsay P (2014), *The Practising Midwife* vol 17, no 10, November 2014, pp 20-22

Errors in health care may lead to poor outcomes or even death. In maternity care the issue is more acute as most women and babies are healthy - and mistakes can have devastating effects. In the last 20 years 'patient' safety in maternity care has received significant attention in terms of both policy and research. With few exceptions, the resultant publications have been aimed at health service managers or registered health professionals. However a substantial section of the workforce now consists of support workers who may receive minimal training. This article aims to serve as a reminder that everyone is responsible for the safety of maternity care, and the learning needs of unregistered care staff require attention to strengthen safety defences. (15 references) (Author)

20140716-37

Conference call. Dougan C, Walker J, Forbes V (2014), *Midwives* VOL 17, no 4, 2014, p 27

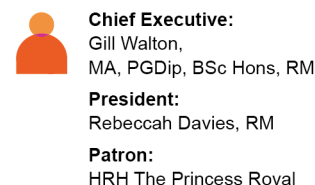
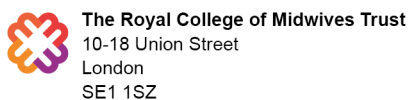
Three MSWs answered the RCM's call for volunteers to help organise the first maternity care assistants conference in Scotland. Here they describe what it has been like. (Author)

20140425-4*

Position statement: Maternity support workers. Royal College of Midwives (2013), London: Royal College of Midwives February 2013. 4 pages

The Royal College of Midwives position statement on the role of support workers in the maternity services. (First published in September 1999 as 'Support workers in the maternity services'). (MB)

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20140131-45

A strong foundation. Trask R (2014), *Midwives* vol 17, no 1, 2014, p 26

Rebekah Trask discusses the highs and lows of her first year on the maternity support foundation degree. (Author)

20131011-46

Clarity in screening. Fyle J (2013), *Midwives* no 2, 2013, p 52

The last issue of *Midwives* presented a scenario involving an MSW performing antenatal screening. Here, the RCM's Janet Fyle explains the correct sequence of events. (Author)

20131011-25

Educational value. Griffin R (2013), *Midwives* no 1, 2013, p 24

A new foundation degree is helping MSWs shed their 'clerical assistant' image and prove themselves as all-round valuable members of the maternity team, as Richard Griffin discovers. (Author)

20130711-10

Continuous support during childbirth by maternity care assistants: an exploration of opinions in the Netherlands.

Baas C, Wieggers T, de Cock P, et al (2013), *International Journal of Childbirth* vol 3, no 2, 2013, pp 76-85

BACKGROUND: The Netherlands maintain a high rate of home births relative to other well-resourced countries.

Maternity care assistants (MCAs) play an important role, as part of the maternity care team, assisting the midwife during birth and providing postpartum care to women and babies in their homes. A Cochrane review recently described the advantages of continuous support during childbirth. We were interested in the opinions of MCAs about them having an expanded role to include continuous emotional support during childbirth as well as medical tasks such as checking the condition of the fetus and maternal labor progress through internal examination.

METHODS: To explore the opinions of MCAs, four semistructured group discussions took place and 190 questionnaires were sent out to MCAs nationally.

RESULTS: In both the group discussions and questionnaires, MCAs displayed positive attitudes toward providing continuous support during childbirth. In general, MCAs were not keen on adding medical tasks. The importance of a clear distribution of responsibilities between midwives and MCAs was reported. Most (60.0%) thought midwives would appreciate MCAs providing continuous support. Furthermore, 40.5% disagreed with dividing the profession into childbirth care and postpartum care teams. Two-thirds mentioned the need for extra training in childbirth assistance.

CONCLUSION: In general, MCAs were positive about providing continuous support during childbirth. Most MCAs think that it is unwise to give MCAs additional medical responsibilities. The opinions differ concerning issues of practical organization. MCAs generally thought extra schooling was important to be and feel competent to assist childbirth. (32 references) (Author)

20130710-10*

Healthcare assistants 'should get standard training'. Roberts M (2013), BBC News 10 July 2013

An independent report has revealed a lack of formal training for health care assistants, with some workers reportedly only being asked to watch a training DVD at home before starting unsupervised work. (MB)


Full URL: <http://www.bbc.co.uk/news/health-23246066>

20130107-20


Volunteering in the maternity services: for whose benefit?. Hall J (2013), *The Practising Midwife* vol 16, no 1, January 2013, pp 16-19

In recent years volunteers have become part of the maternity services to support midwives in the UK. Future

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midwifery students are being expected to have gained such experience when applying for courses. They are providing significant support for women in relation to breastfeeding and in other supportive roles. However this article aims to explore what volunteers are doing, questions whether the recent shortage of midwives is leading to volunteers being asked to take on tasks that are beyond their unpaid status and asks who is really benefitting from this role. (5 references) (Author)

20121213-8

An evaluation of the impact of maternity support workers. Griffin R, Richardson M, Morris-Thompson T (2012), British Journal of Midwifery vol 20, no 12, December 2012, pp 884-889

This article discusses the findings of a 2-year mixed methods evaluation of the impact of maternity support workers (MSWs) educated on London South Bank University's Foundation Degree programme and employed in five London maternity services. It describes the tasks that have been delegated to them including mother and baby normal vital sign monitoring, cannulation, the taking of blood samples, breastfeeding advice, support and information in hospitals and the community, assisting with transfer from the labour to postnatal ward, organising discharge procedures from the hospital and participating in parenting classes. The evaluation found evidence that where the role was fully deployed it had a positive impact on a range of service outcomes including breastfeeding rates, lengths of stays and service capacity particularly in the community. The formal education programme was seen as key to providing midwives with the confidence to delegate tasks to MSWs. (10 references) (Author)

20121115-112

In an MSW's shoes: part two. (2012), Midwives no 6, 2012, p 51

In the last issue of Midwives, readers were asked to reflect on a fictitious scenario set in the labour ward. Here we look at the responsibilities of the midwife and the MSW. (Author)

20121009-27

In an MSW's shoes. (2012), Midwives no 5, 2012, p 52

In a new series aiming to encourage interaction between midwives and MSWs in maternity services, Midwives describes a scenario involving an MSW in a labour ward setting. (Author)

20111006-10

Valued support. Griffin R (2011), Midwives no 6, 2011, p 29

Richard Griffin examines the impact of the introduction of support workers in Scottish maternity services. (Author)

20110707-7

The effect of the developing role of the maternity support worker on the professional accountability of the midwife.

Hussain CJ, Marshall JE (2011), Midwifery vol 27, no 3, June 2011, pp 336-341

The recent rise in the number of maternity support workers (MSWs) in the United Kingdom (UK) has been welcomed by midwifery managers and supported by social policy surrounding improvements in maternity care. The training and role of the MSW varies considerably. Whilst most training is undertaken through clinical practice, more recent advances in the preparation of MSWs have resulted in them not only being trained to National Vocational Qualification (NVQ) Level 3, but also to foundation certificate or degree level. Consequently some MSWs are performing tasks that would traditionally be undertaken by a midwife, potentially leading to the erosion of the midwife's role in the future. From current evidence, midwives are not fully aware of how the developing role of MSWs may affect their own professional accountability. This paper therefore aims to challenge midwives into reconsidering how MSWs may be effectively incorporated into the midwifery team such that the quality of care is not compromised and the midwife's professional accountability is never put at risk. (50 references) (Author)

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20101105-5

Using support workers to release time for qualified midwives in maternity care. Brown M, Lees S, Law S, et al (2010), Nursing Times vol 106, no 43, 2 November 2010, pp 22-24

Maternity services must meet the demands of an increasingly diverse and rapidly growing population. Recent policy changes mean midwives are taking on roles formerly performed by doctors, leaving maternity support workers to undertake many traditional midwifery tasks. This article discusses how MSWs can facilitate choice by helping midwives deliver a flexible, personalised service to childbearing women and how the MSW role has developed. (15 references) (Author)

20100730-18

Be the apprentice. Ashton-May S, Winter J (2010), Midwives August 2010, p 26

NHS East of England's midwifery workforce project manager Sally Ashton-May and project officer Jane Winter describe their region's implementation of MSW apprenticeships. (Author)

20100730-17

Clinic complexities. Hughes D, Appleyard J, Brown A (2010), Midwives August 2010, p 25

While MSWs play many roles in Bradford's maternity services, community team leaders Deborah Hughes and Julie Appleyard and consultant midwife Alison Brown outline their role in community triple test clinics to illustrate the strengths and potential issues of employing MSWs in this way.

20100707-2*

Maternity support workers: learning and development standards. Royal College of Midwives (2010), Royal College of Midwives 12 pages

These standards have been developed by the RCM to assist RCM officers, members and other stakeholders to assess whether MSW learning programmes and associated workplace support are appropriate. Sets out six standards: the workplace learning environment, equality and diversity, content and structure, application of learning, continuing professional development, and education providers. (Available full text from:

<http://www.rcm.org.uk/EasysiteWeb/getresource.axd?AssetID=122891&servicetype=Attachment>) (Author, edited)

Full URL: <http://www.rcm.org.uk/EasysiteWeb/getresource.axd?AssetID=122891&servicetype=Attachment>

20100706-3*

Maternity support workers: learning and development guide. Royal College of Midwives (2010), Royal College of Midwives 40 pages

Sets out a framework to allow interested parties to assess the effectiveness of local education and training provision, structures and systems for maternity support workers in the United Kingdom. It is also designed to be used as a guide to developmental opportunities by support workers at a time when their role is being expanded. (25 references) (JR)

20100422-62

Degree challenges. Linay D (2010), Midwives April/May 2010, pp 44-45

In the second of a series of three articles, RCM employment relations advisor and ULR project manager Denise Linay profiles four MSWs, who are currently undertaking the MSW foundation degree programme at London South Bank University. (Author)

20100407-14

Development of maternity support worker roles in the UK. Griffin R, Dunkley-Bent J, Skewes J, et al (2010), British Journal of Midwifery vol 18, no 4, April 2010, pp 243-246

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Support workers have long been a feature of the maternity services. Recent years have seen a substantial development of the role to the point that there are now two distinct support roles, one traditional (undertaking housekeeping duties for example) the other a new higher-level role providing more direct support to midwives. This article seeks to explain this development. The authors present a model that describes the evolution and development of the role. It is proposed that there are four stages maternity support worker posts need to progress to become an enduring part of the NHS workforce: Initial, Developmental, Consolidation and Establishment. The model the role is now at a critical stage requiring a move from Consolidation to Establishment ensuring, for instance, that Maternity Support Workers are included in annual commissioning cycles. (14 references) (Author)

20100217-99

NMC to investigate regulation of maternity support workers. (2010), Practising Midwife vol 13, no 2, February 2010, p 7
News item reporting that the Nursing and Midwifery Council is considering whether health care support workers should be regulated, following a steady increase in the numbers of maternity support workers within the United Kingdom. (TC)

20091118-80

Mandatory standards for HCSWs. Anon (2009), Midwives December 2009 / January 2010, pp 6
Very brief news item reporting that mandatory standards and codes of conduct have been introduced in Scotland for health care support workers and their employers. (CR)

20090922-20

Giving birth to the maternity care assistant. Davies JW (2009), Practising Midwife vol 12, no 8, September 2009, pp 20, 22
The creation of the maternity care assistant role in Wales mirrors the birth process, as Janine Wyn Davies explains. (3 references) (Author)

20090922-19

The development of maternity care assistants in Scotland. Rennie AM, Gibb S, Hourston A, et al (2009), Practising Midwife vol 12, no 8, September 2009, pp 14, 16-19
An innovative programme is leading the way in setting standards of education and skills. (5 references) (Author)

20090804-97

Foundation degree for MSWS. (2009), Midwives August/September 2009, pp 06-07
Reports the introduction of a foundation degree for maternity support workers by London South Bank University. Includes a quote from the Royal College of Midwives' general secretary, Cathy Warwick. (JR)

20090721-13

Using community maternity care assistants to facilitate family-focused breastfeeding support. Ingram J, Johnson D (2009), Maternal & Child Nutrition vol 5, no 3, July 2009, pp 276-281
Increasing breastfeeding rates, particularly in lower socio-economic areas, would have considerable impact upon public health. Social support has been found to have direct and positive effects on breastfeeding rates, and fathers' attitudes have an important influence on the initiation and continuation of breastfeeding. In the UK, trained maternity care assistants (MCAs) are increasingly being used to support community midwives by providing post-natal women with breastfeeding support. The current study aimed to evaluate the feasibility and acceptability of MCAs involving fathers from economically deprived communities in antenatal breastfeeding discussions to equip them to provide support and encouragement. Eleven couples who took part in the intervention were interviewed post-natally. MCAs, midwives and midwifery managers gave their views on the intervention and role of MCAs in the community. The

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study showed that MCAs with appropriate training are very effective at delivering antenatal breastfeeding information, which both mothers and other family members value. MCAs found giving such breastfeeding support both enjoyable and fulfilling, while involving fathers and family members proved a practical way of encouraging them to be more supportive. Midwives and midwifery managers were positive about involving MCAs in giving the antenatal intervention, but did not see the routine introduction of this type of session for couples being possible at present due to current staffing problems. Involving fathers in breastfeeding support may start to increase knowledge and change attitudes towards breastfeeding in communities where formula feeding is seen as the normal way to feed a baby. (20 references) (Author)

20090423-14

RCM opens its doors to MSWs. O'Malley M (2009), *Midwives* April/May 2009, p 14

News item reporting that from 1 April 2009, maternity support workers (MSWs) have been eligible to join the Royal College of Midwives (RCM). Outlines the range of services that will be available to this membership category, and explains that trade union representation and professional development are both major issues. (CR)

20090407-73

RCM opens membership to maternity support workers. (2009), *Practising Midwife* vol 12, no 4, April 2009, p 9

News item reporting that the Royal College of Midwives is to extend membership to maternity support workers (MSWs). It also reports that new training for MSWs is to be rolled out across Wales and that the number of midwifery training places is to be increased. (CR)

20090318-101

Healthcare assistants in the children's intensive care unit. King P, Crawford D (2009), *Paediatric Nursing* vol 21, no 1, February 2009, pp 48-51

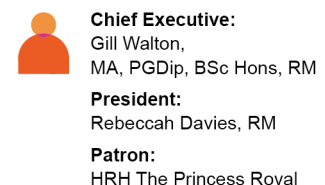
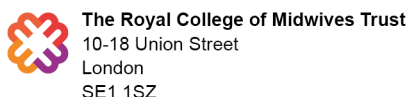
Recruiting and retaining qualified nurses for children's intensive care units is becoming more difficult because of falling numbers of recruits into the child branch and inadequate educational planning and provision. Meeting the staffing challenge and maintaining the quality of children's intensive care services requires flexible and creative approaches, including considered evolution of the role of healthcare assistants. Evidence from adult services indicates that the addition of healthcare assistants to the intensive care team can benefit patient care. The evolution of the healthcare assistant role to support provision of safe, effective care in the children's intensive care setting requires a comprehensive strategy to ensure that appropriate education, training and supervision are in place. Career development pathways need to be in place and role accountability clearly defined at the different stages of the pathway. Experience in one unit in Glasgow suggests that healthcare assistants make a valuable contribution to the care of critically ill children and young people. (21 references) (Author)

20090114-15

Building capacity to care: learning for maternity support workers. Griffin R, Dunkley-Bent J, Malhotra G (2009), *British Journal of Midwifery* vol 17, no 1, January 2009, pp 7-11

Maternity support workers (MSW) are an increasingly important part of the maternity workforce. This article describes the results of an extensive study of the reasons why maternity units in London introduced MSWs, the service areas they work in, the duties they undertake and it explores views on effective training and development for the role. The study found that MSW is a reasonably established role in London; typically one MSW is employed for every qualified midwife and works across all care settings. Maternity services introduced the role for a wide range of reasons. There is a pressing need to develop a single accredited learning programme for MSWs to overcome problems with transferability. The study identified the features heads of midwifery would like to see learning programmes address. (8 references) (Author)

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20081216-59

Maternity care assistants graduation. (2008), NES Focus Autumn 2008, pp 14-15

The first cohort of maternity care assistant graduated with distinction and enthusiasm. With full support from the heads of service, this pilot course has proved a great success. (Author)

20080924-13

Task shifting in health care in resource-poor countries. McPake B, Mensah K (2008), The Lancet vol 372, no 9642, 13 September 2008, pp 870-871

Comment on task shifting, which is the allocation of tasks in health-system delivery to the least costly health worker capable of doing the task reliably. The emphasis is on maternity services and on some of the training midwives have received to improve their status. The full article by Huicho is included in this edition of the 'Lancet'. (8 references) (TM)

20080909-112

Maternity support workers: here to stay. Ackerman B, Maycroft L (2008), Practising Midwife vol 11, no 8, September 2008, pp 15-17

Maternity support workers are key to improvements within the maternity services, but nationally agreed standards and a countrywide education programme are vital. (14 references) (Author)

20080522-67

HCA's in nursing. What role should they play?. Hoban V (2008), Nursing Times vol 104, no 20, 20 May 2008, pp 18-19

As HCAs take on more tasks, Victoria Hoban looks at their developing status in the health service. (Author)

20071106-8*

Raising the profile of maternity care assistants. Hood A (2007), British Journal of Healthcare Assistants vol 1, no 7, October 2007, pp 314-316

The role and function of maternity care assistants (MCAs) is a crucial and essential one that compliments the role of the midwife and many midwives really do value their role and support. However, in recent months the role of the MCA has attracted much negative media attention because of reports that some were performing procedures that exceeded their qualification. The aim of this article is to shed a positive light on the role of the MCA and share recommendations on how to raise their profile and thus value the contributions they make in supporting midwives, women and babies. (Author)

20070824-30*

NMC advice for delegation to non-regulated healthcare staff. Nursing and Midwifery Council (2007), Nursing and Midwifery Council (NMC) August 2007. 3 pages

Provides guidance on delegation of nursing and midwifery care to non-registered healthcare staff. Explains the principles behind delegating and decision making, and features points to consider before delegating tasks. Also examines issues relating to accountability and responsibility. (MB)

20070824-10

Guidance emphasises nurses' responsibility when delegating. Vere-Jones E (2007), Nursing Times vol 103, no 34, 21 August 2007, p 9

Emma Vere-Jones investigates whether new guidance on delegation clarifies all of the uncertainties around the issue. (Author)

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20070724-62

Maternity support workers may reduce standards. (2007), Practising Midwife vol 10, no 7, July/August 2007, p 8

News item reporting on the findings of a study commissioned by the Department of Health, which reveal that lack of standardisation in training for maternity support workers is putting the safety of women and their babies at risk. (MB)

20070706-68*

Support workers in maternity services: a national scoping study of NHS Trusts providing maternity care in England

2006; final report. Sandall J, Manthorpe J, Mansfield A, et al (2007), London: King's College London 2007. 76 pages

BACKGROUND: Support workers are perceived to play a key role in the future maternity workforce and although the role has been established for some time, there has been little overview of who makes up the support workforce, what they do, and what competencies they possess. This study was commissioned in October 2006 by the Department of Health in order to provide guidance as to areas for future policy, research and routine data collection, and initial findings were reported in December 2006. **AIM AND DESIGN:** The study aimed to provide a systematic overview of the numbers, scope and range of practice, levels of training, skill mix and service model arrangements of support workers working in maternity services in England. A telephone questionnaire of a representative sample of NHS Trusts providing maternity care in England was conducted. In October 2006, 155 acute and 10 primary care trusts containing 252 consultant and midwife led units provided maternity services. Overall, 63% of acute trusts (N=98), and 100% of primary care trusts (N=10), stratified by size of trust were sampled, with a 70% and 40% response rate respectively (n=73 Trusts). Within each trust each maternity unit was surveyed separately achieving a total respondent sample of 94 maternity units. Data collection relied on reports from managers about the way the role was operating in practice, and the job elements that were currently undertaken. The study did not collect data directly from observation of practice or directly from women and their families about their experiences. **KEY FINDINGS:** Managers were enthusiastic about the contribution that support workers were making to the work of the maternity team. For example, providing more breastfeeding support in the community, providing continuity of care and one to one care in labour, having more time to support vulnerable postnatal groups. However, there was substantial variation in title, range of activities, required entry level of training, and grade, and support workers carrying out similar roles were paid differing rates. Some tasks required considerable levels of training and competence, and governance regarding delegated responsibility and accountability were variable. **DISCUSSION:** There is great potential for support workers to contribute to improving the quality of maternity care and facilitating women's choices. However, the lack of consistency regarding title, task and training has the potential to leave women, managers and midwives with uncertainty as to the scope of practice and competence of the individual support worker. If improving the quality of care is to be fully realised, it seems to be essential that there is a national framework for training and competencies determined by job profile for roles in different settings, and appropriate arrangements for governance. The greatest cost-benefit in terms of freeing up midwives' time may be for more support workers to take on complex new roles. There was very little evidence of the impact on quality of care and resource use in terms of the contribution of the support workforce, and there is a need to model the likely effects of workforce scenarios on expected outcomes and costs. Potential areas for future research should include: investigation of the impact of the support worker role on outcomes for mothers and babies; assessment of the cost-effectiveness of the support worker role at different levels of training and scope of practice; exploration of the views and experience of women receiving care from support workers. (Author)

20070608-23

Maternity care or maternity scare?. Clift-Matthew V (2007), British Journal of Midwifery vol 15, no 6, June 2007, p 324

Comments on the recent research report from King's College London about the use of maternity support workers (1) and discusses the shortage of midwifery posts. 1. Sandall J, Manthorpe J, Mansfield A et al. Support workers in maternity services: a national scoping study of NHS Trusts providing maternity care in England 2006. London: King's College London, 2007.

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20070529-43*

Babies 'at risk from use of stand-in midwives'. Womack S (2007), The Telegraph 29 May 2007

Discusses a report undertaken for the Department of Health, which indicates that NHS Trusts could be risking mothers and babies' safety by using maternity support workers instead of midwives. (SB)

20070529-38*

Babies 'at risk from untrained workers acting as midwives'. Hawkes N (2007), Times 29 May 2007

News item reporting on the findings of an independent study carried out for the Department of Health which conclude that the health of mothers and babies is being put at risk by the replacement of midwives by untrained maternity support workers. (MB)

20070529-14*

Maternity care flaws may put patients at risk, says report. Press Association (2007), Guardian 29 May 2007

Discusses a report undertaken for the Department of Health, which indicates that NHS Trusts could be risking mothers and babies' safety by using maternity support workers instead of midwives. (SB)

20070529-11*

Maternity support workers 'taking midwife posts'. (2007), Independent 29 May 2007

News item reporting that a number of Trusts in England are converting midwifery posts into less qualified maternity care assistant positions, putting the health of mothers and their babies at risk. (MB)

20070402-8*

Women to give birth without care of a midwife. Clout L (2007), The Telegraph 2 April 2007

Reports on a shift in government policy to be announced later this week, that may suggest that some women could give birth with a maternity support worker rather than a midwife. (SB)

20061219-33

Do you think there should be an agreed ratio of maternity care support workers/assistants to midwives and between the allocation and type of tasks?. (2006), RCM Midwives vol 9, no 12, December 2006, p 498

Presents the pro and con positions for the question posed by the title. Includes 6 yes responses and three nos. (SB)

20061115-9

Seconding healthcare assistants to a pre-registration nursing course: role transition to qualified practitioner. Gould D, Carr G, Kelly D (2006), Journal of Research in Nursing vol 11, no 6, 2006, pp 561-572

Attrition from traditional pre-registration nursing programmes in the United Kingdom continues to be substantial and, once qualified, new staff nurses experience a number of challenges in adapting to their new role. A possible solution, strongly favoured by the current government, is to second existing healthcare assistants onto pre-registration programmes. The premise is that, because of their previous caring experience and exposure to work in the National Health Service, secondees will be more committed to complete training and will undergo role transition more effectively. This paper presents an in-depth, qualitative study concerning the role transition of newly qualified staff nurses who had previously been employed as healthcare assistants. Uptake of the scheme had been substantially lower than anticipated, with only a small number of secondees eventually returning to their original wards. Secondees, their ward managers, perceptrors and clinical practice facilitators were interviewed and the data were analysed employing the sequence for qualitative data analysis described by Miles and Huberman (1994). Findings suggest that healthcare-assistant secondment may not offer a ready solution to increasing the qualified nursing workforce. Contributory factors include: the length of time required for each newly qualified practitioner to qualify via

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the secondment route; the degree of commitment required on the part of secondees and university staff; the apparently limited benefits of previous healthcare-assistant experience; and personal costs to the secondees. Secondees described how they had been afraid of not completing the course successfully because of the public nature of failure if they were obliged to return to their original workplaces in the same role as before. This additional pressure has not been anticipated by proponents of secondment schemes and may help to explain why so few eligible candidates applied for secondment. (28 references) (Author)

20061101-38

Health visitors in demand for deprived families. Anon (2006), Journal of Family Health Care vol 16, no 5, 2006, p 161
Brief news item reporting on the announcement that some of the most deprived families in England will receive two years of intensive health visiting in a bid to address inequalities in health. (CR)

20061101-32

Running a group. Terry J (2006), Journal of Family Health Care vol 16, no 5, 2006, pp 137-138
Self-help groups, e.g. for breastfeeding support or postnatal depression, can be an effective resource for clients. They can also be an effective use of professionals' time in primary care. A health visitor offers practical suggestions for starting and guiding a new group, including the need for professionals to think creatively and flexibly about group structures. The advice is to keep these simple, audit regularly and allow the group to evolve. (1 reference) (Author)

20060908-36

Maternity care assistants in Scotland. Anon (2006), NES Focus Summer/Autumn 2006, p 8
In response to the growing need for modernising the maternity service in Scotland, NES launched a publication on Wednesday 19th July 2006 which identifies and develops a role for Maternity Care Assistants. (Author)

20060725-8*

Maternity support workers: enhancing the work of the maternity team. NHS (2006), NHS Confederation Action Points 2006. 68 pages
Discusses the ways in which the support worker is helping the maternity workforce provide the improved access, quality and flexibility of care in the maternity team. (TM)

20060426-2

Baby boomers. Moore A (2006), Health Service Journal vol 116, no 6002, 20 April 2006, pp 32-33
With qualified midwives often thin on the ground, and existing ones weighed down with admin duties, maternity support workers seem the perfect solution. Alison Moore reports on a dynamic workforce initiative. (Author)

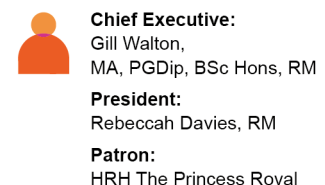
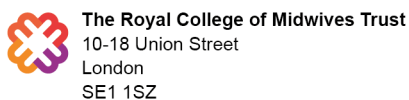
20060301-13

The case for widening RCM membership. Skewes J (2006), RCM Midwives vol 9, no 2, February 2006, p 48
The important role of maternity support workers has long been recognised by the RCM, but as Jon Skewes asks, is it now time to take this one step further and offer them membership of the College? (1 reference) (Author)

20060214-31

Tackling midwife shortages - can maternity support workers help?. Thomas K (2006), New Digest no 33, January 2006, p 14
The NHS is facing severe shortages of midwives across the country. One solution may be to adopt the use of maternity support workers. (1 reference) (Author)

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20050811-24

NHS to roll out Maternity Support Workers. Anon (2005), New Digest no 31, July 2005, p 6

Briefly discusses the launch of a programme to extend the use of maternity support workers in the National health Service in England. (SB)

20050718-28

Evaluation of the use of health care assistants to support disadvantaged women breastfeeding in the community.

Beake S, McCourt C, Rowan C, et al (2005), Maternal & Child Nutrition vol 1, no 1, January 2005, pp 32-43

There is little experience of the use of health care assistants in the community to support breastfeeding in the UK. The aim of this project was to evaluate the implementation of a small-scale pilot project using health care assistants in the community to support disadvantaged women breastfeeding. The evaluation was funded as part of the Department of Health's Infant Feeding Initiative. A longitudinal observational and quasi-experimental design was used. The project involved women, who had recently given birth, living in an area of London identified by the government's Sure Start scheme as socio-economically disadvantaged. This paper focuses mainly on the findings drawn from the qualitative data focusing on the process of implementation, the role of the Support Worker and women's perceptions of the support. The findings suggest that the use of health care assistants in the community may offer a practical and encouraging approach in supporting breastfeeding which is acceptable to both breastfeeding women and health care professionals. More research is needed to establish whether the intervention significantly increases breastfeeding rates. (21 references) (Author)

20050613-23

Education and training of the maternity care assistant: developments from a BTEC diploma in maternity care. Browne A

(2005), RCM Midwives vol 8, no 2, February 2005, pp 72-73

The role of maternity support workers is undoubtedly important, but there is significant variation across the country in their responsibilities and the training they receive. Abina Browne recounts how a BTEC diploma was developed and introduced following on from a project that assessed the requirements of these employees. (5 references) (Author)


20050503-45

Nurses', midwives' and patients' perceptions of trained health care assistants. Keeney S, Hasson F, McKenna H, et al


(2005), Journal of Advanced Nursing vol 50, no 4, May 2005, pp 345-355

Aim: This paper reports on part of a larger study and outlines Registered Nurses' and Midwives' perceptions of, and satisfaction with, trained health care assistants in a regional hospital setting in the Republic of Ireland. Background. An increased reliance upon health care assistants in the clinical setting has highlighted the need to consider how staff and patients perceive the health care assistant role. Findings. Nurses were satisfied with the work undertaken by trained health care assistants and considered that they contributed positively to patient care and supported nurses/midwives by undertaking non-professional duties. However, maternity clients reported that health care assistants were mostly giving direct care, and their availability was perceived to be better than that of qualified staff. Some nurses/midwives were reluctant to assume responsibility for delegation of direct care duties to health care assistants. Conclusion. The employment of health care assistants yields positive outcomes for staff and female clients but consideration must be given to role clarity. Further research into how qualified staff perceive health care assistants is important as such perceptions influence delegation, integration, role development and acceptance of health care assistants. (69 references) (Author). MIDIRS comments: This paper considers an area of concern and interest to midwives and others involved with providing services and the need to maintain appropriate standards when providing direct care. The article includes a fairly comprehensive literature review although, as more reliance is placed on some studies than others, it might have been helpful for them to have included more detailed information about these specific studies so that the reader could also assess their relevance. From a random selection of the available hospital units in the Republic of Ireland, all qualified staff from the maternity and theatre units in one regional hospital were identified for inclusion in the study. In addition, women who were present on the maternity unit were approached by the

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researcher and invited to participate in a semi-structured interview. Participating staff were invited to complete a self completion questionnaire. Fifteen questions were included and a Likert scale was used to determine preference to a series of statements about the relationships, the impact on workloads, and opinions about the competence of health care assistants. The paper reports findings from this small sample (25 staff members and six women) as part of a larger evaluative study of national health care assistant (HCA) training in Ireland. More information about how this study links in with the larger one would have been helpful. Although all the staff who were on duty on the days chosen for data collection agreed to take part in the study, there is no information about what proportion this was against all qualified staff. It is therefore unclear whether the information obtained was generalisable for all qualified staff on a 24 hours, seven day a week basis. More midwives responded than theatre nurses (16 vs 9) and the authors decided to combine the two groups. Although understandable from a pragmatic point of view, it denies the opportunity of assessing the data according to the different locations. It also suggests that the authors do not seem to have considered that the role of the HCA might differ between these areas, which is concerning with regard to data collection and analysis of the larger study. For some variables, separate identification of midwives and theatre nurses is of less importance - for example, working relationships and the impact of the qualified staff workload in supervision. However, when considering client care and HCA competence, this is arguably a very different situation where there might be quite different levels of the dependence of women on the caregiver. It is difficult to see how, or whether, these issues can be appropriately addressed without looking at theatre and midwifery care separately. Taking these considerations into account, the findings from this descriptive survey give an interesting indication of the views and concerns of the participants. Generally, there is a feeling that HCAs can assist qualified staff and are competent in their work. There was some dissent with regard to supervision with only just over half of the respondents considering that all registered staff should be accountable for the work of HCAs. There was further disagreement about the role of the ward sister or staff grade with regard to delegation of duties to HCAs. Information derived from six interviews with women in the maternity unit gives a valuable insight into this area. The women viewed HCAs as offering support to qualified staff but they also considered the need for HCAs to receive training. The women describe a number of examples of the direct care they received from HCAs. Some of these may come as a surprise to readers where this included checking perineal sutures and undertaking 'infant checks'. Such information appears to have been obtained from open questioning in the interview suggesting reasonable credibility. The women also appeared to assume that HCAs would only undertake tasks for which they had been trained and that they would also be under direct supervision by a qualified member of staff. In their discussion the authors acknowledge the limitations of their study with regard to generalisability. Taking into account my reservations about amalgamating the data from two different disciplines, this paper still makes a useful contribution. The authors discuss the topic very comprehensively, addressing concerns and initiatives appropriately. There is a feeling that, despite the considerable literature in this area, we are still only at the point of putting our toe in the water with regard to both what we know about the work and role of HCAs and what the future holds for them within the mainframe services, in the UK as well as in Ireland. The authors, in their final sentence, refer to the need for a standardised, competency-based training programme for HCAs. Presumably, the larger study is part of this initiative and the findings from this will be awaited with interest. Comments written by Sally Marchant, editor. © MIDIRS 2005.

20050307-49

Postnatal care. Sutton R, Stables D (2005), In: Dustagher A Harding J McMahon C eds. Knowledge to care: a handbook for care assistants. 2nd ed. Oxford: Blackwell Publishing 2005, pp 221-236


Provides an understanding of the postnatal period for health care assistants. Outlines the ways they can contribute to the care of mothers and babies in the days after childbirth, and how they can help the new mother to develop her parenting skills. (2 references) (SB)

20050307-46*


Lay health workers in primary and community health care (Cochrane Review). (Date of most recent substantive amendment: 21 July 2003). Lewin SA, Dick J, Pond P, et al (2005), The Cochrane Database of Systematic Reviews issue 1, 2005

Background: Lay health workers (LHWs) are widely used to provide care for a broad range of health issues. However,

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little is known about the effectiveness of LHW interventions. Objectives: To assess the effects of LHW interventions in primary and community health care on health care behaviours, patients' health and wellbeing, and patients' satisfaction with care. Search strategy: We searched the Cochrane Effective Practice and Organisation of Care and Consumers and Communication specialised registers (to August 2001); the Cochrane Central Register of Controlled Trials (to August 2001); MEDLINE (1966- August 2001); EMBASE (1966-August 2001); Science Citations (to August 2001); CINAHL (1966-June 2001); Healthstar (1975-2000); AMED (1966-August 2001); the Leeds Health Education Effectiveness Database and the reference lists of articles. Selection criteria: Randomised controlled trials of any intervention delivered by LHWs (paid or voluntary) in primary or community health care and intended to promote health, manage illness or provide support to patients. A 'lay health worker' was defined as any health worker carrying out functions related to health care delivery; trained in some way in the context of the intervention; and having no formal professional or paraprofessional certificated or degreed tertiary education. There were no restrictions on the types of consumers. Data collection and analysis: Two reviewers independently extracted data onto a standard form and assessed study quality. Studies that compared broadly similar types of interventions were grouped together. Where feasible, the results of included studies were combined and an estimate of effect obtained. Main results: Forty three studies met the inclusion criteria, involving more than 210,110 consumers. These showed considerable diversity in the targeted health issue and the aims, content and outcomes of interventions. Most were conducted in high income countries (n=35), but nearly half of these focused on low income and minority populations (n=15). Study diversity limited meta-analysis to outcomes for five subgroups (n=15 studies) (LHW interventions to promote the uptake of breast cancer screening, immunisation and breastfeeding promotion [before two weeks and between two weeks and six months post partum] and to improve diagnosis and treatment for selected infectious diseases). Promising benefits in comparison with usual care were shown for LHW interventions to promote immunisation uptake in children and adults (RR=1.30 [95% CI 1.14, 1.48] p=0.0001) and LHW interventions to improve outcomes for selected infectious diseases (RR=0.74 [95% CI 0.58, 0.93] p=0.01). LHWs also appear promising for breastfeeding promotion. They appear to have a small effect in promoting breast cancer screening uptake when compared with usual care. For the remaining subgroups (n=29 studies), the outcomes were too diverse to allow statistical pooling. We can therefore draw no general conclusions on the effectiveness of these subgroups of interventions.

Authors' conclusions: LHWs show promising benefits in promoting immunisation uptake and improving outcomes for acute respiratory infections and malaria, when compared to usual care. For other health issues, evidence is insufficient to justify recommendations for policy and practice. There is also insufficient evidence to assess which LHW training or intervention strategies are likely to be most effective. Further research is needed in these areas. (Author)

20050225-10*

Knowledge to care. A handbook for care assistants. Dustagheer A, Harding J, McMahon C, editors (2005), Oxford: Blackwell Publishing Ltd 2005. 2nd ed. 290 pages

Knowledge to Care provides health care assistants with the knowledge they need to gain confidence and understanding and to develop the skills and awareness required for everyday practice in hospitals, residential homes, and the community. It covers essential theory and practical skills including meeting day-to-day needs, patient handling, infection control, and patient confidentiality. This second edition is significantly revised to reflect current practice, with an emphasis throughout on dignity, respect and care. (Publisher)

20041001-26

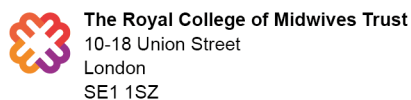
More flexible education programmes: increasing options within the NHS. Woodward V, Clawson L, Ineichen B (2004), RCM Midwives vol 7, no 10, October 2004, pp 436-439

The second of a two-part report on an investigation into the role of the maternity support worker (MSW) looks at the feasibility of MSW staff undertaking further training, and the options available to midwifery students who do not complete their courses but who may wish to remain within the NHS. (7 references) (Author)

20040907-34

Health care support workers - report on the all-Wales scoping exercise. (2004), Newyddion October 2004, pp 6-7

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Presents the results of a scoping survey investigating variations in the provision of training and development opportunities to health care support workers in Wales. (RM)

20040831-12

Maternity support workers: what is their role?. Woodward V, Clawson L, Ineichen B (2004), RCM Midwives vol 7, no 9, September 2004, pp 390-393

Severe staffing shortages within maternity services have led the profession to look carefully at where the maternity support worker fits into the system. The first of a two-part investigation looks at this and the potential for wider and more flexible training programmes. (15 references) (Author)

20040831-1

Occupational standards for maternity care. Silverton L (2004), RCM Midwives vol 7, no 9, September 2004, p 364

Reports on the development of UK national occupational standards for non-professional staff offering maternity and neonatal care by the Skills for Health work council, and on the pilot project which will test them at 11 sites. (3 references) (RM)

20040622-26*

Prepared to care: a fit for purpose programme. Preparation of maternity care assistants. Royal College of Midwives (2004), London: RCM May 2004. 67 pages

Presents a national transferable programme for the preparation of Maternity Care Assistants (MCAs). The programme uses a workplace learning approach based upon the 'fit for purpose' premise, with a development rather than a qualification outcome. Discusses the conceptual framework of the programme, and details of its structure and evaluation. (50 references) (RM)

20040622-19

Developing the HCA role. O'Dowd A (2004), Nursing Times vol 100, no 25, 22 June 2004, pp 22-24


With the Department of Health's consultation on HCA regulation due for completion next month, Adrian O'Dowd examines how the role is set to change. (Author)

20040324-23


Paraprofessional support for pregnant and parenting women. Logsdon MC, Davis DW (2004), MCN - American Journal of Maternal/Child Nursing vol 29, no 2, March/April 2004, pp 92-97

PURPOSE: To review evidence regarding the role of paraprofessional support in improving maternal and infant outcomes in pregnant and parenting women. Although support provided by significant others (social support), by professionals, and by paraprofessionals are frequently considered together in literature reviews, this is inappropriate because the components of the support in each case differ. **DATA SOURCES:** Data were limited to published studies. Searches of computerized databases (CINAHL, Medline, PsychLit, Social sciences abstracts, Social sciences citation, and Social work abstracts), hand searches of journals, and backward searches from reference lists of studies were conducted. Nursing, medicine, psychology, public health, sociology, and social work literatures were searched. **STUDY SELECTION:** The studies included had statistically significant outcomes of paraprofessional support to pregnant and parenting women. Studies were published in 1985 or later, were conducted in the United States or Canada, and included maternal and/or infant outcomes. **DATA EXTRACTION:** Data were extracted from each study concerning the theoretical framework, design, sample, measuring instruments, interventions, and outcomes. **CONCLUSIONS:** Programs providing paraprofessional support to childbearing women are clearly providing an important service, but empirical evidence is not adequate to determine which specific paraprofessional program works for a specific population of women to achieve the best long-term outcomes for both women and children. Although proponents of paraprofessional support programs for pregnant and parenting women have reported some successes, more data are

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needed. Researchers should continue to conduct well-designed and controlled studies to compare outcomes from the three types of support. Nurses in practice should build on services provided by paraprofessionals in order to meet women's need for support and to achieve desired outcomes. (21 references) (Author)

20040308-39*

NMC welcomes HCA regulation. Nursing and Midwifery Council (2004), London: Nursing and Midwifery Council 20 February 2004, 2 pages

Health care assistants are not currently regulated and do not need a license to practice. Next month, the Department of Health will publish proposals to regulate more than 250,000 HCAs in the United Kingdom. (JSM)

20040108-20

Training needs of midwifery assistants. McKenna H, Hasson F, Smith M (2003), Journal of Advanced Nursing vol 44, no 3, November 2003, pp 308-317

BACKGROUND: Increasingly in the United Kingdom (UK) assistants are being introduced as part of the midwifery workforce. However, there appears to be little standardization in the qualifications and training provided. **AIM:** The aim of this study was to investigate what an educational programme for midwifery assistants should contain.

RESEARCH METHODS: A total of 100 qualified midwives and 58 midwifery students were asked to complete a mailed questionnaire and subsequently 20 of these respondents were interviewed. **RESULTS:** Respondents identified three levels of competencies that midwifery assistants should possess. They also acknowledged that midwives required specific training in how best to supervise assistants. Respondents maintained that each assistant should have a clinically-based midwifery mentor and that rotation around different clinical areas should be included as part of a training programme. Furthermore, it was stressed that because midwives initiate, teach and supervise assistants, they should have a key role in planning training programmes and in the teaching and assessment processes. Nonetheless, it was accepted that such a role could divert the midwife from valuable contact time with the mother and baby, the opposite of what the introduction of assistants was intended to do. **CONCLUSIONS:** Before working in clinical areas midwifery assistants need practice-based training that focuses on skills development. Communications and interpersonal skills should be included in the training as should placement experience in a variety of clinical settings. Midwives have a role in providing this training, and in mentoring and supervising midwifery assistants, but it is accepted that this could add to their workloads. Developments of this kind need to be evaluated, especially in terms of the impact on direct care by midwives. (Author)

20020725-4

The case for the formal education of HCAs. Ramprogus V, O'Brien D (2002), Nursing Times vol 98, no 27, 2 July 2002, pp 37-38


Recent government policies have legitimised the role development of all health care practitioner as a means of improving patient care and service delivery. This study focuses on the professional development of health care assistants (HCAs) and how this relates to patient care. National inconsistencies in training provision and the need to standardise the education of HCAs through registration are discussed. The implications for nursing practice are also examined. (15 references)

20020606-17


Working with healthcare assistants: threat or promise?. Kaufmann T (1999), RCM Midwives Journal vol 2, no 10, October 1999, pp 316-317

The employment of healthcare assistants (HCAs) has become increasingly widespread in maternity services, and most midwives now work alongside HCAs - or other support staff, such as auxiliaries - in at least some of their work. The RCM's position paper on HCAs - first published in October 1995 - has now been updated in line with the developing deployment of support workers in maternity care. This article explains why. (Author)

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20020107-20

Community midwifery support workers. Crowther S, Spiby H, Morrell CJ (2001), British Journal of Midwifery vol 9, no 12, December 2001, pp 754-757

The role of community midwifery support worker was developed to provide the new social support intervention evaluated in a large randomised controlled trial. This new role had a specific training programme developed using an National Vocational Qualification framework. The role had a woman-centred approach to assist mothers in the early postnatal days. Considerations of the organisation of the work, management, support and safety for these workers are described. (9 references) (Author)

20011107-39*

The care assistants portfolio. Part 3: care. (2001), Abingdon: Radcliffe Medical Press [2001]

The Health Care Assistants (HCA) programme is a flexible, enjoyable and cost-effective learning programme. It fulfils government policy to increase competence of care to a regulated, national standard. The interactive workbooks aid learning and the full programme covers all twenty-nine units, both mandatory and optional, of the Care NVQ Level 2. Its flexibility enables employers and their staff to select the modules and method of delivery most appropriate to their needs. (Publisher)

20011107-38*

The care assistants portfolio. Part 2: protection. (2001), Abingdon: Radcliffe Medical Press [2001]

The Health Care Assistants (HCA) programme is a flexible, enjoyable and cost-effective learning programme. It fulfils government policy to increase competence of care to a regulated, national standard. The interactive workbooks aid learning and the full programme covers all twenty-nine units, both mandatory and optional, of the Care NVQ Level 2. Its flexibility enables employers and their staff to select the modules and method of delivery most appropriate to their needs. (Publisher)

20011107-35*

The care assistants portfolio. Part 1: people. (2001), Abingdon: Radcliffe Medical Press [2001]

The Health Care Assistants (HCA) programme is a flexible, enjoyable and cost-effective learning programme. It fulfils government policy to increase competence of care to a regulated, national standard. The interactive workbooks aid learning and the full programme covers all twenty-nine units, both mandatory and optional, of the Care NVQ Level 2. Its flexibility enables employers and their staff to select the modules and method of delivery most appropriate to their needs. (Publisher)

20010809-49

Support workers in maternity care. Charlton D (2001), MIDIRS Midwifery Digest vol 11, no 3, September 2001, pp 405-406

Maternity support workers are increasingly being used in units due to a shortage of midwives. Here, the author examines their role now and how it should develop in the future. (6 references) (VDD)

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