

Registered Nurses & HCAs working to support Midwives within the UHL Maternity Unit Procedure

1. Introduction and who this procedure applies to

- 1.1 This Procedure sets out the process for the use of substantive and Bank UHL Registered Nurses (RN) or HCA's with no midwifery registration / qualification) supporting Registered Midwives (RM) working within the UHL Maternity Unit based at the Leicester General Hospital (LGH) or Leicester Royal Infirmary (LRI) in patient settings only.
- 1.2 It excludes Agency Nurses.
- 1.3 This document refers to non-midwifery care delivery to women and babies where specific training has been provided and the staff feel competent within their own scope of practice.
- 1.4 This procedure is for use by the Maternity Bleep Holder, Matron of the Day, Womens Manager on call, Head of Midwifery and Nursing (HoM/HoN) and Deputy Head of Midwifery (DHoM) and the UHL Tactical Nurse or Midwife.
- 1.5 The aim of this process is to ensure safety is maintained for patients and midwifery and general nursing staff.
- 1.6 The overarching policy for this document is;
[Escalation Transfer of Activity and Closure UHL Obstetric Guideline](#) Trust ref: C29/2011 and the [Midwifery and Support Staffing UHL Obstetric Policy](#) Trust ref: [C28/2011](#)

2. Confirming requirement for nurses / Healthcare Support Workers to support midwifery teams

- 2.1 Nurses and Health Care Assistants can be utilised to support Maternity care to enable safe staffing.
- 2.2 There should not be any more than one RN and/or HCA on each labour ward and antenatal/postnatal wards to work in support roles to the Midwives unless this has been agreed through the staff shortage escalation process to the HOM/HON/Dep HOM when staffing falls below minimum numbers.
- 2.2 Staffing for each unit should be discussed at the twice daily women's tactical meeting at 08.30 and 16.00hrs. The Matron of the Day should also attend the twice daily Trust safe staffing meeting for further staffing support that cannot be met within the CMG
- 2.3 Any nurses being redeployed from other CMGs should be advised that they will continue to work in a nursing capacity under their own scope of practice and will not be asked to take on tasks that would normally only be undertaken by a Midwife or MCA and that they will be working under the direct supervision of a midwife.

2.4 Nurses must not have health related conditions that would exclude them working in maternity services.

3. Specific care delivery tasks to be carried out

- 3.1 Women requiring enhanced care following a complication such as postpartum haemorrhage, covid-19 infection, sepsis or a medical condition to include specific assessments and tasks to include :
- vital observations (BP, pulse, temp, respiratory rate, blood glucose, O2 sats)
 - Patient assessments including, Waterlow, Nutrition, patient handling, Infection prevention, screening for falls and Making Every Contact Count (MECC).
 - Post op care i.e. checking of abdominal wounds, drains, vaginal blood loss and supporting women with hygiene needs, including bed baths
 - Monitoring and documenting fluid balance.
 - Administration of routine oral / IV meds / oxygen where required (not including midwifery exempt medication).
 - Patient repositioning, skin assessments and documentation of BESTSHOT assessments.
 - Insertion of catheters, catheter care and documentation.
 - Completion of VIP scores/observations for Neonates within NEWTT2 guidelines – only if trained and assessed as competent.
 - Breast Feeding Initiation and support – If training completed and completed competency

4. Induction requirements

- 4.1 Orientation to the ward/unit if not a maternity substantive member of staff.
- 4.2 Location of the arrest trolley / fire exits and any different requirements for evacuation and for additional postpartum requirements
- 4.3 Confirmation that the nurse will not be caring for babies unless trained to do so and within usual scope of practice.
- 4.4 Working under the supervision of a registered midwife. Band 6 or above.
- 4.5 If bank staff or redeployed from another area check name badge and ID being worn stating RN
- 4.6 Ensure that bank or redeployed RN/HCA's are aware of baby tagging system and restricted door access and visiting restrictions and to escalate any safeguarding concerns to the Midwife in Charge.
- 4.7 Remind staff that Early Warning Scores have different parameters for maternity women (MEOWS) and this is part of nervecentre.
- 4.8 Awareness of specific drugs that RNs MUST be aware of in a maternity context (i.e. differing regimes and midwifery exemptions – will be recorded on e-meds)

5. Maternity Assessment Unit

5.1 RN's/HCA's can work on MAU but due to the limited role they must be only used in a support role during periods of high acuity and activity in addition to the current midwifery staffing levels where additional Midwives/MCA's are not available.

6. Education and Training

- 6.1 Substantive RN will be required to attend yearly maternity emergencies skill drill training which can be booked via HELM or contacting the Maternity Education Team directly.
- 6.2 Bank RNs are encouraged and welcome to attend maternity emergencies skill drill training. This is recommended where they work more than 1 shift per month.
- 6.3 UHL staff receive all necessary mandatory training through their HELM account and HCAs have undertaken EWS assessments in their clinical areas.
- 6.4 Redeployed/ Substantive/ Bank RNs and HCAs must work within the scope outlined in 'Specific care delivery tasks to be carried out' (3.1)

7. Monitoring Compliance

None

8. References

- 1. Escalation Transfer of Activity and Closure UHL Obstetric Guideline Trust ref: C29/2011
- 2. Midwifery and Support Staffing UHL Obstetric Policy Trust ref: C28/2011
- 3. Birthrate Plus® – supporting safe staffing in the maternity workforce. 2016 <https://birthrateplus.co.uk/>
- 4. NICE 2015. Safe midwifery staffing for maternity settings. <https://www.nice.org.uk/guidance/ng4>
- 5. Royal College of Anaesthetists, Royal College of Midwives, Royal College of Obstetricians and Gynaecologists, Royal College of Paediatrics and Child Health 2007. SAFER CHILDBIRTH: Minimum Standards for the Organisation and Delivery of Care in Labour <https://www.rcm.org.uk/media/2359/safer-childbirth-minimum-standards-for-the-organisation-and-delivery-of-care-in-labour.pdf>

9. Key Words

Acuity, Bank, Escalation, Staffing Tactical

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

EDI Statement

We are fully committed to being an inclusive employer and oppose all forms of unlawful or unfair discrimination, bullying, harassment and victimisation.

It is our legal and moral duty to provide equity in employment and service delivery to all and to prevent and act upon any forms of discrimination to all people of protected characteristic: Age, Disability (physical, mental and long-term health conditions), Sex, Gender reassignment, Marriage and Civil Partnership, Sexual orientation, Pregnancy and Maternity, Race (including nationality, ethnicity and colour), Religion or Belief, and beyond.

We are also committed to the principles in respect of social deprivation and health inequalities.

Our aim is to create an environment where all staff are able to contribute, develop and progress based on their ability, competence and performance. We recognise that some staff may require specific initiatives and/or assistance to progress and develop within the organisation.

We are also committed to delivering services that ensure our patients are cared for, comfortable and as far as possible meet their individual needs.

CONTACT AND REVIEW DETAILS			
Original Author: K Williams – HoM		Executive Lead Chief Nurse	
Guideline Lead (Name and Title) K Johnston – Head of Nursing			
Details of Changes made during review:			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
	1		New
Dec 2024	2	K Johnston	<p>There should not be any more than one RN and/or HCA on each ward unless this has been agreed through the staff shortage escalation process to the HOM/HON/Dep HOM</p> <p>Staffing for each unit should be discussed at the twice daily women’s tactical meeting at 08.30 and 16.00hrs. The Matron of the Day should also attend the twice daily Trust safe staffing meeting for further staffing support that cannot be met within the CMG</p> <p>Any nurses being redeployed from other CMGs should be advised that they will continue to work in a nursing capacity under their own scope of practice and will not be asked to take on tasks that would normally only be undertaken by a Midwife or MCA and that they will be working under the direct supervision of a midwife.</p> <p>Updated tasks that can be carried out by RN’s & HCA’s</p> <p>Updated Induction requirements</p>