

Council

Future midwife: standards of proficiency for midwives and standards for pre-registration midwifery programmes for consultation

- Action:** For decision.
- Issue:** Seeks the Council's approval to consult on draft standards for the future midwife.
- Core regulatory function:** Education and standards.
- Strategic priority:** Strategic priority 1: Effective regulation.
- Decision required:** The Council is asked to approve for consultation:
- the draft standards of proficiency for midwives (annexe 1).
 - the draft standards for pre-registration midwifery programmes (annexe 2).
- Annexes:** The following annexes are attached to this paper:
- Annexe 1: Draft standards of proficiency for midwives.
 - Annexe 2: Draft standards for pre-registration midwifery programmes.
- Further information:** If you require clarification about any point in the paper or would like further information please contact the authors or the director named below.

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Context:

- 1 The Council's Strategy 2015–2020 sets out our ambition to be a dynamic forward looking regulator, regulating for the needs of the future by anticipating, shaping and responding to new expectations. This is at the core of our approach to the development of ambitious new outcomes focused standards for the education and training of nurses, midwives and nursing associates.
- 2 We embarked on a major programme of change for education in 2016 to review and update all of our education standards.
- 3 Our standards set out general requirements for safe and effective practice and are required to be met by all nurses, midwives and nursing associates on NMC approved programmes prior to entry to the register.
- 4 We want to ensure that our midwifery standards are fit for purpose and that newly qualified midwives are equipped with the knowledge, skills and attributes they need to deliver safe, effective, respectful and compassionate care to all women, newborn infants, partners and families at the point of entry onto the register. This is critical to our role in public protection.
- 5 We are indebted to Professor Mary Renfrew who has led the work on these new draft standards for the future midwife since April 2017. At that time, the Council agreed that the Framework for quality maternal and newborn care (QMNC) published in the Lancet series on midwifery should be the foundation for the development of these draft standards. The framework is highly regarded and widely used internationally, is evidence based and outlines the essential needs of all childbearing women, babies and families globally. Use of the framework underlines our ambition to develop midwifery standards in a format which is bespoke and familiar to midwives.
- 6 The standards for pre-registration midwifery education were last updated in 2009. Since then, there have been significant changes to the context in which midwives provide care: women's needs are more likely to be complex due to changing demographic and population health profiles, including rising numbers of women experiencing obesity and diabetes, and women becoming pregnant at an older age.
- 7 Similarly, since 2009, high profile failings in maternity care have increased public scrutiny of midwifery and maternity services. Although there are many examples of safe, quality midwifery care, the findings from public enquiries into these failings has reinforced the need to develop new standards that are fit for purpose in terms of the knowledge, skills and attributes required to provide safe, effective and compassionate midwifery care at the point of registration.

- 8 We were able to build on the earlier independent evaluation of existing pre registration standards for both midwives and nurses that we commissioned IFF Research to carry out in 2014. This highlighted the need to rectify the known shortfalls in the 2009 standards in relation to key areas such as public health, mental health, and socio-demographic factors that impact on quality, safety, and women and family-centred care.
 - 9 We have sought to build on the successful approach taken with the future nurse and our new standards framework for nursing and midwifery education, therefore the new standards will be outcomes based and enable innovation, agile and future focused, measurable and assessable, preparing midwives to work in all types of settings, and have a core focus on the safety, needs, views, preferences, and experiences of women, newborn infants, partners, and families.
 - 10 Recommendations for the NMC from different national reports have been addressed.
 - 11 The Council is asked to agree to initiate a fully open public consultation on these drafts, so that the views on all aspects of the proposals can be sought and taken into account before reaching any final decisions on the content of the standards.
- Four country factors:**
- 12 The draft standards for the future midwife are applicable across all four countries, reflecting our position as a UK wide regulator. We reviewed the maternity strategies and policies in all four countries as part of our evidence review and there has been extensive engagement in all countries in development of the draft standards.

Discussion:**Vision for the future midwife standards**

- 13 The vision of the content of the future midwife standards is that they should be based on research and evidence, they should meet the current and future needs of women, newborn infants, partners and families, there should be alignment with the requirements of the maternity strategies of the four countries of the UK, and that the recommendations from key reports and enquiries should be incorporated.

Evidence, key reports and engagement

- 14 We have undertaken a review of current research evidence, reviews and reports across the four countries of the UK to identify the recommendation and requirements to inform the new standards.
- 15 We commissioned the University of Dundee to carry out literature reviews of current evidence and the literature based around three

key areas: effective education; standards development; and the needs of women, babies and families. The review has presented an evidence-base to inform the specific knowledge and skills that midwives need at the point of registration.

- 16 We reviewed our own fitness to practise (FtP) data to establish recurring themes that can be addressed, by ensuring clarity and emphasis in our new draft standards. Although the data is small in number and we are limited by the amount of detail that can be extracted currently, the themes correlate with the views obtained through our engagement.
- 17 We have undertaken extensive engagement with over 500 individuals and organisations. We have engaged with a broad range of stakeholders including women, partners and families, midwives, student midwives, educators, employers, the Chief Nursing Officers and Chief Midwifery Advisors, Lead Midwives for Education (LMEs), membership organisations, advocacy groups and organisations representing women, babies, partners and families, and other health and social care professionals across the four countries of the UK.
- 18 Our engagement has included: workshops, focus groups, meetings, webinars, a roundtable discussion, Future Midwife Thought Leadership Group meetings, an online virtual thought leadership group and social media including a Twitter chat with #WeMidwives, an online community for midwives.
- 19 Ahead of the expected launch of the future midwife consultation, we have developed a detailed and comprehensive plan of external affairs activity. This activity includes, but is not limited to, an events programme, media work, social media content, blogs and emails to all midwives and other promotional activity.
- 20 As appropriate, we continue to use digital channels to promote the future midwife programme. We have posted information on Twitter using the hashtag #futuremidwife and have also promoted this at our events and events that we have attended.

Consistent themes emerging from the evidence and engagement to be addressed in the new standards

- 21 There has been a convincing level of consensus and alignment of views about the content that should be included in the standards. In summary, the following were consistently identified as being of key importance in relation to the role of the midwife:

21.1 Advocacy

21.2 Autonomy and accountability

21.3 Communication

- 21.4 Mental health
- 21.5 Woman, newborn infant and family-centred care
- 21.6 Evidence-informed care
- 21.7 Optimising normal processes, and recognising and managing complexity
- 21.8 Capability of delivering care across the continuum
- 21.9 Interdisciplinary working
- 21.10 Continuity of carer
- 21.11 Postnatal care
- 21.12 Public health
- 21.13 Understanding social circumstances, poverty, inequalities, related human rights issues
- 21.14 Ability to work in an over-stretched system

Additional emerging themes

- 22 A number of additional themes were also mentioned frequently, but with a lesser degree of consistency and consensus than the above.
 - 22.1 Pre-conception care
 - 22.2 Safeguarding
 - 22.3 Unicef UK Baby Friendly standards
- 23 Specific skills such as providing emergency care, performing episiotomies and the newborn and infant physical examination (NIPE) were mentioned. It is important to note however that these skills are stated in European legislation and our current and future standards will continue to comply with this legislation. Stakeholders were not consistent in their views with some questioning whether this range of skills could be achieved in midwifery practice in a three year education programme and others questioning if these are essential skills to have at the point of registration.
- 24 Some stakeholders appreciated the inclusion of additional specific clinical knowledge and skills whereas others felt that we did not need to provide the level of detail specified. Examples of this include pre conception care, infant feeding and extensive lists of potential clinical complications.

Assurance on the draft standards

- 25 In March 2018, the Council asked the Midwifery Panel to oversee progress and provide assurance on the draft standards. In particular, the Council asked that the Panel give views to the Executive that the draft standards:
- 25.1 Are appropriate for all four countries of the UK.
 - 25.2 Prepare students to practise safely in all types of setting.
 - 25.3 Are outcome focused: focused on what a midwife needs to know, and be able to do, at the point of initial registration.
 - 25.4 Encompass multi-agency, multi-professional learning and team working.
 - 25.5 Allow flexibility to AEs to develop programmes that achieve those outcomes, minimising input and process requirements.
 - 25.6 Are evidence based, as far as is possible within the available evidence.
 - 25.7 Take account of evidence from fitness to practise of areas where strengthened focus in educational standards could improve public safety and prevent harm.
 - 25.8 Anticipate likely future conditions for midwifery practice and develop standards accordingly.
 - 25.9 Facilitate access to midwifery education for students from diverse backgrounds.
 - 25.10 Have been shared widely with interested parties, including, for example, other regulators, and the outcomes of this reported impartially when presenting proposals.
 - 25.11 Take full account of all recommendations arising from key relevant reports.
- 26 At its meeting on 22 October 2018, the Midwifery Panel considered the draft midwifery proficiencies and midwifery skills, and provided feedback on these to the Executive.
- 27 Panel members were generally satisfied that the draft standards were based on robust evidence and engagement and noted that the consultation would help draw out views to further refine the standards. Panel members were of the view that the draft standards were fit for the Council to approve for consultation.
- 28 The Panel also reviewed the standards for pre-registration midwifery programmes and members were generally satisfied that the draft

was fit for the Council to approve for consultation.

- 29 We reviewed all comments received from members of Midwifery Panel in October 2018 together with a mapping against the recent publication of the updated International Confederation of Midwives (ICM) ¹competencies. This informed the subsequent refinements we made that can now be seen in this version of the draft standards that are being presented to the Council.

Draft standards of proficiency for midwives

- 30 The draft standards are now clearly stated as outcomes and set out the proficiencies required for the future midwife at the point of entry to the register. These new proficiencies are ambitious in setting out the enhanced knowledge and skills that people can expect from midwives in the future.
- 31 The draft standards consider what women, newborn infants, partners and families need from midwives now and towards 2030 and take account of the four country maternity strategies, with an emphasis on continuity of care and carer across the continuum and good practice approaches to midwifery care in line with these changes.
- 32 The draft standards include proficiencies that will ensure that midwives are able to fulfil their responsibilities to all women and newborn infants, both those with and without complications and further care needs. The future midwife will have to meet all these proficiencies to ensure that they can comprehensively care for women, newborn infants and families.
- 33 The draft standards are underpinned by professional behaviours stated in the Code and emphasise the need to recognise and meet the needs of all women, newborn infants, partners and families across all health, care and other settings.
- 34 The draft standards are arranged in five domains together with the relevant skills. Together these reflect what we expect a new midwife to know, understand and be capable of doing safely, proficiently, and with respect and kindness.
- 35 Several key themes are threaded throughout the domains in recognition of their importance:
- 35.1 Evidence-based care and the importance of staying up-to-date with current knowledge
- 35.2 Safety

¹ https://www.internationalmidwives.org/assets/files/general-files/2018/10/icm-competencies---english-document_final_oct-2018.pdf

- 35.3 Communication and relationship building
 - 35.4 Public health, health promotion, and health protection
 - 35.5 Enabling and advocating for the views and preferences of women, partners and families
 - 35.6 The importance of mental, physical, social, cultural, and spiritual factors
 - 35.7 Understanding and mitigating health and social inequalities
 - 35.8 Optimising normal processes and anticipating, preventing, and responding to complexity
 - 35.9 Multidisciplinary and multi-agency working
 - 35.10 Working across the whole continuum of care and in all settings
 - 35.11 Continuity of care and carer
 - 35.12 The impact of pregnancy, labour and birth, postpartum, infant feeding, and the early weeks of life on longer-term health and well-being
- 36 They include proficiencies that will ensure that future midwives are able to fulfil their responsibilities to all women and newborn infants across the continuum of care and in all environments, including public health.
- 37 In these draft standards the proficiencies state the knowledge and skills pertaining to optimising normal processes across the continuum of care and includes physiology, psychological, social and cultural needs and preferences. This approach enables us to be clear that future midwives will have this proficiency and that this includes the knowledge and skills to ensure that they can also anticipate, prevent, recognise and respond to any deviation or change to ensure that they can deliver evidence based midwifery care at all times.
- 38 Although midwives will continue to lead midwifery care, there is a new emphasis on the midwife's role in working and learning as part of a collaborative and multi-disciplinary team, including involving others and escalating and referring when necessary.
- 39 Where it has been appropriate to do so, proficiency standards that have been agreed by the Council for the future nurse have been adopted in full or with minor word variations to ensure that the unique role of the midwife is clearly stated. This includes the inclusion of a glossary of terms that exist within midwifery and

maternity services that appear in the draft standards document.

Draft standards for pre-registration midwifery programmes

- 40 A UK-wide reference group, chaired by Professor Gwendolen Bradshaw, led the development of the draft standards for pre-registration midwifery programmes that underpin the draft standards of proficiency for midwives.
- 41 These draft standards follow the standards for education and training framework approved earlier in March 2018 by the Council. The standards for pre-registration midwifery programmes follow the same outcome based format as for other programme standards that the Council have approved. Additionally and in line with the approach taken with the standards for pre registration nursing programmes there is reference to the need to comply with the relevant EU legislation for pre registration midwifery education.
- 42 A recurring theme from some of our early stakeholder engagement work has been whether the current length of midwifery education programmes and the approach to preceptorship are sufficient for midwives in the future to gain the required levels of proficiency and confidence to practice autonomously at the point of registration. This will be explored as part of our public consultation.
- 43 In addition, leading up to the launch of the consultation, we are gathering specific evidence in relation to the programme length and potential approaches to preceptorship and this will inform specific questions we will ask as part of the public consultation. The independent analysis of all views and evidence will be presented and will support the Council's final decisions on these standards.
- 44 The detail within these draft standards reflects the journey that student midwives will take in order to meet the standards of proficiency for midwives.
- 45 These draft standards enable midwifery educators to develop innovative approaches to midwifery education, including simulation and technology that allows for more robust student learning and assessment whilst enabling more opportunities for student midwives to gain experience and apply their knowledge when practicing midwifery skills across a range of settings.
- 46 In light of all the feedback and engagement, the following drafts have been developed as a basis for a full and open consultation:
- 46.1 Draft standards of proficiency for midwives (annexe 1).
- 46.2 Draft standards for pre-registration midwifery programmes (annexe 2).

- 47 **Recommendation: The Council is recommended to approve for consultation the draft standards of proficiency for midwives (annexe 1).**
- 48 **Recommendation: The Council is recommended to approve for consultation the draft standards for pre-registration midwifery programmes (annexe 2).**
- 49 If the Council approve our request we will launch the consultation for 12 weeks in the week commencing 11 February 2019 and we are finalising our plans for public consultation. These include:
- 49.1 Creating different versions of the public consultation that includes a version for women, partners and families, an easy read version for people with learning difficulties and a version for health and care professionals and organisations.
 - 49.2 Ensuring that the questions posed within the public consultation also cover those areas where differences of views were expressed or where a full consensus had not been reached during the pre-consultation activity.
 - 49.3 Independent focus groups with women and members of the public are also being planned to ensure that the public views can be fully captured.
 - 49.4 Independent user testing to ensure that the draft standards are accessible, measurable and assessable.
 - 49.5 Communication and engagement plans that will take place during the consultation period.
- Public protection implications:** 50 Our programme of change in education is driven by the need to protect the public and promote public confidence in midwives, nurses and nursing associates.
- Resource implications:** 51 The resource implications for the programme have been accounted for within the corporate plan and budget.
- Equality and diversity implications:** 52 We have progressed equality impact assessments for all work streams within the education programme. Initial screening has been followed up by internal assessment of the draft products and plans. Actions to address issues have been identified and engagement with protected stakeholder groups has taken place. The next phase will involve gaining additional insight through the consultation.

- Stakeholder engagement:**
- 53 This is covered in the body of the report.
 - 54 We have updated the Council about the content of the engagement activities regularly. We will continue to collaborate with stakeholders and activities are planned to support participation with the consultation.
- Risk implications:**
- 55 Key risks to the programme are particularly related to the timeframes for subsequent publication and implementation at a time of enduring pressure on maternity service delivery, workforce challenges and changes to health and care and higher education.
- Legal implications:**
- 56 The legal basis for the education function is set out in the NMC Nursing and Midwifery Order 2001, the education and registration rules and requirements on the education of midwives as part of EU legislation.
 - 57 Article 3 (14) of the NMC Order 2001 requires the NMC to consult before establishing new standards or policies.
 - 58 Legal advice has been sought on proposed changes as required.

Future midwife:

Draft standards of proficiency for midwives

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Introduction

The Nursing and Midwifery Council has a duty to review the standards of proficiency it sets for the professions it registers on a regular basis to ensure that standards remain contemporary and fit for purpose in order to protect the public. In reviewing these standards, we have taken into account new evidence and the changes that are taking place in society, midwifery, and maternity and neonatal care more widely, and the implications these have for midwives of the future in terms of their role, knowledge, understanding and skill requirements.

The proficiencies in this document specify the knowledge, understanding and skills that midwives must demonstrate when caring for women, newborn infants, partners and families across all care settings. They reflect what the public can expect midwives to know and be able to do in order to deliver safe, effective, respectful, kind, and compassionate midwifery care.

They also provide a benchmark for midwives from the European Economic Area (EEA), European Union (EU) and overseas wishing to join the UK register, as well as for those who plan to return to practice after a period of absence.

Midwifery is a global profession. Women, newborn infants, and families share similar needs wherever they live and midwives make a vital contribution to their survival, health and well-being across the world. In the UK, midwives are autonomous professionals and the title 'midwife' is a protected title; only midwives who have reached, and maintain, the required standards set by the NMC as the professional regulator and who are on the NMC register can use the title midwife.

The role of the midwife in the 21st Century

The role of the midwife is to provide skilled, knowledgeable, respectful, and compassionate care for all women, newborn infants and their families. They work across the continuum from pre-pregnancy, pregnancy, labour and birth, postpartum, and the early weeks of life, including women's future reproductive health, well-being, and choices, as well as very early child development and the parents' transition to parenthood. Midwives enable the human rights of women and children, and their priority is to ensure that care always focuses on the needs, views, and preferences of the woman and newborn infant.

Midwives can make a critically important contribution to the quality and safety of midwifery care. They combine clinical knowledge, understanding, and skills with interpersonal and cultural competence, ensuring that care is tailored to the circumstances of individual women and newborn infants, and partners and families. They make an important contribution to population health and understand social and health inequalities and how to mitigate them through good midwifery care. They provide health education, health promotion and protection to promote mental and physical health and well-being and prevent complications. Evidence shows the contribution midwives can make not only to health but also to the short and long-term well-being of the woman, infant, and family. Midwives assess, plan, provide, and evaluate care on an

ongoing basis and in partnership with women – and their partners if appropriate - referring to and collaborating with other health and social care professionals as needed.

Midwives are fully accountable as the lead professional for the care and support of women and newborn infants, and partners and families. They provide care based on the best available evidence, and keep up to date with current knowledge and skills, thereby helping to ensure that their care is responsive to emerging evidence and future developments. Respecting human rights, they work in partnership with women, enabling their views and preferences and helping to strengthen their capabilities. Midwives optimise physiological processes, and support safe psychological, social and cultural situations, working to promote positive outcomes and to anticipate and prevent complications.

Midwives are ideally placed to anticipate and to recognise changes that may lead to complications. These complications and care needs may be clinical, psychological, social, cultural, and spiritual, and may include socio-economic deprivation, disability, abuse and intimate partner violence. They may require midwives to care for and support women, partners and families who experience loss or require end of life care. When such situations arise, the midwife is responsible for recognising these and for immediate response and management, involving others, collaborating with and referring to multidisciplinary and multi-agency colleagues, in line with best practice evidence. Midwives respond to deteriorating and emergency situations, and prioritise appropriate responses that minimise risk and harm to the woman, fetus and newborn infant, including urgent escalation. In such circumstances, the midwife has specific responsibility for continuity and coordination of care, providing ongoing midwifery care as part of the multidisciplinary team, and acting as an advocate to ensure that care always focuses on the needs, views, and preferences of the woman and newborn infant.

The role of the midwife is to provide safe, respectful, empowering, and equitable care irrespective of social context and setting; they work in the home, hospital, community, midwifery led unit, and other environments such as social care settings, the criminal justice system, and wider reproductive health services. In all contexts, the midwife is responsible for creating an environment that is safe, respectful, kind, nurturing, and empowering.

Midwives play a leading role in enabling effective management and team working, promoting continuous improvement, and encouraging a learning culture. Midwives recognise their own strengths, as well as the strengths of others. They engage in continuing professional development and know how they can contribute to others' development and education, including students and colleagues. They work to build a lifelong career, whether working in practice, education, research, management, leadership, or policy settings. They continue to develop and refine their knowledge, skills, resourcefulness, flexibility and strength, self-care, critical and strategic thinking, emotional intelligence, and leadership skills throughout their career. Critical thinking, positive role modelling, and leadership development are fundamental components of safe and effective midwifery practice in all contexts.

About these draft standards

These draft standards have been developed through an extensive and rigorous process of evidence review and of engagement with people across the UK, including women and families, midwives, students, educators, multidisciplinary colleagues, professional organisations, researchers, policy makers, and charity and advocacy groups. They reflect current best national and international evidence on the health, well-being, needs, views, and preferences of women, newborn infants, partners and families. They are in alignment with the recommendations of government reviews of maternity services and midwifery in the four UK countries (England, Northern Ireland, Scotland and Wales). They have taken into account the changing context in which midwives work and practice in the UK. Positive changes in the wider context include increased involvement of women, their partners and families in decisions about their care, moves to increase continuity of carer and choice for women in regard to the place of birth, and a clear focus on improving the quality of care across the NHS and specifically in the maternity services. Current and evolving challenges for the midwifery and maternity context in the UK include changing population health profiles which result in more complex health challenges, growing poverty and inequalities, the clear need to improve services after birth and for women's and children's mental health and well-being, and a reduced workforce in the NHS.

These standards recognise the evolving evidence base, developments in policy, and changes in the wider health and care context. As a result, there is an increased emphasis in these standards on midwives' role in public health and health promotion, understanding social and health inequalities, and improving postnatal care, mental health, infant feeding, and the early stages of building family relationships. The standards will support midwives to provide continuity of carer, and to provide safe and effective care in a range of settings including the home, community, midwifery-led units, and hospitals. There is a strong focus on effective working with multidisciplinary and multi-agency colleagues to pro-actively anticipate, prevent, and manage clinical and social complications, and to develop strength and flexibility in responding to stressful situations.

The standards have drawn on the evidence-informed definition of midwifery and the quality framework from The Lancet Series on Midwifery (2014). These resources have helped to shape the scope and content and ensure a consistent focus on the needs, views, and preferences of women, newborn infants, partners, and families across the whole care continuum.

How to read these draft standards

The standards are grouped under five domains, together with the relevant skills. Together these reflect what we expect a new midwife to know, understand and be capable of doing safely, proficiently, and with respect and kindness, at the start of their career. This approach aims to provide clarity to the public and the professions about the knowledge, understanding and skills they can expect every midwife to demonstrate. They include proficiencies that will ensure that midwives are able to fulfil their responsibilities to all women and newborn infants, both those with and without complications and further care needs; and that midwives will have the knowledge, understanding and skills to keep updated and to develop their practice as

circumstances change in the future. The outcome statements for each domain apply across the continuum of care, and in all environments.

Several key themes are threaded throughout the domains, in recognition of their importance. These include:

- Evidence-based care and the importance of staying up-to-date with current knowledge
- Communication and relationship building
- Safety
- Public health, health promotion, and health protection
- Enabling and advocating for the human rights and views and preferences of women, partners and families
- Ensuring that women, partners and families have all the information needed to fully inform their decisions
- The importance of mental, physical, social, cultural, and spiritual factors
- Understanding and mitigating health and social inequalities
- Optimising normal processes and anticipating, preventing, and responding to complexity
- Multidisciplinary and multi-agency working
- Working across the whole continuum of care and in all settings
- Continuity of care and carer
- The impact of pregnancy, labour and birth, postpartum, infant feeding, and the early weeks of life on longer-term health and well-being

The domains inter-relate and build on each other, and should not be seen separately. Domain 1 is intended to inform the application of all other domains; for example, the ability to build a relationship and work in partnership with women is fundamental to good midwifery care in all contexts. Domain 2 describes the midwife's ability to work across all contexts where women and newborn infants need care, and to ensure continuity. Domain 3 describes the care that all women, newborn infants, partners and families need; this care applies equally to women and newborn infants with and without complications. The care described in Domain 4 adds to that in Domain 3, and is the additional care and services needed by women and infants with complications and further care needs. Domain 5 describes the key role of the midwife in working as an individual and with others to promote quality and safety in all contexts, to continue to stay up to date with evidence and data, to act as a leader and manager, and to develop a challenging and satisfying career.

The domains are:

1. Being an accountable and autonomous midwife
2. The midwife's ability to provide and promote continuity of care and carer
3. Universal care for all women, newborn infants and families
 - a. The midwife's role in public health and health promotion: informing and educating women, and their partners and families
 - b. The midwife's role in assessment, screening and care planning

- c. The midwife's role in optimising physiological processes, supporting safe psychological, social and cultural situations, and working to promote positive outcomes and to prevent complications
4. Additional care for women, newborn infants and families with complications and/or further care needs
 - a. The midwife's role in first line assessment and management of complications and further care needs
 - b. The midwife's role in caring for and supporting women, newborn infants, and families requiring medical, obstetric, neonatal, mental health, social care, and other services.
 5. Promoting safe and effective care: the midwife as colleague, scholar and leader
 - a. The midwife working with others to promote safe and effective care: the midwife as a colleague
 - b. Promoting safe and effective care through developing knowledge, positive role modelling and leadership: the midwife as a scholar and leader

These proficiencies will provide new graduate midwives entering the profession with the knowledge, understanding and skills they need at the point of registration. Midwives will build on this knowledge and understanding and these skills as they gain experience and fulfil their professional responsibility. They will demonstrate their commitment to develop as a midwife and to build a career pathway, engaging in ongoing education and professional development opportunities necessary for revalidation.

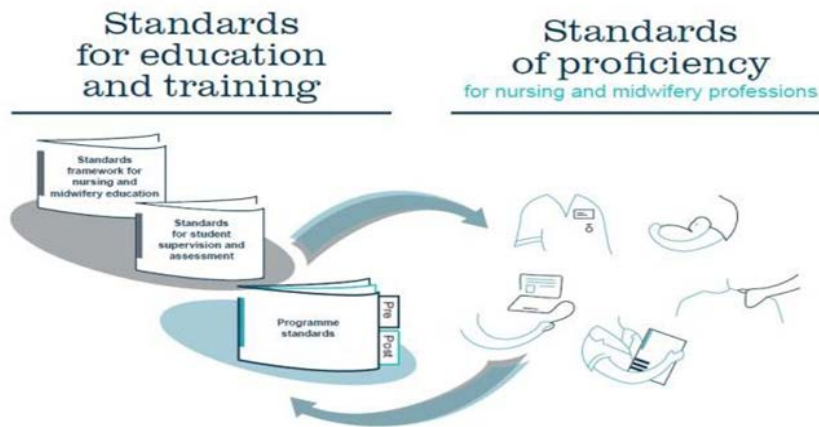
We have published supporting information for implementing these standards of proficiency for midwives (NB this will be available via the NMC website in time for publication, insert link). This supporting information covers all five domains and their corresponding knowledge, understanding and skills. It is there to help those responsible for the implementation of these standards and should also be read in conjunction with our standards for pre-registration midwifery programmes (insert link in time for publication).

These standards of proficiency apply to all NMC midwives. They should be read with *Realising professionalism: Standards for education and training*, which set out our expectations regarding provision of all pre-registration and post-registration NMC approved midwifery education programmes. These standards apply to all approved education providers and are set out in three parts: Part 1: Standards framework for nursing and midwifery education; Part 2: Standards for student supervision and assessment; and Part 3: Programme standards, which are the standards specific for each pre-registration or post-registration programme. (NB: insert standards for pre registration midwifery programmes once link exists)

These standards meet and exceed the recently updated international standards set by the [International Confederation of Midwives](#). They have been mapped to the Unicef UK Baby Friendly Initiative Standards.

Education institutions must comply with our standards to be approved to run any NMC approved programmes. Together these standards aim to provide approved education institutions (AEIs) and their practice learning partners with the flexibility to develop

innovative approaches to education for midwives, while being accountable for the local provision and management of approved pre- registration midwifery programmes in line with our standards. This is shown in the diagram below.



Legislative framework

Article 15(1) of the Nursing and Midwifery Order 2001 ('the Order') requires the Council to establish standards for education and training which are necessary to achieve the standards of proficiency for admission to the register, as required by Article 5(2) of the Order. The standards for nursing and midwifery education providers are established under the provision of Article 15(1) of the Order. Article 5(2) of the Nursing and Midwifery Order 2001 requires the NMC to establish standards of proficiency necessary to be admitted to each part of the register and for safe and effective practice under that part of the register. The standards of proficiency have been established under this provision.

Domain 1: Being an accountable and autonomous midwife

Outcomes

- 1 At the point of registration, the midwife will be able to:
 - 1.1 Understand and act in accordance with the 'NMC Code: professional standards of practice and behaviour for nurses, midwives and nursing associates' (2018), and fulfil all registration requirements.
 - 1.2 Understand and act in accordance with relevant legal, regulatory, and governance requirements, policies, and ethical frameworks including any mandatory reporting duties, differentiating where appropriate between the devolved legislatures of the United Kingdom; in all relevant areas of policy and practice.
 - 1.3 Understand and act to promote and enable the human rights of women and children at all times, including women's sexual and reproductive rights.
 - 1.4 Identify, critically analyse, and interpret evidence and data including the use of digital sources, in order to safely use, share and apply research findings and lessons from local and national data to promote and inform best midwifery practice, and to enable evidence-informed decisions in partnership with women.
 - 1.5 Be accountable as the lead professional for the midwifery care and support of women and newborn infants throughout the whole continuum of care.
 - 1.6 Demonstrate an understanding of and the ability to challenge discriminatory behaviour to promote equity and inclusion for all.
 - 1.7 Consistently provide and promote non-discriminatory, respectful, compassionate, and sensitive care, taking account of any need for adjustments.
 - 1.8 Use effective, authentic, meaningful communication skills and strategies at all times and in all situations with women, newborn infants, partners, and families, and with colleagues.
 - 1.9 Develop, enable, manage and maintain trusting, respectful, kind, and compassionate person-centred relationships with women, their partners and families, and with colleagues.
 - 1.10 Demonstrate the ability to always work in partnership with women, basing care on individual women's needs, views, and preferences and working to strengthen women's own capabilities to care for themselves and their newborn infant.
 - 1.11 Act in the best interests of women and newborn infants at all times by demonstrating the skills of advocacy and leadership, collaborating with and challenging colleagues as necessary, and knowing when and how to escalate concerns.

- 1.12 Demonstrate the ability to advocate for women and newborn infants who are made vulnerable as a result of factors including social exclusion, poverty, mental health, disability, or clinical circumstances.
- 1.13 Explain the rationale that influences their own judgements and decisions, recognising and addressing any personal and external factors that may unduly influence their own decision-making in routine, complex, and challenging situations.
- 1.14 Understand and apply the principles of courage, integrity, transparency, and the professional duty of candour, recognising and reporting any situations, behaviours, or errors that could result in poor care, poor attitudes and behaviour, ineffective team working, or adverse outcomes.
- 1.15 Demonstrate the ability to seek informed consent to all interventions and procedures from women before they are implemented, both for herself and her newborn infant.
- 1.16 Demonstrate the skills of numeracy, literacy, digital, media, and technological literacy needed to ensure safe and effective midwifery practice.
- 1.17 Understand the importance of effective record keeping, and maintain consistent, complete, clear, accurate and timely records to ensure an account of all care given is available for review by the woman, her partner and family and by all professionals involved in care.
- 1.18 Act as an ambassador and uphold the reputation of the profession, to promote public confidence in midwifery and health and care services.
- 1.19 Understand the professional responsibility to adopt a healthy lifestyle to maintain the level of personal fitness and wellbeing required to meet the needs of women, newborn infants and families for mental and physical care.
- 1.20 Take responsibility for continuous self-reflection, seeking and responding to support and feedback from women, families, and colleagues to review, consolidate, and develop their professional knowledge, understanding, and skills.
- 1.21 At the point of registration, the midwife will be able to safely demonstrate evidence-based best practice in all skills and procedures listed below:

Skills: Domain 1: Being an accountable and autonomous midwife

1.21.1 Share and apply research findings to inform practice, to include:

- find and access current best evidence relevant to health, care and policy
- critically analyse the strengths and limitations of quantitative and qualitative studies critically analyse quantitative and qualitative data

- apply knowledge of research ethics, considering inclusion and equity.

1.21.2 Implement evidence based policy and guidance in practice, including local and national policies and guidance.

1.21.3 Use strategies to work within the International Code of Marketing of Breastmilk Substitutes and subsequent resolutions, and in their own sphere of practice.

1.21.4 Keep effective records:

- write accurate, clear, legible records and documentation
- confidently and clearly present and share verbal and written reports with individuals and groups
- analyse, clearly record and share digital information and data
- provide clear verbal, digital or written information and instructions when delegating, collaborating, or handing over responsibility for care.

1.21.5 Reflect on own thoughts and feelings around positive and negative feedback, and incorporate relevant changes into practice and behaviour.

1.21.6 Reflect on and debate topics that are seen to be challenging or contentious such as women's role in decision-making, the midwife's duty of care, public health, and infant feeding.

Skills: Domain 1: Communication, sharing information, relationship building, and advocacy skills

1.21.7 Consistently use skills of communication and relationship building with women, partners, families, and colleagues. These include:

- use clear language and appropriate written materials when communicating with women, partners and families, and with colleagues
- actively listen, recognise and respond to verbal and non-verbal cues, in order to optimise the understanding of women's needs, views, preferences and circumstances, and how these may change over time
- use prompts and positive verbal and non-verbal reinforcement and appropriate non-verbal communication techniques including touch, eye contact, and respecting personal space
- make appropriate use of open and closed questioning using respectful, caring, kind, language

- check understanding and use clarification techniques
- avoid discriminatory behavior and identify signs of unconscious bias in self and others
- use clear language and appropriate written materials, making reasonable adjustments where appropriate, optimising women's, and their partners' and families', understanding of their own and their newborn infant's health and well-being
 - recognise the need for, and facilitate access to, translator services and material.
 - recognise and accommodate sensory impairments during all communications
 - support and manage the use of personal communication aids
 - identify the need for alternative communication techniques, and access services to support these
- continue to use effective communication techniques with women, partners and families and with colleagues in challenging and emergency situations, maintaining respect and sensitivity.

1.21.8 Build and maintain trusting, kind, and respectful relationships when working with women, partners and families

1.21.9 Follow up on any requests for information, meet any commitments made, and respect confidentiality.

1.21.10 Support women, and their partners and families, who are feeling emotionally or physically vulnerable or in distress, conveying respect, compassion and sensitivity.

1.21.11 Demonstrate the ability to conduct conversations around birth, infant feeding and mother-infant relationships that are informed by current evidence on public health promotion strategies

1.21.12 Engage in difficult conversations, including conversations about sensitive issues and decisions related to sexuality, pregnancy, childbirth, and the newborn infant, ethical dilemmas including limits of viability, loss and bereavement, and breaking bad news

1.21.13 Engage respectfully, sensitively, and effectively with women and their partners and families who experience loss and bereavement.

1.21.14 Seek help, consult with and refer to other health and social care professionals both in routine and emergency situations.

- 1.21.15 Explore attitudes to childbirth, breastfeeding, and parenting, and take into account differing cultural traditions, beliefs and professional ethics when communicating with women.
- 1.21.16 Challenge colleagues in situations where colleagues may hold differing views about options for care, demonstrating skills of effective confrontation, de-escalation, remaining calm, considering and taking account of the view and decisions made by others.
- 1.21.17 Escalate concerns, in situations related to the health and well-being of the woman or newborn infant, or of the behaviour or vulnerability of colleagues.

Domain 2: The midwife's ability to provide and promote continuity of care and carer

Outcomes

- 2 At the point of registration, the midwife will be able to:
 - 2.1 Demonstrate knowledge and understanding of the health and social care system and of different settings for midwifery and maternity care, and the impact of these on women, newborn infants, their partners and families.
 - 2.2 Demonstrate knowledge and understanding of different ways of organising midwifery and maternity care, and the potential positive and negative impact of these on women, newborn infants, their partners and families, including:
 - continuity of care and carer
 - relational care
 - family-centred care
 - fragmented care
 - intervention-focused care
 - 2.3 Demonstrate knowledge and understanding of the range of social and cultural factors affecting women, newborn infants, and families and the provision of midwifery and maternal and newborn care and the health services, and the impact these may have on individuals and the health system, including:
 - health and social inequalities and their determinants
 - historical and social developments and trends
 - cultural and media influences on public and professional understanding
 - the knowledge, attitudes, and beliefs of different health and social care professions
 - 2.4 Demonstrate the skills to work in and across a range of health and social care settings and with other health and social care staff, and to promote continuity of care and carer.
 - 2.5 Demonstrate the ability to provide continuity of midwifery carer across the whole continuum for women and newborn infants with and without complications and further care needs.
 - 2.6 Demonstrate the ability to ensure that the needs of women and newborn infants are considered together as a priority in all settings, even when women and infants have to be cared for separately.

- 2.7 Demonstrate knowledge and understanding of ways of identifying and reaching out to women who may find it difficult to access services, and of adapting care provision to meet their needs.
- 2.8 Demonstrate and apply knowledge and understanding of the community to inform, support, and assist in meeting the needs and preferences of women and newborn infants, their partners and families.
- 2.9 Work with other professionals, agencies, and communities to share understanding of the needs of women, newborn infants, partners and families when considering factors that promote and protect health and well-being, including transport, housing, welfare, access to food, and services for very young children and families.
- 2.10 Work with other professionals, agencies, and communities to promote, support and protect breastfeeding and to support women in their decision to breastfeed, including protection for women who breastfeed in public.
- 2.11 Demonstrate the ability to be the coordinator of care within the wider multi-disciplinary and multi-agency teams, arranging a seamless transfer of care when midwifery care is complete.
- 2.12 Demonstrate an understanding of the need for an ongoing focus on the promotion of public health and wellbeing of women and newborn infants, their partners and families across all settings.
- 2.13 At the point of registration, the midwife will be able to safely demonstrate evidence-based best practice in all skills and procedures listed below:

Skills: Domain 2: The midwife's ability to provide and promote continuity of care and carer

- 2.13.1 Provide continuity of carer throughout the continuum and across diverse settings including home, community, hospital, and social care settings, for women and newborn infants with and without complications and additional care needs.
- 2.13.2 Identify, contact, and communicate effectively with colleagues from their own and other health and care settings, and voluntary and third sector agencies as needed.
- 2.13.3 Discuss with women, and their partners and families as appropriate, information on options for the place of birth; support the woman in her decision, and regularly review this with the woman and with colleagues.
- 2.13.4 Consistently plan, implement, and evaluate care that considers the needs of women and newborn infants together.
- 2.13.5 Identify local resources relevant to the needs of women and newborn infants, including parenting support, breastfeeding services, and help

for women experiencing problems including mental illness, substance use, welfare, housing, and intimate partner violence.

- support and enable women to access these as needed
- and where such services do not exist, work with communities and agencies to promote their establishment.

2.13.6 Work effectively with multi-disciplinary and multi-agency colleagues, including demonstrating negotiation strategies and appropriate approaches to advocacy for all aspects of the care of the woman and newborn infant.

2.13.7 Arrange for the effective transfer of care when midwifery care is complete, considering the needs of women, newborn infants, partners, and families.

2.13.8 Arrange for safe, timely transfer of care to a different care setting for the woman and newborn infant as needed, including in emergencies.

2.13.9 Take responsibility for ensuring all multi-disciplinary and multi-agency colleagues are informed and updated about changes in care needs and care planning, verbally and in writing.

Domain 3: Universal care for all women, newborn infants and families

A. The midwife's role in public health and health promotion: informing, educating, and supporting women, and their partners and families

Outcomes

- 3 At the point of registration, the midwife will be able to:
- 3.1 Demonstrate knowledge and understanding of the social and cultural context of the woman's lived experiences in her everyday life, and how she can access public health, social care and community resources.
 - 3.2 Understand epidemiological principles and critically appraise and interpret current evidence and data on public health strategies, health promotion, and safeguarding, and use this evidence to inform conversations with women, their partners and families, and colleagues; as appropriate to their needs and preferences and the local context.
 - 3.3 Demonstrate the ability to provide information and access to resources and services on public health and health promotion related to women's health and well-being, pregnancy, birth, postpartum, infant feeding and very early child development, to enable women to make evidence-informed decisions.
 - 3.4 Demonstrate the ability to provide information and access to resources and services for women and families in regard to intimate partner violence, current and historical abuse, and safeguarding.
 - 3.5 Understand and demonstrate how to support and provide parent education and preparation for parenthood, both for individuals and groups.
 - 3.6 Promote and support parent and newborn mental health and well-being, positive attachment; and the transition to parenthood.
 - 3.7 Demonstrate effective health protection through understanding and applying the principles of infection prevention and control, communicable disease surveillance, and antimicrobial resistance and stewardship.

B. The midwife's role in assessment, screening, and care planning

Outcomes

At the point of registration, the midwife will be able to:

- 3.8 Demonstrate knowledge and understanding of anatomy, physiology, genetics, and genomics of adolescent girls and women and of the reproductive system for adolescent boys and men.
- 3.9 Demonstrate knowledge and understanding of normal changes to anatomy, physiology, and epigenetics of the adolescent girl/woman during:

- pregnancy,
 - labour,
 - birth, and
 - postpartum
- 3.10 Demonstrate knowledge and understanding of anatomy, physiology, and epigenetics of:
- fetal development
 - adaptation to life
 - the newborn infant
 - very early child development
- 3.11 Demonstrate knowledge and understanding of anatomy, physiology, and epigenetics of:
- human milk and breastfeeding
 - human milk substitutes and bottle feeding
 - the implications of infant feeding for maternal and child health and for very early child development
- 3.12 Demonstrate knowledge and understanding of mental, emotional, behavioural, and cognitive factors for:
- adolescents and adults
 - newborn infants
- 3.13 Demonstrate knowledge and understanding of changes to mental, emotional, behavioural, and cognitive factors during:
- pregnancy, labour, birth, postpartum
 - breastfeeding and relationship building
 - the transition to parenthood and positive family attachment
- 3.14 Demonstrate knowledge of pharmacology and the ability to recognise the positive and adverse effects of medicines; to include allergies, drug sensitivities, side effects, contraindications, incompatibilities, adverse reactions, prescribing errors and the impact of polypharmacy and over the counter medication usage.
- 3.15 Understand and apply the principles of safe and effective administration and optimisation of prescription and non-prescription medicines, and midwives exemptions with particular reference to their use for women in pregnancy, labour and birth, postpartum, and while breastfeeding, and for newborn

infants; demonstrating the ability to progress to a prescribing qualification following registration.

- 3.16 Demonstrate knowledge and understanding of current screening and diagnostic tests for women and newborn infants, and associated ethical dilemmas.
- 3.17 Demonstrate knowledge and understanding of the importance of optimising physiological processes, supporting safe psychological, social and cultural situations, and working to promote positive outcomes and to anticipate and prevent complications.
- 3.18 Demonstrate knowledge and understanding that women's circumstances vary widely, related to mental, cognitive, social, gender identity, physical and other factors; and that women themselves will be the best judge of their strengths and abilities and of any additional care and support they may need.
- 3.19 Use evidence-based, best practice approaches to plan and carry out ongoing integrated assessment and individualised care planning in partnership with the woman, including reassessment, evaluation, adaptation, and re-planning; based on sound knowledge and understanding of normal processes and recognition of deviations from these:
 - for the woman and fetus in pregnancy
 - for the woman and fetus in labour
 - for the woman and newborn infant at birth and immediately following birth
 - for the woman postnatally including family planning
 - for the newborn infant in the early days and weeks until transfer of care
 - for the woman and the newborn infant in regard to infant feeding, including
 - breastfeeding
 - breastmilk feeding using expressed breastmilk or donor human milk
 - bottle feeding of human milk substitutes and lactation suppression for the woman

C. The midwife's role in optimising physiological processes, supporting safe psychological, social and cultural situations, and working to promote positive outcomes and to prevent complications

Outcomes

At the point of registration, the midwife will be able to:

- 3.20 Identify how factors in the care environment can impact on the development of prevalent complications for the woman and the newborn infant; including a lack of information, lack of respect and compassion, the use of interventions shown by evidence to be unnecessary or potentially harmful, and the separation of mother and newborn infant.
- 3.21 Use evidence-based, best practice approaches to provide care that optimises normal processes, manages common symptoms/problems, and anticipates and prevents complications; drawing on the findings of assessment, screening and care planning, and working in partnership with the woman:
- for the woman and fetus in pregnancy
 - for the woman and fetus during labour
 - for the woman and newborn infant at birth and immediately following birth
 - for the woman postnatally including family planning and reproductive health
 - for the newborn infant in the early days and weeks until transfer of care
 - for the woman and the newborn infant in regard to infant feeding, including
 - breastfeeding
 - breastmilk feeding using expressed breastmilk or donor human milk
 - bottle feeding of human milk substitutes and lactation suppression for the woman
- 3.22 Understand and demonstrate the combination of interpersonal and cultural competence to provide culturally sensitive and individualised care for all women, and their partners and families as appropriate.
- 3.23 At the point of registration, the midwife will be able to safely demonstrate evidence-based best practice in all skills and procedures listed below:

Skills: Domain 3: Universal care for all women, newborn infants and families**A. The midwife's role in public health and health promotion: informing, educating, and supporting women, and their partners and families**

3.23.1 Access oral, written and digital information from sources including national and local data and published evidence to inform conversations with women, partners, and families.

3.23.2 Conduct person-centred conversations with women, their partners and families, and colleagues on public health promotion strategies, health promotion, and safeguarding; offer appropriate information and interventions, and support access to public health services, that may include:

- pre-conception care
- smoking cessation
- alcohol and substance use
- weight management
- exercise
- infectious diseases
- sexual and reproductive health including sexually transmitted diseases
- women's health across the life course
- contraception, unintended pregnancy, and abortion
- immunisation
- food and nutrition
- food safety
- breastfeeding and the use of human milk substitutes
- perinatal mental health
- parent-infant relationships and the transition to parenthood
- violence and abuse
- safeguarding
- factors relating to poverty and social and health inequalities including housing, heating, access to services

- 3.23.3 Share information in relation to the importance of birth on public health and well-being, and its effect on the life course and on long-term outcomes.
- 3.23.4 Share information in relation to options for labour and birth that is evidence-informed, clear, and meaningful in partnership with the women, her partner and family.
- 3.23.5 Share information on the importance of human milk and breastfeeding on public health and well-being, and on long-term outcomes, which are clear, accurate and meaningful with the women, her partner and family.
- 3.23.6 Explore with women information which may have an impact on breastfeeding such as bed-sharing
- 3.23.7 Share information on the importance of family attachment and the first 1000 days of the child's life on public health and well-being, and on long-term outcomes.
- 3.23.8 Apply the principles of adult learning to providing parent education and preparation for parenthood that is tailored to the needs, views, and preferences of individuals and groups.
- 3.23.9 Use skills of infection prevention and control, following local and national protocols.
- 3.23.10 Engage women, partners, and families in understanding and applying principles of infection control in regard to care of the newborn infant including cleaning and sterilising infant feeding equipment
- 3.23.11 Engage women, partners, and families in understanding and applying the principles of antimicrobial stewardship.
- 3.23.12 Recognise and respond to adverse or abnormal reactions to medications for women at each stage of the continuum, including effects on the fetus and the newborn infant.

B. The midwife's role in assessment, screening, and care planning

- 3.23.13 Share information in relation to evidence-based screening and diagnostic tests that is clear, accurate and meaningful, in partnership with the women, her partner and family.
- 3.23.14 Conduct initial and continued assessments of women and newborn infants receiving care, and the woman's ability to self-administer her own medications as appropriate
- 3.23.15 Skills include:
- Undertake accurate drug calculations for a range of medications

- Administer injections using intramuscular and subcutaneous routes, and manage injection equipment; for women and newborn infants
- Demonstrate the safe preparation of drugs for intravenous administration, under supervision
- Administer medicines via a range of routes.

3.23.16 Observe, recognise, accurately assess and interpret findings, including understanding of normal processes and recognition of deviations from these, on all relevant aspects of health and well-being for the woman in pregnancy and the fetus.

- Confirmation of pregnancy, including common signs and symptoms and tests
- Initial history taking and ongoing updating, to include:
 - age
 - family circumstances
 - social circumstances including housing and financial concerns
 - employment
 - mental health and well-being
 - physical health and well-being
 - sexual and reproductive health including contraceptive use and unintended pregnancy
 - previous pregnancies, births, and outcomes of these including previous perinatal loss
 - medical and surgical history including female genital mutilation
 - menstrual cycle and calculation of expected date of birth
 - family history, including disease and occurrence of multiple births
- Holistic antenatal examination of the woman's physical and psychological health and well-being and wellbeing of the fetus, to include:
 - the woman's own report of her health and well-being, and her questions and concerns

- maternal vital signs, assessed manually and using technological devices as appropriate
 - mental health and well-being, including signs of anxiety and depression, low mood and mood swings, exhaustion, psychological mental health disorders
 - physical and emotional safety, including need for safeguarding
 - recognition of signs of all forms of abuse
 - identification of issues of social, and lifestyle factors, including poverty, diet, exercise, alcohol consumption, smoking, and substance use
 - woman's report of common symptoms/problems of pregnancy, including nausea and vomiting, varicose veins, sleep disturbance, urinary frequency, constipation, discomfort, and breast tenderness
 - assessment of bladder and urinary function and patterns
 - assessment of bowel function and patterns
 - abdominal examination to include inspection, palpation to assess fetal growth, lie, and presentation
 - assessment of fetal growth
 - monitoring of fetal heart, using auscultation and technological devices as appropriate
 - examination of lower limbs for pitting oedema, varicosities and evidence of deep venous thrombosis
 - identification of oedema in other areas such as fingers and face
 - conduct urinalysis at each antenatal examination, including midstream specimen of urine for bacteriological examination
 - venepuncture and blood sampling, interpreting normal and common abnormal blood profiles
 - accurately measure weight and height, calculate Body Mass Index and recognise healthy ranges and clinically significant low/high readings
- discuss and provide information on needs, views, and preferences on aspects of pregnancy, labour, birth, postpartum,

and care of the newborn infant, including wish to attend parenting classes, and on topics including breastfeeding, alternative feeding methods, preparation for birth, preparation for parenting, physical and emotional health and well-being

3.23.17 Observe, recognise, accurately assess and interpret findings, including understanding of normal processes and recognition of deviations from these, on all aspects of health and well-being for the woman and fetus in labour, at and immediately after birth. This includes:

- The woman's own report of her health and well-being, and any questions and concerns
- Assessment of the environment to maximise the emotional and physical safety of the woman; including potential for interruptions, the social, cultural, and spiritual appropriateness of the surroundings, and the ability to request additional help if needed.
- Recognition of spontaneous rupture of membranes and assessment of loss from the vagina
- Assessment of onset of labour by signs and symptoms including:
 - the presence of a show
 - the woman's report of backache
 - rhythmic and regular uterine contractions increasing in length, strength and frequency
- Assessment of progress of labour by:
 - abdominal examination to include inspection, palpation to assess fetal growth, lie, and presentation
 - assessment of uterine contractions, noting the pattern, strength, frequency and duration
 - changes in the woman's behaviour, including her report of pain, restlessness, mobility, position
 - assessment of descent of presenting part by abdominal palpation
 - visualisation of physical signs including Rhomboid of Michaelis and identification of purple line
 - vaginal examination to assess cervical dilatation, effacement, presentation and descent

- Assessment of maternal and fetal health and well-being in 1st, 2nd and 3rd stages of labour by assessing, recording, and interpreting:
 - maternal vital signs to include temperature, pulse, blood pressure and respirations, both with and without technological devices; recognizing when the use of each is appropriate
 - the woman's psychological responses to labour including excitement, joy, anxiety, apprehension, fear
 - fetal heart by auscultation and by technological devices where appropriate, and interpretation of fetal heart rate and pattern
 - thirst and hunger by the woman's report and by recording food and fluid intake
 - fluid balance by woman's report and by measurement and recording of urinary output, accurate recording of intravenous fluids if administered, signs of dehydration
 - urinalysis testing for glucose, ketones and protein
 - loss from the vagina: amniotic fluid colour and amount, identification of meconium, blood loss
 - need for assistance with mobility
 - need for assistance with toileting , and bladder and bowel function
 - nausea and vomiting
 - the woman's experience of pain, her response to pain, and her need for pain management, using evidence-based techniques including:
 - non-pharmacological methods including touch, relaxation, mobility, hydrotherapy
 - pharmacological methods including opiate drugs, inhalation analgesia (entonox), and regional (epidural) anaesthesia
 - need for episiotomy during the second stage of labour
 - need to minimise the risk of severe trauma to the vagina and perineum
 - need to expedite birth when fetal distress occurs in 2nd stage of labour

- position of the umbilical cord during birth; for cord prolapse, cord round neck, short cord
- the woman's physical and emotional response to birth, and any need for assistance
- perineal/vaginal/labial/cervical/anal trauma and need for suturing
- progress of the third stage of labour, including expulsion of all placental products and associated blood loss
- cord pulse prior to separation from the mother
- completeness and healthiness of the placenta and membranes, and any abnormalities, including calcification and recent and long term infarcts
- the woman's immediate response to the newborn infant including touch, skin-to-skin contact, emotional expression and engagement

3.23.18 Observe, recognise, accurately assess and interpret findings, including understanding of normal processes and recognition of deviations from these, on all relevant aspects of health and well-being for the newborn infant.

- Immediate assessment of the infant at birth and within the first hour after birth, including:
 - initial adaptation to life including respiratory and cardiovascular function, heart rate, colour, neurological tone, and response to stimuli
 - thermal adaptation; assessing potential for heat loss by evaporation, conduction and radiation
 - need for neonatal resuscitation where respiration is not established
 - initiation and sustainability of uninterrupted skin-to-skin contact
 - ability to attach, suck, swallow at first breastfeed, or suck and swallow at first bottle feed, and respond to mother's cues for food, love and comfort
- Ongoing assessment of the health and well-being of the newborn infant, including:
 - the woman's own views of the health and well-being of her newborn infant, and any questions and concerns

- development of the mother/newborn infant relationship
- parental attachment and confidence in handling and caring for the newborn infant, including skin-to-skin contact
- responsive feeding
- physical and emotional safety including need for safeguarding
- systematic physical examination to include:
 - vital signs: temperature, respirations, and heart rate, both with and without technological devices, as appropriate
 - head: head circumference, palpation of anterior fontanelle for size and tension, palpation of suture lines and identification of cranial moulding, detection of caput succedaneum and cephalhaematoma
 - eyes: signs of infection, to include redness, swelling, or discharge
 - mouth: for cleft lip and/or palate, signs of tongue tie, thrush
 - heart: for congenital anomalies
 - ears: for signs of ability to respond to sound
 - skin: colour, signs of jaundice, excoriation of skin folds, rashes or septic spots
 - abdomen: shape and consistency
 - limb movement: all four limbs moving without obvious discomfort
 - hips: for congenital dislocation
 - spine: inspection and palpitation of vertebrae, identification of skin breakages
 - central nervous system: tone, reflexes, behaviour, movements, and posture
 - umbilical cord: extent of healing and separation, signs of infection

- genitalia: completeness and patency, descent of testes in males
- fingers and toes: number, blood perfusion, signs of infection in nail beds
- weight at birth, ongoing growth and development
- stools: frequency, colour and consistency, considering type of feeding and age of newborn infant
- urine: frequency, amount, odour, and colour
- crying: frequency, pitch, response to comfort measures; and response of parents and family
- screening and diagnostic tests include:
 - blood spot tests
 - reflexes

3.23.19 Observe, recognise, accurately assess and interpret findings, including understanding of normal processes and recognition of deviations from these, on all relevant aspects of health and well-being for the woman postnatally, including:

- the woman's own report of her health and well-being, including questions and concerns
- mental health and well-being: including anxiety and depression, mood, energy levels, appetite, sleeping pattern, ability to cope with daily living and care of the newborn infant, family relationships
- physical and emotional safety, including need for safeguarding
- reciprocity; irrespective of their feeding method, understands the principles of reciprocity to support women to keep their newborn infant close and be responsive to their newborn infant's cues for feeding and comfort
- parental-infant attachment including confidence in handling, touch, interaction, responsiveness to the newborn infant
- vital signs: pulse, temperature, blood pressure, respirations, with and without technological devices; recognising when the use of each is appropriate

- pain and need for pain management, including backache, perineal/vaginal/labial/cervical/anal damage and suturing, painful uterine involution, breast engorgement, painful legs, infection
- loss from vagina, including amount, colour, consistency including clots, odour
- healing of perineal/vaginal/labial/cervical/anal damage and suturing, including presence of bruising, oedema, signs of infection, need for pain management
- uterine involution, including the height and location of the fundus, consistency, degree of tenderness on palpation
- bladder and bowel function, including constipation and any occurrence of involuntary leakage/incontinence/retention
- signs of thrombosis including examination of the lower legs for oedema, swelling, pain
- food, nutrition and fluid intake, signs of dehydration, dietary adequacy
- mobility, including physical ability to carry and care for the newborn infant
- need for and access to community facilities and resources, including shops and health centres, and community support for parenting, breastfeeding, mental health, and safeguarding

3.23.20 Observe, recognise, accurately assess and interpret findings, including understanding of normal process and recognition of deviations from these, on all relevant aspects of infant feeding, for both the woman and the newborn infant. This will include:

- breastfeeding
- mothers own expressed breast milk or donor human milk
- human milk substitutes (formula)
- for all women:
 - women's own report of feeding, including questions and concerns
- for women and newborn infants who are breastfeeding:
 - woman's assessment of and confidence with breastfeeding

- attachment, positioning, coordination and effectiveness of sucking/swallowing
- breasts: tenderness, pain, engorgement, need for pain management
- nipples: colour, shape, tenderness, pain, damage, bleeding
- responsive feeding
- ongoing skin-to-skin contact
- effective milk transfer and milk production
- hand expression: storage, transport and infection control
- newborn infant's weight, growth, development and assessment using appropriate growth charts
- need and preference for support, information, community resources: national and local, telephone helplines, groups, peers, online
- ongoing infant feeding assessments in partnership with the woman
- referral processes when problems occur
- for parents and newborn infants who are bottle feeding, partially or exclusively:
 - parent's assessment of and confidence with using human milk substitutes (formula)
 - responsive bottle feeding: holding newborn infant close, looking into their eyes, pacing the feeds, limiting the number of care givers
 - parent's use of appropriate formula and equipment, cleaning and sterilising of equipment, reconstitution of formula
 - effectiveness of sucking/swallowing
 - woman's breasts: tenderness, pain, engorgement, need for pain management
 - frequency and effectiveness of feeds
 - newborn infant's weight, growth, development

- need and preference for support, information, community resources

3.23.21 Effectively develop, assess, implement, review, and adapt an individualised evidence-informed care plan in partnership with the woman, taking into account the mental, physical, emotional, psychological, social, cultural, and spiritual factors affecting the woman, her newborn infant, and her partner and family as appropriate, and changes to these factors over time.

C. The midwife's role in optimising physiological processes, supporting safe psychological, social and cultural situations, and working to promote positive outcomes and to prevent complications

3.23.22 Provide care in pregnancy that optimises normal processes, manages common symptoms/problems, and anticipates and prevents complications. Skills include:

- Arrange regular contacts for assessment, care, planning, and review as needed by the individual woman
- Promote the woman's confidence in her own body, her health and well-being; and in her own ability to be pregnant, give birth, build a relationship, and nurture and feed her newborn infant, recognising the diversity of physical, psychological, social, cultural, and spiritual circumstances
- Provide information and support on all aspects assessed including potential risks (as listed in assessment section) to enable evidence-informed decision-making by the woman, and her partner and family as appropriate; including enabling access to community facilities and resources
- Collaboration with health and care colleagues when deviations from normal processes occur that require consultation or multi-disciplinary and /or multi-agency working

3.23.23 Provide care in labour and at birth that optimises normal processes, manages common symptoms/problems, and anticipates and prevents complications. Skills include:

- Optimise the environment to maximise the emotional and physical safety of the woman; including keeping the room warm, minimising the potential for interruptions, ensuring the social, cultural, and spiritual appropriateness of the surroundings, providing a welcoming environment for the partner/companion/family as per the woman's wishes, ensuring the ability to request additional help if needed
- Provide psychological and emotional support and positive feedback in labour, at birth, and immediately following birth; and encourage support for the woman from her partner/companion

- Provide information and support on all aspects assessed (as listed in assessment section) to enable informed decision-making by the woman, and her partner/companion and family as appropriate
- Provide continuous one-to-one care for the woman in labour, and the newborn infant at birth
- Encourage mobility and working with the woman to identify optimal positions in labour and for birth
- Provide comfort measures and pain management appropriate to the stage of labour and the woman's needs and preferences, including touch, massage, rest, relaxation, mobility, hydrotherapy, inhalation analgesia, and opiate drugs
- Encourage food and fluid intake including isotonic drinks as appropriate
- Provide assistance with toileting and bladder and bowel care
- Prepare all necessary equipment
- Advise the woman on second stage of labour, promoting the effectiveness of contractions by appropriate positions, and discouraging active pushing before the presenting part is visible when possible
- Guide and support the woman as she gives birth, either encouraging her to follow her own inclination or offering guidance on breathing, pushing/refraining from pushing as appropriate
- Support the woman and the infant through the expulsion of the infant from the birth canal using evidence-informed approaches and responding to women's own preferences
- Undertake an episiotomy if indicated, including timely administration of local anaesthesia
- Manage the occurrence of short umbilical cord or umbilical cord round the infant's neck at birth
- Encourage and enable immediate and uninterrupted skin-to-skin contact and positive time for the mother, partner and family to be with the newborn infant and with each other
- Accurately record the time of birth
- Prevent heat loss by ensuring the infant is kept in skin-to-skin contact, and covered with warm towels as needed; if not in skin-to-skin contact, that the infant is dry and wrapped in warm towels and wearing a hat

- Conduct physiological third stage management as appropriate
- Conduct active third stage management as appropriate, including safe administration of oxytocic drugs
- Clamp and cut the umbilical cord after the cord has stopped pulsating (delayed cord clamping)
- Enable women to breastfeed as soon after birth as possible, ideally within the first hour after birth
- Examine woman's perineum/labia/vagina/anus for lacerations
- Suture an episiotomy, and 1st and 2nd degree tears of perineum, labia and vagina as necessary
- Provide help for the woman as needed with washing, showering, going to the toilet
- Provide opportunity for food and fluid intake, according to the mother's preferences
- Keep mother and newborn infant together as much as possible while conducting initial examination of the newborn infant, providing full explanation to the parents
- Encourage all opportunities for family interaction and parent-infant attachment

3.23.24 Provide care for the newborn infant that optimises normal processes, manages common symptoms/problems, and anticipates and prevents complications. Skills include:

- Provide evidence-informed information and support on all aspects of the health and well-being of the newborn infants as assessed (as listed in assessment section) to enable informed decision-making by the woman, and her partner and family as appropriate
- Support and enable all infants to have skin-to-skin contact at birth and beyond.
- Involving the parents as much as possible, conduct initial examination (as listed in the assessment section).

3.23.25 Provide care for the woman postnatally that optimises normal processes, manages common symptoms/problems, and anticipates and prevents complications. Skills include:

- Arrange regular contact and additional opportunities as needed, to provide postnatal care that meets the needs, views and preferences of women, and partners and families

- Listening and responding to the woman's own report of her health and well-being, and any questions and concerns
- Provide information, support, and care on all aspects of her own health and well-being as assessed, including mental health (as listed in assessment section); to enable informed decision-making by the woman, and her partner and family as appropriate
- Provide opportunities for the woman, and partner as appropriate, to discuss the birth and any questions they may have
- Support women to keep their newborn infant close and be responsive to their newborn infant's cues for feeding and comfort irrespective of their feeding method
- Promote, support and encourage close and loving relationships between women, their partners, families and the newborn infant, understanding the impact this has on their health and emotional well-being.

3.23.26 Provide care in regard to infant feeding that optimises normal processes, manages common symptoms/problems, and anticipates and prevents complications. Skills include:

- For all women:
 - Listens to women about their views, questions, and concerns
 - Works in partnership with women and others to ensure the infant feeding needs of the infant are met and to enhance maternal confidence.
 - Uses skills of observation, active listening and on-going critical appraisal in order to analyse the effectiveness of feeding practices
 - Understands how to complete an infant feeding assessment with the woman, maintaining accurate records including plans of care and any problems encountered or referrals made.
 - Converses with all women and their partners on caring for their newborn infant at night and how to minimise the risks of sudden infant death syndrome.
 - Ensures seamless handover to health visiting, GP, and other services when midwifery care is complete
- For women who are breastfeeding:

- explores with women the potential impact of delivery room practices, such as the effect of different methods of pain management and the importance of skin-to-skin contact, on the wellbeing of their newborn infant and themselves, and on the establishment of breastfeeding
- applies in-depth knowledge of the anatomy of the breast and physiology of lactation to enable them to support mothers to get breastfeeding off to a good start, including;
 - positioning
 - attachment
 - early, frequent, effective feeding
 - milk production
 - milk transfer
 - responsive feeding
 - mothering behaviour, wellbeing and protection
- participates in teaching women how to hand express their breast milk and how to store, freeze and warm it with consideration to aspects of infection control
- shares information with women and families about national and local information and networks that are available to support women in the continuation of breastfeeding in the community for example; health visitors, peer support, support groups, telephone helplines, online information etc.
- For parents who bottle feed, partially or exclusively:
 - support women and babies to continue to breastfeed in combination with human milk substitutes for as long as they wish, maximising human milk use/breastfeeding where possible and bottle feeding expressed breastmilk/donor human milk
 - encourage responsive bottle feeding: holding newborn infant close, looking into their eyes, pacing the feeds, limiting the number of care givers
 - encourage parent's use of appropriate formula and equipment, cleaning and sterilising of equipment, reconstitution of formula

- offer appropriate pain management for maternal breast tenderness and pain

Domain 4: Additional care for women, newborn infants and families with complications and/or further care needs

This care is in addition to the care already included in Domain 3

A. The midwife's role in first line assessment and management of complications and further care needs

Outcomes

4 At the point of registration, the midwife will be able to:

4.1 Demonstrate knowledge, understanding, and the ability to recognise prevalent pre-existing complications and/or further care needs of the woman, and specifically their impact on:

- sexual and reproductive health
- pregnancy
- labour
- birth
- postpartum

This includes knowledge and understanding of the following essential:

- clinical complications: hypertension, diabetes, asthma, epilepsy, thromboembolic disease, cardiac disease, cancers, disability, female genital mutilation, infectious disease including HIV, renal disease
- further care needs: raised BMI, complex social/family circumstances

4.2 Demonstrate knowledge, understanding, and the ability to recognise prevalent complications and/or further care needs of the woman, related to:

- sexual and reproductive health
- pregnancy
- labour
- birth
- postpartum

This includes knowledge and understanding of the following essential:

- clinical complications: primary and secondary infertility, sexually transmitted infections, hyperemesis, anaemia, blood disorders including sickle cell disease and haemophilia, haemorrhage, infection, rhesus iso-immunisation, pre-eclampsia and eclampsia, HELLP syndrome, thrombosis, cholestasis, pregnancy past 41 weeks' gestation, pre-term labour and birth, malpresentation of the fetus in labour and at birth including breech birth, placenta praevia, prolonged labour, amniotic fluid embolus, shoulder dystocia, problems with the cord including cord round the neck, short cord, and cord prolapse, ruptured uterus, uterine inversion, retained placenta and placental products, injury of the cervix/vagina/vulva/perineum/anus, urinary and faecal incontinence, pain, infection or dehiscence of caesarean section or perineal wound, shock/collapse/anaphylaxis, sepsis, cardiac arrest, maternal death
- further care needs: multiple pregnancy and birth, previous or current perinatal loss, complex social/family circumstances, women and families who are undergoing surrogacy or adoption processes

4.3 Demonstrate knowledge, understanding, and the ability to recognise prevalent complications and/or further needs including pre-existing conditions, in regard to mental, emotional, behavioural and cognitive factors affecting the woman in regard to:

- pregnancy
- labour and birth
- postpartum
- the transition to parenthood and positive family attachment

This includes knowledge and understanding of the following essential:

- complications: stress, depression, postpartum psychosis, substance misuse/withdrawal, sequelae of birth trauma including post-traumatic stress disorder, intimate partner and gender-based violence, bereavement
- further care needs: learning disability, complex social/family circumstances

4.4 Demonstrate knowledge, understanding, and the ability to recognise prevalent complications and/or further needs in regard to:

- fetal development
- adaptation to life
- the newborn infant
- very early child development

This includes knowledge and understanding of the following essential:

- clinical complications: compromised fetus, including growth restriction and prevalent congenital anomalies; pre-term rupture of membranes, pre-term labour and birth and pre-term newborn infant, fetal distress, respiratory and cardiac problems at birth, hypothermia, small for gestational age infant, large for gestational age infant, infections including Group B streptococcus, neonatal abstinence syndrome, prevalent congenital anomalies in the newborn infant, jaundice, fetal and newborn death including stillbirth, sudden infant death (SIDS)
- further care needs: multiple birth, maternal illness or death, complex social/family circumstances that may affect family attachment

4.5 Demonstrate knowledge, understanding, and the ability to recognise prevalent complications and/or further needs, both pre-existing and resulting from pregnancy, labour and birth and postpartum, in regard to:

- breastfeeding
- alternative infant feeding methods
- the implications of feeding for very early child development

This includes knowledge and understanding of the following essential:

- clinical complications: For the mother: painful attachment at breast, painful and damaged nipples, concern about milk supply and milk transfer, engorgement, mastitis, breast abscess, lactation suppression. For the infant: uncoordinated suck/swallow, poor weight gain, vomiting, hypoglycaemia, abnormal urine and stool output, tongue-tie, cleft lip/palate
- further care needs: separation of mother and baby, concern with mother and infant relationship and family attachment, lack of family and community support, previous breastfeeding problems, psychological problems related to breastfeeding; historical or current abuse, maternal illness or death, complex social/family circumstances

4.6 Use evidence-based, best practice approaches to respond promptly to signs of compromise and deterioration in the woman and newborn infant; and make clinical decisions based on need and best practice evidence, and act on those decisions.

4.7 Use evidence-based, best practice approaches to the management of emergency situations.

This includes knowledge and understanding of the following essential:

- clinical complications: For the woman: haemorrhage, eclampsia, cardiac and respiratory arrest, sepsis, shock/collapse/anaphylaxis, severe blood transfusion reaction, mental health crisis, severe fetal distress, cord

prolapse, ruptured uterus, uterine inversion, sepsis, shoulder dystocia. For the newborn infant: cardiac and respiratory arrest, hypothermia, sepsis, severe jaundice, severe hypothermia

- further care needs: emergency safeguarding situations for woman and/or newborn infant

4.8 Use evidence-based, best practice approaches for the first-line management of prevalent complications and/or further care needs of the woman, fetus and/or newborn infant; including support, referral, multidisciplinary and multi-agency team working, and follow-up, and immediate escalation if needed:

- due to pre-existing conditions
- resulting from pregnancy, labour, birth, postpartum
- of breastfeeding, alternative infant feeding methods and very early child development
- in regard to mental, physical, emotional, behavioural, cognitive, and social factors

B. The midwife's role in caring for and supporting women, newborn infants, and families requiring medical, obstetric, neonatal, mental health, social care, and other services

Outcomes

At the point of registration, the midwife will be able to:

- 4.9 Demonstrate the ability to work in collaboration with the multidisciplinary team and provide the midwifery care needed by women and newborn infants, including follow up, to ensure continuity of care; related to:
- prevalent obstetric, neonatal, anaesthetic, medical, and surgical complications and interventions
 - prevalent pre-existing medical and surgical conditions
 - mental health needs
 - women's traumatic experiences
 - compromised newborn infants and their mothers
 - multiple births
 - perinatal loss

This includes knowledge and understanding of the following essential:

- traumatic experiences: perinatal loss, pre-term birth, traumatic birth, intimate partner violence, historical and current abuse
- 4.10 Use evidence-based, best practice approaches to keep mothers and newborn infants together whenever possible when providing midwifery care, even when complications and further care needs occur.
- 4.11 Demonstrate the ability to work in collaboration with the multidisciplinary team to provide respectful, kind, compassionate end of life care for the woman and/or newborn infant, and their partner and family, including end of life care and last offices; including follow up with the family to ensure continuity of care.
- 4.12 At the point of registration, the midwife will be able to safely demonstrate evidence-based best practice in all skills and procedures listed below:

Skills: Domain 4: Additional care for women, newborn infants and families with complications and/or further care needs

This care is in addition to the care already included in Domain 3

A. The midwife's role in first line assessment and management of complications and further care needs

- 4.12.1 Communicate complex information regarding a woman's care needs in a clear, concise manner to other health and social care professionals as required, and work collaboratively with the multi-disciplinary and multi-agency team to plan and implement care.
- 4.12.2 Provide effective and timely communication with women, and their partners and families, who experience complications and further care needs; including support, accurate information and updates on changes; continuing to listen and respond to their concerns, views and preferences.
- 4.12.3 Support women over the telephone and digital communication formats when contacted for information on complications and further care needs; and know how to refer and where to seek relevant information and support.
- 4.12.4 Accurately assess and interpret findings (as per skills for Domain 3); skills include:
- identify potential complications resulting from pre-existing prevalent complications and further care needs for:
 - pregnancy, labour and birth, and postpartum
 - mental, emotional, behavioural, cognitive, and social factors

- fetal development, adaption to life, the newborn infant, and very early child development
- breastfeeding challenges
- explore and communicate clearly with women the evidence base underpinning information on complications and further care needs which may have an impact on their own or their infants' health and well-being, the transition to parenthood, and positive family attachment.
- support the woman in planning strategies to prevent or mitigate these, in collaboration with the multi-disciplinary and multi-agency team as needed.

4.12.5 Act upon the need to involve others and to consult promptly and proactively with appropriate health and social care professionals when signs of compromise and deterioration or emergencies occur.

4.12.6 Implement first-line emergency management of complications and/or further care needs for women and newborn infants when signs of compromise and deterioration or emergencies occur until other help is available, across all care settings. Skills include:

- optimise mobility and safety, and determine need for support and intervention
- use of evidence-based early warning tools for monitoring deterioration
- prompt call for assistance and escalation if necessary
- accurate communication of concern using recognised tools such as SBAR
- implement emergency measures until help is available, including immediate life support for the woman and the newborn infant
- respond to pain and implement pain management
- respond to and manage nausea and vomiting
- manage severe haemorrhage using measures that include maternal positioning, uterine massage, appropriate use of uterotonic drugs, oxygen therapy
- respond to signs of sepsis with immediate referral and initiation of pathway of care
- intravenous cannulation and administration of IV fluids in line with national and local policies

- calculation, preparation and/or administration of prescribed drugs and/or drugs stated as midwives exemptions medicines
- urinary catheterisation of bladder for women
- consider options for expediting birth of infant including use of different birth positions
- conduct emergency episiotomy
- support birth if fetus is in breech position
- keep accurate and clear records, including emergency scribe sheets
- initiate appropriate tests, including blood, ECG, and pulse oximetry
- arrange transfer to appropriate care setting
- organise safe environment, immediate consultation / referral and appropriate support if mental health need or condition, intimate partner or gender-based violence or substance misuse is identified

B. The midwife's role in caring for and supporting women, newborn infants, and families requiring medical, obstetric, neonatal, mental health, social care, and other services

4.12.7 On consultation with/referral to the multi-disciplinary and multi-agency team, continue to provide midwifery care for the woman, newborn infant, and partner and family as part of this team, to ensure continuity of care

4.12.8 Work in partnership with the woman and in collaboration with the multi-disciplinary and multi-agency team to plan and implement midwifery care for women with complications and/or further care needs, to include:

- organise safe environment, immediate referral and appropriate support if mental health need and /or illness, intimate partner or gender-based violence / substance misuse is identified
- support the woman in her management of diabetes during pregnancy to ensure optimal control
- provide assistance as needed with self-care including washing, bathing, dressing, toileting; maintaining dignity and privacy and managing the use of appropriate aids
- insert, manage and remove oral/nasal/gastric tubes

- record fluid intake and output and identify, respond to and manage dehydration, fluid retention or overload
- manage the administration of IV fluids including blood transfusions
- manage fluid and infusion pumps and devices
- manage oxygen therapy
- carry out fetal monitoring using auscultation and technological mechanisms, including assisting with fetal blood sampling; and accurate interpretation of results
- undertake amniotomy and application of fetal scalp electrode
- undertake cord blood analysis
- provide appropriate care including care at birth for women who have experienced female genital mutilation
- assist with siting and management of epidural analgesia, including after care
- assist with instrumental births (Ventouse and forceps)
- assist with Caesarean section; elective, planned, and emergency
- assist with essential theatre procedures such as manual removal of placenta, evacuation of retained products, perineal suturing of 3rd and 4th degree tears

Additional postnatal care for the woman, to include:

- additional observations during postnatal/post-surgery period
- aseptic principles for wound care, wound dressings and removal of sutures
- postnatal care for women who have had a Ventouse, forceps, or caesarean birth
- postnatal vulval/perineal care and support for women who have had female genital mutilation, including referral to services as appropriate
- support for women with urinary or faecal incontinence, ensuring access to resources and to medical/surgical services if needed
- support for women with diabetes to promote stabilisation, including while breastfeeding

- support for women and families undergoing surrogacy or adoption
- in collaboration with the neonatal staff, support women and their partners who have an infant in the neonatal unit to:
 - stay close to their newborn infant
 - be partners in care
 - have a conversation about the benefits of touch and comfort for their newborn infant
 - optimise skin-to-skin/kangaroo care where possible
 - hand express breastmilk
 - know where to access donor human milk if required
 - maximise the amount of human milk the newborn infant receives
- support women who are separated from their newborn infants as a result of maternal illness and enable open visiting and contact with the infant to maximise the time they can spend together.

Additional care for the newborn infant; support, management, and referral to include:

- asphyxia and post-resuscitation care
- infection
- jaundice
- hypothermia and hypoglycaemia
- safeguarding issues

4.12.9 Work in partnership with the woman, her partner and family as appropriate, and in collaboration with the multi-disciplinary and/or multi-agency team, to plan and implement midwifery care for women and/or partners and families experiencing perinatal loss or maternal death. Skills include:

- demonstrate compassionate, respectful, empathic care to women and/or families experiencing miscarriage, stillbirth, or infant death, including follow up after discharge from hospital; and understand the care needed by partners and families who experience maternal death
- provide respectful, dignified, compassionate end of life care for a woman and for a newborn infant

- arrange provision of pastoral and spiritual care according to the woman's, partner's, and family's wishes and religious/spiritual beliefs and faith
- support and assist with palliative care and last offices as requested by the woman and/or the partner and family
- pro-actively offer opportunities for parents and/or family to spend as much private time as they wish with the dying or dead infant or woman
- support the bereaved woman with lactation suppression and/or donating her breastmilk if wished
- provide clear information and support, including practical aspects of a post mortem and registration of death, and options for funeral arrangements and/or a memorial service

4.12.10 Work in partnership with the woman, her partner and family as appropriate, and in collaboration with the multi-disciplinary and multi-agency team, to plan and implement midwifery care for women and/or partners and families experiencing mental health needs and /or illness and traumatic experiences. Skills include:

- discuss mental health needs and /or illness with women and families, including anxiety, depression, and postpartum psychosis
- support the woman to stay close to her newborn infant to build positive attachment behaviours
- support the woman to responsively feed her newborn infant, recognising the impact of drugs and breastmilk and how best to maximise the use of human milk/breastfeeding
- support women who are receiving treatment for substance misuse
- promote and involve multi-agency and third sector support for women with complex needs
- identify signs of traumatic experiences, whether pre-existing or resulting from pregnancy and birth; and provide support for women and families, referring to appropriate services

4.12.11 Work in partnership with the woman, her partner and family as appropriate, and in collaboration with the multi-disciplinary and/or multi-agency team, to plan and implement midwifery care for women, newborn infants, and partners and families as appropriate, who are having more than one newborn infant. Skills include:

- plan, implement, assess, and reassess care for the woman having more than one newborn infant; in pregnancy, labour, birth, postpartum; and for the newborn infants, recognising that each infant may have different needs and different outcomes
- optimise contact including skin-to-skin care/kangaroo care for the woman and the newborn infants, even if they are separated and cared for in different places
- optimise breastfeeding and breastmilk expression and feeding for the mother of more than one infant, even if the infants are separated and cared for in different places
- support the parents in learning to manage and care for more than one newborn infant
- support the parents when an infant survives while another dies, recognising the psychological challenges of dealing with loss and bereavement and adapting to parenthood at the same time
- enable the parents to identify and access appropriate community resources for parents of multiple newborn infants, including parenting and breastfeeding support

4.12.12 Work in partnership with the woman, her partner and family as appropriate, and in collaboration with the multi-disciplinary and/or multi-agency team, to plan and implement midwifery care for women, newborn infants, and partners and families as appropriate, when problems occur with infant feeding. Skills include:

- identify and carry out ongoing assessments when a newborn infant is not feeding effectively and respond if newborn infant weight gain is insufficient
- refer to appropriate health professionals where deviation from evidence-based infant feeding and growth patterns does not respond to first line management (as described in Domain 3 skills)

Additional care for women who are breastfeeding:

- support women to overcome prevalent breastfeeding challenges including painful, damaged nipples, engorged breasts, mastitis, or breast abscess, including managing problems of positioning and attachment; and refer for appropriate support if necessary
- support the woman to address negative factors such as ineffective technique, restricting the number of breastfeeds, excessive use of comforters, and supplementation with human milk substitutes

- support women to breastfeed in challenging circumstances, and if a newborn infant needs to be supplemented with human milk substitutes (formula), support the woman to continue to provide as much breastmilk/human milk as possible
- demonstrate understanding of the special circumstances which can adversely affect maternal-infant attachment, lactation and breastfeeding and be able to support women to overcome the challenges, in collaboration with staff of the neonatal unit as appropriate.
- support women who are separated from their newborn infants to initiate breast milk expression as early as possible, maximise breast milk use and access donor human milk if required, working in collaboration with neonatal unit staff as needed
- identify tongue-tie and provide support and referral as necessary
- identify dehydration and refer to the neonatal team
- work collaboratively with other practitioners and external agencies, including infant feeding specialists/peer supporters as needed.

Domain 5: Promoting safe and effective care: the midwife as colleague, scholar and leader

A. The midwife working with others to promote safe and effective care: the midwife as a colleague

Outcomes

- 5 At the point of registration, the midwife will be able to:
 - 5.1 Demonstrate knowledge and understanding of how to work with women, partners, families, advocacy groups, and colleagues to develop effective improvement strategies for quality and safety, sharing feedback and learning from positive outcomes and experiences, mistakes, and adverse outcomes and experiences.
 - 5.2 Demonstrate an understanding of how to identify, report and critically reflect on near misses, critical incidents, major incidents, and serious adverse events.
 - 5.3 Demonstrate knowledge of quality improvement methodologies, and the skills required to actively engage in evidence-informed quality improvement processes to promote quality care for all.
 - 5.4 Understand and apply the principles of human factors, environmental factors, and strength-based approaches when working with colleagues.
 - 5.5 Understand the relationship between safe staffing levels, appropriate skill mix, safety and quality of care, recognising risks to public protection and quality of care, escalating concerns appropriately.
 - 5.6 Demonstrate understanding of why multidisciplinary team working and learning is important, and the importance of participating in a range of multidisciplinary learning opportunities.
 - 5.7 Identify and use sources of data on local, national, and international prevalence and risk to develop awareness of likely complications and further care needs that may arise.
 - 5.8 Demonstrate knowledge and understanding of change management and the ability to collaborate in, implement, and evaluate evidence-informed change at individual, group, and service levels.
 - 5.9 Effectively and responsibly use a range of digital and other technologies to access, input, share and apply data within teams and between agencies.
 - 5.10 Contribute to team reflection activities to promote improvement in practice and service.
 - 5.11 Demonstrate the ability to develop the strength, resourcefulness, and flexibility needed to work in stressful and difficult situations, and to develop strategies to contribute to safe and sustainable practice, including:

- individual and team reflection, problem solving, and strategic planning
- timely communication with senior staff and colleagues
- collaborating to ensure safe and sustainable systems and processes
- the ability to advocate for change when necessary
- the use of strength based approaches

5.12 Demonstrate how to recognise signs of vulnerability in themselves or their colleagues and the actions required to minimise risks to health or well-being of self and others, and to incorporate compassionate self-care into their personal and professional life.

B. Promoting safe and effective care through developing knowledge, positive role modelling and leadership: the midwife as scholar and leader

Outcomes

At the point of registration, the midwife will be able to:

- 5.13 Demonstrate knowledge and understanding of the importance of current and ongoing local, national and international research and scholarship in midwifery and related fields, and of how to use this knowledge to keep updated, to inform decision-making, and to develop practice.
- 5.14 Demonstrate knowledge, understanding and dissemination of why midwives should contribute to the knowledge base for practice and policy, and how they can do this through research, engagement, and consultation.
- 5.15 Demonstrate the ability and commitment to develop as a midwife and to be involved in lifelong learning opportunities, to understand different career pathways including practice, management, education, research, and policy, and to recognise the need to engage in ongoing education and professional development opportunities that will enable them to build a career and to revalidate.
- 5.16 Safely and effectively lead and manage midwifery care, demonstrating appropriate prioritising, delegation, and assignment of care responsibilities to others involved in providing care.
- 5.17 Demonstrate a positive model of leadership, including an ability to guide, support, motivate, and interact with other members of the multidisciplinary team to encourage them to reach their full potential.
- 5.18 Support and supervise students in the provision of midwifery care, promoting reflection, providing constructive feedback, and evaluating and documenting their performance.

5.19 At the point of registration, the midwife will be able to safely demonstrate evidence-based best practice in all skills and procedures listed below:

Skills: Domain 5: Promoting safe and effective care: the midwife as colleague, scholar and leader

A. The midwife working with others to promote safe and effective care: the midwife as a colleague

5.19.1 Work with multi-disciplinary and multi-agency colleagues to promote quality improvement, to include:

- audit and risk management
- contribute to investigations on critical incident, near misses and serious event reviews
- understand how to take actions from learning from national and local reports

5.19.2 Work with multi-disciplinary and multi-agency colleagues to implement change management to include:

- advocating for change
- negotiation and challenging skills
- evidence-informed techniques such as motivational interviewing

5.19.3 When managing, supervising, supporting, teaching and delegating care responsibilities to new, junior and other members of the midwifery and multidisciplinary team including maternity healthcare support workers:

- Give clear instructions and ensure checks on understanding
- Provide encouragement to colleagues that helps them to reflect on their practice
- Keep unambiguous records of performance

5.19.4 Demonstrate effective team management skills when:

- developing and managing teams
- supporting and managing concerns by individuals and/or teams
- escalating concerns and reporting on those concerns
- de-escalating conflict
- reflecting on learning that comes from working with multi-disciplinary and multi-agency teams

5.19.5 Demonstrate skills to recognise and respond to vulnerability in self and others including:

- self-reflection
- seek support and assistance when feeling vulnerable
- take action when own vulnerability may impact on ability to undertake their role as a midwife
- identify vulnerability of individual and wider team members and action support and / or intervention as needed
- demonstrate strength-based approaches in responding to vulnerability in self or others

B. Promoting safe and effective care through developing knowledge, positive role modelling and leadership: the midwife as scholar and leader

5.19.6 Demonstrate engagement in:

- ongoing professional development opportunities, including conference and study day attendance, keeping mandatory training updated
- face-to-face and online education opportunities
- regular reading of current professional journals
- reflection on how these engagements inform ongoing development and practice

5.19.7 Knows how to:

- access evidence-based resources and material to support information that underpins practice
- keep up-to-date to inform ongoing critical thinking and continuous development including e-alerts and research summaries.
- find information about possible paths for career development including opportunities for postgraduate courses and research scholarships

5.19.8 Knows how to:

- effectively support and supervise students, including communication with their university lecturers to ensure appropriate learning opportunities and to address any problems identified

Glossary

N.B. The following terms and their accompanying explanations relate to the context of the standards of proficiency for midwives.

Term	Explanation
Abuse	An act that may harm the woman or the baby, endangering their lives, or violate their rights. The person responsible for the abuse may be doing this on purpose or may not realise the harm they are causing. The type of abuse may be emotional, physical, sexual, psychological, material, financial, or neglect.
Cultural competence	Knowledge of how to promote respectful and responsive midwifery care in cross cultural settings that reflects the cultural and linguistic needs of the diverse population.
Companion	The person/people chosen by the woman to support her in labour and at birth.
Complexity in maternity care	The presence of one or more clinical, psychological, social, or medical complications or further needs that require input and care by the midwife working collaboratively with the multidisciplinary and multi-agency team.
Continuity of carer or relational continuity of care	A continuous relationship with a care provider or small group of care providers. Specifically in midwifery: care provided by a midwife or small group of midwives who provide care for a woman and her newborn infant, partner and family throughout the continuum of her maternity journey.
Continuity of care or management continuity	Continuity and consistency of management, including providing and sharing information and care planning, and any necessary co-ordination of care required.
Continuum of care	Care across the whole childbearing process from pre-pregnancy, pregnancy, labour, birth, the immediate postpartum, and the early days and weeks of life.
Epigenetics	Changes in organisms caused by the modification of gene expression that does not involve an alteration in the DNA sequence itself.
Evidence-based midwifery practice	Decision making that integrates midwifery expertise with knowledge derived from the best available evidence.
Family	The people identified by the woman who are significant and important to her.
Female genital mutilation	The practice of partially or totally removing the external female genitalia for non-medical reasons.

	This practice is illegal in the UK.
Fetus	The unborn offspring, specifically from implantation of the embryo (around nine weeks) to birth.
Fragmented care	Maternity care that is provided by a range of care providers at different stages and places. It lacks continuity of carer and can result in inconsistent care and advice.
Gender identity	A person's perception of having a particular gender, which may or may not correspond with their sex at birth.
Informed consent	The legal and ethical requirement to obtain voluntary permission for any action or procedure from the woman and/or her partner, after they have been informed about the evidence on likely/possible benefits, risks and consequences. It is seen as an important link between evidence-based care and human rights.
Human factors	Human errors that influence an individual's behaviour and abilities at work in a way that can affect the health and safety of woman and newborn infants in their care.
Kangaroo care	An evidence-based method of caring for a newborn infant where the infant is held in skin-to-skin contact against the chest, usually by the parent, for as long as possible each day to promote attachment and infant growth and development.
Morbidity: maternal and newborn	Physical or psychological harm to a woman or newborn infant as a direct or indirect consequence of pregnancy, birth, or postpartum.
Newborn infant	An infant from birth to around two months of age.
The first 1000 days	The first 1000 days of the infant's life, which will have a fundamental impact on their future physical, psychological, and health, well-being, and development
Partner	The person considered by the woman to be her life partner. This may include the biological father and other- or same-sex partners.
Prevalent complications and conditions	A complication of pregnancy, labour, birth, postpartum, or the early weeks of life, including pre-existing complications and conditions, that occurs commonly in the population being cared for. Such conditions may be clinical or psycho-social.
Sexuality	Sexual orientation or preference.
Skin-to-skin contact – see also kangaroo care (above)	Skin-to-skin contact is usually referred to as the practice where a baby is dried and laid directly on

	<p>their mother's bare chest after birth, both of them covered in a warm blanket and left for at least an hour or until after the first feed. (Unicef UK Baby Friendly Initiative website). Early and uninterrupted skin-to-skin contact supports the mother and baby to form a strong attachment.</p>
Strength-based approach	<p>A strengths-based approach is a collaborative process between the woman and the midwife, allowing them to work together to determine an outcome that draws on the woman's own strengths and assets.</p>
Vulnerable	<p>Childbearing women, newborn infants, partners and families who are at increased risk of harm. Vulnerability may be due to a range of clinical and psycho-social factors. Examples include disability, age, previous mental or physical illness or bereavement, poverty, legal status, ethnicity, not speaking the indigenous language, or being in a situation of intimate partner violence. Potential harm may be emotional, physical, sexual, psychological, material or financial, or may be due to neglect.</p>
Woman	<p>The person who is undergoing the childbearing process in relation to conceiving, being pregnant and giving birth. This may include a person whose sense of personal identity and gender does not correspond with their birth sex.</p>

Item 7: **Annexe 2**
NMC/18/101
28 November 2018



Future midwife:

Draft standards for pre registration midwifery programmes

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Draft Standards for pre-registration midwifery programmes

About these standards

Realising professionalism: Standards for education and training include, the Standards framework for nursing and midwifery education, Standards for student supervision and assessment, and programme standards specific to each approved programme.

Our Standards for education and training are set out in three parts:

Part 1: [Standards framework for nursing and midwifery education](#)

Part 2: [Standards for student supervision and assessment](#)

Part 3: Programme standards already published are:

- [Standards for pre-registration nursing programmes](#)
- [Standards for prescribing programmes](#)

The following draft standards have been developed in line with other Part 3 programme standards:

- Standards for pre-registration midwifery programmes

These draft standards help nursing and midwifery student achieve the NMC proficiencies and programme outcomes. All midwifery professionals must practice in line with the requirements of [the Code](#) the professional standards of practice, values and behaviour that nurses and midwives are expected to uphold.

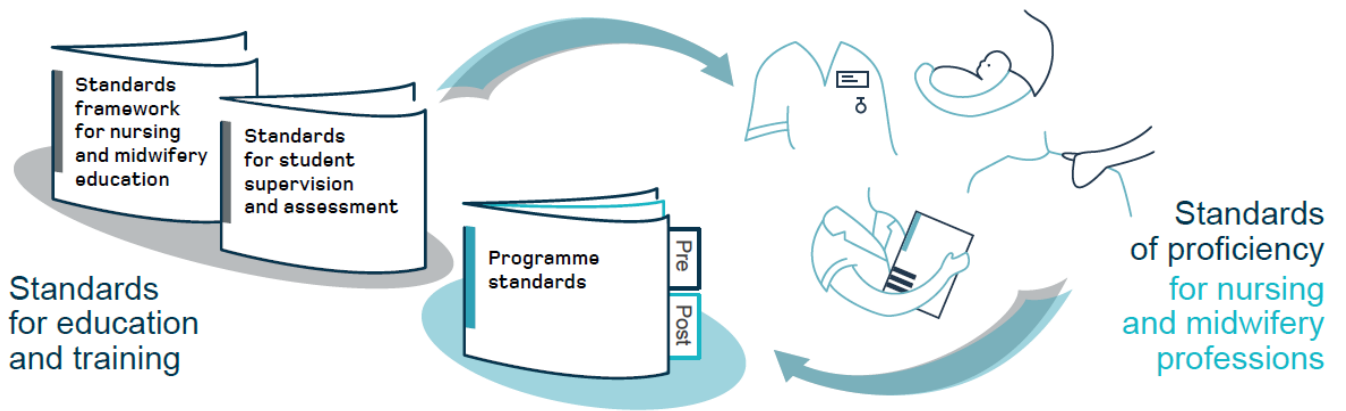
Introduction

Our *Standards for pre-registration midwifery programmes* set out the legal requirements including entry requirements and entry routes, length of programme, curriculum, practice learning, supervision and assessment and information on the qualification to be awarded for the pre-registration midwifery education programme.

Student midwives must successfully complete an NMC approved pre-registration midwifery programme in order to meet the *Standards of proficiency for midwives* and to be eligible to apply, and be entered onto, the NMC register.

Public safety is central to our standards. Students will be in contact with people throughout their education and it's important that they learn in a safe and effective way.

These specific programme standards should be read in conjunction with the NMC *Standards framework for nursing and midwifery education* and *Standards for student supervision and assessment* which apply to all NMC approved education programmes. There must be compliance with all these standards for an education institution to be approved and to deliver any NMC approved programme.



Education providers structure their education programmes to comply with our programme standards. They also design their curricula around the published proficiencies for a particular programme. Students are assessed against published proficiencies to ensure they are capable of providing safe and effective care. Proficiencies are the knowledge and understanding, skills and behaviours needed to practise.

Through our quality assurance processes we check that education programmes meet all of our standards regarding the structure and delivery of education programmes, that the programme outcomes relate to the expected proficiencies for particular qualifications and that the Approved Education Institutions (AEIs) and practice learning partners are managing risks effectively. Using internal and external intelligence we monitor potential and actual risks to quality in education and training; this intelligence gathering includes analysis of system regulator reports.

In accordance with our *QA Framework* before a midwifery programme can be delivered, an approval process takes place through which we check that the proposed programme meets our standards.

Legislative framework

Article 15(1) of the Nursing and Midwifery Order 2001 ('the Order')[1]¹ requires the Council to establish standards for education and training which are necessary to achieve the standards of proficiency for admission to the register, as required by Article 5(2) of the Order. The standards for pre-registration midwifery programmes are established under the provision of Article 15(1) of the Order.

Standards for pre-registration midwifery programmes

AEIs and their practice learning partners have ownership and accountability for the development, delivery and management of pre-registration midwifery programme curricula. Pre-registration midwifery programmes may offer various routes to registration.

The *Standards framework for nursing and midwifery education, the Standards for supervision and assessment* and the *Standards for pre-registration midwifery programmes* provide an overall regulatory framework which enables AEIs and practice learning partners to design programmes that meet NMC requirements whilst at the same time allowing for local flexibility, innovation and variability within individual curricula.

Midwifery programme curricula must cover the outcomes set out in [domains 1- 5 and their associated skills] of the *Standards of proficiency for midwives*. All midwifery students must comply with the necessary learning and assessment standards in preparation for professional practice as a midwife. Programme learning outcomes must include the content and competencies specified in relevant EU legislation. Midwifery students will learn and be assessed in a range of environments including the AEI, practice learning partner settings and simulated practice environments.

¹ SI 2002/253

We believe involving women and families in the design, development and delivery of midwifery curricula will promote public confidence in the education of future midwives. We therefore encourage the use of supportive evidence and engagement from people who have experienced care by midwives to inform programme design and delivery.

On successful completion of an NMC approved programme students will be eligible to apply to be registered by the NMC as a midwife.

The lead midwife for education

The NMC requires an AEI to do the following:

- Appoint a lead midwife for education (LME)
- Ensure the LME or designated midwife substitute responsible for directing the education programme is able to provide supporting declarations of health and character for students who have successfully completed a pre-registration midwifery programme or following a return to practice programme
- Notify the appointment of the LME with the NMC

The AEI should inform the NMC of the appointment of the LME on the appropriate form accessed via the website www.nmc-uk.org² The AEI will work strategically with the LME on matters that affect the NMC standards that govern pre-registration midwifery education.

The LME has the knowledge and skills to advise on all matters concerning academic standards and quality relating to pre-registration midwifery education. The LME will:

- Be accountable for their signature on the declaration of good health and good character or that of their designated midwife substitute.
- Have the right to refuse to sign any supporting declaration of good health and good character where the available evidence identifies that the student may not be of sufficient good health and/or good character to carry out safe and effective practice as a midwife³.

² The NMC holds a list of all named LMEs on their website

³ If a LME cannot be assured of a student's good health and good character they must not sign the NMC declaration. The student cannot, therefore, be recommended for admission to the midwives' part of the register. In order to reach this decision the LME may need to seek the support of the university's fitness to practice committee and have regard to the NMC's health and character guidance. Where a student is already on Part 1 of the register as an adult nurse it may be appropriate to inform the NMC why the student is not being recommended for admission to the register.

The student journey

Standards for pre-registration midwifery education programmes follow the student journey and are grouped under the following five headings:

1 **Selection, admission and progression**

Standards about an applicant's suitability and continued participation in a pre-registration midwifery programme

2 **Curriculum**

Standards for the content, delivery and evaluation of the pre-registration midwifery programme

3 **Practice learning**

Standards specific to pre-registration learning for midwives that takes place in practice settings

4 **Supervision and assessment**

Standards for safe and effective supervision and assessment for pre-registration midwifery education programmes

5 **Qualification to be awarded**

Standards which state the award and information concerning the NMC register

1 Selection, admission and progression

AEIs together with practice learning partners must:

- 1.1 Confirm on entry to the programme that students:
 - 1.1.1 Have completed a minimum of twelve years of general education ensuring that all those enrolled on pre-registration midwifery programmes are compliant with Article 40(2) of Directive 2005/36/EC regarding general education length as outlined in Annexe 1 of this document.
 - 1.1.2 Are suitable for midwifery practice through the use of values based recruitment and selection processes⁴.
 - 1.1.3 Demonstrate commitment to the values outlined in the Code.
 - 1.1.4 Have capability to learn behaviours in accordance with the Code.
 - 1.1.5 Have capability to develop numeracy skills required to meet programme outcomes.
 - 1.1.6 Can demonstrate proficiency in English language.
 - 1.1.7 Have capability in literacy to meet programme outcomes.
 - 1.1.8 Have capability for digital and technological literacy to meet programme outcomes.
 - 1.1.9 Ensure students' health and character are sufficient to enable safe and effective practice on entering and throughout the programme and when submitting the supporting declaration of health and character in line with the NMC's [health and character decision-making guidance](#). This includes satisfactory occupational health assessment and criminal record checks.
 - 1.1.10 Ensure students are fully informed of the requirement to declare immediately any cautions or convictions, pending charges or adverse determinations made by other regulators, professional bodies and education establishments and that any declarations are dealt with promptly, fairly and lawfully.
 - 1.1.11 Ensure that the LME or designated substitute is able to provide supporting declarations of health and character for students who have successfully completed a pre-registration midwifery programme.
 - 1.1.12 Permit NMC registered nurses entry to a shortened pre-registration midwifery programme which complies with Article 40(1)(b) of Directive 2005/36/EC included in Annexe 1 of this document.

⁴ Where appropriate, the use of technology or multi-media to assist with recruitment and selection is permissible

- 1.1.13 Support students throughout the programme to continuously develop their abilities in numeracy, literacy, digital and technological literacy to meet programme outcomes.
- 1.1.14 Where there is an interruption to the midwifery programme of education the programme providers must ensure that the student's acquired knowledge and skills remain valid, enabling them to achieve the necessary standards required to complete the programme⁵.
- 1.1.15 It is the responsibility of AElS to decide whether or not to accept an application for transfer. Students may transfer their programme with credit for prior learning only where:
- they transfer from one NMC approved re-registration midwifery programme to another
 - they meet all the NMC requirements for good health and good character and these are confirmed by the LME; and
 - the student's prior learning can be mapped against the programme they wish to transfer to enabling them to meet all the necessary outcomes and standards on completion of the programme.

⁵ For the purpose of this standard, interruption means any absence from a programme of education other than annual leave, statutory or public holidays. When a student returns to a programme it is recommended that they have a period of orientation appropriate to the length of interruption.

2 Curriculum

AEIs together with their practice learning partners must:

- 2.1 Ensure practice learning partners, service users and advocacy groups are involved in the design, development, delivery and evaluation of pre-registration midwifery education programme(s)
- 2.2 ensure that midwifery programme(s) comply with the *NMC Standards framework for nursing and midwifery education*, which includes the appointment of an appropriately qualified and experienced external examiner(s) who is a midwife
- 2.3 ensure that midwifery programmes comply with the *NMC Standards for student supervision and assessment*
- 2.4 ensure that the midwifery programme learning outcomes reflect the *Standards of proficiency for midwives* and the Code
- 2.5 design and deliver a midwifery programme that supports students and provides relevant and ongoing exposure to midwifery practice
- 2.6 detail the general and professional content necessary to meet the *Standards of proficiency for midwives* and programme outcomes
- 2.7 ensure technology-enhanced and simulated learning opportunities are used effectively and proportionately to support learning and assessment; especially where clinical circumstances occur infrequently but where a proficiency is nevertheless required
- 2.8 ensure the midwifery curriculum provides an equal balance of 50% (2300 hours) theory and 50% (2300 hours) practice learning using a range of learning and teaching strategies
- 2.9 ensure that programmes delivered in Wales comply with legislation which supports use of the Welsh language
- 2.10 ensure that pre-registration midwifery programmes leading to registration as a midwife reflect Annex 5, Point 5.5.1 of Directive 2005/36/E (see Annex 1 and Article 40 and 42)
- 2.11 Ensure that all pre-registration midwifery programmes meet the equivalent of the minimum programme length of three years set out in Article 40(1) of Directive 2005/36/E (see Annex 1). Only where a student is already registered with the NMC as a nurse level 1 (adult) can the programme be shortened to no less than 3000 hours (18 month programmes) or 3600 (two year programmes); and
- 2.12 All programme outcomes including proficiencies must be completed and achieved prior to successful completion of the programme.

3 Practice learning

AEIs together with their practice learning partners must:

- 3.1 provide practice learning opportunities that allow midwifery students to develop and meet the *Standards of proficiency for midwives* to deliver safe and effective care, to a diverse population of women and families
- 3.2 ensure that students experience the variety of practice expected of midwives to meet the holistic needs of women and their families
- 3.3 ensure students experience the range of hours expected of practising midwives, taking account of students' individual needs and personal circumstances when allocating their practice learning opportunities including making reasonable adjustments for students with disabilities
- 3.4 ensure that students are supernumerary
- 3.5 ensure all students experience continuity of carer and follow a number of women throughout the continuum of care in meeting the *Standards of proficiency for midwives*
- 3.6 ensure students experience midwifery care for a diverse population across a range of settings including when complications and additional care needs are required, and
- 3.7 ensure students have learning opportunities enabling them to gain the broad principles of pharmacology and associated knowledge and numeracy skills necessary to
 - (a) Sell, supply and administer medicines specified under the Midwives' exemptions detailed in Schedule 17 of the Human Medicines Regulations
 - (b) progress to gain a qualification in independent prescribing

4 Supervision and assessment

AEIs together with their practice learning partners must:

- 4.1 ensure that support, supervision, learning and assessment for student midwives complies with the NMC *Standards for student supervision and assessment*
- 4.2 provide students with constructive feedback throughout the programme to support their development
- 4.3 ensure throughout the programme that midwifery students meet the *Standards of proficiency for midwives* and programme outcomes
- 4.4 ensure all midwifery programmes include a numeracy assessment related to midwifery proficiencies and calculation of medicines which must be passed with a score of 100%
- 4.5 assess midwifery students to confirm proficiency in preparation for professional practice as a midwife
- 4.6 ensure assessment of both theory and practice is evidence-based, robust and fair
- 4.7 ensure that all proficiencies are recorded in an ongoing record of achievement which must demonstrate the achievement of proficiencies and skills set out in *Standards of proficiency for midwives*; and
- 4.8 ensure the knowledge and skills for midwives set out in article 40(3) and the activities of a midwife set out in Article 42 of Directive 2005/36/EC have been met. (see Annexe 1)

5 Qualification to be awarded

AEIs together with practice learning partners must:

- 5.1 ensure that the minimum award for a pre-registration midwifery programme is a bachelor's degree; and
- 5.2 notify student midwives during and before completion of the programme that they have five years to register their award with the NMC. In the event of a student failing to register their qualification within five years they will have to undertake additional education and training or gain such experience as specified in our standards⁶.

⁶ <https://www.nmc.org.uk/globalassets/sitedocuments/registration/registering-more-than-five-years-after-qualifying.pdf>

Annexe 1

DIRECTIVE 2005/36/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on the recognition of professional qualifications (as amended by Directive 2013/55/EU)

Article 40

The training of midwives

1. The training of midwives shall comprise a total of at least:
 - (a) specific full-time training as a midwife comprising at least three years of theoretical and practical study (route I) comprising at least the programme described in Annex V, point 5.5.1, or
 - (b) specific full-time training as a midwife of 18 months' duration (route II), comprising at least the study programme described in Annex V, point 5.5.1, which was not the subject of equivalent training of nurses responsible for general care.

The Member States shall ensure that institutions providing midwife training are responsible for coordinating theory and practice throughout the programme of study.

The Commission shall be empowered to adopt delegated acts in accordance with Article 57c concerning the amendment of the list set out in point 5.5.1 of Annex V with a view to adapting it to scientific and technical progress.

The amendments referred to in the third subparagraph shall not entail an amendment of existing essential legislative principles in Member States regarding the structure of professions as regards training and conditions of access by natural persons. Such amendments shall respect the responsibility of the Member States for the organisation of education systems, as set out in Article 165(1) TFEU.

2. Admission to training as a midwife shall be contingent upon one of the following conditions:
 - (a) completion of at least 12 years of general school education or possession of a certificate attesting success in an examination, of an equivalent level, for admission to a midwifery school for route I;
 - (b) possession of evidence of formal qualifications as a nurse responsible for general care referred to in point 5.2.2 of Annex V for route II.
3. Training as a midwife shall provide an assurance that the professional in question has acquired the following knowledge and skills:
 - (a) detailed knowledge of the sciences on which the activities of midwives are based, particularly midwifery, obstetrics and gynaecology;

- (b) adequate knowledge of the ethics of the profession and the legislation relevant for the practice of the profession;
- (c) adequate knowledge of general medical knowledge (biological functions, anatomy and physiology) and of pharmacology in the field of obstetrics and of the newly born, and also knowledge of the relationship between the state of health and the physical and social environment of the human being, and of his behaviour;
- (d) adequate clinical experience gained in approved institutions allowing the midwife to be able, independently and under his own responsibility, to the extent necessary and excluding pathological situations, to manage the antenatal care, to conduct the delivery and its consequences in approved institutions, and to supervise labour and birth, postnatal care and neonatal resuscitation while awaiting a medical practitioner;
- (e) adequate understanding of the training of health personnel and experience of working with such personnel.

Article 41

Procedures for the recognition of evidence of formal qualifications as a midwife

1. The evidence of formal qualifications as a midwife referred to in point 5.5.2 of Annex V shall be subject to automatic recognition pursuant to Article 21 in so far as they satisfy one of the following criteria:
 - (a) full-time training of at least three years as a midwife, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 4 600 hours of theoretical and practical training, with at least one third of the minimum duration representing clinical training;
 - (b) full-time training as a midwife of at least two years, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 3 600 hours, contingent upon possession of evidence of formal qualifications as a nurse responsible for general care referred to in point 5.2.2 of Annex V;
 - (c) full-time training as a midwife of at least 18 months, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 3 000 hours, contingent upon possession of evidence of formal qualifications as a nurse responsible for general care referred to in point 5.2.2 of Annex V, and followed by one year's professional practice for which a certificate has been issued in accordance with paragraph 2.
2. The certificate referred to in paragraph 1 shall be issued by the competent authorities in the home Member State. It shall certify that the holder, after obtaining evidence of formal qualifications as a midwife, has satisfactorily pursued all the activities of a midwife for a corresponding period in a hospital or a health care establishment approved for that purpose.

Article 42

Pursuit of the professional activities of a midwife

1. The provisions of this section shall apply to the activities of midwives as defined by each Member State, without prejudice to paragraph 2, and pursued under the professional titles set out in Annex V, point 5.5.2.
2. The Member States shall ensure that midwives are able to gain access to and pursue at least the following activities:
 - (a) provision of sound family planning information and advice;
 - (b) diagnosis of pregnancies and monitoring normal pregnancies; carrying out the examinations necessary for the monitoring of the development of normal pregnancies;
 - (c) prescribing or advising on the examinations necessary for the earliest possible diagnosis of pregnancies at risk;
 - (d) provision of programmes of parenthood preparation and complete preparation for childbirth including advice on hygiene and nutrition;
 - (e) caring for and assisting the mother during labour and monitoring the condition of the fetus in utero by the appropriate clinical and technical means;
 - (f) conducting spontaneous deliveries including where required episiotomies and in urgent cases breech deliveries;
 - (g) recognising the warning signs of abnormality in the mother or infant which necessitate referral to a doctor and assisting the latter where appropriate; taking the necessary emergency measures in the doctor's absence, in particular the manual removal of the placenta, possibly followed by manual examination of the uterus;
 - (h) examining and caring for the newborn infant; taking all initiatives which are necessary in case of need and carrying out where necessary immediate resuscitation;
 - (i) caring for and monitoring the progress of the mother in the post-natal period and giving all necessary advice to the mother on infant care to enable her to ensure the optimum progress of the newborn infant;
 - (j) carrying out treatment prescribed by doctors;
 - (k) drawing up the necessary written reports.

V.5. MIDWIFE

5.5.1. Training programme for midwives (Training types I and II)

The training programme for obtaining evidence of formal qualifications in midwifery consists of the following two parts:

- A. Theoretical and technical instruction

a. General subjects

- Basic anatomy and physiology
- Basic pathology
- Basic bacteriology, virology and parasitology
- Basic biophysics, biochemistry and radiology
- Paediatrics, with particular reference to newborn infants
- Hygiene, health education, preventive medicine, early diagnosis of diseases
- Nutrition and dietetics, with particular reference to women, newborn and young babies
- Basic sociology and socio-medical questions
- Basic pharmacology
- Psychology
- Principles and methods of teaching
- Health and social legislation and health organisation
- Professional ethics and professional legislation
- Sex education and family planning
- Legal protection of mother and infant

b. Subjects specific to the activities of midwives

- Anatomy and physiology
- Embryology and development of the fetus
- Pregnancy, childbirth and puerperium
- Gynaecological and obstetrical pathology
- Preparation for childbirth and parenthood, including psychological aspects
- Preparation for delivery (including knowledge and use of technical equipment in obstetrics)
- Analgesia, anaesthesia and resuscitation
- Physiology and pathology of the newborn infant
- Care and supervision of the newborn infant
- Psychological and social factors

B. Practical and clinical training

This training is to be dispensed under appropriate supervision:

- Advising of pregnant women, involving at least 100 pre-natal examinations.
- Supervision and care of at least 40 pregnant women.
- Conduct by the student of at least 40 deliveries; where this number cannot be reached owing to the lack of available women in labour, it may be reduced to a minimum of 30, provided that the student assists with 20 further deliveries.
- Active participation with breech deliveries. Where this is not possible because of lack of breech deliveries, practice may be in a simulated situation.
- Performance of episiotomy and initiation into suturing. Initiation shall include theoretical instruction and clinical practice. The practice of suturing includes suturing of the wound following an episiotomy and a simple perineal laceration. This may be in a simulated situation if absolutely necessary.
- Supervision and care of 40 women at risk in pregnancy, or labour or post-natal

- period.
- Supervision and care (including examination) of at least 100 post-natal women and healthy newborn infants.
 - Observation and care of the newborn requiring special care, including those born pre-term, post-term, underweight or ill.
 - Care of women with pathological conditions in the fields of gynaecology and obstetrics.
 - Initiation into care in the field of medicine and surgery. Initiation shall include theoretical instruction and clinical practice.

The theoretical and technical training (Part A of the training programme) shall be balanced and coordinated with the clinical training (Part B of the same programme) in such a way that the knowledge and experience listed in this Annex may be acquired in an adequate manner.

Clinical instruction shall take the form of supervised in-service training in hospital departments or other health services approved by the competent authorities or bodies. As part of this training, student midwives shall participate in the activities of the departments concerned in so far as those activities contribute to their training. They shall be taught the responsibilities involved in the activities of midwives.

Glossary

Reasonable adjustments: where a student requires reasonable adjustment related to a disability. We also use it to mean adjustment relating to any protected characteristics as set out in the equalities and human rights legislation.

Approved education institutions (AEIs): the status awarded by the NMC to an institution, or part of an institution, or combination of institutions that works in partnership with practice placement and work placed learning providers. AEIs will have provided us with assurance that they are accountable and capable of delivering NMC approved education programmes.

Educators: in the context of the NMC *Standards for education and training* educators are those who deliver, support, supervise and assess theory, practice and /or work placed learning.

Equalities and human rights legislation: prohibits unlawful discrimination on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation and other characteristics. Anti-discrimination laws can be country specific and there are some legally binding international protections

Health and character requirements: as stipulated in NMC legislation (Articles 9(2)(b) and 5(2)(b) of the Nursing and Midwifery Order 2001) 'good health' means that the applicant is capable of safe and effective practice either with or without reasonable adjustments. It does not mean the absence of a health condition or disability. Each applicant seeking admission to the register or to renew registration, whether or not they have been registered before, is required to declare any pending charges, convictions, police cautions and determinations made by other regulatory bodies.

Practice learning partners: organisations that provide practice learning necessary for supporting pre-registration and post- registration students in meeting proficiencies and programme outcomes.

Quality assurance: NMC processes for making sure all AEIs and their approved education programmes comply with our standards.

Simulation: an artificial representation of a real world practice scenario that supports midwifery student development through experiential learning with the opportunity for repetition, feedback, evaluation and reflection. Effective simulation facilitates safety by enhancing knowledge, behaviours and skills.

Stakeholders: any person, group or organisation that has an interest or concern in the situation in question, and may affect or is affected by its actions, objectives or policies. In the context of the NMC *Standards for education and training* this includes students, educators, partner organisations, service users, carers, employers, other professionals, other regulators and education commissioners.

Midwifery student: any individual enrolled onto an NMC approved education programme whether full time or less than full time.

Supernumerary: Students in practice or work placed learning must be supported to learn without being counted as part of the staffing required for safe and effective care in that setting. Placements should enable students to learn to provide safe and effective care, not merely to observe; students can and should add real value to care. The contribution students make will increase over time as they gain proficiency and they will continue to benefit from ongoing guidance and feedback. Once a student has demonstrated that they are proficient, they should be able to fulfil tasks without direct oversight. The level of supervision a student needs is based on the professional judgement of their supervisors, taking into account any associated risks and the students' knowledge, proficiency and confidence.

Midwifery apprentices have protected learning time other than when they are working in their substantive role.

The role of the Nursing and Midwifery Council

What we do

We regulate nurses and midwives in the UK. We exist to protect the public. We set standards of education, training, conduct and performance so that nurses and midwives can deliver high quality care throughout their careers.

We make sure nurses and midwives keep their skills and knowledge up to date and uphold our professional standards.

We have clear and transparent processes to investigate nurses and midwives who fall short of our standards.

We maintain a register of nurses and midwives allowed to practise in the UK.

These standards were approved by the Council at its meeting on XXXX.