

Standards for competence for registered midwives

The Nursing and Midwifery Council (NMC) is the nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland. We exist to protect the public. We achieve this by:

- maintaining a register of nurses, midwives and nursing associates
- setting standards for education, training and conduct;
- ensuring that registered nurses, midwives and nursing associates keep their skills and knowledge up to date; and
- having clear and transparent processes to investigate nurses, midwives and nursing associates who fall short of our standards or breach their professional code.

Introduction

We publish the *Standards for pre-registration midwifery education* (2009) which includes standards for competence that clearly state what midwives must achieve before being registered with us. This is achieved by undertaking an NMC-approved three-year midwifery degree programme, which includes learning taking place in the university as well as at least half of the programme being based in clinical practice with direct contact with women, their babies and families. This can include in the home, the community and hospitals, and in other maternity services such as midwife-led units and birth centres.

Registered midwives will be expected to understand, promote and facilitate normal childbirth and identify complications that may arise in women and babies. They will know when to call for assistance and implement emergency measures, often in conjunction with other health professionals. It is important for midwives to promote health and wellbeing and to provide unbiased information and communicate effectively with a range of women and their families. They must also meet our requirements of good health and good character.

Midwives must maintain these standards for competence throughout their careers to remain on our register. Midwives must also practise in line with the most recent version of *The Code: Standards of conduct, performance and ethics for nurses, midwives and nursing associates*.

Failing to consistently meet our standards can result in us investigating a midwife's fitness to practise and whether they are suitable to remain on our register.

We are now making the standards for competence its own document. We are doing this to make these standards more accessible to the public and midwives to make it clear that these are the standards that midwives must meet when they qualify. This will also reinforce that all midwives must maintain these standards by keeping their knowledge and skills up to date as long as they are on our register.

Publishing this document meets our commitments in response to the Francis report and other recent reports on healthcare issues that focus on patient safety and improving communication with patients and the public. It also comes as a result of ongoing contact with our key stakeholders representing patients and the public across the four countries to improve access to information on the standards for competence expected of midwives.

It is important to note that the standards for competence have not changed and remain exactly the same as those outlined in *Standards for pre-registration midwifery education* (NMC, 2009).

About the standards for competence

The standards for competence required of midwives are divided into four areas (known formally as domains).

- Effective midwifery practice.
- Professional and ethical practice.
- Developing the individual midwife and others.
- Achieving quality care through evaluation and research.

All midwives must demonstrate their knowledge and competence in all these areas to register as a midwife.

The principles below relate to professional competence, fitness for practice and the facilitation of the normal physiological process of childbirth. This includes competence in identifying any complications that may arise, accessing appropriate assistance and implementing correct emergency measures.

Patients and the public can be confident that all registered midwives will:

- assume full responsibility and accountability for their practice as midwives;
- practically apply sound, evidence-based knowledge of facilitating childbirth and caring for the newborn;
- act on their understanding of psychological, social, emotional and spiritual factors that may positively or adversely influence normal physiology, and be competent in applying this in practice;
- use appropriate interpersonal skills (as identified in the Essential Skills Cluster – Communication) to support women and their families;
- use skills in managing obstetric and neonatal emergencies, underpinned by appropriate knowledge;
- be autonomous practitioners and lead carers to women experiencing normal
- childbirth and being able to support women throughout their pregnancy, labour, birth and postnatal period, in all settings including midwife-led units, birthing centres and the home; and
- be able to make critical decisions to support the appropriate referral of either the woman or baby to other health professionals or agencies when they recognise that normal processes have been adversely affected and compromised.

Note: childbirth in this context means the antenatal, intranatal and postnatal periods.

Standards for competence that apply to all midwives

All midwives must demonstrate competencies across the four areas: effective midwifery practice; professional and ethical practice; developing the individual midwife and others; and achieving quality care through evaluation and research. All areas are explained fully for clarity. The examples used are not an exhaustive list. Each category under these headings should be read in conjunction with the relevant Essential Skills Clusters (ESCs), as listed fully in the *Standards for pre-registration midwifery education* (NMC, 2009).

Effective midwifery practice

Communicate effectively with women and their families throughout the pre-conception, antenatal, intrapartum and postnatal periods. Communication will include:

- listening to women and helping them to identify their feelings and anxieties about their pregnancies, the birth and the related changes to themselves and their lives;
- enabling women to think through their feelings;
- enabling women to make informed choices about their health and health care;
- actively encouraging women to think about their own health and the health of their babies and families, and how this can be improved; and
- communicating with women throughout their pregnancy, labour and the period following birth.

Diagnose pregnancy and assess and monitor women holistically throughout the pre-conception, antenatal, intrapartum and postnatal period using a range of assessment methods and reaching valid, reliable and comprehensive conclusions. The different assessment methods will include:

- history taking
- observation
- physical examination
- biophysical tests
- social, cultural and emotional assessments.

Determine and provide programmes of care and support for women which:

- are appropriate to the needs, contexts, culture and choices of women, babies and their families
- are made in partnership with women
- are ethical
- are based on best evidence and clinical judgment
- involve other healthcare professionals when this will improve health outcomes.

This will include consideration of:

- plans for birth
- place of birth
- plans for feeding babies
- needs for postnatal support
- preparation for parenthood needs.

Provide seamless care and, where appropriate, interventions, in partnership with women and other care providers during the antenatal period which:

- are appropriate for women's assessed needs, context and culture
- promote their continuing health and wellbeing
- are evidence based
- are consistent with the management of risk
- draw upon the skills of others to optimise health outcomes and resource use.

These will include:

- acting as lead carer in normal pregnancies
- contributing to providing support to women when their pregnancies are in difficult (such as women who will need operative or assisted delivery)
- providing care for women who have suffered pregnancy loss
- discussion/negotiation with other professionals about further interventions which are appropriate for individual women, considering their wishes, context and culture
- ensuring that current research findings and other evidence are incorporated into practice team-working in the best interests of individual women.

Refer women who would benefit from the skills and knowledge of other individuals:

- to an individual who is likely to have the requisite skills and experience to assist
- at the earliest possible time
- supported by accurate, legible and complete information which contains the
- reasoning behind making the referral and describes the woman's needs and preferences.

Referrals might relate to:

- women's choices
- health issues
- social issues
- financial issues
- psychological issues
- child protection matters
- the law.

Care for, monitor and support women during labour and monitor the condition of the fetus, supporting spontaneous births. This will include:

- communicating with women throughout and supporting them through the experience;
- ensuring that the care is sensitive to individual women's culture and preferences;
- using appropriate clinical and technical means to monitor the condition of mother and fetus;
- providing appropriate pain management; and
- providing appropriate care to women once they have given birth.

Undertake appropriate emergency procedures to meet the health needs of women and babies. Emergency procedures will include:

- manual removal of the placenta
- manual examination of the uterus
- managing post-partum haemorrhage
- resuscitation of mother and/or baby
- undiagnosed breech.

Examine and care for babies immediately following birth. This will include:

- confirming their vital signs and taking appropriate action
- carrying out a full assessment and physical examination.

Work in partnership with women and other care providers during the postnatal period to provide seamless care and interventions which:

- are appropriate to the woman's assessed needs, context and culture;
- promote her continuing health and wellbeing;
- are evidence based;
- are consistent with the management of risk;
- are undertaken by the midwife because she is the person best placed to do them and is competent to act; and
- draw on the skills of others to optimise health outcomes and resource use.

Care will include:

- providing support and advice to women as they start to feed and care for the baby;
- providing any particular support which is needed to women who have disabilities;
- providing post-operative care for women who have had Caesarean and operative deliveries;
- providing pain relief to women;
- team-working in the best interests of women and their babies;
- facilitating discussion about future reproductive choices; and
- providing care for women who have suffered pregnancy loss, stillbirth or neonatal death.

Examine and care for babies with specific health or social needs and refer to other professionals or agencies as appropriate. These needs will include:

- child protection;
- congenital disorders;
- birth defects;
- low birth weight; and
- pathological conditions (such as babies with vertical transmission of HIV and drug-affected babies).

Care for and monitor women during the puerperium, offering the necessary evidence-based advice and support regarding the baby and self-care. This will include:

- providing advice and support on feeding babies and teaching women about the importance of nutrition in child development;
- providing advice and support on hygiene, safety, protection, security and child development;
- enabling women to address issues about their own, their babies' and their families' health and social wellbeing;
- monitoring and supporting women who have postnatal depression or other mental illnesses;
- providing advice on bladder control;
- advising women on recuperation;
- providing advice on contraception; and
- supporting women to care for ill/pre-term babies or those with disabilities.

Select, acquire and administer safely a range of permitted drugs consistent with legislation, applying knowledge and skills to the situation which pertains at the time.

Methods of administration will include:

- oral
- intravenous
- intramuscular
- topical
- inhalation.

Complete, store and retain records of practice which:

- are accurate, legible and continuous;
- detail the reasoning behind any actions taken; and
- contain the information necessary for the record's purpose.

Records will include:

- biographical details of women and babies;
- assessments made, outcomes of assessments and action taken as a result;
- outcomes of discussions with women and advice offered;
- any drugs administered; and
- action plans and commentary on their evaluation.

Monitor and evaluate the effectiveness of programmes of care and modify them to improve the outcomes for women, babies and their families. This will include:

- consideration of the effectiveness of the above and making the necessary
- modifications to improve outcomes for women and their babies.

Contribute to enhancing the health and social wellbeing of individuals and their communities.

This will include:

- planning and offering midwifery care within the context of public health policies;
- contributing midwifery expertise and information to local health strategies;
- identifying and targeting care for groups with particular health and maternity needs and maintaining communication with appropriate agencies;
- involving users and local communities in service development and improvement;
- informing practice using the best evidence which is shown to prevent and reduce maternal and perinatal morbidity and mortality; and
- utilising a range of effective, appropriate and sensitive programmes to improve sexual and reproductive health.

Professional and ethical practice

Practise in accordance with The Code: Standards of conduct, performance and ethics for nurses, midwives and nursing associates, 16 within the limitations of the individual's own competence, knowledge and sphere of professional practice, consistent with the legislation relating to midwifery practice. This will include:

- using professional standards of practice to self-assess performance;
- consulting with the most appropriate professional colleagues when care requires expertise beyond the midwife's current competence;
- consulting other health care professionals when the woman's and baby's needs fall outside the scope of midwifery practice; and
- identifying unsafe practice and responding appropriately.

Practise in a way which respects, promotes and supports individuals' rights, interests, preferences, beliefs and cultures. This will include:

- offering culturally sensitive family planning advice;
- ensuring that women's labour is consistent with their religious and cultural beliefs and preferences;
- and the different roles and relationships in families, and reflecting different religious and cultural beliefs, preferences and experiences.

Practise in accordance with relevant legislation. This will include:

- practising within the contemporary legal framework of midwifery;
- demonstrating knowledge of legislation relating to human rights, equal opportunities, equality and diversity, and access to client records;
- demonstrating knowledge of legislation relating to health and social policy relevant to midwifery practice
- demonstrating knowledge of contemporary ethical issues and their impact on midwifery practice; and
- managing the complexities arising from ethical and legal dilemmas.

Maintain confidentiality of information. This will include:

- ensuring the confidentiality and security of written and verbal information acquired in a professional capacity; and
- disclosing information about individuals and organisations only to those who have a right and need to know this information, and only once proof of identity and right to disclosure has been obtained.

Work collaboratively with the wider healthcare team and agencies in ways which:

- value their contribution to health and care;
- enable them to participate effectively in the care of women, babies and their families; and
- acknowledge the nature of their work and the context in which it is placed.

The wider healthcare team and agencies will include those who work in:

- health care;
- social care;
- social security, benefits and housing;
- advice, guidance and counselling;
- child protection; and
- the law.

Manage and prioritise competing demands. This will include:

- deciding who is best placed and best able to provide particular interventions to
- women, babies and their families; and
- alerting managers to difficulties and issues in service delivery.

Support the creation and maintenance of environments that promote the health, safety and wellbeing of women, babies and others. This will include:

- preventing and controlling infection; and
- promoting health, safety and security in the environment in which the midwife is working, whether it be at a woman's home, in the community, a clinic, or in a hospital.

Contribute to the development and evaluation of guidelines and policies and make recommendations for change in the interests of women, babies and their families.

Evaluating policies will include:

- consideration of best available evidence;
- providing feedback to managers on service policies; and
- representing the midwife's own considered views and experiences within the context of broader health and social care policies in the interests of women, babies and their families.

Developing the individual midwife and others

Review, develop and enhance the midwife's own knowledge, skills and fitness to practise. This will include:

- meeting the NMC 's continuing professional development and practice standards;
- reflecting on the midwife's own practice and making the necessary changes as a result; and
- attending conferences, presentations and other learning events.

Demonstrate effective working across professional boundaries and develop professional networks. This will include:

- effective collaboration and communication;
- sharing skills; and
- multi-professional standard-setting and audit.

Achieving quality care through evaluation and research

Apply relevant knowledge to the midwife's own practice in structured ways which are capable of evaluation. This will include:

- critical appraisal of knowledge and research evidence;
- critical appraisal of the midwife's own practice;
- gaining feedback from women and their families and appropriately applying this to practice; and
- disseminating critically appraised good practice.

Inform and develop the midwife's own practice and the practice of others through using the best available evidence and reflecting on practice. This will include:

- keeping up to date with evidence;
- applying evidence to practice; and
- alerting others to new evidence for them to apply to their own practice.

Manage and develop care utilising the most appropriate information technology (IT) systems. This will include:

- recording practice in consistent formats on IT systems for wider-scale analysis;
- using analysis of data from IT systems and applying this to practice; and
- evaluating practice based on data analysis.

Contribute to the audit of practice in order to optimise the care of women, babies and their families. This will include:

- auditing the individual's own practice; and
- contributing to the audit of team practice.

Essential Skills Clusters (ESCs)

ESCs support the achievement of the standards for competence. There are five ESCs:

- Communication
- Initial consultation between the woman and the midwife
- Normal labour and birth
- Initiation and continuance of breastfeeding
- Medicines management

Each essential skill cluster provides further detail to assist the development of the midwifery degree programme and further details can be found at essential skills clusters in the *Standards for pre-registration midwifery education* (NMC, 2009)



23 Portland Place, London W1B 1PZ
T +44 20 7637 7181 F +44 20 7436 2924

www.nmc-uk.org

The nursing and midwifery regulator for England,
Wales, Scotland, Northern Ireland and the Islands

Registered charity in England and Wales (1091434) and in Scotland (SC038362)