Universal care for all women and newborn infants: skills for Domain 3

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A. The midwife's role in public health, health promotion and health protection

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6.51access oral, written and digital information from sources including published evidence, data and reports to inform conversations with women, partners, and families

6.52conduct person-centred conversations with women, their partners and families on women's and children's health across the life course, depending on relevance and context; this must include:

6.52.1sexual and reproductive health: pre-conception, contraception, unintended pregnancy, abortion, sexually transmitted infections

6.52.2food, nutrition and food safety

6.52.3the importance of human milk and breastfeeding on short and long term health and wellbeing outcomes

6.52.4weight management and exercise

6.52.5smoking, alcohol and substance use

6.52.6immunisation

6.52.7poverty and social and health inequalities

6.52.8social media use and the potential for addiction

6.53use evidence-based information to enable women, their partners and families to make individualised care choices and decisions on:

6.53.1the potential impact of practices and interventions in labour and at birth on the establishment of breastfeeding

6.53.2formula feeding responsively and as safely as possible

6.53.3attachment relationships and very early childhood development and the impact on their own and the infant's health and emotional wellbeing outcomes

6.54develop and provide parent education and preparation for parenthood that is tailored to the context, needs, views, and preferences of individuals and groups

6.55recognise when women, children and families are at risk of violence and abuse and know how to escalate, instigate and refer using safeguarding policies and protocols.

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

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6.56accurately assess, interpret, and record findings for the woman in pregnancy and the fetus for:

6.56.1signs and symptoms of pregnancy

6.56.2shared identification of social and lifestyle factors

5.56.3maternal mental health and wellbeing

5.56.4recognition of signs of all forms of abuse and exploitation, and need for safeguarding

5.56.5weight and height including calculation of Body Mass Index (BMI)

5.56.6recognition of spontaneous rupture of membranes and assessment of vaginal loss

5.56.7recognition of the onset of labour

5.57accurately assess, interpret and record the health and wellbeing of the woman and the fetus during labour for:

5.57.1the woman's behaviour, appearance, and emotional needs

5.57.2the need for mobility and position changes

5.57.3effectiveness of contractions and progress in labour

5.57.4fetal wellbeing and the need to respond to problems

5.57.5the need to expedite birth when necessary

5.57.6the need for an episiotomy

5.57.7recognising the position of the umbilical cord during birth and the need to respond to problems

5.57.8progress of the third stage of labour, birthing of the placenta, completeness and healthiness of the placenta and membranes, and any suspected abnormalities and associated blood loss

5.57.9perineal/labial/vaginal/cervical/anal trauma, and the need for suturing

5.58conduct immediate assessments of the newborn infant at birth and after birth, and interpret and record findings; this must include:

5.58.1initial adaptation to extra-uterine life including appearance, heart rate, response, tone and respirations

5.58.2the infant's ability to respond to cues for food, love, and comfort and the ability to suck, swallow and breathe at the first breastfeed or bottle feed

5.58.3the need for neonatal life support (NLS) where respiration is not established

5.58.4with the mother present whenever possible, check newborn infant's vital signs and body systems, reflexes, behaviour, movement, neurological tone, and posture

5.59conduct ongoing assessments of the health and wellbeing of the newborn infant, involving the mother and partner as appropriate and providing a full explanation; this must include:

5.59.1parental confidence in handling and caring for the newborn infant including response to crying and comfort measures

5.59.2full systematic physical examination of the newborn infant in line with local and national evidence-based protocols

5.59.3ensuring screening and diagnostic tests are carried out appropriately and as required in line with local and national evidence-based protocols

5.60accurately assess, interpret and record the health and wellbeing of the woman postnatally; this must include:

5.60.1mental health and wellbeing, including appetite, energy levels, sleeping pattern, ability to cope with daily living, mood, anxiety and depression, family relationships

5.60.2vital signs and physical assessment including uterine involution and perineal health and wellbeing

5.60.3individual mobility needs, including any adaptations needed to carry and care for her newborn infant

5.61accurately assess all relevant aspects of infant feeding, for both the woman and the newborn infant; this must include:

6.61.1monitoring the newborn infant's weight, growth and development

6.61.2use skills of observation, active listening and evaluation to examine effectiveness of feeding practices

6.61.3observation of the woman's breasts for tenderness, pain, engorgement, and need for pain management

6.62for women and newborn infants who are breastfeeding: ongoing observation and assessment of effective breastfeeding; this must include:

6.62.1effective attachment and positioning of the infant at the breast

6.62.2responsive feeding

6.62.3infant behaviour at the breast including coordination and effectiveness of sucking and swallowing

6.62.4effective milk transfer and milk production

6.62.5stool and urine output appropriate to age of infant

6.62.6ability to maximise breastmilk, safe and effective hand expression and feeding the baby expressed breastmilk

6.63for the woman and her partner, and newborn infants who are formula feeding or bottle feeding with human milk, partially or exclusively; observation and assessment must include:

6.63.1parent's assessment of and confidence with using a bottle to feed their baby

6.63.2responsive bottle feeding: pacing the feeds, limiting the number of care givers

6.63.3when formula feeding: use of appropriate formula, making up feeds and sterilisation of equipment as safely as possible

6.64effectively implement, review, and adapt an individualised, evidence-informed care plan for the woman and her newborn infant across the continuum, involving her partner and family as appropriate.

C. The midwife's role in optimising normal physiological processes and working to promote positive outcomes and to anticipate and prevent complications

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6.65implement care that meets the needs of the woman and fetus in labour and at birth, including provision of safe, continuous, one-to-one care for the woman in labour and at birth, and for the newborn infant at birth; this must include:

6.65.1encourage mobility and support the woman to achieve optimal positions in labour and for birth

6.65.2guide and support the woman as she gives birth, using evidence-informed approaches to safely conduct the birth, and to avoid and minimise trauma, while responding to the woman's own preferences

6.65.3optimise the management of the umbilical cord at birth

6.65.4use evidence-informed physiological and active techniques as appropriate to safely manage the third stage of labour

6.65.5suture an episiotomy, undertake repair of 1st and 2nd degree perineal tears as necessary, and refer if additional trauma has occurred

6.66implement care that meets the woman's mental health and wellbeing needs after birth; this must include:

6.66.1provide ongoing information, support, and care on all aspects of the woman's mental health and wellbeing

6.66.2if assessment has identified concerns about the partner's mental health, encourage referral to appropriate services

6.66.3provide opportunities for the woman, and partner as appropriate, to discuss the birth and any questions they may have

6.67share evidence-based information with all women and fathers/partners as appropriate on how to minimise the risks

of sudden infant death syndrome

6.68implement care that meets the needs of the woman in regard to infant feeding; this must include:

6.68.1for all women:

aunderstand how to complete an infant feeding assessment with the woman, maintaining accurate records including plans of care, and any challenges encountered or referrals made

bprovide appropriate pain management for breast tenderness and pain

6.68.2for women who are breastfeeding:

aapply in-depth knowledge of the anatomy of the breast and physiology and psychology of lactation to enable mothers to get breastfeeding off to a good start

bsupport women learning how to hand express their breastmilk and how to store, freeze and warm it with consideration to aspects of infection control

cshare information with women and families about national and local information and networks that are available to support women in the continuation of breastfeeding

6.68.3for parents who bottle feed, partially or exclusively:

asupport women who wish to combine breastfeeding with formula feeding, helping women to understand the impact on breastmilk production

bencourage responsive bottle feeding

cencourage parents' use of appropriate formula including its reconstitution, and the cleaning and sterilising of equipment as safely as possible.