

# Delivering midwifery intrapartum care where local COVID-19 escalation protocols are required to be enacted

20 July 2020 Version 1

This document assists maternity services during the COVID-19 pandemic to continue to deliver safe, high quality, one-to-one care in labour where local COVID-19 protocols are required to be enacted. It was developed by collaboratively between NHS England and NHS Improvement, the Nursing and Midwifery Council (NMC) and the Royal College of Midwives (RCM).

It sets out principles for working, involving suitably trained and competent individuals, who divide broadly into two groups: (1) registered midwives who can support women during established labour and (2) those who can provide other essential care to women during labour. This enables a reduced midwifery workforce to provide one-to-one care for women at the right time.

These principles are based on the NMC's [Code](#) and its guidance on [practising as a midwife in the UK](#). This document also provides guidance on minimum training requirements.

This guidance should be read in conjunction with NHS England and NHS Improvement's [Clinical guide for the temporary reorganisation of intrapartum maternity care during the coronavirus pandemic](#), and relates to page 4 – development of escalation plans in maternity services.

When a full escalation protocol is enacted, it is important to ensure that care for physical and mental health is equitable, safe, compassionate and respectful.

Some accepted limits, standards and guidance, such as one-to-one midwifery care in labour, may be more difficult to deliver through the course of the pandemic, and there will need to be a greater focus on team working. It has undoubtedly been challenging for midwives to adapt to delivering safe care differently during the COVID-19 pandemic. This document supports them to continue to do so where local COVID-19 protocols are required to be enacted. Maintaining staff wellbeing in these circumstances is very important and resources to support this are referenced in this document.

As per national guidance, midwives should not be redeployed outside maternity during the COVID-19 pandemic. Redeployment is not an acceptable reason for trusts not to provide one-to-one midwifery care in labour.

## How to use this document

The staffing guidance in this document assumes that escalation plans will have been developed and that in doing so the following key issues have been considered:

- plans include measures to protect the health and wellbeing of all staff (see [Staff health and wellbeing](#) below)
- making changes to midwifery care in other parts of the pathway to increase midwife availability for intrapartum care. Essential ante and postnatal care must be delivered,<sup>1</sup> and conditions must be met before trusts suspend intrapartum care options, such as homebirths<sup>2</sup>
- sourcing extra staff, such as by using temporary staff
- return to clinical practice for midwives in specialist roles, such as digital, educational, diabetes, infant feeding, consultant midwives
- recall of midwives on secondment
- deployment of returning-to-practice midwives
- midwifery lecturers (supporting clinically)
- deployment of third-year students in their final six months into clinical placement, in line with guidance
- deployment of second-year students and those in the first six months of their third year, in line with guidance
- engagement with local independent midwives, to support homebirths or intrapartum care

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<sup>1</sup> See [Guidance for antenatal and postnatal services in the evolving coronavirus \(COVID-19\) pandemic](#) (RCM, RCOG), and [Guidance for the Provision of Midwife Led Settings and Home Births in the evolving coronavirus/COVID-19 pandemic](#) (RCM)

<sup>2</sup> See [Clinical guide for the temporary reorganisation of intrapartum maternity care during the coronavirus pandemic](#) (NHS England and NHS Improvement, p3)

- deployment of maternity support workers, healthcare assistants or nurses on the postnatal ward
- cessation or reduction of non-essential activity, such as:
  - the reporting elements of the Maternity Transformation Programme (as specified in correspondence to Local Maternity System senior responsible officers, dated 23 March 2020)
  - training (non-mandatory and mandatory)
  - routine management meetings, non-essential reporting, external responsibilities
- details of any orientation/induction/training for the above groups. The aim should be that these are developed ahead of any staff shortage escalation, with a bitesize/rapid version provided in the event service changes need to be expediated.

It is important to have engaged the Maternity Voices Partnership (MVP) chair in the development of the escalation plan. Examples of clear communications about changes to intrapartum care are on the Maternity Transformation Programme Hub.<sup>3</sup>

## Potential groups of staff and students to support intrapartum midwifery care

Only the following people may attend a woman in childbirth – a registered midwife, a registered medical practitioner, a student undergoing training with a view to becoming a midwife, as part of an approved course of practical instruction.

The decision on the level of supervision provided for students should be based on the needs of the individual student – see Table 1 below.

To expand the number of staff available to look after women in labour during exceptional staff shortages; those staff groups listed in Categories A and B in Table 1 should be considered. To free up as many midwives as possible to deliver midwifery care for women in established labour, those staff groups listed in Category C in Table 1 can provide other essential care to women.

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<sup>3</sup> Request access to the Maternity Transformation Hub here – <https://future.nhs.uk/connect.ti/MTPHubAccess/grouphome>

In escalation, it is particularly important that the midwifery co-ordinator in charge of the labour ward has supernumerary status (defined as having no caseload of their own during their shift), to ensure there is an oversight of all birth activity within the service.

It is important that all staff groups listed in Table 1 have training in acute respiratory syndrome. All trusts were asked to provide this in [national guidance](#) issued on 17 March 2020.

In addition, support from voluntary organisations, such as NCT and La Leche, and other individuals may be included in the escalation plan. They can offer birth companionship and non-clinical support to women during labour, particularly if women are not accompanied by a birth partner through reasons of personal circumstances or choice. It should be noted that during the coronavirus pandemic, trust policies are very likely to allow only one birth partner and so these individuals would not attend in addition to birth partners. Women on the postnatal ward, may also benefit from the support of these volunteers working alongside maternity support workers.

**Table 1: Categories of staff to support intrapartum midwifery care**

Category and descriptor	Staff group	Suggested induction/training (see Further resources for weblinks)
<p><b>Category A1</b></p> <p>Can provide care for a woman during established labour. Category A1 staff should be allocated to women who have higher levels of risk.</p> <p><b>Category A2</b></p> <p>Can provide care for a woman during established labour, if no Category A1 staff are available.</p>	<ul style="list-style-type: none"> <li>• <b>Registered midwives with recent experience of intrapartum care/labour ward</b></li> <li>• <b>Community midwives<sup>4</sup></b></li> <li>• <b>Specialist midwives</b></li> <li>• <b>Independent midwives who have had an individual training needs assessment and undertaken the recommended induction/training</b></li> </ul>	<p>Category A1 staff should undertake online training in:</p> <ul style="list-style-type: none"> <li>• coronavirus (COVID-19) infection and pregnancy: Information for healthcare professionals</li> <li>• free e-learning on COVID-19</li> <li>• e-Learning for Health COVID-19 programme</li> <li>• updated guidance for PPE during the COVID-19 pandemic.</li> </ul> <p>Category A2 staff should undertake training in all the above plus:</p> <ul style="list-style-type: none"> <li>• orientation to the workplace</li> <li>• fetal monitoring</li> <li>• care of critically ill woman in childbirth, enhanced maternity care</li> <li>• training on the maternity information systems used by the trust (if necessary).</li> </ul>

<sup>4</sup> Refer to guidance on changing the configuration of services, community and midwifery staffing: [Guidance for the provision of midwife led settings and home births in the evolving coronavirus / COVID-19 pandemic](#) (RCOG, RCM)

Category and descriptor	Staff group	Suggested induction/training (see Further resources for weblinks)
<p><b>Category B</b></p> <p>Can provide care for a woman during established labour on the labour ward, if the capacity of Category A1/A2 staff is significantly reduced.</p>	<ul style="list-style-type: none"> <li>• <b>Midwives on the temporary register</b></li> <li>• <b>Third-year midwifery students (in final six months of third year study)</b></li> <li>• <b>Students in the final part of the Midwifery shortened programme for nurses</b></li> <li>• <b>Third-year midwifery students (in first six months of third-year study) and second-year midwifery students</b></li> </ul> <p><b>Please note:</b></p> <p>The decision on the level of supervision provided for students should be based on the needs of the individual student.</p> <p>The level of supervision can decrease with the student's increasing proficiency and confidence.<sup>5</sup></p> <p>Students must work with appropriate support and supervision within an appropriate delegation framework.<sup>6</sup></p> <p>It is acknowledged that trust policies vary in relation to deployment of students and this guidance should be adjusted accordingly.</p> <p>Women have the right to decline student involvement in their care.</p>	<p>Category B staff should undertake training as per Category A plus:</p> <ul style="list-style-type: none"> <li>• one-to-one discussion between midwife supervisor and individual to understand training need</li> <li>• training in obstetric emergencies</li> <li>• for students, training and support is set out in HEE guidance (see <a href="#">Student deployment</a>, p8)</li> <li>• For midwives on the temporary register, training and support is set out in HEE guidance (see <a href="#">e-LfH Resources for nurses, midwives and AHPs returning to work, being redeployed or upskilled</a>, p8)</li> </ul>

<sup>5</sup> NMC Standards for supervision and assessment, 2018

<sup>6</sup> HEE Student support guidance during COVID-19 outbreak, version 1.0 March 2020

Category and descriptor	Staff group	Suggested induction/training (see Further resources for weblinks)
<p><b>Category C</b></p> <p>In the event of midwifery shortages being such that one-to-one care is not possible, Category C staff can provide essential care to women and families and so support midwives (freeing their time to focus on critical tasks).</p> <p>Examples of this may include:</p> <ul style="list-style-type: none"> <li>• anaesthetic support</li> <li>• phlebotomy</li> <li>• immediate post-partum care (personal care, support with breastfeeding).</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Nurses with skills in HDUs and recovery in labour ward</b> (although likely that they will be prioritised in ICU)</li> <li>• <b>Nursery nurses</b> (dependent on experience, skills and knowledge)</li> <li>• <b>Medical students in obstetric rotation</b></li> <li>• <b>Maternity support workers<sup>7</sup></b></li> <li>• <b>Operating dept assistant</b> (recognising that this group is likely to be fully occupied in acute care)</li> </ul>	<p>Category C staff should undertake:</p> <ul style="list-style-type: none"> <li>• coronavirus (COVID-19) infection and pregnancy: Information for healthcare professionals</li> <li>• free e-learning on COVID-19</li> <li>• e-Learning for Health COVID-19 programme</li> <li>• updated guidance for PPE during the COVID-19 pandemic (PHE)</li> <li>• one-to-one discussion between midwife supervisor and individual to understand training needs</li> </ul>

<sup>7</sup> Support provided by maternity support workers should be within their sphere of competence as set out in [Maternity support workers, competency, education & career development](#) (HEE)

## Supporting staff

Staff deployed to maternity intrapartum care areas as part of an escalation plan may be required to work outside their normal practice area. Any changes in working practice will need to be in accordance with the NMC Code and supported to ensure safe care for women, maintenance of staff wellbeing and appropriate supervision and delegation of care.

While potential training requirements are set out in Table 1, induction and training needs should be ascertained in a face-to-face personal development discussion, and based on individual experience and confidence.

Professional midwifery advocates (PMAs) and practice development midwives can be used to provide support and clinical supervision to all maternity staff, tailored to individual need.

## Recovery plan

All maternity services must have a recovery plan, which specifies how all accepted standards, protocols and guidelines will be returned to once the coronavirus pandemic staffing escalation is resolved.

## Staff health and wellbeing

It is important to be mindful of your staff's physical and mental wellbeing. This pandemic is challenging all staff and they must feel supported and cared for throughout.

Ensure all staff are aware of the guidance on wellbeing – see Further resources below. Advice for sustaining staff wellbeing during and beyond the coronavirus pandemic can be found below.

## Further resources

### Clinical guidance

- [Clinical guide for the temporary reorganisation of intrapartum maternity care during the coronavirus pandemic](#), NHS England and NHS Improvement
- [Coronavirus \(COVID-19\) infection and pregnancy: Information for healthcare professionals](#), Royal College of Obstetricians and Gynaecologists (RCOG)
- [Guidance for antenatal and postnatal services in the evolving coronavirus \(COVID-19\) pandemic](#), Royal College of Midwives (RCM) and RCOG
- [Care of the critically ill woman in childbirth, enhanced maternal care](#), Royal College of Anaesthetists



- [Guidance for the provision of midwife-led settings and home births in the evolving coronavirus \(COVID-19\) pandemic](#), RCM and RCOG

## **Workforce**

- [The code](#), NMC
- [Practising as a midwife in the UK](#), NMC
- [Joint statement on expanding the midwifery workforce in the COVID-19 outbreak](#), NMC
- [Staffing options for obstetrics and gynaecology services during COVID-19 pandemic](#), RCOG

## **Student deployment**

- [Student support guidance during COVID-19 outbreak](#), Health Education England (HEE)
- [Deployment of student midwives during the COVID-19 emergency](#), HEE

## **General training and learning**

- [Free e-learning tutorial on COVID-19](#), RCOG
- [e-Learning for Healthcare \(e-LfH\) COVID-19 programme](#), HEE
- [e-LfH resources for nurses, midwives and AHPs returning to work, being redeployed or upskilled](#), HEE

## **Staff health and wellbeing**

- [COVID-10 personal protective equipment](#), PHE
- [Risk assessments for staff](#), NHS Employers
- [Risk reduction framework for NHS Staff at risk of COVID-19 infection](#), Faculty of Medicine
- [COVID-19 workforce wellbeing](#), NHS Practitioner Health