
Standards of proficiency for midwives

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These standards were approved by Council at their meeting on 3 October 2019. They were redesigned in March 2024.

Introduction

The Nursing and Midwifery Council has a duty to review the standards of proficiency that we set for the professions we regulate on a regular basis. This is to ensure that standards remain contemporary and fit for purpose. In reviewing these standards, new evidence and the changes that are taking place in society, midwifery, maternity and neonatal care services have been considered, along with the implications these have for the role of midwives of the future.

The standards of proficiency in this document specify the knowledge, understanding and skills that midwives must demonstrate at the point of qualification, when caring for women across the **maternity journey**, **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, compassionate, person-centred midwifery care.

They also provide a benchmark for midwives from overseas wishing to join the UK register, as well as for those who plan to return to practice after a period of absence.

Midwifery globally

Midwifery is a global profession. Childbearing women, newborn infants, and families share similar needs wherever they live and midwives make a vital contribution to their survival, health and wellbeing across the world. The World Health Organisation has stated that **'strengthening midwifery education is a key step to improving quality of care and reducing maternal and newborn mortality and morbidity'**.

These standards of proficiency are in alignment with the International Confederation of Midwives' definition of the midwife:

'A midwife is a person who has successfully completed a midwifery education programme that is based on the **ICM Essential Competencies for Midwifery Practice** and the framework of the **ICM Global Standards for Midwifery Education** and is recognised in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery'.

The role and scope 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. Midwives work across the continuum from pre-pregnancy, pregnancy, labour and birth, postpartum, and the early weeks of newborn infants' life. This includes women's future reproductive health, wellbeing, and decisions and in promoting **very early child development** and the parents' transition to parenthood. Midwives respect and enable the human rights of women and children, and their priority is to ensure that care always focuses on the needs, views, preferences, and decisions of the **woman** and the needs of the newborn infant.

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. They work in partnership with women, enabling their views, preferences, and decisions, and helping to strengthen their capabilities.

Midwives optimise normal physiological processes, and support safe physical, psychological, social, cultural and spiritual situations, working to promote positive outcomes and to anticipate and prevent complications.

Midwives make a vital contribution to the quality and safety of maternity care. They combine clinical knowledge, understanding, and skills with interpersonal and **cultural competence**. They make an important contribution to population health and understand social and health inequalities, and how to work to mitigate them through good midwifery care. They provide health education, health promotion and health protection to promote psychological and physical health and wellbeing and prevent complications. Evidence shows the positive contribution midwives make to the short and long-term health and wellbeing of women, newborn infants, and families. Midwives provide and evaluate care in partnership with women, and their partners and families if appropriate, referring to and collaborating with other health and social care professionals as needed.

Midwives are ideally placed to anticipate and to recognise any changes that may lead to complications and additional care needs; these may be physical, psychological, social, cultural, or spiritual, and include perinatal loss and end of life care. When such situations arise, the midwife is responsible for recognising these and for immediate response, management, and escalation, involving, collaborating with and referring to interdisciplinary and multiagency colleagues. 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, preferences, and decisions of the woman and the needs of the newborn infant.

Midwives provide safe, respectful, empowering, and equitable care irrespective of social context and setting and including wider reproductive health services. In all settings, the midwife is responsible for creating an environment that is safe, respectful, kind, nurturing, and empowering.

Critical thinking, problem solving, positive role modelling, and leadership development are fundamental components of safe and effective midwifery practice. 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 take responsibility for their own continuing professional development and know how they can contribute to others' development and education, including students and colleagues. They have the ability to develop in their careers in directions that can include practice, education, research, management, leadership, and 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.

About our standards

These standards of proficiency apply to all NMC midwives. They should be read with our 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 one: the standards framework for nursing and midwifery education**, **Part two: the standards for student supervision and assessment**, and Part three: programme standards, which are the standards specific for each pre-registration or post-registration programme.

These standards of proficiency meet the **ICM Essential Competencies for Midwifery Practice** set by the International Confederation of Midwives. They have been informed by the **Unicef UK Baby Friendly Initiative University Standards**.

Approved Education Institutions (AEIs) must comply with our standards to be approved to run any NMC approved programmes. Together, the standards for education and training aim to provide 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. The relationship between the different sets of standards is shown in the diagram on the next page.

Legislative framework

Article 15(1) of the **Nursing and Midwifery Order 2001** ('**the Order**')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 nursing and midwifery education are established under the provision of Article 15(1) of the Order.

Article 5(2) of the Order 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.

1 SI 2002/253

The evidence

Our standards of proficiency have been developed through an extensive and rigorous process of evidence review and consultation, and consideration of the changing context in which midwives work. They reflect contemporary national and international evidence on the health, wellbeing, needs, views and preferences of women and the needs of the newborn infant.

Our standards of proficiency have drawn on the evidence-informed definition of midwifery and the framework for quality maternal and newborn care from **The Lancet Series on Midwifery 2014** in helping to shape the scope and content and ensure a consistent focus on the needs, views, preferences, and decisions of women and the needs of newborn infants across the whole **continuum of care**.

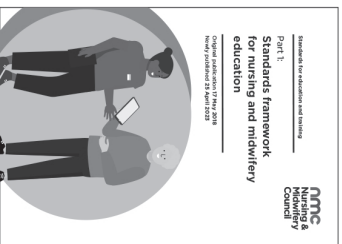
The definition of midwifery from The Lancet Series on Midwifery

Midwifery is defined as ‘skilled, knowledgeable, and compassionate care for childbearing women, newborn infants, and families across the continuum throughout pre-pregnancy, pregnancy, birth, postpartum, and the early weeks of life. Core characteristics include optimising normal biological, psychological, social, and cultural processes of reproduction and early life; timely prevention and management of complications; consultation with and referral to other services; respect for women’s individual circumstances and views; and working in partnership with women to strengthen women’s own capabilities to care for themselves and their families’².

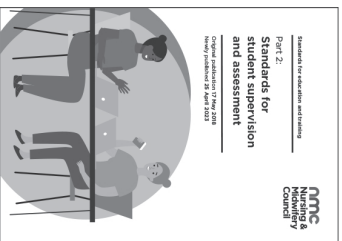
2 Renfrew, McFadden, Bastos, Campbell et al The Lancet 384, 1129-1145, 2014

Standards for education and training

Part 1

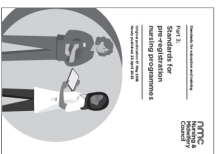


Part 2

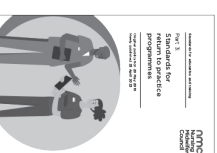
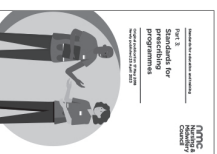
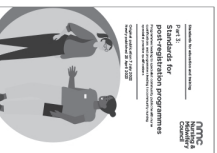


Part 3 - Programme standards

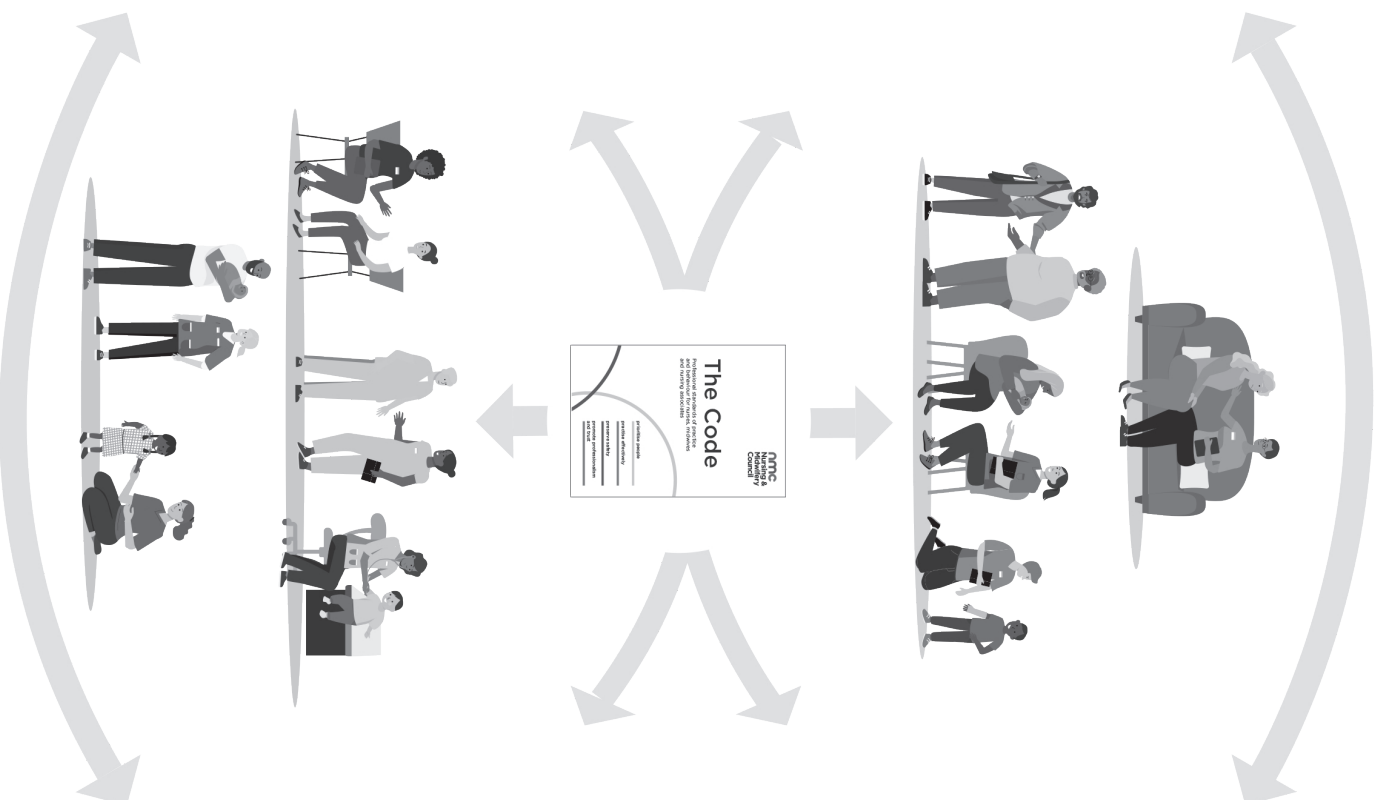
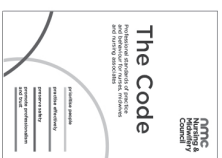
Pre-registration



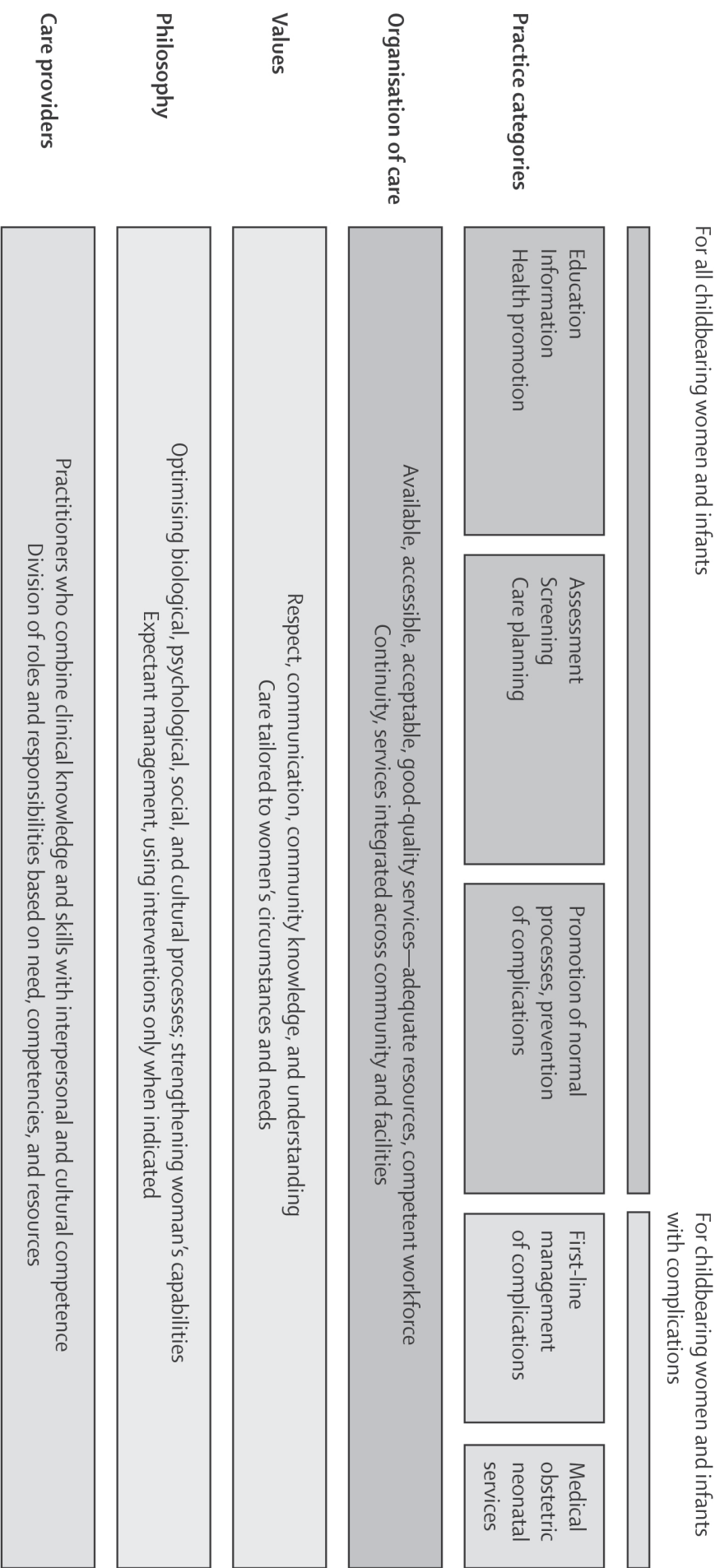
Post-registration



Standards of proficiency



The Framework for Quality Maternal and Newborn Health from The Lancet Series on Midwifery



Renfrew, McFadden, Bastos, Campbell et al The Lancet: 384, 1129-1145, 2014 (used with permission)

How to read these standards of proficiency

The standards of proficiency are stated as outcomes that each midwife must achieve at the point of registration.

The standards of proficiency are grouped under six Domains. These Domains inter-relate and build on each other, and should not be seen separately. Together these reflect what we expect a new midwife to know, understand and be capable of doing safely and proficiently, 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.

The Domains:

- 1 Being an accountable, autonomous, professional midwife**
- 2 Safe and effective midwifery care: promoting and providing continuity of care and carer**
- 3 Universal care for all women and newborn infants**
 - A** The midwife's role in public health, health promotion and health protection
 - B** The midwife's role in assessment, screening and care planning
 - C** The midwife's role in optimising normal physiological processes and working to promote positive outcomes and prevent complications
- 4 Additional care for women and newborn infants with complications**
 - A** The midwife's role in first line assessment and management of complications and additional care needs
 - B** The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services
- 5 Promoting excellence: the midwife as colleague, scholar and leader**
 - A** Working with others: the midwife as colleague
 - B** Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader

6 The midwife as skilled practitioner

Communication, sharing information and relationship management skills: shared skills for **Domains 1, 2, 3, 4 and 5**

Being an accountable, autonomous, professional midwife: **skills for Domain 1**

Safe and effective midwifery care: promoting and providing **continuity of care and carer: skills for Domain 2**

Assessment, screening, planning, care and support across the continuum: shared skills for **Domains 3 and 4**

Evidence-based medicines administration and optimisation: shared skills for **Domains 3 and 4**

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

Additional care for women and newborn infants with complications: skills for **Domain 4**

Promoting excellence: the midwife as colleague, scholar and leader: skills for **Domain 5**

Key themes

Several key themes run throughout the Domains, and include:

- **evidence-based care** and the importance of staying up-to-date with current knowledge
- the physical, psychological, social, cultural, and spiritual safety of women and newborn infants
- communication and relationship building, working in partnership with women
- enabling and advocating for the human rights of women and children
- enabling and advocating for the views, preferences, and decisions of women, partners and families
- working across the whole continuum of care and in all settings, and understanding the woman's and newborn infant's whole maternity journey
- providing **continuity of care and carer**
- optimising the normal processes of reproduction and early life
- ensuring that women, partners and families have all the information needed to fully inform their decisions
- the importance of physical, psychological, social, cultural, and spiritual factors
- anticipating, preventing, and responding to complications and additional care needs
- public health, health promotion, and health protection
- understanding and working to mitigate health and social inequalities
- interdisciplinary and multiagency working
- protecting, promoting and supporting breastfeeding
- the impact of pregnancy, labour and birth, postpartum, infant feeding, and the early weeks of life on longer-term health and wellbeing
- taking personal responsibility for ongoing learning and development.

Domain 1:

Being an accountable, autonomous, professional midwife

Midwives are fully accountable as the lead professional for the care and support of childbearing women and newborn infants, and partners and families. Respecting human rights, they work in partnership with women, enabling their views, preferences, and decisions, and helping to strengthen their capabilities. They promote safe and effective care, drawing on the best available evidence at all times. They communicate effectively and with kindness and compassion.

Outcomes

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

- 1.1 understand and act in accordance with The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates, 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
- 1.3 understand and act to promote and enable the human rights of women and newborn infants at all times, including women's sexual and reproductive rights
- 1.4 demonstrate the knowledge, skills, and ability to identify, critically analyse, and interpret research evidence and local, national, and international data and reports
- 1.5 use, share and apply research findings and lessons from data and reports to promote and inform best midwifery policy and practice, and to support women's evidence-informed decision-making
- 1.6 be accountable and **autonomous** as the lead professional for the midwifery care and support of women and newborn infants throughout the whole continuum of care
- 1.7 demonstrate knowledge and understanding of the role and scope of the midwife in the 21st Century

- 1.8** demonstrate an understanding of and the ability to challenge discriminatory behaviour
- 1.9** provide and promote non-discriminatory, respectful, compassionate, and kind care, and take account of any need for adjustments
- 1.10** demonstrate understanding of women's relationships and individual family circumstances, and the ability to communicate and involve her partner and family in discussions and decisions about her care and the care of the newborn infant, always respecting the woman's preferences and decisions about who to involve and the extent of involvement and communication
- 1.11** use effective, authentic, and meaningful communication skills and strategies with women, newborn infants, partners and families, and with colleagues
- 1.12** develop and maintain trusting, respectful, kind, and compassionate person-centred relationships with women, their partners and families, and with colleagues
- 1.13** demonstrate the ability to always work in partnership with women, basing care on individual women's needs, views, preferences, and decisions, and working to strengthen women's own capabilities to care for themselves and their newborn infant
- 1.14** act in the best interests of women and newborn infants at all times
- 1.15** demonstrate the skills of advocacy and leadership, collaborating with and challenging colleagues as necessary, and knowing when and how to escalate concerns
- 1.16** demonstrate the ability to advocate for women and newborn infants who are made vulnerable by their physical, psychological, social, cultural, or spiritual circumstances
- 1.17** demonstrate knowledge and understanding of the range of factors affecting women, newborn infants, partners, and families and the impact these factors may have, including but not limited to:
 - 1.17.1** health and social inequalities and their determinants
 - 1.17.2** historical and social developments and trends
 - 1.17.3** cultural and media influences on public and professional understanding
- 1.18** 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

- 1.19** 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 sub-standard care, dysfunctional attitudes and behaviour, ineffective team working, or adverse outcomes
- 1.20** understand the importance of, and demonstrate the ability to seek, informed consent from women, both for herself and her newborn infant
- 1.21** understand and respect the woman's right to decline consent, and demonstrate the ability to provide appropriate care and support in these circumstances
- 1.22** be able to advocate for the woman when her decision is outside of clinical guidance, in order to minimise risk and maintain relationships
- 1.23** demonstrate the skills of numeracy, literacy, digital, media, and technological literacy needed to ensure safe and effective midwifery practice
- 1.24** understand the importance of effective record keeping, and maintain consistent, complete, clear, accurate, secure, and timely records to ensure an account of all care given is available for review by the woman and by all professionals involved in care
- 1.25** act as an ambassador, uphold public trust and promote confidence in midwifery and health and care services
- 1.26** understand the professional responsibility to maintain the level of personal health, fitness, and wellbeing required to meet the needs of women, newborn infants and families for psychological and physical care
- 1.27** take responsibility for continuous self-reflection, seeking and responding to all support and feedback to develop their professional knowledge, understanding, and skills.

Domain 2:

Safe and effective midwifery care: promoting and providing continuity of care and carer

Midwives promote continuity of care, and work across the continuum from pre-pregnancy, pregnancy, labour and birth, postpartum, and the early weeks of newborn infants' life. They work in the woman's home, hospitals, the community, midwifery led units and all other environments where women require care by midwives. The midwife is responsible for creating an environment that is safe, respectful, kind, nurturing, and empowering, ensuring that the woman's experience of care during her whole maternity journey is seamless.

Outcomes

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, 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 safety and effectiveness, and on women, their newborn infants, partners and families
- 2.3 demonstrate knowledge and understanding of the range of factors affecting the provision of safe and effective midwifery and maternity services and their impact on quality of care
- 2.4 demonstrate the ability to work in and across a range of health and social care settings and with other health and social care staff to promote continuity of care and carer
- 2.5 demonstrate the ability to provide continuity of midwifery carer across the whole continuum of care and in diverse settings for women and newborn infants with and without complications and additional 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 and apply knowledge and understanding of the social context in which women and their families live to inform, support, and assist in meeting their needs and preferences
- 2.8** 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
- 2.9** understand the need to work with other professionals, agencies, and communities to share knowledge of the needs of women, newborn infants, partners and families when considering the impact of the social **determinants of health** on public health and wellbeing
- 2.10** work with other professionals, agencies, and communities to promote, support and protect breastfeeding, including protection for women to breastfeed in all settings
- 2.11** demonstrate the ability to be the coordinator of care within the wider interdisciplinary and multiagency 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.

Domain 3:

Universal care for all women and newborn infants

Midwives work in partnership with women to care for and support all childbearing women, newborn infants, and their families. They make an important contribution to population health, promoting psychological and physical health and wellbeing. Midwives optimise normal physiological processes, and support safe psychological, social, cultural and spiritual situations, working to promote positive outcomes and to anticipate and prevent complications.

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

3.A outcomes

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

- 3.1** demonstrate knowledge and understanding of the woman's lived experiences in everyday life, enabling access to public health, social care and community resources as needed
- 3.2** understand epidemiological principles and critically appraise and interpret current evidence and data on public health strategies, health promotion, health protection, and safeguarding, and use this evidence to inform conversations with women, their partners, and families, as appropriate to their needs and preferences
- 3.3** demonstrate the ability to share information on public health, health promotion and health protection with women, enabling them to make evidence-informed decisions, and providing support for access to resources and services
- 3.4** demonstrate the ability to offer information and access to resources and services for women and families in regard to sexual and reproductive health and contraception
- 3.5** understand the importance of birth to public health and wellbeing across the life course
- 3.6** understand the importance of human milk and breastfeeding to public health and wellbeing, and demonstrate how to protect, promote and enable breastfeeding with the woman, her partner and family

- 3.7** demonstrate the ability to offer information and access to resources and services for women and families in regard to violence, **abuse**, and safeguarding
- 3.8** understand and demonstrate how to support and provide parent education and preparation for parenthood, both for individuals and groups
- 3.9** promote and support parent and newborn mental health and wellbeing, positive attachment and the transition to parenthood
- 3.10** 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

3.B outcomes

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

- 3.11** demonstrate knowledge and understanding of anatomy, physiology, genetics, and **genomics** of adolescent girls and women and the reproductive system for adolescent boys and men
- 3.12** demonstrate knowledge and understanding of normal changes to anatomy, physiology, and **epigenetics** of the adolescent girl/woman during:
 - 3.12.1** pregnancy
 - 3.12.2** labour
 - 3.12.3** birth
 - 3.12.4** postpartum
- 3.13** demonstrate knowledge and understanding of anatomy, physiology, and epigenetics of:
 - 3.13.1** fetal development
 - 3.13.2** adaptation to life
 - 3.13.3** the newborn infant
 - 3.13.4** very early child development
- 3.14** demonstrate knowledge and understanding of anatomy, physiology, and epigenetics of infant feeding
- 3.15** demonstrate knowledge and understanding of the implications of infant feeding for maternal and child health and for very early child development

- 3.16** demonstrate knowledge and understanding of psychological, behavioural, and cognitive factors for:
- 3.16.1** adolescents and adults
 - 3.16.2** newborn infants
- 3.17** demonstrate knowledge and understanding of changes to psychological, behavioural, and cognitive factors during:
- 3.17.1** pregnancy, labour, birth and postpartum
 - 3.17.2** infant feeding and relationship building
 - 3.17.3** the transition to parenthood and positive family attachment
- 3.18** demonstrate knowledge and understanding of pharmacology and the ability to recognise the positive and adverse effects of medicines across the continuum of care; to include allergies, drug sensitivities, side effects, **contraindications**, incompatibilities, adverse reactions, prescribing errors and the impact of polypharmacy and over the counter medication usage
- 3.19** demonstrate knowledge and understanding of the principles of safe and effective administration and optimisation of prescription and non-prescription medicines and midwives exemptions, demonstrating the ability to progress to a prescribing qualification following registration
- 3.20** demonstrate knowledge and understanding of national screening and diagnostic tests for women and newborn infants, and associated ethical dilemmas
- 3.21** demonstrate knowledge and understanding of the importance of optimising normal physiological processes, supporting safe, physical, psychological, social and cultural situations, and working to promote positive outcomes and to anticipate and prevent complications
- 3.22** demonstrate knowledge and understanding that women's circumstances vary widely, and the importance of supporting, promoting and protecting any individual needs and preferences that they themselves identify
- 3.23** in partnership with the woman, use evidence-based, best practice approaches to plan and carry out ongoing integrated assessment, individualised care planning and evaluation for both the woman and the newborn infant, based on sound knowledge and understanding of normal processes and recognition of deviations from these.

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

3.C outcomes

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

- 3.24** identify how factors in the care environment can impact on normal physiological processes and how the midwife can work to promote and protect a positive environment, both physical and emotional
- 3.25** use evidence-based, best practice approaches and work in partnership with the woman to provide care for the woman and the newborn infant across the continuum that optimises normal processes, manages common symptoms and problems, and anticipates and prevents complications, drawing on the findings of assessment, screening and care planning
- 3.26** understand when additional care or support is needed and demonstrate how to consult and make referrals for additional care or support needs when necessary
- 3.27** understand and demonstrate how to provide culturally sensitive and individualised care for all women, their partners and families, irrespective of their social situation.

Domain 4:

Additional care for women and newborn infants with complications

Midwives are ideally placed to recognise any changes that may lead to complications. The midwife is responsible for immediate emergency response and first line management and in ensuring timely collaboration with and referral to interdisciplinary and multiagency colleagues. The midwife has specific responsibility for continuity and coordination of care, providing ongoing midwifery care as part of the interdisciplinary team, and acting as an advocate for women and newborn infants to ensure that they are always the focus of care.

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

4.A outcomes

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

- 4.1** demonstrate knowledge and understanding that the complications and additional care needs of women, newborn infants, partners and families may relate to physical, psychological, social, cultural, and spiritual factors
- 4.2** identify and use reports and data on local, national, and international prevalence and risk to develop knowledge and awareness of complications and additional care needs that may affect women, newborn infants, and families
- 4.3** demonstrate knowledge and understanding of pre-existing, current and emerging complications and additional care needs that affect the woman, including their potential impact on the woman's health and wellbeing; and the ability to recognise and provide any care, support or referral that may be required as a result of any such complications or needs

- 4.4** demonstrate knowledge, understanding, and the ability to recognise complications and additional care needs in regard to:
 - 4.4.1** embryology and fetal development
 - 4.4.2** adaptation to life
 - 4.4.3** the newborn infant
 - 4.4.4** very early child development
 - 4.4.5** the transition to parenthood and positive family attachment
- 4.5** demonstrate knowledge, understanding, and the ability to recognise complications and additional care needs of the woman and/or newborn infant, in regard to infant feeding and the implications of feeding for very early child development
- 4.6** use evidence-based, best practice approaches to respond promptly to signs of compromise and deterioration in the woman, fetus, and newborn infant, and to 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
- 4.8** use evidence-based, best practice approaches for the first-line management of complications and additional care needs of the woman, fetus and/or newborn infant; including support, referral, interdisciplinary and multiagency team working, escalation and follow-up, as needed.

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

4.B outcomes

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

- 4.9** demonstrate the ability to work in collaboration with the interdisciplinary and multiagency teams while continuing to provide midwifery care needed by women and newborn infants
- 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 additional care needs occur
- 4.11** demonstrate knowledge and understanding of how to work in collaboration with the interdisciplinary and multiagency teams to provide respectful, kind, compassionate end of life care for the woman and/or newborn infant, and their partner and family, and follow up with the family, ensuring continuity of care.

Domain 5:

Promoting excellence:

the midwife as colleague, scholar and leader

Midwives make a critically important contribution to the quality and safety of maternity care, avoiding harm and promoting positive outcomes and experiences.

They play a leading role in enabling effective team working, and promoting continuous improvement. Midwives recognise their own strengths, as well as the strengths of others.

They take responsibility for engaging in continuing professional development and know how they can support and supervise others, including students and colleagues. They recognise that their careers may develop in practice, education, research, management, leadership, and policy settings.

A. Working with others: the midwife as colleague

5.A outcomes:

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

- 5.1 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
- 5.2 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 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 and adverse outcomes and experiences
- 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, effective team working, appropriate skill mix, and the safety and quality of care

- 5.6** recognise risks to public protection and quality of care and know how to escalate concerns in line with local/national escalation guidance and policies
- 5.7** demonstrate the ability to act safely in situations where there is an absence of good quality evidence
- 5.8** demonstrate understanding of why interdisciplinary team working and learning matters, and the importance of participating in a range of interdisciplinary learning opportunities
- 5.9** contribute to team reflection activities to promote improvements in practice and service
- 5.10** demonstrate knowledge and understanding of the principles and methods of sustainable health care
- 5.11** demonstrate knowledge and understanding of change management and the ability to collaborate in, implement, and evaluate evidence-informed change at individual, group, and service level
- 5.12** effectively and responsibly use a range of digital and other technologies to access, record, share and apply data within teams and between agencies
- 5.13** 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 effective practice; this must include:
 - 5.13.1** individual and team reflection, problem solving, and planning
 - 5.13.2** effective and timely communication with colleagues and senior staff
 - 5.13.3** collaborating to ensure safe and sustainable systems and processes
 - 5.13.4** the ability to advocate for change
 - 5.13.5** the use of strength-based approaches
 - 5.13.6** responding to unpredictable situations
- 5.14** demonstrate how to recognise signs of vulnerability in themselves or their colleagues and the actions required to minimise risks to health or wellbeing of self and others
- 5.15** demonstrate awareness of the need to manage the personal and emotional challenges of work and workload, uncertainty, and change; and incorporate compassionate self-care into their personal and professional life.

B. Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader**5.B outcomes:**

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

- 5.16** demonstrate knowledge and understanding of the importance of current and ongoing local, national and international research and scholarship in midwifery and related fields, and how to use this knowledge to keep updated, to inform decision-making, and to develop practice
- 5.17** demonstrate knowledge and understanding of the importance of midwives' contribution to the knowledge base for practice and policy through research, audit and service evaluation, engagement and consultation
- 5.18** demonstrate the ability and commitment to develop as a midwife, to understand career pathways that may include practice, management, leadership, education, research, and policy, and to recognise the need to take responsibility for engaging in ongoing education and professional development opportunities
- 5.19** safely and effectively lead and manage midwifery care, demonstrating appropriate prioritising, delegation, and assignment of care responsibilities to others involved in providing care
- 5.20** demonstrate positive leadership and role modelling, including the ability to guide, support, motivate, and interact with other members of the interdisciplinary team
- 5.21** support and supervise students in the provision of midwifery care, promoting reflection, providing constructive feedback, and evaluating and documenting their performance.

Domain 6:

The midwife as skilled practitioner

Midwives are skilled, autonomous practitioners who apply knowledge safely and effectively, to optimise outcomes for all women and newborn infants. They combine clinical knowledge, understanding, skills, and interpersonal and cultural competence, to provide quality care that is tailored to individual circumstances. They assess, plan, provide, and evaluate care in partnership with women, referring to and collaborating with other health and social care professionals as needed. They continue to enhance their midwifery practice for the benefit of women, newborn infants, partners, and families.

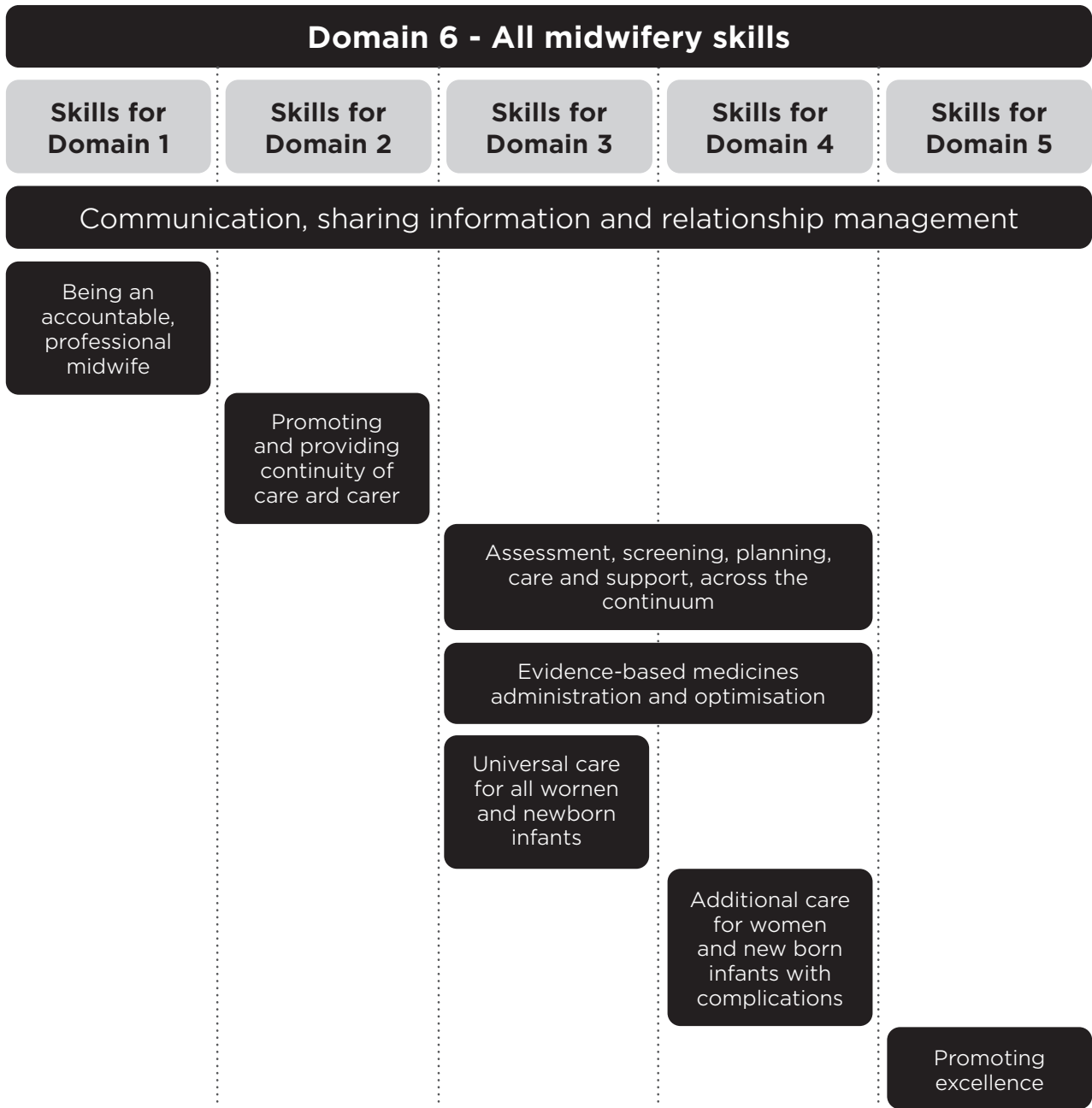
Proficiency Outcomes

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

6.0 safely demonstrate evidence-based best practice in all core and domain-specific skills and procedures listed below:

Navigation

All midwifery skills are situated in Domain 6. This map shows how they are aligned to the proficiencies in each of the domains.



Communication, sharing information and relationship management: shared skills for Domains 1, 2, 3, 4 and 5

Skills when communicating with women, their partners and families, and colleagues that take account of women's needs, views, preferences, and decisions

- 6.1** demonstrate the ability to use evidence-based communication skills when communicating and sharing information with the woman, newborn infants and families that takes account of the woman's needs, views, preferences, and decisions, and the needs of the newborn infant
 - 6.1.1** actively listen, recognise and respond to verbal and non-verbal cues
 - 6.1.2** use prompts and positive verbal and non-verbal reinforcement
 - 6.1.3** use appropriate non-verbal communication techniques including touch, eye contact, and respecting personal space
 - 6.1.4** make appropriate use of respectful, caring, and kind open and closed questioning
 - 6.1.5** check understanding and use clarification techniques
 - 6.1.6** respond to women's questions and concerns with kindness and compassion
 - 6.1.7** avoid discriminatory behaviour and identify signs of unconscious bias in self and others
 - 6.1.8** use clear language and appropriate resources, making adjustments where appropriate to optimise women's, and their partners' and families', understanding of their own and their newborn infant's health and wellbeing
 - 6.1.9** recognise the need for, and facilitate access to, translation and interpretation services
 - 6.1.10** recognise and accommodate sensory impairments during all communications
 - 6.1.11** support and manage the use of personal communication aids
 - 6.1.12** identify the need for alternative communication techniques, and access services to support these

- 6.1.13** communicate effectively with interdisciplinary and multiagency teams and colleagues in all settings to support the woman's needs, views, preferences, and decisions
- 6.1.14** maintain effective and kind communication techniques with women, partners and families in challenging and emergency situations
- 6.1.15** maintain effective communication techniques with interdisciplinary and multiagency teams and colleagues in challenging and emergency situations.

Approaches for building relationships and sharing information with women, their partners and families that ensures that women's needs, views, preferences, and decisions can be supported in all circumstances

- 6.2** demonstrate the ability to use evidence-based approaches to build relationships with women, newborn infants, partners and families that respect and enable the woman's needs, views, preferences, and decisions
 - 6.2.1** build and maintain trusting, kind, and respectful professional relationships
 - 6.2.2** convey respect, compassion and sensitivity when supporting women, their partners and families who are emotionally vulnerable and/or distressed
 - 6.2.3** demonstrate the ability to conduct sensitive, individualised conversations that are informed by current evidence on public health promotion strategies
 - 6.2.4** demonstrate effective communication to initiate sensitive, compassionate, woman-centred conversations with pregnant women and new mothers around infant feeding and relationship building
 - 6.2.5** engage effectively in difficult conversations, including conversations about sensitive issues related to ethical dilemmas and breaking bad news, and sexuality, pregnancy, childbirth and the newborn infant
 - 6.2.6** demonstrate the ability to explore with women their attitudes, beliefs and preferences related to childbirth, infant feeding, and parenting, taking into account differing cultural contexts and traditions

- 6.2.7** provide effective and timely communication with women who experience complications and additional care needs, and their partners and families. This includes support, accurate information and updates on changes whilst continuing to listen and respond to their concerns, views, preferences, and decisions
- 6.2.8** communicate complex information regarding a woman's care needs in a clear, concise manner to interdisciplinary and multiagency colleagues and teams
- 6.2.9** consult with, seek help from, and refer to other health and social care professionals both in routine and emergency situations
- 6.2.10** demonstrate skills of effective challenge, de-escalation and remaining calm, considering and taking account of the views and decisions made by others.

Being an accountable, autonomous, professional midwife: skills for Domain 1

- 6.3** share and apply research, audit, and service evaluation findings to inform practice, to include:
 - 6.3.1** find and access best local, national and international evidence relevant to health, care, and policy
 - 6.3.2** critically analyse the strengths and limitations of quantitative and qualitative studies, including ethical considerations, study design, and data analysis
- 6.4** keep, and securely store, effective records for all aspects of the continuum of care for the woman, newborn infant, partner and family:
 - 6.4.1** present and share verbal, digital and written reports with individuals and/or groups, respecting confidentiality
 - 6.4.2** clearly document the woman's understanding, input, and decisions about her care
- 6.5** use strategies to work within the World Health Organisation International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions
- 6.6** reflect on and debate topics including those that are seen to be challenging or contentious
- 6.7** demonstrate the ability to escalate concerns in situations related to the health and wellbeing of the woman or newborn infant, or of the behaviour or vulnerability of colleagues.

Safe and effective midwifery care: promoting and providing continuity of care and carer: skills for Domain 2

- 6.8 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
- 6.9 identify, contact, and communicate effectively with colleagues from their own and other health and social care settings, and voluntary and third sector agencies, to ensure continuity of care
- 6.10 consistently plan, implement, and evaluate care that considers the needs of women and newborn infants together
- 6.11 identify resources relevant to the needs of women and newborn infants, and support and enable women to access these as needed
- 6.12 arrange for effective transfer of care for the woman and newborn infant, as needed, and when midwifery care is complete
- 6.13 inform and update interdisciplinary and multiagency colleagues about changes in care needs and care planning, and update records accordingly.

Assessment, screening, planning, care and support across the continuum: shared skills for Domains 3 and 4

- 6.14 promote the woman's confidence in her own body, health and wellbeing, and in her own ability to be pregnant, give birth, build a relationship, and nurture, feed, love, and respond to her newborn infant
- 6.15 when assessing, planning, and providing care include the woman's own self-assessment and assessment of her newborn infant's health and wellbeing, and her own ability and confidence in regard to self-care and care for her newborn infant
- 6.16 respond to any questions and concerns, and recognise the woman's own expertise of her own pre-existing conditions
- 6.17 demonstrate the ability to involve women in assessment, planning and evaluating their care
- 6.18 apply in-depth knowledge of anatomy, physiology, genetics, genomics, epigenetics and psychology to inform the assessment, planning and provision of care for the woman and newborn infant across the continuum
- 6.19 assess, plan and provide care that promotes and protects physical, psychological, social, cultural, and spiritual safety for all women and newborn infants, including any need for safeguarding, recognising the diversity of individual circumstances

- 6.20** demonstrate the ability to conduct a holistic assessment of physical, psychological, social, cultural, and spiritual health and wellbeing for the woman and the newborn infant, across the continuum
- 6.21** assess, plan and provide care that optimises the normal physiological processes of reproduction and early life, working to promote positive outcomes, health and wellbeing, and to anticipate and prevent complications
- 6.22** provide evidence-based information on all aspects of health and wellbeing of the woman and newborn infant to enable informed decision-making by the woman, and partner and family as appropriate
- 6.23** use evidence-based information to enable women, their partners and families to make individualised care choices and decisions about screening and diagnostic tests
- 6.24** demonstrate the ability to discuss findings of tests, observations and assessments with the woman, partner/**companion** and family as appropriate
- 6.25** assess the environment to maximise safety, privacy, dignity, and wellbeing, optimise normal physiological processes, and provide a welcoming environment for the woman, partner/companion, and family; and to create the conditions needed for the birth and subsequent care to be as gentle as possible for the newborn infant
- 6.26** identify opportunities to offer support and positive feedback to the woman
- 6.27** recognise and respond to signs of all forms of abuse and exploitation, and need for safeguarding
- 6.28** use skills of infection prevention and control, following local and national policies and protocols
- 6.29** engage women, partners, and families in understanding and applying principles of infection control and antimicrobial stewardship
- 6.30** demonstrate the ability to measure and record vital signs for the woman and newborn infant, using technological aids where appropriate, and implement appropriate responses and decisions
- 6.31** undertake abdominal examination and palpation of the woman appropriately across all stages of the continuum
- 6.32** undertake auscultation of the fetal heart, using Pinard stethoscope and technical devices as appropriate including cardiotocograph (CTG), accurately interpreting and recording all findings including fetal heart patterns

- 6.33 recognise normal vaginal loss and deviations from normal, across the continuum
- 6.34 undertake vaginal examination with the woman's consent
- 6.35 undertake venepuncture and cannulation and blood sampling, and interpret appropriate blood tests
- 6.36 assess, plan and provide care that optimises the woman's hygiene needs and skin integrity
- 6.37 recognise and respond to oedema, varicosities, and signs of thromboembolism
- 6.38 support the woman when nausea and vomiting occur, recognising deviations from normal physiological processes
- 6.39 assess, plan and provide care that optimises the woman's nutrition and hydration
- 6.40 assess, plan and provide care that optimises the woman's bladder and bowel function and health across the continuum
- 6.41 assess, plan and provide care and support in regard to the woman's experience of and response to pain and her need for pain management, using evidence-based techniques including comfort measures, non-pharmacological and pharmacological methods
- 6.42 demonstrate the ability to recognise and respond to deviations from normal physiological processes, and unsafe psychological, social, cultural and spiritual situations for the woman and the newborn infant
- 6.43 demonstrate the ability to avoid and minimise trauma
- 6.44 demonstrate the ability to consult, collaborate with, and refer to, interdisciplinary and multiagency colleagues as appropriate
- 6.45 act as an advocate when care involves the interdisciplinary and multiagency team, to ensure that care continues to focus on the needs, views, preferences and decisions of women, and the needs of newborn infants
- 6.46 assess, promote, and encourage the development of the mother-newborn infant relationship, and opportunities for attachment, contact, interaction, and relationship building between the woman, newborn infant, partner and family
- 6.47 enable immediate, uninterrupted, and ongoing safe **skin-to-skin contact** between the mother and the newborn infant, and positive time for the partner and family to be with the newborn infant and each other, preventing unnecessary interruptions

- 6.48** observe, assess, and promote the woman's, and partner's (as appropriate), immediate response to the newborn infant, and their ability to keep the newborn infant close and be responsive to the newborn infant's cues for love, comfort and feeding (**reciprocity**)
- 6.49** provide information about and promote access to community-based facilities and resources as needed.

Evidence-based medicines administration and optimisation: shared skills for Domains 3 and 4

- 6.50** demonstrate the ability to work in partnership with the woman to assess and provide care and support across the continuum that ensures the safe administration of medicines
- 6.50.1** carry out initial and continued assessments of women and their ability to self-administer their own medications
- 6.50.2** recognise the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them
- 6.50.3** use the principles of safe remote prescribing and directions to administer medicines, including safe storage, transportation and disposal of medicinal products
- 6.50.4** demonstrate the ability to safely supply and administer medicines listed in **Schedule 17 of the Human Medicines Regulations** (midwives exemptions) and any subsequent legislation and demonstrate the ability to check the list regularly
- 6.50.5** undertake accurate drug calculations for a range of medications
- 6.50.6** undertake accurate checks, including transcription and titration, of any direction to supply and administer a medicinal product
- 6.50.7** exercise professional accountability in ensuring the safe administration of medicines, via a range of routes, to women and newborn infants
- 6.50.8** administer injections using intramuscular, subcutaneous, intradermal and intravenous routes and manage injection equipment
- 6.50.9** recognise and respond to adverse or abnormal reactions to medications for the woman and the newborn infant, and the potential impact on the fetus and the breastfed infant

6.50.10 recognise the impact of medicines in breastmilk and support the woman to continue to responsively feed her newborn infant and/or to express breastmilk.

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

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

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

6.52 conduct 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:

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

6.52.2 food, nutrition and food safety

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

6.52.4 weight management and exercise

6.52.5 smoking, alcohol and substance use

6.52.6 immunisation

6.52.7 poverty and social and health inequalities

6.52.8 social media use and the potential for addiction

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

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

6.53.2 formula feeding responsively and as safely as possible

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

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

6.55 recognise 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

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

6.56.1 signs and symptoms of pregnancy

6.56.2 shared identification of social and lifestyle factors

6.56.3 maternal mental health and wellbeing

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

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

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

6.56.7 recognition of the onset of labour

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

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

6.57.2 the need for mobility and position changes

6.57.3 effectiveness of contractions and progress in labour

6.57.4 fetal wellbeing and the need to respond to problems

6.57.5 the need to expedite birth when necessary

6.57.6 the need for an episiotomy

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

6.57.8 progress 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

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

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

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

6.58.2 the 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

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

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

6.59 conduct 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:

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

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

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

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

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

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

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

- 6.61** accurately assess all relevant aspects of infant feeding, for both the woman and the newborn infant; this must include:
- 6.61.1** monitoring the newborn infant's weight, growth and development
 - 6.61.2** use skills of observation, active listening and evaluation to examine effectiveness of feeding practices
 - 6.61.3** observation of the woman's breasts for tenderness, pain, engorgement, and need for pain management
- 6.62** for women and newborn infants who are breastfeeding: ongoing observation and assessment of effective breastfeeding; this must include:
- 6.62.1** effective attachment and positioning of the infant at the breast
 - 6.62.2** responsive feeding
 - 6.62.3** infant behaviour at the breast including coordination and effectiveness of sucking and swallowing
 - 6.62.4** effective milk transfer and milk production
 - 6.62.5** stool and urine output appropriate to age of infant
 - 6.62.6** ability to maximise breastmilk, safe and effective hand expression and feeding the baby expressed breastmilk
- 6.63** for 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:
- 6.63.1** parent's assessment of and confidence with using a bottle to feed their baby
 - 6.63.2** responsive bottle feeding: pacing the feeds, limiting the number of care givers
 - 6.63.3** when formula feeding: use of appropriate formula, making up feeds and sterilisation of equipment as safely as possible
- 6.64** effectively 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

6.65 implement 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:

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

6.65.2 guide 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

6.65.3 optimise the management of the umbilical cord at birth

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

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

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

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

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

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

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

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

6.68.1 for all women:

- a** understand how to complete an infant feeding assessment with the woman, maintaining accurate records including plans of care, and any challenges encountered or referrals made
- b** provide appropriate pain management for breast tenderness and pain

6.68.2 for women who are breastfeeding:

- a** apply 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
- b** support women learning how to hand express their breastmilk and how to store, freeze and warm it with consideration to aspects of infection control
- c** share information with women and families about national and local information and networks that are available to support women in the continuation of breastfeeding

6.68.3 for parents who bottle feed, partially or exclusively:

- a** support women who wish to combine breastfeeding with formula feeding, helping women to understand the impact on breastmilk production
- b** encourage responsive bottle feeding
- c** encourage parents' use of appropriate formula including its reconstitution, and the cleaning and sterilising of equipment as safely as possible.

Additional care for women and newborn infants with complications: skills for Domain 4

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

- 6.69** recognise, assess, plan, and respond to pre-existing and emerging complications and additional care needs for women and newborn infants, collaborating with, consulting and referring to the interdisciplinary and multiagency team as appropriate; this must include:
- 6.69.1** pre-existing and emerging physical conditions, and complications of pregnancy, labour, birth, postpartum for the woman and fetus, and complications for the newborn infant, infant feeding challenges, perinatal loss, and maternal illness or death
 - 6.69.2** physical disability
 - 6.69.3** learning disability
 - 6.69.4** psychological circumstances and mental illness including alcohol, drug and substance misuse/withdrawal, previous perinatal loss, stress, depression, anxiety, postpartum psychosis
 - 6.69.5** social circumstances including lack of family and community support, poverty, homelessness, those in the criminal justice system, refugees, asylum seekers and victims of trafficking and modern slavery
 - 6.69.6** violence and abuse including **female genital mutilation** and emergency safeguarding situations
 - 6.69.7** traumatic experiences including **tocophobia**, birth trauma and its sequelae including post-traumatic stress disorder, pre-term birth, perinatal loss and bereavement
- 6.70** act upon the need to involve others, promptly and proactively consulting with and referring to appropriate health and social care professionals when signs of compromise and deterioration or emergencies occur

- 6.71** implement first-line emergency management of complications and/or additional care needs for the woman, fetus, and newborn infant when signs of compromise and deterioration or emergencies occur until other help is available; this must include:
- 6.71.1** prompt call for assistance and escalation as necessary
 - 6.71.2** implement evidence-based, emergency actions and procedures and immediate life support for the woman and newborn infant until help is available
 - 6.71.3** monitor deterioration using evidence-based early warning tools
 - 6.71.4** respond to signs of infection, sepsis, blood loss including haemorrhage, and meconium-stained liquor
 - 6.71.5** communicate concerns to interdisciplinary and/or multiagency colleagues using recognised tools
 - 6.71.6** expedite birth of newborn infant
 - 6.71.7** conduct a breech birth and manage shoulder dystocia
 - 6.71.8** conduct manual removal of the placenta
 - 6.71.9** keep accurate and clear records, including emergency scribe sheets
 - 6.71.10** undertake delegated tests for woman, fetus and newborn infant
 - 6.71.11** organise safe environment, immediate referral, and appropriate support if acute mental illness, violence or abuse is identified
 - 6.71.12** arrange safe transfer to appropriate care setting.

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

- 6.72** work in partnership with the woman and in collaboration with the interdisciplinary and/or multiagency team to plan and implement midwifery care for women and newborn infants as appropriate to:
- 6.72.1** implement appropriate response when acute social problems occur
 - 6.72.2** implement necessary interventions when physical complications occur, including but not limited to:
 - a** manage, monitor, and effectively administer fluid balance
 - b** conduct speculum examination and low and high vaginal swabs to test for signs of infection and preterm labour

- c** undertake amniotomy and application of fetal scalp electrode
 - d** obtain cord blood and interpret results
 - e** provide care for women who have experienced female genital mutilation
- 6.73** demonstrate the ability to collaborate effectively with interdisciplinary teams and work in partnership with the woman to assess and provide care and support when emergency situations or clinical complications arise that ensures the safe administration of medicines; this must include:
- 6.73.1** safe administration of medicines in an emergency
 - 6.73.2** manage intravenous (IV) fluids including transfusion of blood and blood products
 - 6.73.3** manage fluid and infusion pumps and devices
- 6.74** provide midwifery care for the women and newborn infant before, during, and after medical interventions, and collaborate with colleagues as needed, including epidural analgesia, fetal blood sampling, instrumental births, caesarean section and medical and surgical interventions to manage haemorrhage
- 6.74.1** provide midwifery care for the women and newborn infant before, during, and after interventions carried out in theatre
- 6.75** provide additional postnatal care for the woman including referral to services and resources as needed; this must include:
- 6.75.1** support and care for women with pre-existing conditions
 - 6.75.2** support and care for women following caesarean section
 - 6.75.3** support and care for women with perineal/labial/vaginal/cervical/anal trauma including female genital mutilation
 - 6.75.4** support and care for woman with urinary or faecal incontinence
 - 6.75.5** support for women and families undergoing surrogacy or adoption
- 6.76** support transitional care of a newborn infant with additional care needs in collaboration with the neonatal team

- 6.77** support women and their partners who have a newborn infant in the neonatal unit to:
- 6.77.1** stay close to their newborn infant, be partners in care, build a close and loving relationship with their newborn infant
 - 6.77.2** optimise skin-to-skin/**kangaroo care** where possible, including for parents of more than one newborn infant who may be separated and cared for in different places
 - 6.77.3** to enable their newborn infant to receive human milk and be breastfed when possible, including access to and use of donor milk
- 6.78** support women who are separated from their newborn infants as a result of maternal illness and enable contact with the newborn infant to maximise the time they can spend together
- 6.79** work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and/or multiagency team, to plan and implement midwifery care for the newborn infant who requires additional care and support
- 6.80** work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and/or multiagency team, to plan and implement compassionate, respectful, empathetic, dignified midwifery care for women and/or partners and families experiencing perinatal loss or maternal death, and demonstrate the ability to:
- 6.80.1** provide care and follow up after discharge to women and/or families experiencing miscarriage, stillbirth, or newborn infant death, and understand the care needed by partners and families who experience maternal death
 - 6.80.2** provide end of life care for a woman or for a newborn infant
 - 6.80.3** arrange provision of pastoral and spiritual care according to the woman's, father's/partner's, and family's wishes and religious/spiritual beliefs and faith
 - 6.80.4** support and assist with palliative care for the woman or newborn infant
 - 6.80.5** offer opportunities for parents and/or family to spend as much private time as they wish with the dying or dead infant or woman

- 6.80.6** support the parents of more than one newborn infant when a newborn infant survives while another dies, recognising the psychological challenges of dealing with loss and bereavement and adapting to parenthood at the same time
 - 6.80.7** provide care for the deceased woman or newborn infant and the bereaved, respecting cultural requirements and protocols
 - 6.80.8** support the bereaved woman with lactation suppression and/or donating her breastmilk if wished
 - 6.80.9** provide clear information and support regarding any possible post-mortem examinations, registration of death and options for funeral arrangements and/or a memorial service
- 6.81** work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and multiagency team, to plan and implement midwifery care for women and/or partners and families experiencing mental illness and following traumatic experiences; this must include:
- 6.81.1** provide care and support for women and the newborn infant, and partners and families as appropriate
 - 6.81.2** support the woman to stay close to her newborn infant to build positive attachment behaviours
 - 6.81.3** support the woman to responsively feed her newborn infant, and to maximise the use of human milk/breastfeeding
 - 6.81.4** support positive attachment between the father/partner and the infant
- 6.82** work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and/or multiagency team, to plan and implement midwifery care for women, newborn infants, and partners and families as appropriate, when problems occur with infant feeding; this must include:
- 6.82.1** carry out ongoing feeding assessments when a newborn infant is not feeding effectively and respond if newborn infant weight gain is insufficient
 - 6.82.2** refer to appropriate colleagues where deviation from evidence-based infant feeding and growth patterns does not respond to first line management
 - 6.82.3** for women who are breastfeeding: support women to overcome breastfeeding challenges and provide ongoing support and referral to infant feeding specialists and peer supporters as required.

Promoting excellence: the midwife as colleague, scholar and leader: skills for Domain 5

A. Working with others: the midwife as colleague

6.83 work with interdisciplinary and multiagency colleagues, advocacy groups and stakeholders to promote quality improvement; this must include:

6.83.1 use best evidence to inform decisions

6.83.2 learn from local, national, and international reports

6.83.3 analyse, clearly record and share digital information and data

6.83.4 contribute to audit and risk management

6.83.5 contribute to investigations on critical incidents, near misses and serious event reviews

6.84 work with interdisciplinary and multiagency colleagues to implement change management; this must include:

6.84.1 advocate for change

6.84.2 negotiate and challenge skills

6.84.3 use evidence-informed approaches to support change

6.85 when managing, supervising, supporting, teaching and delegating care responsibilities to other members of the midwifery and interdisciplinary team and students:

6.85.1 provide clear verbal, digital or written information and instructions and check understanding

6.85.2 provide encouragement to colleagues and students that helps them to reflect on their practice

6.85.3 keep unambiguous records of performance

6.86 demonstrate effective team management skills when:

6.86.1 developing, supporting and managing teams

6.86.2 managing concerns

6.86.3 escalating and reporting on those concerns

6.86.4 de-escalating conflict

6.86.5 reflecting on learning that comes from working with interdisciplinary and multiagency teams

- 6.87** demonstrate skills to recognise and respond to vulnerability in self and others, including:
- 6.87.1** self-reflection
 - 6.87.2** seeking support and assistance when feeling vulnerable
 - 6.87.3** taking action when own vulnerability may impact on ability to undertake their role as a midwife
 - 6.87.4** identifying vulnerability of individual and wider team members and action support and/or intervention as needed
 - 6.87.5** demonstrating **strength-based approaches** and compassionate self-care.

**B. Developing knowledge, positive role modelling and leadership:
the midwife as scholar and leader**

- 6.88** reflect on own thoughts and feelings around positive and negative feedback, and take responsibility for incorporating relevant changes into practice and behaviour
- 6.89** demonstrate engagement in ongoing midwifery and interdisciplinary professional development, including:
- 6.89.1** participatory and self-directed learning
 - 6.89.2** reflection on learning that informs professional development and practice
- 6.90** know how to:
- 6.90.1** keep up to date by accessing evidence-based information and policy, applying digital literacy and critical appraisal skills
 - 6.90.2** debate the implications for practice where no research or conflicting research evidence exists
 - 6.90.3** find information about possible paths for career development including opportunities for postgraduate courses and scholarships.

Glossary

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

Abuse: an act that may harm the woman or the newborn infant, endanger 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. Abuse may be current or may have occurred in the past (known as non-recent or historical abuse); in these circumstances, the harmful physical and psychological effects can still manifest in the present.

Autonomous: to have the knowledge and confidence to exercise professional judgement.

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.

Contraindications: a condition or factor that serves as a reason to withhold a certain medical treatment due to the harm that it would cause the patient.

Continuity of carer or relational continuity of care: 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 period from pre-pregnancy, pregnancy, labour, birth, the immediate postpartum, and the early days and weeks of life.

Determinants of health: includes the social and economic environment, the physical environment and the person's individual characteristics and behaviours.

Epigenetics: changes in organisms caused by the modification of gene expression that does not involve an alteration in the DNA sequence itself.

Evidence-based care: decision-making that integrates midwifery expertise with knowledge derived from the best available evidence.

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.

Genomics: branch of molecular biology concerned with the structure, function, evolution, and mapping of genomes.

Human factors: environmental, organisational, and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety.

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.

Maternity journey: the woman's view of her journey through the lead up to pregnancy, pregnancy, labour, birth, the immediate postpartum period, and the early days and weeks after pregnancy.

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.

Partner: the person considered by the woman to be her life partner. This may include the biological father and other-or same-sex partners.

Reciprocity: the intimate interaction between the baby and their parent through mutual communication which encourages secure, positive attachments.

Skin-to-skin contact at birth: the practice where a newborn infant is dried and laid directly on 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. Ongoing skin-to-skin contact involves the mother/parent holding the newborn infant skin-to-skin for feeding, love and comfort.

Strength-based approaches: a strength-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.

Tocophobia: severe fear of pregnancy and childbirth.

Very early child development: very early child development includes physical, social, emotional, cognitive, and motor development in the first hours, days and weeks when the newborn infant is developing most rapidly.

Woman: the words woman and women have been used throughout this document as this is the way that the majority of those who are pregnant and having a baby will identify. For the purpose of this document, this term includes girls. It also includes people whose gender identity does not correspond with their birth sex or who may have a non-binary identity.

What we do

Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the independent regulator of more than 808,000* nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to **regulate**. First, we promote high professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects a tiny minority of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

To regulate well, we **support** our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to **influence** health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision-making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

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