

# Standards for pre-registration midwifery education



## Foreword

The Nursing and Midwifery Council exists to protect the public. We do this by maintaining a register of nurses, midwives and nursing associates, setting standards for education and practice, and giving guidance to professionals. We aim to inspire the confidence of our stakeholders by ensuring that nurses, midwives and nursing associates on our register are fit to practise and by dealing swiftly and fairly with those who are not.

Standards for pre-registration midwifery education updates and replaces Standards of proficiency for pre-registration midwifery education (2004). European Directives have been incorporated into this edition, along with NMC standards and guidance that relate to the outcome of two NMC consultations: Fitness for practice at the point of registration, and Pre-registration midwifery education. Included also are the Essential Skills Clusters for midwifery education. The revised title reflects the scope of the standards and guidance for pre-registration midwifery education.

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## **Introduction**

### **The role of the Nursing and Midwifery Council**

The Nursing and Midwifery Council (NMC) is required by the Nursing and Midwifery Order 2001<sup>1</sup> (the Order) to establish and maintain a register of qualified nurses, midwives and nursing associates [Article 5(1)]. It is required to establish the standards necessary to be admitted to the different parts of the register [Article 5(2)(a)], including the standards of education and training necessary to qualify as a midwife [Article 15(1)].

This book details the standards of education and training required for pre-registration midwifery education programmes. Their status is mandatory and they gain their authority from legislation, in this case, the Order and the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004<sup>2</sup> (the Registration Rules).

The standards in this booklet have either been consulted on, in accordance with Article 3(14) of the Order, or transferred from previous rules, standards and guidance.

### **Midwifery – the guiding principles**

The standards for pre-registration midwifery education have been guided by the international definition of a midwife and the requirements of the European Union Directive Recognition of Professional Qualifications 2005/36/EC Article 40 (by 2013/55/EU).

### **The international definition of a midwife**

The definition of a midwife as adopted by the International Confederation of Midwives (ICM), the International Federation of Gynaecology and Obstetrics (FIGO) and the World Health Organization (WHO):

A midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery.

The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the post-partum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

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<sup>1</sup> The Nursing and Midwifery Order 2001 (SI 2002/253) as amended by the (www.opsi.gov.uk/si/si2007/20073101) European Qualifications (Health and Social Care Professions) Regulations 2007 (SI 2007/3101), and the (www.opsi.gov.uk/si/si2008/pdf/uksi\_20081485\_en.pdf) Nursing and Midwifery (Amendment) Order 2008 (SI 2008/1485), The Stationery Office, Norwich, (www.hmsso.gov.uk)

<sup>2</sup> Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004 (SI 2004/1767) as amended by the Nursing and Midwifery Council, (www.opsi.gov.uk/si/si2005/uksi\_20053354\_en.pdf) (Education, Registration and Registration Appeals) (Amendment) Rules 2005 (SI 2005/3354) and the (www.opsi.gov.uk/si/si2007/20073101.htm) European Qualifications (Health and Social Care Professions) Regulations 2007 (SI 2007/3101), The Stationery Office, Norwich, (www.hmsso.gov.uk)

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care.

A midwife may practise in any setting including the home, community, hospitals, clinics or health units.

(Adopted at the International Confederation of Midwives Council meeting in Brisbane, Australia, on 19 July, 2005)

### **Safe and effective practice**

Education programmes must be designed to prepare students to practise safely and effectively so that, on registration, they can assume full responsibility and accountability for their practice as midwives.

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

Students must demonstrate competence in:

- sound, evidence-based knowledge of facilitating the physiology of childbirth and the newborn, and be competent in applying this in practice
- a knowledge of psychological, social, emotional and spiritual factors that may positively or adversely influence normal physiology, and be competent in applying this in practice
- appropriate interpersonal skills (as identified in the Essential Skills Cluster – Communication) to support women and their families
- skills in managing obstetric and neonatal emergencies, underpinned by appropriate knowledge
- being autonomous practitioners and lead carers to women experiencing normal childbirth and being able to support women throughout their pregnancy, labour, birth and postnatal period, in all settings including midwife-led units, birthing centres and the home
- being able to undertake critical decision-making to support appropriate referral of either the woman or baby to other health professionals or agencies when there is recognition of normal processes being adversely affected and compromised.

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

Students must understand and practise competently:

### **Provision of women-centred care**

Midwifery practice must be women-centred and responsive to the needs of women and their families in a variety of care settings. This will be reflected in the midwife's ability to assess the needs of women, and to determine and provide programmes of care and support for women throughout the pre-conception, antenatal, intrapartum and postnatal periods.

The education process will prepare the student to provide midwifery care. It will also prepare them to accept responsibility for the effective and efficient management of care for women by managing and prioritising competing demands. The student will develop the capacity to work collaboratively within the multi-disciplinary care team, whilst demonstrating overall competence in fulfilling the midwife's role.

The emphasis must be on the provision of holistic care for women and their families, which respects their individual needs, contexts, cultures and choices. Principles of equity and fairness are fundamental values, which must be addressed in all programmes of preparation.

### **Ethical and legal obligations**

*The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*<sup>3</sup> requires all midwives to conduct themselves and practise within an ethical framework based on respect for the wellbeing of women and their families. While various rule-orientated and principle-based ethical models may assist in informing ethical decisions, many ethical dilemmas are complex. They may not easily be resolved by using one ethical approach. Midwives must recognise their moral obligations and the need to accept personal responsibility for their own ethical choices within specific situations based on their own professional judgment. In making such choices, midwives must be aware of, and adhere to, legal as well as professional requirements.

### **Respect for individuals and communities**

Midwives must always demonstrate respect for persons and communities, and not discriminate in any way against those in their care. No midwife should convey any allegiance to any individual or group which opposes or threatens the human rights, safety or dignity of individuals or communities, irrespective of whether such individuals or groups are recipients of midwifery care.

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<sup>3</sup> *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*, Nursing and Midwifery Council, London ([www.nmc.org.uk](http://www.nmc.org.uk))



## **Quality and excellence**

The practice-based standards required of midwives are not separate and insular professional aspirations. They are directly linked to the wider goals of achieving clinical effectiveness within healthcare teams and agencies, with the ultimate aim of providing high-quality midwifery care for women and their families. Assuring the quality of midwifery care is one of the fundamental underpinnings of clinical governance. It is essential that the midwifery standards set out in this book enable the student to promote and facilitate the physiological process of childbirth, identify complications that can arise in women and their babies, communicate and refer in a timely manner to and from appropriate colleagues, and implement emergency measures and transfer of care.

## **The changing nature and context of midwifery practice**

As the nature and context of midwifery practice changes, it is essential that all midwives are prepared for and understand the need to update and enhance their knowledge and skills, in response to the changing needs of women and their families. Midwives, working within the limitations of their own competence, must have the capacity to adapt to change, but also be able to identify the need for change and initiate it. Midwives need to adapt to changes in technology and new systems of care delivery as they are introduced.

## **Lifelong learning**

Midwives must be prepared for and understand the need for continuing professional and personal development throughout their career, including the acquisition and development of new knowledge and skills. Programmes must prepare the midwife with the communication skills with which to deliver effective care in a multicultural environment. Midwives must be prepared for partnership working with other members of the healthcare team, working across professional boundaries in the best interests of women and their families.

## **Evidence-based practice and learning**

Within the complex and rapidly changing healthcare environment, it is essential that the best available evidence informs midwifery practice. This is achieved by searching the evidence base; analysing, critiquing and using evidence in practice; disseminating research findings; and adapting and changing practice where appropriate. This must be reflected throughout education programmes.

## **Standards for the lead midwife for education**

This section provides standards and guidance relating to the lead midwife for education. The lead midwife for education is a requirement for approval of midwifery education programmes that lead to application to the midwives' part of the register or a recordable midwifery qualification. The lead midwife for education forms an essential part of the quality assurance process and she must demonstrate to the NMC that the standards leading to either registration or a recording on the midwives' part of the register are being maintained.

### **Standard 1 – Appointment of the lead midwife for education**

The NMC requires an approved educational institution to do the following:

- appoint a lead midwife for education who is a practising midwife and has a recorded midwifery teaching qualification on the NMC register
- confirm the appointment of a lead midwife for education with the NMC
- use the lead midwife for education for strategic liaison with external agencies such as purchasers of education provision for all matters affecting midwifery education.

#### **Guidance**

The lead midwife for education is a practising midwife and therefore must notify her intention to practise each year. She must also meet the NMC requirements for updating and continuing professional development in order to remain on the register as a midwife. Having a recorded teaching qualification on the NMC register demonstrates that the lead midwife for education has met the NMC's standards for teaching.

The approved educational institution should notify the NMC of the appointment of the lead midwife for education on the appropriate form (accessed via the NMC website [www.nmc.org.uk](http://www.nmc.org.uk)), so that we can get in contact with them as and when necessary.

Examples of external agencies with whom the lead midwife may need to communicate include the NMC and its strategic reference groups, commissioners and purchasers of education, maternity units, Departments of Health, other higher education institutions, professional organisations, and voluntary sector and private sector employers.

The lead midwife for education should be supported to attend the NMC's UK-wide lead midwife for education strategic reference group. Working collaboratively with external agencies, the lead midwife for education will ensure training meets current and future midwifery education programme requirements, in line with NMC requirements for the preparation of midwives fit for practice.



## **Standard 2 – Development, delivery and management of midwifery education programmes**

The lead midwife for education shall lead the development, delivery and management of the midwifery education programmes provided by the approved educational institution, ensuring that they comply with the standards established by the NMC.

The approved educational institution will:

- consult with the lead midwife for education on all matters that affect midwifery education

The lead midwife for education will:

- contribute to the internal systems that inform the quality assurance of midwifery education programmes
- collaborate with maternity services, service users and user groups in all matters that affect midwifery education
- provide professional input at strategic and operational levels within the approved educational institution to ensure the NMC's requirements for due regard are met
- work at a strategic level with heads of midwifery, and purchasers of education provision in all matters that affect midwifery education

### **Guidance**

The lead midwife for education is an expert in midwifery education and has the knowledge and skills to develop policy, as well as to advise others on all matters relating to midwifery education. She should liaise directly with commissioning and purchasing agencies for midwifery education, as well as being involved in any decisions regarding midwifery education. It is essential that midwifery education programmes meet the needs of users of maternity services, as well as students. It is therefore important that women who use maternity services are involved in all stages of curriculum planning, development and programme evaluation. This will enable student midwives, at the point of registration, to meet the needs of women and their babies. Strategic collaboration is necessary because midwifery education impacts on midwifery care, workforce planning and commissioning of student numbers.

### **Standard 3 – Signing the supporting declaration of good health and good character**

In accordance with rule 6(1)(a)(ii) of the registration rules, the lead midwife for education shall be responsible, at her discretion, for signing the supporting declarations of good health and good character for all midwifery applications to the register.

The lead midwife for education will:

- ensure processes are in place to satisfy the NMC's entry requirements for:
  - (a) admission to a midwifery programme of education that leads to initial registration or readmission to the register following a return to practice programme
  - (b) the continued participation of a student in a midwifery programme of education that leads to initial registration or readmission to the register following a return to practice programme
  - (c) any person being admitted to the midwives' part of the register for the first time or readmission to the register following a return to practice programme
- be accountable for her signature on the supporting declaration of good health and good character
- have the right to refuse to sign any supporting declaration of good health and good character where the available evidence identifies that the student may not be of sufficient good health and/or good character to carry out safe and effective practice as a midwife.

#### **Guidance**

The lead midwife for education is accountable for her practice in accordance with *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*.<sup>4</sup>

If a lead midwife for education cannot be assured of a student's good health and good character she must not sign the supporting declaration required by the NMC. The student therefore cannot be recommended for admission to the midwives' part of the register. In such cases, it would be regarded as good practice to inform the NMC why the student is not being recommended for admission to the register and confirm the student has left the midwifery programme.

This section describes standards and guidance on admission to and continued participation in NMC approved pre-registration midwifery education programmes, in accordance with Article 15(1)(b) of the Order.

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<sup>4</sup> *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*. Nursing and Midwifery Council, London, ([www.nmc.org.uk](http://www.nmc.org.uk))

# **Standards for admission to, and continued participation in, pre-registration midwifery programmes**

## **Age of entry**

There is no longer a minimum age requirement, although the following guidance remains relevant.

## **Guidance**

Education providers must comply with:

- Article 40(2)(a)(b) of Directive 2005/36/EC (The Recognition of Professional Qualifications, updated by 2013/55/EU) which requires access to training as a midwife to be dependent upon either completion of at least the first 10 years of general school education (for a programme comprising of at least three years full-time theoretical and practical study), or possession of evidence of formal qualifications as a general nurse (for a full-time programme of a minimum 18 months' duration).
- Health and Safety at Work Act 2004, which restricts the manner in which young people may be deployed. In this context a 'young person' is defined as 'any person who has not attained the age of 18 years'.

The key documents relating to this are the Health and Safety (Training for Employment) Regulations 1990, the Management of Health and Safety at Work Regulations 1999, and the Management of Health and Safety at Work Regulations (Northern Ireland) 2000.

## **Standard 4 – General requirements relating to selection for and continued participation in approved programmes, and entry to the register**

### **4.1 Selection**

The following requirements for selection should be read and operated alongside programme providers' existing policies and procedures:

- wherever practicable, the selection process should include a face-to-face meeting
- programme providers (approved educational institutions and their service partners) are encouraged, wherever possible, to involve lay people and midwifery students in the selection process. Depending on local circumstances they may be involved directly or indirectly in selection, eg:
  - in planning for recruitment and selection
  - in assessing or determining interview and selection criteria
  - in monitoring the effectiveness of selection processes
  - in giving presentations or meeting with potential applicants
  - as part of the selection panel
- all individuals involved in the selection process should receive appropriate

training, preparation and updating which includes equality and diversity. Careful consideration should be given to the support and training of lay people (those who are not, and never have been registered with the NMC) and/or midwifery students involved in the process

- representatives of partner service provider organisations should be directly involved in the selection process
- the views of the individuals directly involved in selecting applicants should be taken into account when making final decisions on whether to accept or reject an applicant.

## **4.2 Literacy and numeracy**

Approved educational institutions are required to ensure that applicants for pre-registration midwifery education programmes have provided evidence of literacy and numeracy that includes prior achievement of basic skills sufficient to undertake a pre-registration midwifery programme of education to a satisfactory level of attainment.

For numeracy this includes evidence of ability to:

- manipulate numbers accurately as applied to volume, weight, and length (including addition, subtraction, division, multiplication, use of decimals, fractions and percentages), including using a calculator.

For literacy this includes evidence of ability to:

- read and comprehend (in English or Welsh) and communicate clearly and effectively in writing, including using a computer.

If a student has a disability, the above criteria can be met through the use of reasonable adjustments.

For quality assurance purposes, the NMC requires access to information about, and evidence of the application of systems and policies developed to assess the literacy and numeracy of applicants to pre-registration programmes of midwifery education.

Applicants who hold an existing NMC registration may be deemed to have met the NMC's requirements at their initial registration.

### **Guidance**

The NMC's requirements help safeguard the public by ensuring that entrants to pre-registration programmes have a foundation of literacy and numeracy from which to develop communication skills and competency with regard to drug calculations. Evidence of literacy and numeracy may be determined from academic or vocational qualifications, through evidence such as key skills abilities, or through the approved educational institution's own processes, which may include portfolios or tests.

to set their own standards but must satisfy the NMC that there is sufficient evidence to meet its requirements. It would be regarded as best practice if the educational entry requirements were agreed jointly by the approved educational institution, service providers and education commissioners.

Wherever possible, the means of evidencing requirements for literacy and numeracy should enable feedback to be provided to applicants and those admitted to a programme. This should allow developmental needs to be identified, and where appropriate to be addressed as part of the programme.

When applicants from outside the European Economic Area (EEA) offer the International English Language Testing System (IELTS) or Occupational English Test (OET) as evidence of literacy, AEs should apply NMC requirements for overseas applicants to the register. In these cases, the NMC will accept:

- IELTS examination results (academic or general) where the overall score is at least 7.0, with a score of at least 6.5 in the writing section and at least 7 in the in the reading, listening and speaking sections.
- OET examination certificate that confirms at least a B grade in the writing, reading, listening and speaking sections.

### **4.3 Good health and good character**

Applicants must demonstrate that they have good health and good character sufficient for safe and effective practice as a midwife, on entry to, and for continued participation in, programmes leading to registration with the NMC.

Applicants from overseas must meet the good health and good character as defined for UK applicants and additionally those requirements set out by the UK government for healthcare workers from overseas.

If an applicant has a conviction or formal caution issued by the police, this must be declared.

Approved educational institutions must obtain evidence of the applicant's good health and good character as part of their selection, admission and ongoing monitoring processes.

A student already registered with the NMC on a different part of the register is not exempt from this requirement.

Programme providers are required to monitor the progress of all students and to take appropriate action if any issues relating to good health or good character arise. All programme providers are required to have Fitness to Practise panels from January 2009 to consider any health or character issues and to ensure that public protection is maintained.

The NMC requires programme providers to ensure that processes are in place for assessing each applicant's/student's good health and good character at admission to, during and on completion of pre-registration midwifery programmes. Such processes may involve a combination of self-assessment health questionnaires, self-declaration of good character, routine health screening, occupational health assessment, character references, Criminal Record Bureau checks and other measures agreed between the programme providers.

Students who declare on application that they have a disability should submit a formal assessment of their condition and specific needs, from a GP or other medical or recognised authority, to the relevant occupational health department. Programme providers should apply local policy in accordance with the Disability Discrimination Act 2005<sup>5</sup> for the selection and recruitment of students/employees with disabilities. Where appropriate, the institution's student support services should also be involved. The NMC would require evidence of how such students would be supported in both academic and practice environments to ensure safe and effective practice sufficient for future registration.

#### **4.4 Entry to the register**

The NMC requires a self-declaration of good health and good character from all those entering the register for the first time. On completion of the midwifery programme the student will submit this self-declaration. The declaration is either supported by the lead midwife for education, whose name has been notified to the Council and who is responsible for midwifery education in the relevant approved educational institution, or by her designated registered midwife substitute. Approved educational institutions must be able to provide evidence of having fulfilled this requirement.

#### **Guidance**

When confirming a student's declaration of good health and good character on completion of the programme, the lead midwife for education must have knowledge of that student. She is accountable for her decision to sign the declaration.

Throughout the programme the NMC would expect that students develop their practice in accordance with *The Code: Standards of conduct, performance and ethics for nurses, midwives and nursing associates*.<sup>6</sup>

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<sup>5</sup> The Disability Discrimination Act was repealed and replaced with the Equality Act 2010.

<sup>6</sup> *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*. Nursing and Midwifery Council, London. ([www.nmc.org.uk](http://www.nmc.org.uk))



## **Standard 5 – Interruptions to pre-registration midwifery education programmes**

When a student returns to a programme it is recommended they have a period of orientation appropriate to the length of interruption. Programme providers must ensure that the student's acquired knowledge and skills remain valid, enabling them to achieve the necessary standards required on completion of the course.

### **Guidance**

For the purpose of this standard, interruption means any absence from a programme of education other than annual leave, statutory or public holidays.

See also Standard 10 – Length of programme.

## **Standard 6 – Admission with advanced standing**

All applicants, other than those registered as a nurse level 1 (adult), must complete a minimum three years full-time pre-registration midwifery programme of education.

Where a student is already registered with the NMC as a nurse level 1 (adult), the length of the pre-registration midwifery education programme shall be no less than 18 months full time (equivalent to 78 weeks full time).

### **Guidance**

Advanced standing is where a student enters a pre-registration programme as a result of prior registration with the NMC, thus being able to undertake a shortened programme. This standard complies with Directive 2005/36/EC Article 40 (1)(b) (as updated by 2013/55/EU) where applicants are entitled to undertake a shortened programme by virtue of previous registration as a nurse level 1 (adult) with the NMC. Applicants who are registered with the NMC as a nurse level 1 in other branches of nursing (mental health, learning disabilities or children) are not entitled to undertake a shortened midwifery programme.

## **Standard 7 – Transfer between approved educational institutions**

It is the responsibility of educational institutions to decide whether or not to accept an application for transfer. Students may transfer their programme with credit for prior learning only where:

- they transfer from one NMC approved pre-registration midwifery programme to another
- the relevant NMC requirements for good health and good character are met
- the student's prior learning can be mapped against the programme they wish to transfer to, enabling them to go on to meet all necessary outcomes and standards on completion of the course.

## **Standard 8 – Stepping off and stepping on to pre-registration midwifery education programmes**

Students can 'step off' a pre-registration midwifery programme of education if they have:

- completed a period of study successfully
- taken leave from a programme before its completion
- been awarded education and practice credits from the original programme provider (this would be at the discretion of the approved educational institution)

and

- have not been discontinued from the programme by the education provider.

Students can 'step on' to a pre-registration midwifery programme of education when:

- they have met the requirements for 'stepping off'

and

- the pre-registration midwifery programme they wish to join is comparable, be it at the same or another NMC approved educational institution
- they are able to complete the outstanding part of the pre-registration programme within the time frame set out by the NMC, the commencement date being the date the student started the original programme
- they have met the NMC's requirements for good health and good character
- satisfactory references have been taken up from the lead midwife for education at the original approved educational institution
- a period of orientation is undertaken by the student appropriate to the period between stepping off and stepping back on. The lead midwife for education at the new approved educational institution will determine the length of this in relation to the length of time between the leaving of and starting again on the programme.

## **Guidance**

The terms 'stepping on' and 'stepping off' refer to student midwives who decide to discontinue their pre-registration midwifery programme of education and then wish to recommence their studies at a later date.

The amount of credit that may be taken into account in relation to students stepping back on to a pre-registration programme is for the NMC approved educational institution to determine.

This section describes standards for pre-registration midwifery education programmes, in accordance with Article 15(1)(a) of the Order.

## **Standards for the structure and nature of pre-registration midwifery programmes**

### **Standard 9 – Academic standard of programme**

Since September 2008 the minimum academic level for entry to the midwives' part of the register for those entering pre-registration midwifery programmes is degree level (NMC Circular 14/2007).

#### **Guidance**

Degree level is a minimum of:

- Scotland – 360 academic credits, 60 of which must be at level 9
- England, Wales and Northern Ireland – 300 academic credits, 60 of which must be at level H.

Programme providers may determine higher academic levels where appropriate. This should be done in consultation with education commissioners.

### **Standard 10 – Length of programme**

The length of a pre-registration midwifery programme of education should be no less than three years and 4,600 hours as set down in EU Directive 2005/36/EC. Where the student is already registered with the NMC as a nurse level 1 (adult), the length of the pre-registration midwifery programme of education shall not be less than 18 months and 3,000 hours (as set down in EU Directive 2005/36/EC) or an equivalent pro-rata part-time period.

#### **Guidance**

A full-time programme containing a minimum of 4,600 hours includes any annual leave as part of the programme. It would be for the programme provider and relevant commissioner(s) to determine whether a greater minimum length was required to meet local needs.

(See also Standard 5 – Interruption in pre-registration midwifery education programmes).

## Standard 11 – Student support

Midwife teachers and midwife mentors must meet the NMC's standards to support learning and assessment in practice.<sup>7</sup>

### Guidance

Student midwives should be supported in both academic and practice learning environments. Midwife teachers and midwife mentors have the knowledge, skills and expertise to provide appropriate support to student midwives. As such they should be able to identify appropriate learning opportunities for student midwives and offer advice and guidance to develop safe woman-centred practice that enables students to become midwives.

The NMC publication Standards to support learning and assessment in practice (2008) explains that the NMC expects midwife teachers to be able to support learning and assessment in both academic and practice learning environments. There is also the expectation that midwife teachers will have contemporary experience in order to support learning and assessment in practice settings. Such experience may take a variety of forms, including:

- acting as a link tutor
- supporting mentor development and updating
- having a part-time clinical role
- supporting clinical staff in their professional development in practice
- being involved in practice development to support the evidence base from which students draw
- contributing to practice-based research

Teachers are therefore expected to spend a proportion of their time supporting student learning in practice, and this should represent approximately 20 per cent of their normal teaching hours. This would be monitored through the NMC's quality assurance framework.

A range of members of the teaching and healthcare team may contribute to students' learning, but to enable the application of theory to practice, the majority of the teaching/academic input must be from a midwife teacher. Inter-professional learning must be in the context of its relevance to midwifery knowledge and skills and must ensure the EU Directives are met in terms of midwifery hours and content.

Approved educational institutions must carry out regular audits of the learning environments that students are placed in. One of the outcomes of these audits will be to identify the number of students that an environment can support effectively, from both the number of midwife mentors available and the amount of normal pregnancy and birth experience available.

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<sup>7</sup> Standards to support learning and assessment in practice (2008). Nursing and Midwifery Council, London, ([www.nmc.org.uk](http://www.nmc.org.uk))

## **Standard 12 – Balance between clinical practice and theory**

Since September 2008, the practice to theory ratio of each programme is required to be no less than 50 per cent practice and no less than 40 per cent theory. The clinical practice experience must be sufficient to enable students to achieve the standards required by the NMC.

The programme must have a variety of learning and teaching strategies, which may include simulation. All of the clinical practice part of the programme must involve direct contact with the care of women and babies. The application of theory to midwifery practice in the academic learning environment must be undertaken by a midwife teacher. This would not exclude midwives undertaking teacher preparation programmes.

### **Guidance**

A minimum of 50 per cent of the available curriculum hours must be spent in clinical practice. This takes into account the variable hours per working week that approved educational institutions apply to the programme.

Clinical practice is that part of the midwifery programme of education where the student midwife is under the direct or indirect supervision of a midwife when providing care to women and babies. The student is in direct contact with women and babies, planning, providing and assessing the need for and extent of midwifery care on the basis of their acquired knowledge and skills.

Direct supervision is where the practising midwife would normally be in close proximity to the student, either by working directly with them or close enough to directly monitor their activities. Whereas indirect supervision enables students to develop confidence and independence, this approach should only be taken to support students who are more senior and where there is evidence that complex activities can be safely and responsibly delegated. Even so, indirect supervision requires that the midwife is easily contactable and can provide the level of support needed to ensure public protection and maintain the safety of both the women and the student.

## **Standard 13 – Scope of practice experience**

Where the opportunity is available, students should be involved in supporting women birthing in a variety of settings.

Student midwives must be involved in the care of a small group of women throughout their childbirth experience, including antenatal, intrapartum and postnatal care. The skills required for taking on the role of lead carer for women with complex medical and/or obstetric needs is developmental and competence is to be achieved after initial registration.

### **Guidance**

Women experience normal childbirth in a variety of settings. Students should gain experience of supporting women birthing in settings other than acute maternity units, such as at home, at birth centres and at midwife-led units. In exceptional circumstances, it is accepted that this may not be possible. However, the NMC would expect all opportunities to be utilised to support students in obtaining a breadth of experience.

Clinical practice should provide students with the opportunity to experience 24-hour/seven-day care, enabling them to develop an understanding of the needs and experiences of women and babies throughout a 24-hour period.

Whilst it is essential that students are able to access a full range of practice experiences to achieve the necessary standards, it is for the midwife to decide whether delegation of tasks is appropriate in the care of a woman or her baby. The midwife remains accountable for the appropriateness of any delegation of care.

The primary focus of pre-registration midwifery programmes is to ensure that students are safe and effective in practice when supporting women experiencing normal childbirth. The programme must develop the knowledge and skills of student midwives, so that at the point of registration they are competent and confident in supporting women in normal childbirth. Included in this focus must be skills in critical decision-making to support appropriate referral to other health professionals or agencies when there is recognition of normal processes being adversely affected and compromised. Midwives must know when it is necessary to refer women or their babies to other health professionals, such as obstetricians or paediatricians, to ensure they receive the appropriate care. When women require referral, midwives must also be skilled in working as part of an inter-professional/multi-agency team. Competence in the role of lead midwife carer for women with complex medical or obstetric needs is to be achieved after initial registration.

The student midwife is working towards autonomous practice at the point of registration. She should be assisted to develop the skills needed to work as an effective member of an interprofessional/multi-agency team in which she will provide the lead for midwifery care.

Students must provide care and support to a group of women from early in their pregnancy, throughout the antenatal period, during the labour and birth and then into the postnatal period until care by the midwife is complete. This may take the form of caseload holding. Providing this experience to all student midwives enables them to better understand the impact of pregnancy, birth and the integration of a new baby into family life, as well as learning about the practicalities of planning, implementing and evaluating midwifery care in a way that is relevant to women.

## **Standard 14 – Supernumerary status during clinical placement**

Students undertaking pre-registration midwifery education programmes cannot be employed to provide midwifery care during their training – all clinical experience should be education-led with students having supernumerary status for the duration.

## **Standard 15 – Assessment strategy**

Clinical practice must be graded and be counted as part of the academic award.

All outcomes within a progression point period (for example an academic year) have to be achieved and confirmed within 12 weeks of entering the next academic level. All assessments must be completed and have been passed prior to successful completion of the programme. This is designed to confirm that the student has the theoretical knowledge, practical skills and attitude to achieve the standards required for entry to the midwives' part of the register.



A student midwife shall achieve these standards under the supervision of a sign-off mentor, whose role it will be to confirm when the said standards have been met. The sign-off mentor must be a practising midwife.

## **Guidance**

The learning students undertake in pre-registration midwifery education programmes occurs in the university and in clinical practice. Assessment of practice, which is direct hands-on care, must be graded. The grades achieved must contribute to the outcome of the final academic award. If the assessment of clinical practice involves a variety of components and the student fails to achieve competence in one of the components, then the student must fail.

New programmes approved since 1 September 2008 must be compliant with the standards to grade practice. All programmes approved prior to September 2008 must be compliant with the standard by 1 September 2009.

A progression point is defined as 'a point (or points) established for the purpose of making summative judgments about safe and effective practice in a programme'. The 12-week time limit includes both theory and practice. It applies equally to full- and part-time programmes and pre-registration short and long programmes. The 12-week period also includes holidays. No extensions to the 12-week period are permitted.

A range of assessment strategies should be used to assess midwifery knowledge, practical skills and attitude. This should include at least one unseen examination. An examination is defined as an unseen piece of work completed under supervised conditions that tests the student's theoretical knowledge, practical skills and attitude. The form may vary, for example for students with specific learning needs such as dyslexia, or to meet subject needs, eg through the use of objective structured clinical examinations.

Both midwife teachers and midwife mentors shall be involved in assessing the student's ability to enter the midwives' part of the register. Although other members of the teaching and health team may contribute to the assessment of student midwives' theory and practice, they should not undertake summative assessments of the standards required for entry to the midwives' part of the register. The principles of due regard must be adhered to. The challenges of applying due regard to learning and assessment in practice for student midwives, and ways in which this can be applied more flexibly without compromising the assessment of student competence, are the subject of NMC Circular 2/2008, which can be viewed on the NMC website.

A student who is unsuccessful in passing all elements of the assessment strategy approved by the NMC, including the agreed processes for re-testing, will not be eligible to register as a midwife at the end of the programme.

## **Standard 16 – Ongoing record of achievement**

An ongoing record of achievement, including comments from mentors, must be passed from one placement to the next to enable judgments to be made on the student's progress.

### **Guidance**

The ongoing record of achievement forms part of the Assessment of Practice document and needs to be sufficiently detailed to enable the midwife sign-off mentors to confirm that a student is proficient at designated points in the programme. All actions must be taken with the full knowledge of the student. Mentors should not keep their own separate student progress records; everything should be contained within the Assessment of Practice document.

Education providers must ensure that:

- they obtain the student's consent to the processing or sharing of confidential data between successive mentors and with relevant education providers in the process of assessing fitness for practice
- robust processes are in place to ensure that where there are issues or concerns about a student's progress these are promptly and appropriately dealt with
- where there are serious concerns about a student's health or character, these should be reported promptly using established university procedures
- students are actively supported in addressing issues and concerns through a well defined and time limited development plan, either within a placement or across successive placements
- disabled students are appropriately assessed and supported in addressing the requirements of any development plan.

## Achieving the NMC standards

Students need to be proficient in all standards by the end of their training in order to practise safely and effectively as a midwife without the need for direct supervision. A student must demonstrate competence in these standards to enter the register as a midwife. Each of the following statements is followed by some examples of outcomes that must go towards the achievement of these standards. The examples used are not an exhaustive list.

### Standard 17 – Competencies required to achieve the NMC standards

These are divided into four domains:

- effective midwifery practice
- professional and ethical practice
- developing the individual midwife and others
- achieving quality care through evaluation and research.

Each category under these headings should be read in conjunction with the relevant Essential Skills Clusters (ESCs), as listed. The ESCs themselves follow this section, beginning on page 36.

#### **Domain: Effective midwifery practice**

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

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

**ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding, Medicines management**

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

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

**ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding**

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

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

This will include consideration of:

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

**ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding, Medicines management**

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

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

These will include:

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

**ESC – Communication, Initial consultation between the woman and the midwife, Medicines management**

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

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

Referrals might relate to:

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

**ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding**

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

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

**ESC – Communication, Normal labour and birth, Medicines management**



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

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

**ESC – Communication, Normal labour and birth, Medicines management**

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

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

**ESC – Communication, Normal labour and birth, Medicines management**

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

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

Care will include:

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

**ESC – Communication, Normal labour and birth, Initiation and continuance of breastfeeding, Medicines management**

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

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

**ESC – Communication, Normal labour and birth, Initiation and continuance of breastfeeding**

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

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

**ESC – Communication, Initiation and continuance of breastfeeding, Medicines management**

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

- oral
- intravenous
- intramuscular
- topical
- inhalation.

**ESC – Communication, Normal labour and birth, Initiation and continuance of breastfeeding, Medicines Management**

Complete, store and retain records of practice which:

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

Records will include:

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

**ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding, Medicines management**

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

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

**ESC – Communication, Normal labour and birth, Initiation and continuance of breastfeeding, Medicines Management**

Contribute to enhancing the health and social wellbeing of individuals and their communities. This will include:

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

**ESC – Communication, Initial consultation between the woman and the midwife, Initiation and continuance of breastfeeding**

### **Domain: Professional and ethical practice**

Practise in accordance with *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*,<sup>8</sup> within the limitations of the individual's own competence, knowledge and sphere of professional practice, consistent with the legislation relating to midwifery practice. This will include:

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

### **ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding, Medicines management**

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

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

### **ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding, Medicines management**

<sup>8</sup> *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*, Nursing and Midwifery Council, London, ([www.nmc.org.uk](http://www.nmc.org.uk))

Practise in accordance with relevant legislation. This will include:

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

**ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding, Medicines management**

Maintain confidentiality of information. This will include:

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

**ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding, Medicines management**

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

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

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

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

**ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding**

Manage and prioritise competing demands. This will include:

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

**ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding**

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

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

**ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding, Medicines management**



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

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

### **ESC – Communication**

#### **Domain: Developing the individual midwife and others**

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

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

### **ESC – Communication**

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

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

**ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding**

**Domain: Achieving quality care through evaluation and research**

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

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

**ESC – Communication**

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

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

**ESC – Communication**

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

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

**ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding**

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

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

**ESC – Communication****The Essential Skills Clusters**

Essential Skills Clusters (ESCs) came into force in September 2008. All new programmes approved from 1 September 2008 must be compliant with them. All programmes approved prior to 1 September 2008 must be compliant with them by 1 September 2009.

## Essential Skills Clusters (ESCs) for pre-registration midwifery education

### 1. Communication

Communication		
Women can trust/expect a newly registered midwife to:	By the first progression point	For entry to the register
<p>1. Be attentive and share information that is clear, accurate and meaningful at a level which women, their partners and family can understand.</p>	<p>Communicates effectively so that the meaning is always clear</p> <p>Uses strategies to enhance communication and remove barriers in order to make communication effective</p> <p>Records information accurately and clearly on the basis of observation and communication</p> <p>Always seeks to confirm understanding</p> <p>Responds in a way that confirms what the woman is communicating</p> <p>Communicates the needs and wishes of the woman to other professionals</p> <p>Participates in group sessions to share information</p>	<p>Consistently shows ability to communicate safely and effectively with women, providing guidance for juniors</p> <p>Articulates a clear plan of care, that has been developed in partnership with the woman</p> <p>Communicates effectively and sensitively in different settings, using a range of methods and styles in individual and group settings</p> <p>Provides accurate and comprehensive written reports based on best available evidence</p> <p>Is familiar with accessing and recording information other than in handwritten form, such as texting</p> <p>Acts to reduce and challenge barriers to effective communication and understanding</p> <p>Is proactive and creative in enhancing communication and understanding</p>

<b>Communication</b>		
<b>Women can trust/expect a newly registered midwife to:</b>	<b>By the first progression point</b>	<b>For entry to the register</b>
		<p>Where appropriate uses the skills of active listening, questioning, paraphrasing, and reflection to assist in effective communication</p> <p>Uses appropriate and relevant communication skills to deal with difficult and challenging circumstances in individual and group scenarios</p>
<p><b>2. Protect and treat as confidential all information relating to themselves and their care.</b></p>	<p>Applies the principles of confidentiality as outlined in the NMC code</p> <p>Protects and treats information as confidential except where sharing information is required for the purposes of safeguarding and/or public protection</p> <p>Applies the principles of data protection</p>	<p>Acts professionally and appropriately in situations where there may be limits to confidentiality, eg child protection, protection from harm</p> <p>Recognises the significance of information and who does/does not need to know</p> <p>Distinguishes between information that is relevant to care planning and that which is not</p> <p>Acts appropriately in sharing information to enable and enhance care (multi-disciplinary team, across agency boundaries)</p>

<b>Communication</b>		
<b>Women can trust/expect a newly registered midwife to:</b>	<b>By the first progression point</b>	<b>For entry to the register</b>
		<p>Works within the legal framework for data protection, eg access to and storage of records</p> <p>Acts within the law when disclosing information without consent</p>
<p><b>3. Enable women to make choices about their care by informing women of the choices available to them and providing evidence based information about benefits and risks of options so that women can make a fully informed decision.</b></p>	<p>Participates in sharing evidence-based information with women in order for them to make an informed decision about their care</p>	<p>Respects the role of women as partners in their care and contributions they can make to it</p> <p>Uses appropriate strategies to encourage and promote choice for all women</p> <p>Provides accurate, truthful and balanced information that is presented in such a way as to make it easily understood</p> <p>Respects women's autonomy when making a decision, even where a particular choice may result in harm to themselves or their unborn child, unless a court of law orders the contrary</p> <p>Discusses with women local/national information to assist with making choices, including local and national voluntary agencies and websites</p>

Communication		
Women can trust/expect a newly registered midwife to:	By the first progression point	For entry to the register
<p>4. Ensure that consent will be sought from the woman prior to care being given and that the rights of women are respected.</p>	<p>Applies principles of consent in accordance with <i>The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates</i></p> <p>Participates in ensuring that the meaning of consent is understood by the woman</p>	<p>Works within legal frameworks when seeking consent</p> <p>Seeks consent prior to sharing confidential information outside of the professional care team (subject to agreed safeguarding/protection procedures)</p> <p>Uses appropriate strategies to enable women to understand treatments and interventions in order to give informed consent</p> <p>Demonstrates respect for client autonomy and the rights of women to withhold consent in relation to care and treatment within legal frameworks</p>
<p>5. Treat women with dignity and respect them as individuals.</p>	<p>Takes a woman-centred approach to care</p> <p>Demonstrates respect for diversity and individual preferences</p> <p>Applies the concept of dignity</p>	<p>Acts professionally to ensure that personal judgments, prejudices, values, attitudes and beliefs do not compromise the care provided</p> <p>Is proactive in maintaining dignity</p> <p>Challenges situations/others where the dignity of the woman may be compromised</p>

Communication		
<p><b>Women can trust/expect a newly registered midwife to:</b></p>	<p><b>By the first progression point</b></p> <p>Delivers care with dignity making use of the environment, self, skills and attitude</p> <p>Identifies factors which maintain the dignity of women</p> <p>Acts in a way that demonstrates respect for others and that promotes and values differences</p>	<p><b>For entry to the register</b></p> <p>Shares information confidently with women who have physical, cognitive or sensory disabilities and those who do not speak or read English</p>
<p><b>6. Work in partnership with women in a manner that is diversity sensitive and is free from discrimination, harassment and exploitation.</b></p>	<p>Participates in working in partnership with women in a way that is sensitive to age, culture, religion, spiritual beliefs, disability, gender and sexual orientation</p> <p>Respects people's rights</p> <p>Adopts a principled approach to care underpinned by <i>The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates</i></p>	<p>Upholds the rights of the women and speaks out when these are at risk of being compromised</p> <p>Takes into account UK legal frameworks and professional ethics when planning care</p> <p>Is proactive in promoting care environments that are diversity sensitive and free from exploitation, discrimination and harassment</p> <p>Manages challenging situations effectively</p>



<b>Communication</b>		
<b>Women can trust/expect a newly registered midwife to:</b>	<b>By the first progression point</b>	<b>For entry to the register</b>
<p><b>7. Provide care that is delivered in a warm, sensitive and compassionate way.</b></p>	<p>Is attentive and acts with kindness and dignity</p> <p>Recognises the appropriateness of silence in certain situations</p> <p>Is able to initiate a conversation</p> <p>Takes into account the woman's responses</p> <p>Talks in a manner that is interpreted by the woman as warm, sensitive, kind and compassionate</p> <p>Maintains a supportive relationship with women and their families</p>	<p>Anticipates how a woman might feel in a given situation and responds with kindness and empathy to provide physical and emotional comfort</p> <p>Makes appropriate use of touch</p> <p>Listens to, watches for, and responds to verbal and non-verbal cues</p> <p>Delivers care that recognises need and provides both practical and emotional support</p> <p>Has insight into own values and how these may impact on interactions with women</p> <p>Does not allow personal feelings towards a client or others to compromise care</p> <p>Recognises and responds to emotional discomfort/distress of self and others</p> <p>Through reflection and evaluation demonstrates commitment to personal and professional development</p>

Communication		
Women can trust/expect a newly registered midwife to:	By the first progression point	For entry to the register
<p><b>8. Be confident in their own role within a multi-disciplinary/ multi-agency team.</b></p>	<p>Works within <i>The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates</i></p> <p>Works as an active team member</p> <p>Supports and assists others appropriately</p> <p>Values others' roles and responsibilities within the team and interacts appropriately</p> <p>Communicates with colleagues verbally (face-to-face and by telephone) and in writing and electronically and checks that the communication has been fully understood</p> <p>Reflects on own practice and discusses issues with other members of the team to enhance learning</p>	<p>Consults and explores solutions and ideas appropriately with others to enhance care</p> <p>Challenges the practice of self and others across the multi-professional team</p> <p>Acts as an effective role model in decision making, taking action and supporting more junior staff</p> <p>Works inter-professionally as a means of achieving optimum outcomes for women</p>

## Essential Skills Clusters (ESCs) for pre-registration midwifery education

### 2. Initial consultation between the woman and the midwife

Initial consultation between the woman and the midwife		
Women can trust/expect a newly registered midwife to:	By the first progression point	For entry to the register
<p><b>1. Be confident in sharing information about common antenatal screening tests.</b></p>	<p>Is aware of the main NHS-managed antenatal screening programmes that are offered to pregnant women</p> <p>Participates in sharing information with women about common antenatal screening tests</p> <p>Can respect the decision of women to decline services or treatment</p>	<p>Acts professionally to ensure that personal judgments, prejudices, values, attitudes and beliefs do not compromise the provision of care</p> <p>Facilitates informed choices regarding antenatal screening tests ensuring women fully understand the purpose of all tests before they are taken</p> <p>Interprets data/results accurately and shares this information sensitively with women, including the ability to discuss any further action/consequences as necessary</p> <p>Conducts general information sharing, eg optimum times for testing, as appropriate through a variety of multi-media channels, such as texting</p> <p>Shares information effectively in challenging circumstances, such as a previous bereavement, or affected/high risk screening result</p> <p>Discusses with women local/national information to assist with making choices, including local and national voluntary agencies and websites</p>

Initial consultation between the woman and the midwife		
Women can trust/expect a newly registered midwife to:	By the first progression point	For entry to the register
<p><b>2. Complete an initial consultation accurately ensuring women are at the centre of care.</b></p>	<p>Ensures consent is obtained before any care is initiated</p> <p>Assists in determining preferences to maximise an individual approach to care</p> <p>Participates in explaining to women the aim of the initial consultation relevant to gestation</p> <p>Participates in assessing maternal and fetal wellbeing, relevant to the stage of pregnancy</p> <p>Participates in explaining findings in a sensitive manner and encourages women to ask questions</p> <p>Participates in explaining to women lifestyle considerations in relation to diet, smoking and drugs</p>	<p>Is able to seek out required information about less common/specialised antenatal screening tests</p> <p>Shows the ability consistently to:</p> <ul style="list-style-type: none"> <li>share information with women</li> <li>assess maternal and fetal wellbeing relevant to gestation, and acts upon the need to refer to appropriate individuals where necessary</li> <li>plan, in partnership with women, a care pathway to ensure individual needs are met</li> </ul> <p>Explore effectively the social, religious and cultural factors that inform an individualised antenatal care pathway for women that is diversity sensitive</p> <p>Is competent in recognising and advising women who would benefit from more specialist services</p> <p>Empowers women to recognise normal pregnancy development and when to seek advice</p> <p>Is skilled in providing the opportunity to women to disclose domestic abuse and is able to respond appropriately</p>

<b>Initial consultation between the woman and the midwife</b>		
<b>Women can trust/expect a newly registered midwife to:</b>	<b>By the first progression point</b>	<b>For entry to the register</b>
		<p>Is competent in sharing information about the pregnancy care services and options available, lifestyle considerations, including dietary information, and screening tests</p> <p>Is competent to refer women who would benefit from more specialist services, such as a local substance misuse support unit</p> <p>Is able to collaborate effectively with the wider healthcare team and agencies as required</p>
<b>3. Work collaboratively with other healthcare professionals and external agencies.</b>	Works alongside other healthcare professionals who input into antenatal care	
<b>4. Be the first point of contact when seeking advice and/or information about being pregnant.</b>	Demonstrates how and where midwives can be accessed as the first point of contact	<p>Where available, is actively involved in being accessible for women in environments other than traditional NHS settings, such as shops, supermarkets, leisure centres</p> <p>Is confident in working in a variety of models of service delivery which encourage early access to care</p>

## Essential Skills Clusters (ESCs) for pre-registration midwifery education

### 3. Normal labour and birth

Normal labour and birth		
Women can trust/expect a newly registered midwife to:	<b>By the first progression point</b>	<b>For entry to the register</b>
<p><b>1. Work in partnership with women to facilitate a birth environment that supports their needs.</b></p>	<p>Ensures a woman-centred approach to care</p> <p>Is sensitive to cultural and social factors when providing care for women</p> <p>Respects the rights of women</p> <p>Ensures privacy and provides care with dignity making appropriate use of the environment</p> <p>Participates in 'being with women' during their labour and birth to provide safe and sensitive care</p> <p>Incorporates birth plans or written instructions that identify the wishes of women, in any care provided</p> <p>Respects silence</p> <p>Participates in changing the physical environment to meet the needs of women, such as lighting, furniture, temperature</p>	<p>Supports the health, safety and wellbeing of women in a variety of birth settings other than the acute hospital environment</p> <p>Ensures that women's labour and birth is diversity sensitive, meeting their individual needs and preferences</p> <p>Anticipates and provide for the needs of women</p> <p>Inspires confidence, bases decisions on evidence and uses experience to guide decision making</p> <p>Acknowledges the roles and relationships in families, dependent upon religious and cultural beliefs, preferences and experiences</p> <p>Practises in accordance with relevant legislation</p>

Normal labour and birth		
	By the first progression point	For entry to the register
<p>Women can trust/expect a newly registered midwife to:</p> <p><b>2. Be attentive to the comfort needs of women before, during and after the birth.</b></p>	<p>Participates in ensuring the comfort needs of women are met, such as:</p> <ul style="list-style-type: none"> <li>• bladder care</li> <li>• appropriate hydration</li> <li>• nutritional intake</li> <li>• hygiene requirements</li> <li>• prevention of infection</li> <li>• assessment of skin integrity</li> </ul> <p>Participates in working with women to determine their coping strategies in order to support their preferences for pain management, such as mobilising, different positions, use of water, silence</p>	<p>Listens to, watches for, and responds to verbal and non-verbal cues</p> <p>Applies in-depth knowledge of the physiology of labour and birth</p> <p>Uses skills of observation and active listening in order to analyse the effectiveness of care being provided</p>
<p><b>3. Determine the onset of labour.</b></p>	<p>Participates in using observation, history taking and clinical assessment to determine the onset of labour</p>	<p>Identifies the onset of labour, discusses the findings accurately and shares this information with women, including the ability to discuss any further action/consequences as necessary</p>



Normal labour and birth		
<p><b>Women can trust/expect a newly registered midwife to:</b></p> <p><b>4. Determine the wellbeing of women and their unborn babies.</b></p>	<p><b>By the first progression point</b></p> <p>Participates in the monitoring of maternal vital signs, such as maternal pulse and blood pressure</p> <p>Participates in monitoring fetal wellbeing which includes assessment of liquor volume and colour and intermittent auscultation of the fetal heart using a Pinard stethoscope</p>	<p><b>For entry to the register</b></p> <p>Assesses maternal wellbeing, interprets the findings accurately and shares this information with women, and has the ability to discuss any further action/consequences as necessary</p> <p>Identifies and manages risk safely</p> <p>Refers women who would benefit from the skills and knowledge of other individuals</p> <p>Assesses and implements measures to manage, reduce or remove risk that could be detrimental to women, self and others</p> <p>Identifies and appropriately manages latent and active phase of labour</p> <p>Makes an accurate assessment of the progress of labour, shares this information with women, and has the ability to discuss any further action/consequences as necessary</p>
<p><b>5. Measure, assess and facilitate the progress of normal labour.</b></p>	<p>Participates in assessing the progress of labour using:</p> <ul style="list-style-type: none"> <li>• observation, such as behaviour</li> <li>• abdominal examination</li> <li>• vaginal examination where appropriate</li> </ul> <p>Participates in informing women sensitively about their progress, giving feedback in a positive manner</p>	

Normal labour and birth		
<p><b>Women can trust/expect a newly registered midwife to:</b></p>	<p><b>By the first progression point</b></p> <p>Assists in supporting women to use a variety of birthing aids, such as birthing balls</p>	<p><b>For entry to the register</b></p> <p>Is able to discuss with women the progress of labour in relation to their birth plan/written wishes and modify in partnership with women, as need dictates</p> <p>Critically appraises and justifies the use of any intervention, such as artificial rupture of membranes, continuous electronic fetal monitoring, urinary catheterisation, in order to facilitate a spontaneous vaginal birth</p> <p>Seeks informed consent prior to undertaking any procedure</p> <p>Recognises any deviation from the normal progress of labour or wellbeing of the woman or fetus</p> <p>Initiates timely referral of women who would benefit from the skills and knowledge of others</p> <p>As part of a multi-disciplinary team continues to provide care to women undergoing complications</p>

Normal labour and birth		
<p><b>Women can trust/expect a newly registered midwife to:</b></p> <p><b>6. Support women and their partners in the birth of their babies.</b></p>	<p><b>By the first progression point</b></p> <p>Recognises the importance of offering choices related to this phase and sensitively informs women of their progress</p> <p>Recognises the latent and active phase of birth</p> <p>Assists in preparing necessary equipment for the birth</p> <p>Assists in monitoring maternal and fetal wellbeing</p>	<p><b>For entry to the register</b></p> <p>Assesses accurately the progress of labour and shares this information with women, and has the ability to discuss any further action/consequences as necessary</p> <p>Prepares the environment ready for the birth</p> <p>Cares for women sensitively and is attentive to the 'moment of birth', creating an environment that is responsive to the woman's needs</p> <p>Supports women safely in the birth of their baby</p> <p>Initiates emergency measures if required, such as episiotomy</p> <p>Initiates timely referral of women who would benefit from the skills and knowledge of others</p> <p>As part of a multi-disciplinary team continues to provide care to women undergoing complications</p>

Normal labour and birth		
Women can trust/expect a newly registered midwife to:	By the first progression point	For entry to the register
		<p>Assess and monitor the woman's condition throughout the third stage of labour facilitating safe delivery of the placenta and membranes by physiological or active management</p> <p>Assesses accurately the health and wellbeing of the newborn baby</p> <p>Initiates emergency measures if required</p> <p>In a culturally sensitive manner, creates an environment that is protective of the maternal infant attachment process, such as minimal handling of the baby, discovering gender, fostering maternal infant eye contact, skin-to-skin contact</p> <p>Initiates emergency measures in both primary and secondary care settings</p> <p>Sustains emergency measures until help arrives</p>
<b>7. Facilitate the mother and baby to remain together.</b>	<p>Assists in assessing the wellbeing of the baby</p> <p>Supports feeding when the baby is ready, monitoring close proximity of the mother to the baby</p> <p>Delays any unnecessary separation of mother and baby, avoiding early routine procedures such as weighing</p>	
<b>8. Identify and safely manage appropriate emergency procedures.</b>	<p>Participates in 'drills and skills' procedures related to adult resuscitation</p> <p>Is confident in initiating basic emergency call procedures relevant to local policy</p>	

Normal labour and birth		
<p>Women can trust/expect a newly registered midwife to:</p> <p><b>9. Works collaboratively with other practitioners.</b></p>	<p><b>By the first progression point</b></p> <p>Acts in accordance with <i>The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates</i></p>	<p><b>For entry to the register</b></p> <p>Is an advocate for women</p> <p>Negotiates with others in relation to balancing competing/conflicting priorities</p> <p>Articulates professional limitations and boundaries</p> <p>Is confident to call appropriate professional regardless of hierarchy, when care requires expertise beyond the midwife's current practice, or the needs of the women or baby fall outside the scope of midwifery practice</p>
<p><b>10 Keep accurate records.</b></p>	<p>Assists in keeping accurate and legible records which include planning, implementation and evaluation of care, interventions and findings</p>	<p>Details reasoning behind any actions or interventions taken</p>

## Essential Skills Clusters (ESCs) for pre-registration midwifery education

### 4. Initiation and continuance of breastfeeding

Initiation and continuance of breastfeeding		
Women can trust/expect a newly registered midwife to:	By the first progression point	For entry to the register
<p><b>1. Understand and share information that is clear, accurate and meaningful at a level which women, their partners and family can understand.</b></p>	<p>Participates in communicating sensitively the importance of breastfeeding, and the consequences of not breastfeeding, in terms of health outcomes (BFI)</p> <p>Observes a variety of forums where information is shared in respect of the advantages and disadvantages of different infant feeding methods</p>	<p>Listens to, watches for, and responds to verbal and non-verbal cues</p> <p>Uses skills of being attentive, open ended questioning and paraphrasing to support information sharing with women</p> <p>Is able to lead a variety of forums where information is shared with women about the advantages and disadvantages of different infant feeding methods, without regarding breastfeeding and artificial feeding as 'equal' choices</p> <p>Understands the importance of exclusive breastfeeding and the consequences of offering artificial milk to breastfed babies</p> <p>Critically appraises the nature and strength of breastfeeding promotional and support interventions</p> <p>Understands the nature of evidence and how to evaluate the strength of research evidence used to back information</p>

Key: (BFI) = relate to Baby Friendly Education Standards learning outcomes ([www.babyfriendly.org.uk](http://www.babyfriendly.org.uk))

Initiation and continuance of breastfeeding		
Women can trust/expect a newly registered midwife to:	By the first progression point	For entry to the register
<b>2. Respect social and cultural factors that may influence the decision to breastfeed.</b>	<p>Has an awareness of own thoughts and feelings about infant feeding in order to facilitate information sharing to be ethical and non-judgmental</p> <p>Is sensitive to issues of diversity when sharing information with women</p> <p>Respects the rights of women</p>	<p>Keep accurate records of the woman and her baby relating to breastfeeding, including plans of care and any problems encountered or referrals made</p> <p>Demonstrates a working knowledge of the local demographic area and explores strategies to support breastfeeding initiatives within the locality</p> <p>Explore skillfully attitudes to breastfeeding</p> <p>Takes into account differing cultural traditions, beliefs and professional ethics when communicating with women</p>
<b>3. Support women to breastfeed.</b>	<p>Has a willingness to learn from women</p> <p>Assists in ensuring that the needs of women are met in developing a clear care pathway</p> <p>Participates in explaining to women the importance of baby-led feeding in relation to the establishment and maintenance of breastfeeding (BFI)</p>	<p>Applies in-depth knowledge of the physiology of lactation to practical situations (BFI)</p> <p>Recognises effective positioning, attachment, suckling and milk transfer</p> <p>Uses skills of observation, active listening and on-going critical appraisal in order to analyse the effectiveness of breastfeeding practices</p>

Key: (BFI) = relate to Baby Friendly Education Standards learning outcomes ([www.babyfriendly.org.uk](http://www.babyfriendly.org.uk))



<b>Initiation and continuance of breastfeeding</b>		
<b>Women can trust/expect a newly registered midwife to:</b>	<p><b>By the first progression point</b></p> <p>Recognises effective positioning, attachment, suckling and milk transfer</p> <p>Is able to help teach mothers the necessary skills to enable them to position and attach their baby effectively for breastfeeding (BFI)</p> <p>Explains to women the importance of their baby rooming-in with them and baby holding in the postnatal period as a means of facilitating breastfeeding (BFI)</p> <p>Recognises common complications of breastfeeding, how these arise and demonstrates how women may be helped to avoid them (BFI)</p> <p>Participates in teaching women how to hand express their breast milk and how to store, freeze and warm it with consideration to aspects of infection control (BFI)</p>	<p><b>For entry to the register</b></p> <p>Is confident at exploring with women the potential impact of delivery room practices, such as the effect of different pain relief methods and the importance of skin-to-skin contact, on the wellbeing of their baby and themselves, and on the establishment of breastfeeding in particular (BFI)</p> <p>Uses appropriate skills to support women to be successful at breastfeeding for the first six months of life (BFI)</p> <p>Empowers women to recognise effective positioning, attachment, suckling and milk transfer for themselves (BFI)</p> <p>Explores with women the evidence base underpinning information, which may have an impact on breastfeeding such as bed-sharing and the use of dummies (BFI)</p> <p>Is skilled at advising women over the telephone when contacted for advice on breastfeeding issues</p>

Initiation and continuance of breastfeeding		
Women can trust/expect a newly registered midwife to:	By the first progression point	For entry to the register
<p><b>4. Recognise appropriate infant growth and development, including where referral for further advice/action is required.</b></p>	<p>Participates in assessing appropriate growth and development of the neonate</p> <p>Participates in carrying out physical examinations as necessary, with parent's consent</p> <p>Informs women of the findings from any assessment/examination performed, in a manner that is understood by the women</p>	<p>Acts upon the need to refer when there is a deviation from appropriate infant growth</p> <p>Demonstrates skills to empower women to recognise appropriate infant growth and development and to seek advice when they have concerns</p>
<p><b>5. Work collaboratively with other practitioners and external agencies.</b></p>	<p>Works within <i>The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates</i></p> <p>Works actively as a team member</p> <p>Values others' roles and responsibilities in supporting women to breastfeed</p>	<p>Practises within the limitations of their own competence, knowledge and sphere of professional practice, consistent with the legislation relating to midwifery practice</p> <p>Works confidently, collaboratively and in partnership with women and others to ensure the needs of women are met</p>

Initiation and continuance of breastfeeding		
<p><b>Women can trust/expect a newly registered midwife to:</b></p>	<p><b>By the first progression point</b></p> <p>Shares information about national and local agencies and networks that are available to support women in the continuation of breastfeeding, for example Lactation Consultants, National Childbirth Trust and La Leche League</p>	<p><b>For entry to the register</b></p> <p>Understands the importance of community support for breastfeeding and refers women to community-based support networks, both in supporting women to breastfeed and as a resource for health professionals (BFI)</p> <p>Works actively with other health professionals and external agencies to promote breastfeeding and support women in their choice to breastfeed</p> <p>Is able to discuss with women the importance of exclusive breastfeeding for six months and timely introduction of complementary foods and continuing breastfeeding during the weaning period, into the second year of life and beyond</p>
<p><b>6. Support women to breastfeed in challenging circumstances.</b></p>	<p>Is aware of the limited number of situations in which exclusive breastfeeding is not possible and participate in supporting women to partially breastfeed or artificially feed (BFI)</p> <p>Is sensitive to the needs of women and their partners</p>	<p>Involves appropriate help, such as a lactation consultant, where specialised skills are required, in order to support women to successfully breastfeed</p> <p>Acts upon the need to refer to appropriate health professionals where deviation from appropriate infant feeding and growth patterns are apparent</p>

Initiation and continuance of breastfeeding		
<p><b>Women can trust/expect a newly registered midwife to:</b></p>	<p><b>By the first progression point</b></p>	<p><b>For entry to the register</b></p>
		<p>Supports women who are separated from their babies (on admission to SCBU – a special care baby unit, women receiving high dependency care in a separate environment) to initiate and maintain their lactation and feed their babies optimally (BFI)</p> <p>Feeds expressed breast milk to a baby, using a cup and/or syringe as appropriate (BFI)</p> <p>Teaches women how to express their breast milk by hand</p>

## Essential Skills Clusters (ESCs) for pre-registration midwifery education

### 5. Medicines management

Summative health-related numerical assessments are required to test skills identified (\*) within the ESCs that encompass calculations associated with medicines. A 100 per cent pass mark is required and assessment must take place in the practice setting.

**Medicines management in the context of midwifery practice is based on a partnership approach between the woman and the midwife. Its purpose is to provide therapeutic intervention when necessary throughout childbirth to facilitate a positive outcome.**

Medical products management			
Women can trust/expect a newly registered midwife to:	By the first progression point	For entry to the register	Indicative content
<p>1. Within the parameters of normal childbirth, ensure safe and effective practice through comprehensive knowledge of medicinal products, their actions, risks and benefits including the ability to recognise and respond safely to adverse drug reactions and adverse drug events.</p>		<p>Applies an understanding of basic pharmacology, how medicinal products act and interact in the systems of the body as well as their therapeutic action in all aspects related to midwifery practice</p> <p>Uses knowledge and understanding of commonly supplied or administered medicinal products to the woman or baby in order to act promptly in cases where side effects and adverse reactions occur</p> <p>Manages drug administration and safely monitors its effect*</p>	<p>Anatomy and physiology relevant to normal midwifery practice</p> <p>Drug pathways – how medicinal products act</p> <p>Pharmaco-therapeutics – what are therapeutic actions of certain medicinal products. Risks versus benefits of medication</p> <p>Pharmaco-kinetics and how doses are determined by dynamics/systems in body</p> <p>Role and function of bodies that regulate and ensure the safety and effectiveness of medicinal products</p>

<b>Medical products management</b>			
<b>Women can trust/expect a newly registered midwife to:</b>	<b>By the first progression point</b>	<b>For entry to the register</b>	<b>Indicative content</b>
		<p>Reports adverse incidents and near misses and adverse drug reactions</p> <p>Manages anaphylaxis safely</p>	<p>Effects on pregnancy, labour, birth, lactation and neonate</p> <p>Residual effects of maternal medicinal products on the neonate</p>
<b>2. Undertake medicinal product calculations correctly and safely.</b>	Competent in calculating common dosages of medicinal products used in normal midwifery practice*	Calculates accurately the medicinal products frequently encountered within field of practice*	Numeracy skills, drug calculations, required to administer medicinal products to women safely via appropriate routes including specific requirements for neonates
<b>3. In the course of their professional midwifery practice, supply and administer medicinal products safely and in a timely manner, including controlled drugs.</b>	<p>Administers oral medication to women safely under direct supervision</p> <p>Utilises and disposes of equipment needed to prepare/administer medication (eg needles, syringes, gloves) safely</p>	<p>Selects, acquires and administers medicinal products safely and efficiently via routes and methods commonly used within midwifery practice, and maintains accurate records</p> <p>Uses prescription charts correctly and maintains accurate records</p>	<p>Women-centred focus, information sharing, alleviating fear and anxiety of the woman in relation to administration, importance of non-verbal and verbal communication</p> <p>Use of prescription charts including how to prepare, read and interpret them and record administration and non-administration. This includes Midwives Supply Orders</p>

<b>Medical products management</b>			
<b>Women can trust/expect a newly registered midwife to:</b>	<b>By the first progression point</b>	<b>For entry to the register</b>	<b>Indicative content</b>
		Utilises and interprets medicine legislation related to midwives exemptions accurately	<p>Preparing and administering medication in differing environments, hygiene, infection control</p> <p>Safe transport of medicinal products such as nitrous oxide and oxygen</p> <p>Disposal of medicinal products and equipment including controlled drugs</p> <p>Safety, checking the identity of women/neonates, last dose, time, dose, route, allergies, previous adverse reactions</p> <p>Anaphylaxis, polypharmacy, monitoring of effect of medicines, record keeping</p> <p>Where and how to report contraindications, side effects, adverse reactions</p>

Medical products management			
Women can trust/expect a newly registered midwife to:	By the first progression point	For entry to the register	Indicative content
			<p>Skills needed to administer safely via various means, eg oral, topical, by infusion, injection, syringe driver and pumps</p> <p>Aware of own limitations and when to refer on</p> <p>Legal requirements, mechanisms for supply, sale and administration of medication, self-administration</p> <p>Links to legislation, use of controlled drugs, <i>The Code</i> in relation to confidentiality consent and record keeping</p>
<p><b>4. Keep and maintain accurate records, which includes when working within a multidisciplinary framework and as part of a team.</b></p>	<p>Demonstrates an understanding of professional responsibility in maintaining accurate records including regulation, national and local policy and guidelines</p>	<p>Demonstrates an understanding of roles and responsibilities within the multi-disciplinary team for medicinal products management, including how and in what ways information is shared</p>	



<b>Medical products management</b>			
<b>Women can trust/expect a newly registered midwife to:</b>	<b>By the first progression point</b>	<b>For entry to the register</b>	<b>Indicative content</b>
.	Under supervision is able to take a medicine history	Keeps effective records of information sharing with women about the benefits and risks of relevant medication  Keeps effective records of medication supplied and/or administered and omitted, including controlled drugs	Use of electronic records, texting, facsimile, verbal instructions
<b>5. Work within the legal and ethical framework that underpins safe and effective medicinal products management, as well as in conjunction with national guidelines, and local policies.</b>	Demonstrates an understanding of the legal and ethical frameworks relating to safe administration of medicinal products in practice	Is conversant with legislation related to midwives exemptions, Pharmacy only and General Sales Lists medicinal products, Midwives Supply Orders, destruction of controlled drugs and Patient Group Directions  Is aware of personal accountability in respect of supplying and administering unlicensed products  Demonstrates the ability to use relevant medicines legislation to support midwifery practice within	Law, consent, confidentiality, ethics, accountability  Responsibilities under law, application of medicinal products legislation to practice including use of controlled drugs, midwives exemption orders, Patient Group Directions (PGD) and Midwives Supply Orders  Regulatory requirements: NMC Standards for medicines management and <i>The Code (2015)</i>

Medical products management			
Women can trust/expect a newly registered midwife to:	By the first progression point	For entry to the register	Indicative content
		<p>the NHS in both the primary and secondary care settings, as well as during self-employed practice</p> <p>Applies legislation in practice to safe and effective ordering, receiving, storing, administering and disposal of medicinal products and drugs, including controlled drugs in both primary and secondary care settings</p>	<p>Country specific guidance</p>
<p><b>6. Work in partnership with women to share information in assisting them to make safe and informed choices about medicinal products related to themselves, their unborn children or their babies.</b></p>	<p>Participates in involving women in administration and/or the self-administration of medicinal products</p>	<p>Ensures information sharing is woman-centred and provides clear and accurate information</p> <p>Assists women to make safe and informed choices about their medicinal products</p> <p>Assesses the woman's ability to self-administer their medicinal products safely</p>	<p>Cultural, religious, ethical, racial and vulnerable groups and sensitivities around medication</p> <p>Self-administration, women assessment explanation and monitoring</p> <p>Woman administering medication to her baby</p>

<b>Medical products management</b>			
<b>Women can trust/expect a newly registered midwife to:</b>	<b>By the first progression point</b>	<b>For entry to the register</b>	<b>Indicative content</b>
		Gives clear instruction and explanation and checks understanding relating to use of medicinal products and treatment options	Meeting needs of specific groups including self-administration, eg the mentally ill, learning disabled, vulnerable groups  The use of patient drug information leaflets
<b>7. Work in partnership with women to share information about alternative approaches to using medication, where appropriate.</b>	Demonstrates awareness of a range of commonly recognised approaches to supporting women throughout childbirth, eg relaxation, distraction, life style advice	Questions, critically appraises and uses evidence to support an argument in determining when medicinal products may or may not be an appropriate choice  Appropriately refers to a registered complementary therapist  Is aware of the dangers of giving complementary therapy advice when not qualified, eg raspberry leaf, over-the-counter herbal products	Health promotion, lifestyle advice, over-the-counter medicinal products, self-administration of medicinal products and other therapies  Observation and assessment. Effect of medicinal products and other options, including diet, distraction, positioning, complementary therapies, etc.  Assess, plan, implement and evaluate choices giving feedback

Medical products management			
Women can trust/expect a newly registered midwife to:	By the first progression point	For entry to the register	Indicative content
<p><b>8. Order, receive, store, transport and dispose of medicinal products safely and in accordance with relevant legislation, in any midwifery setting (including controlled drugs).</b></p>	<p>Applies knowledge of local policies to safe storage and transport of medicinal products</p> <p>Demonstrates ability to store medicinal products safely</p>	<p>Orders, receives, stores and disposes of medicinal products safely, including controlled drugs</p>	<p>Legislation that underpins practice, related to a wide range of medicinal products including controlled drugs, infusions, oxygen, nitrous oxide and oxygen etc.</p> <p>Suitable conditions for storage, managing out-of-date stock, safe handling medication, managing discrepancies in stock, omissions</p> <p><a href="http://www.dh.gsi.gov.uk">www.dh.gsi.gov.uk</a> and search for Safer management of controlled drugs (2007) Guidance on standard operating procedures</p>
<p><b>9. Use and evaluate up-to-date information on medicinal products management and work within national and local policies and guidelines using appropriate reference.</b></p>	<p>Is able to access commonly used evidence-based sources of information relating to the safe and effective management of medicinal products</p>	<p>Is confident in accessing commonly used evidence-based sources of information relating to the safe and effective management of medicinal products</p>	<p>Evidence-based practice, identification of resources, the 'expert' woman, pharmacy, local medicine centre</p>

<b>Medical products management</b>			
<b>Women can trust/expect a newly registered midwife to:</b>	<b>By the first progression point</b>	<b>For entry to the register</b>	<b>Indicative content</b>
		Works within national and local policies	Using sources of information, national and local policies, clinical governance, formularies, eg British National Formulary
<b>10. Recognise and correctly respond to obstetric emergencies in the context of medicines management.</b>		Recognises and acts accordingly when confronted with obstetric emergencies, in both primary and secondary care settings	Medicinal products related to safe and effective management of obstetric emergencies

## Annexe

### From the Directive 2005/36/EC of the European Parliament and of the Council (2005) on the recognition of professional qualifications (updated by 2013/55/EU):

#### Annexe V, Point 5.5.1

- 1) The European Union and Article 40 (training of midwives) of Directive 2005/36/EU
  - advising of pregnant women, involving at least 100 prenatal examinations
  - supervision and care of at least 40 women in labour
  - the student should personally carry out at least 40 deliveries; where this number cannot be reached owing to the lack of available women in labour, it may be reduced to a minimum of 30, provided that the student participates actively in 20 further deliveries
  - active participation with breech deliveries. Where this is not possible because of lack of breech deliveries practice may be in a simulated situation
  - performance of episiotomy and initiation into suturing. Initiation shall include theoretical instruction and clinical practice. The practice of suturing includes suturing of the wound following an episiotomy and a simple perineal laceration. This may be in a simulated situation if absolutely necessary
  - supervision and care of 40 women at risk in pregnancy, or labour or postnatal period
  - supervision and care (including examination) of at least 100 postnatal women and healthy newborn infants
  - observation and care of the newborn requiring special care including those born pre-term, post-term, underweight or ill
  - care of women with pathological conditions in the fields of gynaecology and obstetrics
  - initiation into care in the field of medicine and surgery. Initiation shall include theoretical instruction and clinical practice.

The standards for pre-registration midwifery education have been set at the point of registration, so that the student will be able to fulfil the requirements of a midwife as laid down in the definition of a midwife and will comply with Article 42 of Directive 2005/36/EU which states:

Member States shall ensure that midwives are at least entitled to take up and pursue the following activities:

- to provide sound family planning information and advice
- to diagnose pregnancies and monitor normal pregnancies; to carry out examinations necessary for the monitoring of the development of normal pregnancies
- to prescribe or advise on the examinations necessary for the earliest possible diagnosis of pregnancies at risk
- to provide a programme of parenthood preparation and a complete preparation for childbirth including advice on hygiene and nutrition
- to care for and assist the mother during labour and to monitor the condition of the fetus in utero by the appropriate clinical and technical means
- to conduct spontaneous deliveries including where required an episiotomy and, in urgent cases, a breech delivery
- to recognise the warning signs of abnormality in the mother or infant which necessitate referral to a doctor and to assist the latter where appropriate; to take the necessary emergency measures in the doctor's absence, in particular the manual removal of the placenta, possibly followed by a manual examination of the uterus
- to examine and care for the newborn infant; to take all initiatives which are necessary in case of need and to carry out where necessary immediate resuscitation
- to care for and monitor the progress of the mother in the postnatal period and to give all necessary advice to the mother on infant care to enable her to ensure the optimum progress of the newborn infant
- to carry out treatment prescribed by a doctor
- to maintain all necessary records.

## **Contact us**

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