

# Registered Nurses & HCAs working to support Midwives within the UHL Maternity Unit

## Standard Operating Procedure

"Currently UHL utilises the terms 'woman' and 'women' within their obstetric and maternity guidelines but these recommendations will also apply to people who do not identify as women but are pregnant or have given birth."

### 1. Introduction and who this SOP applies to

- 1.1 This Standard Operating Procedure (SOP) sets out the process for the use of substantive UHL Registered Nurses (RN) with no midwifery registration / qualification) supporting Registered Midwives (RM) working within the UHL Maternity Unit based at the Leicester General Hospital (LGH) or Leicester Royal Infirmary (LRI) in patient settings only.
- 1.2 It excludes newly qualified UK trained and internationally recruited Nurses via the objective structured clinical examination (OSCE) route who have not completed preceptorship, new Health Care Assistants (HCA's) who have been working in the Trust for less than six months and all Nursing Associates (NA's) unless they have worked previously in UHL as a Midwifery Care Assistant (MCA) verified by the Head or Deputy Head of Midwifery and Agency Nurses.
- 1.3 This guidance only refers to non-midwifery care delivery to women and not babies
- 1.4 This SOP is for use by Head of Midwifery (HoM) and Deputy Head of Midwifery (DHoM) and the UHL Tactical Nurse or midwife.
- 1.5 The aim of this process is to ensure safety is maintained for patients and midwifery and general nursing staff.
- 1.6 The overarching policy for this SOP is;  
[Escalation Transfer of Activity and Closure UHL Obstetric Guideline](#) Trust ref: C29/2011 and the [Midwifery and Support Staffing UHL Obstetric Policy](#) Trust ref: C28/2011

### 2. Confirming requirement for nurses / Healthcare Support Workers to support midwifery teams

- 2.1 Staff shortage escalation process to HoM / DHoM (high acuity at either unit or LRI on 14 midwives or less, LGH 10 midwives or less)
- 2.2 Liaise with the UHL tactical nurse
- 2.3 Nurses must be asked if they are ok to work in the maternity unit working under the direct supervision of a midwife and confirmation must be given that they are happy to be moved
- 2.4 Nurses must not have health related conditions that would exclude them working in maternity services

### 3. Specific care delivery tasks to be carried out

- 3.1 Women requiring enhanced care following a complication such as postpartum haemorrhage, covid-19 infection, sepsis or a medical condition to include specific tasks :
  - vital observations (BP, pulse, temp, respiratory rate, blood glucose, O2 sats)

- Post op care i.e. checking of abdominal wounds, drains, vaginal blood loss and hygiene needs including bed baths
- Fluid balance
- Administration of routine oral / IV meds / oxygen where required (not including midwifery exempt medication)
- Pressure area care / observation

#### **4. Induction requirements**

- 4.1 Orientation to the ward/unit
- 4.2 Location of the arrest trolley / fire exits and any different requirements for evacuation and for additional postpartum requirements
- 4.3 Confirmation that the nurse will not be caring for babies
- 4.4 Working under the supervision of a registered midwife post preceptorship i.e. band 6 or above
- 4.5 Check name badge and ID being worn stating RN in sight of staff and patients
- 4.6 Safeguarding training up to date
- 4.7 Must be informed Early Warning Scores have different parameters for maternity women (MEOWS)
- 4.8 Awareness of specific drugs that RNs MUST be aware of in a maternity context (i.e. differing regimes and midwifery exemptions – will be recorded on e-meds)

#### **5. Clinical areas in Maternity where Registered Nurses will be excluded from working**

- 5.1 Maternity assessment unit

#### **6. Education and Training**

- 6.1 RNs are encouraged and welcome to attend maternity skills drill training. This is recommended where they work more than 1 shift per month.
- 6.2 UHL staff receive all necessary mandatory training through their HELM account and HCAs have undertaken EWS assessments in their clinical areas.

#### **7. References**

1. Escalation Transfer of Activity and Closure UHL Obstetric Guideline Trust ref: C29/2011
2. Midwifery and Support Staffing UHL Obstetric Policy Trust ref: C28/2011
3. Birthrate Plus® – supporting safe staffing in the maternity workforce. 2016  
<https://birthrateplus.co.uk/>
4. NICE 2015. Safe midwifery staffing for maternity settings.  
<https://www.nice.org.uk/guidance/ng4>
5. Royal College of Anaesthetists, Royal College of Midwives, Royal College of Obstetricians and Gynaecologists, Royal College of Paediatrics and Child Health 2007. SAFER CHILDBIRTH: Minimum Standards for the Organisation and Delivery of Care in Labour  
<https://www.rcm.org.uk/media/2359/safer-childbirth-minimum-standards-for-the-organisation-and-delivery-of-care-in-labour.pdf>

## 8. Key Words

Acuity, Escalation, Tactical

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The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

CONTACT AND REVIEW DETAILS	
<b>SOP Lead (Name and Title)</b> Kerry Williams (HoM) Eleanor Meldrum (Deputy Chief Nurse)	<b>Executive Lead:</b> Chief Nurse
<b>Details of Changes made during review:</b> New document	