

Roles and Responsibilities of a Midwife

Role:

“A practising midwife is responsible for providing midwifery care in accordance with such standards as the Council may specify from time to time to a woman and baby during the antenatal, intranatal and postnatal periods,”

(NMC 2004;16 Rule 6)

Responsibilities:

- Provide sound family planning information and advice
- 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 and assist the mother during labour and to monitor the fetus in utero by the appropriate clinical and technical means
- To conduct spontaneous deliveries including when required an episiotomy and in urgent case, 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, in particular the manual removal of the placenta, possibly following 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

(Extract from the EU Second Midwifery Directive 80/155/EEC Article 4 – activities of a midwives Source NMC Midwives Rules and Standards 2004)

Patient/User Group:

Needs of the woman and her baby are the primary focus

Work in partnership with the woman and her family

Should enable the woman to make decisions about her care based on individual needs, by discussing matters fully with her.

Should respect the woman's right to refuse any advice given

(NMC Midwives Rules and Standards 2004:16 Rule 6)

Referral Pathways:

“In an emergency or where a deviation from the norm which is outside her current sphere of practice becomes apparent in a woman or baby during the antenatal, intranatal or postnatal periods a practising midwife shall call such qualified health professional as may be reasonably be expected to have the necessary skills and experience to assist her in the provision of care”.

(NMC Midwives Rules and Standards 2004:16 Rule 6)

Employment:

NHS acute trusts

NHS Stand alone birthing units

Community

Independent practice

Higher Education Institutions

Opportunities and areas of work:

Hospital: working in teams and delivering care in a specialist antenatal clinic, pre-conceptual /fertility clinic, family planning clinic, ward environment, delivery suite for high risk women, labour ward theatres, Home from home unit for low risk women or neonatal unit.

Some midwives specialise in diabetes, HIV, Substance abuse, epilepsy, teenage pregnancy, etc.

Career development progresses from qualified midwife through to various levels of management, supervisor of midwives (SOM), consultant midwife and senior midwifery lecturing at a university, research

Community: visiting at home pre and post delivery, conducting antenatal clinics and home deliveries.

Governing Body:

Nursing and Midwifery Council (NMC)