

Practice Standards for Midwives

May 2015



Bord Altranais agus
Cnáimhseachais na hÉireann
Nursing and Midwifery Board of Ireland

The Practice Standards for Midwives 2015 comes into effect on 31 May 2015.
This document replaces the Practice Standards for Midwives 2010.

Contents

Glossary	2
Introduction	5
Principles of the Code	6
Practice Standards	7
Definition of a Midwife	9
Scope of Midwifery Practice	10
Midwifery Philosophy	12
Midwifery Values	12
Practice Standard 1	14
Practice Standard 2	16
Practice Standard 3	18
Practice Standard 4	19
Practice Standard 5	20
References and Resources	22
Subject Index	23

Glossary

For the purposes of these Practice Standards for Midwives, the following terms are explained.

Accountability: being answerable for your actions, inactions and the professional decisions you make in the course of your practice.

Advocate: *noun:* a person who helps and supports another person and who, if necessary, will act on behalf of the other person.

verb: to empower a person by supporting them to put forward their views and claim their entitlements and, if necessary, to act as a representative for the other person and negotiate on their behalf.

Autonomy: self-determination; a person's ability to make choices on the basis of their own values.

Clinical Audit: a review of the quality of the care given in relation to a set of standards. The purpose of the clinical audit is to improve care and outcomes.

Clinical Governance: a framework through which healthcare teams are accountable for the quality, safety and satisfaction of those for whom they care.

Colleagues: co-workers, other health and social care professionals, other healthcare workers and nursing and midwifery students.

Collaborate: to work together with women, their families and other healthcare professionals to provide the care necessary to achieve the best outcome.

Competence: the ability of the midwife to practise safely and to fulfil their professional responsibility effectively.

Conduct: a person's moral practices, actions, beliefs and standards of behaviour.

Conscientious Objection: where a midwife has a strong objection – based on religious or moral grounds – to providing or participating in the provision of a particular service.

Duty of Care: an obligation to conform to a certain standard of conduct for the protection of another against an unreasonable risk of harm.

Ethics: principles, values and virtues that enable people to live a morally good life. Applied to midwifery, the moral principles presented in this document underpin professional midwifery practice.

Evidence-based Practice: the use of the best available evidence together with the midwife's expertise and the woman's values and preferences in making healthcare decisions.

Healthcare Record: all information collected, processed and held in both manual and electronic formats about the woman or her baby under the care of a midwife. A healthcare record includes, for example, personal information, clinical information, images, investigation reports, samples, correspondence and communications relating to the woman and her baby and their care.

Harm: any physical, emotional, psychological or reputational injury or damage to the health of a woman or her baby or to any other party to whom a duty of care is owed.

Learner: 'learner' refers to pre-registration midwifery students and to registered midwives who are undertaking a formal or informal learning activity. 'Learner' may also include other health, social care, administrative and support staff.

Maternity care: care for women from when they first look for care before and during pregnancy through to labour and birth, and includes the care of the woman and her baby after the birth.

Must: commands the action a midwife is obliged to take from which no deviation whatsoever is allowed.

Omission: failure to do something, especially something that one has a moral or legal obligation to do.

Professional: a registered member of an organisation who practises their role in line with the professional standards set out by the organisation.

Quality of Practice: evidence-based professional standards balanced with the needs of the woman and her baby, and organisational efficiency.

Referral: making arrangements for the woman to see another professional for consultation, review, or further action if the care she needs falls outside the scope of safe midwifery practice.

Registered Midwife: a midwife who is registered in the Midwives Division of the Register maintained by the Nursing and Midwifery Board of Ireland.

Regulation: a rule or law designed to control or govern conduct.

Respect: having due regard for a woman's feelings, wishes, and right to receive appropriate care.

Responsibility: The obligation to perform duties, tasks or roles using sound professional judgement and being answerable for the decisions made in doing this.

Scope of Midwifery Practice: the range of roles, functions, responsibilities and activities which a registered midwife is educated, competent and has the authority to perform.

Should: indicates a strong recommendation to perform a particular action from which deviation in particular circumstances must be justified.

Spontaneous deliveries: a woman gives birth to her baby vaginally without forceps, vacuum extraction or a caesarean section.

Practice Standards for Midwives: authoritative statements developed, monitored and enforced by the Nursing and Midwifery Board of Ireland to describe the responsibilities and conduct expected of registered midwives. The standards are based on the principles and values that underpin professional midwifery practice.

Introduction

The Nursing and Midwifery Board of Ireland (NMBI) or Bord Altranais agus Cnáimhseachais na hÉireann is the statutory body responsible for regulating the professions of nursing and midwifery in Ireland. As stated in the Nurses and Midwives Act 2011, the NMBI has two main objectives:

1. to protect the public, and
2. to ensure the integrity of nursing and midwifery practices.

The NMBI achieves these objectives by promoting high standards of professional education, training and practice and professional conduct among nurses and midwives.

The Practice Standards for Midwives are employed in order to:

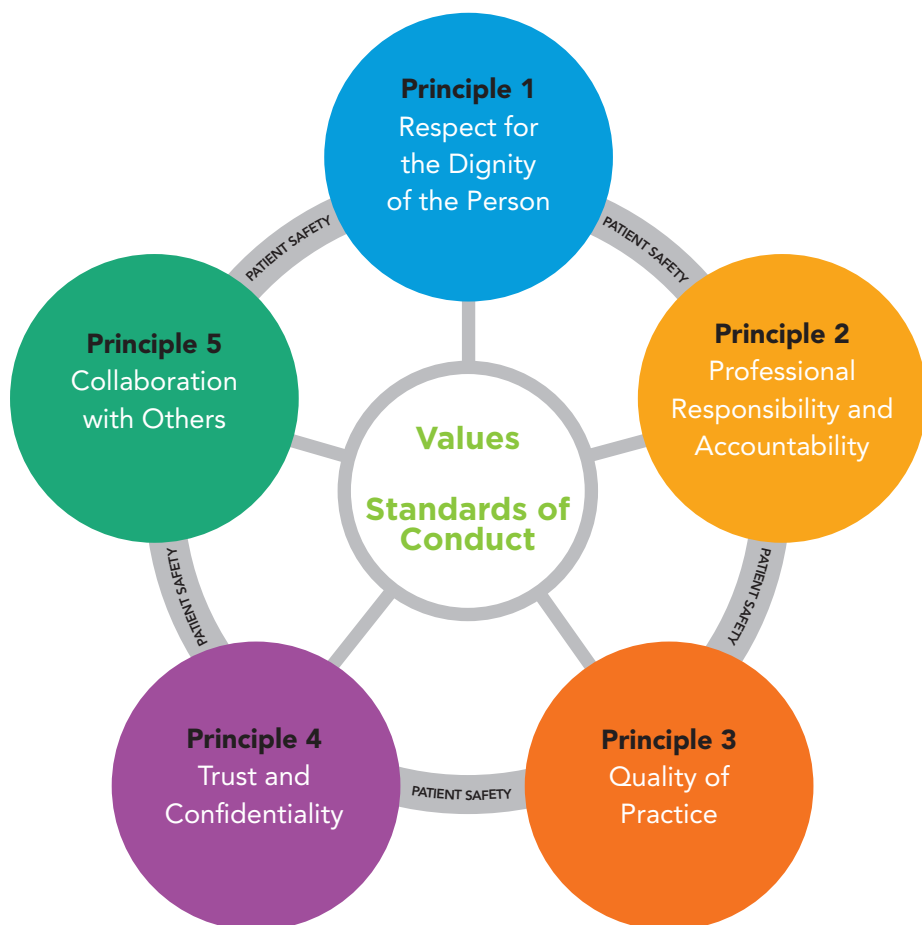
1. set out the standards of midwifery care which would be expected from someone who practises as a registered midwife in Ireland.
2. make registered midwives aware of the legislation and guidelines defining their role and describing their scope of practice.

Registered midwives practising in Ireland must comply with these Practice Standards for Midwives, as well as any other developments that impact or inform the evidence-based practice of midwifery in Ireland.

Principles of the Code

The Practice Standards for Midwives are clearly aligned with the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives 2014 (see Figure 1 and Table 1)

Figure 1. The Five Principles of the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives 2014



Practice Standards

Table 1: The Relationship between the Five Principles of the Code of Professional Conduct and Ethics (NMBI 2014) and the Practice Standards for Midwives (NMBI 2015)

Principles – Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives

Practice Standards for Midwives

Principle 1
Respect for the Dignity of the Person

Practice Standard 1:

Midwifery practice is underpinned by a philosophy that protects and promotes the safety and autonomy of the woman and respects her experiences, choices, priorities, beliefs and values.

Principle 2
Professional Responsibility and Accountability

Practice Standard 2:


Midwives practise in line with legislation and professional guidance and are responsible and accountable within their scope of midwifery practice. This encompasses the full range of activities of the midwife as set out in EC Directive 2005/36/EC and the adapted Definition of the Midwife International Confederation of Midwives 2011 (ICM) as adopted by the NMBI.



Principle 3
Quality of
Practice

Practice Standard 3:

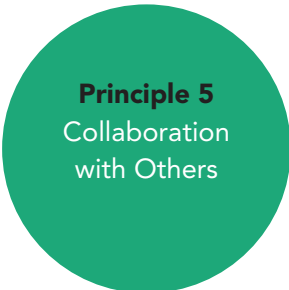
Midwives use comprehensive professional knowledge and skills to provide safe, competent, kind, compassionate and respectful care. Midwives keep up to date with midwifery practice by undertaking relevant continuing professional development.



Principle 4
Trust and
Confidentiality

Practice Standard 4:

Midwives work in equal partnership with the woman and her family and establish a relationship of trust and confidentiality.



Principle 5
Collaboration
with Others

Practice Standard 5:

Midwives communicate and collaborate effectively with women, women's families and with the multidisciplinary healthcare team.

Definition of a Midwife

The Practice Standards for Midwives works with the following definition of a midwife adapted from the International Confederation of Midwives' (ICM 2011) definition and adopted by NMBI.

A midwife is a person who has successfully completed a midwifery education programme that is duly recognised in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery.

Scope of Midwifery Practice

The scope of midwifery practice is the expected range of roles, functions, responsibilities and activities that a midwife registered with the NMBI is educated for and is competent and authorised to perform. More specifically, the scope of midwifery practice is identified in the EC Directive of 2005 (2005/36/EC).

Article 42 of the Directive states that:

“The Member State shall ensure that midwives are able to gain access to and pursue at least the following activities:

- (a) provide sound family planning information and advice;
- (b) diagnose and monitor normal pregnancies, carrying out the examinations necessary to do this;
- (c) prescribe or advise on necessary examinations for the earliest possible diagnosis of pregnancies at risk;
- (d) provide parenthood preparation programmes and provide preparation for childbirth advice including advice on hygiene and nutrition;
- (e) care for and help the mother during labour and monitor the condition of the baby in the womb using appropriate clinical and technical means;
- (f) conduct spontaneous deliveries; including where required episiotomies and in urgent cases breech deliveries; recognise the warning signs of abnormality in the mother or baby’s condition which need to be referred to a doctor, and assisting the doctor if necessary. The midwife should also take the necessary emergency measures in the doctor’s absence, in particular the manual removal of the placenta, possibly followed by manual examination of the womb;

- (g) examine and care for the newborn infant and take all initiatives that are needed, including resuscitation if necessary;
- (h) care for and monitor the progress of the mother in the post-natal period and advise her on infant care so that the baby makes the best possible progress;
- (i) carry out the treatment prescribed by doctors;
- (j) draw up the necessary written reports.”

If a midwife wishes to expand their practice, or if they are being asked to expand their practice, they should refer to the Scope of Nursing and Midwifery Practice Framework and work through the decision-making framework. Nothing in this or any other document should be construed as prohibiting a midwife from expanding their practice in relation to any particular practice or procedure provided the midwife has ascertained, by working through the decision-making framework, that it is appropriate to do so.

An individual midwife’s scope of practice is dynamic – that is, it will change and grow as they progress in their career.

The scope of practice of the individual midwife is influenced by a number of factors including:

- the practice setting;
- local guidelines, policies and evidence base;
- the midwife’s educational preparation, experience and competence;
- collaborative practice; and
- other factors, such as the woman and baby’s safety, their needs and care outcomes.

Midwifery Philosophy

Midwives recognise pregnancy, labour, birth and the post-natal period as healthy and profound experiences in women's lives.

The ethos of midwifery care is to work in partnership with women. Midwives use professional knowledge, skills and attitudes to competently support the woman and her baby.

Midwifery protects and enhances the health of women and babies, which in turn protects and enhances the health and wellbeing of society.

Midwifery Values

'Cnáimhseachas' refers to the modern Irish term for midwifery. Historically in Ireland, 'an Bhean Ghlúine' was the midwife. The many-layered meaning of the word 'glún' includes depicting the midwife with the woman, both on their knees, one birthing and one supporting. Glún means 'knee' in this sense. It also carries the meaning of 'generations' – hence 'ó ghlúin go glúin', 'from generation to generation'. The English word 'midwife' means 'with woman'.

The NMBI believe the following values shape midwifery practice and are core to the Practice Standards for Midwives. These values are also shared with the International Confederations of Midwives (ICM).

Midwives believe that:

- Having a baby is a profound experience, which carries intense meaning to the woman, her baby, her family and the community.
- The woman is the primary decision-maker in her care and she has the right to information that helps her to make decisions.
- Birth is a normal physiological process.
- Midwives are the most appropriate care providers to attend women during pregnancy, labour, birth and the post-natal period, and in collaboration with other health care professionals, when required.
- Midwives value empowerment of women to assume responsibility for their health and for the health of their families.
- Midwifery care combines art and science. Midwifery care is holistic, grounded in an understanding of the social, emotional, cultural, spiritual, psychological and physical experiences of women and based upon the best available evidence.
- Midwives have confidence and trust in, and respect for women and their capabilities in childbirth.
- Midwifery practice must always be based on principles of professional conduct as stated in the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives and on the scope of midwifery practice as stated in the Scope of Nursing and Midwifery Practice.

Practice Standard 1

Practice Standard 1

Midwifery practice is underpinned by a philosophy that protects and promotes the safety and autonomy of the woman and respects her experiences, choices, priorities, beliefs and values.

Standards of Conduct

- Your practice should promote and protect pregnancy and childbirth as a healthy and normal physiological event and a profound event in a woman's life.
- You should advocate on behalf of women and their babies to ensure their rights and interests are protected including the woman's right to choose how and where to give birth.
- You should respect the diversity of beliefs, values, choices and priorities of the woman and her family.
- You must provide women with sufficient, evidence-based information to empower them to make informed decisions about their care and the care of their babies.
- You should support every woman to engage with maternity care.

- You must respect the woman's right to choose whether or not to follow advice and recommendations about her care. If a woman chooses not to follow recommendations about her care, you are expected to continue to provide care to her that is reasonable and appropriate in the particular circumstances.

At the same time, you must document the discussions and decisions and refer to and collaborate with other relevant healthcare professionals regarding further management of care. The outcome of this referral must be shared with the woman and documented in the healthcare records.

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- You must respect the woman as the primary decision-maker in all matters regarding her own healthcare and that of her baby unless a court of law orders otherwise.
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Practice Standard 2

Practice Standard 2

Midwives practise in line with legislation and professional guidance and are responsible and accountable within their scope of midwifery practice. This encompasses the full range of activities of the midwife as set out in EC Directive 2005/36/EC and the adapted Definition of the Midwife (ICM, 2011) as adopted by the NMBI.

Standards of Conduct

- The title of 'midwife' and their function is protected in the Nurses and Midwives Act 2011. You must act at all times within the law and follow the rules and regulations of the NMBI and any other applicable bodies.
- In providing safe, evidence-based care to the woman and her baby, you are accountable for your practice to the woman, to the midwifery profession, to the NMBI and to the wider community. You owe a duty of care at all times.
- You should ensure that no act or omission by you places the woman, her baby, her family, your colleagues or yourself at any unnecessary risk.
- In an emergency situation, or any situation where something occurs that is outside your scope of practice, you must continue to provide care and refer to the most appropriate healthcare professional who you reasonably expect to have the necessary knowledge,

skills, competence and experience to help you. You should consider the location of the emergency situation when deciding who to call for assistance. At all times, the best interests of the woman and baby should be the priority. The outcome of this call for assistance must be shared with the woman and documented in the healthcare records.

- You should give and record the reasons for your decision to take necessary emergency measures in the absence of the most appropriate healthcare professional.
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- If you have a conscientious objection based on religious or moral beliefs to participating in the care of a woman or her baby, you must inform the woman, your line manager and your employer as soon as possible and give details about alternative care arrangements to protect the woman and her baby. Where there is a risk to the life of the woman or baby, you must continue to provide care to the woman and her baby until you are relieved of your duties, regardless of your conscientious objection.
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- You must uphold and act in line with the law by ensuring that you have adequate clinical indemnity (insurance) in place for your area of practice.
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Practice Standard 3

Practice Standard 3

Midwives use comprehensive professional knowledge and skills to provide safe, competent, kind, compassionate and respectful care. Midwives keep up to date with midwifery practice by undertaking relevant continuing professional development.

Standards of Conduct

- You should provide safe, competent, kind and compassionate professional care which is informed by the best available evidence, your own expertise and the experiences, preferences and values of the woman.
- You must meet the Domains of Competence as set out in the NMBI Standards and Requirements for the Midwife Registration Education Programme.
- You must keep your midwifery knowledge and skills up to date by engaging with continuing professional development in areas relevant to your practice. You should be able to show your competence and give evidence of professional development to the NMBI or your employer when and if you are asked to do so.
- You must help and promote the development of a quality learning environment by teaching, supervising, supporting and assessing all learners.
- You should support and take part in midwifery and healthcare practice developments with particular emphasis on quality, safety and clinical governance initiatives.
- You should support quality measures such as audits of practice and research projects that are being conducted ethically.

Practice Standard 4

Practice Standard 4

Midwives work in equal partnership with the woman and her family and establish a relationship of trust and confidentiality.

Standards of Conduct

- You must ensure that the woman and her baby are the primary focus of your practice.

- You should provide care that is safe, evidence-based, supportive, responsive and compassionate taking into account the needs of the woman, her baby and her family.

- You should plan all midwifery care in partnership with the woman and document this plan of care.

- You must respect a woman's right to privacy and confidentiality by protecting her personal information. You should use your professional judgement and act responsibly when you have to disclose and share information. There may be exceptional circumstances where you might need to share confidential information, for example:
 - a) if required by law to do so,
 - b) to protect the woman's or baby's interests,
 - c) to protect the interests of society, or
 - d) to protect the interests of other people.In these circumstances, you must only disclose the minimum amount of information necessary to the appropriate person.

Practice Standard 5

Practice Standard 5

Midwives communicate and collaborate effectively with women, women's families and with the multidisciplinary healthcare team.

Standards of Conduct

- You should ensure that you provide information in a format that is understandable and accessible to all women and their families.

- You should communicate appropriately and effectively with women, their families and with the multidisciplinary healthcare team by recognising barriers and making all reasonable efforts to remove them.

- You should collaborate with women, the women's families and with the multidisciplinary healthcare team using communication tools that suit the needs of the woman and her baby to ensure timely referral to other appropriate healthcare professionals.

- Your documentation and other communication of the care you are giving must be carried out in a clear, objective, accurate and timely manner. This includes the appropriate use of information technology and the avoidance of jargon and abbreviations unless the terms are drawn from a list of defined and approved terms.

- You must supervise the care provided by midwifery students and countersign all documentation carried out by them.
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- You should address differences of professional opinion with colleagues by discussion and informed debate in a professional and timely manner and prevent conflict through effective collaboration and teamwork.
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References and Resources

The following documents are key sources of information. This list is not intended to be exhaustive. As per the requirements of Practice Standard 3, midwives must be familiar with and understand the importance of Bord Altranais agus Cnáimhseachais na hÉireann's most up-to-date version of standards and guidelines and should apply them in any professional setting.

- Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives 2014
- Guidance to Nurses and Midwives on Developing Policies, Guidelines and Protocols 2000
- Guidance to Nurses and Midwives on Social Media and Social Networking 2013
- Guidance to Nurses and Midwives regarding Ethical Conduct of Research 2007
- Guidelines on the Key Points that may be Considered when Developing a Quality Clinical Learning Environment 2003
- International Confederation of Midwives (ICM)
www.internationalmidwives.org
- Nurses and Midwives Act of 2011
- Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority 2010
- Recording Clinical Practice – Guidance to Nurses and Midwives 2002

Subject Index

For the purposes of this Practice Standards for Midwives, the following subject terms are referenced throughout the following pages:

Subject Index	Page number
Accountability	2,6,7
Advice	10, 15
Advocacy	2, 14
Assessing learners	18
Autonomy	2, 7, 14
Beliefs and values	2, 7, 14, 17
Clear communication	8, 20
Clinical audit	2
Clinical governance	2, 18
Clinical Indemnity Insurance	17
Code of Professional Conduct and Ethics for Registered Nurses and Midwives	6, 7, 13, 22
Collaboration	2, 6, 8, 13, 15, 20, 21
Colleagues	2, 16, 21
Compassion	8, 18, 19
Competence	2, 11, 17, 18
Conduct	2, 13, 22
Conflict	21
Confidentiality	6, 8, 19
Conscientious objection	3, 17
Continuing professional development	8, 18
Dignity	6, 7
Diversity	14
Documentation	15, 21
Domains of Competence	18
Duty of care	3, 16
EC Directive 2005/36/EC	7, 10, 16
Education	9, 11, 18, 22
Emergency	10, 16, 17
Employer	17, 18

Subject Index

Empower	2, 13, 14
Ethics	3
Evidence	3, 11, 13, 18
Family	8, 13, 19
Functions	4, 10, 16
Guidance	7, 16, 22
Healthcare professionals	2, 15, 16, 17, 20
Healthcare record	3, 15, 17
International Confederation of Midwives (ICM)	7, 9, 12, 16, 22
Judgement	4, 19
Kindness	8, 18
Knowledge	8, 12, 16, 18
Law	4, 15, 16, 17, 19
Learning	3, 18, 22
Legislation	5, 7, 16
Maternity care	3, 14
Moral or religious grounds	3, 17
Mother and baby's interests	14, 17, 19
Normal Physiologic Event or Process	13, 14
Nurses and Midwives Act, 2011	5, 16, 22
Omission	3, 16
Outcome	2, 11, 15, 17
Partnership	8, 12, 19
Personal information	3, 19
Philosophy	7, 12, 14
Primary decision-maker	13, 15
Principles	3, 4, 6, 7, 13
Priorities	7, 14
Privacy	19
Protect	3, 7, 12, 14, 17,
Qualification	9
Quality	2, 4, 6, 7, 18, 22
Recommendations	15

Subject Index

Refer	4, 10, 11, 15, 16, 20
Registered midwife	3, 4, 5
Regulation	4, 16
Relationship of trust	8, 19
Research	18, 22
Respect	4, 6, 7, 13 - 15, 19
Responsibility	2, 4 - 7, 10, 13, 16
Right	4, 13 - 15, 19
Risk	3, 10, 16, 17
Roles	4, 5, 10
Safety	2, 6 - 8, 11, 14, 18,
Self-determination	2
Skills	8, 12, 17, 18
Spontaneous delivery	4, 10
Student	2, 3, 21
Supervising learners	18, 21
Support	2, 3, 12, 14, 18, 19
Teaching	18
Teamwork	21
Trust	6, 8, 13, 19
Woman's choices	7, 14
Woman's experiences	7, 12, 13, 14, 18
Woman's preferences	3, 18



Bord Altranais agus
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