

## **Introduction to Non-Clinical Midwifery Roles**

All maternity services require additional roles to manage and provide maternity services, over & above that of clinical care. Such roles include senior midwifery management; governance & risk; practice development; baby friendly initiative; antenatal screening coordinator to meet the National Screening guidelines; contribution from consultant midwife, some midwife specialist time for child protection, bereavement, etc. that is not directly clinical.

The reason for distinguishing between the clinical and non-clinical establishments is to avoid duplication of staffing and to retain sufficient management and specialist roles.

It is advisable to view the non-clinical roles as delivering maternity services rather than midwifery care.

Below is a list of most of the additional roles required by all midwifery services to some degree and often dependent on the type of service.

- Head of Midwifery & Matrons with some additional hours for the team leaders to participate in strategic planning & wider Trust business
- Increased midwife co-ordination on D/S as per Safer Childbirth recommendations
- Clinical Specialist Midwives (for example):
  - Diabetes
  - Public Health
  - Mental Health
- Practice Development role
- Clinical Governance role
- Time for Baby Friendly Initiative, which is not to assist women with breast feeding, but to produce & monitor guidelines & undertake audits
- Additional hours for antenatal screening over & above the time provided in actual clinics
- Contribution from a consultant midwife
- Coordination for such work as Safeguarding

- Digital Midwife
- PMA role
- Better Births Lead

Clinical Specialist Midwives have a clinical role in a specialised field working across all areas and provide additional care to women in their specialist skill. This will involve collaboration with other midwives to provide expert support and advice to women. Birthrate Plus® calculates staffing based on what women require rather than which midwives are providing the care. Thus, as the Clinical Specialist Midwives have a predominantly clinical role, some of their time is included in the total clinical establishment.

The % of clinical time provided by specialist midwives included in the workforce calculations is determined locally and will vary between maternity services often dependent on local factors, such as socio-economic groups, type of service, clinical profile. There is a commonly applied rationale within the methodology and generally accepted by Directors and Heads of Midwifery.

A Trust with more than one maternity unit may well have roles that work across the services.