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NURSES WITH OR WITHOUT MIDWIFERY REGISTRATION WORKING IN GENERAL PRACTICE - INVOLVEMENT IN ANTENATAL CARE

Guideline produced by: West of Scotland Supervisors of Midwives
Guideline Development Group

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NURSES WITH MIDWIFERY REGISTRATION WORKING IN GENERAL PRACTICE - INVOLVEMENT IN ANTENATAL CARE

1. If a nurse working in General Practice is also a practising midwife, there is no reason why she cannot be involved in the provision of antenatal care. Those midwives must be encouraged to carefully consider how they will keep their practice up to date and should explore these issues with their named Supervisor of Midwives.
2. In relation to nurses working in General Practice and antenatal care, the Supervisor of Midwives must fulfil the requirements of the NMC (2004) Midwives rules and standards. She should provide professional advice to all practitioners, including General Practitioners (GPs), on midwifery care and practice.
3. There is a need for the Supervisor to be involved in the agreement of local policies for all midwives in her area of jurisdiction. The situation in a general practice setting is an excellent example of Supervisors being able to make a significant contribution to policies, to ensure that the best quality care is provided for women by the most appropriate professional.
4. In respect of safe and effective care the NMC is clear; it is expected that antenatal care will be provided by a practising midwife who is supervised by a local Supervisor of Midwives must comply with the requirements for supervision as set out by the NMC.
5. Supervisors may have difficulty keeping track of these midwives and GPs often do not understand the role of the Supervisor. Supervisors play a key role in ensuring that midwives who work in General Practice continue to fulfil their statutory requirements. Supervisors must take proactive steps to explain to GPs the legal framework within which midwifery is practised and the basis upon which supervision is undertaken.
6. The NMC condemn the practice of allowing nurses in General Practice, without a midwifery qualification, to deliver maternity care. This results in inappropriate midwifery advice being given by untrained professionals, makes continuity between antenatal, intrapartum and postnatal care impossible and leaves women with second class and possibly unsafe care.
7. Any Supervisor who is aware of this happening in her area should address the issue through local mechanisms, including the NHS Board, LSA, Maternity Services Liaison Committee, as appropriate.



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References:

NMC (2004) *Midwives rules and standards*. NMC, London.

NMC (2008) *The Code – Standards of conduct, performance and ethics for nurses and midwives*. NMC, London.



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Protocol for Nurses/Midwives working in General Practice regarding Antenatal Care

Rationale

To ensure that nurses working in General Practice, who have a midwifery qualification and annually notify their Intention to Practise, and who give antenatal care, are aware of their responsibilities and accountability to:

- the women for whom they provide care.
- their local Supervisors of Midwives.
- the LSA
- the NMC.

Aims

To establish a protocol which will enable nurses/midwives working in General Practice to understand their role in antenatal care.

To ensure that pregnant women receive appropriate information and safe, effective care.

Objectives

1. To ensure nurses/midwives working in General Practice, who give antenatal care, understand their responsibility for:
 - Submitting their Intention to Practise.
 - Keeping professionally updated in accordance with the NMC (2004) Midwives rules and standards.
 - Meeting with their Supervisors of Midwives.
 - Keeping contemporaneous records.
2. Every nurse/midwife working in General Practice and undertaking antenatal care must:
 - Have a copy of the NMC (2004) Midwives rules and standards.
 - Submit her Intention to Practise to a local Supervisor of Midwives.
 - Meet the requirements of the NMC PREP standard as a midwife.
 - Meet at least annually with her Supervisor of Midwives



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Nurses working in General Practice who are not Midwives

Midwifery is a profession separate to nursing and different statutory rules govern the two professions. A nurse who does not have a midwifery qualification or a nurse possessing a midwifery qualification but who is not eligible to practise, may not give midwifery advice or treatment to a mother or baby in the ante, intra or postnatal period.

Some health visitors or specialist community public health nurses may also hold a midwifery qualification; however, this does not automatically make them eligible to practise as midwives, in the same way that nurses in General Practice may not be eligible.

1. The nurse working in General Practice who is not a practising midwife is not entitled to undertake any midwifery care.
2. Her duty, if required, is to assist the GP and/or midwife at antenatal examinations, i.e. urinalysis, blood pressure, monitoring and weight measurement. The interpretation of the results of these readings must be undertaken by the GP or midwife and not by the nurse.
3. When assisting others in an antenatal clinic, the nurse must be mindful of her personal professional accountability, as detailed in The Code – Standards of conduct, performance and ethics for nurses and midwives, (NMC 2008). Any documentation made by the nurse must be signed appropriately (printed name and signature) along with qualification (i.e. RGN), indicating nurse/specialist community public health nurse and non-midwife status.
4. She must always refer the woman to the GP or midwife when advice is required.
5. Nurses working in General Practice should not feel pressurised into giving antenatal care.
6. Nurses in General Practice must ensure that the NMC's expectation that antenatal care is provided by a practising midwife or GP is met.
7. If a woman presents at a GP practice outside the time a GP or midwife is present, the nurse must make arrangements for her to be seen by a GP or midwife as soon as possible or referred to the local maternity unit.
8. The NMC and the West of Scotland LSAs strongly oppose the fragmentation of maternity care and support Supervisors of Midwives discouraging nurses in General Practice assisting in the provision of antenatal care.



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The General Practitioner

1. Accepts responsibility to ensure that an antenatal assessment is undertaken by themselves, or a practising midwife, on every antenatal mother at each antenatal clinic attendance.
2. As an employer he/she ensures that:
 - Only appropriately qualified staff are used in antenatal clinics.
 - Nurses in General Practice are aware that they are accountable for all aspects of their own practice.
 - Nurses are aware that undertaking practice outside their legal boundaries will not be covered by the vicarious liability of the GP practice.
3. It is a legal requirement that midwifery duties are only undertaken by practising midwives. The NMC (2004) Midwives rules and standards state:

“to be eligible to practise as a midwife a person must hold a midwifery qualification, have current registration as a midwife with the NMC, and have met the NMC standards for updating her midwifery practice. In addition she must have given notice of her intention to practise to the local supervising authority in every area that she intends to practise in” (Rule 2).
4. Where a GP practice employs a practising midwife, each GP should acknowledge their responsibility for enabling the midwife to fulfil her statutory responsibility.

N.B. Some specialist community public health nurses may also hold a midwifery qualification; however, this does not make them automatically eligible to practise as midwives - in the same way that nurses working in General Practice may not be eligible.

References

NMC (2004) *Midwives rules and standards*. NMC, London.

NMC (2008) *The Code – Standards of conduct, performance and ethics for nurses and midwives*. NMC, London