The extended role of the midwife

Midwifery is one of the oldest professions in history. Midwives were first mentioned in the Bible and even Socrates wrote of his respect for his mother's profession of midwifery. The word 'midwife' meaning 'with woman' continues to be the fundamental principle from which midwives work. Midwives play a pivotal role in the provision of maternity care in the antenatal, intrapartum and postnatal period. However, a number of contributing factors has led to some midwives diversifying and obtaining skills to enable them to develop their role. These factors include a reduction in junior doctors' hours, a reduction in GP involvement in maternity care, the desire to provide continuity of carer for women and the need to provide a clinical career framework.

INTERDISCIPLINARY ROLES

The standards outlined in the Royal College of Obstetricians and Gynaecologists/Royal College of Midwives report *Towards Safer Childbirth* (1999) have had a huge impact on the organization of maternity care. While the number of consultant obstetricians in many units has increased in line with these standards, the simultaneous reduction in the working hours of junior doctors under the New Deal and the European Working Time Directive created a gap which had to be filled to maintain high quality care.

In conjunction with this, the proportion of GPs wishing to provide intrapartum care has been quoted to be as low as 27.3%, with the actual number providing this care being much lower than 25% (Marsh et al, 1985). The factors attributing to this decline are stated as fear of litigation, current workload, disruption to personal life and perceived lack of competence (Brown, 1994). Midwives have been ideally placed to take on some of the roles previously carried out by their allied professions.

DEVELOPING ROLES

Over the last decade, midwives have obtained a variety of skills to assist them in providing a complete package of care for women and to minimize the unnecessary input from other professionals. For example, it is only in relatively recent years that midwives have carried out procedures such as episiotomies, perineal suturing, intravenous cannulation and administration of intravenous drugs. These practices have now become a routine part of a midwife's role.

More recently, in response to the reduction in the availability of medical cover and in an attempt to offer women a complete range of services, midwives have further adapted their roles. Midwives have taken on roles which include performing ventouse deliveries, fetal blood sampling, ultrasound and amniocentesis, assisting in theatre during caesarean sections and examination of the newborn. Additionally, there are pilot projects which are training midwives to insert epidural anaesthesia.

While these roles may offer a solution to the reduction in obstetricians, GPs, anaesthetists and radiographers, there is some evidence to suggest that some midwives are concerned that their roles are extending to an extent which may, in the long term, prevent them from doing the job they were trained to do (Lavender et al, 2001, 2002). Midwives have also suggested that while role extension can increase continuity of carer, it can devalue normal midwifery practice (Lavender et al, 2002). Furthermore, as midwives are also in short supply, devoting time to carry out such extended roles may divert their attention away from the core principles of midwifery practice.

If less midwifery time is spent with women and more midwives become competent in interventionist skills, is it not conceivable that normal midwifery care will be reduced? For example, if midwives are trained to insert epidurals, one could argue that epidurals are more likely to be offered.

PUBLIC HEALTH ROLE

The context of midwifery care is changing in response to societal needs, disease patterns, pharmaceutical and technological developments, public expectations and new policies. To facilitate these changes it has been proposed that the midwives' role is refocused (Department of Health, 1999). In particular, midwives are being encouraged to play a bigger role in the government's public health strategy. This is clearly identified within *Making a Difference*.

Pivotal to this agenda is emphases on the midwife's role in health promotion and the integration of midwifery care with that of the primary health-care team. Midwives have been encouraged to incorporate a number of aspects of public health into their role. Their role can include identifying postnatal depression, cervical and breast screening, carrying out preconceptional care, child protection and domestic violence issues and giving advice in a number of areas including smoking, diet, alcohol and substance misuse, contraception, obesity and exercise. The potential benefit of extending the role to incorporate the 6-week postnatal examination, which is usually carried out by the GP, has also been discussed (Lavender et al, 2002).

However, professional boundaries need to be considered when extending any health professional role. Midwives have acknowledged the fear of crossing professional boundaries, in terms of 'stepping on toes', responsibility of care and unnecessary duplication of roles. A sensitive, collaborative approach is required to ensure practitioner equality and contentment. Consultant midwives,

in particular, can be instrumental in supporting clinical midwives to develop their public health role.

CONSULTANT MIDWIVES

The Prime Minister announced the establishment of nurse, midwife and health visitor consultant posts in the NHS in 1998. The main aim of these posts was to address the limitations of the existing career structures and to offer an alternative to leaving clinical practice in order to gain promotion and increased salary. There are currently almost 40 consultant midwives in the UK with more posts envisaged for the future. These posts range from those focusing on public health issues, midwifery practice, normal midwifery, antenatal care, health promotion and high-risk care. However, all consultant midwives are to contribute to providing better patient outcomes through quality and service improvements, strengthen leadership and provide new career opportunities to retain experienced midwives. A full evaluation of the impact of these posts has not yet been reported.

CONCLUSION

Midwives have been subjected to many changes over the years in line with national and local strategies. The extension of the midwives' role has been viewed as a positive step in terms of continuity of carer for the woman, career progression for the midwife and can contribute to filling the gap created by a reduction in medical staff availability.

However, as recruitment and retention of midwives remains an issue, the long-term impact of extended roles needs careful consideration. Some midwives have concerns that they may become 'jack of all trades and master of none'. On the one hand, they are being encouraged to participate in more 'medical' duties while on the other, they are fulfilling a more public health role.

All health professionals involved in maternity care need to think carefully about the impact of midwifery role extension on the future of obstetrics. While in the short term, role extension may fulfil local needs, in the long term removing midwives from the front line may be detrimental to the care received by women and to the midwifery profession as a whole. Although women may welcome the continuity of carer, which is achieved through role extensions, changes should be made with caution until comprehensive evaluations are carried out of their impact on an organization as a whole. HM

KEY POINTS

- Reorganization of maternity care nationally is having an impact on the midwives' role.
- In many areas midwives are being asked to fill in gaps left by the shortage of other professionals.
- Professional boundaries in maternity care are becoming less defined.
- Midwives are being encouraged to extend their roles at each end of the health spectrum, i.e. public health and medical duties.
- Long-term strategies are required to ensure that midwifery role extension does not remove midwives from their fundamental role.
- Evaluations of extended roles are required to ensure that they contribute in a positive way to maternity care.

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