

# Enhanced Midwifery Practice

POSITION PAPER

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*National Council for the  
Professional Development  
of Nursing and Midwifery*

*An Chomhairle Náisiúnta d'Fhorbairt  
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## Introduction

The National Council for the Professional Development of Nursing and Midwifery (National Council) supports the development of enhanced midwifery roles within the maternity services and believes that such roles will greatly improve the services offered to women and their families. Ireland currently has the highest birth rate in the European Union (EU) at 15.2 births per 1000 people. The birth rate has risen significantly over the last five years and there were 70,620 babies born here in 2007; an increase of over 6000 on 2006 figures (Central Statistics Office (CSO) 2007). The increasing birth rates have led to an increase in demand for maternity services and to compound this problem, the care required by women who present to the services has become increasingly complex. Factors contributing to this complexity include an increase in first-time and older mothers, higher levels of immigration, the large number of women with concomitant medical conditions (i.e. infectious diseases and diabetes), technological advances that have increased the survival rate of very premature infants, increased assisted conception with a greater risk of multiple births and raised expectations in relation to care and outcomes (Health Service Executive (HSE), 2005, Economic and Social Research Institute (ESRI) 2006, Royal College of Physicians Ireland-Institute of Obstetricians & Gynaecologists 2006). Evidence shows that supportive and high quality maternity care not only contributes to ensuring a healthy start for the newborn baby but can also facilitate mothers and fathers develop the skills to be confident and caring parents (Women's Health Council (WHC) 2004a, Department for Education and Skills 2004). In light of this, it is even more important to consider the particular needs of women and their families and provide high-quality maternity services appropriate to these needs. Midwives are in a central position within the maternity services, supporting, advising, encouraging and caring for women throughout pregnancy, childbirth and the postnatal period and can help to develop a maternity service more responsive to women's needs through new and innovative enhanced roles.

Part of the remit of the National Council is to provide guidance to the health services on development of midwifery practice to meet emerging patient/client needs within the maternity services. This position paper aims to address the specific implications of enhanced midwifery practice.

## Relevant Policy Documents and Reports

Ireland's National Health Strategy *Quality and Fairness; A Health Service for You* (Department of Health and Children (DOHC) 2001) recognises that models of maternity care are changing and need to develop in line with women's demands for greater choice in the type of care they receive and the location in which they give birth. The Strategy and subsequent documents emphasise the importance of primary care and recommends that midwives become more involved in the management and delivery of future maternity services based on the principles of: safety; woman-centeredness; equity; access and accountability.

A comprehensive needs assessment to inform the development and planning of future maternity services within the HSE Eastern Region was undertaken in 2005 with the aim of providing the best possible community maternity services. Key recommendations within the report concern:

- An interdisciplinary team approach to the maternity services across all levels of care
- Continued development of community-based maternity services for women with low risk pregnancies
- Services to continue to be responsive to the needs of vulnerable and disadvantaged women
- Development and implementation of models of care within and between primary and secondary care to increase choice and continuity of care for women (HSE 2005).

The Institute of Obstetrics and Gynaecology (2006) in their recent report on *'The Future of Maternity & Gynaecology Services in Ireland 2006-2016'* addresses the need for the integration of primary and secondary care within the maternity services. It recognises the crucial role that midwives play in pregnancy and particularly in relation to 'normal' pregnancies and supports the expansion of the Domiciliary Care In and Out of Hospital (DOMINO) service nationally and the development of new career paths for midwifery, including further development of clinical midwife specialists and advanced midwife practitioners (Institute of Obstetricians and Gynaecologists 2006).

The review of maternity and gynaecology services in the Greater Dublin Area (GDA) commissioned by the HSE and conducted by KPMG was published recently. The review, which emphasises the strengthening of community care, recommended that the current DOMINO, Outreach and Early Transfer Home (ETH) schemes be significantly expanded to provide antenatal care in the community for all women who are assessed as low risk. The review also proposed that all women should have access to efficient and effective community based,

midwife provided postnatal care. The report supported the continuation of home birth services provided by the National Maternity Hospital and recommended that the Coombe Women and Infants University Hospital and the Rotunda Hospital consider developing such services (KPMG 2008).

In recognition of the need to address the area of domiciliary births in 1997, the Chief Executive Officers of the Health Boards established an Expert Group on Domiciliary Births who commissioned three pilot home birth projects throughout the country. The Domiciliary Births Group was set up in 2003 to make recommendations arising from the outcomes of the pilot projects and the group produced the *Domiciliary Birth Report 2004*. The report recommends that women should have greater choice of maternity services through the effective utilisation of midwifery skills and the establishment of a National Implementation Committee (NIC) to progress the recommendations of this report under the auspices of the HSE. Members of the NIC included independent midwives, obstetricians and consumer interest groups. Terms of reference for the committee included:

1. the development of national guidelines and protocols for selection criteria for home births; and the development of a national audit and evaluation tool to inform the review
2. an examination of legal, indemnity and grant issues associated with maternity services
3. the development of a mechanism for continuing professional development and support for midwives
4. the development of a clinical governance framework which determines access to hospital and laboratory services and
5. providing recommendations regarding the development of models of maternity care which ensure continuity of care and integration of community and hospital-based maternity services.

The Report of the NIC has recently been completed and forwarded to Management Board of the HSE.

From an international perspective various reports and policy documents advocate the expansion and strengthening of midwifery within the community setting for women with straightforward low risk pregnancies and the introduction of consultant midwives within all maternity care settings to act as clinical leaders and provide better outcomes for women by improving services and quality (Department of Health (DOH) 2007, Royal College of Obstetricians & Gynaecologists 2007) The *Strategy for Nursing and Midwifery* in Scotland recommends the further development of consultant midwife roles in order to retain and develop clinical expertise, whilst establishing professional leadership and consultancy, practice and service development, education and research within midwifery practice (Scottish Executive Health Department 2001).

## Evidence Supporting Enhanced Midwifery Roles

Nationally and internationally midwives have endeavoured to develop accessible, high-quality, women-centred maternity services and offer choices to women in the models of maternity care they can avail of. Midwives have also been required to enhance the breadth and depth of their role in order to address the challenges of new technologies, new screening programmes and increasingly diverse populations. A review of current midwifery research found that childbearing women benefited in a number of ways from enhanced midwifery roles as outlined in Table 1.

**Table 1 Outcomes of enhanced midwifery roles**

YEAR	AUTHORS	STUDY	SAMPLE	RESULTS
2004	Guest et al (UK)	Evaluation of the Impact of Nurse, Midwife and Health Visitor Consultants utilising quantitative/qualitative data collection methods	528 nurse, midwife and health visitor consultants	Improved service and quality and improved patient/client outcomes. Decreased medical intervention. Increased breastfeeding rates High levels of job and professional satisfaction with the role.
2004	Brenner (Ireland)	Evaluation of DOMINO midwifery and home birth schemes utilising quantitative/qualitative data collection methods.	1,697 women	High levels of satisfaction with care. Increased personal and professional satisfaction amongst midwives involved.

**Table 1 Outcomes of enhanced midwifery roles** continued

YEAR	AUTHORS	STUDY	SAMPLE	RESULTS
2004	Hatem et al (UK)	Systematic review comparing midwife-led models of care with other models of care for childbearing women and their infants.	11 trials (12,276 women)	Decreased antenatal hospitalisation Reduced use of regional analgesia Reduced rate of episiotomy and instrumental delivery Increased breastfeeding rates.
2004	Hodnett et al (UK)	Systematic review of home-like versus conventional birth settings.	6 trials (8,677 women)	Lower rates of intrapartum analgesia/anaesthesia, augmented labour and operative delivery Increased breastfeeding rates Increased satisfaction with care.
2000	Saunders et al (UK)	Evaluation of the Edgware midwifery- led birth centre utilising quantitative / qualitative data collection methods	1589 (women, midwives, managers, GP's)	Increased satisfaction with care; safe cost-effective care;are.increased job satisfaction

**Study Results Pending**

Following the *Kinder Report* (2001) which examined the provision of maternity care in the HSE North Eastern Area (formerly the North Eastern Health Board) two pilot midwifery-led units (MLU's) were established in Cavan General Hospital and Our Lady of Lourdes Hospital, Drogheda. These MLU's are currently being evaluated within the context of a randomised trial known as 'the MidU study' which compares midwife-led care with medical-led care for women who are at low risk of complications during pregnancy and labour. The formal evaluation is expected to be published shortly. The final report of the *Independent Review of Maternity and Gynaecology Services in the Greater Dublin Area* (KPMG 2008) recommends that each of the maternity services have a co-located MLU on the site of the co-located maternity and acute general hospital to provide women with greater choice in the type of maternity care they can access.

**Enhanced Midwifery Practice**

The National Council has demonstrated its support for the development of enhanced midwifery practice by developing frameworks for the establishment of clinical midwife specialist (CMS) and advanced midwifery practitioner (AMP) posts, conducting a review of midwife-led care (NCNM 2005a) and providing continuing education funding for innovation and development.

Currently, 66 CMS and 3 AMP posts are now in place which meet the criteria and standards of the National Council. These posts are within various areas of midwifery practice as outlined in Table 2.

**Table 2 Current CMS and AMP roles**

POST	TITLE	NUMBER
AMP	Women's Health	1
AMP	Midwifery Care	1
AMP	Diabetes	1
CMS	Drugs liaison	3
CMS	Neonatology	2
CMS	Neonatal and Paediatric Neurology	2
CMS	Ultrasound and Foetal Assessment	25
CMS	Breastfeeding/ Lactation	16
CMS	Infection Control	2
CMS	Bereavement and Loss	3
CMS	Diabetes	5

**Table 2 Current CMS and AMP roles** continued

POST	TITLE	NUMBER
CMS	Infectious Diseases Liaison	1
CMS	Anaesthetic Support	1
CMS	DOMINO/Early Discharge Home	3
CMS	Haemovigilance	1
CMS	Colposcopy	1
CMS	Continence Promotion	1

In addition to these CMS and AMP roles, other enhanced midwifery roles have emerged in maternity hospitals throughout the country where midwives have pioneered a variety of midwife-led services and provided care for women throughout pregnancy, childbirth and the postnatal period. These services include: Midwives-Led Clinics; Community and DOMINO Midwife Schemes; Home Birth Services; Midwifery-Led Units: Early Transfer/Discharge Home Schemes and an Independent Domiciliary Midwife Service.

Midwifery-led antenatal clinics are provided within the maternity units and in satellite clinics in outlying areas within the community. These clinics provide women with the opportunity to be cared for by the same team of midwives for all their antenatal care. Community and DOMINO Midwife Schemes are designed for women who are at a low risk of complications during pregnancy and childbirth. Teams of experienced midwives provide antenatal care either in midwives clinics, local health centres or in the woman's home, take care of the woman during labour and childbirth and provide postnatal care and support for the woman for up to a week after discharge from hospital. Some of these schemes also offer a home-birth service within restricted catchment areas. There are two pilot Midwife-Led Units within the country that offers healthy, low-risk women the opportunity to give birth in a homelike environment with the care and support of a team of experienced midwives. To ensure continuity of care the team also provide antenatal care and postnatal care and support up to seven days following childbirth. Early Transfer/Discharge Home Schemes give women who have had a normal birth the opportunity to leave the hospital about six hours after the birth. A midwife from the team will then visit them daily at home to provide postnatal care and support for up to six days. Independent Domiciliary Midwives provide women with a home birth service. They also offer a range of antenatal services within the home and provide postnatal care and support for up to ten days following birth.

However, strict geographical guidelines restrict a number of these programmes and large numbers of expectant mothers are unable to access these services. Initiatives such as these should be replicated and developed on a broader scale and made accessible to all women with uncomplicated pregnancies who wish to avail of these services as recommended by the HSE (2005) report, the Women's Health Council (2004b) and the *Report on Domiciliary Births Group* (2004). Many women-centred organisations have also advocated for the strengthening of community maternity services and the development of more midwifery-led services (Association for the Improvement of Maternity Services Ireland 2007, Childbirth Choices in Ireland 2007, Ciudiu 2005).

### Factors Supporting the Future Development of Enhanced Midwifery Roles in Ireland

The National Council has initiated and formalised the processes for developing enhanced midwifery practice in Ireland. In addition, a number of other developments have also taken place to support the development of these roles. Supporting factors for future development include:

- The National Council CMS and AMP frameworks (NCNM 2007, 2008) which provide the templates and describe the processes for developing CMS and AMP posts.
- Funding from the National Council that supports site and role development for AMP posts and essential education programmes which focus on skills development and encouraging innovation in clinical practice.
- A step-by-step guide to systematically review service need and identify future areas for service development has been detailed by the National Council (NCNM 2005b).
- The definition of a midwife as outlined by the WHO/ICM/FIGO (1992) and the scope of midwifery practice as outlined within the EEC Council Directive of 1980 (80/155/EEC).
- The commencement of direct-entry midwifery degree programmes in 2006.
- The *Scope of Nursing and Midwifery Practice Framework* (ABA 2000) which supports midwives in their determination, review and expansion of their scope of practice. Scope of practice is defined as 'the range of

roles, functions, responsibilities and activities which a registered midwife is educated, competent and has authority to perform'. The framework acknowledges the evolving roles of midwives and differentiates between the terms 'expansion' and 'extension' favouring the former. Furthermore, it highlights the principles and values that should underpin role development and expansion. These, in turn, inform the standard of practice for which midwives are accountable.

- Guidance for developing individual portfolio documents to support personal development planning (NCNM 2006).
- Development of dedicated education programmes through 3rd level institutions and centres of midwife education (CME's).
- The introduction of midwife prescribing and the use of medication protocols.

### An Approach to Identifying the Need for Enhanced Midwifery Roles

The following questions should be considered when assessing the requirement for enhanced midwifery roles:

1. **Needs assessment-what gaps are there in the current maternity care delivery system that could be addressed through the enhancement of midwifery roles?** Consultation and discussion are key in order to develop and justify the concept of enhanced midwifery practice from a woman-centred perspective.
2. **Are CMS and/or AMP or enhanced staff midwife roles required?** Critically debate the role of the CMS/AMP and staff midwife in the light of the organisation and provision of maternity care.
3. **What level of education and training is required to enable the introduction of enhanced midwifery roles?** Crucial factors in determining enhanced, specialist and advanced midwifery practice include the level of decision-making and responsibility the post-holder will have. Midwifery knowledge and experience should continuously inform the midwife's decision-making process. The extent of clinical decision-making should be appropriate to the level of practice; the educational preparation and the competencies of the individual midwife.
4. **What supports are necessary for enhanced midwifery roles?** Job descriptions, protocols and guidelines should reflect the scope of practice and provide a clear indication of the level of autonomy in practice expected for the enhanced midwifery roles.

When assessing whether CMS, AMP or enhanced midwife roles would be appropriate in their service, service planners and other interested parties might start by referring to the Service Needs Analysis for Clinical Nurse/Midwife Specialist and Advanced Nurse/Midwife Practitioner Posts document (NCNM 2005a).

#### Box 1: Issues to be considered if enhanced midwifery roles are required

- ▶ At what clinical level will care be provided? Will it be midwifery, clinical specialist or advanced midwifery practice level?
- ▶ Are new competencies needed? If yes, how will they be gained? Consider CME/practice development/3rd levels.
- ▶ Are protocols/guidelines to support clinical standards needed? Who will develop, implement and review these?
- ▶ Who will provide the clinical leadership, peer review and clinical supervision for the enhanced role? Appropriate clinical leads could be senior staff midwives, clinical midwife managers, CMS's, AMP's, obstetric consultants or neonatologists depending on the level of midwifery practice.
- ▶ Clarity and consistency around job titles, definition of roles, scope of practice and educational preparation ensures that the public and health professionals understand the level of care to expect and the knowledge and competence that the midwife possesses.

## Clinical Midwife Specialist Posts

The core concepts of a Clinical Midwife Specialist (CMS) role include clinical focus, advocacy, education and training, audit and research and consultant (NCNM 2007). A strong clinical focus is encompassed within the role which comprises of the assessment, planning, delivery and evaluation of care to patients and their families which occurs in collaboration with other healthcare professionals. Key functions of the role include inter and intra-consultations across sites and services. The role also requires the provision of educational support to nursing/midwifery colleagues and the wider multidisciplinary team and participation in audit and research.

It is evident from table 2 that CMS roles in midwifery span a wide range of practice areas. The role of the CMS in Drug Liaison for example includes a caseload of pregnant women who have a history of or are currently misusing drugs. These midwives practice between the obstetric hospitals and community clinics ensuring that the women are followed comprehensively in both services receiving optimum antenatal care, drug treatment, counselling, support and education regarding their drug use during pregnancy. They also liaise with the public health nurses, community care social workers and other social services. The CMS also provides support during childbirth and ensures appropriate follow-up in the postnatal period, working closely with child care services and social services in relation to child care issues.

The CMS in Ultrasound and Foetal Assessment provides midwifery care and support for a case-load of high-risk pregnant women on an outpatient basis combining midwifery skills with specialist monitoring using ultrasound technology. The role includes providing follow-up counselling and support on an ongoing basis to women attending the Foetal Assessment Clinics when obstetric complications or foetal anomalies have been identified. The CMS is also available for personal contact and telephone follow-up for women requiring additional support after being given bad news or informed of a poor prognosis for the pregnancy outcome. The CMS also liaises with other healthcare professionals to ensure the provision of appropriate antenatal, perinatal and postnatal care and support for each woman.

The CMS in DOMINO/Early Discharge Team provides community and hospital based midwifery care to a caseload of low risk pregnant women. The role provides continuity of care for women and the CMS is the lead professional in the provision of support to the women during pregnancy, birth and the early postnatal period. The CMS is responsible for assessing, planning, implementing, co-ordinating and evaluating care programmes specific to pregnancy and childbirth in partnership with the woman and in conjunction with other members of the multidisciplinary team taking cognisance of her family support, living arrangements and previous health problems.

The *Evaluation of the Effectiveness of the Role of the Clinical Nurse/Midwife Specialist* (NCNM 2004), demonstrates that the development of CNS/CMS posts must be determined by service need. Service need in midwifery should be examined in light of the fundamental principles of woman-centred care which includes giving women continuity so that they are able to form trusting relationships with those who care for them and giving women control over the key decisions, affecting the content and progress of their care. With these in mind there are a number of areas within the current midwifery services where CMS roles could be developed. These include specialist midwifery care for women with chronic conditions, drug or alcohol misuse/dependency, mental health problems, HIV/hepatitis C, Travellers, asylum-seekers, bereaved parents and teenage parents. The public health role of the specialist midwife could involve promoting effective parenting skills, informing young people about healthy lifestyle choices, well-women clinics and promoting sexual health. CMS roles which support and encourage normal childbirth such as midwife-led care could also be increased. Whilst the midwife is recognised internationally as the expert on normal birth and the most appropriate caregiver for women with healthy pregnancies (World Health Organisation 1996), the medical model of care is predominant within the maternity services in Ireland and doctors, midwives and childbearing women have become more dependent on technology and increased interventions in labour and birth. In order to change this and promote a social model of maternity care with an emphasis on the normality of pregnancy and childbirth strong midwifery leadership is required. The role of the CMS in normal midwifery could strengthen midwifery leadership and help midwives fulfil their potential and become the key providers of maternity care for women with uncomplicated pregnancies.

## Advanced Midwife Practitioner Posts

The core concepts of Advanced Midwife Practitioner (AMP) roles include autonomy in clinical practice, pioneering professional and clinical leadership, expert practitioner and researcher (NCNM 2008). An AMP is a highly experienced and competent practitioner who practices autonomously and is responsible for advanced levels of decision-making, initiating and implementing change and demonstrating expert practical and

theoretical knowledge and critical thinking skills. The role also encompasses co-ordination and instigation of research and audit. To date there are three approved AMP posts within the maternity services. One of these is in Women's Health and has urodynamics as the main clinical focus. The AMP has responsibility for a caseload of women who have various lower urinary tract problems including urinary retention and incontinence. The AMP role involves the assessment, diagnosis, management and evaluation of these women and works in collaboration with the multidisciplinary team to ensure adequate support, continuity of care and individualised appropriate management for each woman.

Site preparation and job description for the role of AMP (Midwifery Care) in Waterford Regional Hospital and Waterford Community Services has recently met the criteria and standards of the National Council. The service need for the post was identified in the *Integrated Hospital Community Midwifery Service (IHCMS) 2005-2006* evaluation report. The report suggested that the midwifery profession required focused midwifery leadership and fundamental development in normal midwifery practice in order to meet the needs of women antenatally, during labour, childbirth and in the postnatal period. The main purpose of the post is:

- To provide expert evidence based midwifery service at an advanced level of practice in line with the mission statement and philosophy of the maternity service
- To provide an innovative expert midwifery service to deliver optimised women and baby centred care
- To develop a model of evidence based normal midwifery practice in partnership with women and their families
- To provide clinical leadership, direction and supervision for midwifery led practice.

The caseload for the AMP (Midwifery Care) comprises women with specific midwifery care needs who will be referred from the IHCMS team. The AMP will conduct a comprehensive risk assessment of the women and depending on the outcome of this assessment, may become the primary carer for these women during the antenatal, labour and postnatal period using collaboratively agreed guidelines and protocols. The AMP will also have a clinical supervision caseload, providing clinical supervision to midwives in the IHCMS who are providing a midwifery- led service to low-risk women and will lead a skills apprenticeship model to facilitate less experienced midwives within the hospital setting gain competencies in evidence based normal midwifery practice. There is potential for further AMP (Midwife Care) posts to develop which provide increased options for women and ensure that evidence based approaches are available to all women to support continuous care for the whole of pregnancy, labour, birth and the postnatal period with emphasis on normality.

Site preparation and job description for an AMP (Diabetes) in the National Maternity Hospital has recently been approved. The purpose of the post is to provide a dynamic, expert and innovative diabetes service which will enhance the service for women with diabetes in pregnancy. It is widely recognised that the management of diabetes in pregnancy is complex necessitating a multidisciplinary and holistic approach to care provision, in order to support women make the necessary lifestyle adaptations vital for a pregnancy complicated by diabetes. The AMP's caseload includes all pregnant women with pre-existing Type 1 or Type 2 diabetes mellitus and those who develop gestational diabetes during pregnancy. Women with other endocrine problems such as hypothyroidism, hyperthyroidism or Addison's disease may also be included in the caseload. The AMP in conjunction with the obstetricians, endocrinologist and midwifery team will coordinate the care of these women throughout pregnancy until they are discharged from the service at six weeks postnatal. Women with diabetes in pregnancy require close monitoring and may attend the diabetic clinic every two weeks if the pregnancy is progressing normally. Women with pregnancies further complicated by hyperemesis, hypoglycaemia unawareness, poor glycaemic control or pre-eclampsia may require more frequent visits. The AMP also provides phone consultations to women offering advice on insulin dose adjustment, diet, lifestyle and offers expert advice about diabetes management in pregnancy to other healthcare professionals. The AMP also provides preconceptual assessment to women with diabetes who are planning a pregnancy to help identify and treat any underlying health issues of relevance prior to pregnancy.

There are a number of other areas within the current maternity service where AMP posts could be developed. Whilst the main focus of the midwives role as outlined in the EEC Council Directive of 1980 (80155/EEC) and WHO/ICM/FIGO (1992) is promoting 'normal midwifery' the role of the midwife in complicated pregnancies is also pivotal in maintaining the focus on the normal aspects of the women's care, providing holistic support and ensuring that issues such as emotional support and breastfeeding are adequately supported despite the requirement for medical intervention. A guiding principle for modern maternity services should be that 'all women need a midwife and some need doctors too,' therefore all women and their partners however complex the pregnancy will benefit from expert midwifery care and support (DOHC 2007). A recent study of women's experiences of carrying a baby with a fetal abnormality up to and beyond birth highlighted that there is little psychological support available for women experiencing the trauma of an adverse diagnosis. One of the recommendations of the study is introduction of an Advanced Midwife Practitioner role to ensure that all



women have continued access to psychological support in the process of recovery irrespective of pregnancy outcome (Lalor 2007). A number of documents have identified the specific and multiple needs of particular groups of vulnerable women such as women from ethnic minorities, women with disability, infectious diseases, women experiencing domestic violence and women who misuse alcohol or drugs etc (HSE 2005, WHC 2004b).

Developments could include taking midwifery care into different settings and addressing the particular needs of vulnerable or disadvantaged women and their families. Careful consideration must be given to appropriate implementation of these roles using a midwifery model of care in order to maximise their potential and ensure that women have continuity of care throughout pregnancy, birth and the postnatal period.

## **Competency Development and Educational Preparation for Enhanced Midwifery Roles**

In order to deliver safe, effective, quality midwifery care midwives require development and maintenance of specific competencies. Competencies are developed in a number of ways such as formal education programmes, continuing professional development, clinical practice and midwifery experience. To meet the National Council's criteria CMS post-holders are required to 'have undertaken formal recognised post-registration education relevant to his/her area of specialist practice at level 8 or above on National Qualifications Authority Ireland (NQAI) framework' or have 'signed a contract with his/her employer stating that they will undertake the relevant post-registration level 8 education within 3 years (NCNM 2007 p. 6). AMP post-holders are required to be 'educated to master's degree level (or higher) and their educational preparation must include 'a substantial clinical modular component(s) pertaining to the relevant area of specialist practice' (NCNM 2007 p. 11); The National University of Ireland, Galway (NUIG) offers a two-year modular programme which addresses advanced practice in midwifery and Trinity College Dublin (TCD) are in the process of developing an MSc programme to prepare midwives to practice as advanced midwife practitioners (Devane et al 2007). It should be noted that the National Council hosts a database of all 3rd level education programmes in Ireland. Many midwives undertake a number of short courses as part of their continuing professional development. These courses provide for the development of competencies and skills to support their practice and include: Advanced Life Support in Obstetrics (ALSO), Neonatal Resuscitation Programme (NRP); Advanced Cardiac Life Support (ACLS), Examination of the Newborn and the International Board of Lactation Consultants (IBLC).

In line with the *Scope of Nursing and Midwifery Practice Framework* (ABA 2000) midwives also develop competencies through experience and skills development under the supervision of senior midwives or other appropriate healthcare professionals. Clinical Skills Facilitators and preceptorship and mentorship initiatives are in place in many maternity units which facilitate the structured development of specific competencies relevant to the area of midwifery practice. These types of local arrangements allow individual midwives gain the specific competence and confidence required for enhanced roles, for example intravenous cannulation, perineal suturing, ultrasound scanning; and prescribing. Personal Development Planning (PDP) can facilitate midwife managers and midwives to consider carefully the clinical experience required to support the development of competencies of the individual. Supports to assist with PDP include practice development units, line managers, centres of midwife education, CMS's, 3rd level institutes, the National Council and AMP's.

## **Areas for Further Development**

The National Council believes that careful consideration must be given to the appropriate implementation of enhanced midwifery roles in order to maximise the potential impact on promoting women's choices in the models of maternity care they can access and the provision of women-centred, safe, high quality, innovative maternity services. There is a lot of potential for the further development of enhanced, specialist and advanced midwifery practice roles to address the needs of childbearing women and their families. These include the provision of midwifery-led care and the strengthening and expansion of community based maternity services. The numbers of existing CMS, AMP and enhanced midwifery roles could be increased and new roles developed to address the specific and multiple needs of particular groups of vulnerable or disadvantaged women such as women from socio-economically deprived areas, women with disabilities, ethnic minority women, homeless women, women who misuse alcohol or drugs and women with chronic physical or mental health problems. The roles must be developed in line with service need and national standards, there must be clarity and consistency around job titles, definition of roles and educational requirements to ensure that the public and health professionals understand the level of knowledge and competence that the midwife possesses and what level of care to expect from midwives practising in these roles.

## Conclusion

Midwives in Ireland have shown great enthusiasm to take opportunities to enhance and expand their roles and the National Council supports the development of these midwifery roles which are responsive to developments in Irish society. These roles have the potential to further the goal of all midwives to seek continued improvement in the care offered to childbearing women and their families. This paper provides an update on midwifery developments, identifies key components of role development for enhanced midwifery practice and outlines the areas that could be further developed in order to enhance midwifery services. It has illustrated how the supporting documentation provided by the National Council might be used by midwives and their managers who wish to determine and articulate specific service needs which can be met by the competencies delivered by enhanced midwifery roles. A focused needs assessment guide for managers is provided with some examples of enhanced midwifery practice initiatives. Enhanced midwifery roles are of paramount importance to support the HSE's plans to strengthen community-based maternity services. It is envisaged that this paper will assist in identifying opportunities for the appropriate strategic progression of enhanced midwifery roles which will provide safe, women-centred care and also support and empower midwives to practice to their full potential and further develop their professional autonomy.

The National Council welcomes discussions with service providers and midwife managers with regard to enhanced midwifery practice. The National Council will continue to provide seminars, open days, telephone, web and e-mail support and site visits to progress post development.

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