

SITM: Pregnancy Care (PC)

SECTION 1: CAPABILITIES IN PRACTICE

PC CiP 1: The doctor demonstrates the skill and can apply knowledge in the management of the woman whose antenatal care is complicated by commonly encountered medical problems.

Key Skills	Descriptors
Able to take a thorough medical history	<ul style="list-style-type: none"> • Demonstrates the ability to take a thorough medical history, considering how pregnancy may have affected the presentation and how the presentation may have affected the pregnancy. • Demonstrates the ability to record significant family history, drug history (including interactions and pregnancy safety), past medical history and systemic enquiry, including red flags.
Risk assesses the woman with co-existing medical conditions and plans for her pregnancy in conjunction with specialist services	<ul style="list-style-type: none"> • Is able to risk stratify women with medical problems into those who can be managed using local expertise (category A), those who require clinical review and ongoing advice and guidance by the Maternal Medicine Centre (category B), and those where care in pregnancy is best led by the Maternal Medicine Centre (category C). • Knows the limits of their knowledge and is able to communicate effectively with other specialties locally, and with the Maternal Medicine Network, to optimise pregnancy management. • Working within guidance and thresholds determined by the local Maternal Medicine Network, is able to: <ul style="list-style-type: none"> ○ assess a woman with a pre-existing medical condition preparing for pregnancy, and construct with her an appropriate plan ○ evaluate and advise on drug therapy for medical conditions and tailor treatment when this would otherwise have a detrimental effect on pregnancy ○ assess conditions that will have a significant impact on the outcome of pregnancy for mother and fetus ○ assess conditions where pregnancy will cause deterioration in the health of a woman with a pre-existing medical condition and what surveillance is required to limit risk ○ access additional information needed to optimise the management of complex medical conditions ○ formulate a delivery plan that minimises the risk to the mother and her fetus ○ work in partnership with the woman to plan her care and delivery



	<ul style="list-style-type: none">• Refers to other medical and maternal medicine specialists in line with local guidance.
Diagnoses and provides initial management for common acute medical presentations in pregnancy	<ul style="list-style-type: none">• Understand the investigative enquiry needed to explore common medical presentations including shortness of breath, chest pain, headache, collapse, abdominal pain and fever/sepsis.• Construct a differential diagnosis and request appropriate investigations.• Initiate appropriate emergency management and liaise with allied specialities for an ongoing plan of care.• Understands the impact of and interplay between mental health conditions and maternal medicine conditions and addresses this in management plans.
Diagnoses and manages hypertensive disorders in pregnancy	<ul style="list-style-type: none">• Is able to assess and counsel the woman with hypertensive disorders, or at risk of pregnancy-induced hypertensive disorders pre-conceptually.• Understands and recognises the diverse aetiology of hypertension in pregnancy, whether pre-existing or arising in pregnancy.• Understands the risks that hypertensive disorders pose to the mother, planning safe surveillance and management in the antenatal period.• Understands the risks that hypertensive disorders pose to the fetus, planning safe surveillance management in the antenatal period.• Safely manages the hypertensive disorders in the woman in labour.• Understands and can formulate a safe management plan for the woman with severe preeclampsia and the complications of preeclampsia.• Liaises with the multidisciplinary team, including the tertiary centre where appropriate, to optimise the care of the woman with hypertensive disorders.• Works in partnership with the woman to plan her care and delivery.
Diagnoses and manages disorders of glucose metabolism in pregnancy	<ul style="list-style-type: none">• Assesses and agrees a plan preparing for pregnancy with the woman with pre-existing diabetes demonstrating a knowledge of the additional risk that pre-existing diabetes brings to the mother and her fetus.• Works effectively in the multi-disciplinary team to optimise the care of the pregnant woman with pre-existing diabetes during pregnancy and in labour.• Refers to the tertiary centre in more complex cases.



	<ul style="list-style-type: none"> • Diagnoses and counsels the woman in whom diabetes arises in pregnancy. • Devises a safe plan for maternal and fetal surveillance during pregnancy. • Can recognise and manage the acute complications of diabetes in pregnancy eg diabetic ketoacidosis. • Plans for safe delivery of the woman with diabetes and is able to adapt the plan to changing circumstances. • Safely manages the delivery of a woman with diabetes. • Works in partnership with the woman to plan her care and delivery.
<p>Diagnoses and manages common endocrine disorders in pregnancy</p>	<ul style="list-style-type: none"> • Assesses and agrees a plan for the woman with hypothyroidism. • Assesses and agrees a plan for the woman with hyperthyroidism. • Manages the woman with micro- and macroprolactinoma safely through pregnancy.
<p>Supports the health and wellbeing of the morbidly obese pregnant woman</p>	<ul style="list-style-type: none"> • Is able to risk assess and plan for pregnancy and delivery, including women who have undergone bariatric surgery. • Is able to work with the woman to manage weight gain and formulate a plan that is suitable for her whilst encouraging healthy nutrition. • Discusses and negotiates the optimal mode of delivery incorporating patient choice and safest delivery option. • Advises on modifications to delivery that can enhance safety and patient experience of the woman with morbid obesity. • Liaises with midwifery and anaesthetic colleagues to optimise care.
<p>Evidence to inform decision</p>	
<ul style="list-style-type: none"> • Reflective Practice • NOTSS • TO2 • Cbd • Mini-CEX 	<ul style="list-style-type: none"> • RCOG Learning • Local and Deanery teaching • Attendance at appropriate courses and conferences • Attendance at specialist diabetes antenatal clinics • Attendance at maternal medicine clinics • Log of cases and outcomes
<p>Knowledge criteria</p>	
<ul style="list-style-type: none"> • Awareness and understanding of local maternal medicine networks and regional thresholds for referral and MDT involvement • The pathophysiology, definition, diagnosis, associated acute and longer term maternal and fetal complications, and best practice for management, of pre-eclampsia and its variants • The pathogenesis and classification, prevalence and complications of pre-existing diabetes (metabolic, retinopathy, nephropathy, neuropathy, vascular disease) 	

- Monitoring and optimisation of glucose control during labour
- Management of hypoglycaemia and ketoacidosis in pregnancy and labour
- The pathophysiology, presentation and implications for maternal and/or fetal health of common maternal conditions present at booking or that occur during pregnancy
- The aetiology, incidence, diagnosis, management, the obstetric, medical and neonatal complications, and recurrence chance of each condition
- The interpretation of ECGs, chest x-rays and blood gases analysis and how they are influenced by pregnancy
- How pregnancy alters physiology and what impact this has on how medical conditions present, and how results of investigations should be interpreted during pregnancy
- The impact of drug treatment on mother and fetus
- The incidence, associated obstetric, medical and neonatal complications of the pregnant obese woman
- The endocrinology of obesity
- The place of weight reduction strategies and appropriate nutrition in managing the pregnant obese woman
- The risks associated with increased BMI in pregnancy and postpartum and how these may be minimised
- The steps that can be taken pre-pregnancy to reduce the risks of morbid obesity during pregnancy

PC CiP 2: The doctor demonstrates the skill and can apply knowledge in the management of the woman whose care is complicated by infections commonly encountered in pregnancy.

Key Skills	Descriptors
Manages the care of a pregnant woman with obstetrically relevant infections	<ul style="list-style-type: none"> • Demonstrates a knowledge of the implications for pregnancy of variety of infections: HIV, syphilis, CMV, toxoplasmosis, hepatitis B and C, HSV, parvovirus, varicella. • Is able to interpret laboratory results for each infection in liaison with virology. • Explains the potential fetal, newborn and long-term effects of fetal infections. • Recognises when to refer and how best to share care and monitoring. • Liaises appropriately with the tertiary centre and the multidisciplinary team. • Works with the MDT to formulate an intrapartum plan for medications for the mother and postnatally for the baby. • Gives appropriate advice to minimise risk of vertical transmission.
Evidence to inform decision	
<ul style="list-style-type: none"> • Reflective Practice 	<ul style="list-style-type: none"> • RCOG Learning

<ul style="list-style-type: none"> • NOTSS • TO2 • CbD • Mini-CEX 	<ul style="list-style-type: none"> • Local and Deanery teaching • Attendance at appropriate courses and conferences • Log of cases and outcomes
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Knowledge criteria

- The clinical features, prevention, vertical transmission risk, ultrasound features, short- and longer-term implications for the fetus and newborn, laboratory investigation and pregnancy management of CMV, toxoplasmosis, parvovirus and varicella
- The role of the clinical virologist and the limitations of any antenatal treatment options

PC CiP 3: The doctor demonstrates the skill and can apply knowledge in the management of the woman whose postnatal care is complicated by commonly encountered medical problems.

Key Skills	Descriptors
Manages the woman with medical conditions in the postnatal period – evidence for a variety of conditions but most include diabetes	<ul style="list-style-type: none"> • Ensures that plans for contraception, tailored to the woman's needs, are discussed and facilitated. • Ensures that the woman is followed-up in an appropriate setting. • Is able to discuss the long-term implications of medical conditions on the woman's health and well-being. • Empowers the woman to limit the effect of her medical conditions on future pregnancies.

Evidence to inform decision

<ul style="list-style-type: none"> • Reflective Practice • NOTSS • TO2 • CbD • Mini-CEX 	<ul style="list-style-type: none"> • RCOG Learning • Local and Deanery teaching • Attendance at specialist diabetes antenatal clinics • Attendance at maternal medicine clinics • Log of cases and outcomes
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Knowledge criteria

- Contraception in the postnatal period
- Provision of long-acting contraceptives
- Implications of medical conditions on the wellbeing of mother and baby, and impact of further pregnancies

PC CiP 4: The doctor demonstrates holistic care

Key Skills	Descriptors
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<p>Is able to apply legal and ethical principles in pregnancy care where this is needed</p>	<ul style="list-style-type: none"> • Is able to screen for and facilitate safeguarding of the woman at risk of domestic violence. • Is able to screen for and facilitate safeguarding of the neonate at risk of harm. • Is able to counsel and complete an advance directive for the woman who declines blood products.
<p>Optimises pregnancy outcomes for the socially vulnerable woman</p>	<ul style="list-style-type: none"> • Is aware of the effect of social deprivation on pregnancy outcomes. • Understands the prevalence of domestic violence, the need to screen all women and the need to agree a plan to safeguard the pregnant person and their children.
<p>Evidence to inform decision</p>	
<ul style="list-style-type: none"> • Reflective Practice • NOTSS • TO2 • CbD • Mini-CEX 	<ul style="list-style-type: none"> • Attendance at pre-birth planning meetings safeguarding team
<p>Knowledge criteria</p>	
<ul style="list-style-type: none"> • The medical and neonatal complications, and legal consequences, of social disadvantage with respect to: domestic violence, teenage pregnancy and asylum seekers • The influence of ethnic and religious background on obstetric expectations and outcome • The law in relation to seeking asylum • When and how to use different agencies involved in processing claims for asylum seekers and meeting their practical needs • The role of different agencies (Social Services, Police, Voluntary groups) in the investigation of suspected domestic violence and the protection of vulnerable women and children • The law in relation to physical and sexual assault, bodily harm and rape • FGM procedures and their consequences, including for pregnancy and birth • Child protection issues associated with FGM • Religious beliefs and customs that may affect healthcare or consent for medical interventions 	

SECTION 2: PROCEDURES

There are no procedures in this SITM.

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

- Practical skills
- Communication and interpersonal skills
- Dealing with complexity and uncertainty
- Clinical skills (*history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases*)

Domain 3: Professional knowledge

- Professional requirements
- National legislative requirements
- The health service and healthcare systems in the four countries

Domain 4: Capabilities in health promotion and illness prevention

Domain 5: Capabilities in leadership and teamworking

Domain 6: Capabilities in patient safety and quality improvement

- Patient safety
- Quality improvement

Domain 7: Capabilities in safeguarding vulnerable groups

SECTION 4: MAPPING OF ASSESSMENTS TO PC CiPs

PC CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor demonstrates the skill and can apply knowledge in the management of the woman whose antenatal care is complicated by commonly encountered medical problems		X	X	X	X	X
2: The doctor demonstrates the skill and can apply knowledge in the management of the woman whose care is complicated by infections commonly		X	X	X	X	X



PC CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
encountered in pregnancy.						
3: The doctor demonstrates the skill and can apply knowledge in the management of the woman whose postnatal care is complicated by commonly encountered medical problems		X	X	X	X	X
4: The doctor demonstrates holistic care		X	X	X	X	X