

SITM: Premature Birth Prevention (PBP)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

PBP CiP 1: The doctor demonstrates the skills and attributes needed to counsel people who have experienced preterm birth.

Key Skills	Descriptors
Delivers appropriate and timely postnatal and preconceptual advice to reduce mid-trimester loss and preterm birth	 Delivers appropriate and timely postnatal and preconceptual advice to reduce midtrimester loss/preterm birth. Can counsel women about how to manage the risk of preterm birth and undertakes debriefing appointments following adverse outcomes.
Evidence to inform decision	
• NOTSS	Reflective practice
• TO2	Attendance at preterm birth clinic

Examples of anonymised pregnancy plans

Mini-CEXKnowledge criteria

CBD

- Epidemiology of preterm labour
- Current theories on the aetiology of spontaneous pre-term labour
- Risk factors associated with preterm labour.
- The causes of, associations with, recurrence risks of and preventive strategies for mid-trimester fetal loss and preterm labour
- Understands current thinking around which surgical and pharmacological strategies can reduce the risk of mid-trimester loss
- Understands current thinking around surgical and pharmacological strategies for reducing the risk of prematurity

PBP CiP 2: The doctor demonstrates the skills and attributes needed to best manage the pregnancy of a person at risk of preterm birth.

Key skills	Descriptors			
Is able to predict which women are at risk of midtrimester loss or preterm birth, and make an appropriate management plan	 Takes a targeted history to assess risk factors for mid-trimester loss or preterm birth. Manages and modifies specific risk factors, including smoking, domestic violence, previous cervical surgery, uterine abnormalities and previous full dilatation Caesarean birth. 			



Demonstrates familiarity with screening strategies that may assist in assessing someone's risk of having a mid-trimester loss or preterm birth. Can advise about appropriate care pathways. Competently performs transvaginal cervical length scans and can interpret the results. Delivers appropriate advice and can counsel patients based on the results of transvaginal cervical length scans. Is aware of specific interventions and can advise accordingly. Is able to advise and carry Can discuss the procedure, timing, risks and benefits of cervical out interventions to prevent cerclage. mid-trimester loss or Can assess when a cerclage is required – either a historypreterm birth indicated, emergent or emergency one. Has the skills to insert an effective cervical cerclage. Is familiar with post-operative care following a cerclage. Advises on the timing of removing a cervical cerclage and is able to modify this plan when the clinical situation changes during pregnancy. • Can advise, and where necessary, carry out alternative interventions, such as inserting an ARABIN® pessary or supplementing with progesterone. Understands when someone may need to be referred for a transabdominal cerclage Understands when drug therapies (such as steroids and magnesium sulphate) are needed to reduce morbidity, and how to use them effectively.

Evidence to inform decision

•	Reflective practice	
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- NOTSS
- TO2
- CBD
- Mini-CEX
- OSATS (see below)

- Attendance at preterm birth clinic
- Examples of anonymised pregnancy plans
- Log of cases and outcomes
- Evidence of cervical suture simulation training

Knowledge criteria

- Recognise when cervical length measurement should be offered and know the criteria for doing so accurately
- The role of bedside testing in assessing the risk of mid-trimester loss and prematurity
- The indications, complications and types of cervical cerclage
- The role of pharmacological agents in reducing the risk of mid-trimester loss and prematurity e.g. progestogens
- The role of bacterial vaginosis and the merit of screening in women at risk mid-trimester loss and prematurity
- The impact of degrees of prematurity on the newborn and their neurodevelopment



SECTION 2: PROCEDURES

Procedures marked with * require three summative competent OSATS.

Procedures	Level by end of training	CIP 1	CIP 2
Ultrasound – cervical length*	5		Χ
Insertion of cervical suture*	5		Х
Removal of cervical suture*			Х

SECTION 3: General Medical Council (GMC) GENERIC PROFESSIONAL CAPABILITIES (GPC)

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 PBP CiPs

PBP CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor demonstrates the skills and attributes needed to counsel people who have experienced preterm birth		X	X	X	X	X
2: The doctor demonstrates the skills and attributes needed to best manage the pregnancy of a person at risk of preterm birth	X	X	X	X	X	X