

Curriculum 2024 Guide for Special Interest Training Module (SITM): Pregnancy Care (PC)

May 2024 V1.0



Version Control		
Version	Modifications	Date
1.0	Final version for publication	May 2024



Contents

1. The Pregnancy Care SITM	4
2. Design of the SITM	5
3. Capabilities in Practice (CiPs)	5
4. GMC Generic Professional Capabilities (GMCs)	12
5. Procedures associated with the Pregnancy Care CiPs	14
6. Evidence required.....	14
7. Career guidance	16
8. Further resources	16



1. The Pregnancy Care SITM

This SITM is aimed at learners who have an interest in the care of pregnant women with common risk factors that identify them as needing more than community midwifery or basic obstetric consultant care. As a learner progresses through the SITM, they will obtain the knowledge and skills to manage the most common medical issues encountered in obstetric care. This is a 'Foundation' SITM, which means that for learners who are interested in a career in maternal medicine, adequate progress through this SITM is required before they can register for the Maternal Medicine SITM. For learners who are interested in a more general future career, the Pregnancy Care SITM combines well with the other obstetric and some of the gynaecology SITMs.

This SITM is one of four that contribute to the subspecialty training (SST) curriculum for Maternal and Fetal Medicine. Learners who have completed part, or all, of this SITM will not need to evidence these key skills and competencies again if they go on to take the Maternal and Fetal Medicine SST.

During training, learners will learn how to risk stratify pregnant women with medical problems into those who can be managed using local expertise, those who require clinical review and ongoing advice and guidance by the Maternal Medicine Centre (in England this will be the Maternal Medicine Network), and those where care is best led by the Maternal Medicine Centre. Learners will develop the skills to diagnose and manage hypertensive disorders in pregnancy, disorders of glucose metabolism and common endocrine problems, and to support the health and wellbeing of morbidly obese women. This SITM also provides training on postnatal care, medical follow-up and contraceptive choices. Learners will also learn about the legal and ethical principles where relevant, and how to apply them, and seek to optimise care for vulnerable women at all stages of pregnancy.

As a learner progresses through the SITM, they will learn how to handle a variety of diagnostic and treatment situations. Learners will also participate in educational events to further develop their training. Throughout training, learners will need to reflect on whether a project has gone well, learn from positive and negative experiences, and use this to improve their own skills.

Before signing off on this SITM, the Educational Supervisor will decide the level of supervision required for each Pregnancy Care Capability in Practice (CiP), and whether this has been met. More detail is provided in Section 5 of the [Special Interest Training Definitive Document](#).



2. Design of the SITM

The Pregnancy Care 2024 SITM is made up of four Pregnancy Care (PC) CiPs. If undertaking the module full time, it is expected to take 12 months of training. However, this timeframe is indicative as training is entirely competency based.

Learners must complete a minimum of two SITMs to obtain a certificate of completion of training (CCT).

The Pregnancy Care SITM is the foundation SITM for the Maternal Medicine SITM, and good progress in this SITM must be demonstrated before undertaking the Maternal Medicine SITM if a learner is aiming for a special interest post in maternal medicine.

Alternatively, learners can undertake any obstetrics or gynaecology SITM as the second SITM, depending on whether they are aspiring to an obstetrics-only, or combined obstetrics and gynaecology, special interest career.

Here is the GMC-approved Pregnancy Care SITM:

3. Capabilities in Practice (CiPs)

Pregnancy Care CiP 1: The doctor demonstrates the skills needed, and can apply their knowledge, to manage antenatal care for a pregnant person with common medical problems.

Key skills	Descriptors
Able to take a thorough medical history from the pregnant person	<ul style="list-style-type: none"> • Demonstrates the ability to take a thorough medical history and considers how pregnancy may affect the medical problem presentation and how the condition may affect 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 pregnant 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 assess women with medical problems and stratify them into low, medium or high-risk groups: those who can be managed using local expertise (category A); those who need clinical review and ongoing advice and guidance from the Maternal Medicine Centre (category B); and those whose care in pregnancy is best led by the Maternal Medicine Centre (category C).



	<ul style="list-style-type: none">• Knows the limits of their knowledge and can communicate effectively with other specialities locally, and with the Maternal Medicine Network, to best manage the care of a pregnant person. 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 work with her to put together an appropriate plan.○ evaluate and advise on drug therapy for medical conditions and tailor treatment when this would have a detrimental effect on pregnancy.○ assess conditions that will have a significant impact on the outcome of pregnancy for a mother and her baby.○ assess conditions where pregnancy may significantly deteriorate the health of a woman with a pre-existing medical condition and the surveillance required to limit risk.○ access additional information needed to best manage complex medical conditions.○ put together a delivery plan that minimises risk to a mother and her baby.○ work in partnership with the woman to plan her care and delivery.• 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 what investigations are needed to explore common medical presentations, including shortness of breath, chest pain, headache, collapse, abdominal pain and fever/sepsis.• Constructs a differential diagnosis and requests 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 women with hypertensive disorders, or at risk of a pregnancy-induced hypertensive disorders, pre-conceptually.• Understands and recognises the diverse aetiology of hypertension in pregnancy, whether pre-existing or arising in pregnancy.



	<ul style="list-style-type: none">• Understands the risks that hypertensive disorders pose to pregnant people and can plan safe surveillance and management in the antenatal period.• Understands the risks that hypertensive disorders pose to a baby and can plan safe surveillance in the antenatal period.• Safely manages the hypertensive disorders in a woman in labour.• Understands and can create a safe management plan for a woman with severe pre-eclampsia and the complications of this condition.• Liaises with the multidisciplinary team (MDT), including the tertiary centre, where appropriate, to optimise the care of a woman with hypertensive disorders.• Works in partnership with the woman with a hypertensive disorder to plan her care and delivery.• Understands the long term implications of hypertensive disorders of pregnancy on the health and wellbeing of mother and baby.• Plans appropriate follow-up for a woman with a hypertensive disorder during pregnancy.
Diagnoses and manages disorders of glucose metabolism in pregnancy	<ul style="list-style-type: none">• Assesses and agrees a plan for the woman who has pre-existing diabetes to prepare for pregnancy. Demonstrates knowledge of the risk that pre-existing diabetes has on a mother and her baby.• Works effectively in the MDT to provide the best possible care for a pregnant woman with pre-existing diabetes during pregnancy and in labour.• Refers to the tertiary centre in more complex cases to access specialist care for a pregnant person with diabetes during pregnancy• Diagnoses and can counsel a woman who develops diabetes during pregnancy.• Devises a safe plan for maternal and fetal surveillance during pregnancy.• Can recognise and manage the acute complications of diabetes in pregnancy e.g. diabetic ketoacidosis.• Plans for a woman with diabetes to safely give and is able to adapt the plan to changing circumstances.• Safely manages the delivery of a woman with diabetes.• Works in partnership with a woman to plan her care and delivery.



	<ul style="list-style-type: none"> • Understands the long term implications of disorders of glucose metabolism in pregnancy on the health and wellbeing of the mother and her baby. • Plans appropriate follow-up care for a pregnant person with diabetes.
Diagnoses and manages common endocrine disorders in pregnancy	<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.
Supports the health and wellbeing of a morbidly obese pregnant woman	<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 create a suitable plan that encourages healthy nutrition. • Discusses and negotiates the most appropriate mode of delivery, taking into account patient choice and the safest delivery option. • Advises on modifications to birth that can enhance safety and the experience of the woman with morbid obesity. • Liaises with midwifery and anaesthetic colleagues to provide the best possible care.
Supports a pregnant woman with an eating disorder	<ul style="list-style-type: none"> • Is able to risk assess the pregnant person with an eating disorder and make plans for her pregnancy. • Can safeguard the wellbeing of both the mother with an eating disorder and her baby.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<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
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	



- Awareness and understanding of local maternal medicine networks and when to make referrals and involve the MDT
- The pathophysiology, definition, diagnosis, associated acute and long-term maternal and fetal complications, and best practice for managing pre-eclampsia and its variants
- The pathogenesis and classification, prevalence and complications of pre-existing diabetes (e.g. metabolic, retinopathy, nephropathy, neuropathy and 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; obstetric, medical and neonatal complications, and recurrence chance of each condition
- The interpretation of electrocardiograms (ECG), chest x-rays and blood gases analysis and how they are influenced by pregnancy
- How pregnancy alters physiology and what impact this has on medical conditions that are present, and how results of investigations should be interpreted during pregnancy
- The impact of drug treatment on the health of the mother and her babe
- The incidence, associated obstetric, medical and neonatal complications of the pregnant obese woman
- The endocrinology of obesity
- Weight reduction strategies and appropriate nutrition in managing the pregnant obese woman
- The risks associated with increased body mass index (BMI) in pregnancy and postpartum, and how these may be minimised
- The steps that can be taken before pregnancy to reduce the risks of morbid obesity during pregnancy

Pregnancy Care CiP 2: The doctor demonstrates the skills needed, and can apply their knowledge, to manage the care of a pregnant woman whose pregnancy is complicated by infection which may affect the health of her baby.

Key skills	Descriptors
Manages the care of a pregnant woman with infections that can affect their health and that of their baby	<ul style="list-style-type: none"> • Demonstrates a knowledge of the implications for pregnancy of variety of infections: HIV, syphilis, cytomegalovirus (CMV), toxoplasmosis, hepatitis B and C, herpes simplex virus (HSV), parvovirus and chicken pox (varicella). • Is able to interpret laboratory results for each infection by working closely with virology. • Explains the potential effects of infections on the baby, newborn and long-term effects of fetal infections.



	<ul style="list-style-type: none"> • Recognises when to refer a pregnant person with an infection and understands how best to share care and monitor them. • Works with the tertiary centre and MDT. • Works with the MDT to create a plan for medications for the mother during the birth and for the baby postnatally. • Gives appropriate advice to minimise the risk of vertical transmission.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<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 • Log of cases and outcomes
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	
<ul style="list-style-type: none"> • The clinical features, prevention, vertical transmission risk and ultrasound features of CMV, toxoplasmosis, parvovirus and varicella. Understands the short- and longer-term implications for the baby and newborn of contracting these infections, as well as the laboratory investigation that are needed and how to manage them during pregnancy • The role of the clinical virologist and the limitations of any antenatal treatment options 	

Pregnancy Care CiP 3: The doctor demonstrates the skills needed, and can apply their knowledge, to manage the postnatal care of a pregnant person with common medical problems.	
Key skills	Descriptors
Manages the care of a woman with medical conditions in the postnatal period – evidence for a variety of conditions but must include diabetes	<ul style="list-style-type: none"> • Discusses plans for contraception, tailored to the woman’s needs. • Makes sure that the woman receives follow-up care in an appropriate setting. • Can discuss the long-term implications of medical conditions on the woman’s health and wellbeing. • Supports the woman to limit the effect of her medical conditions on future pregnancies.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<ul style="list-style-type: none"> • Reflective practice • NOTSS • TO2 	<ul style="list-style-type: none"> • RCOG Learning • Local and deanery teaching



<ul style="list-style-type: none"> • Cbd • Mini-CEX 	<ul style="list-style-type: none"> • Attendance at specialist diabetes antenatal clinics • Attendance at maternal medicine clinics • Log of cases and outcomes
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	
<ul style="list-style-type: none"> • Contraception in the postnatal period • Provision of long-acting contraceptives • Implications of medical conditions on the wellbeing of mother and baby, and understands the impact on further pregnancies 	

Pregnancy Care CiP 4: The doctor provides holistic care to a pregnant person.	
Key skills	Descriptors
Is able to apply legal and ethical principles in pregnancy care, where this is needed	<ul style="list-style-type: none"> • Is able to screen for and organise safeguarding of a woman at risk of domestic violence. • Can screen for and organise safeguarding of the neonate at risk of harm. • Is able to counsel and complete an advance directive (recording decisions on healthcare in preparation for a future event) for the woman who declines blood products.
Provides the best possible outcomes for a pregnant person who is socially vulnerable	<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 for this and agree a plan to safeguard the pregnant person and their children.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<ul style="list-style-type: none"> • Reflective practice • NOTSS • TO2 	<ul style="list-style-type: none"> • Cbd • Mini-CEX • Attendance at pre-birth planning meetings with the safeguarding team
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	
<ul style="list-style-type: none"> • How social disadvantage can cause 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 and voluntary groups) in investigating suspected domestic violence and protecting vulnerable women and children
- The law in relation to physical and sexual assault, bodily harm and rape
- Female genital mutilation (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

4. GMC Generic Professional Capabilities (GMCs)

The key skills in the Pregnancy Care CiPs also map to a variety of [generic professional capabilities](#) (GPCs). When providing evidence of their progress in this SITM, learners should make sure that it also displays progress/capability in the GMC GPCs, such as dealing with complexity, teamwork and leadership, and knowledge of patient safety issues.

Mapping to the GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

Domain 3: Professional knowledge

Domain 4: Capabilities in health promotion and illness prevention

Domain 5: Capabilities in leadership and team-working

Domain 6: Capabilities in patient safety and quality improvement

Domain 7: Capabilities in safeguarding vulnerable groups

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship



Learners can expect to be assessed on their wider skills as a medical professional, their skills in leadership and teamwork, and their level of clinical competence. Evidence showing progress in these areas will result in the learner progressing through the SITM.

To help learners and Educational Supervisors determine what acceptable progress looks like, there is a Statement of Expectations for each Pregnancy Care CiP.

Statement of Expectations for the Pregnancy Care SITM	
Meeting expectations for the Pregnancy Care CiP1	Learners are meeting expectations and can risk stratify women with pre-existing medical conditions, determining the most appropriate level of obstetric medical care. They are able to manage the care of most women with hypertension, common endocrine disorders, diabetes and extremes of body mass index. They will be confident in the initial assessment and diagnostic pathway of women presenting with new onset health concerns.
Meeting expectations for the Pregnancy Care CiP2	Learners are meeting expectations and can manage appropriately, in conjunction with associated specialists, the care of pregnant people with pre-existing or newly acquired viral infections that may have affect pregnancy outcome.
Meeting expectations for the Pregnancy Care CiP3	Learners are meeting expectations and can advise women with common medical problems on the best contraceptive options, long-term health implications and impact of their medical condition on future pregnancies (and how to minimise this).
Meeting expectations for the Pregnancy Care CiP4	Learners are meeting expectations and consider the implications of cultural, religious and social factors on pregnancy, and work with associated health and social care specialists to optimise outcomes.

The CiP knowledge criteria show the processes/frameworks a learner should understand and the clinical knowledge they must have if they want to work in pregnancy care. This is more in-depth than the knowledge base expected for the MRCOG. The key skills and descriptors outline the expected learning outcomes for the SITM. However, learners will not experience the entire range of possible scenarios during their training for this SITM; therefore, after completing the module they should continue their learning and skill development through their independent practice as a Pregnancy Care special interest doctor and at MDT meetings.



5. Procedures associated with the Pregnancy Care CiPs

There are no procedures associated with this SITM.

6. Evidence required

As learners progress through SITM training, they are expected to collect evidence that demonstrates development and acquisition of the key skills, procedures and knowledge. This evidence will be reviewed by the SITM Educational Supervisor when they are making their assessment for each CiP. Examples of types of evidence a learner may use to show progress in the SITM are given below. **Please note that this list shows possible, not mandatory, types of evidence** (see Section 5.6 in the [Special Interest Training Definitive Document](#) for more detail).

If workplace-based assessments are listed, then at least one must be presented as evidence. The emphasis should be firmly on the **quality** of evidence, not the quantity.

• Case-based discussions	• Quality improvement activity
• Mini-Clinical Evaluation Exercise (Mini-CEX)	• Certification of training courses
• Reflective practice	• Attendance at relevant meetings and courses
• NOTSS	• Attendance at appropriate courses and conferences
• Team observation (TO2), including self-observation	• Attendance at specialist diabetes antenatal clinics
• Local, Deanery and National Teaching	• Attendance at maternal medicine clinics
• RCOG (and other) eLearning	• Log of cases and outcomes
• Procedural log	• Attendance at pre-birth planning meetings with the safeguarding team
• Case presentations	

The table below may be useful for learners to see whether a specific workplace-based assessment can be used as evidence of progress in a specific Pregnancy Care CiP:



Pregnancy Care CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
1: The doctor demonstrates the skills needed, and can apply their knowledge, to manage antenatal care for a pregnant person with common medical problems.		X	X	X	X	X
2: The doctor demonstrates the skills needed, and can apply their knowledge, to manage the care of a pregnant woman whose pregnancy is complicated by infection which may affect the health of her baby.		X	X	X	X	X
3: The doctor demonstrates the skills needed, and can apply their knowledge, to manage the postnatal care of a pregnant person with common medical problems.		X	X	X	X	X
4: The doctor provides holistic care to a pregnant person.		X	X	X	X	X



7. Career guidance

Learners can only undertake two SITMs at any one time, and a minimum of two SITMs are required to obtain a CCT in obstetrics and gynaecology.

The Pregnancy Care SITM is the foundation SITM for the Maternal Medicine SITM, and good progress must be demonstrated before undertaking the Maternal Medicine SITM. This combination is recommended if a learner aspires to a special interest post in maternal medicine. Otherwise they can undertake any obstetrics or gynaecology SITMs with the Pregnancy Care SITM. The choice of the second SITM depends on whether learners are aspiring to an obstetrics-only, or a combined obstetrics and gynaecological, future career. However, learners' choices will be dependent on training opportunities available for their chosen SITMs.

If the learner want to become a subspecialist in Maternal and Fetal Medicine, both the Pregnancy Care and Maternal Medicine SITMs are suitable to undertake before appointment to an a MFM SST training programme. The subspecialty curriculum builds on these SITMs, and they are both included in the subspecialty curriculum for Maternal and Fetal Medicine. Any evidence collected during SITM training and/or completed CiPs will count toward completion of SST. This will make the learner more competitive to succeed at subspecialty interview.

For further career advice, learners should have a discussion with their SITM Director.

8. Further resources

The further resources listed below can be found on the [RCOG Curriculum 2024 webpages](#):

- [Essential Curriculum Guide](#)
- [Special Interest Training Definitive Document](#) (containing the 2024 curricula for SITMs and SIPMs)
- [British Maternal and Fetal Medicine Society \(BMFMS\)](#)
- [MacDonald Obstetric Medicine Society \(MOMS\)](#)

Find out more at
rcog.org.uk/curriculum2024



Royal College of
Obstetricians &
Gynaecologists