

SITM: Pregnancy Care (PC)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

PC 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). • 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.

	<ul style="list-style-type: none"> Refers to other medical and maternal medicine specialists, in line with local guidance.
<p>Diagnoses and provides initial management for common acute medical presentations in pregnancy</p>	<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.
<p>Diagnoses and manages hypertensive disorders in pregnancy</p>	<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. 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.
<p>Diagnoses and manages disorders of glucose metabolism in pregnancy</p>	<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.

	<ul style="list-style-type: none"> • 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. • 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
<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 a 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 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.
<p>Supports a pregnant woman with an eating disorder</p>	<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.
<p>Evidence to inform decision</p>	
<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 • Attendance at specialist diabetes antenatal clinics • Attendance at maternal medicine clinics • Log of cases and outcomes
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Knowledge criteria

<ul style="list-style-type: none"> • 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

PC 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	<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).

their health and that of their baby	<ul style="list-style-type: none"> 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. 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	
<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
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 	

PC 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 most 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	
<ul style="list-style-type: none"> Reflective practice NOTSS TO2 	<ul style="list-style-type: none"> RCOG Learning Local and deanery teaching Attendance at specialist diabetes antenatal clinics

<ul style="list-style-type: none"> • CbD • Mini-CEX 	<ul style="list-style-type: none"> • Attendance at maternal medicine clinics • Log of cases and outcomes
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 	

PC 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	
<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 with the safeguarding team
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

SECTION 2: PROCEDURES

There are no procedures in this SITM.

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

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		X	X	X	X	X



PC CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
skills needed, and can apply their knowledge, to manage antenatal care for a pregnant person with common medical problems						
2: The doctor demonstrates the skills needed, and can apply their knowledge, to manage the care of a pregnant person with common infections		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 who has common medical problems		X	X	X	X	X
4: The doctor provides holistic care to a pregnant person		X	X	X	X	X