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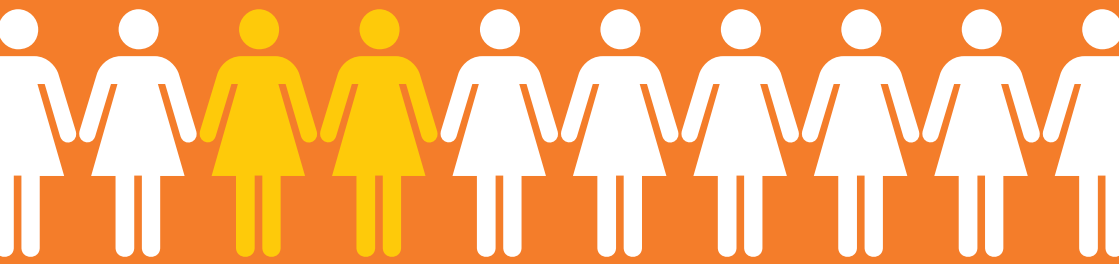

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Publication

This is an education framework/curriculum guidance. An evidence-based consensus document specifying the educational content, intended learning outcomes, approaches to teaching, learning and assessment that are required to prepare nursing staff for a specified area of practice.

Description

This document outlines the key skills and knowledge required to develop the role of a specialist nurse/midwife in early pregnancy care.

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The Nine Quality Standards

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Evaluation

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1 Introduction

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trimester of pregnancy, however service provision may extend
to when a woman is 24 weeks pregnant. NICE (2019) focuses its
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of the 13th week of pregnancy). However, care may be required at
any stage and this should be carried out in collaboration with local
maternity services.

Early pregnancy care is a discipline including doctors, specialist
nurses, sonographers, midwives, general practitioners, health visitors
as well as support staff, and should be conducted in a dedicated
early assessment unit and available to all women (NICE, 2019).
This expectation was further reiterated by the National Service
Framework (NSF 2014/16) recommending that early pregnancy units
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The role of the clinical nurse specialist (CNS) in early pregnancy care is intended to enhance the care for women (and their partners) who may be concerned in early pregnancy. This is mainly around support for pregnancy loss (Figure 1.2), however it will also include support for other complications of pregnancy such as hyperemesis gravidarum which is an extreme form of early morning/pregnancy sickness, usually diagnosed by severe nausea and vomiting leading to weight loss and dehydration.

Although the main focus is on supporting women experiencing pregnancy loss the clinical nurse specialist in EPC may also be engaged collaboratively in supporting women who are, and remain, pregnant.

This document outlines the key skills and knowledge required to develop the role of this specialist nurse/midwife and should provide clear direction for commissioners and managers when creating roles to support best practice in local service provision for women and their families.

The primary emphasis for safe, effective compassionate care includes offering treatment choices (and support where treatment is not an option). This is usually conducted in a hospital environment, ideally an early pregnancy unit (EPU), which is prepared and equipped to provide early pregnancy care. This may include an ultrasound
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Figure 1.2: Types of pregnancy loss and key facts

Miscarriage is the spontaneous loss of a pregnancy before 24 weeks gestation. It may only happen once, whereas some

Key facts include:

- 50% of pregnant women will have some vaginal bleeding in the Œ K R* Z ê Ry H K ê % Ã % ß }
- 75% of these women will carry on with their pregnancy
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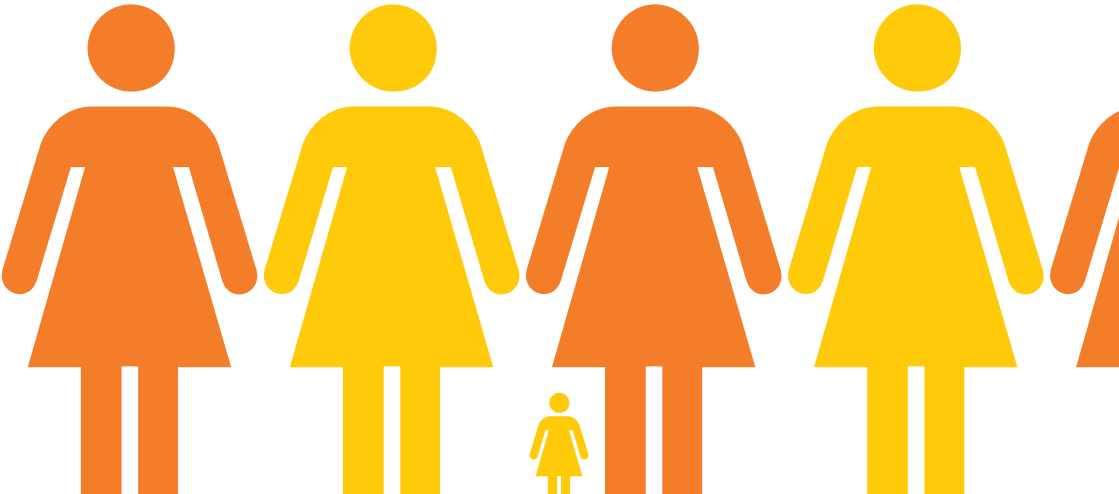
- 11 in 1,000 pregnancies end in an ectopic pregnancy with a maternal mortality of 0.2 per 1,000 estimated ectopic pregnancies (NICE, 2019)
- one in 600 are molar pregnancies
- one in 100 pregnancies in the second trimester miscarry
- one in 100 women have recurrent miscarriage.

(AEPU and Miscarriage Association, 2017)

In 2021, the RCN published guidance on Advanced Level Nursing Practice and Care of Pregnant and Postnatal Women (RCN, 2021a) which provides principles of good practice to clarify the role and care ÿ , K H K ê % Ã % , R Z % Ã Z Ã



ê Œ % Z%êÞ K ê Ã åÃZ%åâê Ø , ÿ Z êß % ß%Ã` K R ê H ê ß ÃK , FêZ will enhance career opportunities for nurses seeking to develop their skills to become a CNS. It is envisaged that master's level academic learning is expected as these registrants will be responsible for understanding the full care pathways for women who are experiencing early pregnancy complications.

Their leadership skills will also be employed in building strong working relationships with other local units, improving care pathways through emergency care, gynaecology and obstetric care, including midwifery services, general practice services and health visitor care. Their expertise will also facilitate access to related services such as fertility services and/or sexual and reproductive health services, social care support and mental health services.

The nurse specialist will be responsible for increasing awareness and knowledge across the services on contemporary information about early pregnancy care.

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2 The role of the clinical nurse specialist

The role of the CNS in managing and supporting women in early H K ê % ÃØÃ K ÞÃ Få êŒ % ê Z å take account of the need to:

- lead and develop services
- ensure these acute services are well linked with primary care
- support a better understanding among all health care professionals who come in contact with women (and their partners/families)
- develop and maintain positive working relationships with other health care professionals especially general practice services (general practitioners and practice nurses), midwives and obstetricians
- provide clinical supervision for others, presenting case studies and learning from practice.

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To become a CNS in EPC, registrants will:

- have extensive experience working within a gynaecology or women's health setting