Maternity Academy

Midwifery Caring for Sick Women- Back to Basics

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of attendance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Caring for sick women Day 1**

**Back to Basics**

Date: 2022-8th March, 10th May,12th July, 3rd November

**Venue: Virtual**

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| --- | --- | --- | --- | --- |
| 08.30 | Registration & pre course quiz (complete prior to attendance)  **Lisa Relton (Poole)** | | | |
| 08.45 | **Why caring for sick women matters**  How many women become sick? Levels of care available across SHIP maternity services. Impact of significant illness upon women and their families | | **Lisa Relton**  **Consultant Midwife (UHD)** | |
| 09.15 | **Caring for sick women**  Recognising the unwell woman. Prioritising care  The ABCDE approach | | **Lisa Relton**  **Consultant Midwife (UHD)** | |
| 09.45 | **Back to Basics – observations**  BP ranges and MAP, Pulse Pressure, Pulse, Respirations  Temperature, O2 saturations, Pain scores, Colour / Capillary refill. Assessment tools – you vs the machines | | **?ellie** | |
| 10.15 | Coffee break | | | |
| 10.40 | **Caring for women with Diabetes**  DKA, Sliding scales. | | **Matthew Coleman**  Obstetric Physician (UHS) | |
| 11.10 | **Back to Basics – Fluid management**  Monitoring Oral and IV intake. Monitoring output (include charting)  Pathophysiology – PET and Sepsis. Hyponatraemia | | **?Ruth** | |
| 11:50 | **Back to Basics – Common Drugs**  Caring for women requiring IV anti-hypertensives  Caring for women requiring MGSO4  Oxytocin for the sick woman | | **Matthew Coleman**  Obstetric Physician (UHS) | |
| 12:30 | Lunch | | | |
| 13:00-14:00  Clinical Skills Workshops  Virtual- A and B 15 mins  C-  ECG-  Bloods- 11 mins  D and E- 10 mins | **Workshop 1**  **Airway/ Breathing**  Poole- Abbie Roberts | **Workshop 2**  **Circulation**  **ECG**  **Blood results**  PHT Mandy- ECG  Poole- Lisa Blood results- | **Workshop 3**  **Disability/ Exposure**  **Pupil response- AVPU, exposure and top to toe check**  Gemma New PHT lead |  |
| 14:00 | **Differential Diagnosis**  **Obstetric causes A and P versus non obstetric causes** – case studies | | Lisa relton | |
| 14:40 | **Post course Quiz** | | **Ruth?** | |
| 15:10 | End of day | |  | |

Faculty:

**Wessex Maternal Medicine Network: Lisa Relton, Consultant midwife, PMA.**

I qualified as a nurse in 1997 and then a midwife in 2002. On qualification I helped set up and worked in the MARSS caseloading team and then came into the core team (including the HDU team) and started as a labour ward coordinator in 2007.Having completed my MSc in advanced clinical practice and the then supervisor of midwives course I became the HDU lead midwife at UHS.I completed the care of the critically ill adult module in 1998 and care of unwell patients was a focus of mine in nursing and this has continued in midwifery. I run two HDU study days a year and link with the critical care teams to support teaching and practice days within ITU and outreach and became an Advanced Life support instructor in 2013. I used to teach on the University of Southampton maternal and fetal medicine and jointly set up the prep for HDU care course at UHS. I also work with a consultant anaesthetist and obstetrician to run multidisciplinary critical care days. In 2018 I swapped I became a Consultant midwife with a focus on maintaining normality in high risk pregnancies and work across the Wessex region as part of the Mat Neo Collaborative, Wessex antenatal care pathways and chair of the Wessex Intrapartum care network. More recently I have taken up the role of Consultant Midwife for the Wessex maternal medicine whereby our focus is to work with all trusts across the region to improve care for women with pre-existing medical disorders as well as improving knowledge and understanding of how this may affect pregnancy.

**Abbie Roberts. Delivery Suite Clinical Lead Midwife, Poole.**

I qualified as a general nurse in 1992 and worked on both acute surgical and medical wards before completing my midwifery conversion training in Plymouth in 1996.

I settled in Poole 2001 and have worked at St Mary’s since. I began work as a CDS shift leader in 2010 and as a clinical lead on Labour Ward in 2015.

In 2018 I established a Maternity HDU team on Labour Ward, the aim of which is to increase the level of care we provide to high risk unwell women. I am responsible for the ongoing development and training of these staff by running update training days and acting as liaison between Delivery Suite and Critical Care.

**UHS: Vanessa Webb, Labour Ward Coordinator, HDU lead and Infection Prevention Link**

I qualified as a nurse in 1999 and then as a midwife in 2005.  I began my midwifery career as an integrated midwife, then after 7 years joined the core hospital team at Princess Anne and became a member of the HDU team in 2014.  I joined the Labour ward coordinator team in 2017. I am currently the joint new HDU lead with Ellie Curtis at UHS.

**HHFT -Clara Haken**

BSc (Hons), RM, PGCEA, MA

I qualified as a midwife in 1995 and have worked in a variety of roles in practice and education since then. I have worked clinically in seven Trusts within London and the South, practising within midwifery led settings and obstetric units. I have been actively involved in midwifery education since 2000 and spent 3 years at CMACE (CEMACH) leading a National programme of interactive workshops and contributing to the Confidential Enquiries. I have been a Consultant Midwife since 2011, joining HHFT in 2013. I am now enjoying the thrills of working motherhood!

**Portsmouth-**

**Learning Portfolio for Caring for Sick Women: Back to Basics Course**

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| --- | --- | --- | --- | --- |
| Activity | Objective and how can achieve this | Mandatory (M)  Desirable (D) | Date completed | Notes |
| Attend Wessex Maternity Academy Back to Basics study day | A one day study day delivered by the multidisciplinary | M |  |  |
| Complete reflection on the day | NMC reflection tool in this document | M for revalidation |  |  |

If you think you want to complete the higher level day : SHIP Critical care the next step day with a view to joining a HDU/ AOU team you must have these prerequisites and complete the objectives over leaf.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity | Objective and how can achieve this | Mandatory (M)  Desirable (D) | Date completed | Notes |
| Mentorship | Recognised mentor course | M |  |  |
| Cannulation | Competent at cannulation | M |  |  |
| Suturing | Competent as suturing | M |  |  |

Objectives to be completed before attendance to the next study day:

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Objective | Date completed | Notes |
| Medical problems in pregnancy | Register for e learning for health account ( <https://www.e-lfh.org.uk/>) and Complete medical problems in pregnancy package |  |  |
| Stroke awareness | E learning for health( <https://www.e-lfh.org.uk/>) - search stroke- acute medicine section- Definition of stroke (10 minutes) then search  Intensive care medicine section (e-ICM). Use section 6- medicine for surgery and ICM, then under Neurology section 6 19> Stroke (40 minutes) this is modules 03 19 01,2 and 3 basic stroke, stroke where is the lesion and National clinical guidelines for stroke. |  |  |
| Letter of intention | Write to your local SHIP faculty member about why you want to complete next one day course (please indicate on the letter whether these objectives have been completed) |  | Please be aware there will be a work in critical care setting to support achievement of next competency document.  In order to work in HDU/ AOU flu vaccination is mandatory |
| Work through Skills to transfer to practice | This must be completed as will have follow on competency document associated with second day |  |  |

**Skills to transfer to Practice:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Objective** | **Date Completed** | **Notes** |
| Understand the ABCDE approach to care | Lecture on back to basics day |  |  |
| **Airway/ Breathing** |  |  |  |
| Assessment of adequacy of ventilation and oxygen | Interprets measurements in context and intervenes with simple measures, adjusts observations as condition indicates  Consider pulse oximetry, position change, specimens, physiotherapy. |  |  |
| High flow and controlled oxygen therapy | Safely give oxygen (in an emergency) or as prescribed using variety of oxygen apparatus. |  |  |
| Administer drugs via nebuliser system | Give nebuliser either via driven system or Oxygen  Able to discuss peak flow monitoring |  |  |
| Portable/ wall mounted suction | Able to set up suction and use equipment (yankaeur and flexible suction catheters) |  |  |
| **Circulation** |  |  |  |
| Measurement of heart rate, BP, CRT in context of unwell woman | Able to plan care based on clinical picture, define abnormal readings and seek further support |  |  |
| ECG monitoring and recording of trace | Perform 12 lead ECG and 3 lead monitoring. Knowledge of local ECG monitor(s) |  |  |
| Fluid Status and balance assessment | Interprets fluid balance status and identifies when clinical intervention is required Assessment of skin turgor |  |  |
| IV fluid maintenance and resuscitation | Administer fluid as prescribed and identifies when a fluid challenge/ fluid restrction may be required. |  |  |
| Order bloods as appropriate to clinical situation (including blood cultures if local policy) | Able to articulate bloods commonly requested in PET, OC, DKA and sepsis |  |  |
| External Haemorrhage | Assesses severity of bleeding in context of clinical picture. Initiates first aid measures and identifies source of bleeding. Recognise signs of shock |  |  |
| **Disability** |  |  |  |
| Unconsciousness | Articulate the dangers of airway obstruction an what remedial action may be required. |  |  |
| Blood glucose management and interpretation | Able to perform skill and initiate care/ interventions based on interpretation of findings. Initiates local protocol for hypoglycaemia |  |  |
| Acute confusional state | Aware of importance of this and performs tests such as capillary blood glucose/ SpO2- identifies when intervention and support required. |  |  |
| AVPU | Understands the diagnostic value of AVPU score and therapy that may be indicated in abnormal score. Refers on with abnormal score. |  |  |
| **Examination** |  |  |  |
| Temperature | Able to assess peripheral versus central temperature and articulate normal for each site (axilla versus axilla) |  |  |
| Top to toe assessment | Able to complete full assessment and make a plan of care including parameter for reassessment |  |  |
| **Communication/ Documentation** |  |  |  |
| Call for help for the sick woman (escalation) | Able to use SBAR to handover woman to medical staff, initiate initial treatment plan and evaluate efficacy |  |  |
| Call for help in the collapsed / arrested woman | 2222 call, initiate resuscitation |  |  |
| Woman not improving when reassessed | Interprets clinical deterioration and alters observations and level of monitoring, appropriately identifies who to refer on to |  |  |
| Breaking bad news | Identifies need to inform shift leader/ medical staff. Consider, if time family as support. |  |  |
| Documentation | Document A to E assessment clearly, including care given, plan and revaluation.  Complete MEOWs accurately |  |  |
| Handover of care | Handover to next shift or medical staff, communicates plan, frequency of observations and plans for review.  For medical staff- convey urgency if situation based on clinical assessment |  |  |
| Staff support | Support staff when they have had to deal with stressful/ difficult situations  Consider hot debrief (or trust equivalent) or PMA support  Restorative resilience sessions |  |  |

REFLECTIVE ACCOUNTS FORM

You **must** use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in Guidance sheet 1 in *How to revalidate with the NMC*.

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| --- |
| **Reflective account: Maternity Academy Back to Basics Study day** |
| **What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?** |
| **What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?** |
|  |
| **How did you change or improve your practice as a result?** |
|  |
| **How is this relevant to the Code?**  Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust |
|  |

Reference List:

Kumar et al (2006) Duration of hypotension before initiation of effective antimicrobial therapy is the critical determinant of survival in human septic shock *Crit Care Med* 34(6) 1589-96

MBRRACE-UK (2019) Saving Lives, Improving Mothers’ Care. Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2015-2017 London: MBRRACE-UK [www.npeu.ox.ac.uk/mbrrace-uk/reports/confidential-enquiry-into-maternal-deaths](http://www.npeu.ox.ac.uk/mbrrace-uk/reports/confidential-enquiry-into-maternal-deaths)

MBRRACE-UK (2020) Saving Lives, Improving Mothers’ Care. Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2016-2018 London: MBRRACE-UK [www.npeu.ox.ac.uk/mbrrace-uk/reports/confidential-enquiry-into-maternal-deaths](http://www.npeu.ox.ac.uk/mbrrace-uk/reports/confidential-enquiry-into-maternal-deaths)

MCC working group (2011). *Providing equity of clinical and maternity care for the critically ill pregnant or recently pregnant woman.* London: RCOA Available at www.rcoa.ac.uk

MCC, EMC Standards development working Group (2018) Ca*re of the sick woman in childbirth: Guidelines for Maternal Critical Care*: Draft London: OAA

Nathan HL et al (2015) Blood Pressure measurement in pregnancy *The Obstetrician and Gynaecologist* vol 17 pp91-98

NCEPOD (2005) *An Acute problem?*Available at: <http://www.ncepod.org.uk/2005aap.html>

NICE (2019) Overview | Intrapartum care for women with existing medical conditions or obstetric complications and their babies (NG 121) (<https://www.nice.org.uk/guidance/NG121>)

Resuscitation Council (2016) *Immediate Life Support* (4th edition). London: Resuscitation Council UK

Royal College of Physicians (2019) Acute Care Toolkit 15: Managing acute medical problems in pregnancy. London RCP <https://www.rcplondon.ac.uk/guidelines-policy/acute-care-toolkit-15-managing-acute-medical-problems-pregnancy> (accessed 20/11/2019

The Intensive Care Society (2009) *Levels of Critical Care for Adult Patients*London:

Intensive Care Society

The Intensive Care Society (2011) *Guidelines for the transport of the critically ill adult*

*(3rd Edition)*London: Intensive Care Society