



THE ROLE OF THE ADVANCED CLINICAL PRACTITIONER IN MIDWIFERY

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risk Maternity Care

History of Advanced Clinical practice in Midwifery

- More recent concept in Midwifery in Europe with educational programmes specialising in Advanced Midwifery Practice in the UK are increasing.
- Strict entry requirements for AMP specific programmes
- RCM in the past have not supported Advanced Practice in Midwifery as they feel the role is to work on the medical rota alongside the obstetric team
- Many Advanced midwifery practitioners in this country are skills based.

The four pillars of advanced practice include



Clinical Practice



Education



Research



Leadership & Management

Why the focus on Complex High Risk Maternity Care?

- MBRACCE-UK (2018) identified that most women who died had multiple health problems or vulnerabilities.
- Heart disease remains the leading cause of women dying during or up to 6 weeks after the end of pregnancy.
- An increase in women becoming pregnant with medical co-morbidities such as renal, cardiac and neurological disease.
- We need to ensure women understand the implications of a pregnancy on their condition.
- These women have increased anxieties about their pregnancy and birth
- These women do not see their community midwife as frequently due to attending the hospital for their appointments on a regular basis, therefore they miss out on the midwifery focus of their care
- Act as a 'linchpin' between the often many members of the MDT to improve communication and care between the disciplines.

The journey so far.....

Academically

- Commenced the ACP MSc in January 2017 at Coventry University
- Completed modules – Advanced clinical health assessment, Advanced clinical Practice, Advanced Practice, Clinical Competence for Advanced clinical practice, Non-Medical prescribing 1 and 2, Research, methodology and design methods and leadership and management.
- Ongoing final 2 modules are clinical competence for Advanced Practice and Independent Advancing practice Project
- Due to complete the course in January 2020.

The journey so far.....

Clinically

- The Development of a midwife Led multiple pregnancy clinic
- Involvement and midwifery contact for the cardiac/obstetric clinic which runs fortnightly
- Involvement and midwifery contact for the Renal/obstetric clinic, held weekly.
- Currently Developing a continuity of carer model team approach to care for women with complex needs.
- Reviews of women within the fetal well being unit and maternity triage to improve the patient journey



The ACP Midwife-led multiple pregnancy clinic

- Held once a week in the Antenatal clinic, when the woman is between 14-18 weeks.
- Purpose is to explain the risk factors associated with a multiple pregnancy
- Ensure she is prescribed and taking any recommended medication such as aspirin, clexane and iron supplements.
- To give the women my ACP contact details and explain about the continuity of carer team concept.

The cardiac/obstetric clinic

- A multi-disciplinary approach clinic with cardiologist, obstetrician, anaesthetist, midwife ACP and any other physician that may be involved in patients care.
- Any woman with known cardiovascular conditions or history of congenital cardiac disease.
- Pre-pregnancy counselling is offered including medication reviews
- Referrals made from local smaller maternity units, other obstetricians, midwives and GP's for advice
- Held once a fortnight





The renal/ obstetric clinic

- A multi-disciplinary approach with obstetrician, renal physician and midwife ACP.
- Pre-pregnancy counselling is offered including medication reviews
- Any woman with a history of renal disease, renal transplant, essential hypertension, previous pre-eclampsia, previous High dependency care, recurrent UTI's, Duplex kidney, SLE and Lupus nephritis.

Review of women in the fetal well being unit and maternity triage

Main aim is to improve the patient journey

Women have long waiting times within these areas, therefore the ACP midwife can carry out clinical assessments for women presenting with ?UTI, threatened pre-term labour or SRM, abdominal pain, signs of infection or sepsis.

Review of women presenting with reduced fetal movements to ensure pathway of care is managed effectively.

Review and assistance to the area if complex women are presenting and limited knowledge of the condition is known

The development of the continuity of carer complex team.

- Currently in the early stages of development
- Better births recommendations are that 20% of women by March 31st are enrolled onto a continuity model of care.
- Aim is for the team to be of 8-10 midwives who will primarily work on the Labour ward to provide intra-partum care to women with complex care needs.
- Each week at least 1 midwife will work alongside the ACP midwife in the high risk clinics to meet the women.
- Hold parent education classes and coffee mornings for women with a multiple pregnancy or complex pregnancy to meet team members.
- Increase the education of the midwifery team on complex medical co-morbidities that may have an implication on the birth
- Improve the patient journey for the woman and her family and reduce anxieties surrounding their birth

Early Challenges

- Was there a clear understanding from other staff and management regarding the role of an ACP?
- Change of management structure
- Remain working as a midwife in the clinical setting due to staffing
- Time for the non clinical pillars of advanced practice
- Working in the non acute setting therefore adapting clinical skills
- Relating the first year of the course content to Midwifery

What are The benefits to women?

- The 'one stop shop' approach to the clinic saves multiple appointments between departments and see all of the MDT in one visit
- Women receive a holistic approach to their care from the ACP Midwife and they receive my contact details as a named health care professional to reduce any anxieties they may have during their pregnancy.
- Block booking of scan appointments as required in advance to ensure they are scheduled on the same day as their clinic appointment.
- Reduce waiting times when attending the maternity triage and fetal well being unit and I am bleeped if any complex patients are attending.
- I ensure to walk the inpatient wards on a daily basis to visit and review any patients admitted antenatally and postnatally to ensure communication is improved between the multiple disciplines.

What are the benefits to the MDT Team?

- The facilitation and co-ordination of care between the MDT and the patient is carried out by the ACP midwife.
- As I am a contact for the patient it prevents the consultants being contacted directly or through their secretary to chase appointments blood results and treatment changes.
- Benefits to the midwifery team to increase their knowledge and educate them on the common complex conditions that the patients present with – this in turn improves the care they receive.
- Assists the 'on call' team who are responsible for reviewing patients in maternity triage and fetal well being unit

Ongoing development of the ACP role in complex High risk Maternity care

Continuing to improve communication about the ACP role in the maternity setting by developing regular maternity newsletters.

Development of clear guidelines and scope of practice for the reviewing of patients presenting to the maternity triage department and fetal well being unit.

Improve communication by highlighting patients with complex care needs in pregnancy to ensure they receive a timely review if admitted to ensure well established care plans are developed.

Present to local neighbouring smaller trusts regarding the services we offer to high risk patients to ensure prompt referrals.

Continue to develop the complex high risk continuity team which will benefit both the women and her family and the midwifery team involved

Regular audits of patient care and the patient journey to ensure we are continually improving maternity services

Other ACP roles in Maternity

- My colleague Liz is also completing the ACP MSc with me
- Her focus is High dependency Care in the maternity setting
- Aim is the education of midwives to a uniform level of high dependency care on the Labour ward
- She hopes to develop an out-reach service for women who may deteriorate on either the ante-natal or post-natal ward, and for those stepping down from HDU care where Liz can continue to review them and provide a high level of care.
- The roles overlap slightly as some women with a complex high risk pregnancy may need HDU care, however others are admitted suddenly to HDU with a deteriorating condition.
- Improves communication between the obstetricians, midwives and anaesthetists caring for women in the HDU on labour ward.

THANKS FOR
LISTENING

ANY
QUESTIONS??

