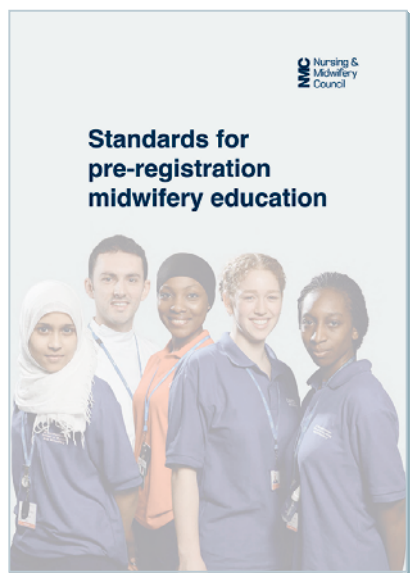


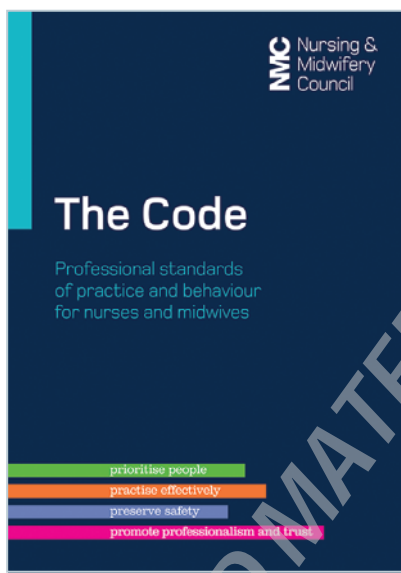
## 1

## Professional standards

**Figure 1.1** Standards for pre-registration midwifery education. Source: <https://www.nmc.org.uk/standards/additional-standards/standards-for-pre-registration-midwifery-education/>. Reproduced with permission of NMC.



**Figure 1.2** The Code. Source: <https://www.nmc.org.uk/code/>. Reproduced with permission of NMC.



**Figure 1.3** Standards to support learning and assessment in practice. Source: <https://www.nmc.org.uk/standards/additional-standards/standards-to-support-learning-and-assessment-in-practice/>. Reproduced with permission of NMC.



**Figure 1.4** Standards for medicines management. Source: <https://www.nmc.org.uk/standards/additional-standards/standards-for-medicines-management/>. Reproduced with permission of NMC.



**Figure 1.5** Standards for competence for registered midwives. Source: <https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-competence-for-registered-midwives.pdf>. Reproduced with permission of NMC.



**Figure 1.6** Revalidation. Source: <http://revalidation.nmc.org.uk/>. Reproduced with permission of NMC.



This book is intended to inform and educate practitioners about the management of emergencies and the many associated skills. These emergencies may happen in a range of settings from fully equipped and staffed obstetric units to the stand-alone unit or homebirth. The practitioner has a professional responsibility to meet the standards necessary and to become so familiar with these skills that they can adapt them to any setting. They must be able to team work effectively and appropriately manage all the help available. In an ideal situation, the emergency will be supported by a full obstetric, paediatric, anaesthetic and operative team as required, with additional support from haematology, pathology, microbiology, blood bank, pharmacy and porters. When the practitioner is alone they must simultaneously initiate emergency management and call for assistance.

This chapter cannot cover all professional responsibilities associated with emergency management. It will concentrate on the need to achieve and maintain professional standards, continue professional development, maintain a high standard of record keeping, and show awareness of accountability.

## Achievement and maintenance of professional standards

The standards of clinical expertise achieved by midwives are controlled by a number of training and monitoring processes. This begins at the interview and admission stage to midwifery training. The profession is looking not only for those academically able, but also for those whose personalities and ethical stance will enhance the profession and improve standards of care. Service users, clinicians, and midwifery tutors jointly decide on the selection approach to be used and which candidates have met these exacting standards. All training programmes align with stringent Nursing and Midwifery Council (NMC, 2009) guidelines and are variously quality monitored throughout (see Figure 1.1). The aim is to achieve clinical competency at the point of qualifying (alongside the skills of life-long learning).

With employment there comes a period of preceptorship (support, monitoring, and development). This is followed by regular employer and professional body review with standards monitored against local policies, as well as professional standards such as: The Code (NMC, 2015) (see Figure 1.2); Standards to support learning and assessment in practice (NMC, 2008) (see Figure 1.3); Standards of medicine management (NMC, 2007) (see Figure 1.4); Standards for competence for registered midwives (NMC, 2011) (see Figure 1.5); and, in addition, a great number of local hospital protocols. Periodic Revalidation (NMC, 2017) is required and this can only be met through a combination of clinical experience and continuing professional development (CPD) (see Figure 1.6).

## Continuing professional development

In order to perform within expected standards of care, the professional has a duty to maintain skill competencies and knowledge levels. The process of Revalidation ensures that midwives engage in CPD, but most midwives will surpass any minimum levels set.

Midwives should maintain critical awareness of:

- Current research.
- Topical literature.

- Local and national statistics, case conferences, audits.
- E-learning material.
- Conference material.
- Local and national guidelines, for example NICE.
- New medications for use in obstetrics.
- Risk management reports.
- Evidence from the numerous reports produced by Mothers and Babies: Reducing Risk through Audits and Confidential Enquires across the UK (MBRRACE-UK).

They must attend clinical skills updates including:

- Interprofessional/multidisciplinary skills sessions in house.
- Local skills and drills requirements such as fire safety awareness, manual handling, blood products, documentation, etc.
- National/international skill courses, for example Advanced Life Support in Obstetrics (ALSO), Newborn Life Support (NLS), Practical Obstetric Multi-Professional Training (PROMPT).
- Limitations and capabilities including communication and referral.

## Record keeping

A high standard of contemporaneous record keeping has long been understood to be an essential component of good practice. The NMC (2015) provides midwives with guidance on the principles of good record keeping. Yet, it can remain an issue during complaints investigations and is often included as a development requirement during supervised practice. During an emergency, record keeping becomes both a greater challenge and a greater necessity. Best practice would allocate the role of scribe to an individual best suited to the role – someone sufficiently experienced to know the important elements to include. Alongside this it requires:

- Clear, concise, accurate, factual, legible, and contemporaneous statements without abbreviations (unless explained).
- Records to follow local guidelines such that everyone knows where things are recorded.
- Observations of maternal, fetal, or neonatal health recorded.
- Date and time.
- Signatures and printed name.
- Medications recorded including dosage, time of administration, and any reactions.
- All actions taken are noted (including by whom) – whether successful or unsuccessful.
- Reference to any referrals made – the time and to whom, as well as the reason for the referral.

## Accountability

Accountability is the taking of responsibility for ones own actions and ability to defend decision making. The professional may be questioned at any time (often years after an event) by a client, employer, professional regulatory body, or through a legal challenge. The professional is judged on whether they performed to the expected standard of care. This is based on the normal standards of professional practice typical at the time of the event. Expectations are also individualised to the circumstances of the incident and are expected to encompass:

- Identification of potential risk.
- Taking preventative measures.
- Competent practice.
- Support of the woman's informed choices.