

Multiple Births Midwife Standard

RCN guidance for midwifery and nursing



Parents
Midwife
Twins
Midwife
Twins
Chorionicity
Standard
Continuity of care
Dizygotic
Preterm birth
Multiple births
Parents
Neonatal care
Multidisciplinary team
Triplets
Mental health
Monozygotic
Screening
NICE

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Contents

1. The multiple births midwife standard	
Introduction	4
Background	5
2. The role of the multiple births midwife (MBM).....	9
3. Multiple births midwife: skills and knowledge.....	14
3.1 Clinical practice skills.....	14
3.2 Leadership skills	15
3.3 Ultrasound skills	16
3.4 Service provision/pathway management/co-ordination	16
4. Education and personal development.....	19
5. Conclusion	21
6. References.....	22
7. Useful resources	24

Background

Multiple births have increased significantly over the past 30 years (see [figure 1.1](#) for recent data). While this is mainly due to assisted conception, particularly in vitro fertilisation (IVF) techniques, other contributory factors are that women are choosing to have their families when they are older and more likely to have a multiple pregnancy, as well as the significant advances in obstetric and neonatal care so more multiple birth babies are surviving.

	England and Wales (ONS London)	Scotland (GRO Scotland)	N. Ireland (NISRA)	UK total
Total maternities				

Evidence-based high quality clinical care during pregnancy, birth and after birth are



The national standards set by NICE (2019) provide clear evidence-based quality statements (see figure 1.4) for all multiple pregnancy care and should form the basis for care provision.

[nice.org.uk/guidance/qs46](https://www.nice.org.uk/guidance/qs46)

The quality statements for QS46 on *Multiple pregnancy: twin and triplet pregnancies* outline eight key standards to support best practice:

1. determining chorionicity and amnionicity
2. labelling the fetuses
3. composition of the multidisciplinary core team
4. care planning
5. monitoring for fetal complications
6. involving a consultant from a tertiary level fetal medicine centre for women with a higher risk or complicated pregnancy
7. advice and preparation for preterm birth
8. preparation for birth.

The role of the multiple births midwife (MBM) is to co-ordinate the continuity of care and support women (their partners and families) with a multiple pregnancy. All multiple pregnancies have a higher risk of complications for mothers and babies, some being more complex than others, for example triplets and higher order pregnancies, monochorionic pregnancies and pregnancies to mothers with other health conditions.

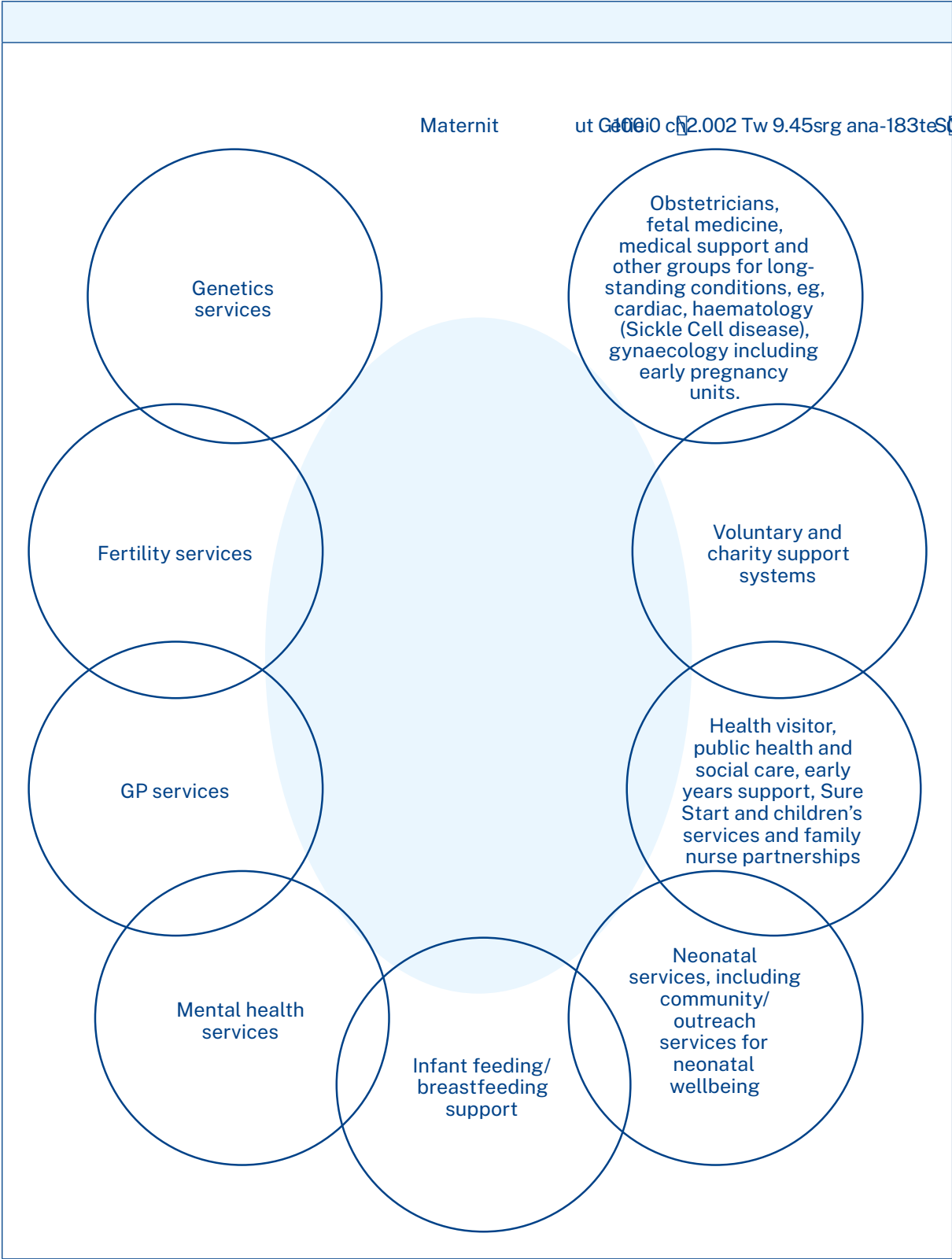
The MBM, as part of the multidisciplinary team, will play a key co-ordinating role in ensuring women are allocated to the appropriate care pathway, and working with the multidisciplinary team to meet the woman's needs.

In order to achieve this, the midwife should:

- have knowledge and skills, which includes understanding all aspects of effective care for women expecting a multiple pregnancy during the antenatal, intrapartum and postnatal period through to discharge to community care
- develop and enhance their own clinical skills to provide the care required
- lead and develop services working with the nominated multiple births multidisciplinary team (as defined by NICE) to ensure continuity and consistency of care. This is particularly important when liaising with the colleagues working in other areas eg, neonatal, mental health services, safeguarding and social care and health visitor services
- ensure the continuity of care is shared and maintained between different hospitals and health care professionals (including health visitors both antenatally and postnatally) and especially when care may be transferred out of the unit or immediate area
- support and lead a culture that embraces a better understanding among health care professionals of the needs of women (partners and family) with a multiple pregnancy
- contribute to the structure of local and regional guidelines, policies/protocols and data collection locally and regionally
- understand the needs of grieving and bereaved parents where one or more fetus or baby may not survive. Have the knowledge and skills to support women through the pregnancy, working with bereavement midwives and referring for counselling and other local and national support services as required. All health care professionals should have knowledge about the complexities of bereavement in a multiple pregnancy, including the health visiting service. Health visitors may be known to the family already if they have other children
- develop and maintain positive working relationship with other health care professionals. These will include midwives, obstetricians, sonographers, the neonatal team, health visitors and those defined by NICE as the enhanced team such as dietitians, physiotherapists and perinatal mental health specialists. Further relationships should be encouraged with the wider network in the trust/health board, other maternity units, general practice services (GPs and practice nurses) and community services
- provide clinical supervision for others, presenting case studies and learning from practice. Contribute to updating and continuing professional development (CPD) for all midwives, obstetricians and other colleagues in local trust/health board
- audit own practice and establish learning opportunities from lessons learnt, record

When considering multiple pregnancy and birth, continuity of care from the core multiple births team and other health care professionals involved is essential and facilitates the

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There are different levels/points of complexity and consequently different levels of

The role of the MBM demands a range of defined clinical skills and knowledge alongside management and leadership experience and insightfulness. They may be leading and/or co-ordinating care.

All midwives will be familiar with the standards set out by the NMC in *Practicing as a Midwife* (2020), *Standards of Proficiency* (2019) and the *NMC Code* (2018).

The standards of proficiency required of midwives are divided into domains:

- being an accountable, autonomous, professional midwife
- safe and effective midwifery care: promoting and providing continuity of care and carer
- universal care for all women and newborn infants
- additional care for women and newborn infants with complications
- promoting excellence: the midwife as colleague, scholar and leader
- the midwife as a skilled practitioner.

The following standard has taken account of these existing NMC standards to define the specifics of the MBM.

It is recognised that this is a developing role and that not all MBMs will come with the full skills set required to fulfil all components outlined here. Nevertheless, they should have a personal development programme and timeframe to achieve the standard appropriate for their role.

3.1 Clinical practice skills

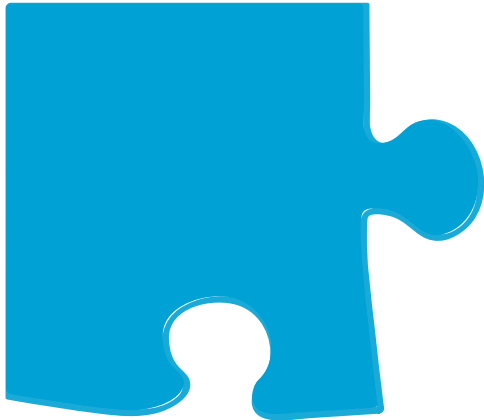
- Be able to provide evidence-based, competent and confident care to women with multiple pregnancy during antenatal, labour and postnatal care, including effective handover to infant care and related services.
- Have an expert knowledge of multiple pregnancy, management options and effectively signpost to other services or support groups.
- Understand the importance of monitoring both mother and babies during pregnancy, intrapartum and postnatally.
- Facilitate midwifery-led care for women with multiple pregnancy.

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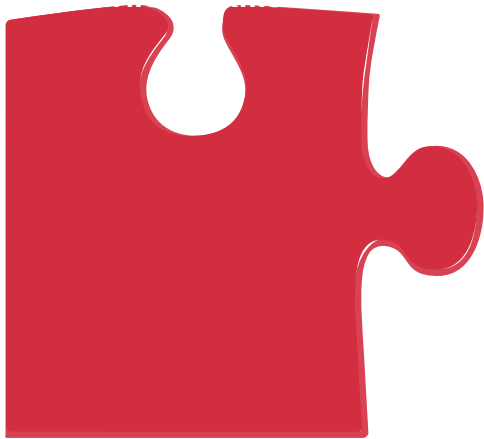
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Women (partner and family) with a multiple pregnancy



Multiple Births Midwife Standard



4. Education and personal development

The level of education needed for the role is at Master's level with evidence of Master's level thinking and problem solving.

The MBM needs to have specialist knowledge relating to twins, triplets and quads, in particular:

- different types of twins, triplets and more, and care pathways
- managing triplet and quad pregnancies
- importance and relevance of chorionicity to care provided
- multi-fetal embryo reduction
- screening for fetal abnormality and complexities in multiple pregnancies
- recognising complications and make appropriate referrals
- understanding and advising on risks including pre-term birth
- providing additional antenatal care and specialist antenatal education to meet the specific needs of women and their partners with multiple pregnancies
- intrapartum care to meet optimal outcomes for mothers and babies.
- postnatal care provision will be both a role of co-ordinating care as well as clinical practice. This should take account the possible need for enhanced postnatal care/visits based on individual requirements
- infant feeding support to ensure choices are explained and appropriate support available, taking account of the UNICEF Baby Friendly Principles (2017)
- liaising with neonatal unit staff, and awareness of the potential complications in order to support the parent/s, including having clear knowledge of local neonatal pathways and thresholds for transfer
- bereavement support will include links with bereavement care midwives and counsellors as well as knowing how to provide ongoing support during pregnancy/birth/postnatal care. This includes good communication with other agencies, such as awareness of support available for those who may experience neonatal loss
- assessing mental health and wellbeing of both parents and acting/referring accordingly
- assessing social circumstances and liaising with other professionals antenatally to prepare for any potential difficulties
- be competent and confident in educating colleagues on multiple pregnancies and birth.

This should include:

- physical examinations of multiple babies/advanced physical assessment skills
consultation skills
- communication skills (modules specific to multiple pregnancy to include counselling, breaking bad news)
- non-medical prescribing

- ultrasound skills
- leadership, including political and economic leadership
- presentation skills and teaching/education skills
- safeguarding of adults and children
- feeding support
- bereavement support.

The MBM may also wish to consider RCN credentialing to demonstrate their competence at this advanced level of practice (RCN, 2017) including:

- maintaining NMC registration
- managing their own support effectively for supervision, mentoring/buddying, using other network, including their professional midwifery advisor (PMA) and/or clinical supervisors
- demonstrates development of the role, including self-audit, publications and a research profile
- maintain an awareness of and actively engage with local and national maternity policy drivers around multiple pregnancy service provision.

5. Conclusion

Midwives may not come with a full range of skills to meet this standard and so this publication is intended to provide a pathway for career enhancement through specialist practice and advanced level practice.

The MBM is a key and unifying role within the specialist multiple births multidisciplinary team. It presents an exciting career option for midwives to develop specialist knowledge and skills. It also creates the potential to move into areas including research and influencing service provision for women and families with multiple births at regional and national levels.

The NICE guidance sets the evidence base for clinical care and working towards achievement of these standards nationally should be a goal of all service providers. This is an opportunity where midwives can really make a positive difference to the experience of women and their partners at a potentially vulnerable and stressful time in their lives.

6. References

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7. Further resources

Association of Early Pregnancy Units (AEPU)
aepu.org.uk

Antenatal Results and Choices (ARC)
arc-uk.org

BLISS for babies born premature or sick
bliss.org.uk

BLISS (2015) *Bliss Baby Report: Hanging in the balance*. London: BLISS.
<http://files.bliss.org.uk>

British Association of Counselling and Psychotherapy (BACP)
bacp.co.uk

British Fertility Society (BFS)
britishfertilitysociety.org.uk

British Infertility Counselling Association (BICA)
bica.net

Elizabeth Bryan Multiple Births Centre
bcu.ac.uk/ebmbc

European Society of Human Reproduction and Embryology
eshre.eu

HFEA website for info about infertility
hfea.gov.uk/treatments

Kilby M and Denton J (2013) *Expecting Twins? (One Born Every Minute): Everything You Need to Know About Pregnancy, Birth and Your Twins' First Year*. Quadrille Publishing Ltd, ISBN: 9781849493161

Multiple Births Foundation
multiplebirths.org.uk

Multiple Births Foundation Feeding Twins, triplets and more. London
multiplebirths.org.uk/mbfparentsfeedingguidefinalversion.pdf

Miscarriage Association
miscarriageassociation.org.uk

Pregnancy Sickness Support
pregnancysicknesssupport.org.uk

Royal College of Nursing
rcn.org.uk

Royal College of Midwives
rcm.org.uk

Royal College of Obstetricians and Gynaecologists
rcog.org.uk

Sands – Stillbirth and neonatal death charity
sands.org.uk

The Ectopic Pregnancy Trust
ectopic.org.uk

Twins Trust
twinstrust.org and twinstrust.org/healthcare-professionals.html

Publication

This is an RCN practice guidance. Practice guidance publications are evidence-based consensus documents, used to guide decisions about appropriate care of an individual,

