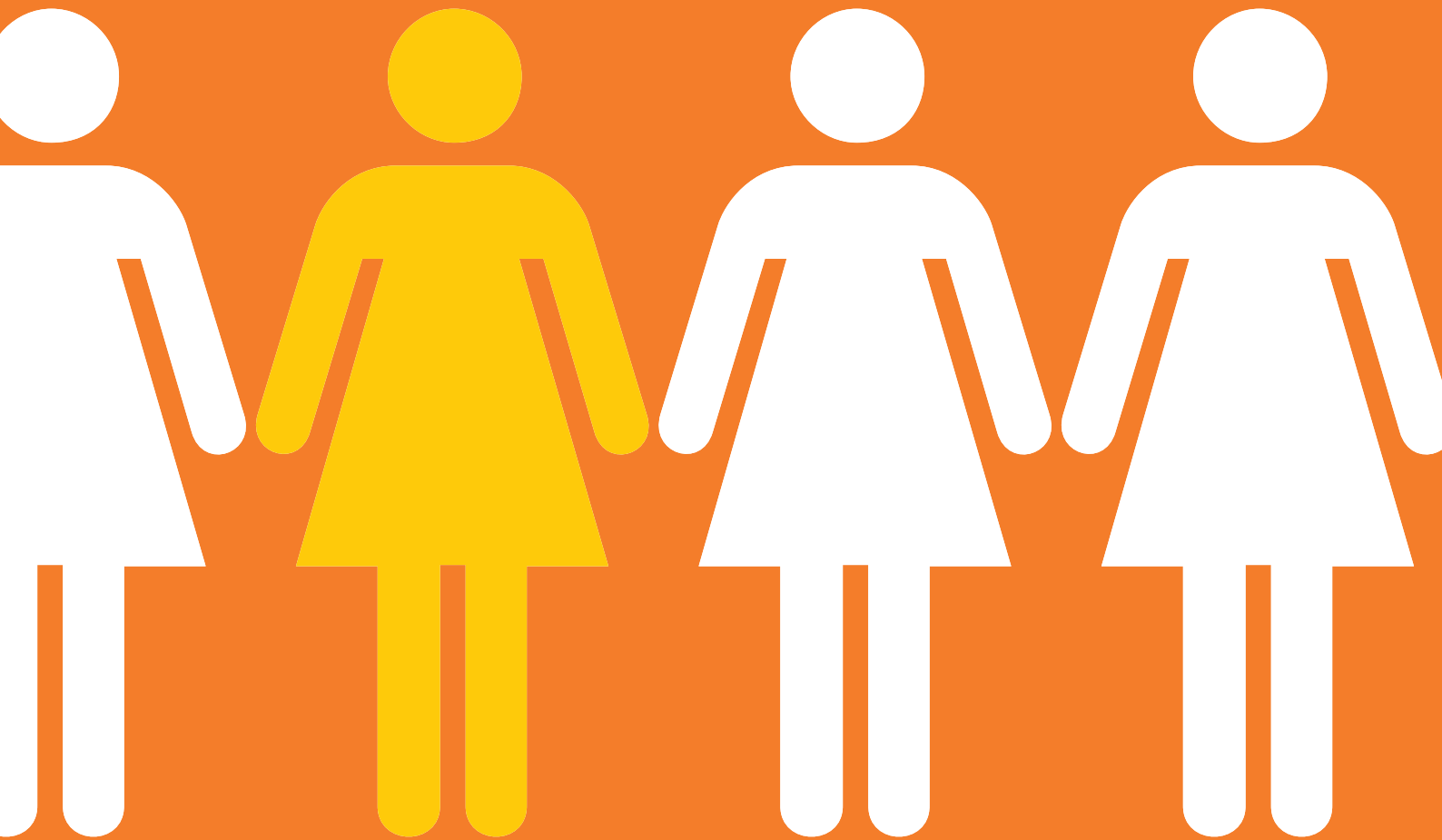




Clinical Nurse Specialists in Early Pregnancy Care

STANDARDS CONSENSUS STATEMENT



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In 2017, the RCN published *Clinical Nurse Standards in Early Pregnancy Care*, available at: rcn.org.uk/professional-development/publications/clinical-nurse-specialist-in-early-pregnancy-care-uk-pub-009-931, which were produced collaboratively with the Association of Early Pregnancy Units (AEPU). The purpose of the standards was to outline agreed criteria for developing and maintaining the role of clinical nurse specialists within the early pregnancy care sector and enhance service provision across the UK.

In 2021, the RCN Women's Health Forum carried out an impact assessment of the standards effectiveness and found a varying picture of success. The report can be found at: rcn.org.uk/professional-development/publications/clinical-nurse-specialist-standards-in-early-pregnancy-care-impact-assessment-report-uk-pub-009-932. It demonstrated a lack of consistency in how the standards were being applied across the UK. To address the recommendations from that report, the project team discussed the issues with key stakeholders in 2022, which has led to the development of this statement

Staffing for safe and effective care applies to all health and social care settings and includes early pregnancy care units. Clarity around roles and responsibilities must form part to the overall strategy for running effective and safe health care provision. The RCN's *Nursing Workforce Standards* (RCN, 2021a) are designed to support a safe and effective nursing workforce and can be used to strengthen the provision of care in a safer environment, where nurses can practice to their full potential.

In early pregnancy care units, it is important to make distinctions between roles on a rota, to avoid double counting, for example, someone performing ultrasound scanning would not also be carrying out manual vacuum aspiration at the same time as undertaking triage. These enhanced roles should also be clearly linked to competency frameworks and job plans. Acceptable staffing levels should not be based wholly on numbers and requires good workforce planning to ensure different skills and different skill mix, (which may change throughout the day/week/year), to support high quality care for those using the services of the unit. Within this, there needs to be an explicit understanding of the diversity of roles required to provide a complete service.

The RCN supports the use of its *Nursing Workforce Standards* to enhance safer and effective staffing levels in early pregnancy care units. The standards are set out in three distinct themes, which can be used to constantly assess, agree and support safe and effective staffing levels.

- Responsibility and accountability: these four standards outline where the responsibility and accountability lie within an organisation for setting, reviewing and taking decisions and action regarding the nursing workforce.
- Clinical leadership and safety: these six standards outline the need for registered nurses with lead clinical professional responsibility for teams, their role in nursing workforce planning and the professional development of that workforce.
- Health, safety and wellbeing: these four standards outline the health, safety, dignity, equality and respect values of the nursing workforce to enable them to provide the highest quality of care.

The standards are available at: rcn.org.uk/Professional-Development/publications/rcn-workforce-standards-uk-pub-009681

There is also a need to consider how accurate workforce data will assist with this process.

Non-medical prescribing has been shown to enhance patient care, however one of the challenges in early pregnancy care units is the opportunities for nurse practitioners to use these skills effectively to maintain competence.

Nurses working in advanced nurse practice roles in early pregnancy settings can prescribe within these settings if they are competent and it is within the job plan. RCN guidance provides further information about prescribing in pregnancy which is available at: rcn.org.uk/clinical-topics/Medicines-management/Prescribing-in-pregnancy

The RCN recommends each unit should assess the need for non-medical prescribing and whether the need is better fulfilled via the use of Patient Group Directions (PGDs).

This can be undertaken with an audit to assess the number of prescriptions and type of prescriptions and if there was a delay in care provision, whilst waiting for a medical prescriber. Assessing the scope of the practitioner (early pregnancy and emergency gynaecology) and undertaking an audit of the unit is crucial to identifying whether a full non-medical prescribing course is appropriate and necessary.

However, it is a requirement for advanced level practice (RCN, 2021b) to have a non-medical prescribing qualification, therefore nurses within these settings who would like to progress their career progression to an advanced level should be supported to do so, taking account of:

- competency and maintaining skills
- revalidation with the NMC
- diversity of practice.

As with all areas of advanced practice it is essential that nurses audit their own practice and relate the learning needs back to their personalised development plans, performance development tools or appraisals.

All NMC registrants, who consent patients for treatment must be trained, competent and confident in information giving, discussing, listening and supporting decision making for consent. This should always be conducted in a manner and language, where the patient feels they have been giving sufficient opportunity to understand the risks and benefits of any treatment they may be about to undergo or refuse to undergo. This should include short- and long-term consequences of any decisions taken by them. Training should include:

- law and consent
- different types of consent
- assessing capacity (including for adults and children)
- the principles of consent
- the role of the courts.

Documented, signed consent must be obtained for all surgical procedures using a

Manual vacuum aspiration is a surgical procedure, usually undertaken under local anaesthetic, which empties the contents of the uterus. In an early pregnancy care unit setting, it is one of the options for surgical management of miscarriage under nine weeks gestation.

Manual vacuum aspirations can be undertaken either in an operating theatre or a suitable treatment room set up for minor surgery. Service configuration and extent of the service provided may determine the opportunities for nurses to develop this advanced skill. Often barriers to the service provision of manual vacuum aspirations within an early pregnancy care unit setting is the lack of a suitable surgical environment. In some areas, nurses have advanced their skills to include the provision of manual vacuum aspirations as part of their service, however they will need access to an on call gynaecologist, due to the risks associated with the procedure. Nurses performing MVAs have been developed to ensure continuity of care and to avoid delays with the management of miscarriage and retained products of conception.

The RCN recommends that registered nurses providing a manual vacuum aspiration service must be appropriately trained and supported by their managerial and medical colleagues to provide this service. They should also be supported via training and continuing professional development, with access to an accredited manual vacuum aspiration course, funding, mentorship, placements, and subsequent ongoing supervision. Provision of this service by a nurse would be seen as an advanced skill and should be recognised/rewarded as such.

All nurses are educated to provide emotional support for those who may need it and should also be able to recognise when a patient requires more input, including therapeutic counselling.

It is also imperative to recognise that all women, regardless of gestation, may need counselling and/or bereavement support. A recent study by Farren et al., (2019) found that women experience high levels of post-traumatic stress, depression, and anxiety after early pregnancy loss. Whilst distress declines over time, it can remain clinically significant at nine months.

The Women's Health Strategy for England (DHSC, 2022) recognises the devastating impact of pregnancy loss, irrespective of gestation, and the variation in the level of support available from healthcare services. The Department of Health and Social Care recommends that following pregnancy loss, every woman and their partner who needs it, should have access to bereavement support (DHSC, 2022).

The RCN supports managing the disparities in the quality and consistency of bereavement care provided by:

- improving care pathways for women and their partners who experience pregnancy loss, to ensure support through bereavement and through future pregnancies, especially if they have experienced multiple early pregnancy losses
- all health care professionals involved in early pregnancy care should be able to offer the necessary emotional support needed and be aware when they need to refer on to an appropriately trained practitioner
- all health care professionals provide emotional support to women and their partners in line with the ethos of the *RCN Principles of Nursing Practice*. For further information visit: rcn.org.uk/Professional-Development/Principles-of-nursing-practice
- emotional support should not be confused with:
 - implications counselling – the provision of information to ensure that the woman understands the processes and risks associated with undergoing treatments
 - therapeutic counselling – carried out by trained/accredited counsellors/practitioners and focuses on helping individuals to understand their feelings and behaviour and learn how to change, where possible/if necessary (RCN, 2020).
- recognising that everyone's experience of pregnancy loss is completely individual and there is no 'one size fits all' when it comes to providing emotional support
- ensuring all bereaved parents are informed about and, if requested, referred for therapeutic counselling and for specialist mental health support when needed
- implementing the

Nursing is a political issue, because employment, practice, service provision and careers are affected by political decisions. It is especially relevant to the care provided to patients, which is also affected by the decisions made by government, consequently it is important for clinical nurse specialists to be politically aware.

The *Clinical Nurse Standards Early Pregnancy Care Impact Assessment Report* (RCN, 2021c) demonstrated that the standards were valued in enhancing professional development and service provision, however they were not being used consistently throughout the UK.

In 2022, the project team has considered how improvements can be made by identifying the areas (detailed above), that can most influence positive change and enhance practice both for registrants and for patients. These are in:

- staffing for safe and effective care
- ultrasound scanning
- non-medical prescribing
- consent and delegated consent
- manual vacuum aspiration
- counselling and bereavement care
- political awareness.

Association of Early Pregnancy Units (2022) *Standards for the Performance of Ultrasound Scans in Early Pregnancy Units*, London: AEPU. Available at: www.aepu.org.uk/wp-content/uploads/2022/06/AEPU-ultrasound-standards-280321.pdf (Accessed 11

November 2022) [en-GB] [7704-5] [JETEMC Span Eng CID 57ID 4BDC] [ATEM76] [E BT10704m] [No, 194]

Consortium for the Accreditation of Sonographic Education (2021)

Royal College of Nursing (2021c) *Clinical Nurse Standards in Early Pregnancy Care Impact Assessment Report*, London: RCN. Available at: www.rcn.org.uk/professional-development/publications/clinical-nurse-specialist-standards-in-early-pregnancy-care-

The conclusion of the *Clinical Nurse Specialist Standards in Early Pregnancy Care Impact Assessment* project has led to the following key recommendations.

1. There is a continued requirement for clear local guidelines and care pathways, to ensure the safety of women, their partners and families, as well as the registrants caring for them.
2. There is a need for formal courses in ultrasound training, with appropriate local access to practice placements and mentoring, to enable the completion of required practice elements.
3. There is a need for more formal education for nurses in manual vacuum aspiration.
4. There is a need to develop a better understanding of the opportunities and possible barriers to nurses developing advanced skills such as ultrasound scanning, non-medical prescribing, and counselling.
5. There is a better understanding of delegated consent and this needs to be embedded in local services.
6. Further work is required around the clinical nurse specialist role development and its equity across the UK.
7. Implementation of the RCN standards should be considered in all units, regardless of size/configuration or geographical location. The RCN understands that different configurations of units exist, however consistency in learning across the sector and sharing good practice will improve services and job satisfaction for all.
8. To support clinical nurse specialist engagement with audit/research projects, presenting their findings at meetings.
9. There is a need to encourage nurses to be more actively engaged and involved in the local commissioning of services to better meet the needs of women who access their care.

