



Loyola College  
Nursing





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## Notes

It is recognised that services may be provided by registered nurses and midwives, health care support workers, assistant practitioners, nursing associates and student nurses and midwives, and trainee nursing associates. For ease of reading, the generic terms 'nurse', 'nursing' and 'nurses' are used throughout this document.

The RCN recognises and embraces our gender diverse society and encourages this guideline to be used by and/or applied to people who identify as non-binary, transgender, or gender fluid.

The RCN also recognises that not all those born female, or male will identify with the same gender nouns, but for ease of reading use the term woman and where appropriate acknowledge non-binary terms.



# Principles of good practice

- All registrants must follow the NMC Code and other NMC standards that support best practice, using legislation as a baseline for practice decisions.
- All registrants are encouraged to work collaboratively to support best practice and care for all women who are pregnant, using their professional judgement based on best available evidence from contemporary sources such as the National Institute for Health and Care Excellence (NICE) pathways.
- It is good practice to have pre-agreed guidelines/pathways of care around areas of practice that involve someone who is pregnant, including, where necessary, the process for escalation to the most appropriate professional.
- All registrants must work within their scope of practice seeking advice and refer on to an appropriate colleague if necessary. For example, when the complexity of clinical decisions requires specialist knowledge.
- A useful distinction may be whether the condition is related to the pregnancy or not and if there is a need to treat in an emergency situation; even then, the RCN would recommend consideration of the possible impact on the pregnancy and the fetus (particularly with medication) and consult appropriately.
- A member of the midwifery or obstetric team is available 24 hours a day by contacting local maternity units, who should be consulted/referred to and updated following the care episode.
- All pregnant women (who wish to progress their pregnancy), should have a named midwife throughout their pregnancy, labour and postnatal period and women should commence their midwifery care at the earliest opportunity. Collaboration is important, therefore delivery of care to a pregnant woman must be communicated to the named midwife either by direct communications or via the health care systems locally and maternity records.
- Advanced nursing practitioners may be required to care for women in the early stages of pregnancy who are undecided about continuing with the pregnancy or who have chosen to terminate their pregnancy. Appropriate support and information in relation to NICE guidelines for abortion care (NICE, 2019) should be provided.
- It is assumed that if working in an area requiring specialist knowledge that all nurses will be competent in understanding the potential impact of specific conditions on pregnancy and during labour.

Care of the pregnant woman is the domain of midwives and medical practitioners; however, this is not in isolation to other health care professionals, including to advanced level practitioners. It is imperative that all health care professionals understand their own roles, limits and boundaries of practice in light of their registration and work within their scope/competence at all times.

# The role of the midwife

Midwifery is a distinct regulated profession and has its own standards of proficiency (NMC, 2019) which specify the knowledge, understanding and skills that midwives must demonstrate at the point of registration when caring for women across the maternity journey, as well as newborn infants, partners and families across all care settings. Midwives are accountable as the lead professional and have a unique relationship with the women, newborn infants, partners and families they care for and support.

A midwife's scope of practice means: 'the range of things that the midwife has the skills, knowledge and

# The role of advanced level nursing and care of pregnant and postnatal women

Advanced level nurse practitioners are experienced, highly educated registered nurses who manage the overall clinical care of their patients.

This level can be applied to the full range of registered nurse careers. The advanced level is differentiated from other levels by a registered nurses' expertise in applying highly developed theoretical and practical knowledge to complex, unfamiliar and unpredictable

A collaborative, multidisciplinary team approach is required when seeing pregnant



# Appendix 1: Possible scenarios for practice

## Prescribing in pregnancy: the role of independent and supplementary nurse prescribers

Nursing practice has advanced to encompass prescribing and it is important to have clarity around roles and responsibilities for different groups of patients and clients. This section focuses on the role of nurses who hold the nurse independent prescriber qualification in relation to prescribing medicines to pregnant and postnatal women.

This section does not apply to midwives who hold a nurse independent prescriber qualification.

These scenarios have been developed taking account of the principles of good practice detailed above.

The RCN would always recommend that nurses advise all pregnant women to book their pregnancy with their midwife as soon as possible, if they have not already done so.

## Urgent care/emergency departments/same day emergency care

Nurses working in urgent care/emergency departments/same day emergency care should have clear pathways of care in place to support best practice, (for example in threatened miscarriage, hyperemesis or postpartum haemorrhage). Immediate and emergency care (for example, prescribing pain relief or managing an emergency), should always be carried out within their scope of practice, whilst enabling immediate referral to specialist care.

Nurses can work in environments where they see patients independently, including women who are pregnant. In such circumstances it will be necessary to take a full history to establish the nature of the complaint that has brought the women to the practice, explaining that further referral may be necessary. If the condition relates to the woman's pregnancy, then the nurse must treat within their scope/competence and agreed job role, referring to a midwife or doctor if appropriate.

Other non-pregnancy related conditions may be treated, however, the RCN would recommend that the nurse advises all pregnant women to seek advice from their named midwife at the earliest convenience, even if the condition appears to be unrelated to the pregnancy.

Pre-agreed pathways, which have included midwifery and/or obstetric engagement, will enable clarity around local practice.

## Early pregnancy clinics

Nurses working in early pregnancy clinics may see women with threatened miscarriages. There should be pre-agreed guidelines and standards, which include midwifery and/or obstetric input, on managing this. Independent prescribers should not prescribe medicinal products for pregnant women who need to manage their threatened miscarriage, unless they are working within their scope of practice and competence and agreed job role. They should also have agreed pathways of care (between medical, nursing and midwifery personnel) to ensure best practice.

## Long-term conditions

Many long-term conditions can impact on pregnancy and pregnancy can influence the status and/or progression of a disease/condition.

Collaborative working with the multi-professional team to establish appropriate care pathways will be critical to enhance the quality of the woman's care experience, as well as ensuring continuity of care after birth.

Many maternity units have midwives who specialise in looking after women with diabetes and other long-term conditions.

Provided the woman is under the care of a midwife, obstetrician and/or specialist team, a baseline assessment would be required in order to determine the best care pathway for her. This should include how best to maintain continuity of care through the pregnancy and birth with her own health centre or general practice

In respect to her long-term condition, and provided there is collaborative working with the midwifery team and/or obstetrician, an independent prescriber may prescribe for a woman who is pregnant, in relation to her long-term condition, if that nurse has the competence to do so.

## Working in general practice: folic acid

The RCN believes that independent prescribers working in general practice could prescribe folic acid to a woman who is pregnant if it is within their scope/competence of practice. The woman should book to see the midwife as early as possible.

## Sexually transmitted infections (STIs) and prescribing

Sometimes pregnant women who have an STI state that they do not wish to disclose their diagnosis to other health professionals.

Patient confidentiality is a key principle of good nursing practice, as is professional judgement. Any treatment and care the woman is receiving outside her midwifery and/or obstetric care has the potential to impact on the progress of her pregnancy and labour, therefore women should always be encouraged to share their treatment plan.

However, it may be necessary to treat women diagnosed with a sexually transmitted infection who choose not to inform their GP, midwife or obstetrician. Whilst every effort should be made to encourage the woman to seek midwifery care immediately, and share her condition and diagnosis with the midwife/obstetrician, her confidentiality has to be respected in line with the NMC Code.

It is assumed that if working in an area requiring specialist knowledge that all nurses will be competent in understanding the potential impact of sexually transmitted infections on a pregnancy and during labour.

## **Postpartum care**

The postnatal period or puerperium normally lasts for six weeks and is the time after birth when the woman's body, including hormone levels and uterus size, returns to a non-pregnant state.

The midwife is responsible for the woman's care during this time. All women will have regular contact with their midwife for at least the first 10 days after the birth and receive

## Appendix 2: Advanced nursing practitioners should also refer to the relevant guidance in the UK country where they are practising

In England, the systems regulator Care Quality Commission (CQC) states that advanced nursing practitioners cannot:

- provide care to pregnant women if this involves assessment of the pregnancy, unless they are also a practising midwife meeting the NMC requirements of registration

Care Quality Commission 2024 GP mythbuster 66: Advanced nurse practitioners (ANPs) in primary care ([cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-66-advanced-nurse-practitioners-anps-primary-care](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-66-advanced-nurse-practitioners-anps-primary-care))

## References and further reading

Article 45 The Nursing and Midwifery Order (2001). Available at:



