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CLINICAL PROFESSIONAL RESOURCE

Acknowledgements

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Contents

Notes

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

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/women/man/men and where appropriate acknowledge non-binary terms.

Introduction

Midwives have an essential role to play in delivering and coordinating care for women, partners and families, who are experiencing a multiple pregnancy. The NICE guidelines NG137 (2011, 2019) and NICE Quality Standard 46 (2013) recommend that all women with a multiple pregnancy should be cared for by a nominated multidisciplinary team, consisting of a core team of specialist obstetricians, midwives and sonographers.

In line with this, The Independent Maternity Review (The Ockenden Report) (2022) also states the need for specialist antenatal clinics, a dedicated consultant and dedicated specialist midwifery staffing. It is critical to have a coordinator to ensure continuity of care and this is ideally suited to the role of a dedicated multiple births midwife (MBM). This standard is intended to provide clear direction for commissioners and managers when creating roles, to support best practice and policies in local service provision for women and their families. The skills and knowledge to provide this service will be outlined in the standard.

MBMs may have different responsibilities depending on the maternity unit where they work. The role will differ depending on whether it is a district general hospital or a tertiary level maternity unit; the level of neonatal care available; and whether there is a fetal medicine service/unit onsite; however, this standard can be applied nationally. MBMs should be the lead midwives for the multiple births service in that unit and have a role in ensuring all staff in the unit understand the key principles of care provided for multiple births families. This will include providing training and education for colleagues and ensuring the optimal quality of care to women and their families.

Background

Two recent UK perinatal mortality reports have highlighted specific concerns abou(o)-1.5 (u) oilals o32e key pey ((o)9 (s f)12.6 (t u)-.7 (d n)(c)3.9 (e)34.5 1i)9.1 (l m)-2.5 (or)-8.4 (t2 (n)-3.5 (d h2.6 (p)-3.7 ()4.6 (a)9.1 (l q)16 (r)9.1 (K p)-3.7 20

Evidence-based high quality clinical care during pregnancy, birth and after birth are essential for the best physical and mental health outcomes for mothers and babies. Equally important is the emotional and psychological support for families throughout childhood.

Figure 1.2 NICE Guideline NG137 (NICE 2019) identifies why multiple pregnancy carry higher risks:

Continuity of care and carer in the context of multiple pregnancy

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 same standard of care for everyone. One midwife may not be able to provide effective continuity of care. However, as the lead midwife in the care of an individual woman, the MBM should be the co-ordinator of care. They may not be providing day-to-day care but will have oversight of the care pathway. This will enable the lead midwife to oversee consistency and a seamless care pathway throughout the journey for the woman, her partner and family. The structure of care provided may differ across the UK. **Figure 2.1** outlines the maternity care strategies throughout the UK.

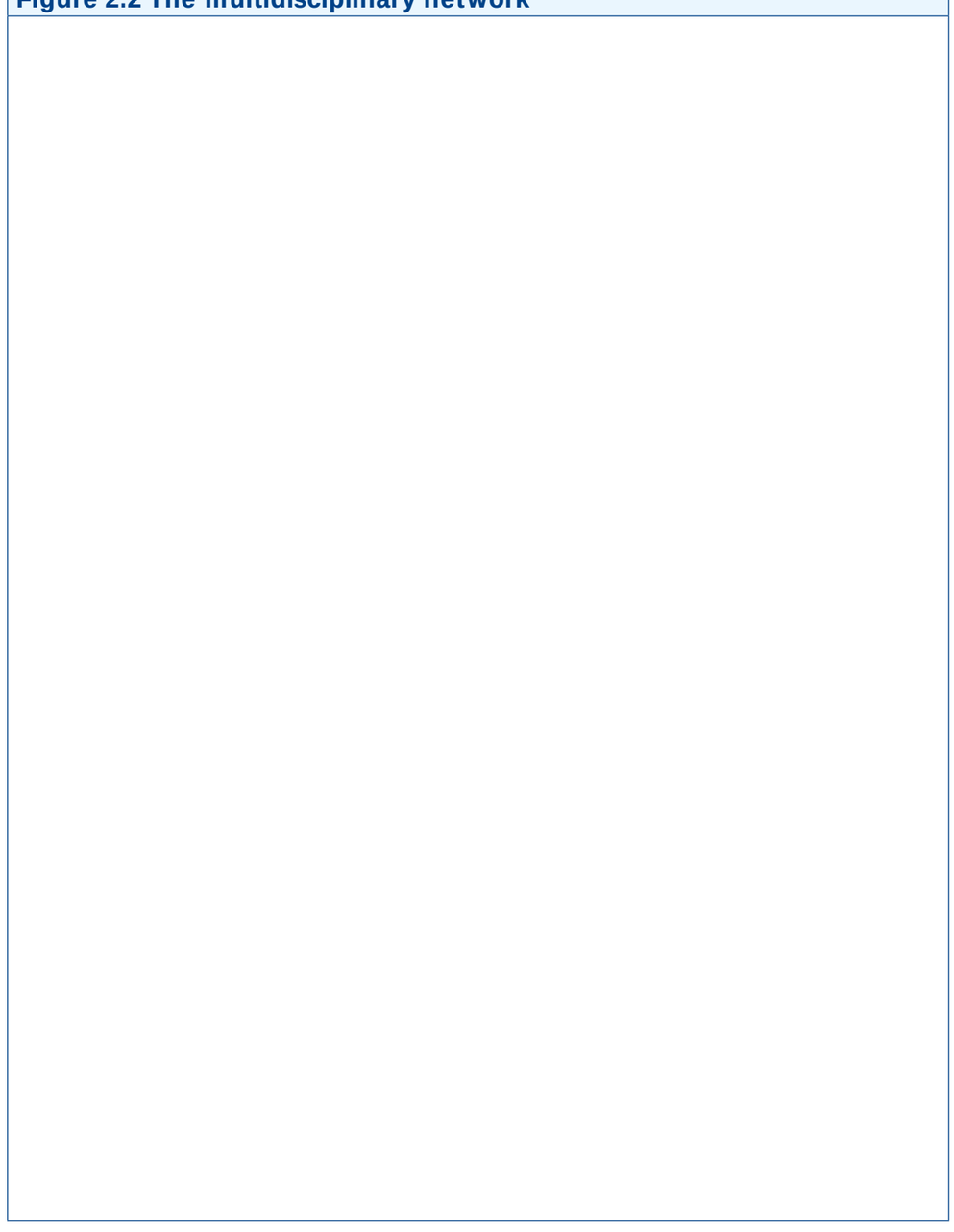
The essence of continuity, and the expectation for all women, is of seamless maternity services which work effectively between community and hospital settings. Such a care philosophy should also support families to have a positive pregnancy, birth and postnatal experience, regardless of complexity and/or complications.

Midwifery 2020 (DH, 2010) described the co-ordinating role of the midwife:

> "For almost all pregnant women, the midwife is the conduit for care throughout pregnancy, labour and the postnatal period. Whilst the midwife is expert in the normal, they also provide a pivotal role in co-ordinating the journey through pregnancy for all women. Whilst the lead professional may change during a pregnancy, the co-ordinator of care stays the same, providing the continuity that women want."

Figure 2.1 Maternity care strategies across the UK

Figure 2.2 The multidisciplinary network



Different expertise, complexity and practice

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 (2021), (2019) and the (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 skill 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.

- 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 midwife-led clinics, face-to-face, home visits and telephone and online services for clinical decision-making conversations and care provision.
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- Be the woman's advocate, and the central contact for women.
- Can work independently as an autonomous practitioner as well as part of the multidisciplinary team and be organised in the practice environment.
- Be actively engaged in service development, commissioning and provision of complex care pathways.
- Be actively engaged in establishing and leading national standards such as NICE standards.
- Be aware of the value and costing of the service by looking at the impact of the MBM on service users; for example, by user satisfaction ratings, number of consultations, caseload outcomes, number of women seen and numbers contacted.
- Be responsible and accountable for ensuring that the service complies with the reporting mechanism for monitoring and reporting clinical outcomes, such as the CQC.
- Work in collaboration with senior colleagues to challenge behaviours that undermine equality and diversity adhering to Human Rights Act, trust policies and other relevant local and national polices/guidelines.

Some MBMs may include ultrasound skills as part of their role, however, it needs to be balanced with all the other elements of the role. This part of the role should include:

- undertake a Consortium of Accredited Sonographic Education (CASE) programme of training for ultrasound in early pregnancy or similar
- perform ultrasound scans in accordance with safety guidance and utilise guidelines such as those produced by NICE to contemporary practice
- understand imagery and interpretation of results
- communicate findings effectively to the woman (and her partner)
- produce a clinically accurate and useful report that will enhance overall care
- maintain professional development within this specialised area.

The Society and College of Radiographers (SCoR) and British Medical Ultrasound Society (BMUS) have published guidance on professional ultrasound (2023). Public Health England (2017) and the SCoR (2017) advise on the need for practitioners to meet agreed criteria before undertaking first trimester and fetal anomaly screening.

The MBM who works in ultrasound should be aware of their scope of practice, in particular, recognising and reporting deviation from the norm, including anomalies not related to the pregnancy (ISUOG, 2016) and appropriate referral as necessary.

- Working with the multidisciplinary team to co-ordinate the care for all women with a multiple pregnancy until discharge of the mother and babies. Multiples are more likely to be admitted to a neonatal unit and the MBM would facilitate co-ordination of the care for discharge of the mother with the neonatal team. Some babies may be in hospital several days or weeks after the mother is discharged from midwifery care. Equally, not all babies will be going home to the woman who birthed them, such as with surrogacy arrangements.
- Designing and monitoring care pathways to ensure a streamlined service in all areas of care, including the co-ordination of services, appointments and referrals to other services.
- Liaising and working with support groups.
- Working with Maternity Voices Partnership or equivalent service user organisations.
- Collecting and analysing data to demonstrate service effectiveness, clinical outcomes, mortality and morbidity and to create own centre audit and research data.
- Service evaluation, including women's views (and their partners) on the care they have received.
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6. References

Braude P et al., (2006) Available at: **ifqlive.blob.core.windows.net/umbraco-website/1311/one-child-at-a-time-report.pdf** (accessed 20 June 2024)

Burlingham, M, Maguire, L, Hibberd, L, Turville, N, Cowdell, F, & Bailey, E (2024) The needs of multiple birth families during the first 1001 critical days: A rapid review with a systematic literature search and narrative synthesis. , 41(1), 112–126. Available at: **pubmed.n64Ti30.2 -7.7 (dt10.8)/GSF3p164Ti30o4 (a(e)16 (l)40/ (u81)121SF3)-7 (u81)9(t a)812 (l)1269 (b)-296 (p)12692 (p)21 (6)-16.3 (u)518 ( )]TJ0 0 0 scn/GS1 gs/TT2 1 Tf0 Tc 0 Td[(525.4 (a)4.2 (c)1.4 (c)3.9**

RCN quality assurance

This is an RCN practice guidance. Practice guidance publications are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Midwives have an essential role to play in delivering and co-ordinating care for women, partners and families, who are experiencing a multiple pregnancy. These standards are intended to provide clear direction for commissioners and managers when creating roles to support best practice and policies in local service provision for women and their families. The skills and knowledge to provide this service are also outlined in the standards.

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