Critical Care Networks-National Nurse Leads

National Competency Framework for
Registered Nurses in Adult Critical Care

Maternal

Specialist Competencies

Version 2 July 2024

Learner Name Print	Signature
Assessor Name Print	Signature

Foreword

Welcome to the version 2 of the maternal competencies for critical care nurses working in an adult critical care environment. These have been designed to develop your knowledge, skills and behaviour in relation to the assessment and management of a pre or post-partum woman, meaning pre or post-delivery.

This document is to be used in conjunction with the National Competency Framework for Registered Nurses in Adult Critical Care Step 2 & 3 (CC3N, 2023). There is an expectation that Step 1 would be completed prior to commencing this specialist competency document.

We recognise that the lower admission rates of this patient group compared to other specialised areas may result in limited clinical exposure to these women/ birthing people. While this is generally positive it could lead to less experience in providing care for them within your units. Consequently, we have adjusted the documents content accordingly. The document has a similar format to other Step documents with a learning contract and tracker document followed by sections relating to anatomy, physiology, conditions and specific physical and psychological care management for the woman /birthing person and their family which require you to demonstrate your knowledge. The document differs in that additional detail is frequently included within the competency criteria. For example, rather than expecting you to identify the altered biochemistry results it refers to specific investigations that are relevant. Additional detail is also included e.g., when discussing resuscitation, with reference to the additional team members and fetus.

Competencies can be signed by an assessor who has undertaken their specialist qualification and has relevant experience as an assessor/supervisor preferably with an educational qualification. In addition, anyone with specific knowledge in the subject area can sign off competency sections, such as intensivists, midwives and obstetricians. Recognising the low admission numbers of the patient group, assessors may also have limited experience in maternal critical care practice. Therefore, to assist in developing your knowledge and skills it is suggested that you use this competency document to guide learning and to identify gaps in your skills set. Following recognition of these learning gaps, opportunities such as study days (webinars), interprofessional learning, simulation, and shadowing opportunities in maternity or similar services should be considered.

We recommend using this document as an aide-memoire, alongside other key documents such as specific obstetric critical care checklists/ guidance/ SOPS when caring for a woman who is pregnant or has recently given birth. It serves as a useful reminder of management practices that may be uncommon in our daily routines. Keeping it at the bedside is advisable for easy access.

While these are recommendations from the Critical Care Nurse Education Forum it is also acknowledged that clinical environments and staffing arrangements may vary from unit to unit. This may require adaptation to how this document is operationalized. It is strongly

advocated that adaptations to use this document is approved by Nursing Leads and Unit Managers within the speciality.

Within this document we have recognised the importance of inclusivity and gender-neutral language, as not all pregnant patients identify as women. Whilst we initially refer to the woman, women and birthing person, we have used additional terms including, mother and, pregnant woman thereafter.

In addition, we would like to refer you to pertinent resources specific to these areas of maternal critical care practice, acknowledging that it is essential that you locate the most recent versions. They include but are not limited to:

Document	Core Content
MBRRACE-UK Mothers and Babies- Reducing Risk through Audits and Confidential Enquiries across the UK	Reports | MBRRACE-UK | NPEU (ox.ac.uk) What's New | MBRRACE-UK | NPEU (ox.ac.uk) Annual report detailing key messages from the surveillance reports including causes of women's deaths, key trends, themes and national recommendations.
Royal College of Anaesthetists (RCOA) (2018), Care of the critically ill woman in childbirth; enhanced maternal care.	EMC-Guidelines2018.pdf (rcoa.ac.uk) Key messages for enhanced maternal care, education and training, early warning system modified for obstetrics and acute care delivery.
Intensive Care Society (ICS). Guidelines for the Provision of Intensive Care Services (GPICS).	Intensive Care Society | Guidelines (ics.ac.uk) The most recent version can be located here. Within the document there is a specific chapter which summarises the key standards and recommendations relating to the management of the critically ill pregnant (or recently pregnant) woman admitted to a critical care. Recently pregnant is defined as a woman within 42 days of having given birth.

Contents

Learning Contract

The following Learning Contract applies to the Individual Learner, Lead Assessor and Unit Manager/ Lead Manager and should be completed before embarking on this competency development programme. It will provide the foundations for:

- Individual commitment to learning
- Commitment to continuing supervision and support
- Provision of time and opportunities to learn

LEARNER RESPONSIBILITIES

As a Learner, I intend to:

- Take responsibility for my own development
- Form a productive working relationship with assessors and supervisors
- Deliver effective communication processes with patients and relatives, during clinical practice
- Listen to colleagues, assessors' advice and utilise coaching opportunities
- Use constructive criticism positively to inform my learning
- Meet with my Lead Assessor at least 3 monthly
- Adopt several learning strategies to assist in my development
- Put myself forward for learning opportunities as they arise
- Complete these competencies in the agreed time frame
- Use this competency development programme to inform my annual appraisal, development needs and NMC validation
- Report lack of opportunity/ supervision or support directly to Lead Assessor/ Supervisor, and escalate to the Clinical Educator/ Unit Manager or equivalent if not resolved

Learner name (Print) ……..
Signature…… Date……

LEAD ASSESSOR RESPONSIBILITIES

As a Lead Assessor, I intend to:

- Meet the standards of regulatory bodies (NMC, GMC, RCM)
- Demonstrate ongoing professional development/competence within critical care
- Promote a positive learning environment
- Support the learner to expand their knowledge and understanding
- Highlight learning opportunities
- Set realistic and achievable action plans
- Complete assessments within the recommended time frame
- Bring to the attention of the Education Lead and/or Manager concerns related to individual nurses learning and development
- Plan a series of learning experiences that will meet the individual's defined learning needs
- Prioritise work to accommodate support of learners within their practice roles
- Provide feedback about the effectiveness of learning and assessment in practice

Lead assessor name (Print) ……
Signature…….. Date…….

CRITICAL CARE LEAD NURSE/MANAGER

As a critical care service provider, I intend to:

- Provide and/or support clinical time / placements to facilitate the learner's development and achievement of the core/essential competency requirements
- Regulate quality assure systems for assessment and standardisation to ensure validity and transferability of the nurses' competence

Lead Nurse/ Manager name (Print)……
Signature…… …… Date……

Authorised Signature Records

Print Name	Sample Signature	Designation	NMC/ GMC No:	Organisation

Tracker Sheet

Competency Statement	Date Achieved	Assessor/ Supervisor Signature
M1 Anatomy and Physiology		
M2 Obstetric Common Conditions and relate to Pathophysiology		
M3 Obstetric National Guidelines and Resources		
M4 Practical Application in Critical Care		
M5: Management of Obstetric Haemorrhage		
M6: Management of Reduced Fetal Movement (RFM)		
M7: Management of Spontaneous Rupture of membranes (SROM)		
M8: Management of Hypertensive Disorders in Pregnancy		
M9: Sepsis		
M10: Maternal Arrest and Amniotic Fluid Embolism		
M11: Timely Escalation		
M12: Lactation		
M13: Assessment of Wound and Vaginal (PV) Management		
M14: Abdominal Pain		
M15: Psychological Care and Family Inclusion		

The following competency statements are about the management of maternal patients in Critical Care. It is intended that the competencies will build on general knowledge and skills gained in Steps 1, 2 & 3.

M1 Anatomy & Physiology	
You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice.	Competence Fully Achieved. Date/Sign

• Define and discuss the altered vital signs in an uncompromised pregnant woman, (understanding normal parameters for a pregnant women)
• Define and discuss the altered anatomy and physiology relating to a pregnant or recently delivered woman/ birthing people:
  ○ Airway
  ○ Oedema (risk of difficult intubation)
  ○ Engorged breasts/ altered body shape (challenging positioning of patient)
  ○ hormone effects on stomach sphincter- increased risk of aspiration
  ○ Respiratory
  ○ Tidal volume increases (causing respiratory alkalosis)
  ○ Functional residual capacity reduces (due to abdominal distention)
  ○ Abdominal distension/ engorged breasts (increased intra-thoracic pressure leading to potential need for altered ventilation strategies)
  ○ Awareness of 'typical' alkalotic state
  ○ Cardiovascular
  ○ secondary circulation (utero-placental)
  ○ increased blood volume
  ○ Vessels (aorto-caval compression when lying supine, consider position)
• Haematological including increased risk of thrombosis (VTE)
• Gastro-intestinal (absorption, gastric sphincter control, risk of aspiration, ileus)
• Renal
• Endocrine
• Neurological	

M2 Obstetric Common Conditions and relate to Pathophysiology	
You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice.	Competence Fully Achieved. Date/ Sign

Define the following terms / conditions relating to a pregnant or recently delivered women/ birthing people:
 	
• Antenatal
  ○ APH
  ○ Hyperemesis
  ○ Cholestasis
  ○ Hypertensive disorders in pregnancy
  ○ PIH
  ○ Essential hypertension
  ○ Pre-eclampsia
  ○ Eclampsia
  ○ HELLP
  ○ Acute Fatty Liver (AFLP)
  ○ Gestational diabetes including DKA
  ○ Amniotic fluid embolism
  ○ Sepsis
  ○ PE
  ○ Peripartum cardiomyopathy
 	
• Intrapartum
  ○ Abruption
  ○ Consider location of placenta (increased risk of bleeding)
 	
• Postpartum
  ○ Pre-eclampsia & eclampsia
  ○ PPH, including secondary PPH
  ○ Sepsis
  ○ AKI
  ○ PE	

M3 Obstetric National Guidelines and Resources	
You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice.	Competence Fully Achieved. Date/ Sign

• Discuss key points from the following patient pathway/ guidelines/ policies:
  ○ Care of the Critically Ill Woman in Childbirth: enhanced maternal care
  ○ GPICS
  ○ Annual national morbidity and mortality report (MBRRACE) including awareness of socio-economic, and ethnic disparities
 	
• Have an awareness of how the following key supporting documents support the critical care nurse to deliver evidence-based care
  ○ Maternity specific Early Warning scores (MEWS) tool
  ○ NICE guidelines relating to common conditions relating to the pregnant and recently delivered women/ birthing person
  ○ Royal College of Physicians, Acute Care Toolkit in Pregnancy
  ○ RCOG, Coronavirus (COVID-19) Infection in Pregnancy
  ○ RCOG/ OAA/ other College guidelines / Green Top guidelines
  ○ Annual national morbidity and mortality report (MBRRACE)
  ○ Local Trust guidelines relating to:
  ○ APH
  ○ PPH
  ○ Maternal Collapse
  ○ Sepsis (in relation to pregnant or recently delivered women and their change in physiology and sources of infection)
  ○ VTE (awareness of different risk scoring systems/ LMWH for obstetric patients)	

M4 Practical Application in Critical Care	
You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice.	Competence Fully Achieved. Date/Sign
• Awareness of maternity specific Maternal Early Warning Score • Discuss the considerations related to the following: ○ Airway ○ management of airway obstruction considering changes to anatomy and physiology ○ intubation (short-handled laryngoscope, video laryngoscope) ○ Breathing ○ altered ventilation strategies ○ blood gas analysis (including lactate post-natal and lower CO2 due to normal pregnancy physiology) ○ proning- awareness of additional supportive pillows for off-loading abdomen ○ Circulation ○ vasopressor / inotrope choice - risk benefit assessment (effect on utero-placental blood flow, favours saving life of mother) ○ Disability ○ consideration of sedation choice, depending on gestation and infant feeding ○ pain assessment- to include assessment/ observation of headaches and red flag for hypertensive disorders ○ Exposure ○ consideration for early nutritional assessment ○ consider early PPI (higher risk of aspiration) ○ Additional consideration, immediate availability of emergency equipment within critical care (as in M10) ○ Additional consideration regarding MDT input e.g. dietitians/ pharmacists with knowledge/ expertise in a pregnant / recently pregnant patient	

M5 Management of Obstetric Haemorrhage	
You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice.	Competence Fully Achieved. Date/ Sign

• Discuss the process of maternal assessment relating to maternal haemorrhage
• Consider the cause of obstetric haemorrhage using the 4 T's
  ○ Tone
  ○ Tissue
  ○ Trauma
  ○ Thrombin
• Identify classification of severity of haemorrhage with reference to RCOG and in relation to APH & PPH
• Recognise the importance to quantify blood loss (consider patients booking weight, smaller women can lose less blood) and the associated challenges
• Identify the key personnel for appropriate escalation and ongoing management
• Discuss the local major haemorrhage protocol and specific reference to maternal cases
• Demonstrate awareness of local Trust Policy for perimortem section/ resuscitative hysterotomy
• Discuss the use of pharmacological management in haemorrhage specific to the pregnant woman:
  ○ Anti D (antenatal)
  ○ Uterotonics (syntometrine, oxytocin, ergometrine, carboprost, misoprostol)
  ○ Vitamin K
  ○ Tranexamic acid
• Effective communication when referring to appropriate key personnel
• Safe and effective A-E assessment
• Discuss the policy/ procedure for rapid transfer to theatres for surgical management
• Discuss what is meant by a sensitising event and the associated risk
• Check maternal rhesus status following any sensitising event (abdominal trauma, suspicion of concealed haemorrhage, delivery of baby) and if rhesus negative,	

M5 Management of Obstetric Haemorrhage Continued	
You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice.	Competence Fully Achieved. Date/ Sign

• Demonstrate an awareness of the Kleihauer test, and how to confirm and respond to.
• Demonstrate an understanding of who to report this result to
• Discuss and demonstrate awareness of the following surgical Intervention
  ○ Tamponade balloon (e.g., bakri)
  ○ Brace suture (B-Lynch)
• Emergency hysterectomy	

M6 Management of Reduced Fetal Movement (RFM)	
You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice.	Competence Fully Achieved. Date/ Sign
• Discuss the significance of RFM • Demonstrate an understanding of altered pattern of movement as expressed by women • Discuss methods of assessing fetal wellbeing in a critically ill woman (e.g., altered level of consciousness, sedated) and the minimum frequency of these assessments • Identify the key personnel for appropriate escalation and ongoing management	

M7 Management of Spontaneous Rupture of Membranes (SROM)	
You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice.	Competence Fully Achieved. Date/ Sign
• Define SROM, PROM, PPROM • Discuss the significance of SROM, PROM and PPROM • Discuss the significance of cord prolapse (obstetric emergency) following SROM, relative to gestation of pregnancy. • Discuss the key information relating to the assessment of SROM relating to colour, odour and volume • Identify the key personnel for appropriate escalation and ongoing management • Demonstrate effective communication when referring to appropriate key personnel • Demonstrate through discussion how a safe and effective systematic assessment (A, B, C…) would include the appropriate actions for monitoring and measurement of SROM, PROM, PPROM • Discuss the immediate actions on detection of cord prolapse, to include the urgency of the situation, positioning of the woman/ birthing person	

M8 Management of Hypertensive Disorders of Pregnancy	
You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice to include.	Competence Fully Achieved. Date/ Sign

• Define and discuss PIH, pre-eclampsia and eclampsia
• Identify the classification of hypertension and which are pertinent for the critical care nurse
• Determine normal blood pressure parameters for pregnancy and pre-eclampsia (MEWs)
• Discuss the effect of pregnancy hypertension on the following systems:
  ○ cardiovascular
  ○ respiratory
  ○ renal
  ○ liver
  ○ haematological
  ○ neurological
  ○ utero-placental
• Discuss the use of magnesium for the prevention of seizures, understanding the importance of monitoring for toxicity (monitoring reflexes and urine output)
• Define HELLP
• Identify pertinent near patient testing and laboratory investigations which relate to the above
  ○ Urinalysis including protein quantification (PCR / ACR)
  ○ clotting and blood film
  ○ LFT's, U&Es and urates
• Discuss the importance of the overarching management of PIH and HELLP including:
  ○ control of blood pressure including the pharmacological control of PIH
  ○ fluid balance management
  ○ prevention and treatment of seizures
• Discuss methods and relevance of fetal monitoring and consideration of early delivery including antenatal steroids and magnesium sulphate for fetal neuro protection
• Identify the key personnel for appropriate escalation and ongoing management	

M9 Sepsis	
You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice.	Competence Fully Achieved. Date/Sign
• Discuss the common causes and sources of sepsis in a pregnant or recently pregnant woman (including Strep A, Strep B) • Identify the specific risk factors of sepsis relating to pregnancy including the fetus and/or chorioamnionitis • Demonstrate an understanding that physiological parameters are altered in a pregnant woman, relating to maternity specific early warning score • Demonstrate an awareness of maternal red or amber flags that might include fetal tachycardia (highlighted during the midwifery assessment), PROM, close contact with Group A Strep, etc • Awareness of pregnant women's ability to compensate and sudden deterioration	

M10 Maternal Arrest & Amniotic Fluid Embolism	
You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competence Fully Achieved. Date/ Sign

• Identify the causes of maternal collapse in a pregnant or recently pregnant woman, to include:
  ○ Respiratory (asthma exacerbation, tension pneumothorax, ARDS)
  ○ Cardiovascular (PE, amniotic fluid embolism, myocardial infarction, aortic dissection, decompensated peripartum cardiomyopathy, vasovagal response)
  ○ Haemorrhagic PPH (uterine rupture, ruptured ectopic, trauma)/ APH (see section M4)
  ○ Neurological (eclampsia, anaesthetic complications, cerebral haemorrhage, venous sinus thrombosis, TTP)
  ○ Drugs (anaphylaxis)
  ○ Metabolic (hypocalcaemia, DKA, acute fatty liver of pregnancy)
  ○ Infective (sepsis especially group A streptococcal)
  ○ Psychiatric (overdose, puerperal psychosis)	

M10 Maternal Arrest & Amniotic Fluid Embolism Continues	
You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competence Fully Achieved. Date/ Sign

• Discuss the resuscitation algorithm and 4 H's & 4 T's
• Identity and discuss the amendments of the algorithm in relation to a pregnant woman including:
  ○ On collapse urgent call for additional personnel (obstetrician, neonatologist, midwife)
  ○ Manual displacement of the uterus if gestation over 20 weeks.
  ○ Chest compression consider hand position
  ○ Ongoing collapse consider perimortem section (resuscitative hysterotomy) at 4 minutes and complete by 5 minutes, if gestation above 20 weeks (minimal initial equipment scalpel)
• Consider additional risk factors:
  ○ Difficult intubation
  ○ High risk of aspiration
  ○ Autocaval compression
• Discuss the role of the critical care nurse in event of maternal collapse, to include:
  ○ Changes to the arrest call procedure
  ○ Preparation for emergency c-section
  ○ Awareness of the location of specific maternal emergency equipment and drugs (including the below)
• Identify additional equipment in the event of an emergency, to include:
  ○ resuscitaire
  ○ neonatal/ infant size BVM
  ○ short handled laryngoscope/ videolarygoscope
  ○ Delivery pack/ scalpel	

M11 Timely Escalation	
You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice.	Competence Fully Achieved. Date / Sign
• Identify the local process of referral to the obstetric team labour suite coordinator, and neonatal suite coordinator, when a woman is admitted to critical care • Demonstrate an awareness that the admitting Critical Care Consultant must refer to the obstetric team for a plan of care • Discuss the local policy relating to the frequency of review by the midwife/ obstetrician etc. depending on gestation and level of urgency • Demonstrate an awareness of who to call in an obstetric emergency • Demonstrate an awareness of who to call following maternal assessments including progress review and deviations from normal • Demonstrate an understanding of the role of the Maternal Medicine Network and locality critical care maternal networks (region dependent)	

M12 Lactation	
You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice.	Competence Fully Achieved. Date / Sign

• Discuss the physiological changes, and deviations from normal, that the woman may experience in relation to lactation:
  ○ Size (engorgement)
  ○ Colour
  ○ Temperature
  ○ Leakage
  ○ Pain
  ○ Risk of mastitis (source of infection)
• Demonstrate an understanding of expressing to maintain milk production, recognising the occasional requirement to temporality discard breast milk when on neonate-toxic medications (awareness of online resources such as https://www.breastfeedingnetwork.org/)
• Discuss the psychological importance of expressing for some women and support where possible
• Demonstrate an awareness of how to promote lactation including provision of appropriate environment and key personnel (including partner) where possible. This should include involvement by midwife/ infant feeding team
• Demonstrate an awareness of local policy regarding safe storage of expressed milk
• Demonstrate awareness of maternal medication when expressing and decision relating to its impact on infant feeding	

M13 Assessment of Wound, Perineum and Lochia	
You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice.	Competence Fully Achieved. Date/ Sign

• Discuss normal and abnormal lochia following birth of baby
• Assess and document lochia for
  ○ Colour
  ○ amount (weighing pads)
  ○ odour
  ○ consistency
  ○ duration
• Assess abdominal and perineal wounds
• Manage the perineal area and ensure optimal environment for healing (vulval toilet, minimum 4 hourly changes of sanitary pads)
• Report/ refer any deviation from normal.	

M14 Abdominal Pain	
You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice.	Competence Fully Achieved. Date / Sign
• Identify the common causes of abdominal pain in a pregnant woman/ birthing person • Consider pre-existing comorbidities • Determine the characteristics of abdominal pain in a pregnant woman including frequency, onset, site and duration • Discuss relevance of gestation • Identify the key personnel for appropriate escalation and ongoing management	

M15 Psychological care and family inclusion	
You must be able to demonstrate through discussion and application of your knowledge and current evidence-based practice in relation to:	Competence Fully Achieved. Date /Sign
• Understand the importance of maternal-infant relationship (attachment theory), relating to bonding, feeding, guilt, psychosis in relation to separation following birth • Demonstrate an awareness of the local perinatal mental health and psychologist support services available for the mother/ birthing person • Consider the psychological impact on partner and wider family • Demonstrate an awareness of the link between findings from MBRRACE and other reports relating to maternal mental health to include recognising and acting on mental health concerns. • Understand local arrangement for escalating safeguarding concerns ensuring communication with wider team • Consider the impact of miscarriage, termination of pregnancy, stillbirth and neonatal death on the mother, immediate family and members of staff • Be aware of bereavement support services specific to maternal and/or fetal death • Understand who to inform in the event of a maternal death • Understand the local policy for access to cold cots or viewing of a deceased baby • Encourage where possible, baby and mother remaining together with consideration of who is responsible for caring for the baby e.g. partner/family member rather than this being the responsibility of the critical care team • Provide a mutually acceptable, flexible visiting arrangement for the partner, considering their responsibilities for both infant and mother • Facilitate an environment that is suitable for the visitation of mother/parent and baby when and where clinically appropriate • Encourage regular communication with NICU for feedback to mother • Support contact and bonding with exchange of fabric swatches, photographs and any local specific initiatives (video calls). This may need consultation with teams including microbiologist. • Consider early commencement of patient diaries • Consideration of staff wellbeing and opportunities for de-briefing and avenues for staff support in the local setting	

Abbreviation List/ Glossary of Terms

AKI	Acute Kidney Injury
Antenatal	Before birth, during, or relating pregnancy
Anti D	Is an antibody that reacts with the D antigen of the Rh blood group. Anti-D can protect babies from Rhesus D Haemolytic Disease, a condition in which the mothers anti-D destroys the baby's red blood cells
APH	Antepartum Haemorrhage
BVM	Bag valve mask
GDM	Gestational Diabetes Mellitus
HELLP	Hemolysis elevated liver enzymes and low platelets
NICU	Neonatal unit
OAA	Obstetric Anaesthetist Association
PE	Pulmonary Embolism
PIH	Pregnancy induced hypertension
Post -natal	Relating to or denoting the period after childbirth
PPH	Post partum haemorrhage
PROM	Premature rupture of membranes
PPROM	Pre-term rupture of membranes
RCOG	Royal College of Obstetricians and Gynaecologists
RFM	Reduced fetal movement
SROM	Spontaneous rupture of membranes

References

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Royal College of Obstetricians and Gynaecologists (2022) Coronavirus (COVID-19) Infection in Pregnancy
https://www.rcog.org.uk/media/ftzilsfj/2022-12-15-coronavirus-covid-19-infection-in-pregnancy-v16.pdf

Royal College Physicians (2019) Acute Care Toolkit in Pregnancy
file:///H:/Downloads/Acute%20care%20toolkit%2015_ACT_pregnancy_Nov19_0%20(3).pdf

Useful Resources

Drugs in Pregnancy: https://www.breastfeedingnetwork.org/
Best use of medicines in pregnancy (bumps) https://www.medicinesinpregnancy.org)

NHS England Maternal Medicine Network (2021) Maternal medicine network service specification B0709_Service-specification-for-maternal-medicine-networks-October-2021.docx (live.com)

Acknowledgements & Developers of Competency document

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Notes