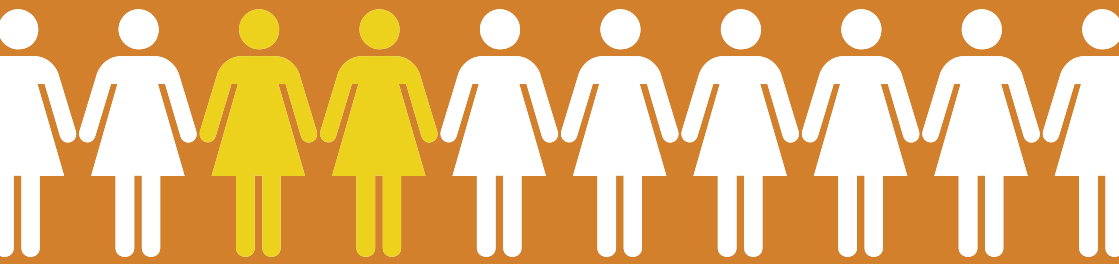
Royal College of Nursing

Clinical Nurse Specialist in Early Pregnancy Care



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Publication

This is an education framework/curriculum guidance. An evidence-based consensus document specifying the educational content, intended learning outcomes, approaches to teaching, learning and assessment that are required to prepare nursing staff for a specified area of practice.

Description

This document outlines the key skills and knowledge required to develop the role of a specialist nurse/midwife in early pregnancy care.

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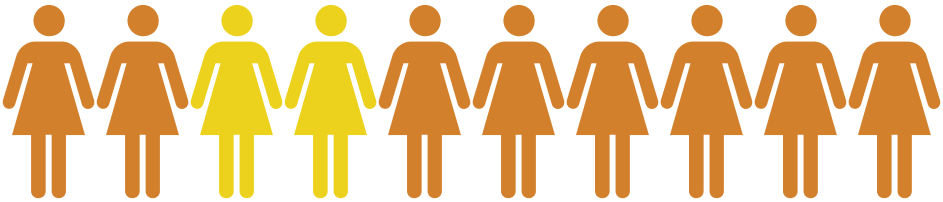


1 Introduction

Early pregnancy care (EPC) is conducted predominately in the first trimester of pregnancy, however service provision may extend to when a woman is 24 weeks pregnant. NICE (2014) focuses its standard specifically on the first trimester (Figure 1.1) (usually defined from the first day of the last menstrual period until the end of the 13th week of pregnancy). However, care may be required at any stage and this should be carried out in collaboration with local maternity services.

Early pregnancy care is a discipline including doctors, specialist nurses, sonographers, midwives, general practitioners, health visitors as well as support staff, and should be conducted in a dedicated early assessment unit and available to all women (NICE, 2014). This expectation is further reiterated by the National Service Framework (NSF 2014/16) recommending that early pregnancy units should be easily accessible in local hospitals with appropriately trained health care professionals, ultrasound and laboratory facilities.

Figure 1.1: NICE (2014) outlines key issues for quality care

The NICE pathway covers the diagnosis and initial management of ectopic pregnancy and miscarriage in women in their first trimester (up to 13 completed weeks of pregnancy).

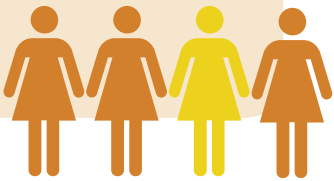
Quality statement 1: Timely referral to early pregnancy assessment services

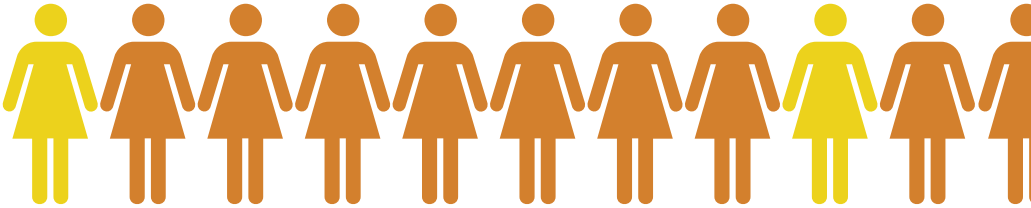
Quality statement 2: Ultrasound assessment

Quality statement 3: Confirming a diagnosis of miscarriage

(NICE, 2014)

Related NICE standards include:
Multiple pregnancy. NICE quality standard 46 (2013)
Antenatal care. NICE quality standard 22 (2012)





The role of the clinical nurse specialist (CNS) in early pregnancy care is intended to enhance the care for women (and their partners) who may be concerned about a complication in early pregnancy. This is mainly around support for pregnancy loss (Figure 1.2), however it will also include support for other complications of pregnancy such as hyperemesis gravidarum which is an extreme form of early morning/pregnancy sickness, usually diagnosed by severe nausea and vomiting leading to weight loss and dehydration.

Although the main focus is on supporting women experiencing pregnancy loss the clinical nurse specialist in EPC may also be engaged collaboratively in supporting women who are, and remain, pregnant.

This document outlines the key skills and knowledge required to develop the role of this specialist nurse/midwife and should provide clear direction for commissioners and managers when creating roles to support best practice in local service provision for women and their families.

The primary emphasis for safe, effective compassionate care includes offering treatment choices (and support where treatment is not an option). This is usually conducted in a hospital environment, ideally an early pregnancy unit (EPU), which is prepared and equipped to provide early pregnancy care. This may include an ultrasound scan to confirm the location and viability of a pregnancy and provide a management plan for women diagnosed with miscarriage or ectopic pregnancy. These units should have access to specialist nurses, midwives, sonographers, doctors and other relevant health professionals.

A registered nurse or midwife specialising in early pregnancy care is ideally placed to provide the best care at this challenging time. The CNS is the expert practitioner, providing leadership, whilst improving access to relevant services such as ultrasound, and supporting women who are having or have had a miscarriage, ectopic or molar pregnancy. (See Figure 1.2).

Figure 1.2: Types of pregnancy loss and key facts

Miscarriage is the spontaneous loss of a pregnancy before 24 weeks gestation. It may only happen once, whereas some women may suffer recurrent miscarriages.

An ectopic pregnancy is one that develops outside of the womb/uterus (the word ectopic means 'out of place'). Around one in 80 pregnancies is ectopic and for some women, it can be life threatening, identified as a leading cause of death in the first trimester of pregnancy.

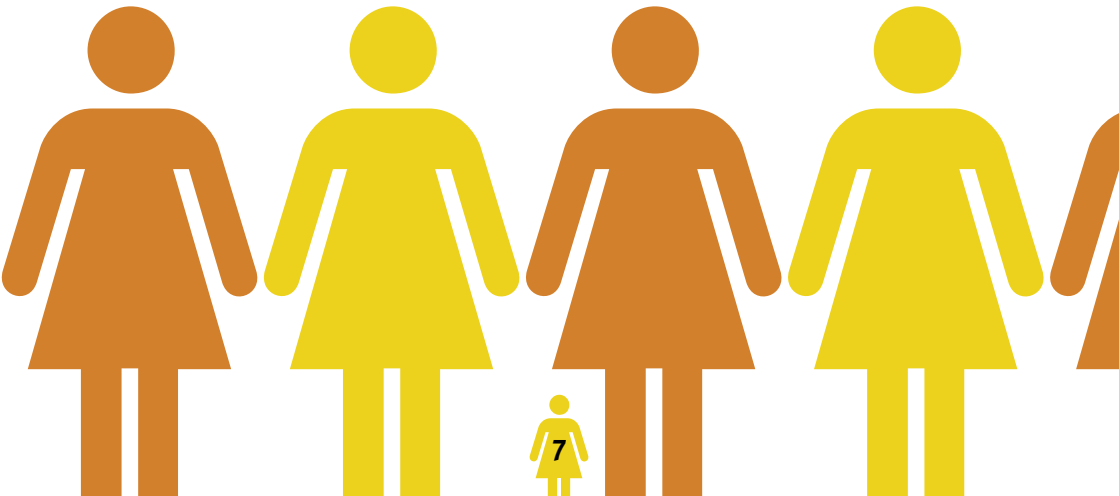
A molar pregnancy (also called a hydatidiform mole) is one where an abnormal fertilised egg implants in the uterus. The cells that should become the placenta grow far too quickly and take over the space where the embryo would normally develop. The consequences of a molar pregnancy may lead to *persistent trophoblastic disease* and the possible need for chemotherapy.
(Miscarriage Association, 2017)

Pregnancy of unknown location (PUL) occurs when a woman has a positive pregnancy test, however there is no evidence of an intrauterine or extra-uterine pregnancy or retained products of conception on trans-vaginal ultrasound examination.

Key facts include:

- 50% of pregnant women will have some vaginal bleeding in the first 12 weeks of pregnancy.
- 75% of these women will carry on with their pregnancy.
- One in four pregnancies in the first trimester will miscarry.
- One in 80 pregnancies will result in an ectopic pregnancy (NICE, 2014).
- One in 600 are molar pregnancies.
- One in 100 pregnancies in the second trimester miscarry.
- One in 100 women have recurrent miscarriage.

(AEPU and Miscarriage Association, 2017)



Defining the breadth and depth of the clinical nurse specialist role will enhance career opportunities for nurses seeking to develop their skills to become a CNS. It is envisaged that master's level academic learning is expected as these registrants will be responsible for understanding the full care pathways for women who are experiencing early pregnancy complications.

Their leadership skills will also be employed in building strong working relationships with other local units, improving care pathways through emergency care, gynaecology and obstetric care, including midwifery services, general practice services and health visitor care. Their expertise will also facilitate access to related services such as fertility services and/or sexual and reproductive health services, social care support and mental health services.

The nurse specialist will be responsible for increasing awareness and knowledge across the services on contemporary information about early pregnancy care.

To maintain their own competence and confidence to practice they will be expected to conduct regular audits based on womens' (and their partners) feedback, and involving local support groups in the defined care pathways.

The NICE (2014) quality standard states that commissioners should ensure there is a timely referral to early pregnancy units, and they should commission the early pregnancy units to provide diagnostic assessments and appropriate management for women with a suspected ectopic pregnancy or miscarriage. A key role for the CNS is to be aware of the landscape around commissioning and who they need to refer to, to ensure services are provided to meet the needs of the women in their care.

Recognising the lack of a national standard to define this role, the RCN, in collaboration with the Association of Early Pregnancy Units (AEPU), initiated a project to devise a framework that would inform and enhance local practice and establish a baseline standard for defining the role of CNS across early pregnancy care services across the UK.

2 The role of the clinical nurse specialist

The role of the CNS in managing and supporting women in early pregnancy care has been defined to take account of the need to:

- lead and develop services
- ensure these acute services are well linked with primary care
- support a better understanding among all health care professionals who come in contact with women (and their partners/ families)
- develop and maintain positive working relationships with other health care professionals especially general practice services (general practitioners and practice nurses), midwives and obstetricians
- provide clinical supervision for others, presenting case studies and learning from practice.

To become a CNS in EPC, registrants will:

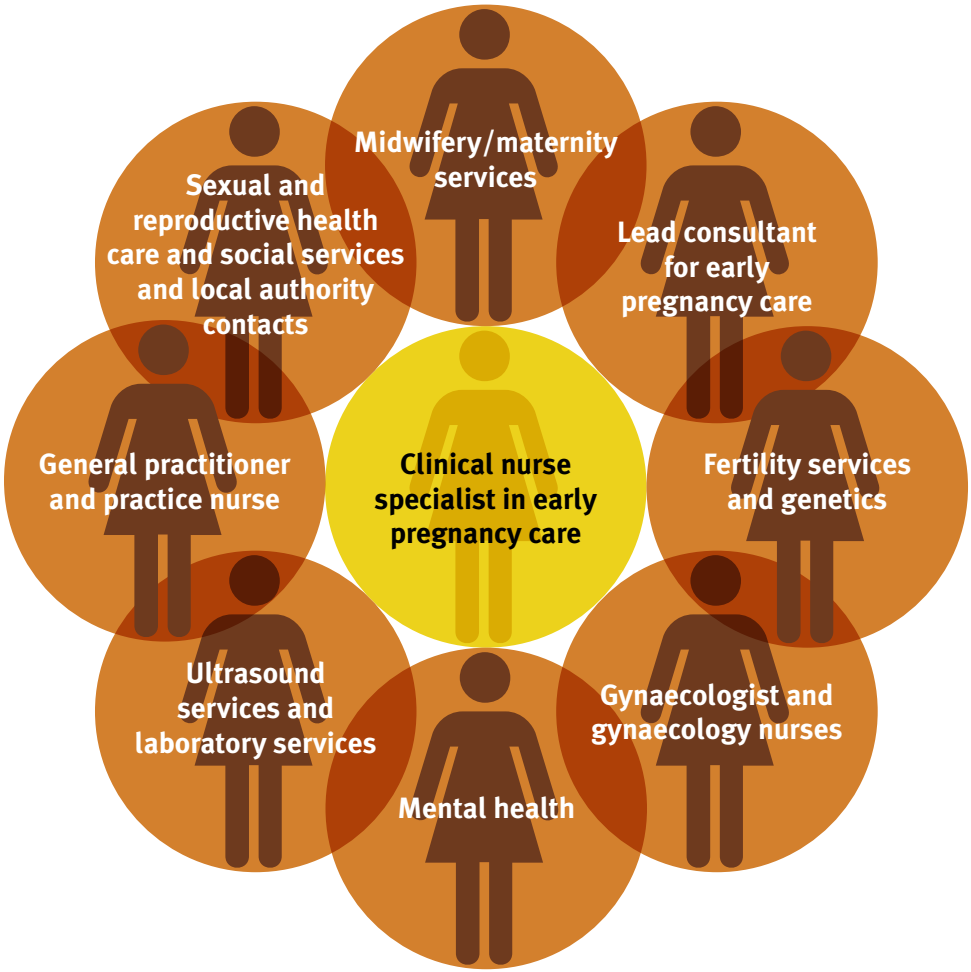
- have extensive experience working within a gynaecology or women's health setting
- have been educated to/working towards masters level academic study and display masters level thinking and decision making
- have insight into the conditions that may impact on early pregnancy development and all of the areas of management, including the wider social political dimensions of pregnancy care.

The majority of the work will be looking after women who have early pregnancy complications including:

- vaginal bleeding
- abdominal pain
- infection
- hyperemesis
- miscarriage
- ectopic pregnancy
- molar pregnancy
- non-pregnant pathology such as cysts and fibroids
- complications that may occur after a termination of pregnancy
- social concerns and vulnerabilities (eg, domestic abuse, teenage pregnancy, drug dependency, poverty).

The primary aim of an early pregnancy service is to provide safe, effective, excellent woman-centred care by clearly defining and explaining the extent of presenting symptoms, and providing the continuity of carer and care, whilst working collaboratively in a multi-disciplinary team (Figure 2.1).

Figure 2.1: Multi-professional engagement



3 CNS in early pregnancy care role: skills and knowledge

The role of the CNS in early pregnancy care is complex and will demand a range of clinical practice skills, alongside management and leadership insightfulness. This senior role will require the nurse to be able to:

- provide excellent nursing clinical care, including counselling and psychological support
- be an inspiration and source of knowledge for others
- take account of the woman's fertility needs and aspirations
- use evaluation of practice and audit tools
- enhance their own and others education
- consider the need for research to further enhance practice.

It is recognised that this is a developing role and that not all nurses will come with the full skills set required to fulfil all components outlined below.

3.1 Clinical practice skills

- Have an expert knowledge of early pregnancy, management options (including associated side effects and evidence based use of complementary therapies) and be able to sign post to other services or support groups).
- Be able to communicate with women and health care professionals at all levels, in both primary and secondary care; demonstrate excellence in written, verbal and telephone skills, including documentation.
- Provide telephone triage for clinical decision making conversations.
- Provide compassionate care to pregnant women, including breaking bad news effectively and providing emotional support.
- Empower women to make the right choices for them as individuals.
- Be able to undertake informed consent and provide management planning advice.

- Be able to undertake consultations independently, including assessment, history taking, physical and psychological assessment and transvaginal ultrasound.
- Be competent in the use of and interpreting diagnostic skills such as speculum examination (including to remove pregnancy tissue from the cervix), venepuncture, and cannulation.
- Undertake ultrasound and interpret results (see 3.3 on page 13).
- Facilitate nurse-led clinics, face-to-face and telephone services.
- Be a non-medical prescriber or work within patient group directives (PGDs) and have knowledge of drug regimes and side effects, including complementary therapies.
- Demonstrate empathy and compassion, whilst also undertaking counselling or be able to refer to the appropriate services.
- Undertake referrals both to other professionals and local support groups.
- Ensure the woman has contact details for the CNS and can make contact if problems develop or issues need clarifying.
- To create and evaluate clinical management plans for individuals.

3.2 Leadership skills

- Be the woman's advocate.
- Have the ability to 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 aware of the value and costing of the service by looking at the impact of the CNS on service users; for example, by user satisfaction ratings, number of consultations, number of women seen and number contacted, audit appointment cancellations and audit pathways in conjunction with management teams.

3.3 Ultrasound skills

- Have undertaken a CASE (Consortium of Accredited Sonographic Education) programme of training for ultrasound in early pregnancy or similar.
- Perform ultrasound scans in accordance with safety guidance and recognise guidelines such as those produced by NICE to contemporary practice.
- Communicate findings effectively to the woman (and her partner).
- Produce a clinically accurate and useful report that will enhance overall care.
- Have responsibility for training medical and non-medical personnel in ultrasound.
- Maintain professional development within this specialised area.

The CNS should also be aware of their scope of practice, in particular with regards to gynaecological ultrasound, recognising and reporting deviation from the norm, beyond those related to pregnancy.

3.4 Data collection and management

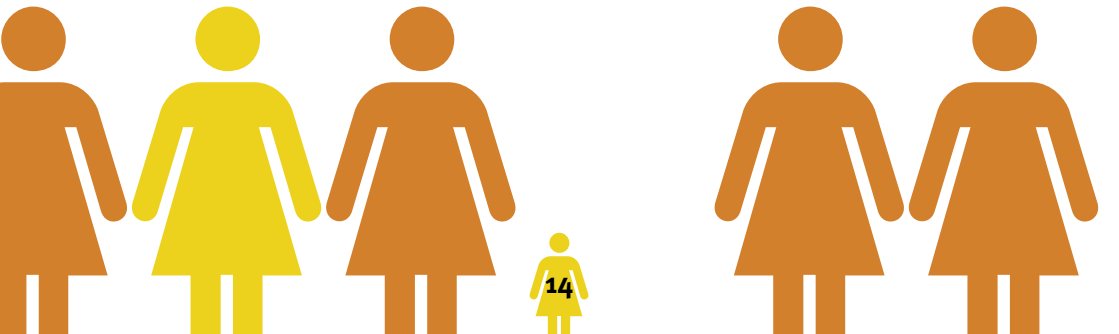
- The collection and analysis of data to demonstrate service effectiveness and to create own centre audit and research data.
- Service evaluation, including womens' views (and their partners) on the service.
- Inform research and use research in practice.
- Assess individual women at each step of the pathway and use this data to inform the medical team/consultant of a woman's progress/ follow-up needs.
- Information technology skills should incorporate use of databases, protocols, literature searching, audit, questions, research, word processing and spreadsheets (such as Microsoft's Word and Excel packages), as well as an awareness of the impact of social media on women's knowledge and/or expectations.

3.5 Service provision/pathway management/co-ordination

- Teamwork, including working with the multidisciplinary team to co-ordinate the care in outpatient clinics, during interventions and with other specialties.
- Ensure a streamlined service in all areas of care.
- Be the central point of contact for women.
- Co-ordinate services, eg, appointments and referrals to other services.
- Liaise with support groups and related disciplines such as AEPU.
- Design and the monitoring of care pathways.
- Engage with local service commissioners.
- Work with quality monitoring systems such as the Care Quality Commission.

3.6 Early pregnancy care profile development

- To raise awareness with women, within primary and acute care and to work with support groups to highlight the needs of women (and their partners) when confronted with an early pregnancy complication.
- Understand the local and political landscape where care is set.
- Understand local service providers' priorities to ensure active engagement in primary and secondary care commissioning and provision.
- Spark interest and engage with others about early pregnancy care.
- Conduct audits and consider research opportunities to enhance practice.
- Responsible for mentoring and developing junior health care professionals in understanding the needs of women in early pregnancy care.



3.7 Continuing professional development

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

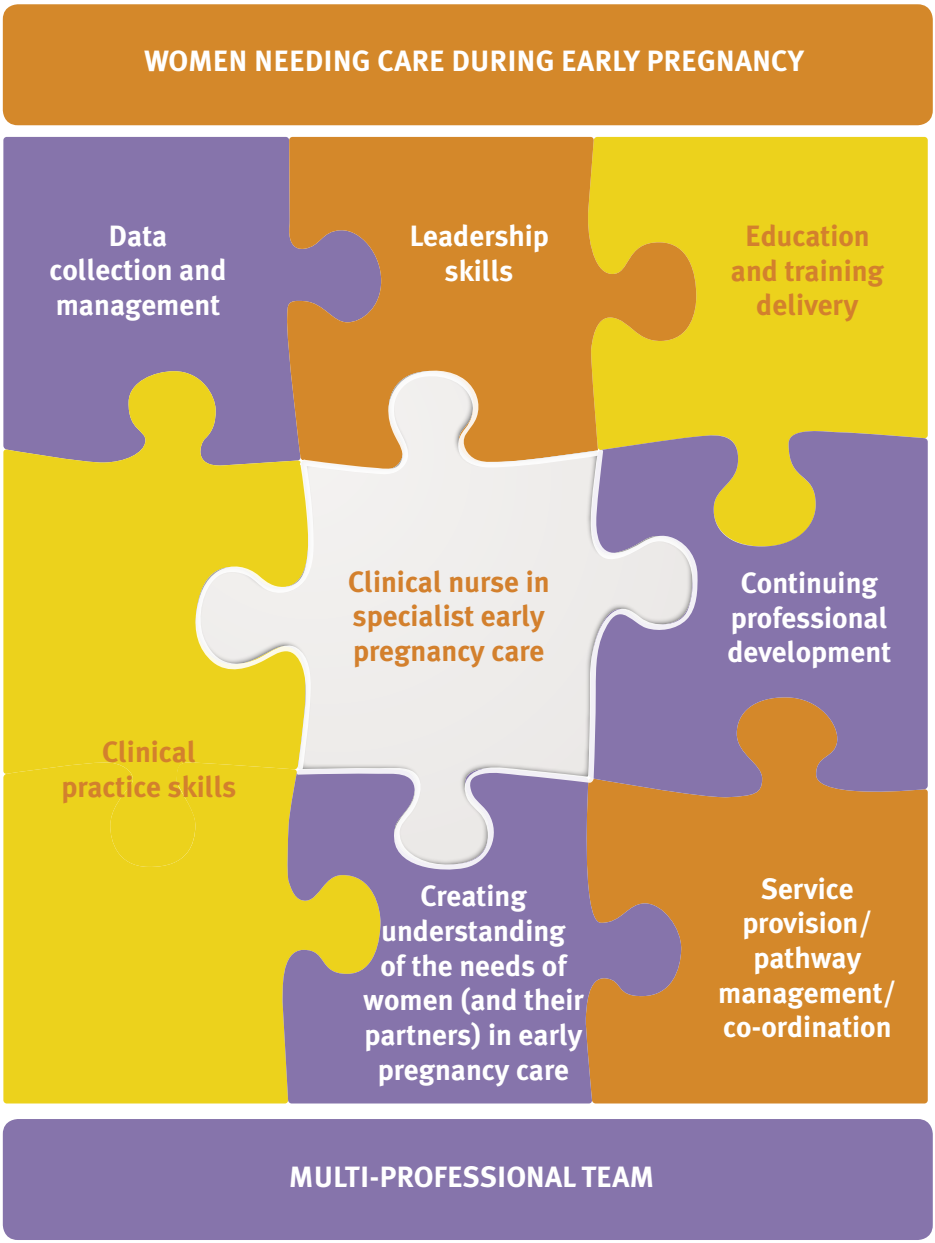
This could include:

- consultation skills
- communication skills module (breaking bad news, etc.)
- non-medical prescribing
- presentation skills
- early pregnancy care module
- evidenced-based practice
- advanced nursing practice
- counselling
- ultrasound
- leadership
- sexual health and contraception
- advanced physical assessment skills
- political and economic leadership.

They may also wish to consider RCN credentialing to demonstrate their competence at this advanced level of practice (RCN, 2017).

- Manage effective support for self supervision, mentoring/buddying, using other CNS and the AEPU network.
- Maintain up-to-date NMC registration.
- It is recommended that the CNS early pregnancy care becomes a member of the AEPU to extend good practice skills, and they attend a relevant national conference at least once every two years.
- It is also recommended that all CNS should develop skills to perform safe manual vacuum aspiration.

Figure 3.1: Overview of a clinical nurse specialist in early pregnancy care

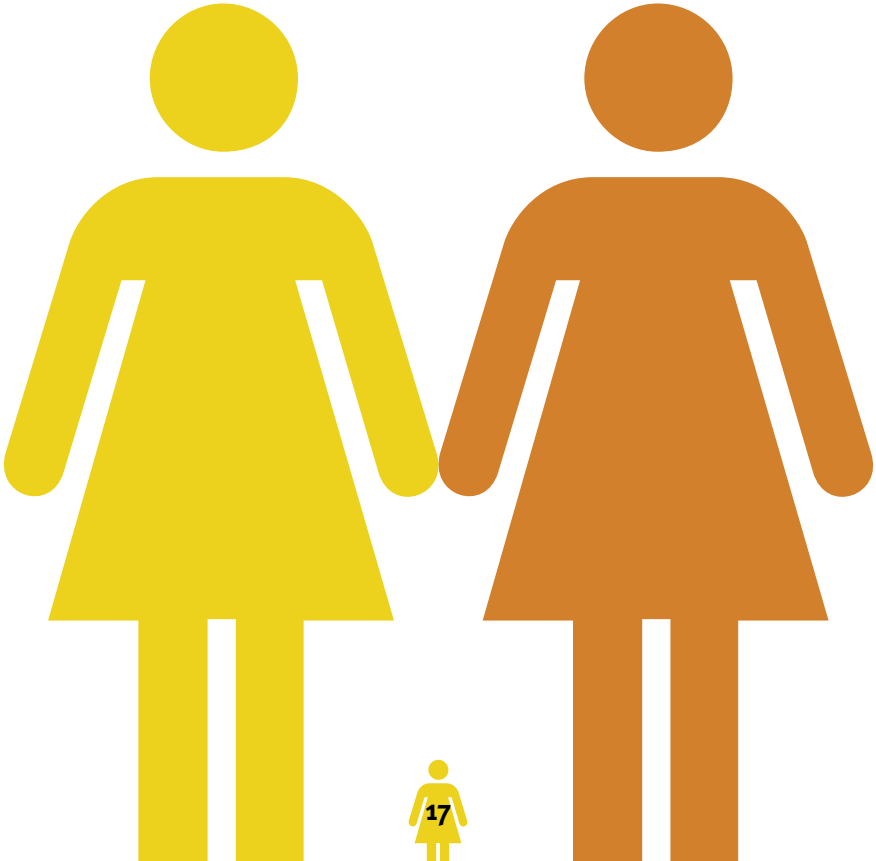


4 Conclusion

The clinical nurse specialist in early pregnancy care is a key role within the early pregnancy care team and the opportunity represents an exciting career option for nurses to develop into a leadership role in a collaborative environment.

It is a strategic pathway for nurses who specialise in an important aspect of woman's health care, which can be under resourced and poorly understood, requiring leadership and political astuteness to ensure the role is expanded to meet the needs of women who suffer early pregnancy complications.

This is an opportunity where nurses can really make a positive difference to the experience of women and their partners at a vulnerable and potentially very stressful time in their lives. Nurses may not come with a full range of skills but this standard provides a pathway for career enhancement through specialist practice and on to advanced level practice.



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6 Useful resources

AEPU – The Association of Early Pregnancy Units provides support and resources to support women's choice and maintain standards in early pregnancy care.
www.aepu.org.uk

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

British Fertility Society (BFS)
https://britishfertilitysociety.org.uk

British Infertility Counselling Association (BICA)
www.bica.net

European Society of Human Reproduction and Embryology
www.eshre.eu

Miscarriage Association
www.miscarriageassociation.org.uk

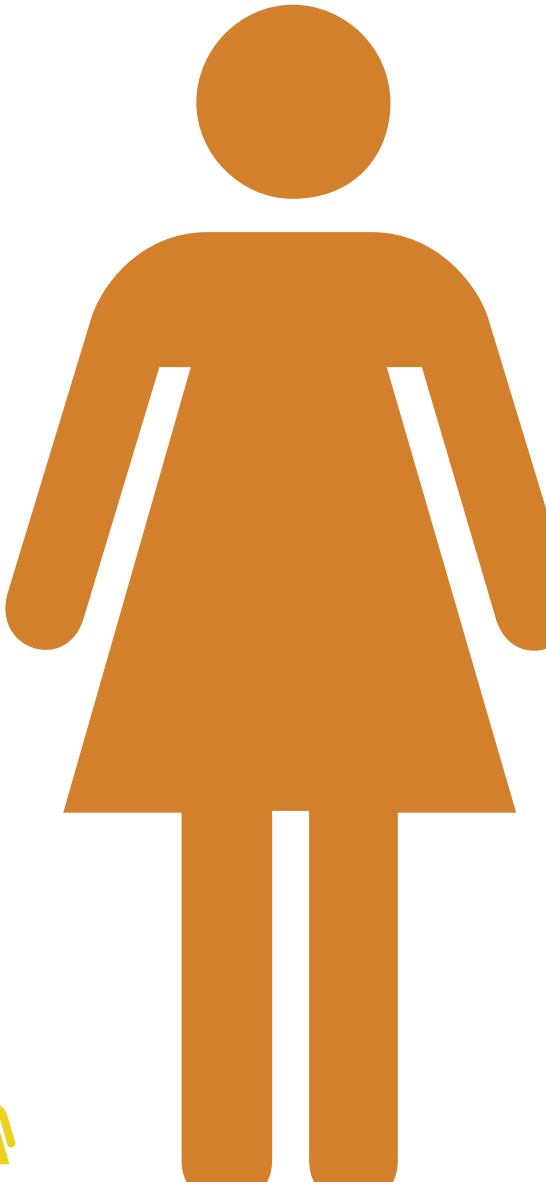
The Ectopic Pregnancy Trust
www.ectopic.org.uk

Pregnancy Sickness Support
www.pregnancysicknesssupport.org.uk

Royal College of Nursing
www.rcn.org.uk

Royal College of Obstetricians and Gynaecologists
www.rcog.org.uk

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



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