

National Competency Framework for  
Registered Nurses  
in Adult Critical Care

# Maternal Specialist Competencies





Learner Name  <b>PRINT</b>	<b>SIGNATURE</b>
Lead Assessor/Mentor Name  <b>PRINT</b>	<b>SIGNATURE</b>

# Foreword

These maternal competencies have been designed to provide you with the core skills required to assess and manage a pre-partum, or postpartum woman in a critical care unit. These competencies are designed to be used in conjunction with the National Competency Framework for Registered Nursing in Adult Critical Care (CC3N 2015) Step 2 & 3 documents.

There is expectation that Step 1 competencies are completed before this specialist competency.

You are advised to keep a record of any supportive evidence and reflective practice to assist you during progress and assessment reviews and to inform your NMC revalidation. On completion of these, you will have fulfilled the NMC requirement for both participatory and non-participatory learning.

## **Competence is defined throughout this document as:**

“The combination of skills, knowledge and attitudes, values and technical abilities that underpin safe and effective critical care nursing and interventions” (CC3N 2016: 9).

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# Learning Contract

The following Learning Contract applies to the Individual Learner, Lead Assessor/Mentor and Unit 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

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## LEARNERS RESPONSIBILITIES

As a learner I intend to:

- Take responsibility for my own development
- Successfully complete a period of induction/preceptorship as locally agreed
- Form a productive working relationship with mentors and assessors
- Listen to colleagues, mentors and assessors advice and utilise coaching opportunities
- Use constructive criticism positively to inform my learning
- Meet with my Lead Assessor at least 3 monthly
- Adopt a number of learning strategies to assist in my development
- Put myself forward for learning opportunities as they arise
- Complete these competencies in the recommended 12 month time frame
- Use this competency development programme to inform my annual appraisal and development needs
- Report lack of supervision or support directly to unit manager at the first opportunity.

Learner Name (Print) .....

Signature .....

Date: .....

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## LEAD ASSESSOR RESPONSIBILITIES

As a Lead Assessor I intend to:

- Meet the standards of regularity bodies (NMC, 2018)
- Demonstrate on-going 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 timeframe
- Bring to the attention of the HEI, Education Lead and/or Manager concerns related to the individual nurses learning and development
- Plan a series of learning experiences that will meet the individuals 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: .....

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## CRITICAL CARE LEAD NURSE/MANAGER

As a critical care service provider I intend to:

- Facilitate a minimum of 40% of learners' clinical practice hours with their mentor/assessor and/or Practice Educator or delegated appropriate other within the multidisciplinary team
- Provide and/or support clinical placements to facilitate the learners' development and achievement of the core/essential competency requirements
- Regulate and quality assure systems for mentorship and standardisation of assessment to ensure validity and transferability of the nurses' competence

Lead Nurse/Manager Name (Print) .....

Signature .....

Date: .....



# Maternal Specialist Competencies Tracker Sheet

Maternal Competencies	Date Achieved	Mentor/Assessors Signature
M1: Anatomy and Physiology		
M2: Obstetric common conditions and relate to Pathophysiology		
M3: Obstetric National Guidelines and Resources		
M4: Management of Obstetric Haemorrhage		
M5: Management of Reduced Fetal Movement (RFM)		
M6: Management of Spontaneous Rupture of membranes (SROM)		
M7: Management of Hypertensive Disorders in Pregnancy		
M8: Sepsis		
M9: Maternal Collapse and Amniotic Fluid Embolism		
M10: Timely Escalation		
M11: Lactation		
M12: Wound and Vaginal (PV) Management		
M13: Psychological Care and Family Inclusion		

# Competencies

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

**M1 Anatomy & Physiology**

<b>You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice</b>	Competency Fully Achieved Signed by assessor/Date
Define and discuss the altered vital signs in an uncompromised pregnant woman  Define and discuss the altered anatomy and physiology relating to a pregnant or recently delivered woman : <ul style="list-style-type: none"> <li>• Airway</li> <li>• Respiratory</li> <li>• Cardiovascular                             <ul style="list-style-type: none"> <li>o secondary circulation</li> <li>o blood volume</li> <li>o vessels</li> </ul> </li> <li>• Haematological</li> <li>• Renal</li> <li>• Endocrine</li> <li>• Neurological</li> <li>• Utero-placental</li> </ul>	

**M2 Obstetric Common Conditions and relate to Pathophysiology**

<b>You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice</b>	Competency Fully Achieved Signed by assessor/Date
Define and discuss the following conditions relating to a pregnant or recently delivered woman : <p>Antenatal</p> <ul style="list-style-type: none"> <li>• APH</li> <li>• Hyperemesis</li> <li>• Cholestasis</li> <li>• Hypertensive disorders in pregnancy                             <ul style="list-style-type: none"> <li>o PIH</li> <li>o Essential hypertension</li> <li>o Pre-eclampsia</li> <li>o Eclampsia</li> <li>o HELLP</li> </ul> </li> <li>• Gestational diabetes (uncontrolled)</li> <li>• Acute Fatty Liver</li> <li>• Amniotic fluid embolism</li> <li>• Sepsis</li> <li>• PE</li> <li>• Peripartum cardiomyopathy</li> </ul> <p>Intrapartum</p> <ul style="list-style-type: none"> <li>• PPH</li> </ul> <p>Postpartum</p> <ul style="list-style-type: none"> <li>• PPH</li> <li>• Sepsis</li> <li>• AKI</li> </ul>	



**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**

Competency Fully Achieved  
Signed by assessor/Date

- Discuss key points from the following patient pathway/ guidelines/ policies:
- Care of the Critically Ill Woman in Childbirth: enhanced maternal care
  - National morbidity and mortality report (MBRRACE) annual and triannual
  - NICE guidelines relating to common conditions relating to the pregnant and recently delivered women
  - RCOG/ AOA guidelines
  - Local Trust guidelines relating to:
    - o APH
    - o PPH
    - o Maternal Collapse
    - o Sepsis (in relation to pregnant or recently delivered women and their change in physiology and sources of infection)

**M4 Management of Obstetric Haemorrhage**

Corresponding competence

**You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice**

Competency Fully Achieved  
Signed by assessor/Date

- Discuss the process of maternal assessment relating to maternal haemorrhage
- Identify classification of severity of haemorrhage with reference to RCOG and in relation to APH & PPH
- Identify the key personnel for appropriate escalation and ongoing management
- Discuss the use of pharmacological management in haemorrhage specific to the pregnant woman:
  - o Anti D (antenatal)
  - o Uterotonics (syntometrine, oxytocin, ergometrine, carboprost, misoprostol)
  - o Vitamin K
  - o Tranexamic acid
- Effective communication when referring to appropriate key personnel
- Safe and effective primary survey
- Awareness of the different classifications of haemorrhage including medical and surgical management
- Check maternal rhesus status following any sensitising event (abdominal trauma, suspicion of concealed haemorrhage) and if rhesus negative confirm and respond to Kleihaur test.
- Demonstrate an understanding of who to report this result to

**M5 Management of Reduced Fetal Movement (RFM)**

Corresponding competence

**You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice**

Competency Fully Achieved  
Signed by assessor/Date

- 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. ALOC, sedated) and the minimum frequency of these assessments
- Identify the key personnel for appropriate escalation and ongoing management

**M6 Management of Spontaneous Rupture of Membranes (SROM)**

<p><b>You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice</b></p>	<p>Competency Fully Achieved Signed by assessor/Date</p>
<ul style="list-style-type: none"> <li>• Define SROM and PROM</li> <li>• Discuss the significance of SROM</li> <li>• Discuss the significance of cord prolapse following SROM</li> <li>• Discuss the key information relating to the assessment of SROM relating to colour, odour and volume</li> <li>• Identify the key personnel for appropriate escalation and ongoing management</li>   <li>• Demonstrate effective communication when referring to appropriate key personnel</li> <li>• Demonstrate a safe and effective primary survey and implement appropriate actions for monitoring and measurement of SROM</li> <li>• Demonstrate a safe and effective primary survey and implement appropriate actions for monitoring and measurement of PROM</li> <li>• Discuss the immediate actions on detection of cord prolapse</li> </ul>	

**M7 Management of Hypertensive Disorders of Pregnancy**

<p><b>You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice to include</b></p>	<p>Competency Fully Achieved Signed by assessor/Date</p>
<ul style="list-style-type: none"> <li>• Define and discuss PIH, pre-eclampsia and eclampsia</li> <li>• Identify the classification of hypertension and which are pertinent for the critical care nurse</li> <li>• Determine safe parameters of blood pressure which are significant for a pregnant woman</li> <li>• Discuss the effect of these on the following systems:             <ul style="list-style-type: none"> <li>o cardiovascular</li> <li>o respiratory</li> <li>o renal</li> <li>o liver</li> <li>o haematological</li> <li>o neurological</li> <li>o utero-placental</li> </ul> </li> <li>• Define HELLP</li> <li>• Identify pertinent near patient testing and laboratory investigations which relate to these:             <ul style="list-style-type: none"> <li>o urinalysis</li> <li>o clotting and blood film</li> <li>o LFT's</li> </ul> </li> <li>• Discuss the overarching management of these conditions including:             <ul style="list-style-type: none"> <li>o control of blood pressure</li> <li>o prevention and treatment of seizures</li> <li>o fluid balance management</li> </ul> </li> <li>• Discuss relevance of fetal monitoring and consideration of early delivery including antenatal steroids and magnesium sulphate for fetal protection</li> <li>• Identify the key personnel for appropriate escalation and ongoing management</li> </ul>	

**M8 Sepsis**

<p><b>You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice</b></p>	<p>Competency Fully Achieved Signed by assessor/Date</p>
<ul style="list-style-type: none"> <li>• Identify the common causes (including pathogens) of sepsis in a pregnant or recently pregnant woman</li> <li>• Identify the specific risk factors of sepsis relating to pregnancy including the fetus and/or chorioamnionitis</li> <li>• Demonstrate an understanding that physiological parameters are altered in a pregnant woman, relating to NEWS2 (MEOWS)</li> <li>• 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</li> </ul>	
<p><b>You must be able to undertake the following in a safe and professional manner underpinned by current evidence based practice:</b></p>	
<ul style="list-style-type: none"> <li>• Demonstrate assessment and management of sepsis</li> </ul>	

**M9 Maternal Collapse & Amniotic Fluid Embolism**

<p><b>You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice</b></p>	<p>Competency Fully Achieved Signed by assessor/Date</p>
<p>Identify the causes of maternal collapse in a pregnant or recently pregnant woman, to include</p> <ul style="list-style-type: none"> <li>• amniotic fluid embolism</li> <li>• PE</li> <li>• drug toxicity</li> <li>• eclampsia</li> <li>• peripartum cardiomyopathy</li> </ul> <p>Discuss the resuscitation algorithm and 4 H's &amp; 4 T's Identify and discuss the amendments of the algorithm in relation to a pregnant woman including:</p> <ul style="list-style-type: none"> <li>• manual displacement of the uterus (key personnel)</li> <li>• chest compression hand position</li> <li>• perimortem caesarean section at 4 minutes if gestation above 20 weeks (location of perimortem section kit- scalpel, scissors, cord clamps)</li> <li>• additional personnel to include obstetrician, neonatologist, midwife</li> </ul> <p>Consider additional risk factors:</p> <ul style="list-style-type: none"> <li>• difficult intubation</li> <li>• high risk of aspiration</li> <li>• compression of inferior vena cava</li> </ul> <p>Identify additional equipment in the event of an emergency situation, to include:</p> <ul style="list-style-type: none"> <li>• resuscitaire</li> <li>• neonatal/ infant size BVM</li> </ul>	

<b>M10 Timely Escalation</b>	Corresponding competence
<b>You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice</b>	Competency Fully Achieved Signed by assessor/Date
<ul style="list-style-type: none"> <li>• Identify the local process of referral to the obstetric team when a woman is admitted to critical care</li> <li>• Demonstrate an awareness that the admitting Consultant must refer to the obstetric team for a plan of care</li> <li>• Discuss the local policy relating to the frequency of midwifery review, depending on gestation and level of urgency</li> <li>• Demonstrate an awareness of who to call in an obstetric emergency</li> <li>• Demonstrate an awareness of who to call following maternal assessments including progress review and deviations from normal</li> </ul>	

<b>M11 Lactation</b>	Corresponding competence
<b>You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice</b>	Competency Fully Achieved Signed by assessor/Date
<p>Discuss the physiological changes, and deviations from normal, that the woman may experience in relation to lactation:</p> <ul style="list-style-type: none"> <li>• Size (engorgement)</li> <li>• Colour</li> <li>• Temperature</li> <li>• Leakage</li> <li>• Pain</li> </ul> <p>Demonstrate an awareness of when to medically suppress lactation</p> <p>Demonstrate an awareness of how to promote lactation including provision of an appropriate environment and key personnel (including partner)</p>	

<b>M12 Wound and Vaginal (PV) Management</b>	Corresponding competence
<b>You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice</b>	Competency Fully Achieved Signed by assessor/Date
Discuss normal and abnormal lochia following birth of baby (operative, instrumental and spontaneous)	
<b>You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice:</b>	
<p>Assess and document lochia for</p> <ul style="list-style-type: none"> <li>• colour</li> <li>• amount</li> <li>• odour</li> <li>• consistency</li> <li>• duration</li> </ul> <p>Assess abdominal wounds</p> <p>Manage the perineal area and ensure optimal environment for healing (vulval toilet, minimum 4 hourly changes of sanitary pads)</p>	

**M13 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:**

Competency Fully Achieved  
Signed by assessor/Date

- 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
- In addition to 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
  
- Provide a mutually acceptable, flexible visiting arrangement for the partner, taking into account their responsibilities for both infant and mother
- Facilitate an environment that is suitable for the baby to visit when clinically appropriate
- Encourage regular communication with NNU for feedback to mother
- Support contact and bonding with exchange of fabric swatches, photographs and any local specific initiatives

Initial Assessment & Development Plan

Date | | |

This meeting between Learner and Lead Assessor should take place on commencement of these competencies. It is to identify the needs of the nurse and those competencies that should be attained within the first 3 months of commencing the competency development programme.

CURRENT CRITICAL CARE KNOWLEDGE, UNDERSTANDING AND SKILLS

Multiple horizontal lines for writing current critical care knowledge, understanding and skills.

COMPETENCIES TO BE ACHIEVED

Multiple horizontal lines for writing competencies to be achieved.

SPECIFIC SUPPORTIVE STRATEGIES REQUIRED

Multiple horizontal lines for writing specific supportive strategies required.

Learners Signature: .....

Horizontal line for learner signature.

Lead Assessors / Practice Educators Signature: .....

Horizontal line for lead assessor signature.

NEXT AGREED MEETING DATE: | | |

Horizontal line for next agreed meeting date.

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## Ongoing Assessment & Development Plan

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Date            |            |            |

This meeting between Learner and Lead Assessor is to identify the progress made by the nurse in achieving competence in practice against those competencies identified in the initial/previous meetings. It is here further objectives will be set. Ongoing assessments should take place at least every 3 months. If the learner requires additional support a further action plan can be completed.

REVIEW OF COMPETENCIES ACHIEVED

ON TARGET: YES     NO

IF NOT WHICH COMPETENCIES HAVE YET TO BE MET

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REASONS FOR NOT ACHIEVING

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SPECIFIC OBJECTIVES TO ACHIEVE COMPETENCE

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KEY AREAS & ADDITIONAL COMPETENCIES TO BE ACHIEVED BEFORE NEXT MEETING

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Learners Signature: .....

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Lead Assessors / Practice Educators Signature: .....

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NEXT AGREED MEETING DATE:            |            |            |

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Additional Action Planning

Date | | |

This document is to be completed as required to set SMART objectives for the learner who requires additional support to achieve certain competencies (these will have been identified during the 3 monthly On-going Assessment & Development Plan).

AREAS FOR FURTHER ACTION PLANNING

Lined area for writing action planning notes.

Learners Signature: .....

Lead Assessors / Practice Educators Signature: .....

NEXT AGREED MEETING DATE: | | |



**Final Competency Assessment**

Date | | |

This meeting is to identify that all the competencies have been achieved and that the nurse is considered a safe competent practitioner

**COMPETENCY STATEMENT:**

The nurse has been assessed against the competencies within this document and measured against the definition of competence below by critical care colleagues, mentors and assessors and is considered a competent safe practitioner within the critical care environment:

**“The combination of skills, knowledge and attitudes, values and technical abilities that underpin safe and effective critical care nursing care and interventions”.**

As part of quality assurance, the nurse is expected to maintain a portfolio of practice as part of NMC regulations to support on-going competence and declare any training development needs to their line manager or appropriated other.

Competency will be reviewed annually as part of staff personal development plans. Where necessary, objectives will be set to further develop any emerging competency required to work safely within the critical care environment.

**LEAD ASSESSORS COMMENTS**

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**LEARNERS COMMENTS**

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Learners Signature: .....

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Lead Assessors / Practice Educators Signature: .....

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NEXT AGREED MEETING DATE: | | |

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Annual Competency Review

Date | | |

This record is a statement between the nurse who has completed their Maternal Specialist competencies successfully and their Assessor/Practice Educator and/or Appraiser. It should be used and reviewed alongside local appraisal systems annually to ensure that the nurse continues to demonstrate themselves as a safe competent critical care practitioner.

OVERALL COMPETENCY MAINTAINED YES  NO

IF NOT WHICH COMPETENCIES REQUIRE FURTHER DEVELOPMENT

Horizontal lines for writing answers to the question about competencies requiring further development.

SPECIFIC OBJECTIVES TO ACHIEVE COMPETENCE

Horizontal lines for writing specific objectives to achieve competence.

FURTHER COMMENTS

Horizontal lines for writing further comments.

Learners signature: .....

Horizontal line for learner signature.

Lead Assessors / Practice Educators Signature: .....

Horizontal line for lead assessors signature.

NEXT AGREED MEETING DATE: | | |

Horizontal line for next agreed meeting date.

**NMC Revalidation Checklist**

Date       |       |       |       (Please add date to the Assessment Record Summary)

Revalidation is a continuous process that nurses need to engage with throughout their career. It is not a point in time activity or assessment; however, you will need to be able to provide evidence of achievement against the NMC requirements. This document should be completed as part of your local appraisal.

EVIDENCE OF COMPLETING 450 PRACTICE HOURS IN CRITICAL CARE       YES        NO

LIST EVIDENCE PRODUCED BELOW

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EVIDENCE OF COMPLETING 40 HOURS CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD) YES        NO

(20 HOURS NEED TO BE PARTICIPATORY LEARNING, LIST EVIDENCE PRODUCED BELOW)

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EVIDENCE OF REFLECTING ON CPD       YES        NO

LIST EVIDENCE PRODUCED BELOW

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EVIDENCE OF APPROPRIATE PROFESSIONAL INDEMNITY ARRANGEMENTS       YES        NO

LIST EVIDENCE PRODUCED BELOW

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NMC Revalidation Checklist continued

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3rd PARTY CONFIRMATION

LEARNERS NAME

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LEARNERS PIN

---

CONFIRMERS NAME

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CONFIRMERS JOB TITLE

---

CONFIRMERS PIN

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CONFIRMERS EMAIL ADDRESS

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**Reflective Accounts to inform NMC Revalidation**

You are required to record a minimum of five written reflections on the NMC Code and your Continuous Professional Development as well as gaining practice-related feedback, as outlined in 'How to revalidate with the NMC'.

You are advised to complete the following documents during your critical care development to inform your NMC Revalidation, you are required to discuss these reflections with your Mentor/Lead Assessor/ Mentor and/or Practice Educator at your on-going assessment reviews, your final assessment and/ or your annual progress review as part of your local appraisal process. Once you have discussed these reflections your Mentor/Lead Assessor/Mentor and/or Practice Educator will need to complete the relevant 'Professional Development Discussions' (PDD) documentation to provide evidence of this.

**Reflective Account**

Date | |

Please fill in a page for each of your reflections, ensuring you do not include any information that might identify a specific patient or service user. You must discuss these reflections as part of a professional development discussion (PDD) with another NMC registrant who will need to complete the PDD document to provide evidence of this taking place.

**WHAT WAS THE NATURE OF THE CPD ACTIVITY/ PRACTICE-RELATED FEEDBACK?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WHAT DID YOU LEARN FROM THE CPD ACTIVITY AND/OR FEEDBACK?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HOW DID YOU CHANGE OR IMPROVE YOUR WORK AS A RESULT?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HOW IS THIS RELEVANT TO THE CODE?**

(Select a theme, Prioritise people - Practice effectively - Preserve safety - Promote professionalism and trust)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Learners Signature:

Professional Development Discussion (PDD)

Date | | |

You are required to have a PDD with another NMC registrant covering your written reflections on the Code, your CPD and practice-related feedback. This form should be completed by the registrant (Mentor/Lead Assessor and/or Practice Educator) with whom you have had the discussion.

NAME

NMC PIN

EMAIL ADDRESS

PROFESSIONAL ADDRESS (INCLUDING POSTCODE)

NAME OF REGISTRANT (WITH WHOM YOU HAD A PDD DISCUSSION)

NMC PIN OF REGISTRANT (WITH WHOM YOU HAD A PDD DISCUSSION)

NUMBER OF REFLECTIONS DISCUSSED:

Lined area for writing the number of reflections discussed.

DECLARATION: I CONFIRM THAT I HAVE DISCUSSED THE NUMBER OF REFLECTIVE ACCOUNTS LISTED ABOVE, WITH THE ABOVE NAMED REGISTRANT, AS PART OF A PDD

Signature:

# Abbreviation List/Glossary of Terms

AKI	Acute kidney Injury
ALOC	Altered Level of Consciousness
Anti D	Anti D Immunoglobulin
AOA	Association of Obstetric Anaesthetists
APH	Antepartum Haemorrhage
BMV	Bag Valve Mask
GDM	Gestational Diabetes Mellitus
HELLP	Hemolysis elevated liver enzymes and low platelets
LFT	Liver Function Test
NICE	National Institute for health and Care Excellence
NNU	Neonatal Unit
OAA	Obstetric Anaesthetist Association
PE	Pulmonary Embolus
PIH	Pregnancy Induced Hypertension
PPH	Post Partum Haemorrhage
PROM	Premature Rupture of membranes
PV	Per Vagina
RCOG	Royal College of Obstetricians and Gynaecologists
RFM	Reduced fetal movement
SRM	Spontaneous Rupture of Membranes

# References

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Royal College of Anaesthetists (2018) *Care of the critically ill woman in childbirth; enhanced maternal care. 2018*  
<https://www.rcoa.ac.uk/system/files/EMC-Guidelines2018.pdf>

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## Acknowledgements and Developers of Competency Document

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<b>Nicky Witton</b>	Keele University,
<b>Lynn Nolan</b>	Lead Critical Care Midwife, Birmingham Women's and Children's NHS Foundation Trust
<b>Victoria Watson</b>	Critical Care Midwife. Birmingham Women's and Children's NHS Foundation Trust

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### Critical Care Networks-National Nurse Leads (CC3N) 2015

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This document has been produced with support from these organisations and is available through the CC3N website: [www.cc3n.org.uk](http://www.cc3n.org.uk). It has received interest internationally and may be available in the future in alternative languages, it has also be used to inform registered nurse competency development in specialities outside of critical care.