

Lead Midwife in Diabetes: Standards, Role and Competencies



Foreword

NHS Diabetes works to raise the quality of diabetes care in England by supporting and working with the healthcare community and people with diabetes.

The team's role is to work with health providers to improve the delivery of diabetes care in England across all areas of healthcare.

In partnership with people with diabetes, we help develop and support new guidelines, standards and systems designed to improve care, and then encourage the widespread implementation of these new initiatives.

The care of a pregnant woman with diabetes, including gestational diabetes, should be provided by a multidisciplinary team present at the same time in the same setting and as a minimum, should comprise an obstetrician, diabetes physician, diabetes specialist nurse, diabetes midwife and dietitian (CG63 Diabetes in pregnancy: full guideline revised July 2008 (PDF 2.5MB)).

In December 2008, NHS Diabetes organised an Open Space Event to share ideas and discuss how we can successfully support a woman's journey through pregnancy from the pre-conception through to the postnatal phase. Stakeholders were asked to identify issues of concern, one of which was the scope, extent and diversity of practice of the role of the diabetes midwife.

NHS Diabetes has worked with the Royal College of Midwives to produce this Standards, Role and Competencies document which aims to provide a resource for local health economies to use to underpin and strengthen midwifery and maternity care for women whose pregnancy may be complicated by diabetes.

This document should be used in conjunction with the NHS Diabetes guide 'Commissioning Pregnancy and Diabetes Care.

We recognise the significant work done by the Advisory Group Members involved in developing these standards and thank all those involved for their collaboration and support.

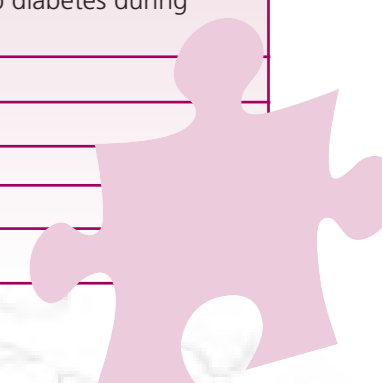
We are pleased to endorse these guidelines and ask that health professionals involved in the care of pregnant woman with diabetes become familiar with this document and encourage its use.

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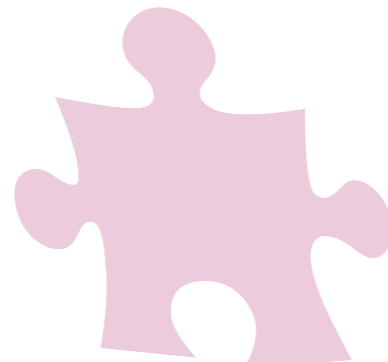
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Summary



The Standards Development Advisory Group has brought together expertise and experience surrounding the midwifery, obstetric and medical issues which impact on care and outcomes. The group has shared their expertise through direct meetings and ongoing email dialogue.

Each standard developed has a title, which summarises the area on which that standard focuses, followed by the standard statement, which explains what level of performance needs to be achieved. A rationale section provides the reasons why the standard is considered important. The standard statement is expanded in the criteria section, which states exactly what must be achieved for the standard to be reached and how the service will achieve this.

This standard document sets out the background and rationale for the development of standards for the role and practice of midwives undertaking a midwifery lead in the care of women with diabetes who are pregnant, or women who develop diabetes during pregnancy.

Diabetes is increasing within the general population and this is impacting on the delivery of care and the outcomes for women and babies. Maternity services need to be proactive in addressing the needs of these women locally. The information surrounding the context of midwifery care and diabetes in respect of pregnancy and birth is addressed in this document.

The National Clinical Director for Diabetes and NHS Diabetes engaged with the Royal College of Midwives (RCM) to develop standards which can be used to underpin and strengthen midwifery and maternity care for women whose pregnancy may be complicated by diabetes.

There are a number of educational aspects which arise from the development of the role which do not fall within the remit of these standards. Nonetheless, it needs to be recognised that to ensure care is delivered safely, practitioners will need to assess their personal performance and develop an action plan to meet their learning needs. Currently, access and availability to diabetes in pregnancy specific courses is poor. There needs to be recognition of this when considering future development.

These standards cannot dictate how the care is delivered nor explicitly define the role of the midwife in providing care. The development of the role and the delivery of the care must be defined at local level following a needs assessment. The standards and criteria are to be used to support the evolution of the role.

Introduction

The Confidential Enquiry into Maternal and Child Health (CEMACH) report "Diabetes in Pregnancy - Are we providing the best care?" (2007)¹, together with the National Institute for Health and Clinical Excellence (NICE) guidelines "Diabetes in pregnancy: management of diabetes and its complications from preconception to the postnatal period" (2008)², provide a wealth of advice and recommendations for maternity teams caring for women with diabetes before, during and after pregnancy, including gestational diabetes. Whilst progress has been made in improving services for women with diabetes and their babies, it is acknowledged that much more needs to be done.

Standard 9 of the Diabetes NSF (DH 2001)³ states:

"The NHS will develop, implement and monitor policies that seek to empower and support women with pre-existing diabetes and those who develop diabetes during pregnancy to optimise the outcomes of their pregnancy"

Both CEMACH (2007)¹ and NICE (2008)² highlight diabetes in pregnancy as a medical complication which is now the most common pre-existing medical disorder affecting pregnancy, as well as being acknowledged as a major public health concern. The incidence of diabetes is increasing within the general population. This is reflected in an increasing number of women presenting with pre-existing diabetes both Type 1 and 2 diabetes mellitus (T1DM and T2DM) in pregnancy (pre-gestational), in addition to those who develop diabetes during pregnancy (gestational diabetes).

The CEMACH report "Pregnancy in Women with Type 1 and Type 2 Diabetes 2002-2003, England, Wales and Northern Ireland" (2005)⁴ found the prevalence of pre-gestational diabetes pregnancies to be 0.38% (72.4%: 27.6% T1DM:T2DM) .

It is estimated that between 2% and 5% of pregnancies are complicated by gestational diabetes, with the higher rates in those from ethnic minority populations, South Asian and African-Caribbean (NICE 2008², Dornhorst et al. 1992⁵).

Pregnancy outcomes for women with diabetes and their babies are poor compared to those for women who do not have diabetes. Pre-gestational diabetes in pregnancy is associated with an increase in miscarriage and congenital malformations in the first trimester. Pregnancy can also worsen complications of diabetes such as diabetic retinopathy and nephropathy. Both pre-gestational and gestational diabetes are associated with increases in macrosomia (\geq 90th centile), shoulder dystocia, pre-eclampsia and pre-term labour, perinatal mortality and stillbirth in the second and third trimester (CEMACH 2005⁴, Crowther et al. 2005⁶).

Midwives are the key professional in all pregnancies and births. The policy document "Maternity Matters: Choice, access and continuity of care" (DH 2007)⁷ highlights the need for women to receive high quality safe care from a midwife and recognises that some women will also require access and support from the wider maternity / medical team. The benefits from improved outcomes for women and their babies is enhanced where care is specifically designed and delivered to meet the complex needs of women who have or who may develop diabetes.

Pregnancy and birth is a part of the health continuum for the majority of women and the role that midwives play in supporting and promoting future health should not be underestimated.

The introduction of a role of Lead Midwife in Diabetes (LMD) could offer maternity services the opportunity to improve the care offered to women and to enhance the long term future health of generations.

Background and Context

The NHS Diabetes Team working with the National Clinical Director for Diabetes organised a multi-stakeholder Open Space event 'Diabetes in Pregnancy' in December 2008 for those involved in maternity care for women with diabetes. During the discussions at the event, it became apparent that many maternity services have introduced a role for midwives targeting women with diabetes in pregnancy. However, these initiatives were not supported by overall planning in the development of the role. This has resulted in midwives in practice having a poor perspective on the requirements of knowledge, skills and competencies to meet this challenging role.

Further discussion with NHS Diabetes identified an opportunity for the Royal College of Midwives (RCM) as a professional organisation in partnership with NHS Diabetes, to undertake an important project in developing national standards for the role and associated skills and competencies for a lead midwife in diabetes

The key objectives were identified as:

1. Map the number of midwives nationally who have a role specifically targeting the care and support of women with diabetes in pregnancy
2. Develop an agreed role specification for midwives whose role targets the care and support of women with diabetes in pregnancy
3. Develop and agree standards and competency framework for the role of lead midwife in diabetes

A follow up event arranged by NHS Diabetes in June 2009 provided an opportunity for the RCM to engage directly with professionals and service users to explore the particular challenges that midwives currently face in meeting the needs of women with diabetes. From the discussions it became apparent that midwives across the NHS were providing different levels of service and support to women and that what was

required was a clear role for a Lead Midwife in Diabetes (LMD) and a Standards document to provide advice and guidance to midwives, the maternity team and commissioners of service.

The midwife's role is to support, advise and monitor the woman's health and well being during her pregnancy and birth and to guide her and her family on the care of the neonate. With enhanced education, training and experience a midwife with a lead in diabetes care, is best placed to provide additional support and guidance to a woman and her family where her care becomes increasingly complex as a result of diabetes. The role must be firmly embedded in the diabetes care pathway and clearly recognise the need for the enhancement of normal midwifery practice.

The care of the pregnant woman with diabetes is complex and it requires specialist knowledge. The benefits of continuity of expertise in midwifery care can result in improved maternal and fetal outcomes with a greater satisfaction with the delivery of care (Morrison et al 2002)⁸.

The LMD would be in a position to provide an advisory role to other midwifery colleagues and demonstrate advanced levels of clinical decision-making and responsibility. This is dependent on the role specification set by individual organisations as not all LMDs will have the same level of function within their role.

The knowledge, skill, expertise and experience of the midwife undertaking the LMD role will be at a level beyond competence or proficiency at the point of registration. It is anticipated that midwives undertaking this lead role will have consolidated their post registration experience in all aspects of midwifery and have developed further their understanding of diabetes and its impact on pregnancy, birth and future health.

Standards Development Advisory Group

The Department of Health report “Choosing Health? A consultation on action to improve people’s health” (DH 2005)⁹ identified a number of public health initiatives to address the nation’s health. Within the report a number of key policy issues were identified, many of which impact or influence maternity and midwifery care. In 2007, the DH document “Implementation Plan for Reducing Health Inequalities in Infant Mortality: a Good Practice Guide”¹⁰ further set the scene for the need to continue to address the future health needs of women to enhance the outcomes for the health of their babies.

The midwife’s role is firmly placed to provide care through a continuum which enhances and improves the future health of women and their families. The LMD is well positioned to provide continuity of care and help establish networks for the woman, thus enabling her to take the responsibility for her own health and care whilst offering support and guidance for her and her family’s future health.

The Nursing and Midwifery Council (NMC) have debated whether the midwives register should include the Advanced Practitioner as a registerable qualification as adopted within the nursing registration. The decision was made by the NMC that advanced practitioner registration was not applicable to midwifery as fundamentally midwives were expected to demonstrate competence across their sphere of practice.

In 2006 the RCM stated within their position paper “Refocusing the role of the midwife”¹¹ that “The role of the midwife is that of primary carer for women and infants during normal pregnancy, birth and the postnatal period; the value of this role lies in midwives’ extensive knowledge and their ability to detect and act appropriately on a wide range of clinical and other indications. However, the RCM welcomes the fact that midwives are developing areas of interest and specialist skills, and affirms that this is

an important part of providing a service response to the increasingly diverse needs of all communities within the population. It will be most effective where midwives sustain their competency and confidence in essential midwifery practice. It is important that specialist skills are not mistakenly equated with ‘higher’ skills, and that professional development, grading and other rewards and opportunities do not assume that specialisation equals expertise of a higher value than essential midwifery”. RCM 2006.

There has been renewed discussion within the NMC and Midwifery 2020 in respect to addressing this concept of a midwife with enhanced knowledge and skills. At the time of this publication these discussions are ongoing. For these standards it is important to understand the context in which the LMD is discussed. The role should not be viewed as a specialist role but a developmental process to enhance care for women with diabetes and their babies, as local needs dictate. If local need requires a midwife with more in-depth or critical knowledge in diabetes this role has to be embedded into the service utilising the standards.

This standards document does not cover staffing issues or case load ratios as these should be identified as the role is developed dependent on local need. These issues are supported by the set standards criteria in developing the role and should be addressed prior to establishing the role as this will vary depending on local need.

The way in which standards are developed is a key element of the quality assurance process and with the principle that groups working on standards development are expected to adopt an open and inclusive process involving members of the public, voluntary organisations and health care professionals.

In developing these standards the RCM with input from NHS Diabetes established an Expert Advisory Group (EAG); the group consists of:

- Two RCM professional officers and one RCM Regional Officer
- NHS Diabetes advisor
- Three midwives currently with a LMD role
- Supervisor of Midwives (SOM)/Head of Midwifery (HoM)
- Consultant Obstetrician
- Two Diabetes Specialist Dietitian
- Two Diabetologists
- User Representative
- Neonatologist
- Diabetes specialist nurse

The EAG has met twice face to face and has discussion via email and telephone.

The RCM has undertaken an extensive literature search and reviewed guidelines and policies which may impact or influence the care of women with diabetes.



Standards for Lead Midwife in Diabetes

Standard 1. Access to specialist services

Service commissioners must ensure that all women with diabetes in pregnancy have a clear pathway to specialist services; including a lead midwife in diabetes.

Rationale:

Women with pre-existing diabetes and those with a history of gestational diabetes are at higher risk of serious complications and morbidity. A clear pathway for women with diabetes from preconception to the postnatal period will optimise the plan of care to improve outcomes for the woman and her baby.

Criteria:

1. Commissioners of service should undertake a needs analysis of the local population to ensure that the needs of women with pre-existing diabetes or women at high risk of diabetes in pregnancy who access midwifery services receive appropriate care co-ordinated by a LMD.
2. Commissioners of service need to place the LMD as the central and initial contact point in the maternity services for all women with diabetes who are pregnant for early and easier access to maternity service, recognising the local referral pathways via the DSN or diabetes services.
3. As part of a wider team the LMD needs to make contact with the maternity care network, diabetes nurse specialists, GPs and the primary health care providers of family planning and sexual health to develop and build relationships enabling easy referral and access to maternity services.
4. The LMD needs to be involved in planning proactive services to support and empower women with diabetes to have early engagement with maternity services.



Standard 2. Organisational Issues

Organisations should assess local need for having a LMD as part of the multidisciplinary team providing and coordinating the care for women with pre-existing or gestational diabetes. The LMD post needs to be embedded in the organisational infrastructure to ensure that it is fit for purpose.

Rationale:

Women with pre-existing or gestational diabetes will have improved outcomes when accessing services tailored to their specific needs.

Criteria:

1. The organisation within the multidisciplinary clinical team, Supervisor of Midwives, Human Resources and Employment Relations has to develop a role definition and job description which reflects local need.
2. The LMD post should be established with transparent lines of professional and managerial accountability. These should state to whom the LMD is responsible and accountable to in the organisation, in addition to her own professional accountability.
3. The organisation is required to undertake local needs assessment for the number of midwives required for a team to deliver a safe service to women with gestational diabetes or pre-existing diabetes. This analysis needs to reflect the increasing incidence of diabetes within the population.
4. A plan for induction to the role, ongoing education and training is required to ensure that the LMD is developing and maintaining her enhanced knowledge and skills for the role.
5. The role requires evaluation and audit to ensure the post effectively addresses local service needs and has quality assurance and quality improvement central to the aims and outcomes.
6. The diversity of the role means that the LMD needs access to, engagement and influence with wider stakeholder groups.
7. The LMD needs to be acknowledged as an expert in diabetes care linked to midwifery practice within the organisation.
8. There needs to be an infrastructure within the organisation, which will ensure that the quality of the care is not adversely affected by planned or unplanned absence of the LMD from the team.

Standard 3. Clinical Governance

For the LMD to deliver high quality and safe care to women with diabetes as a member of the multidisciplinary team, clinical governance procedures and risk management strategies must be in place.

Rationale:

Working practices must be embedded in clinical governance structures of the service.

Criteria:

1. There must be evidence based guidelines, policies and procedures that are relevant to the needs of women with diabetes in pregnancy and their babies, which are subject to regular review and evaluation. The LMD is required to be active in developing and implementing the guidelines, policies and procedures within the team.
2. Audit is integral to clinical governance processes; the LMD has a role in both the audit of the multidisciplinary team care pathway and her own practice audit.
3. LMD must be proactive and responsive to maintain the risk management policy and adverse incident reporting framework that governs the safe and effective delivery of care for women with diabetes in pregnancy and their babies.
4. The LMD has to understand the roles and responsibilities of each team member delivering the care to pregnant women with diabetes, to enable her to plan, refer and ensure the quality and safety of care.
5. The LMD has a professional responsibility for her own record keeping and work within the framework of agreed local and national records, to enable communication between the woman and team members.
6. The woman is central to the care provided during pregnancy. The complexity of care for the pregnant woman with diabetes will mean that she receives care from a number of different professionals; the role of the LMD is to ensure that there is continuity in the provision and delivery of care, however the LMD may not necessarily be the named midwife.

Standard 4. Communication

Information needs to be accessible, aid decision making and assist communication with women, families, professionals and other organisations.

Rationale:

Pregnant women with diabetes will have multidisciplinary team based care and communication is integral in delivering safe care.

Criteria:

1. The LMD has a role to play to ensure that care is supported by evidence based written information which is tailored to the woman's needs.
2. The LMD is required to have an understanding and awareness of manifestation of diabetes in respect of health inequalities which needs to be addressed in a culturally sensitive way.
3. The LMD needs to be able to communicate with the woman, her family and health carers to reflect both the clinical needs of the woman and her baby to maintain the pregnancy and birth as a normal life event for the woman and her family.
4. Communication between the LMD and the woman needs to demonstrate respect, maintain dignity and reflect the woman's autonomy
5. A transparent record of care that maintains confidentiality but which also ensures continuity of communication between the multidisciplinary team and the woman must be available.
6. The LMD should work with the multidisciplinary team in the peer review of records to maintain and improve communication within the team and to the woman.
7. The LMD needs to be proactive in establishing referral pathways and communication networks with local, national and international agencies and stakeholders as appropriate.



Standard 5. Education and Training

The organisation is responsible for ensuring that competent and confident practitioners with necessary skills are supported to deliver safe and quality care to women with diabetes in pregnancy.

Rationale:

Education and training will support practitioners to ensure that care is delivered from an evidence based practice to ensure safe and competent workforce.

Criteria:

1. There needs to be local agreement of the knowledge and skills required to undertake the role of LMD and education and training provided to ensure that the LMD is competent to fulfil the role.
2. The LMD needs to continue with her personal and professional development to enhance her specific knowledge and skills on pregnancy and diabetes, above that of a midwife at the point of registration.
3. Where there is no specific education or training programme available the LMD must ensure that she develops a strategy with her manager, the multidisciplinary team and named Supervisor of Midwives to identify learning needs, skills training, reflective practice, and portfolio development.
5. It is recommended that the LMD identifies a mentor in the early stages of her role for support and guidance. The organisation will ensure that this opportunity exists and the efficacy is evaluated.
6. A local induction programme at minimum should include
 - Introduction to the team and their roles
 - Identification of external agencies and stakeholders
 - Understanding of Care Pathways and shared philosophy of care
 - Enhance knowledge of the aetiology of the condition
 - Knowledge of therapeutic management of diabetes in pregnancy
 - Knowledge of condition specific monitoring and clinical care of pregnancy, birth and postnatal
 - Management of data and records
 - Understanding self management programmes specific to diabetes in pregnancy and associated psychological aspects facilitating women's autonomy.
 - Introduction to LMD networks where available
7. Organisational appraisal systems and statutory supervisory reviews should be used to evaluate and support competent professional practice and ongoing development.

Standard 6. Diabetes specific midwifery practice

The LMD should utilise her midwifery expertise to act as an advocate for a pregnant woman and with enhanced skills and knowledge in diabetes to contribute to the multidisciplinary team in ensuring delivery of optimum care.

Rationale:

The complexity of pregnancy for women with pre-existing or gestational diabetes requires additional resources in terms of multidisciplinary teams to improve outcomes for women and their babies.

Criteria:

1. The LMD in her role will enhance the normalisation of the pregnancy, birth and postnatal experience for these women and their babies.
2. The LMD will be able to provide education for women tailored to her specific individual needs, optimising self care skills.
3. The LMD will act as a knowledgeable resource for other health care professionals and refer as necessary within the team.
4. The LMD can act as a resource for other health care professionals within Primary and Secondary care and assist in the design and delivery of educational programmes and study days as a member of the diabetes team.
5. The LMD will engender a philosophy of care founded on normalising the experience of pregnancy and birth, in the face of increased monitoring and intervention.
6. The LMD will engage with primary and voluntary organisations to maintain a positive environment for the woman's ongoing health needs and ensuring early access to health care as required.
7. The LMD will provide educational material, advice on supportive networks and models of diabetes care that promote empowerment and life-long learning about diabetes for women and their families.
8. The LMD will raise awareness amongst health professionals of the additional screening and assessment required for women with diabetes in pregnancy, women at risk of developing gestational diabetes, the fetus and the newborn.
9. The LMD will demonstrate expert knowledge of treatment regimens during pregnancy and the immediate post natal period and implement in practice as defined by the local service needs.
10. The LMD will liaise with midwives, feeding co-ordinators and paediatricians/neonatologists to ensure that the evidence based neonatal care pathways are implemented as appropriate.
11. The LMD will monitor and audit standards for women with diabetes during childbirth, linking with the wider public health network.
12. The LMD will assist in the development and implementation of policies and guidelines with respect to diabetes, in line with National Service Framework, NICE guidance and CEMACH (CMACE) recommendations that deliver a high standard of care through the childbirth continuum.
 - A locally agreed protocol must exist to support LMD in their role as non-medical prescriber or supplementary prescriber; this will include the consideration to education, training and clinical governance structures.
 - The NMC (2004 & 2008) regulations must underpin the LMD's prescribing role.

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Appendix 1

Competence Framework

An agreed understanding of core competencies is recognised as beneficial in the role development. A literature review established that NHS Skills for Health had already mapped the competencies associated with care of women with diabetes pre-pregnancy, antenatal, intrapartum and postnatal period. It must be acknowledged that all qualified midwives will already have competencies in care of women with diabetes, mostly on a factual or working-knowledge basis. In view of these specific competencies, it is the in-depth and critical knowledge that would be expected to be developed in the role of the LMD.

The advisory group for this project reviewed the Skills for Health competencies and determined that they were adaptable as the national LMD competencies. These would support role development, achieve the standards and strengthen the quality of care by improving performance. These competencies are accessible via <https://tools.skillsforhealth.org.uk/suite/show/id/40>.

Skills for Health see the set competences as a tool to help individuals, organisations and training providers to improve performance. The competences can be used by individuals to:

- Create a checklist to measure personal performance
- Identify professional development needs and to help career progression

They can be used by HR and line managers to:

- Design fair and transparent recruitment and selection procedures
- Design job descriptions, advertisements and interview questions
- Design induction programmes and information packs
- Carry out appraisals
- Identify individual or team learning needs

Most importantly they can be used by training and education providers to:

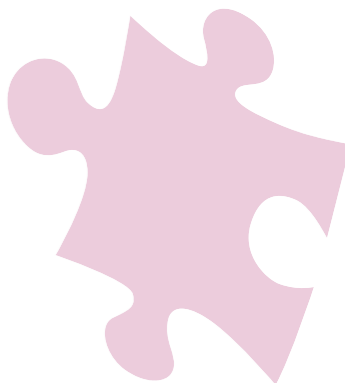
- Make programmes more relevant to people's needs
- Provide clear goals for structured learning
- Design tailored training packages and assess relevance and effectiveness
- Define learning outcomes

Competences generally contain two key components, one that relates to the individual's performance, and one that relates to what the individual must know and understand. Within the diabetes in pregnancy competencies the required key knowledge and understanding and application was clearly defined and is tabled in Table *

The NHS Skills for Health classification of the level of knowledge is valuable in making the transition from fundamental midwifery knowledge to expert level of knowledge in diabetes.

Definition of levels of knowledge and understanding (NHS SfH 2010)

Factual knowledge: knowledge that is detailed on a factual level but does not involve more than superficial understanding of principles or theories



Working knowledge: the application of factual knowledge in a manner that takes account of widely understood technical principles and implications within the field of practice.

In-depth understanding: a broad and detailed understanding of the theoretical underpinning of an area of practice, including theories and constructs

Critical understanding: the ability to evaluate and devise approaches to situations that depend on the critical application of theories and conceptual constructs within the area of practice

The performance criteria associated with each competence would be too lengthy to be repeated in this document, therefore it was decided to use a single competency as an example and set this into a table in a format of an assessment tool with the performance criteria. It is envisaged that individual organisations in the process of establishing the role of LMD could obtain and use the rest of the competencies in the same format.

The founding principle being that if any aspect of practice is beyond one's personal level of competence a practitioner should obtain help and supervision from another competent practitioner until she and her employer consider that the necessary knowledge and skills have been gained. Midwives are subjected to professional regulation and should ensure that their practice complies with the specific code of conduct or practice as identified by the NMC.



The following table has the overarching midwifery competence clusters and specific competencies in diabetes in pregnancy see table below**

Midwifery Competencies

Core Midwifery Competencies clusters

1. Context of Care;
2. Individualised Holistic Care of Women:
 - 2.1 Assessing and planning care in partnership with women and others;
 - 2.2 Implementation
 - 2.3 Evaluation
 - 2.4 Delivering evidenced based care
3. Communication and interpersonal skills
4. Record Keeping
5. Investigations
6. Administration of Medicines
7. Health and Safety
 - Moving and Handling
 - Emergency procedures
 - Infection Control
 - Risk Management



Specific Midwifery Competencies in Diabetes in pregnancy

1. Provide advice and information on planning pregnancy to all women with diabetes of childbearing age
2. Agree care plans to help women with diabetes prepare for a safe and healthy pregnancy
3. Support and review care plans to help women with diabetes prepare for a safe and healthy pregnancy
4. Agree continuing care plans for women with diabetes who are pregnant
5. Agree new care plans for women with diabetes who are pregnant
6. Support and review care plans for women with diabetes who are pregnant
7. Agree and support care plans to help women manage their diabetes during labour and immediately following delivery
8. Agree and implement care plans for women with diabetes after they have given birth
9. Identify symptoms of gestational diabetes and refer a woman for further assessment
10. Assess a woman for gestational diabetes and make a diagnosis
11. Inform a woman of a diagnosis of gestational diabetes
12. Agree care plans with women who have gestational diabetes
13. Support and advise women with gestational diabetes after they have given birth

Required knowledge and understanding to apply these competences as linked to:

National guidelines

- K1. An in-depth understanding of national guidelines on diabetes management, education and service delivery in relation to diabetes and pregnancy

Diabetes causes and symptoms

- K2. An in-depth understanding of theories of causes of diabetes
- K3. An in-depth understanding of signs and symptoms of diabetes, including WHO criteria for diagnosis
- K4. An in-depth understanding of normal and abnormal blood glucose and HbA1c values
- K5. An in-depth understanding of how to monitor glucose levels, HbA1c, lipids, blood pressure

Working in partnership with patients and carers

- K6. A critical understanding of the importance and effects of patient education and self management
- K7. An in-depth understanding of the psychological impact of diabetes, at diagnosis and in the long term
- K8. An in-depth understanding of how to gather information from patients about their health
- K9. A critical understanding of how to work in partnership with patients and carers
- K10. An in-depth understanding of the social, cultural and economic background of the patient/carer group

Managing diabetes

- K11. An in-depth understanding of the impact of nutrition, particularly carbohydrates, on diabetes
- K12. An in-depth understanding of the impact of physical activity on diabetes
- K13. A working knowledge of the effects of smoking, alcohol and illicit drugs
- K14. An in-depth understanding of the effects of, and how to manage, intercurrent illness
- K15. A critical understanding of how to manage hypoglycemia
- K16. A critical understanding of the use of insulin to manage diabetes
- K17. An in-depth understanding of other medications used to manage diabetes
- K18. An in-depth understanding of the long term complications of diabetes and when they are likely to occur

Pregnancy and diabetes

- K19. A critical understanding of the risks of a mother's diabetes to the mother and to the child
- K20. An in-depth understanding of the effects of pre-existing long term complications on the risks
- K21. An in-depth understanding of the medications used to manage diabetes during pregnancy and the medications that are contra-indicated
- K22. An in-depth understanding of how to manage high blood pressure during pregnancy
- K23. An in-depth understanding of the priorities for managing diabetes during each trimester of pregnancy, during labour, and following delivery

Organisational and legal issues

- K24. A working knowledge of relevant professional guidelines, standards and codes of professional conduct
- K25. An in-depth understanding of the law and good practice guidelines on consent
- K26. An in-depth understanding of your role in the healthcare team and the role of others
- K27. An in-depth understanding of legal frameworks concerning prescribing
- K28. A critical understanding of local guidelines on diabetes healthcare
- K29. A working knowledge of the arrangements for supporting women with diabetes who are pregnant or who are planning pregnancy
- K30. A working knowledge of local referral pathways
- K31. A working knowledge of local systems for recording patient information
- K32. An in-depth understanding of audit and quality assurance systems

Sources of information and support

- K33. A working knowledge of sources of practitioner and patient information on diabetes and on pregnancy
- K34. A factual knowledge of contact details of local and national support groups
- K35. A working knowledge of how individuals can access facilities for exercise and physical activity



Appendix 2

Competence performance criteria

In the following table is an example of a competence set out with the expected performance criteria. This can act as an assessment tool for individual practitioners, managers etc. and most importantly used in building an on-going developmental plan.

Competence:

Agree continuing care plans for women with diabetes who are pregnant

Performance criteria You need to:	Factual	Working knowledge	In-depth knowledge	Critical knowledge	Action plan Education/training requirement Activities to be undertaken
1. Include women with diabetes and their partners as members of the care team, involve them in decisions about their care, and provide them with sufficient appropriate information for them to participate fully in making decisions					
2. Work in full partnership with other members of the multi-disciplinary team involved in providing care and support for diabetes and for pregnancy to ensure that holistic care is provided					
3. Continue to assess the understanding of the woman and her partner of what they can do to support a safe and healthy pregnancy, and provide information at appropriate times to reinforce and develop this understanding					
4. Arrange or carry out a dietetic review to help to optimise blood glucose control and ensure total nutritional adequacy during pregnancy					

Performance criteria You need to:	Factual	Working knowledge	In-depth knowledge	Critical knowledge	Action plan Education/training requirement Activities to be undertaken
5. Discuss and agree continuing targets for blood glucose and HbA1c levels that are realistic and safe, and support women and their partners in continuing to monitor and manage blood glucose levels					
6. Discuss and agree plans for avoiding, managing and treating hypoglycemia during each trimester of the pregnancy					
7. Where a woman with Type 1 diabetes is not already using ketone strips, arrange for supply and, if necessary, help her learn how to use and interpret them					
8. Where the woman is using insulin to manage her diabetes, discuss and provide information in suitable forms on how to adjust dosages throughout pregnancy, and support the woman and her partner in learning to self-manage dose adjustment					
9. Arrange for eye screening, and for monitoring in relation to other long term complications, at appropriate intervals during pregnancy					

Appendix 3

Performance criteria You need to:	Factual	Working knowledge	In-depth knowledge	Critical knowledge	Action plan Education/training requirement Activities to be undertaken
10. Agree dates that are convenient for the woman and her partner for meetings to support and review the care plan, and ensure that the woman and her partner know how to access help and advice between meetings, and emergency help, if they need it					
11. At appropriate times, discuss a) Decisions about methods and timing of delivery b) How diabetes can be managed during and after delivery c) The benefits of breastfeeding, and other options for feeding the baby					
12. Record the plan in a format that can be followed by other members of the care team, the woman and her partner					

Lead Midwife in Diabetes role specification guidance

This section covers essential or developmental attributes within the Lead Midwife in Diabetes role and can be built into the development of a job description for this role. This cannot be read as a comprehensive of all attributes as there are associated competencies e.g. in management, record keeping, education and women's health.

These are interwoven with the national workforce competencies set by Skills for Health for professionals providing care to women with diabetes in pregnancy.

National Workforce Competences required

- Diab PD01: Provide advice and information on planning pregnancy to all women with diabetes of childbearing age
- Diab PD02: Agree care plans to help women with diabetes prepare for a safe and healthy pregnancy
- Diab PD03: Support and review care plans to help women with diabetes prepare for a safe and healthy pregnancy
- Diab PD04: Agree continuing care plans for women with diabetes who are pregnant
- Diab PD05: Agree new care plans for women with diabetes who are pregnant
- Diab PD06: Support and review care plans for women with diabetes who are pregnant
- Diab PD07: Agree and support care plans to help women manage their diabetes during labour and immediately following delivery
- Diab PD08: Agree and implement care plans for women with diabetes after they have given birth
- Diab PD10: Identify symptoms of gestational diabetes and refer a woman for further assessment
- Diab PD11: Assess a woman for gestational diabetes and make a diagnosis
- Diab PD12: Inform a woman of a diagnosis of gestational diabetes
- Diab PD13: Agree care plans with women who have gestational diabetes
- Diab PD15: Support and advise women with gestational diabetes after they have given birth

Competence:
Agree continuing care plans for women with diabetes who are pregnant

Attribute	Essential or developmental	Linked Skills for Health competencies
To provide, clinical and professional advice on the care of women who require preconception care, those with diabetes or those that develop diabetes during pregnancy	Core	PD01/02/11/12/13
To act as an advocate for the women with diabetes and their family ensuring the provision of appropriate information and planning, support services and to promote a culture of normality in childbirth	Core	PD01/02/03/04/
To facilitate prompt, smooth and early referral of women with preexisting diabetes or gestational diabetes to ensure correct medication and investigations and monitoring is implemented	Core	PD01/02/10/11/12/13
To promote prompt access to services for all women, by exploring opportunities within the primary care setting. Plan and provide individualized care to 'hard to reach' and socially excluded women and their families, overcoming complex barriers to understanding by using well developed interpersonal skills and expertise	Core	PD01/02/03/04/10
To be a highly competent midwife, with excellent communication and interpersonal skills, who is a knowledgeable and visible practitioner within the specialty, ensuring evidence based care for women with diabetes and their families	Core	PD01/02/03/04/05/06/07/08/10/11/12/13/15
To assess, plan, implement and evaluate a programme of evidence based care for pregnant women with diabetes	Core	PD04/05/06
To work as an independent practitioner within the MDT able to assess, diagnose and support women who develop diabetes during pregnancy	Core	PD10/11/12/13
In line with National Service Framework and CEMACH (CEMACE) recommendations, to take the lead in the development and implementation of policies and guidelines, that deliver a high standard of care and seek to empower women with pre existing diabetes and those who develop diabetes during their pregnancy	Core	PD01/02/03/04/05/06/07/08/10/11/12/13/15
To take the lead in setting, monitor and audit standards for women with diabetes during childbirth	Core	
To be the lead midwife within the diabetes obstetric service	Core	

Attribute	Essential or developmental	Linked Skills for Health competencies
To be responsible for the development, lead and co-ordination of the Diabetes Services within maternity services as an autonomous member of the Diabetes team	Core	
To ensure every woman with diabetes has a robust care plan in place before onset of labour	Core	PD07
Improve the quality and continuity of individualized midwifery care and support for pregnant women with diabetes.	Developmental	PD01/02/03/04/05/06/07/08/10/11/12/13/15
To take an active role in a pre-conception services for women with diabetes	Developmental	PD01/02/03
To act as a role model and expert midwifery practitioner, to all healthcare professionals across primary and secondary care, providing support and guidance with regard to diabetes care and the management of clinical cases within a team	Developmental	PD10
To provide continued support and advice for women with diabetes in the postnatal period. Identifying those that require advice to optimize glycaemic control and ensuring follow up or further screening	Developmental	PD08/15
To co-ordinate and facilitate formal training programmes with the multi-disciplinary team. To provide education for staff regarding the needs of women with diabetes	Developmental	
To demonstrate knowledge of and practice in the use of treatment regimens during pregnancy, labour and the immediate post natal period	Developmental	PD04/15
To have or be willing to undertake a course in non-medical prescribing	Developmental	
To teach women the skills necessary for home blood glucose monitoring and self administration of insulin	Developmental	PD06
To work as an independent non-medical prescriber, undertaking the relevant educational courses to work autonomously to adjust insulin doses	Developmental	
To represent the trust on service development groups across both primary and secondary care as part of local strategic planning	Developmental	

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