

Core competency framework

In collaboration with national maternity partner organisations including the Royal Colleges, HSIB, NMC and NHS Resolution, the Maternity Transformation Programme has led on the development of a Core Competency Framework to address known variation in training and competency assessment and ensure that training to address significant areas of harm are included as minimum core requirements for every maternity and neonatal service.

Further work is being undertaken to develop support tools, particularly in relation to fetal monitoring. In meeting the requirements of the Core Competency Framework, clinical teams will also need to take into account the need for training to be undertaken safely during COVID. The training content might need to be delivered remotely or digitally and should include fetal monitoring as well as standard emergencies to share and address learning from local maternity and neonatal outcomes. Furthermore, in the current circumstances, there should be training for local Covid-19/PPE emergency care and maternity critical care (see requirements 7 and 8 and Covid-19 maternity specific e-learning training).

Delivery of the training requirements must include consideration of human factors, local transfer processes and policies (hospital and community settings), use of locally agreed safety language and communication with women, families and staff, particularly where debrief is required as part of emergency scenario training.

The training syllabus should be delivered locally and based on current evidence, national guidelines/recommendations, any relevant local audit findings, risk issues and case review feedback, and include the use of local charts, emergency boxes, algorithms and proformas. The local training faculty should be multi-professional so that they are representative of the current maternity teams, and therefore, in addition to the midwifery educators, there should be protected time for obstetricians and anaesthetists to be able to support this local training.

The teams involved in each of the eight priority areas below are set out in **Safety Action 8** of the [Maternity Safety Incentive Scheme](#).

Core requirements must include training on:

| | Core Modules | Minimum requirement | Specific information |
|---|---|--|--|
| 1 | Saving Babies Lives Care Bundle | Smoke free pregnancy Monitoring growth restriction Fetal movements Fetal monitoring Pre-term birth | Consider, as a minimum, using the eLearning for Health on line SBLCB training programme |
| 2 | Fetal surveillance in labour | Risk assessment throughout labour Fetal monitoring – Intermittent auscultation (IA) Fetal monitoring- Electronic Fetal Monitoring EFM) Use of local case histories | Fetal monitoring training should be based on the previously recommended: multi-professional case history discussions that demonstrate the use of local fetal monitoring tools and resources for risk assessment, classification and escalation. All content should be based on current evidence, national guidelines and local systems and risk issues. |
| 3 | Maternity Emergencies and multi-professional training – to include midwifery, obstetrics, anaesthetics, neonates as well as representatives from medical and critical care specialists | Locally identified training needs relating to emergency scenarios which might include: Antepartum Haemorrhage and Postpartum Haemorrhage Impacted Fetal head Pre-eclampsia/eclampsia severe hypertension Uterine Rupture Maternal resuscitation Vaginal breech birth Shoulder dystocia Cord prolapse Include: - The use of maternal critical care observation charts - Structured review proformas | These training sessions should also cover an understanding of Covid-19 specific therapies in pregnancy and the importance of twice-daily multidisciplinary structured reviews to ensure comprehensive, multi-disciplinary and coordinated care across different care settings. |

| | Core Modules | Minimum requirement | Specific information |
|---|--|---|--|
| | | <ul style="list-style-type: none"> - Deterioration and escalation thresholds - Timing of birth and immediate postnatal care. | |
| 4 | Personalised Care | <p>Ongoing antenatal and intrapartum risk assessment with a <i>holistic view from a woman's personal perspective, offering her informed choice</i></p> <p>Maternal mental health</p> <p>Vulnerable women and families</p> <ul style="list-style-type: none"> - social factors requiring referral - families with babies on NICU <p>Bereavement care</p> | <p>There should be training for all maternity carers to recognise, triage and care for women with mental health & safeguarding concerns in pregnancy.</p> <p>This should include information on local pathways and procedures to ensure face-to-face assessments and fast-track access to specialist perinatal mental health and safeguarding support services.</p> <p>Training should also include recognition of concerning 'red flags', particularly repeated referrals that should prompt urgent review.</p> |
| 5 | Care during labour and the immediate postnatal period | <p>Management of labour</p> <p>VBAC and uterine rupture</p> <p>GBS in labour</p> <p>Management of epidural anaesthesia</p> <p>Operative vaginal birth – ROBUST</p> <p>Perineal Trauma – prevention of and OASI pathway</p> <p>Maternal Critical Care</p> <p>Recovery Care after general anaesthetic</p> | |
| 6 | Neonatal Life Support | <p>Identification of a baby requiring resuscitation after birth including:</p> <ul style="list-style-type: none"> • Knowledge and understanding of the NLS algorithm • How to call for help within the organisation | <p>The training should also include recognition of the deteriorating newborn infant with actions to be taken.</p> |

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| | | <ul style="list-style-type: none"> Situation, Background, Assessment Recommendation (SBAR) or equivalent communication tool handover on arrival of help | |
| 7 | COVID-19 Specific training - based on the MBRRACE-UK findings and recommendations, maternity units should provide training for elements that relate to care of pregnant and postpartum women during the current Covid-19 pandemic. | <p>There should be unit level multi-professional training for all staff caring for pregnant & postpartum women with suspected or confirmed Covid-19.</p> <p>There should be specific training concerning women requiring maternal critical care.</p> <p>There should be specific training regarding the triage of pregnant and postpartum women with mental health concerns.</p> | Training should include a general overview of care principles, and individual susceptibility e.g. ethnicity, hypertension and diabetes. |
| 8 | Training targeted at local learning | Sharing of local maternal and neonatal outcomes (including learning from in-situ simulation) and ideally benchmarked against other units. | These data may be local from Serious Incidents, Near Misses, Never Events or from National programmes e.g. National Maternity Perinatal Audit (NMPA), Getting It Right First Time (GIRFT) and others. |