

## **E11 Specialised Maternity – Maternal Management insert for inclusion in other relevant specifications**

Maternal morbidity and mortality is increased by diseases that pre-date pregnancy as well as by complications that arise during pregnancy. The care of women who are pregnant and have co-existing medical conditions is complicated by the fact that pregnancy induces significant changes in all aspects of maternal physiology, such that it is not possible to extrapolate management solutions from general adult medicine. Optimal outcomes are achieved where care for pregnant women is provided by consultants with specific pregnancy expertise, with input from relevant physicians, rather than vice versa. In addition, as many of these conditions are uncommon, care should be provided in a small number of specialist centres in order to concentrate expertise and improve outcomes in an efficient manner.

These challenges are underpinned by data from recent national *Confidential Enquiries into Maternal Deaths 2013* that repeatedly demonstrates that women with pre-existing medical conditions are over-represented in the mortality statistics. Many of these deaths could be avoided by early referral to a multidisciplinary team of physicians, obstetricians, midwives, nurses, psychiatrists and other specialists with specific training and experience in the care of medical diseases in pregnancy.

In consequence, whilst the majority of women with complications during pregnancy will be managed by locally provided (and commissioned) maternity services, there are some patients where the rarity, complexity or resource implications of their condition are such, that the best outcomes will only be obtained if they receive all or part of their care from specialist commissioned services, available in a small number of highly specialized maternity units. Less than 1% of pregnant women will require this type of care. Units will be designated because they meet the following criteria:

- A sufficient case load to justify a regular clinic staffed jointly by a specialist consultant obstetrician and physician who provide a defined service to which referrals can be made and advice sought
- Can demonstrate that care is centred around multi-disciplinary joint consultations with appropriate support from specialist nurses, midwives and Anaesthetists.
- Access to other medical, surgical, fetal medicine, clinical genetics and level 3 Neonatal Intensive Care services where needed
- A pre- pregnancy counselling service to generate an individualized care plan that covers ante-natal, intra-partum and postnatal periods. This will include clear instructions for shared care with secondary services where appropriate, including escalation and transfer protocols and clear guidelines for planned and emergency delivery
- Part of a network with distinct pathways to facilitate timely and easy access to specialist advice
- Will have the necessary resources and multidisciplinary expertise to support, if needed, all stages of the care pathway including termination of pregnancy where requested as well as labour and delivery
- Post natal care – a written discharge summary will include detailed plans for follow up, return to physician care and contraception with a plan for future pregnancy if appropriate

- Regular robust review against available benchmarks to include measures of user experience

It is possible that some units will meet these criteria for the full range of specialist maternity services, whilst others may only provide a specialist commissioned service for a single condition. However, the overall aim is to ensure that the outcomes for women who are pregnant and have co-existing, rare, complex and potentially dangerous conditions is optimized by access to multidisciplinary teams with training and experience that is both condition and pregnancy specific, working in a small number of specialist commissioned units.