Additional care for women and newborn infants with complications

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Midwives are ideally placed to recognise any changes that may lead to complications. The midwife is responsible for immediate emergency response and first line management and in ensuring timely collaboration with and referral to interdisciplinary and multiagency colleagues. The midwife has specific responsibility for continuity and coordination of care, providing ongoing midwifery care as part of the interdisciplinary team, and acting as an advocate for women and newborn infants to ensure that they are always the focus of care.

A. The midwife's role in first line assessment and management of complications and additional care needs

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4.A outcomes

At the point of registration, the midwife will be able to:

4.1demonstrate knowledge and understanding that the complications and additional care needs of women, newborn infants, partners and families may relate to physical, psychological, social, cultural, and spiritual factors

4.2identify and use reports and data on local, national, and international prevalence and risk to develop knowledge and awareness of complications and additional care needs that may affect women, newborn infants, and families

4.3demonstrate knowledge and understanding of pre-existing, current and emerging complications and additional care needs that affect the woman, including their potential impact on the woman's health and wellbeing; and the ability to recognise and provide any care, support or referral that may be required as a result of any such complications or needs

4.4demonstrate knowledge, understanding, and the ability to recognise complications and additional care needs in regard to:

4.4.1embryology and fetal development

4.4.2adaptation to life

4.4.3the newborn infant

4.4.4very early child development

4.4.5the transition to parenthood and positive family attachment

4.5demonstrate knowledge, understanding, and the ability to recognise complications and additional care needs of the woman and/or newborn infant, in regard to infant feeding and the implications of feeding for very early child development

4.6use evidence-based, best practice approaches to respond promptly to signs of compromise and deterioration in the woman, fetus, and newborn infant, and to make clinical decisions based on need and best practice evidence; and act on those decisions

4.7use evidence-based, best practice approaches to the management of emergency situations

4.8use evidence-based, best practice approaches for the first-line management of complications and additional care needs of the woman, fetus and/or newborn infant; including support, referral, interdisciplinary and multiagency team working, escalation and follow-up, as needed.

3. The midwife’s role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services

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4.B outcomes

At the point of registration, the midwife will be able to:

4.9demonstrate the ability to work in collaboration with the interdisciplinary and multiagency teams while continuing to provide midwifery care needed by women and newborn infants

4.10use evidence-based, best practice approaches to keep mothers and newborn infants together whenever possible when providing midwifery care, even when complications and additional care needs occur

4.11demonstrate knowledge and understanding of how to work in collaboration with the interdisciplinary and multiagency teams to provide respectful, kind, compassionate end of life care for the woman and/or newborn infant, and their partner and family, and follow up with the family, ensuring continuity of care.