### AOCiP 7: The doctor manages intrapartum medical complications and pre-existing conditions.

<table>
<thead>
<tr>
<th>Key Skills</th>
<th>Descriptors</th>
</tr>
</thead>
</table>
| Diagnoses and manages hypertensive disorders of pregnancy | • Recognises these conditions when they present both classically, and in an atypical manner, and can formulate a differential diagnosis.  
• Institutes emergency care and makes a longer-term plan for management, considering both maternal and fetal risks and needs.  
• Applies clinical skills and investigations to monitor the condition and modifies plans accordingly.  
• Manages uncommon intrapartum complications of these conditions, with support from other specialist teams.  
• Liaises with consultants and other specialties and works effectively as part of a multidisciplinary team.  
• Communicates effectively with the woman and her support structure, to enable decision making.  
• Is able to discuss risks for future pregnancies and make plans for reducing these risks. |
| Manages the intrapartum care of a woman with diabetes | • Devises an individualised management plan using a targeted history and review of relevant investigations performed before and during pregnancy.  
• Counsels on the maternal and fetal risks associated with pre-existing and gestational diabetes in pregnancy and labour.  
• Liaises with the multidisciplinary team regarding blood sugar control, long-term complications of diabetes, and acute diabetic presentations (including ketoacidosis).  
• Makes an appropriate plan for labour and birth, and the postnatal period.  
• Provides contraceptive and pre-pregnancy planning advice. |
| Manages the intrapartum care of a woman with other pre-existing medical disorders | • Using a targeted history, and by reviewing results of investigations performed before and during pregnancy, manages the care of the woman during labour with pre-existing medical disorders, with particular emphasis on women with haemoglobinopathies, epilepsy, hepatitis B and C, HIV, herpes, cardiac, respiratory and renal disease, and previous thromboembolic disease, or elevated chance of VTE.  
• Devises a management plan accordingly.  
• Is able to recognise situations of greater complexity which require tertiary level and/or subspecialist care.  
• Counsels on the maternal and fetal risks associated with these conditions in pregnancy and labour. |
- Makes an appropriate plan for labour and birth, and the postnatal period, including managing acute presentations caused, or complicated, by these conditions.
- Provides contraceptive and pre-pregnancy planning advice.

| Can assess and manage a critically ill or collapsed woman | Able to make a rapid differential diagnosis, institute investigations and commence immediate resuscitation while calling for specialist assistance from the multidisciplinary team.
- Provides ongoing obstetric input to women who have been transferred to non-obstetric high dependency or critical care areas.
- Debriefs the team and family after the event in a manner that is easy to understand. |

**Evidence to inform decision**
- Reflective practice
- NOTSS
- TO2 (includes SO)
- CbD
- Mini-CEX
- RCOG e-learning
- Local and Deanery Teaching
- Attendance at appropriate conferences and courses
- ITU/HDU attachment
- Attendance at obstetric anaesthesia clinic
- Relevant audit/quality improvement project

**Knowledge criteria**
- Best practice management for and the risks associated with the 12 key conditions/scenarios which complicate intrapartum care:
  - Severe pre-eclampsia
  - Eclampsia
  - HELLP syndrome
  - Pre-existing diabetes mellitus, with and without complications
  - Gestational diabetes
  - Renal disease
  - Haemoglobinopathies
  - HIV
  - Previous thromboembolic disease
  - Elevated chance VTE
  - Intrapartum pyrexia
  - Increased chance of early onset GBS in the neonate
- The presentation, investigation, differential diagnosis, management and outcome of the following in pregnancy:
  - Acute renal impairment
  - Acute chest pain
  - Breathlessness
  - Ketoacidosis
  - Altered consciousness
  - Sickle cell crisis

In detail:
- The pathophysiology, definition, diagnosis, associated acute and longer term maternal and fetal complications, and best practice for management, of pre-eclampsia and its variants
- The pathogenesis and classification, prevalence and complications of pre-existing diabetes (metabolic, retinopathy, nephropathy, neuropathy, vascular disease)
- Monitoring and optimisation of glucose control during labour
- Management of hypoglycaemia and ketoacidosis in pregnancy and labour
- How haemoglobinopathy impacts upon the antenatal and intrapartum care of the woman the risk to the fetus and the genetic basis of the common haemoglobinopathies
- How to quantify thromboembolic risk and how best to mitigate this during labour and the immediate puerperium
- The effects of labour and the immediate postpartum period on chronic renal, cardiac and respiratory disease, and the effects they have on labour
- Management strategies to optimise the fetal and maternal outcomes of labour in women with renal, cardiac and respiratory disease
- Management of seizure disorders and eclampsia during labour and the postpartum period
- The impact of HIV, hepatitis B and C and herpes on intrapartum and immediate postpartum care of the woman
- The risks of viral vertical transmission and how these can be minimised
- Current pharmacological management of HIV, and drug side effects
- The structure and organisation of high dependency, intensive care and outreach teams
- Indications for high dependency and intensive care
- Methods of invasive monitoring for oxygenation, acid base balance, intraarterial pressure, cardiac output, preload and contractility
- The supportive therapies for multi-organ failure
- The altered presentation in pregnancy of respiratory, cardiac and renal impairment
- Risk factors, causes of and presentation of amniotic fluid embolism, pulmonary embolism, cerebrovascular accident and cardiac event during labour
- Other causes of acute maternal collapse
- Unique issues presented by collapse in pregnancy and labour, including timing and guidance for peri-mortem caesarean section

### AOCiP 9: The doctor recognises key intrapartum scenarios and manages them using the necessary technical and non-technical skills.

<table>
<thead>
<tr>
<th>Key Skills</th>
<th>Descriptors</th>
</tr>
</thead>
</table>
| Manages non-cephalic presentation safely | • Recognises non-cephalic presentation.  
• Communicates effectively to the parents the risks and benefits of different mode of deliveries for breech presentation.  
• Optimises the woman’s care by effectively liaising with other health professionals and devising a safe birth plan. |
| Manages preterm labour safely | • Liaises effectively with neonatologists to arrange in utero transfer.  
• Liaises effectively with microbiologist to arrange the use of antimicrobial agents.  
• Communicates effectively to the parents the risks (short term and long term) associated with preterm labour and birth, and works with them to decide on the mode of birth. |
<p>| Manages multiple pregnancy safely | • Formulates clear intrapartum care plans based on clear communication of all issues to the parents. |</p>
<table>
<thead>
<tr>
<th>Activity</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manages rotational vaginal birth safely</td>
<td>• Runs a multiple pregnancy skills drill. • Communicates effectively to the parents the risks and benefits of all birth options. • Escalates to senior colleagues and other specialties when appropriate. • Debriefs following the birth.</td>
</tr>
<tr>
<td>Manages birth for the morbidly obese safely</td>
<td>• Works with a multidisciplinary team to minimise the intrapartum and postpartum risks. • Communicates effectively the optimum mode of birth.</td>
</tr>
<tr>
<td>Manages PPH safely</td>
<td>• Can provide acute resuscitation and definitive management for primary and secondary PPH. • Communicates effectively with and leads the multidisciplinary team. • Runs skills drills for major PPH.</td>
</tr>
<tr>
<td>Manages morbidly adherent placenta safely</td>
<td>• Recognises the potential for abnormal placental invasion and initiation of appropriate investigations and management planning. • Leads the multidisciplinary team in planning for safe birth and institutes specific measures to mitigate risk. • Assesses blood loss and institutes appropriate resuscitation. • Leads the team for management of massive PPH. • Debriefs and advises on plans for future pregnancies.</td>
</tr>
<tr>
<td>Manages maternal sepsis safely</td>
<td>• Recognises, assesses and manages sepsis in a timely manner. • Communicates effectively regarding the diagnosis and management of sepsis (including expediting birth if indicated) with the mother, family and the multidisciplinary team.</td>
</tr>
<tr>
<td>Manage antepartum stillbirth safely</td>
<td>• Communicates effectively with the mother and the relatives regarding diagnosis of stillbirth and appropriate investigations (including post-mortem) and follow up. • Conducts all stages of labour for stillbirth.</td>
</tr>
<tr>
<td>Communicates the risks and benefits of all analgesia and anaesthesia for labour and operative birth (vaginal or caesarean)</td>
<td>• Can explain the risks and benefits of the different forms of analgesia and anaesthesia for labour. • Explains the risks and benefits of the different forms of analgesia and anaesthesia for operative vaginal birth, caesarean section and other obstetric interventions. • Agrees intrapartum care plan.</td>
</tr>
<tr>
<td>Able to optimise care and subsequent investigation following an adverse intrapartum outcome</td>
<td>• Advises upon local support available and the investigations that may determine causation. • Debriefs family after adverse intrapartum outcome. • Debriefs staff after adverse intrapartum outcome.</td>
</tr>
<tr>
<td>Coordinates the daily running of the labour ward</td>
<td>• Coordinates the labour ward appropriately. • Communicates plans and decisions effectively to team members using SBAR or a similar tool. • Allocates workload and support staff and women.</td>
</tr>
</tbody>
</table>

**Evidence to inform decision**

- OSATS
  - Vaginal breech birth
- RCOG and other e-learning
- Local and Deanery Teaching
- manual rotation
- rotational operative vaginal birth
- ECV in labour
- Caesarean section

- Mini-CEX
- CbD
- Log of cases
- Reflective practice
- NOTSS
- TO2 (includes SO)

- Attendance at specialist courses and conferences
- Confirmed participation in multidisciplinary team-based simulation training
- Evidence of short attachment to obstetric anaesthesia, HDU/ITU
- Relevant audit/ quality improvement project
- Leads labour ward forum and risk management case review
- Log of risk management cases

**Knowledge criteria**

- The fetal and maternal risks and benefits associated with different modes of birth for breech presentation
- The causes of non-cephalic presentation
- The manoeuvres used during breech birth
- Indication for ECV (External Cephalic version) in labour (for breech, transverse lie and second twin) and the techniques involved
- Pathophysiology, investigation, risks and management of preterm labour and preterm prelabour rupture of membranes (PPROM)
- The short and long term risks of prematurity
- The diagnosis and management of chorioamnionitis
- The indications, pharmacology and side effects of steroids, tocolysis and magnesium sulphate
- The factors that influence mode of birth in twin pregnancy and the risks associated with either birth option
- The role of intrapartum ultrasound and CTG monitoring for multiple pregnancies
- Management of non-cephalic presentation in twin pregnancy, including internal podalic version (IPV)
- The importance of fetal growth restriction, discordant growth, prematurity, chorionicity and malpresentation on the recommendation and successful conduct for all modes of birth for multiple pregnancies
- The techniques available to facilitate both vaginal birth as well as caesarean section.
- Indications and contraindications for each form of operative vaginal birth
- The factors influencing success rates with each instrument, and options available if unsuccessful at any stage of their application
- The practical detail of 2 of the 3 techniques for safe rotational operative vaginal birth (manual rotation, rotational ventouse, kiellands forceps)
- The definition, diagnosis and outcomes of hypoxic ischaemic encephalopathy
- The principles of advanced neonatal resuscitation
- Neonatal acid-base balance
- The birth options that are most suitable for those who are morbidly obese and practical measures to minimise risk
- Chance of fetal macrosomia and its implications on birth options
- The cause, presentation, risks, investigations and management of maternal sepsis
- The antibiotics pharmacology and which are most suitable for use in pregnancy and postpartum.
- The risk factors for PPH and how to minimise the chance of PPH
- Pharmacological and surgical management of PPH, and treatments to reduce associated risks
- The consequences of massive acute PPH and how the situation may be investigated and monitored.
- Correction of uterine inversion
- Risk factors for abnormal placental invasion
- The investigation of possible placental morbid adherence and the pros and cons of each modality
- The features on ultrasound and MRI of morbid adherence
- Local/Regional guidelines and protocols for managing morbid placental adherence
- Intraoperative measures to limit blood loss in abnormal placental invasion
- Indications and timings of caesarean hysterectomy
- How to diagnose and manage intra-abdominal haemorrhage
- Effectiveness, contraindications, implications and side effects of different forms of analgesia and anaesthesia for labour and obstetric procedures
- How caesarean section and postpartum risks may be minimised and the operative strategies that may be used to overcome the difficulties that are often encountered
- The investigations that may determine causation of antepartum stillbirth including the option of post-mortem examination and karyotyping
- The labour ward staffing structure and minimum staffing number safety standards
- The governance structure within the obstetric department
- How serious untoward events are investigated and acted upon within the department and Trust
- The organisation and structure of high dependency, intensive care, surgical and medical outreach teams

### AOCiP 10: The doctor uses ultrasound to optimise outcomes during labour and the immediate puerperium.

<table>
<thead>
<tr>
<th>Key Skills</th>
<th>Descriptors</th>
</tr>
</thead>
</table>
| Uses ultrasound safely and effectively to determine fetal position and presentation | - Identifies the presenting part in labour, prior to induction of labour or in preterm/suspected preterm labour.  
- Determines each presentation and lie for twin pregnancy at term. |
| Locates fetal heart beat safely intrapartum | - Confirms fetal heart beat and intrapartum viability.  
- Communicates the findings to the mother and the family. |
| Confirms intrauterine fetal demise | - Explains the findings in a sympathetic manner and advises on a management plan. |
| Identifies fetal occiput orientation intrapartum | - Is able to identify occipito anterior and occipito posterior positions in labour. |
| Recognises appearance of post-partum uterus safely | - Recognises the normal appearances of post-partum uterus.  
- Identifies and manages ultrasound features of retained products of conception. |

**Evidence to inform decision**

- Mini-CEX
- Local and Deanery Teaching
Knowledge criteria

- How to identify fetal lie and presenting part (cephalic, breech flexed, extended and footling as well as shoulder presentation), placental location and amniotic fluid volume
- The intracranial landmarks (midline echo, thalami, head shape) and extracranial features (position of the ears, eyes, nose and fetal spine) which help with determination of the fetal head and the position of the occiput
- How to correctly orientate the probe to correctly determine orientation of fetal occiput
- How to determine fetal heart within the fetal chest and whether a fetal heart beat is present rapidly and accurately
- How ultrasound may be used to augment and confirm the clinical findings of abdominal palpation and vaginal examination.
- How to recognise and record the ultrasound features of fetal viability and intrauterine demise
- The physiological changes that occur postpartum to the uterus and the typical ultrasound appearances
- The ultrasound features that suggest retained products of conception

SECTION 2: PROCEDURES

<table>
<thead>
<tr>
<th>Procedures</th>
<th>Level by end of training</th>
<th>CIP 9</th>
<th>CIP10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisted breech birth or a breech extraction at vaginal and caesarean birth in singleton and multiple pregnancies</td>
<td>5</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Caesarean section with transverse lie</td>
<td>5</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Preterm vaginal birth</td>
<td>5</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Preterm caesarean section, including non-lower segment uterine incisions</td>
<td>5</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Preterm twin birth</td>
<td>5</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Vaginal birth or caesarean section for twin pregnancy</td>
<td>5</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Internal Podalic version</td>
<td>5</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>ECV</td>
<td>5</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Manual rotation</td>
<td>5</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Rotational operative vaginal birth</td>
<td>5</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Caesarean section and operative vaginal birth for those with BMI &gt;40</td>
<td>5</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Uterine balloon tamponade</td>
<td>5</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Brace suture</td>
<td>5</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Peripartum hysterectomy</td>
<td>1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Laparotomy for intra-abdominal bleeding</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repair of uterine rupture</td>
<td>1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Determine the lie and presentation for each fetus in a multiple pregnancy at term using ultrasound</td>
<td>5</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Determine the presenting part in (suspected)preterm labour using ultrasound</td>
<td>5</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### Procedures

<table>
<thead>
<tr>
<th>Procedures</th>
<th>Level by end of training</th>
<th>CIP 9</th>
<th>CIP10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locate fetal heart using ultrasound intrapartum</td>
<td>5</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Intrapartum identification of occiput using ultrasound</td>
<td>5</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Demonstration of the postpartum uterus and its endometrial echo using ultrasound</td>
<td>5</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Repair of third degree tear</td>
<td>5</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Repair of fourth degree tear</td>
<td>1</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Insertion of brace suture</td>
<td>5</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Major placenta praevia</td>
<td>5</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Placenta accreta/percreta</td>
<td>1</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Classical caesarean section</td>
<td>5</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

**Mapping to GPCs**

Domain 1: Professional values and behaviours

Domain 2: Professional skills
- Practical skills
- Communication and interpersonal skills
- Dealing with complexity and uncertainty
- Clinical skills *(history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases)*

Domain 3: Professional knowledge
- Professional requirements
- National legislative requirements
- The health service and healthcare systems in the four countries

Domain 4: Capabilities in health promotion and illness prevention

Domain 5: Capabilities in leadership and teamworking

Domain 6: Capabilities in patient safety and quality improvement
- Patient safety
- Quality improvement

Domain 7: Capabilities in safeguarding vulnerable groups

### SECTION 4: MAPPING OF ASSESSMENTS TO AOCiPs

<table>
<thead>
<tr>
<th>AOCIP</th>
<th>OSATS</th>
<th>Mini-CEX</th>
<th>CbD</th>
<th>NOTSS</th>
<th>TO1/TO2</th>
<th>Reflective practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>7: The doctor manages intrapartum medical complications and pre-existing conditions.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>9: The doctor recognises key</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>AOCIP</strong></td>
<td><strong>OSATS</strong></td>
<td><strong>Mini-CEX</strong></td>
<td><strong>CbD</strong></td>
<td><strong>NOTSS</strong></td>
<td><strong>TO1/TO2</strong></td>
<td><strong>Reflective practice</strong></td>
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<tr>
<td>intrapartum scenarios and manages them using the necessary technical and non-technical skills.</td>
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</tr>
<tr>
<td>10: The doctor uses ultrasound to optimise outcomes during labour and the immediate puerperium.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>