**JOB DESCRIPTION**

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| 1. **JOB IDENTIFICATION** | |
| Job Title: | Fetal Medicine Midwife |
| Responsible to: | Outpatient Midwifery Manager |
| Department(s): | Maternity Outpatients/Fetal Medicine |
| Directorate: | Women, Children & Clinical Services |
| Operating Division: | Acute Division |
| Job Reference: |  |
| No of Job Holders: | 2 |
| Last Update (insert date): | 26/05/23 |
| 1. **JOB PURPOSE** | |
| The fetal medicine specialist midwife role aims to provide specialist, high quality midwifery care within a small fetal medicine team, following national guidelines.  To assist the Line Manager to deliver high quality patient care. To ensure the effective running of the department in the Line Manager’s absence. To be involved with the delivery of care on a daily basis. | |
| 1. **DIMENSIONS** | |
| The Women, Children & Clinical Services Directorate provides Maternity, Gynaecology, Acute Paediatrics and Genitourinary Medicine Services to the population of Fife.  Services are provided across 2 main sites in Fife: Victoria Hospital in Kirkcaldy and Queen Margaret Hospital in Dunfermline.  The Directorate has 350WTE Staff, and an annual budget of £14.5m  Activity figures are as follows:   |  |  |  |  | | --- | --- | --- | --- | | Births - 3500 | Maternity Inpatients - 10,000 | New Outpatients - 4728 |  | | Gynaecology | New Outpatients -6500 | Daycase - 700 | Inpatients - 4728 | | Neonatal Unit | Admissions - 400 |  |  | | Paediatrics | New Outpatients - 900 | Ambulatory Care - 600 | Inpatients - 4300 | | GU Medicine | Clinic Attendances -6500 |  |  | | |

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| 1. **ORGANISATIONAL POSITION** |
| Clinical Director  Directorate Manager  Women & Children’s Clinical Manager  Clinical Co-ordinator  Midwifery Sister  **??Midwife**  Newly Qualified Midwife/Bank Midwife  Registered Nurse  Nursery Nurse  A Grade |
| 1. **ROLE OF DEPARTMENT** |
| The Fetal Medicine Team within Maternity Services consists of 3 Consultants and 2 Specialist Fetal Medicine Midwives. Responsibilities include coordination and delivering antenatal screening, counselling women regarding higher chance results and newly identified fetal anomalies, providing ongoing antenatal and supportive care.  The Women, Children’s & Clinical Services Directorate provides Maternity, Gynaecology, Neonatal and Paediatric Services for the population of Fife and delivers approximately 3500 women per year. Service provision includes preconceptual, ante, intra, post partum and neonatal care.  Gynaecological Services provided include in and out patient care including medical, surgical and palliative care.  Neonatal and Paediatric care (to age 18) includes intensive care service provision, inpatient medical and surgical care, ambulatory and outpatient care. |

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| 1. **KEY RESULT AREAS** |
| **Clinical**  **1.** To provide first line and ongoing counselling for patients and their families after diagnosis of fetal anomaly.  **2.** Liaise with local and regional fetal medicine consultants and other specialist services including genetics, cardiology, oral-facial, paediatricians and blood transfusion services.  **3.** To advise midwives on the antenatal screening options and their follow-up.  **4**. In the absence of the ward manager, act as lead midwife to ensure patients needs are met in line with agreed directorate departmental standards and philosophy of care.  **5**. To provide clinical expertise using midwifery skills to support client and family in hospital/community.  **6**. Maintain effective communication with patients, relatives and significant others.  **7.** To maintain clinical expertise by rotation to all areas within the integrated Maternity Unit as required??  **8.** To implement agreed local and national clinical policies and guidelines.  **9**. To carry out and supervise the application of clinical procedures. Such as amniocentesis.  **10**. To provide parenthood education/health promotion.  11. To provide pre and post-screening counselling. To counsel patients following diagnosis of an abnormality and managing their care appropriately.  **12.** To participate in local/national audits.  **13.** To ensure the safe care and storage of property and valuables in line with local policy.  **14.** To be accountable for record keeping within agreed standards e.g. NMC Guidelines for record keeping.  **15.** To be aware of child protection guidelines.  **16**. Lone working.  **Management**  **1**. Planning and co-ordinating multidisciplinary meetings and case conferences for patients opting to continue with a pregnancy with fetal abnormality.  **2**. To manage the links with Paediatricians for fetal delivery in cases of fetal anomaly.  **3**. In the case of fetal disease, to liaise with midwives, Paediatric Consultants, Genetic Services, GPs, support groups and infant feeding coordinators.  **4**. Counselling patients pre-conceptually and in the early stages of pregnancy where there has been a history of fetal anomaly.  **5.** Managing the midwifery care of the fetal medicine workload, autonomously and guiding them through the clinical process.  **6.** To undertake audit within the department and compare performance with previous years.  **7.** Takes responsibility for collating data for annual regional fetal anomaly audit including collating data from other units where appropriate.  **8.** To act as the role model for the ward team.  **9.** To assist the ward manager to motivate, develop and retain the Midwifery Team.  **10.** To ensure that there are sufficient supplies on a day to day basis to meet the needs of the service.  **11**. Support Junior Staff/peers in their professional and practice development.  **12**. Involved in the development of departmental policies.  **Education**  **1**. To provide training on a regular basis for medical and Midwifery staff on counselling skills.  **2**. To promote and communicate the role of the fetal medicine department within the hospital and the wider community.  **3.** To be involved with the clinical education within the hospital setting.  **4**. Facilitate clinical supervision at ward level, may also be a clinical supervisor.  **5.** Contribute to the provision of clinical practice for pre-registration and appropriate post-registration students.  **6**. Provide education to patients/clients, relatives and significant others e.g. writing and editing patient information literature. |
| 1. **(a) EQUIPMENT AND MACHINERY** |
| The Midwife is expected to have a knowledge of all equipment used within the Maternity Unit, however many not have daily clinical involvement.  Examples of equipment used include cardiotocograph, dynamap, Gemini pumps, pca pumps, syringe drivers, entonox apparatus, specialist delivery beds, blood gas analyser, resuscitaire, incubators, neonatal monitoring equipment, adult resuscitation equipment, theatre equipment, birthing pool, delivery and perineal repair equipment, TENS machine, monitors for High Dependency care, CVP and arterial lines and IT Systems. |
| **(b) SYSTEMS** |
| Patient administration system (TRAK) Stock Control/ordering  Birth registration system Pharmacy control/ordering  Results reporting Off duty  K2 CTG Training systems GP patient admin system  CRIS reporting system Scan/Laboratory requests  TURAS Badgernet |
| 1. **ASSIGNMENT AND REVIEW OF WORK** |
| * Review of work is measured against set objective as agreed with the Line Manager annually via Personal Department Plan process and more frequently if required. * Work is generated by clinical demands |

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| 1. **DECISIONS AND JUDGEMENTS** |
| * Within assigned workload the jobholder is expected to make complex autonomous clinical decision regarding patient care throughout the course of the working day. * Decisions should be made within local policies and procedures * Expected to advise Junior Midwifery and medical/ancillary staff in clinical decision making. * Assessment and analysis of patient condition and making judgements regarding a range of physical, social and emotional care required. * Deployment of staff to ensure correct skill mix and effective use of resources |
| 1. **MOST CHALLENGING/DIFFICULT PARTS OF THE JOB** |
| * Maintaining departmental standards and philosophy of care. * Dealing sensitively with breaking bad news and imparting complex sensitive information and advice when dealing with distressed patients/relatives. * Time management, organisation and prioritisation of a varied workload. * Promoting midwifery within a medically dominated environment. * Prioritisation and delegation of patient care. |
| 1. **COMMUNICATIONS AND RELATIONSHIPS** |
| * Able to work as part of a small team in a potentially high pressured and emotive environment by communicating effectively and compassionately with patients/clients, their relatives and the wider multi-disciplinary team. * Ability to work well within a small team of Consultants and Specialist Midwives. * The post holder communicates regularly with the patient and their relatives to devise care plans, discuss sensitive issues e.g. antenatal screening and fetal anomaly in addition to domestic violence, drug misuse, child protection issues, sexual abuse. * The post holder regularly communicates with the Line Manager and other members of the multidisciplinary team. * Liaise with Institutes of Higher Education and other partnership organisations. |

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| 1. **PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB** |
| (Insert as appropriate to area – indicating level and frequency)  **Physical Skills**  To assist in the performance of amniocentesis under the supervision and guidance of the Consultant Obstetrician.  Undertake venpuncture and injections daily  Perform vaginal examination  Insertion and removal of sutures  Insertion and removal of foley catheters  Perform normal delivery of babies  Basic IT skills  Driving if required  **Physical Demands**  Stand/walking for the majority of the shift.  Manual handling of patients.  Awkward positioning at times eg during procedures such as amniocentesis.  **Mental Demands**  Retention and communication of complex information regarding patient care.  Concentration required for all or most of the shift when caring for women attending a fetal medicine appointment.  Concentration required when carrying out core competencies eg checking documents/patients notes, whilst subject to interruptions by patients/relatives/visitors/telephone/staff.  Must be able to follow procedure in an emergency situation.  **Emotional Demands**  Frequently communicating with distressed/anxious/worried clients and relatives.  Breaking bad news regarding pregnancy outcome eg stillbirth, congenital abnormality etc.  Support junior staff following traumatic event.  Caring for women following distressing emotional events.  **Working Conditions**  Exposure to body fluids several times a shift; blood, liquor, faeces, urine, vomit.  Exposure to gases, entonox, anaesthetic gases.  Exposure to verbal, physical aggression. Working in extreme temperatures – various shifts per week  Those working in community, adverse weather and lone working. |

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| 1. **KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB** | |
| * A level of English language competency and good communication skills necessary to perform the role safely and effectively. * Registered Midwife – Part 2 NMC Registrar. * Significant experience in relevant care. * Evidence of CPD in area of expertise. * Directorate mandatory requirements e.g. child protection, Health & Safety, breastfeeding training, combined medical/midwifery meeting. | |
| 1. **JOB DESCRIPTION AGREEMENT** | |
| A separate job description will need to be signed off by each jobholder to whom the job description applies.  Job Holder’s Signature:  Head of Department Signature: | Date:  Date: |