

STANDARD OPERATING PROCEDURE

Additional Responsibility Portfolios - Roles and Responsibilities for Obstetric Consultants

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RATIFIED BY : Perinatal Governance Group	DATE: 7.12.23
VERSION 1.0	REVIEW DATE: 7.12.26

PURPOSE
To define roles and responsibilities for additional responsibility components of Obstetric Consultant job plans.
OBJECTIVE
To ensure a shared understanding of the different portfolios for work
RESPONSIBILITES

Standard Operating Procedure	Current Version is held on the Intranet	First ratified: Dec 2023	Review date: Dec 2026	Version 1	Page 1 of 4
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SBL lead obstetrician 1PA AR

Perinatal Optimisation

- Clinical obstetric leadership to the Prem 7 working group and ASPH MatNeoSIP
- Attend Monthly working group meeting to review care of all babies born 22+0 to 33+6 weeks, identify learning for improvement
- Maintain oversight of perinatal dashboard relating to perinatal optimization and be able to provide clinical narrative in response to data signals
- Support external data quality assurance (NNAP, KSS ODN Prem 7 etc)
- Contribute to education and training as it relates to fetal growth surveillance, examples include Maternity matters, trainee doctor induction, departmental teaching, study days and shared obstetric / neonatal teaching
- Ensure that ASPH maternity guidelines that relate to perinatal optimization are up to date and reflect regional and national guidance
- Contribute to systems learning across the LMNS and KSS ODN by attendance at relevant LMNS Q+S and ODN meetings and support learning from case reviews of exception reports for level 3 births outside a level 3 unit.

Fetal Growth Surveillance

- Clinical obstetric leadership for fetal growth pathways
- Work collaboratively with the Lead sonographer, Fetal wellbeing midwife, Q+S team and fetal monitoring lead to embed all aspects of SBLv3 as relate to risk assessment, detection, surveillance and management of fetal growth disorders
- Maintain oversight of perinatal dashboard relating to SGA and FGR detection and be able to provide clinical narrative in response to data signals
- Support external data quality assurance (SBL and LMNS reporting)
- Provide clinical leadership for the quarterly assurance image audit of biometry scans
- Support case reviews of all cases of missed FGR (<3rd centile) or FGR born >37+6 and share learning for improvement
- Contribute to education and training as it relates to fetal growth surveillance, examples include Maternity matters, trainee doctor induction, departmental teaching, study days and shared obstetric / neonatal teaching
- Ensure that ASPH maternity guidelines that relate to fetal growth surveillance are up to date and reflect regional and national guidance
- Contribute to systems learning across the LMNS and regional fetal medicine network by attendance at relevant LMNS Q+S and fetal medicine network meetings

Fetal monitoring Lead 1 PA AR

- Clinical obstetric leadership for fetal monitoring by antenatal CTG and intrapartum monitoring

Standard Operating Procedure	Current Version is held on the Intranet	First ratified: Dec 2023	Review date: Dec 2026	Version 1	Page 2 of 4
------------------------------	--	-----------------------------	--------------------------	--------------	-------------

- Work collaboratively with the Fetal wellbeing midwife, Labour ward Lead Obstetrician and Matrons for Labour ward and Birth Centre, CPE team and Q+S team to embed all aspects of SBLv3 as relate to risk assessment and intrapartum fetal monitoring
- Maintain oversight of perinatal dashboard relating to intrapartum fetal monitoring and be able to provide clinical narrative in response to data signals
- Support external data quality assurance (SBL and LMNS reporting)
- Provide clinical obstetric leadership into assurance audits such as Fresh Eyes and intrapartum risk assessment
- Contribute to case reviews of all term NICU admissions with a focus on intrapartum risk assessment and fetal monitoring at the monthly ATTAIN meeting to share learning for improvement
- Lead the faculty for delivery of annual fetal monitoring training and competency assessment for all staff delivering intrapartum care in collaboration with the fetal wellbeing midwife, Consultant body and CPE team
- Contribute to other education and training as it relates to fetal monitoring examples include twice weekly CTG meetings, Maternity matters, trainee doctor induction, departmental teaching, study days and shared obstetric / neonatal teaching
- Ensure that ASPH maternity guidelines that relate to fetal monitoring are up to date and reflect regional and national guidance
- Contribute to systems learning across the LMNS and region by attendance at relevant LMNS Q+S and fetal monitoring network meetings

Preterm Birth Lead 0.5PA DCC and Type B SPA

- Clinical leadership for the preterm birth prevention clinic (alternate weeks)
- Work collaboratively with the Fetal wellbeing midwife, Labour ward Lead Obstetrician and Matrons for Labour ward and Birth Centre, CPE team and Q+S team to embed all aspects of SBLv3 as relate to preterm birth prevention
- Contribute to oversight of perinatal dashboard relating to preterm birth and be able to provide clinical narrative in response to data signals when asked to do so
- Provide clinical expertise to the Consultant body to support optimal care for women at increased risk of preterm delivery and act as a liason with regional tertiary services for women with high levels of complexity
- Contribute to other education and training as it relates to preterm birth examples include simulation training, Maternity matters, trainee doctor induction, departmental teaching, study days and shared obstetric / neonatal teaching
- Ensure that ASPH maternity guidelines that relate to preterm birth are up to date and reflect regional and national guidance
- Contribute to systems learning across the LMNS and region by feedback of any learning for improvement to the LMNS lead obstetricians for sharing at the LMNS Q+S meetings or KSS ODN

Standard Operating Procedure	Current Version is held on the Intranet	First ratified: Dec 2023	Review date: Dec 2026	Version 1	Page 3 of 4
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Diabetes Lead 1 PA DCC and Type B SPA

- Clinical obstetric leadership for the Diabetes ANC
- Work collaboratively with the Consultant Endocrinologists, DSN, dieticians, diabetes specialist midwives, maternal medicine teams, CPE team and Q+S team to embed all aspects of SBLv3 as relate to improving outcomes in women with preexisting diabetes
- Contribute to oversight of perinatal dashboard relating to diabetes and be able to provide clinical narrative in response to data signals when asked to do so
- Contribute to other education and training as it relates to diabetes examples include simulation training, Maternity matters, trainee doctor induction, departmental teaching, study days and shared obstetric / neonatal teaching
- Ensure that ASPH maternity guidelines that relate to diabetes in pregnancy are up to date and reflect regional and national guidance
- Contribute to systems learning across the LMNS and SWLaSH maternal medicine network by feedback of any learning for improvement to the LMNS lead obstetricians for sharing at the LMNS Q+S meetings or KSS ODN

Additional portfolio of Consultant lead roles to support delivery of SBL and CNST

Job planned additional responsibility activity as below:

- Service lead (CD) for O+G 1PA AR
- Obstetric Lead and Safety champion 1 PA AR
- Obstetric Governance lead 1 PA AR
- Simulation and multi-professional training lead 1PA AR
- Labour ward lead 0.5PA AR
- Postnatal lead 0.5 PA AR
- Bereavement lead and QI 0.5 PA AR

Standard Operating Procedure	Current Version is held on the Intranet	First ratified: Dec 2023	Review date: Dec 2026	Version 1	Page 4 of 4
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