

Education in Preterm Antenatal Counselling

Dr Katherine Wood
Consultant Neonatologist
Oxford





What do you feel going into this conversation?

slido

Join at
slido.com
#3495 525



Preterm Antenatal Counselling...

- Is important
- Is difficult
- Can be taught

Aims

Why is education in preterm antenatal counselling important?

What can we do to provide effective training?

How can we develop of the training ?

Why is education needed?

- Change in practice



Original research

Individualised decision making: interpretation of risk for extremely preterm infants—a survey of UK neonatal professionals

Katherine Wood ,¹ Lydia Mietta Di Stefano ,² Helen Mactier ,^{3,4}
Sarah Elizabeth Bates,⁵ Dominic Wilkinson ,^{1,6}

Perinatal Management of Extreme Preterm Birth before 27 weeks of gestation

A Framework for Practice

October 2019

In collaboration with:

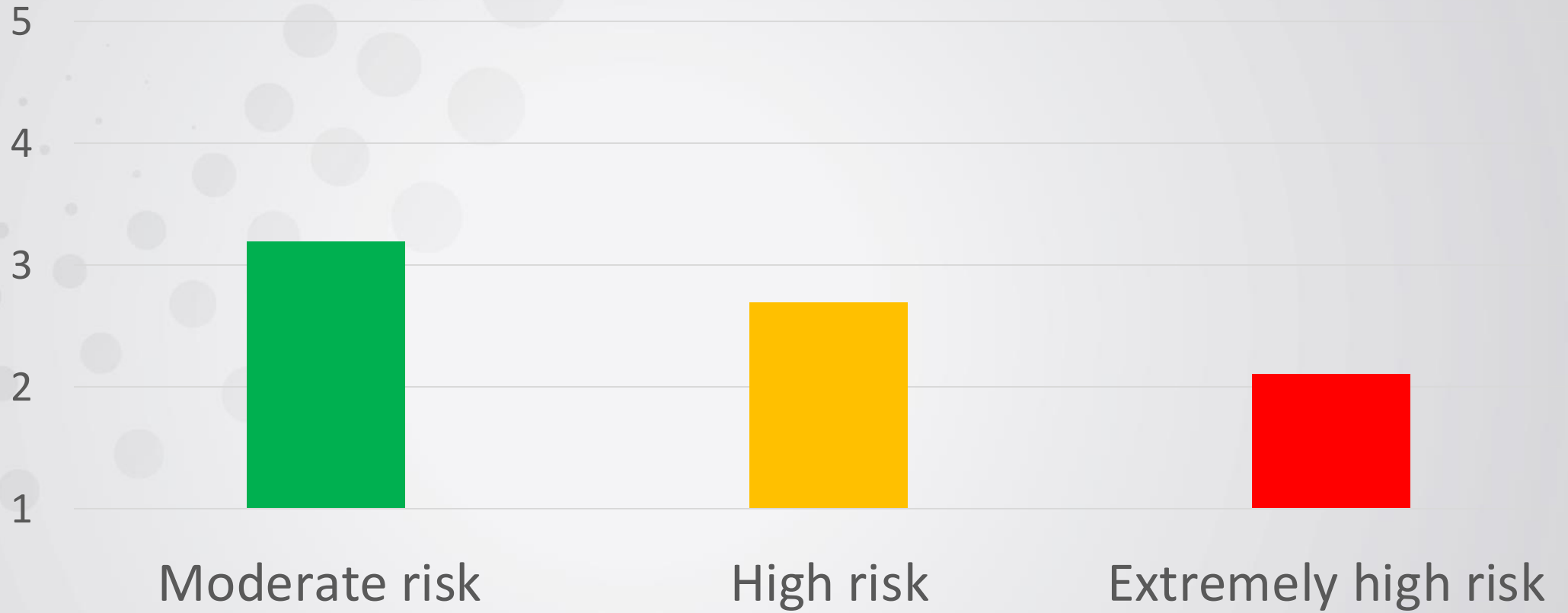


Why is education needed?

- Change in practice
- Lack of training in counselling skills


Reported confidence levels

1= No confidence to 5= high confidence



Why is education needed?

- Change in practice
- Lack of training in counselling skills
- Parents' experience and informed decision making
- Governance



Date published: 12 June, 2023
Date last updated: 14 July, 2023

Saving babies' lives: version 3

A care bundle for reducing perinatal mortality.

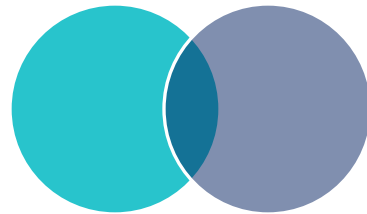
[Publication](#) (/publication)

Content

- [Executive summary](#)
- [Forewords](#)
- [Introduction](#)
- [Principles to be applied when implementing version 3](#)
- [Continuous improvement and maternity and neonatal services](#)
- [Element 1: Reducing smoking in pregnancy](#)
- [Element 2: Fetal growth - risk assessment, surveillance, and management](#)
- [Element 3: Raising awareness of reduced fetal movement](#)
- [Element 4: Effective fetal monitoring during labour](#)
- [Element 5: Reducing preterm births and optimising perinatal care](#)
- [Element 6: Management of pre-existing diabetes in pregnancy](#)
- [Appendix A: Acknowledgments](#)
- [Appendix B: Detailed safe and healthy pregnancy messages](#)
- [Appendix C: Medication to reduce the risk of pregnancy complications](#)
- [Appendix D: Risk assessment, surveillance pathway and management of FGR](#)
- [Appendix E: Risk assessment at the onset of labour](#)
- [Appendix F: Risk assessment, surveillance pathway and management of women at risk of preterm birth](#)
- [Abbreviations](#)
- [References](#)

How can we provide training?

Preterm Antenatal Counselling Workshop



First pilot Dec 2022

Development of programme

Inclusion of perinatal MDT

Second workshop March 2024

First pilot Dec 2022

Development of programme

Inclusion of perinatal MDT

Second workshop March 2024

09:00-09:15	Welcome and Introductions
09:15-10:15	BAPM framework for perinatal management of extreme preterm birth before 27 weeks gestation and estimating outcomes
10:15 -10:45	Assessing the risk; case scenarios
10:45-11:00	<i>Break</i>
11:00 -12:30	Suggested Structure for Preterm Antenatal Counselling
12:30 -13:15	<i>Lunch</i>
13:15-14:00	Parent Representative Session
14:00-14:15	Preparation for Role Plays
14:15– 16:40	Role Play sessions
(15:20-15:35)	<i>Break</i>
16:40-17:00	Summary and Close

Feedback

A fantastic day...it should be mandatory for all new registrars

This was a bit scary but so, so useful! Really made me think about how I'd phrase things and helped me consider my structure.

The role plays really allowed for practice in a safe space

Perhaps using actors in the role plays, we were all too nice to each other

More interdisciplinary involvement...with involvement of midwives and obstetric teams.

Hearing from the psychology team about psychological aspects of counselling

First pilot Dec 2022

Development of programme

Inclusion of perinatal MDT

Second workshop March 2024

Programme Development

- Production of example videos for suggested structure of preterm antenatal counselling (with thanks to Eileen Dudley and Health Innovation Oxford and Thames Valley)
 - Effective way of teaching communication skills
 - Group reflections
 - Illustration of key points



Preterm antenatal counselling

3. Discussing the chances of survival/severe disability

Psychology Input

- Session looking at psychological aspects of preterm antenatal counselling
- Interviews with parents to learn from their experience
- Debrief in role play sessions

Role Play Development

- Literature shows practice using role play leads to good retention of knowledge and skills
 - Safe environment
 - Immediate feedback
- Actors to play the mothers
 - Reliably reproduce roles
 - Can portray difficult roles (anger, emotion, cultural)
 - Can provide neutral feedback
- Input on the scenarios from psychologists and obstetricians

First pilot Dec 2022

Development of programme

Inclusion of perinatal MDT

Second workshop March 2024

Inclusion of Perinatal MDT

- Working group discussions
 - Optimal situation in reality is joint counselling
 - Training together ensures consistency for patients
- Obstetric input to the programme
 - Session on preterm antenatal counselling from obstetric point of view
 - Input to role play scenarios
- Invitation for obstetricians and midwives to attend

First pilot Dec 2022

Development of programme

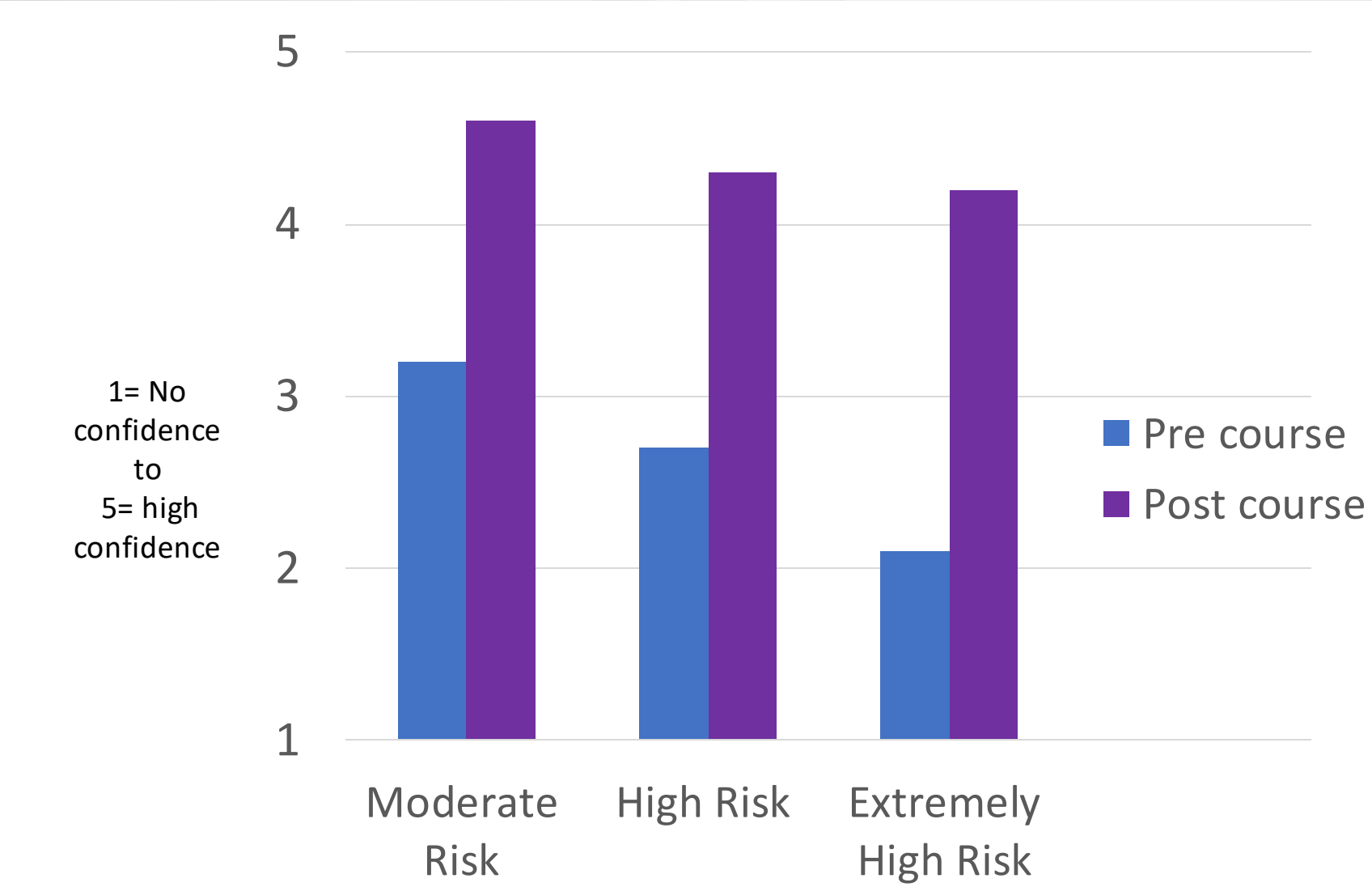
Inclusion of perinatal MDT

Second workshop March 2024

Second Workshop March 2024

09:00-09:15	Welcome and Introductions
09:15-10:15	BAPM framework for perinatal management of extreme preterm birth before 27 weeks gestation and estimating outcomes
10:15 -10:30	Break
10:30-12:00	A psychology perspective on preterm antenatal counselling
12:00 -12:45	Obstetrics perspective on preterm antenatal counselling
12:45 -13:15	<i>Lunch</i>
13:15-14:30	Suggested structure for preterm antenatal counselling
14:30-14:45	Preparation for Role Plays
14:45– 17:15	Role Play sessions
(15:45-16:00)	<i>Break</i>
17:15-17:30	Summary and Close

Feedback from the Workshops



...the most incredible study day I have ever attended

Excellent study day. would recommend to all who deliver perinatal care

Multi disciplinary study day was extremely useful to think about optimal way to delivery counselling

More on psychological support for obstetric, maternity and neonatal teams

More discussion regarding transfer v staying in a DGH, from both points of view.

Could possibly extend course to cover counselling for babies with congenital abnormalities