

Lancashire Teaching Hospitals NHS Foundation Trust

# LANCASHIRE TEACHING HOSPITALS

#### HANDBOOK FOR STUDENT MIDWIVES





V1 April 2025





# Welcome



#### **To Maternity B**

We are very happy to welcome you to Maternity B. We hope to make your time here as enjoyable and informative as we possibly can and all our staff are ready and willing to help with anything you may need.

Maternity B is the postnatal ward and our main job is to look after new parents and babies before they are discharged to community care. We also care for the parents of babies who have had to be transferred to the neonatal unit and the occasional postnatal readmission.

Midwives work collaboratively with the neonatal team to provide a Transitional Care Unit within the ward environment which enables Mothers and babies to remain together even when they need more specialist care. We have a neonatal nurse on every shift who will provide this care to the babies whilst encouraging the parents to take an active role also.

The ward consists of 7 four bedded bays and 3 side rooms with ensuites. This means we are able to care for a total of 31 families. We also have a nursery where the neonatal doctors may perform the NIPE (Newborn and Infant Physical Exam) check and other procedures.

Maternity B is run by various members of our multidisciplinary team. These include, midwives, maternity support workers, healthcare assistants, nurses, doctors, ward clerks, housekeepers, domestics, kitchen staff, students and many more... Every member of the team is highly valued and are an essential part of helping to keep the ward running effectively.



# What to Expect

#### When you first arrive on the ward

Buzz to get in through Maternity A and follow the corridor round to Maternity B. You will be shown where to get changed, put your bags and where handover takes place. Handover normally takes around half an hour and then the shift leader will allocate you a caseload or someone to work with.

#### Tasks you will be involved in

- Postnatal Mum and baby checks.
- Perform and interpret observations.
- Administration of various medications.
- Caring for women booked for elective caesarean section. We have elective lists most weekdays and emergencies 24/7. We have guidelines we follow including a strict observation schedule.
- Removing cannula and catheters.
- Providing support and advice to new parents.
- Providing breastfeeding support.
- Providing bottlefeeding support.
- Caring for high risk babies for example premature or suspected sepsis.
- Taking bloods from Mums and babies and interpreting results.
- Performing discharges giving information, supplying meds and completing paperwork.
- Documenting all actions on Badgernet -our paperless system.
- Working with all members of the multidisciplinary team.
- Assisting with the running of the ward, ie changing beds, helping with dinners, refreshments etc
- CLiP Coaching

## Ward Routine



#### WHAT WILL HAPPEN DURING YOUR SHIFT

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07:30	Handover from night staff to day staff. This will happen in the staff room for midwives and students while the support staff have a separate handover in the nursery. You will at this point be allocated a caseload from the shift leader	
09:15	Safety huddle. The midwife in charge will attend the huddle via teams where the whole unit come together to assess unit activity, staffing and other safety concerns such as enhanced support.	$\succ$
11:00	Baby IV antibiotics. The shift leader together with the transitional care nurse will administer any IV antibiotics. The next round will be at 23:00 pm.	T THE DA
12:15	Meal time. The kitchen staff will bring the food trolley. Through the morning the support staff will take food orders from the patients and then take their food to them individually. If you are free you can assist them with this.	THROUGHOUT
12:30	Late staff arrive. There will be a crossover of staff if some are on lates and earlies rather than long days.	H
15:30	Early staff leave. There will be a handover at some point from the early to the late staff.	
17:15	Meal time.	
20:00	Handover from day staff to night <b>staff.</b>	

- Midwife Mum and baby checks. A postnatal check will be performed at some point in the day on each Mum and baby.
- Medications. There is currently not a specific medicine round on the ward so it is important to keep track of what medications are due and when for your caseload.
- Observations. There are two boards next to the midwife station with times of Mum and baby (NOTTs) observations on. It is important to keep up to date with these. Maternity support workers can help with Mums obs and the nursery nurse can help with babies.
- NIPE checks (Newborn and Infant Physical Examination). There is a list in the nursery of which babies are due that day. The checks can be performed by the neonatal doctor if high risk and a midwife if low risk.
- Ward round. An SHO is allocated to Maternity B on weekdays for the morning. This is to review high risk patients, make plans and transfer to midwifery care (TTMC). They will also order medications to take home (TTOs) via quadramed.
- Feeding support. Breast and bottle feeding support. Families and Babies peer support workers can attend the ward to assist with breastfeeding.
- Discharges. There are many elements to a discharge and a successful timely discharge depends on support from all members of the multidisciplinary team.

# **Our Team**

#### Lancashire Teaching Hospitals NHS Foundation Trust

#### How to recognise members of the multidisciplinary team



HELEN ARMSTRONG Ward Manager 01772524337



**MIDWIVES** Blue and red uniform



MATERNITY SUPPORT WORKERS / HEALTHCARE ASSISTANTS Light green uniform



DOCTORS May wear blue or grey scrubs



**CONSULTANTS** Green Scrubs



**NURSERY NURSE** Green Uniform



**HOUSEKEEPER** Red uniform



WARD CLERK Printed Blouse



**DOMESTICS** Purple uniform

# Important Numbers



To Bleep: 66 -> number you want -> your number

4000	On call Obstetric SHO	
4001	On call Obstetric Registrar	
2939	On call Neonatal SHO	
6667	On call Neonatal Registrar	
52-4830	Ward number	
52-4337	Helen Armstrong's office	

**2222** Emergency bleep - clearly state your location and the nature of the emergency

'Obstetric / Neonatal Emergency ---- Maternity B ---- Bay 10 '



### **Guidelines and Policies**

#### PLEASE ENSURE YOU FAMILIARISE YOURSELF WITH RELEVANT POLICIES AND GUIDELINES - THESE CAN BE ACCESSED VIA THE INTRANET ON HERITAGE

#### The most relevant guidelines to look for are:

- Postnatal care
- Postnatal bladder care
- Readmission of mothers and babies
- <u>Maternity early warning score and detection of the severely ill</u> <u>woman</u>
- VTE prevention maternity
- Perinatal mental health
- Infant feeding policy and guidelines
- Anaemia maternity
- Examination of the newborn
- Newborn bloodspot sampling
- <u>Newborn observation track and trigger system</u>
- Newborn transitional care
- Jaundice TCB
- <u>Management of neonatal jaundice including prolonged jaundice</u>

### This list is not exhaustive and time should be spent familiarising yourself with all guidelines



### **Induction Checklist**

Please ensure you are familiar with the location and procedure for the following in your first week on Maternity B. Ask a member of staff to go through it all with you:

	Orientation to Maty B		Call Buzzer
$\square$	Emorgoney Obstatric		Emergency Buzzer
	Emergency Obstetric Trolley		Emergency Call "2222"
	Adult Resuscitation Trolley		Transfer Procedure
$\square$	Adult Defibrillator		Daily Checks
$\bigcup$		$\square$	Baby Security and
	Hypoglycamia box		Tagging
	Tom Thumb		Breastmilk fridge and freezer
	Drug Cupboards and Drug Fridge.		

Fire- alarms and

extinguisher

MATERNITY B SHAROE GREEN UNIT ROYAL PRESTON HOSPITAL SHAROE GREEN LANE PRESTON PR2 9HT 01772 524830



#### WE LOOK FORWARD TO SEEING YOU SOON