University of Central Lancashire UCLan

University of Cumbria

UNIVERSITY of BRADFORD

STUDENT MIDWIFE CONTINUITY OF CARER

PILOT PROJECT

GUIDELINES FOR STUDENTS, SUPERVISORS AND ASSESSORS

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Approved by: Local stakeholder group

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SECTIONS

RATIONALE FOR STUDENT MIDWIFE CONTINUITY OF CARER PLACEMENT LEARNING EXPERIENCES

Acknowledgements
This guide has been developed with support from a regional steering group of clinicians, educators and learners. Specific thanks to the University of Bradford, University of Cumbria, University of Central Lancashire for their insight and sharing of resources.

BACKGROUND INFORMATION

Midwifery Continuity of Carer [MCoC], has known benefits for childbearing women, babies and families and the midwifery workforce (Sandall et al, 2016; Homer, 2016; Fernandez Turienzo, 2019) and is promoted as the optimal model of maternity care across global and national maternity policy. As a focus of the Better Births Maternity Transformation Programme, the NHS Long Term Plan and also an identified Domain in the newly published Nursing and Midwifery Council [NMC] future midwife standards of proficiency (2019), there is a continued need to identify learning from initial approaches to CoC implementation across the Local Maternity System [LMS]. It is also crucial to evaluate the roll out of CoC within midwifery education which aims to ensure midwifery graduates are workforce ready at the point of qualification.

Supporting a caseload of childbearing women/people and their families will enable you to contribute to a social/midwifery model of care that will prove to be a rewarding experience both for yourself and that of the woman and her family. It will give you the opportunity to establish reciprocal relationships and a clear understanding of your role as an advocate (McCourt and Stevens, 2009, Fry et al, 2011). Women and their families value care that is personal and which is co-ordinated by a midwife they know and trust. This fosters a positive and safe experience of pregnancy, birth and parenthood (Midwifery 2020, 2010). Significant to this learning experience is working in partnership with women to offer informed choice. You should consider choice within the context of the holistic midwifery care you offer to women and their families.

It may be that woman on your caseload require referral, due to complex care needs, which will provide you with opportunities to work collaboratively as an effective member of the interprofessional/multi-agency team providing care that actively promotes the health and social wellbeing of the woman and her family.

Gaining experience caring for childbearing women and families throughout their childbearing experiences, in a student midwife continuity of carer (SM CoC) midwifery model, is recommended by the Nursing and Midwifery Council (NMC) both in their 2009 and 2019 standards.

NMC (2009) STANDARDS

Standard 13 – Scope of practice experience (see Appendix One, for more details)

'Students must provide care and support to a group of women from early in their pregnancy, throughout the antenatal period, during the labour and birth and then into the postnatal period until care by the midwife is complete. This may take the form of caseload holding. Providing this experience to all student midwives enables them to better understand the impact of pregnancy, birth and the integration of a new baby into family life, as well as learning about the practicalities of planning, implementing and evaluating midwifery care in a way that is relevant to women' **(NMC 2009:19)**

NMC (2019) STANDARDS

Domain 2: *Safe and effective midwifery care: promoting and providing continuity of care and carer*

Midwives promote continuity of care, and work across the continuum from pre-pregnancy, pregnancy labour and birth, postpartum, and the early weeks of newborn infants' life. They work in the woman's home, hospitals, the community, midwifery led units and all other environments where women require care by midwives.

The midwife is responsible for creating an environment that is safe, respectful, kind, nurturing, and empowering, ensuring that the woman's experience of care during her whole maternity journey is seamless.

NMC Standards of proficiency for midwives (2019)

AIMS AND PURPOSE

STUDENT MIDWIFE CONTINUITY OF CARER LEARNING EXPERIENCES

Why SMCoC Matters:

The caseloading module supports student midwives' development in attaining the NMC standards for pre- registration Midwifery education (2009) and the new NMC (2019) Standards of Proficiency for midwives.

SMCoC enables student midwives to take a lead in the holistic care of women and their families, throughout the childbearing continuum, with direct AND indirect supervision.

Students will have the opportunity to expand and apply their clinical and transferable skills by the exercise of initiative and decision-making in the management of a personal caseload with indirect supervision, as appropriate.

This will consolidate their midwifery knowledge and skills and prepare them for transition to autonomous practice on registration.

GENERAL PRINCIPLES

Please read these points as a summary highlight of the key principles of the SMCoC project

- The practice assessor is responsible and accountable for the student midwife's practice, and therefore must be satisfied that the student midwife is able to provide safe and effective care for a small caseload of women under direct or indirect supervision.

- First year student midwives will work alongside their supervisor to provide care to an identified caseload of women and families.

- Final year student midwives will have achieved proficiency in the NMC Essential Skills Clusters (ESC) to the point of entry to the register (NMC 2009), aligned with their course requirements, before they are able to provide care for a small caseload of women under indirect supervision. This can be recorded on a supervisor feedback form, or appropriate course documentation.

- During the first four weeks of the placement the final year student midwife will work with a practice supervisor to plan the caseload experience and to recruit suitable women and confirm they are working at proficiency level, against their clinical assessment documentation. The first-year student/s will work with their supervisor to identify and plan case load experience and to recruit suitable women/people, but will work alongside their supervisor to provide care.

- The practice supervisor/assessor will agree and plan an effective communication system with the student midwife to ensure they are able to discuss any issues that may arise during care episodes.

- Registered midwives who supervise students should provide feedback on their progress in their course documentation, as relevant.

GENERAL PRINCIPLES

Please read these points as a summary highlight of the key principles of SMCoC learning experences

- The placement experiences will run between May and the end of August 2021. Students are required to undertake an average of 30 hours per week, supporting their caseload of women and families, with 7.5 hours for management, learning time and contribution to the evaluation of the project. Students will be required to record their hours in the usual way, aligned with University and Trust requirements. 37.5 hours will be recorded as placement learning hours.

- It is anticipated that students will support between 8 and 10 families between May and August 2021. They will recruit these women/people and families at the beginning of the placement, by working alongside their supervisor, recruiting women in a similar way to continuity of carer midwives. All women/families to be recruited in May 2021, from the following gestations, aiming for students to have 2-3 births a month, maximum:

  2 women that are 39-41 weeks gestation EDD May 2021
  2 women that are 36-38 weeks gestation EDD June 2021
  2-3 women that are 32-36 weeks gestation EDD July 2021
  2-3 women that are 28-32 weeks gestation EDD August 2021

- Students are expected to provide and prioritise care for their caseloading women over this time, following local/national guidelines and recommendations.

- Students must have two days off each week during which their caseloading mobile 'phone must be turned off.

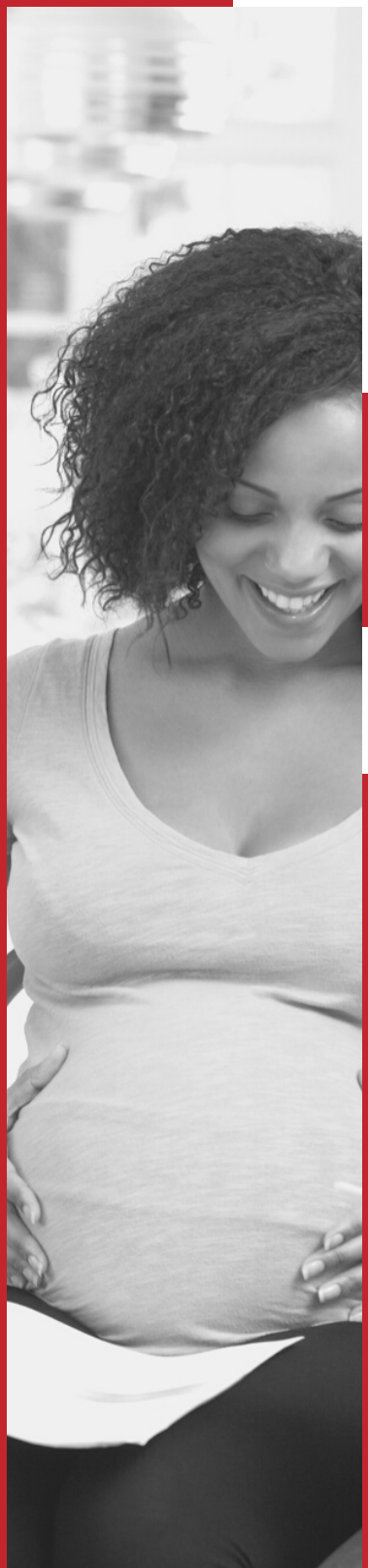
- If the practice supervisor has any concerns regarding the standard of care given by the student, the named Academic Assessor must be informed as soon as possible.

- All client records made by a student midwife must be countersigned by a registered midwife (as detailed in the guidance below).

- If a student is involved in a clinical incident the appropriate Trust policy and procedure should be followed and the Trust link lecturer/Academic Assessor/Practice Assessor must be informed.

RECRUITING WOMEN, PEOPLE & FAMILIES

An introduction to the process of case holding will be provided at an appropriate time during your programme of studies.



During the first month of your placement you will work alongside your practice supervisor/s and will identify at least 8-10 women from their case-load, ideally those who are suitable for midwifery-led care. Women with complex health and/or social care needs may be considered but needs to be discussed with your practice supervisor/assessor and academic assessors. All women/families to be recruited in May 2021, from the following gestations, aiming for you to support 2-3 births a month, maximum:

2 women that are 36-38 weeks gestation EDD June 2021
2-3 women that are 32-36 weeks gestation EDD July 2021
2-3 women that are 28-32 weeks gestation EDD August 2021

It is essential that you follow these steps to recruit each childbearing woman/person:

2. For those women/people interested in being involved, please ask them to complete a written SM CoC consent form.

3. Signed consent forms should be saved in an appropriate password protected computer on your University OneDrive.

4.Women/people must be informed that they can withdraw their consent to being involved at any time and this will not impact on their care.

5. Women/people will be provided with the student midwife's name and contact details – students to use a specific SM CoC phone number, avoid using personal mobile numbers.

6. Student midwife to document in the woman/person's records – that consent gained and plan for the SM CoC care, including contact details.

7.Women/person and family will be asked for written feedback once the care has been completed – this will be gathered anonymously and can be included in learner portfolios.

RECRUITING WOMEN, PEOPLE & FAMILIES

Consideration points when selecting women/people to recruit

Consider when the person's EDD is likely to be and plan accordingly i.e. avoid when you are on holiday, try to choose 2-3 women who are due to birth each month of the placement. Many of your caseload are likely to be expected to deliver within a 2- 4 week period you need to consider your home situation and availability during off duty periods i.e. night, days off, weekends and your actions if you are contacted. You are not expected to be available 24 hours a day over the placement period but we would like you to make every effort to attend the births of the women/people in your care.

Consider the distance you will have to travel to conduct antenatal /postnatal appointments and your mode of transport. It may be helpful to try and recruit women/people who live or attend a clinic on your way to and from home. Try and see more than one woman at a time. (ie both attending the same day at ANC) especially if you have to use public transport.

If you are unsure if a woman/person is suitable for you to follow their childbearing/birth experience then record her details and speak to your practice/academic assessor and consent can be obtained at a later date.

You should ensure that the women you ask to be part of the case-holding scheme are suitable, are fully informed and have given their informed consent. It is important that they do not feel coerced into agreeing and you must respect any decision that they make, reassuring them that they can decline involvement at any stage and this will not impact on their care provision.

PROVIDING STUDENT MIDWIFE CONTINUITY OF CARER CARE

Please follow 8-10 childbearing women/people and their families throughout their childbearing journey. If you become concerned that you may not achieve this then you should contact your academic assessor as soon as possible to discuss the situation.

The intention is to identify women who are midwifery-led care and expected to have a normal birth, however, if things change during the pregnancy it is acceptable to continue with the care. Do not select women with severe pre-existing medical or severe mental health conditions or with a known obstetric issue. If a woman does not speak or write English, has known safeguarding concerns or is under 16 years old, they will not suitable for case holding as she will not be able to formally consent for the project. It is not advised to care for close family or friends. If you have any queries about suitability speak with your supervisor and assessors.

Key considerations for care:

The following infographic highlights the key requirements and approaches to care, for students and supervisors to consider. Please read it with the more detailed Table below: guidelines for care throughout the childbearing continuum.

In summary, all identified women/people should be consented and negotiated with your practice supervisor and assessor. For first year (less experienced) learners, you will work directly alongside your supervisor. For final year student (experiences) learners, you can offer care with indirect support. Please see the section below outlining the features of direct/indirect support.

ANTENATAL CARE GUIDELINES

1. Identify 8-10 women (midwifery-led care)
- work alongside your supervisor for the first month
- gain consent
- complete their initial assessment & plan care
- share your contact details

2. Attend all care episodes for your caseload
- arrange to meet at antenatal clinics/visits/home
- offer care under indirect supervision of your supervisor
- make records of care provided
- get care records countersigned

ANTENATAL CARE GUIDANCE

- When working in clinics/home visits students should, wherever possible, see their caseload women under indirect supervision. For first year learners this should be direct supervision, alongside the midwife.
- The midwife must be contactable to discuss the findings and plan of care when the student is undertaking antenatal examinations with indirect supervision.
- A registered midwife must be consulted prior to carrying out any non-routine procedures (eg cervical sweep) or referral
- The student midwife will not make independent antenatal home visits in response to requests for follow-up from antenatal clinic, day assessment unit, triage or following a period of time as an inpatient on a hospital ward.
- Where there is a deviation from normal the student midwife must contact the supervising midwife to devise a plan of care
- Third year students can undertake visits in the antenatal period to support maternal choice and facilitate incorporation of the BFI recommendations. All such visits should be recorded in the woman's notes and care discussed with the student's supervisor.

INTRANATAL CARE GUIDELINES

INTRANATAL CARE GUIDANCE

- Student midwives may go on call for their caseload women if they wish to provide intrapartum care.
- Students should ensure their case loading mobile 'phone number is included on the women's maternity records together with whether they wish to be contacted for intrapartum care.
- Students may discuss intrapartum care with the woman and whether they anticipate being able to be present for the birth.
- Student midwives may currently not attend planned home births alone. This will be together with a registered midwife – students must not enter a woman's home until the midwife has arrived (unless it is an emergency – call 999).
- If a caseloading woman contacts a student in labour they must ensure that she also contacts delivery/ birth centre/suite. Students must not give midwifery advice or contact birth/delivery centre/suite on her behalf.
- If a student attends to provide intrapartum care to one her caseload woman, it is anticipated that she will take priority over other students on the unit. She must be assigned a practice supervisor who will supervise care.
- Students must not work longer than 12.5 hours on birthing centres/wards/suites.

3. Make provisions to attend labour & birth

- leave your name and details on front of hand-held notes
- 'on call' period
- take care to document all care provided & hours worked

4. Attend postnatal visits & conduct a 6 wk follow-up

- Indirect supervision supported - with supervisor agreement
- 1st visit home and discharge visit must be completed with midwife/supervisor
- remember to complete an evaluation

POSTNATAL CARE GUIDELINES

- The midwife and the mother will discuss and decide on the pattern of visits. Due to reduced postnatal visits by community midwives, and the restrictions for students visiting on their own, this may be the perfect opportunity for students to visit on other days during the postnatal period to give support to the woman and her family.
- During a postnatal visit the student must telephone the supervising midwife in the presence of the woman to discuss the plan of care and subsequently record this in the woman's notes. The supervising midwife will record the date and time of this contact in her diary to maintain a record of communication.
- During the next visit the midwife should write in the postnatal records: "Previous care discussed and agreed with the student midwife and mother", then sign and date the record.
- Students may perform routine neonatal screening once the sign-off midwife is satisfied that the student is able to safely explain and perform this test.
- In the following circumstances it is inappropriate for the student midwife to visit alone:

1. Women on the first visit following transfer home
2. Women and babies who are not on their caseload
3. Women and babies who are unwell
4. Women or babies who require the administration of any drugs
5. Where there are safeguarding issues

- If the student midwife is concerned for the health of a mother or baby she must inform the midwife immediately. The midwife will then take over care and manage accordingly.
- Postnatal visits should be alternated between the midwife and the student midwife. All visits undertaken by the student midwife must be discussed with the midwife on the same day.
- Where there are community based post-natal clinics the same principles as those set out for antenatal clinics should be applied.
- The student midwife will not perform discharge visits without consultation with the supervising midwife.
- Year 3 student midwives can also provide additional infant feeding support to the women on her caseload in excess of the standard visits completed by a midwife. Extra support to breastfeeding mothers from a knowledgeable practitioner could be beneficial in encouraging continuation of breastfeeding.

RESPONDING TO CONCERNS

If a woman/person's pregnancy develops complications or comes to an end before viability please keep a record and inform your assessors. You may be able to identify another woman/person and family to support.

If the woman has a premature birth, an operative delivery or a caesarean section you should carry on your care as usual, attending where possible to offer care, alongside your supervisor and wider maternity care team.

You will be expected to attend as many antenatal appointments/postnatal visits as possible. If you are unable to do so you must make contact with your client by either telephone or text message and should inform your supervisor/assessors.

Make a written record in your documentation where you would record your visit stating this was a verbal report on the antenatal appointment and the reason you were unable to attend.

Let women in your care know if you are not going to make a previously booked appointment. You should know in advance when the antenatal visits are planned, do not leave it to the last minute to inform your supervisor you may be leaving the clinical area.

Communication is a key component of maintaining a relationship with your chosen women/people and their families.

PERSONAL SAFETY

As you will be working under indirect supervision you must ensure you are familiar with your Trusts lone worker policy. You must adhere to this policy at all times to ensure your safety.

As a student midwife whilst on community you must connect with your midwife supervisor each working day to discuss all of your plans for scheduled visits during the day. On completion of home visits you must contact your midwife supervisor to confirm that you have completed all visits and are returning to base/home. You MUST NOT make any unscheduled visits that your allocated midwife supervisor is unaware of. If attending a home birth do not enter the house without a midwife. Always let someone know where you are going to and when you expect to be back. Further safety advice can be found at the link below:
http://www.suzylamplugh.org

Lone worker guidance

It is important that you follow these recommendations to ensure your safety when attending visits independently or when working alone:

Comply with your local lone policy and the procedural arrangements detailed within it.

Use any Lone Working device in accordance with the training provided.

Take reasonable care of yourself and other people who may be affected by your actions or omissions.

Attend training as specified in the training needs analysis and any other training events related to personal safety or working alone, they have been requested to attend.

Bring to the attention of your supervisors/assessors any work activity that involves working alone so that a suitable and sufficient risk assessment may be carried out on the work task.

Report any acts of violence, aggression and or abuse whilst working alone and any other incident or concern arising from working alone using the online reporting system, as required by your local Trust.

MANAGING ON CALLS

You will be expected to make reasonable arrangements to be on call to facilitate the labour and birth of the women in your care. It is your responsibility to ensure that the delivery suite staff are aware of your contact details and also that it is clearly indicated in the case notes of the women/people you are caring for. You should also clearly indicate when you are NOT on call.

Whilst you need to be available whenever possible, it is acknowledged that at times during the expected birth dates of your clients, personal or social circumstances may prevent you from attending. If you are not going to be available then let the woman/person know which dates you will not be able to attend if she goes into labour. She should then know not to contact you during this period.

TIMESHEETS AND HOURS

It is important that time sheets are completed accurately and submitted in the usual manner. Your midwife supervisor will sign your hours.

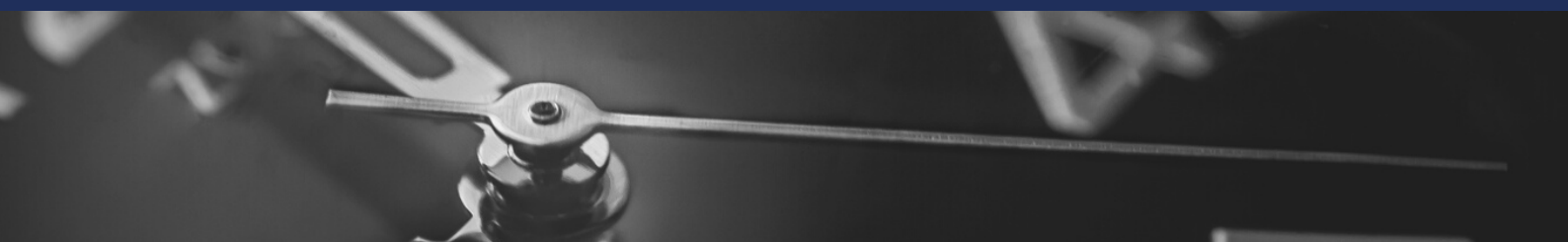
It is essential that you accurately record all the hours that are worked and any extra hours accrued should be taken back as soon as possible and this too is recorded on your time sheet.

Students will be expected to complete 30 hours of clinical care and midwifery practice each week; with 7.5 hours for course management, organisation, administration and evaluation.

A full 37.5 hours will be recorded as practice learning hours on the student time sheet. Students and supervisors should monitor the time spent supporting the 8-10 women with the student.

Students are welcome to coordinate wider learning experiences, around the care of their caseload. This should be negotiated with their practice supervisor/assessors and relevent rota makers.

Effective time management is pivotal in managing your caseload and you need to manage your time effectively as your caseload work will run in conjunction with the academic requirements of the programme and your family/social commitments. You need to be realistic regarding when you are available to support the woman/person on your caseload particularly with regards to being on call in order to provide care during labour. You must ensure that all women on your caseload are aware when you will not be available.



SUPERVISION AND ASSESSMENT

As a student midwife you require supervision in practice. You are not the midwife responsible for care, therefore, if the woman contacts you for advice you must refer to the appropriate person/persons particularly when you are off duty or on call.

All contact and visits should be coordinated directly with your supervisor and the woman/person's lead midwife. The woman/person in your care should still follow normal procedures of the unit i.e. if she rings thinking she is in labour she should contact birth centre/suite or midwife as normal.

Although you will be providing care for the people on your caseload it is your midwife supervisor/s and assessor/s who remains ultimately accountable for your practice and the care you give to women and their families. When you undertake care without the direct supervision of your midwife supervisor you must have an agreed mechanism of communication that is maintained throughout. Any situation that you encounter which is beyond your stage of competence/proficiency requires you to contact your midwife supervisor immediately.

Contact with the women on your caseload must always be initiated through/with your midwife supervisor. You must not give your personal contact details to any woman on your caseload. All appointments for care must be directed through the normal Trust processes.

Whilst the midwife supervisor in the community will supervise you with antenatal and postnatal care there is not an expectation that they will supervise you when women are in labour. This support will be given by the midwife allocated: the labour/midwife led unit midwife or the on-call midwife.

Your link lecturer/academic assessor will also support you in the practice environment. You can contact your link lecturer or PT/ module lead at any time through the normal university processes. Your link lecturer will maintain contact through practice review meetings.

INDIRECT SUPERVISION

You should be able to provide care under indirect supervision, following clear feedback from your supervisor that you are meeting the proficiency level knowledge, skills and conduct required. This must always be determined by your midwife supervisor/s/assessors.

- No more than two consecutive visits should be undertaken under indirect supervision.
- When you have undertaken care under indirect supervision you should fully discuss this with your midwife supervisor and accurately document it along with an agreed plan of care, within the woman's hand-held notes.
- The midwife supporting you should also make a note in their diary, of the conversation and woman/person you are supporting.

Practice supervisor assessments with indirect supervision

Remember the clinical activities performed for student midwife continuity of carer are linked to your proficiency clinical assessments and more than one midwife will be involved in your assessment – keep a record of activity and names of midwives involved so they can have a discussion at the end of the pilot period and make a joint decision on your assessment.

Ensure you gather regular formative feedback from your supervisors.

Supervisors are encouraged to gather feedback from the women and people you are caring for. It is encouraged that they speak to the person you are providing care too, during the visit/appointment or episode of care. To confirm plans and ensure opportunities for feedback and discussion.

KEEPING RECORDS

General Data Protection Regulation (GDPR) requires us to keep all personal information (data) such as names, addresses etc in password protected places and where possible only collect personal information that is necessary.

As such, to comply with GDPR you need to do the following:

1. Give all case-holding women a case-number and pseudonym – DO NOT use real names or personal data (name, address, hospital numbers)
2. Complete consent forms, scan and then save in password protected OneDrive folders.
3. Complete ALL documentation electronically, no paper records to be maintained. You can keep notes on a password protected phone e.g. via iPhone notes but these must only contain clinical details, no personal identifying information. They must be deleted once transferred on to your electronic file.
4. Electronic files must be stored on password protected computers that are not shared with others. If you do share your computer with others then the file needs to be password protected or stored via remote access in your UCLan folders.
5. You should be careful when storing documentation and remember they are not for public viewing – do not leave documents open within the clinical area or at home.

NB// Under no circumstances are you allowed to photocopy the documents e.g consent forms. Consent forms to be shredded once scanned and saved. All documents will be deleted at the end of the pilot.

Whilst working under the direct supervision of a registered midwife/midwife supervisor all record keeping that you have contributed to will have been countersigned. While you are providing care under indirect supervision the midwife supervisor/assessor will not be available to contemporaneously counter sign the woman's notes.

You must maintain the professional responsibility and principles of good record keeping ensuring that you accurately record in the woman's hand-held notes all identified findings on clinical examination, the agreed plan of care and all advice given to the woman. Following discussion with your practice supervisor on the care given and the agreed plan of care you must also document that:

'All care given to…….has been fully discussed with registered midwife……'

Please follow the documentation recommendations for your identified university.

PROFESSIONAL RESPONSIBILITIES AND COMMUNICATION

Due to the intimate nature of the student midwife continuity of carer model, the professional relationship of the woman/midwife become enhanced and there may occur some conflict and blurring of responsibilities and professional boundaries (Stevens and McCourt 2002). This may have an adverse impact on the rapport you have with the women in your caseload. You should always work within the professional boundaries as defined by the NMC (2008, 2009).

The unpredictable nature of labour may create a situation when you are providing support in labour beyond a period of time than can be reasonable considered to be safe practice. You are not expected to be on duty in excess of your normal shift pattern, you have a duty to ensure you are competent to provide the appropriate care and you should not feel you are not able to declare that you need to finish your shift.

Please note if care continues for more than 12.5 consecutive hours then you cannot continue to take the lead responsibility for that woman's' care.

If you have already worked a shift and one of your women is admitted in labour at the end of the shift, you will not be able to provide care for that woman (exceeded your daily maximum hours of 12.5). You could attend as an observer but need to recognise when care needs to be handed over and think carefully of any visits that you may have for other people in your care.

You should contact the appropriate staff if you are not going to be on duty the following day if you have been up in the night with a delivery.

The method of communication that your clients have with you is determined by yourself. You should not use your personal home number or mobile number. We hope to provide a mobile phone for you, until this can be coordinated, you should use an old mobile with a temporary number /a pay and go SIM card. You should inform your women that the mobile phone will only be switched on during your working hours.

When a woman or midwife contacts you to attend a birth or offer advice consider if it is suitable for you to attend or even answer the call, you should have an appropriate professional attitude at all times. It is important that should one of your women contact you regarding clinical advice that you refer the woman to the appropriate place and you can inform triage or the relevant community midwife within your Trust, that the woman has contacted you and the advice given to contact (this needs to be documented in the appropriate place in the clients case-holding records).

You should ensure that the client is aware of when your professional responsibilities come to an end and any contact after that is of a supportive advocate.

PROFESSIONAL RESPONSIBILITIES AND COMMUNICATION CONTINUED

Inform triage/Day Unit or the on-call community midwife within your Trust/community team immediately that the woman has contacted you out of hours and document the advice given.

As you will not have access to the person's maternity records, it is important that the on-call midwife or triage midwife can document the contact from the student in the maternity records, including the advice given.

Please keep your own records of contact, in a professional diary, following the approach community midwives take to record their hours and care episodes.

SMCOC EXPERIENCE SUMMARY

CASEHOLDING HOURS		NAME OF STUDENT	
CLINICAL SITE		DATE OF MEETING	
Number of verified extra hours accrued due to caseholding			

Number of hour's student owes through authorised/unauthorised absences or sickness

Theory hours _____ + _____ clinical hours = _____ Total

Number of potential extra hours that student can claim back: _____

Proficiency assessments: complete /incomplete

EU directives: outstanding/complete

Agreed that Student can take time owing: Yes/No

Placements informed: Yes/No

Clinical site informed: Yes/No

Course Leader Signature:

Date:

REFERENCES AND APPENDICES

McCourt, C., Stevens, T. (2009) Relationship and Reciprocity in Caseload Midwifery. In Derry, R., Hunter, B. *Emotions in Midwifery and Reproduction*. Basingstoke: PalgraveMacmillian

Midwifery 2020 (2010). *Midwifery 2020: delivering expectations*. London. Midwifery 2020.

NMC (2019) Standards of Proficiency for Midwives, NMC:London

NMC(2015) *The Code Professional standards of practice and behaviour for nurses and midwives*. London: NMC

Nursing and Midwifery Council (2008) *The code, standards of conduct, performance and ethics for nurses and midwives*.NMC London

Nursing and Midwifery Council (2009) *Guidance for professional conduct for nursing and midwifery students – Your guide to practice*. NMC London

Nursing and Midwifery Council (2009) *Record keeping: Guidance for Nurses and Midwives*. NMC London

Stevens.T, McCourt C (2002) *One to one midwifery practice part 3 meaning for midwives British Journal of Midwifery* Vol 10 Issue 2 111-5

Further essential reading:

Patient Safety Learning Hub - Midwifery CoC evidence, articles and resources: https://www.pslhub.org/learn/patient-safety-in-health-and-care/high-risk-areas/maternity/midwifery-continuity-of-carer/

The NMC (2009) standards state:

Women experience normal childbirth in a variety of settings. Students should gain experience of supporting women birthing in settings other than acute maternity units, such as at home, at birth centres and at midwife-led units. In exceptional circumstances, it is accepted that this may not be possible. However, the NMC would expect all opportunities to be utilised to support students in obtaining a breadth of experience.

Clinical practice should provide students with the opportunity to experience 24-hour/seven-day care, enabling them to develop an understanding of the needs and experiences of women and babies throughout a 24-hour period. Whilst it is essential that students are able to access a full range of practice experiences to achieve the necessary standards, it is for the midwife to decide whether delegation of tasks is appropriate in the care of a woman or her baby.

The midwife remains accountable for the appropriateness of any delegation of care. The primary focus of pre-registration midwifery programmes is to ensure that students are safe and effective in practice when supporting women experiencing normal childbirth. The programme must develop the knowledge and skills of student midwives, so that at the point of registration they are competent and confident in supporting women in normal childbirth. Included in this focus must be skills in critical decision-making to support appropriate referral to other health professionals or agencies when there is recognition of normal processes being adversely affected and compromised. Midwives must know when it is necessary to refer women or their babies to other health professionals, such as obstetricians or paediatricians, to ensure they receive the appropriate care. When women require referral, midwives must also be skilled in working as part of an inter-professional/multi-agency team. Competence in the role of lead midwife carer for women with complex medical or obstetric needs is to be achieved after initial registration.

The student midwife is working towards autonomous practice at the point of registration. She should be assisted to develop the skills needed to work as an effective member of an interprofessional/ multi-agency team in which she will provide the lead for midwifery care.

(Standards for pre-registration midwifery education 2009)

STUDENT MIDWIFE CONTINUITY OF CARER CONSENT FORM

Please print and ask each client to complete

I consent to……
(student midwife)
Providing antenatal, intranatal and postnatal care under the direct/indirect supervision of a midwife practice supervisor who is registered with the Nursing and Midwifery Council.

I understand that the student midwife's practice supervisor/s and assessor remain responsible for all aspects of my care and the care of my baby.

I have been given information on Student Midwife Continuity of Carer and have had the opportunity to discuss this with…… (midwife) and …… (student midwife) any questions that I have in relation to my care throughout pregnancy, in labour, birth and postnatally.

I understand that I may withdraw my consent at any time, without giving reasons and my care will be given by a community, continuity or hospital midwife.

Signed……

Name……

Date……