

# In partnership with the National Maternity Hospital and

the Maternity services within the Ireland East Hospital Group at

Regional Hospital Mullingar
St. Luke's General Hospital Carlow/Kilkenny
Wexford General Hospital





# Clinical Experience Record Book

Midwifery Registration Education Programme 'Bachelor of Science (Hons) in Midwifery'

Student Name:	
Student Number:	
NMBI Number:	Tel:

This document contains confidential information.

If found please return to:

Undergraduate Programme Office
School of Nursing, Midwifery and Health Systems
University College Dublin
Belfield
Dublin 4

### **Clinical Practice Experience**

- The minimum clinical practice experience required must include the requirements of EC Directive 2005/36/EC and are set out in the Midwife Registration Programme Standards and Requirements (4th Edition) (NMBI, 2022). These requirements are presented in the following document and therefore act as a record of achievement for students in relation to clinical experience. Full completion of this document is therefore essential.
- The student's personal tutor / clinical placement coordinator will review this Clinical Experience Record Book at regular intervals and document progress.
- The student midwife is responsible for the completion and safekeeping of this Clinical Record Experience Book. Students who misplace their Clinical Record Experience Book will still be required to produce evidence of clinical experience attainment.
- Preceptors are required to sign page 2 prior to signing a student entry
- The student must adhere to the guidelines about what to record in this clinical record book.
- Falsification of records is a serious issue and will result in disciplinary action.
- Any abbreviations used in this document should be in line with the Nursing and Midwifery Board of Ireland Standards for documentation abbreviations guidance.

#### REFERENCES

NMBI (2022) RECORDING CLINICAL PRACTICE: PROFESSIONAL GUIDANCE

THE CLINICAL PLACEMENT: STUDENTS' ESSENTIAL GUIDE TO FREQUENTLY USED TERMINOLOGY AND ABBREVIATIONS. AVAILABLE AT WWW.NMHS.UCD.IE

HSE (2010) HEALTH SERVICE EXECUTIVE CODE OF PRACTICE FOR HEALTHCARE RECORDS MANAGEMENT. AVAILABLE AT: https://www.hse.ie/eng/about/who/qid/quality-and-patient-safety-documents/abbreviations.pdf

Name	Signature	Initials	Designation	NMBI Pin

Name	Signature	Initials	Designation	NMBI Pin

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The student should, in a holistic manner, support, advise and assess at least 100 women during pregnancy which includes a detailed antenatal assessment and abdominal examination (NMBI 2022).

Case No	Date	Age	Parity & Gravity	Gestation	ВР	Urine	Abdominal Inspection	Fundal Height	Lie	Presentation	5ths Palpable	Position	FMF	FHH Doppler/Pinard	<b>Midwife</b> S <b>ignature</b>
E.g	22.01.12	31	P0 G1	38+4	120/64	NAD	Striae Gravidarium	37	Long	Cephalic	3/5ths Palpable	LOA	Y	134bpm Doppler	Jane Bloggs DD.MM.YY
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Case No	Date	Age	Parity & Gravity	Gestation	ВР		Abdominal Inspection	Fundal Height	Lie	Presentation	5ths Palpable	Position	FMF	FHH Doppler/Pinard	Midwife Signature
E.g	22.01.12	31	P0 G1	38+4	120/64	NAD	Striae Gravidarium	37	Long	Cephalic	3/5ths Palpable	LOA	Υ	134bpm Doppler	Jane Bloggs DD.MM.YY
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Case No	Date	Age	Parity & Gravity	Gestation	ВР	Urine	Abdominal Inspection		Lie	Presentation	5ths Palpable	Position	FMF	FHH Doppler/Pinard	Midwife signature
E.g	22.01.12	31	P0 G1	38+4	120/64	NAD	Striae Gravidarium	37	Long	Cephalic	3/5ths Palpable	LOA	Υ	134bpm Doppler	Jane Bloggs DD.MM.YY
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Case No	Date	Age	Parity & Gravity	Gestation	ВР	Urine	Abdominal Inspection	Fundal Height	Lie	Presentation	5ths Palpable	Position	FMF	FHH Doppler/Pinard	Midwife signature
E.g	22.01.12	31	P0 G1	38+4	120/64	NAD	Striae Gravidarium	37	Long	Cephalic	3/5ths Palpable	LOA	Y	134bpm Doppler	Jane Bloggs DD.MM.YY
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Case No	Date	Age	Parity & Gravity	Gestation	ВР	Urine	Abdominal Inspection	Fundal Height	Lie	Presentation	5ths Palpable	Position	FMF	FHH Doppler/Pinard	Midwife signature
E.g	22.01.12	31	P0 G1	38+4	120/64	NAD	Striae Gravidarium	37	Long	Cephalic	3/5ths Palpable	LOA	Y	134bpm Doppler	Jane Bloggs DD.MM.YY
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Case No	Date	Age	Parity & Gravity	Gestation	ВР	Urine	Abdominal Inspection	Fundal Height	Lie	Presentation	5ths Palpable	Position	FMF	FHH Doppler/Pinard	Midwife signature
E.g	22.01.12	31	P0 G1	38+4	120/64	NAD	Striae Gravidarium	37	Long	Cephalic	3/5ths Palpable	LOA	Υ	134bpm Doppler	Jane Bloggs DD.MM.YY
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Case No	Date	Age	Parity & Gravity	Gestation	ВР	Urine	Abdominal Inspection		Lie	Presentation	5ths Palpable	Position	FMF	FHH Doppler/Pinard	Midwife signature
E.g	22.01.12	31	P0 G1	38+4	120/64	NAD	Striae Gravidarium	37	Long	Cephalic	3/5ths Palpable	LOA	Y	134bpm Doppler	Jane Bloggs DD.MM.YY
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Case No	Date	Age	Parity & Gravity	Gestation	ВР	Urine	Abdominal Inspection	Fundal Height	Lie	Presentation	5ths Palpable	Position	FMF	FHH Doppler/Pinard	Midwife signature
E.g	22.01.12	31	P0 G1	38+4	120/64	NAD	Striae Gravidarium	37	Long	Cephalic	3/5ths Palpable	LOA	Y	134bpm Doppler	Jane Bloggs DD.MM.YY
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Case No	Date	Age	Parity & Gravity	Gestation	ВР	Urine	Abdominal Inspection	Fundal Height	Lie	Presentation	5ths Palpable	Position	FMF	FHH Doppler/Pinard	Midwife signature
E.g	22.01.12	31	P0 G1	38+4	120/64	NAD	Striae Gravidarium	37	Long	Cephalic	3/5ths Palpable	LOA	Υ	134bpm Doppler	Jane Bloggs DD.MM.YY
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89															

Case No	Date	Age	Parity & Gravity	Gestation	ВР	Urine	Abdominal Inspection	Fundal	Lie	Presentation	5ths Palpable	Position	FMF	FHH Doppler/Pinard	Midwife signature
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98															
99															
100															

### **Antenatal and/or Parenthood Preparation Classes**

The student should plan and provide antenatal and/or parenthood preparation or support classes to a group of women on at least two occasions (NMBI 2022)

Plan & Presentation of Class	Midwife's Signature & Date
1.	
2.	

### **Adult Venepuncture**



# Venepuncture Programme BSc Midwifery and HDip Midwifery Students

The Nursing and Midwifery Board of Ireland outline in the Midwife Registration Programme Standards and Requirements that students should gain experience of adult venepuncture during their midwifery registration education programme (NMBI, 2022). This document outlines the standardised approach that is taken to the education, training, and competence validation for UCD Midwifery students in adult venepuncture. This approach follows the guiding framework for education, training and competence validation in venepuncture and peripheral intravenous cannulation for Nurses and Midwives (HSE/ONMSD, 2017), the addendum for BSc Midwifery students (HSE/ONMSD, 2020a) and the addendum for HDip Midwifery students (HSE/ONMSD, 2020b). The venepuncture programme for BSc Midwifery and HDip Midwifery students is delivered in partnership with Ireland East Hospital Group clinical partners who will account for practice assessments in the clinical area. Midwifery students are required to adhere to the local hospital policies, procedures, protocols, and guidelines in relation to adult venepuncture.

#### **Recognition of Prior Learning**

Higher Diploma students, as registered general nurses, may have already undertaken an adult venepuncture programme and may apply to the National Maternity Hospital for exemption by:

- 1. Providing documentary evidence that they have completed a training programme, and are deemed competent as outlined by HSE/ONMSD (2020b)
- 2. Completing the 'self-declaration of competence' form, provided by the National Maternity Hospital
- 3. Becoming familiar with the National Maternity Hospital's policies, guidelines and procedures related to venepuncture and also NMBI professional guidelines
- 4. HDip student midwives who are not competent using venepuncture equipment of their new employment should ensure they are updated on this before performing this procedure in clinical practice

Higher Diploma students who do not fulfil the above requirements to recognise prior certification and practice experience will be required to undertake the programme in its entirety as laid out in this document. Once the exemption requirements have been achieved, the student may undertake venepuncture in the following circumstances according to HSE/ONMSD (2020b).

- 1. Where the supervising midwife/nurse is competent in the skills of venepuncture
- 2. Where the task is delegated by the supervising midwife/nurse and undertaken under supervision as per the competency assessment framework (NMBI, 2022)
- 3. Where this delegated task is within the continuum of care provision by the midwifery student and their preceptor

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#### **Learning Outcomes**

Upon successful completion of this programme, participants will:

- Be able to identify the anatomical structures and appropriate choice of sites applicable to adult venepuncture
- o Describe the role of the midwife in undertaking the skill of venepuncture
- Outline the indications for venepuncture
- o Communicate with women and their families to facilitate safe and effective venepuncture
- Demonstrate knowledge of:
  - o Procedure preparation and how to gain informed consent
  - The effective technique for the procedure
  - o The documentation and management of complications
- o Demonstrate competence in the skill of adult venepuncture
- Practice under appropriate supervision for their level
- Maintain competence in accordance with scope of practice and local hospital policy

#### The theoretical components of the programme are administered by UCD as follows:

- 1. The midwifery student obtains a copy of the learner handbook via Brightspace
- 2. The midwifery student completes the theoretical component of the blended learning programme e-learning module online via www.hseland.ie.
- 3. The student midwife must successfully complete the online self- assessment test.
- 4. Certificates of completion are uploaded to the assessment folder in Brightspace, and the midwifery student will then be permitted to attend the adult venepuncture clinical skills workshop.
- 5. The midwifery student attends the clinical skills workshop. Students will be given the opportunity to practice venepuncture skills and will be assessed by facilitators. If a student is unsuccessful in this assessment, an action plan is agreed with the facilitator and the assessment will be repeated. Students must achieve a pass in this clinical skills assessment in order to progress to the clinical practice assessments.
- 6. Once a pass has been achieved, the facilitator will record this outcome in Brightspace and will also sign the following page in the clinical experience record book: Adult Venepuncture—Record of Supervised Practice and Competence Assessment
- 7. A certificate of completion for the theoretical components of the programme will be emailed to each student via Brightspace.
- 8. The midwifery student may now proceed to clinical practice assessments on their next clinical placement.

## The clinical practice and competency assessment component of the programme is administered by the clinical partner site as follows:

- 1. The midwifery student should observe two venepuncture procedures in the clinical area before proceeding to supervised practice.
- 2. The midwifery student must successfully complete 5 supervised practice assessments, followed by the final competency assessment.
- 3. Clinical assessors must be certified and competent in adult venepuncture. Midwifery students may not assess other midwifery students.
- 4. If unsuccessful in the competency assessment, the student is referred to the clinical placement coordinator (BSc) / clinical co-ordinator (HDip) and an action plan is agreed. Once the components

- of the action plan have been completed then the midwifery student restarts and must successfully complete the 5 clinical practice assessments before proceeding to the competency assessment.
- 5. The practice assessments and final competency assessment should be completed within 12 weeks. If more than 12 weeks lapse, the student must re-do the HSEland elearning module and submit evidence of this with their clinical practice assessment form. If the student requires additional learning support, they should contact their clinical placement co-ordinator (BSc) / clinical co-ordinator (HDip).
- 6. Once the competency assessment is complete, the midwifery student should inform their clinical placement co-ordinator or clinical co-ordinator. If the form is completed correctly, they will then sign the appropriate section in both the form itself and the record of workshops, mandatory education and training
- 7. If the midwifery student wishes to obtain a certificate of completion they should request this from the Education and Practice Development Dept in the National Maternity Hospital.

#### **Maintenance of competence**

Upon completion of the skill pathway, midwifery students should continue to maintain competence under appropriate supervision for their level of clinical placement, in collaboration with their preceptor (according to hospital policy).

#### References

HSE/ONMSD (2017) Guiding Framework for the Education, Training and Competence Validation in Venepuncture and Peripheral Intravenous Cannulation for Nurses and Midwives. Dublin: Health Service Executive.

HSE/ONMSD (2020a) *Skill Pathway for Venepuncture and/or Peripheral Intravenous Cannulation for Pre-Registration Undergraduate Nursing and Midwifery students during Internship Period*. Dublin: Health Service Executive.

HSE/ONMSD (2020b). Skill Pathway for Venepuncture and/or Peripheral Intravenous Cannulation for students undertaking the Post RGN Midwife Registration Education Programme – Higher Diploma in Midwifery (draft). Dublin: Health Service Executive.

NMBI (2015) *Scope of Nursing and Midwifery Practice Framework*. Dublin: Nursing and Midwifery Board of Ireland.

NMBI (2022) *Midwife Registration Programmes Standards and Requirements*. Dublin: Nursing and Midwifery Board of Ireland

#### Adult Venepuncture-Record of Supervised Practice and Competence Assessment

I am satisfied that (print name) has complete Supervised practice assessments.	leted the necessary adult venepuncture theo	ory progra	mme, atte	nded the	clinical sk	ills lab an	d is now eligible	to proce	eed to
UCD Tutor (print):  UCD Tutor	(sign):				Date:				
* /	mpetency Achieved:				Duter				
The student must be able to discuss the rationale for each of the actions and application of these skills.	- ·		upervised chieved=				Competence	Assessme	ent
Skill Required		1	2	3	4	5	Pass	Re	efer
A Perform hand hygiene as per WHO 5 moments for hand hygiene									
B Check correct identification of patient and any allergies the patient has e.	g. to tape or skin cleaning solutions								
C Gain verbal consent. Ensure appropriate preparation of and communication	n with patient throughout procedure								
D Correct positioning of patient and preparation of environment									
E Considers personal safety and that of others e.g_use of PPE etc.									
F Selects appropriate vein site and equipment for procedure									
G Provides local anaesthesia (as per organisation policy)									
H Completes venepuncture procedure correctly and safely									
I Correct order of draw for multiple samples									
J Demonstrates appropriate troubleshooting techniques if required									
K Demonstrates aseptic non touch technique throughout the procedure									
L Demonstrates disposal of sharps and equipment correctly and safely									
M Demonstrates appropriate decumentation of equipment used (as per IP&C)	)								
N Completes documentation in healthcare records (as per healthcare organisa	tion policy)								
	Initial of Clinical Assessor:								
	Initial of Student Midwife:								
	Date:								
Final Outcome of Competence Assessment (tick ) Pass:	Refer	Print na	me and si	gn below	to validat	e final ou	tcome		
Student Midwife (print):	Sign:	Date:		Initials:		NMBI I	No:		
Clinical Assessor (print):	Sign:	Date:		Initials:		NMBI I	No:		
Note of action plan if referred for further assessment:									
Action Plan Agreed (sign if applicable) Student Midwife:	Clinical Assessor:					Date:		Tick E	Box
I have <b>read</b> name of Organisation	policies, procedures and	d guidelin	es in relati	on to ven	epuncture				
I have read the "Code of Professional Conduct and Ethics for Registered Nurs	ses and Registered Midwives" (NMBI 2021	)							
I have read the "Scope of Nursing and Midwifery Practice Framework" (NME	BI 2015)							у.	
The assessments were completed within 12 weeks, if not, I have retaken the F	ISEland e-learning programme								
Competence agreed for venepuncture: I agree to maintain my clinical compete	ence in venepuncture in line with the "Scope	e of Nurs	ng and M	idwifery I	Practice Fr	amework'	' (NMBI 2015)		
Student Midwife (sign): Clinica	ıl Assessor (sign):						Date:		
I am satisfied that the above named student has completed the supervised pract	tice and the competence assessment								
CPC/CC (print): CPC/CC	C (sign):						Date:		

### **Adult Peripheral Intravenous Cannulation Programme**



### Adult Peripheral Intravenous Cannulation Programme BSc Midwifery and HDip Midwifery Students

The Nursing and Midwifery Board of Ireland outline in the Midwife Registration Programme Standards and Requirements that students should gain experience of adult peripheral intravenous cannulation during their midwifery registration education programme (NMBI, 2022). This document outlines the standardised approach that is taken to the education, training, and competence validation for UCD Midwifery students in adult peripheral intravenous cannulation. This approach follows the guiding framework for education, training and competence validation in venepuncture and peripheral intravenous cannulation for Nurses and Midwives (HSE/ONMSD, 2017), the addendum for BSc Midwifery students (HSE/ONMSD, 2020a) and the addendum for HDip Midwifery students (HSE/ONMSD, 2020b). The peripheral intravenous cannulation programme for BSc Midwifery and HDip Midwifery students is delivered in partnership with the National Maternity Hospital who will account for practice assessments in the clinical area. Midwifery students are required to adhere to the local hospital policies, procedures, protocols and guidelines in relation to adult peripheral intravenous cannulation.

#### Note regarding flushing the IV cannula

Part of the procedure for insertion of a peripheral intravenous cannula involves administration of intravenous fluid without additives (0.9% NaCL) to flush the cannula at the point of insertion. Midwifery students are only permitted to flush intravenous cannulae under supervision as part of the peripheral intravenous cannula insertion procedure, according to local policies, protocols, procedures, and guidelines (HSE/OMNSD, 2020a; 2020b). Midwifery students are not permitted to administer intravenous fluids, either with or without additives, at any other time during their midwifery registration education programme.

#### **Recognition of Prior Learning**

Higher Diploma midwifery students, as registered general nurses, may have already completed an adult peripheral intravenous cannulation programme and may apply to the National Maternity Hospital for exemption by:

- 1. Providing documentary evidence that they have completed a training programme, and are deemed competent as outlined by HSE/ONMSD (2020b)
- 2. Completing the 'self-declaration of competence' form, provided by the National Maternity Hospital
- 3. Becoming familiar with the National Maternity Hospital's policies, guidelines and procedures related to peripheral intravenous cannulation and also NMBI professional guidelines
- 4. HDip midwifery students who are not competent using the peripheral intravenous cannulation equipment of their new employment should ensure they are updated on this before performing this procedure in clinical practice

Higher Diploma students who do not fulfil the above requirements to recognise prior certification and practice experience will be required to undertake the programme in its entirety as laid out in this document.

#### **Prerequisites**

Students must first be certified as competent in adult venepuncture before they can proceed to the adult peripheral intravenous cannulation programme.

#### **Learning Outcomes**

At the end of this programme, participants will:

- Be able to identify the anatomical structures and appropriate choice of sites applicable to intravenous cannulation
- Describe the role of the midwife in undertaking the skill of peripheral cannulation
- Outline the indications for peripheral intravenous cannulation
- Communicate with women and their families to facilitate safe and effective peripheral intravenous cannulation
- Demonstrate knowledge of:
  - O Procedure preparation and how to gain informed consent
  - The effective technique for the procedure
  - The documentation and management of complications
- Practice under appropriate supervision for their level
- Maintain competence in accordance with scope of practice and local hospital policy

#### The theoretical components of the programme are administered by UCD as follows:

- 1. The midwifery student must access the learner handbook via Brightspace
- 2. The midwifery student completes the theoretical component of the blended learning programme elearning module online via www.hseland.ie.
- 3. The student midwife must successfully complete the online self- assessment test at the end of the elearning module on HSEland.
- 4. Certificates of completion are uploaded to the assessment folder in Brightspace, and the midwifery student will then be permitted to attend the adult peripheral intravenous cannulation clinical skills workshop.
- 5. The midwifery student attends the clinical skills workshop. Students will be given the opportunity to practice adult peripheral intravenous cannulation skills and will be assessed by facilitators. If a student is unsuccessful in this assessment, an action plan is agreed with the facilitator and the assessment will be repeated. Students must achieve a pass in this clinical skills assessment in order to progress to the clinical practice assessments.
- 6. Once a pass has been achieved, the facilitator will record this outcome in Brightspace and will also sign the following page in the clinical experience record book: Adult Peripheral Intravenous Cannulation –Record of Supervised Practice and Competence Assessment
- 7. A certificate of completion for the theoretical components of the programme will be emailed to each student via Brightspace.
- 8. The midwifery student may now proceed to clinical practice assessments on their next clinical placement.

### The clinical practice and competency assessment component of the programme is administered by the clinical partner site as follows:

- 1. The midwifery student should observe two intravenous cannulation procedures in the clinical area before proceeding to supervised practice.
- 2. The midwifery student undertakes 5 successful supervised practice assessments, followed by the final competency assessment. Clinical assessors must be certified and competent in adult peripheral intravenous cannulation. Midwifery students may not assess other midwifery students.
- 3. If unsuccessful in the competency assessment, the student is referred to the clinical placement coordinator (BSc) / clinical co-ordinator (HDip) and an action plan is agreed. Once the components of the action plan have been completed then the midwifery student restarts the clinical practice assessments and repeats all 5 successfully before proceeding to the competency assessment.
- 4. The practice assessments and final competency assessment should be completed within 12 weeks. If more than 12 weeks lapse, the student must re-do the HSEland elearning module and submit evidence of this with their clinical practice assessment form. If the student requires additional learning support, they should contact their clinical placement co-ordinator (BSc) / clinical co-ordinator (HDip).
- 5. Once the competency assessment is complete, the midwifery student should inform their clinical Placement co-ordinator or clinical co-ordinator. If the form is completed correctly, they will then sign the appropriate section in both the form itself and the record of workshops, mandatory education and training
- 6. If the student midwife wishes to obtain a certificate of completion, they should request this from the Education and Practice Development Dept in the National Maternity Hospital.

#### Maintenance of competence

Upon completion of the skill pathway, midwifery students should continue to maintain competence under appropriate supervision for their level of clinical placement, in collaboration with their preceptor (according to hospital policy).

#### References

HSE/ONMSD (2017) Guiding Framework for the Education, Training and Competence Validation in Venepuncture and Peripheral Intravenous Cannulation for Nurses and Midwives. Dublin: Health Service Executive.

HSE/ONMSD (2020a) *Skill Pathway for Venepuncture and/or Peripheral Intravenous Cannulation for Pre-Registration Undergraduate Nursing and Midwifery students during Internship Period*. Dublin: Health Service Executive.

HSE/ONMSD (2020b). Skill Pathway for Venepuncture and/or Peripheral Intravenous Cannulation for students undertaking the Post RGN Midwife Registration Education Programme – Higher Diploma in Midwifery (draft). Dublin: Health Service Executive.

NMBI (2015) *Scope of Nursing and Midwifery Practice Framework*. Dublin: Nursing and Midwifery Board of Ireland.

NMBI (2022) *Midwife Registration Programmes Standards and Requirements*. Dublin: Nursing and Midwifery Board of Ireland

#### Adult Peripheral Intravenous Cannulation-Record of Supervised Practice and Competence Assessment

Note   Total fight    Supervised practice assessments   Surface   Supervised practice   Supervised   Supervised practice   Supervised practice   Supervised practice   Supervised practice   Supervised   Superv		am satisfied that (print name) has completed the necessary adult IV cannulation theory programme, attended the clinical	l skills lab a	nd is now	eligible to
Date   Practice Assessments Started:   Date Competency Achieved:   The state of mass the rationals for each of the actions and demonstrate competence in the practical Achieved   Not Ac	•	· · ·			
Resident must be able to discuss the rationale for each of the actions and demonstrate competence in the practical   Supervised Practice Assessment   Schill Required   Shift	UC				
Skill Required   Skill Required   1   2   3   4   5   Pass   Refer	Da	ate Practice Assessments Started: Date Competency Achieved:			
A Perform band hygiene as per WHO 5 moments for hand hygiene			ıts Co	mpetence	assessment
B   Check correct identification of patient and any allergies the patient has e.g. to tape or skin cleaning solutions		Skill Required 1 2 3 4	5	Pass	Refer
Gian verbal consent. Ensure appropriate preparation of and communication with patient throughout procedure	Α				
Decorate positioning of patient and preparation of environment	В				
E   Considers personal safety and that of others e.g. use of PPE etc.					
February	D				
Completes cannual insertion correctly and safely, including drawing up and administration of 0.9% NaCL flush	Е				
H   Completes cannula insertion correctly and safely, including drawing up and administration of 0.9% NaCL flush					
Secures and anchors cannula safely and effectively	G	Provides local anaesthesia (as per organisation policy)			
J Demonstrates appropriate troubleshooting techniques if required  K Demonstrates aspectin on touch technique throughout the procedure  L Demonstrates disposal of sharps and equipment our correctly and safely  M Demonstrates appropriate documentation of equipment used (as per IP&C)  N Completes documentation in healthcare records (as per healthcare organisation policy)  Initial of Clinical Assessor  Initial of Student Midwife  Initial of Student Midwife  Initial of Student Midwife  Initial of Student Midwife (print):  Sign:  Date:  Initials:  NMBI No:  Clinical Assessor (print):  Note of action plan if referred for further assessment  Action Plan Agreed (sign if applicable)  Inaver read name of Organisation  Agreed (sign if applicable)  Inaver read name of Organisation  Relevant policies, procedures, protocols and guidelines  Relevant policies, procedures, protocols and guidelines  Relevant policies, procedures, protocols and guidelines  Feas Sessentes were completed within 12 weeks, if not, 1 have retaken the HSEland e-learning programme  Inducers and that I am only permitted to administer intravenous fluid without additive (0.9% NaCL) under supervision for the purpose of flushing of the cannula as part of the Practice Framework' (NMBI 2015)  Competence agreed for peripheral IV cannulation: I agree to maintain my clinical competence in peripheral IV cannulation in line with the "Scope of Nursing and Midwifery Yes  No Practice Framework' (NMBI 2015)  Student Midwife (sign):  Clinical Assessor (sign):  Date:  CPC (sign):  Date:    Date:   Da	Н	Completes cannula insertion correctly and safely, including drawing up and administration of 0.9% NaCL flush			
Demonstrates asseptic non touch technique throughout the procedure   Demonstrates asseptic non touch technique throughout the procedure   Demonstrates asposal of sharps and equipment correctly and safely   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate used (as per IP&C)   Demonst	l	Secures and anchors cannula safely and effectively			
Demonstrates asseptic non touch technique throughout the procedure   Demonstrates asseptic non touch technique throughout the procedure   Demonstrates asposal of sharps and equipment correctly and safely   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate used (as per IP&C)   Demonst	J	Demonstrates appropriate troubleshooting techniques if required			
Demonstrates disposal of sharps and equipment correctly and safely   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates assessment   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriate documentation of equipment used (as per IP&C)   Demonstrates appropriated value of the per IP&C   Demonstrates assessment (IP&C)   Demonstrates appropriate used (as per IP&C)   Demonstrates used (as per IP&C)   Demonstrates used (a	K				
M Demonstrates appropriate documentation of equipment used (as per lP&C)  N Completes documentation in healthcare records (as per healthcare organisation policy)  Initial of Clinical Assessor; Initial of Student Midwife  Initial of Student Midwife  Initial of Student Midwife  Initial of Student Midwife  Initials:  In	L				
N   Completes documentation in healthcare records (as per healthcare organisation policy)   Initial of Clinical Assessor   N   N   N   N   N	M				
Initial of Student Midwife    Pass   Refer   Pass   Refer   Pass   Refer   Ref	N	Completes documentation in healthcare records (as per healthcare organisation policy)			
Final Outcome of Competence Assessment (tick , Pass   Refer   Print name and sign below to validate final outcome.  Student Midwife (print):   Sign:   Date:   Initials:   NMBI No:   NMBI		Initial of Clinical Assessor:			
Final Outcome of Competence Assessment (tick , Pass   Refer   Date:   Initials:   NMBI No:  Student Midwife (print):   Sign:   Date:   Initials:   NMBI No:  Clinical Assessor (print):   Sign:   Date:   Initials:   NMBI No:  State of action plan if referred for further assessment:  Note of action plan agreed (sign if applicable)   Istudent Midwife:   Clinical Assessor:   Clinical Assessor:   Pass   No    I have read name of Organisation   Organisation   Relevant policies, procedures, protocols and guidelines   Yes   No    I have read the "Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives" (NMBI, 2021)   Yes   No    I have read the "Scope of Nursing and Midwifery Practice Framework" (NMBI 2015)   Yes   No    I understand that I am only permitted to administer intravenous fluid without additive (0.9% NaCL) under supervision for the purpose of flushing of the cannula as part of the insertion procedure and not at any other time    Competence agreed for peripheral IV cannulation: I agree to maintain my clinical competence in peripheral IV cannulation in line with the "Scope of Nursing and Midwifery   Yes   No    Student Midwife (sign):   Clinical Assessor (sign):   Date:   Date:    I am satisfied that the above named student has completed the supervised practice and the competence assessment   CPC (cprint):   Date:   Date:   Date:   CPC (cprint):   Date:   Date:   CPC (cprint):   Date:   CPC (cprint):   Date:   CPC (cprint):   CPC (cprint):   CPC (cprint):   Date:   CPC (correct correct		Initial of Student Midwife:			
Student Midwife (print):       Isign:       Initials:       NMBI No:         Clinical Assessor (print):       Sign:       Initials:       NMBI No:         Note of action plan if referred for further assessments:         Action Plan Agreed (sign if applicable)       Istudent Midwife:         Clinical Assessor:         Date:         Tick Box         Action Plan Agreed (sign if applicable)       Istudent Midwife:         Relevant policies, procedures, protocols and guidelines         Yes         No         I have read the "Code of Professional Conduct and Ethics for Registered Midwives" (NMBI, 2021)       Yes         No         I have read the "Scope of Nursing and Midwifery Practice Framework" (NMBI 2015)       Yes         No         I have read the "Scope of Nursing and Midwifery Practice Framework" (NMBI 2015)       Yes         No         I understand that I am only permitted to administer intravenous fluid without additive (0.9% NaCL) under supervision for the purpose of flushing of the cannula as part of the insertion procedure and not at any other time.       Yes         No         Competence agreed for peripheral IV cannulation: I agree to maintain with out additive (0.9% NaCL) under supervision for the purpose of flushing of the cannula as part of the cannula as part of the remaintain with the "Scoper of Nursing and Midwifery Practice Framework" (NMBI 2015)		Date:			
Clinical Assessor (print): Sign:   Date:   Initials:   NMBI No:   NMBI Note of action plan if referred for further assessment:   Souther Midwife:   Clinical Assessor:   Selevant policies, procedures, protocols and guidelines   Souther Midwife:   Clinical Assessor:   Souther Midwife:   Clinical Assessor:   Souther Midwife:   Souther Mi	Fir	inal Outcome of Competence Assessment (tick, Pass   Refer   Print name and sign below to validate fi	final outcon	ie	
Note of action plan if referred for further assessment:  Action Plan Agreed (sign if applicable)  Istudent Midwife:  Relevant policies, procedures, protocols and guidelines  Yes  No  No  President Assessment In a protocodure and not a tangent of the Bases Protocode (0.9% NaCL) under supervision for the purpose of flushing of the cannula as part of the President of the purpose of flushing of the cannula as part of the President of the Supervision for the purpose of flushing of the cannula as part of the President of the Supervision for the purpose of flushing of the cannula as part of the President of the Supervision for the purpose of flushing of the cannula as part of the President of the Supervision for the purpose of flushing of the cannula as part of the President of the Superv	Stu	tudent Midwife (print):   Sign:   Date:   Initials:   NMBI No:			
Action Plan Agreed (sign if applicable)   Student Midwife:   Clinical Assessor:   Pake   Policies	Cli	linical Assessor (print): Sign: Date: Initials: NMBI No:			
I have read name of Organisation Relevant policies, procedures, protocols and guidelines  I have read the "Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives" (NMBI, 2021)  I have read the "Scope of Nursing and Midwifery Practice Framework" (NMBI 2015)  The assessments were completed within 12 weeks, if not, 1 have retaken the HSEland e-learning programme  I understand that I am only permitted to administer intravenous fluid without additive (0.9% NaCL) under supervision for the purpose of flushing of the cannula as part of the insertion procedure and not at any other time  Competence agreed for peripheral IV cannulation: I agree to maintain my clinical competence in peripheral IV cannulation in line with the "Scope of Nursing and Midwifery Practice Framework" (NMBI 2015)  Student Midwife (sign):  I am satisfied that the above named student has completed the supervised practice and the competence assessment  CPC /CC (print):  CPC (sign):  Relevant policies, procedures, protocols and guidelines  Yes No  No  No  Pres No  No  Pres No	No	ote of action plan if referred for further assessment:			
I have read the "Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives" (NMBI, 2021)  I have read the "Scope of Nursing and Midwifery Practice Framework" (NMBI 2015)  The assessments were completed within 12 weeks, if not, I have retaken the HSEland e-learning programme  I understand that I am only permitted to administer intravenous fluid without additive (0.9% NaCL) under supervision for the purpose of flushing of the cannula as part of the insertion procedure and not at any other time  Competence agreed for peripheral IV cannulation: I agree to maintain my clinical competence in peripheral IV cannulation in line with the "Scope of Nursing and Midwifery Practice Framework" (NMBI 2015)  Student Midwife (sign):  I am satisfied that the above named student has completed the supervised practice and the competence assessment  CPC /CC (print):  CPC (sign):  Date:  Ves No  Date:  CPC /CC (print):	Ac	ction Plan Agreed (sign if applicable)   Student Midwife:   Clinical Assessor:   Date:		Tick I	Box
I have read the "Scope of Nursing and Midwifery Practice Framework" (NMBI 2015)  The assessments were completed within 12 weeks, if not, 1 have retaken the HSEland e-learning programme  I understand that I am only permitted to administer intravenous fluid without additive (0.9% NaCL) under supervision for the purpose of flushing of the cannula as part of the insertion procedure and not at any other time  Competence agreed for peripheral IV cannulation: I agree to maintain my clinical competence in peripheral IV cannulation in line with the "Scope of Nursing and Midwifery Practice Framework" (NMBI 2015)  Student Midwife (sign):  I am satisfied that the above named student has completed the supervised practice and the competence assessment  CPC /CC (print):  CPC (sign):  Ves No  No  Pate:  Ves No  Practice Framework" (NMBI 2015)  Date:	I h	nave read name of Organisation Relevant policies, procedures, protocols and guidelines		Yes	No
The assessments were completed within 12 weeks, if not, 1 have retaken the HSEland e-learning programme  I understand that I am only permitted to administer intravenous fluid without additive (0.9% NaCL) under supervision for the purpose of flushing of the cannula as part of the insertion procedure and not at any other time  Competence agreed for peripheral IV cannulation: I agree to maintain my clinical competence in peripheral IV cannulation in line with the "Scope of Nursing and Midwifery Practice Framework" (NMBI 2015)  Student Midwife (sign):  I am satisfied that the above named student has completed the supervised practice and the competence assessment  CPC /CC (print):  CPC (sign):  Date:	Ιh	have read the "Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives" (NMBI, 2021)		Yes	No
I understand that I am only permitted to administer intravenous fluid without additive (0.9% NaCL) under supervision for the purpose of flushing of the cannula as part of the insertion procedure and not at any other time  Competence agreed for peripheral IV cannulation: I agree to maintain my clinical competence in peripheral IV cannulation in line with the "Scope of Nursing and Midwifery Practice Framework" (NMBI 2015)  Student Midwife (sign):  I am satisfied that the above named student has completed the supervised practice and the competence assessment  CPC /CC (print):  CPC (sign):  Ves No Date:	I h	nave read the "Scope of Nursing and Midwifery Practice Framework" (NMBI 2015)		Yes	No
insertion procedure and not at any other time  Competence agreed for peripheral IV cannulation: I agree to maintain my clinical competence in peripheral IV cannulation in line with the "Scope of Nursing and Midwifery Practice Framework" (NMBI 2015)  Student Midwife (sign):  I am satisfied that the above named student has completed the supervised practice and the competence assessment  CPC /CC (print):  CPC (sign):  CP	The	ne assessments were completed within 12 weeks, if not, 1 have retaken the HSEland e-learning programme		Yes	No
insertion procedure and not at any other time  Competence agreed for peripheral IV cannulation: I agree to maintain my clinical competence in peripheral IV cannulation in line with the "Scope of Nursing and Midwifery Practice Framework" (NMBI 2015)  Student Midwife (sign): Clinical Assessor (sign): Date:  I am satisfied that the above named student has completed the supervised practice and the competence assessment  CPC /CC (print): CPC (sign): Date:	I u	understand that I am only permitted to administer intravenous fluid without additive (0.9% NaCL) under supervision for the purpose of flushing of the cannula as pa	art of the	Yes	No
Competence agreed for peripheral IV cannulation: I agree to maintain my clinical competence in peripheral IV cannulation in line with the "Scope of Nursing and Midwifery Practice Framework" (NMBI 2015)  Student Midwife (sign):  I am satisfied that the above named student has completed the supervised practice and the competence assessment  CPC /CC (print):  CPC (sign):  CPC (sign)					1
Student Midwife (sign):       Clinical Assessor (sign):       Date:         I am satisfied that the above named student has completed the supervised practice and the competence assessment       CPC /CC (print):       Date:	Co Pra	ompetence agreed for peripheral IV cannulation: I agree to maintain my clinical competence in peripheral IV cannulation in line with the "Scope of Nursing and Midw actice Framework" (NMBI 2015)	ifery	Yes	No
I am satisfied that the above named student has completed the supervised practice and the competence assessment  CPC /CC (print):  CPC (sign):  Date:			Da	te:	
CPC /CC (print): CPC (sign): Date:					
			Dar	te:	
			us Cannulatio	n for Nurses	and Midwives

#### **Labour and Birth**

Your documentation should include the following information.

- 1. Date that you witnessed the birth
- 2. Her parity and gravidity
- 3. The gestational age on the day of birth
- 4. The duration of 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> stages
- 5. The time of birth
- 6. Summary of first stage to include
  - a. Labour onset: spontaneous or induced
  - b. Cervical dilatation on admission
  - c. Detail regarding fetal monitoring
  - d. Detail regarding fetal membranes and liquor
  - e. Coping methods used
  - f. Any other relevant details or interventions
- 7. Summary of second stage to include
  - a. How the beginning of the second stage was confirmed
  - b. Detail regarding fetal monitoring
  - c. Positions used in the second stage
  - d. Any other relevant details or interventions
- 8. Third stage summary
  - a. Physiological or Active management used
  - h FRI
  - c. Detail of assessment and/or repair of perineum
  - d. Examination of placenta, cord and membranes
  - e. Any other relevant details or interventions

#### 10.Baby Summary

- a. Sex of infant
- b. Weight of infant
- c. Whether any resuscitation was required
- d. Apgars
- e. Head to toe examination
- f. Feeding method
- g. Skin-to skin contact
- h. Any other relevant details or interventions

### **Personal Births: Spontaneous Vaginal Births (40 cases)**

Students should personally care for and help at least 40 women having a spontaneous vaginal birth. This should include a detailed examination of the baby at birth (NMBI 2022)

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth				
e.g.	22/2/12	P0 G1	40/40	5hours 5mins	65mins	55mins	15.20pm				
1st stag summar	<sub>v</sub>   Spontaneo	ontaneous onset, cervix 3cm dilated on admission. Intermittent monitoring. SROM ar liquor@11.20am. Entonox and frequent position changes									
2nd stag summar	🗤   Urge to pus	lear liquor@11.20am. Entonox and frequent position changes  lrge to push noted and vertex visible @ 15.00. Intermittent monitoring every 5 minutes, lear liqour. Alternating between hands and knees and left lateral position.									
3rdStage summar	<b>v</b> Physiologic	cal third stage Placenta and n				tear noted, no	sutures	signature			
Baby Summai		ale infant, no resuscitation required, apgars 9@1, 9@5, Head to toe examination NAD. 5kg. Breastfeeding initiated after birth, skin to skin contact									

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	
1								
1st stage summary								date
2nd stag summary								and
3rdStage summary								signature
Baby Summary	,							Midwife

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	
2								
1st stage summary								date
2nd stage summary								and
3rdStage summary								signature
Baby Summary	,							Midwife

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth
3							
1st stage summary							
2nd stage summary							
3rdStage summary							
Baby Summary	,						

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	
4								
1st stage summary								date
2nd stage summary								and
3rdStage summary								signature
Baby Summary	,							Midwife

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth
5							
1st stage summary							
2nd stage summary							
3rdStage summary							
Baby Summary	,						

			-			_	_
No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth
6							
1st sta summ							- Jack Sage
2nd st summ	_						Midwife signature and date
3rdSta summ							
Bab Summ							
No.	Date	Parity +	Gestation	1 <sup>st</sup> stage	2 <sup>nd</sup> stage	3 <sup>rd</sup> stage	Time of
7		Gravidity		duration	duration	duration	Birth
1st sta summ 2nd st summ	age						Midwife cirmature and date
3rdSta summ							
Dak							>

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth
8							
1st sta summa	_	1					1
2nd sta summa	-						
3rdSta summa	-						
Baby Summa							

Baby Summary

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	
9		<u> </u>		44.4	daration	uararon	2	
1st sta summ		1			l	I		Midwife signature and date
2nd sta summ	_							gnature
3rdSta summ	_							idwife si
Bab <sub>y</sub> Summ								W
								•
No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	
10		•						е
1st sta	_				•	•	•	d date

No. Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rα</sup> stage duration	Time of Birth
10	-					
1st stage summary						1
and stage summary						
3rdStage summary						
Baby Summary						

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	
11								o.
1st sta	-							and date
2nd st summ								
3rdSta summ								Midwife signature
Bab Summ								Mi

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	
12								O)
1st sta summa	_							and dat
2nd sta summa	_							ignature
3rdSta summa	-							Midwife signature and date
Baby Summa								₹

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	
13								<b>o</b>
1st sta summa	_							and date
2nd sta summa	-							signature
3rdSta summa	_							Midwife sig
Baby Summ								Mi

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth
14		-					
1st sta summa	_						
2nd sta summa	_						
3rdSta summa	_						
Baby Summa							

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth
15							
1st sta summa	_						
2nd sta summa	_						
3rdSta summ	_						
Baby Summ							

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	
16								ø
1st sta summa	_							and date
2nd sta	-							signature
3rdSta summa	_							Midwife sig
Baby Summ								Mi

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth
17		_					
1st sta summa	_				I		
2nd sta summa							
3rdSta summa							
Baby Summa							

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	
18								O)
1st sta summa	_							and dat
2nd sta summa	_							ignature
3rdSta summa	_							Midwife signature and date
Baby Summa								₹

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	
19								<b>o</b>
1st sta summa	-							and date
2nd sta	_							signature
3rdSta	_							Midwife sig
Baby Summ								Mi

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	
20		-						O)
1st sta summa	_	1					1	and date
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Baby Summa								Mi

Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	
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No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	
22								ø
1st sta summa								and date
2nd sta summa								signature
3rdSta summa								Midwife si
Baby Summ								W

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth
23		-					
1st sta summa	_						
2nd sta summa							
3rdSta summa							
Baby Summa							

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth
24							
1st sta summa	_				I	I	
2nd sta summa	_						
3rdSta summa	_						
Baby Summ							

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	
25								e
1st sta summa	_							and date
2nd sta summa	_							signature
3rdSta summa	_							Midwife si
Baby Summa								M

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth
26		_					
1st sta summa	-						
2nd sta summa	-						
3rdSta summa							
Baby Summa							

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	
27								<u>o</u>
1st sta summa	_							and dat
2nd sta summa	_							ignature
3rdSta summa								Midwife signature and date
Baby Summa	/ ary							~

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	
28								e
1st sta summa	_							and date
2nd sta summa	_							signature
3rdSta summa	_							Midwife si
Baby Summa								M

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth
29		_					
1st sta summa	_				I		
2nd sta summa	_						
3rdSta summa							
Baby Summa							

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth
30							
1st sta summa	_	1			l		
2nd sta summa	_						
3rdSta summa	-						
Baby Summa							

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	
31								<b>o</b>
1st sta summa	_							and date
2nd sta	_							signature
3rdSta	_							Midwife sig
Baby Summ								Mi

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth
32		-					
1st sta summa	_						
2nd sta summa	_						
3rdSta summa	_						
Baby Summa							

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth
33							
1st sta summa	_	1					
2nd sta	-						
3rdSta summa	-						
Baby Summa							

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	
34								ω
1st sta summ	_	·						and date
2nd sta	_							signature a
3rdSta summ	_							Midwife sig
Bab <sub>y</sub> Summ								Mi

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth
35		-					
1st sta summa	_	1					•
2nd sta summa	-						
3rdSta summa	_						
Baby Summa							

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth
36		-					
1st sta summa	_						•
2nd sta summa	_						
3rdSta summa	_						
Baby Summ							

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	
37								o o
1st sta summ	_	•						and date
2nd sta	_							signature
3rdSta	_							Midwife sig
Baby Summ								Mi

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	
38		-						Ø)
1st sta	_	1						and date
2nd sta summa	_							signature a
3rdSta	_							Midwife sig
Baby Summa								Mic

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth
39							
1st sta summa	_	1			I	I	1
2nd sta	_						
3rdSta summa	-						
Baby Summa							

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	
40								υ
1st sta summa	_							and date
2nd sta	_							signature
3rdSta summa	_							Midwife sig
Baby Summ								Mi

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth
41		_					
1st sta summa	-	<u> </u>			I		
2nd sta summa	-						
3rdSta summa							
Baby Summa							

#### **Active participation in care during labour and birth (20 Cases)**

Participates actively in the care of the woman in labour which has resulted in an operative birth (caesarean or instrumental) or spontaneous vaginal birth (20 cases)

No.	Date		Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of Birth	
E.G	22/2/1	2	POG1	40/40	8 hours	40min	20mins	Forceps birth @ 18.20	
1st st sumr	•							monitoring. SROM FM commenced	date
2nd s	•	supp	ervix10cm dilated @ 18.00. clear liquor. Alternating between left lateral and pported sitting in bed. Forceps birth after 40mins for suspected fetal distress: late celerations on CTG.						
3rdSt sumr	•		e management enta, cord and				eum: Episio	tomy with consent.	e signature
Baby Sumi		NAD.		. Breastfeed	ding initiated	d after birth,	skin to skir	ewborn examination n contact. Cord Ph:	Midwife

Parity + Gestation 1<sup>st</sup> stage 2<sup>nd</sup> stage 3<sup>rd</sup> stage Mode &

No. Date

110.	Duto	Gravidity	Costation	duration	duration	duration	Time of Birth
1							
1st stag summar					l	1	
2nd stag summar							
3rdStage summar							
Baby Summai	у						
No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of Birth
2							
1st stag summar							
2nd stag summar							
3rdStage summar							
Baby Summar	у						

Active participation in care during labour and birth (20 Cases)
Participates actively in the care of the woman in labour which has resulted in an

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of Birth
3							
1st stage summar							
2nd stag summar							
3rdStage summar							
Baby Summar	у						
No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of Birth
4							
st stage ummar		,	,				
2nd stag summar							
3rdStage summar							
Baby Summar	y						

No.	Date	е	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of Birth
5								
1st stage summary								
2nd stag summar								
3rdStage summary								
Baby Summar	y							

Active participation in care during labour and birth (20 Cases)
Participates actively in the care of the woman in labour which has resulted in an operative birth (caesarean or instrumental) or spontaneous vaginal birth

1st stage summary 2nd stage summary 3rdStage	No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of Birth
2nd stage summary  3rdStage	6							
summary 3rdStage	_							
	_							
summary	3rdStage summar							
Baby Summary		ту						

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of Birth	
7								
1st stage summary								date
2nd stag summary								and
3rdStage summary								signature
Baby Summar	у							Midwife

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of Birth	
8								
1st stage summary								date
2nd stage summary								and
3rdStage summary								signature
Baby Summary	,							Midwife

Active participation in care during labour and birth (20 Cases)
Participates actively in the care of the woman in labour which has resulted in an operative birth (caesarean or instrumental) or spontaneous vaginal birth

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of Birth
9							Bitti
lst stag summar			<u> </u>		L	L	
2nd stag summar							
3rdStag summar							
Baby Summa	ry						
No.	Date	Parity +	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of
10		Gravidity		duration	duration	duration	Birth
1st stag	e						
summar							
2nd stac summar							
3rdStag summar							
Baby Summa	ry						
No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of Birth
11							
1st stag summar							
2nd stag summar							
3rdStag summar							

Active participation in care during labour and birth (20 Cases)
Participates actively in the care of the woman in labour which has resulted in an operative birth (caesarean or instrumental) or spontaneous vaginal birth

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of	
12							Birth	
1st stage	e							
summar	У							ate
2nd stag summar								e and d
3rdStage summar								Midwife signature and date
Baby Summar	у							Midwife
No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of Birth	
13								
1st stage summar		·						<b>.</b>
2nd stag summar								Midwife signature and date
3rdStage summar								signatuı
Baby Summar	у							Midwife
No.	Date	Parity +	Gestation	1 <sup>st</sup> stage	2 <sup>nd</sup> stage	3 <sup>rd</sup> stage	Mode &	
14		Gravidity		duration	duration	duration	Time of Birth	
1st stage	<u> </u>							
summar								ate
2nd stag summar								Midwife signature and date
3rdStage summar								signatu
Baby Summar	у							//idwife

#### Active participation in care during labour and birth (20 Cases)

Participates actively in the care of the woman in labour which has resulted in an operative birth (caesarean or instrumental) or spontaneous vaginal birth

1<sup>st</sup> stage

duration

2<sup>nd</sup> stage

duration

3<sup>rd</sup> stage

duration

Mode & Time of Birth

Parity +

Gravidity

Gestation

No.

Date

15								
1st stage summary			<u> </u>	<u> </u>	<u> </u>	<u> </u>	l	O)
2nd stag	<u> </u>							f dat
summary								ıre and
3rdStage summary								ınatu
								e síg
Baby Summary	у							Midwife signature and date
No.	Date	Parity +	Gestation	1 <sup>st</sup> stage	2 <sup>nd</sup> stage	3 <sup>rd</sup> stage	Mode &	
		Gravidity		duration	duration	duration	Time of Birth	
16								
1st stage summary								ate
2nd stage summary								e and d
3rdStage summary								Midwife signature and date
Baby Summary	у							Midwife
	•							
No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of Birth	
17								
1st stage summary								ate
2nd stage summary								re and d
3rdStage summary								Midwife signature and date
Baby Summary	у							Midwife

#### Active participation in care during labour and birth (20 Cases)

Participates actively in the care of the woman in labour which has resulted in an operative birth (caesarean or instrumental) or spontaneous vaginal birth

No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of Birth	
18								]
1st stage summary			<u> </u>					ate
2nd stage summary								e and da
3rdStage summary								signatur
Baby Summary	У							Midwife signature and date
No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of Birth	
19								
1st stage summary								ate
2nd stag summary								e and d
3rdStage summary								signatur
Baby Summary	у							Midwife signature and date
No.	Date	Parity + Gravidity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of Birth	
20								1
1st stage summary					<u> </u>	<u> </u>		ate
2nd stage summary								e and d
3rdStage summary								Midwife signature and date
Baby Summary	y							Midwife

Vaginal Examinations (10 Cases)
The student should perform at least ten vaginal examinations preceded by abdominal examinations

#### Example

Gravida:	1	Parity:	<b>0</b>	
		Confirmation of the		
Placental Location	on:	erior Upper		
		aginal examination:		
-	•	riae gravidarum pres		
		s: <b>37cm</b> Lie of l	•	
	-	F		
	fetal heart rate with	pinard stethoscope:14	<b>12</b> bpm.	
Findings				
		Effacem		•
		Dilatation:		
Presentation:	Cephalic	Station:	1cm above	spines
Membranes:	Intact	Liquor:	<b>N/A</b>	
Position: <b>L</b> (	<b>ОА</b> Сар	out:	Moulding:	+
Any cord or place	enta felt? No			
, any condition place				
Draw suture lin	es and fontanelles	to illustrate what posit	tion was felt on VE	:
		•		
		Anterior		
		<b>-</b>		
	Right	Left		
		Posterior		
	following VE:	149		
Fetal heart rate	ionowing ve	142 bpm		
	-		gs	
	dwife:			

Case No: 1	
Date: Gestation:	
Gravida: Parity:	
Indication for vaginal examination:	
Placental Location:	
Abdominal examination prior to vaginal examination: Inspection: Palpation: Height of Uterine Fundus:Lie of Fetus:	
Presentation: Fifths palpable:	
	/50115
Position:	
Auscultation of fetal heart rate with pinard stethoscope: bpm.	
Findings	
Cervix: Position: Effacement:	
Application: Dilatation: Dilatation:	
Presentation: Station:	
Membranes: Liquor:	
Position: Caput: Moulding:	
Any cord or placenta felt?	
Draw suture lines and fontanelles to illustrate what position was felt on VI	Ē:
Anterior	
Right Left Posterior	
Fetal heart rate following VE bpm	
Signature of Midwife:	

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Case No: 2
Date: Gestation:
Gravida: Parity:
Indication for vaginal examination:
Placental Location:
- Hassing Essails
Abdominal examination prior to vaginal examination: Inspection:
Palpation: Height of Uterine Fundus:Lie of Fetus:
Presentation: Fifths palpable: //5ths
Position:
Auscultation of fetal heart rate with pinard stethoscope: bpm.
Findings
Cervix: Position: Effacement:
Application: Dilatation:
Presentation: Station:
Membranes: Liquor:
Position: Caput: Moulding:
Any cord or placenta felt?
Draw suture lines and fontanelles to illustrate what position was felt on VE:
Anterior
Right Left
Posterior
Fetal heart rate following VEbpm
Signature of Midwife:

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Case No: 3
Date: Gestation:
Gravida: Parity:
Indication for vaginal examination:
Placental Location:
Abdominal examination prior to vaginal examination:
Palpation: Height of Uterine Fundus:Lie of Fetus:
Presentation: Fifths palpable:/5ths
Position:
Auscultation of fetal heart rate with pinard stethoscope: bpm.
Findings
Cervix: Position: Effacement:
Application: Dilatation:
Presentation: Station:
Membranes: Liquor:
Position: Caput: Moulding:
Any cord or placenta felt?
Draw suture lines and fontanelles to illustrate what position was felt on VE:  Anterior
Right Left Posterior
Fetal heart rate following VEbpm Signature of Midwife:

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Case No: 4
Date: Gestation:
Gravida: Parity:
Indication for vaginal examination:
Placental Location:
Abdominal examination prior to vaginal examination: Inspection:
Palpation: Height of Uterine Fundus:Lie of Fetus:
Presentation: Fifths palpable: // /5ths
Position:
Auscultation of fetal heart rate with pinard stethoscope: bpm.
Findings
Cervix: Position: Effacement:
Application: Dilatation:
Presentation: Station:
Membranes: Liquor:
Position: Caput: Moulding:
Any cord or placenta felt?
Any cord of placenta lett:
Draw suture lines and fontanelles to illustrate what position was felt on VE:
braw surare intestant formationes to indistrate what position was felt on VE.
Anterior
Right Left Posterior
Fetal heart rate following VEbpm
Signature of Midwife:

Case No: 5
Date: Gestation:
Gravida: Parity:
Indication for vaginal examination:
Placental Location:
Abdominal examination prior to vaginal examination:
Inspection:
Presentation: Fifths palpable: // /5ths
Position:
Auscultation of fetal heart rate with pinard stethoscope: bpm.
Findings
Cervix: Position: Effacement:
Application: Dilatation:
Presentation: Station:
Membranes: Liquor: Maudding:
Position: Moulding: Moulding:
Any cord or placenta felt?
Draw suture lines and fontanelles to illustrate what position was felt on VE:
Anterior
Right
Posterior
Fetal heart rate following VEbpm
Signature of Midwife:

Inspection: Palpation: Height of Uterine Fundus: Presentation: Position: Auscultation of fetal heart rate with pinard stethoscope:  Dilatation: Presentation: Presentation: Effacement: Application: Dilatation: Presentation: Station: Membranes: Liquor: Position: Caput: Moulding: Any cord or placenta felt?  Draw suture lines and fontanelles to illustrate what position was felt on VE:  Anterior  Right Posterior	Case No: 6
Indication for vaginal examination: Placental Location:  Abdominal examination prior to vaginal examination: Inspection: Palpation: Height of Uterine Fundus: Presentation: Position:  Auscultation of fetal heart rate with pinard stethoscope:  Bindings  Cervix: Position:  Application:  Presentation:  Biffacement: Application:  Dilatation: Presentation:  Station:  Membranes:  Liquor: Position:  Any cord or placenta felt?  Anterior  Right  Anterior  Posterior	Date: Gestation:
Placental Location:  Abdominal examination prior to vaginal examination: Inspection: Palpation: Height of Uterine Fundus: Presentation: Position:  Auscultation of fetal heart rate with pinard stethoscope:  bpm.  Findings  Cervix: Position: Application: Presentation: Dilatation: Presentation: Station: Membranes: Liquor: Position: Any cord or placenta felt?  Draw suture lines and fontanelles to illustrate what position was felt on VE:  Anterior  Posterior	Gravida: Parity:
Abdominal examination prior to vaginal examination: Inspection: Inspection: Palpation: Height of Uterine Fundus: Presentation: Presentation:  Auscultation of fetal heart rate with pinard stethoscope:  By position:  Auscultation of fetal heart rate with pinard stethoscope:  By pm.  Findings  Cervix: Position:  Application: Presentation:  Membranes:  Liquor: Position:  Any cord or placenta felt?  Draw suture lines and fontanelles to illustrate what position was felt on VE:  Anterior  Anterior  Posterior	Indication for vaginal examination:
Inspection: Palpation: Height of Uterine Fundus: Presentation: Position: Auscultation of fetal heart rate with pinard stethoscope:  Dilatation: Presentation: Presentation: Effacement: Application: Dilatation: Presentation: Station: Membranes: Liquor: Position: Caput: Moulding: Any cord or placenta felt?  Draw suture lines and fontanelles to illustrate what position was felt on VE:  Anterior  Right Posterior	
Presentation: Fifths palpable: //5ths Position:  Auscultation of fetal heart rate with pinard stethoscope: bpm.  Findings Cervix: Position: Effacement: Application: Dilatation: Presentation: Station: Membranes: Liquor: Position: Caput: Moulding: Any cord or placenta felt?  Draw suture lines and fontanelles to illustrate what position was felt on VE:  Anterior  Right Left  Posterior	
Position:  Auscultation of fetal heart rate with pinard stethoscope:  bpm.  Findings  Cervix: Position:  Application:  Dilatation:  Presentation:  Membranes:  Liquor:  Position:  Any cord or placenta felt?  Draw suture lines and fontanelles to illustrate what position was felt on VE:  Anterior  Right  Posterior	Palpation: Height of Uterine Fundus:Lie of Fetus:
Auscultation of fetal heart rate with pinard stethoscope:	Presentation: Fifths palpable: // /5ths
Findings  Cervix: Position:	Position:
Cervix: Position: Effacement: Application: Dilatation: Dilatation: Station: Membranes: Liquor: Position: Caput: Moulding: Any cord or placenta felt?  Draw suture lines and fontanelles to illustrate what position was felt on VE:  Anterior  Right Left  Posterior	Auscultation of fetal heart rate with pinard stethoscope: bpm.
Cervix: Position: Effacement: Application: Dilatation: Dilatation: Station: Membranes: Liquor: Position: Caput: Moulding: Any cord or placenta felt?  Draw suture lines and fontanelles to illustrate what position was felt on VE:  Anterior  Right Left  Posterior	Findings
Application: Dilatation: Presentation: Station: Station: Membranes: Liquor: Position: Caput: Moulding: Any cord or placenta felt?  Draw suture lines and fontanelles to illustrate what position was felt on VE:  Anterior  Right Left  Posterior	-
Presentation: Station: Membranes: Liquor: Liquor: Moulding: Mouldi	Application: Dilatation:
Position:	
Position:	Membranes: Liquor:
Any cord or placenta felt?  Draw suture lines and fontanelles to illustrate what position was felt on VE:  Anterior  Right  Left  Posterior	
Draw suture lines and fontanelles to illustrate what position was felt on VE:  Anterior  Right  Left  Posterior	· · · · · · · · · · · · · · · · · · ·
Anterior Right Left Posterior	
Anterior Right Left Posterior	Draw suture lines and fontanelles to illustrate what position was felt on VE:
Right Left Posterior	
Right Left Posterior	
Posterior	Anterior
Fotal boost note fallowing MF	. 55.55.
Feral neart rate following VE	Fetal heart rate following VEbpm
Signature of Midwife:	·

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Case No: 7
Date: Gestation:
Gravida: Parity:
Indication for vaginal examination:
Placental Location:
Abdominal examination prior to vaginal examination: Inspection:
Palpation: Height of Uterine Fundus:Lie of Fetus:
Presentation: Fifths palpable: /5ths
Position:
Auscultation of fetal heart rate with pinard stethoscope:
Findings
Cervix: Position: Effacement:
Application: Dilatation: Dilatation:
Presentation: Station:
Membranes: Liquor:
Position: Caput: Moulding:
Any cord or placenta felt?
7 try Gold of placetia fole:
Draw suture lines and fontanelles to illustrate what position was felt on VE:
Draw datare into and remaindness to madrate what position was lost on V2.
Anterior
Right Left Posterior
Fetal heart rate following VEbpm
Signature of Midwife:

Case No: 8
Date: Gestation:
Gravida: Parity:
Indication for vaginal examination:
Placental Location:
Abdominal examination prior to vaginal examination: Inspection:
Palpation: Height of Uterine Fundus:Lie of Fetus:
Presentation: Fifths palpable: /5ths
Position:
Auscultation of fetal heart rate with pinard stethoscope:
Findings
Cervix: Position: Effacement:
Application: Dilatation:
Presentation: Station:
Membranes: Liquor:
Position: Caput: Moulding:
Any cord or placenta felt?
Any cord or placenta lett:
Draw suture lines and fontanelles to illustrate what position was felt on VE:
braw suture lines and fortalienes to indistrate what position was left on VE.
Anterior
Right Left Posterior
Fetal heart rate following VEbpm
Signature of Midwife:

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Case No: 9	
Date:	Gestation:
Gravida:	Parity:
Indication for vaginal examination:	
Placental Location:	
-	
•	us:Lie of Fetus:
	/5ths
Position:	
Auscultation of fetal heart rate wi	th pinard stethoscope: bpm.
Findings	
Cervix: Position:	Effacement:
Application:	Dilatation:
• •	Station:
Membranes:	Liquor:
	t: Moulding:
·	g
,, p.a	
Draw suture lines and fontanelle	es to illustrate what position was felt on VE:
	Anterior
Right	Left
	Posterior
Fetal heart rate following VE	bpm
_	·

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Case No: 10
Date: Gestation:
Gravida: Parity:
Indication for vaginal examination:
Placental Location:
Abdominal examination prior to vaginal examination: Inspection:
Palpation: Height of Uterine Fundus:Lie of Fetus:
Presentation: Fifths palpable: //5ths
Position:
Auscultation of fetal heart rate with pinard stethoscope: bpm.
Findings
Cervix: Position: Effacement:
Application: Dilatation: Dilatation:
Presentation: Station:
Membranes: Liquor:
Position: Caput: Moulding:
Any cord or placenta felt?
7 try dol'd of placetta fole:
Draw suture lines and fontanelles to illustrate what position was felt on VE:
braw sultire lines and fortalienes to indistrate what position was left on VL.
Anterior
Right Left
Posterior
Fetal heart rate following VEbpm
Signature of Midwife:

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## **Initial Examination of the Newborn (20 Cases)**

NMBI (2022) outline that each student must show evidence demonstrating that they undertook a detailed examination of at least 20 babies at birth.

Below are details of assessments you should include in your records to reflect the examination undertaken by you under the supervision of your preceptor.

Appearance  Dethargic / unsettled / irritable / floppy Absence of obvious dysmorphism  Texture: Dry / oedematous / normal Colour: Plethoric / pale / dusky / Completely formed Colour: Black / preen / pale Colour: Black / green / pale Consistency: hard /soft / liquid / plug Consistency: hard /soft / liquid / pl	6	Alast Lasters Lastelad	Chice /
Skin   Colour: Plethoric / pale / dusky / normal   Colour: Plethoric / pale / dusky / normal   Rashes / birthmarks   Temperature 36.5-37.5	General	Alert / active / settled	Stiff / unresponsive
Colour: Plethoric / pale / dusky / normal			
Normal   N	Skin	Texture: Dry / oedematous / normal	_
Sutures: palpable / splayed / fused.   Fontanelles x2 palpable   Flat / bulging / sunken		Colour: Plethoric / pale / dusky /	Rashes / birthmarks
Signs of trauma   Flat / bulging / sunken		normal	Temperature 36.5-37.5
Face and Ears  - Symmetrical / Asymmetrical - Completely formed - 2 ear canals visible - 2 eyes - Mucous membranes pink  Oropharynx - Gums, tongue normally formed - Ribs appear normal / sunken - Nipples x2 - Respiratory rate 40-60 p/min - Respiratory rate 40	Head	Sutures: palpable / splayed / fused.	Fontanelles x2 palpable
Completely formed 2 ear canals visible Corpharynx and Neck  Chest  Normal / prominent shape Ribs appear normal / sunken Colour: black / green / pale  Flank and Spine  Flank and Spine  Powerent and skin completely formed  Normal length, proportion, symmetry, movement and structure  Normal length, proportion, symmetry, movement and structure  Parsed can be substituted  Legs and Feet Normal length, proportion symmetry of turing was to find the hip  Central Normal to me with handling / feeding / during ventral suspension  Parsed characteristics  Legs and services of the hip  Parsed characteristics  Clavicles Intact  Cla		Signs of trauma	Flat / bulging / sunken
• 2 ear canals visible • 2 eyes • Lower jaw & chin normally formed • Neck normally formed • Neck normally formed • Neck normally formed • Clavicles Intact • Normal / prominent shape • Ribs appear normal / sunken • Nipples x2 • Passed meconium • Colour: black / green / pale • Male genitalia normally formed • Male genitalia normally formed & both testes palpable  Flank and • Symmetrical / asymmetrical • Vertebrae and skin completely formed on palpation  Arms and Hands • Normal length, proportion, symmetry, movement, structure  • Normal length, proportion, symmetry, movement and structure • Normal tone with handling / feeding / during ventral suspension • Settled Post-Feed • Normal strong cry / high-pitched cry /	Face and Ears	Symmetrical / Asymmetrical	• 2 nares
e 2 eyes  • Mucous membranes pink  Oropharynx and Neck • Hard & Soft Palate normally formed • Neck normally formed • Clavicles Intact  • Normal / prominent shape • Ribs appear normal / sunken • Nipples x2  Abdomen • Passed meconium • Colour: black / green / pale  Genito-urinary • Female genitalia normally formed • Male genitalia normally formed & both testes palpable  Flank and Spine • Normal length, proportion, symmetry, movement, and structure  Legs and Feet • Normal tone with handling / feeding / Nervous  • Mucous membranes pink • Neck normally formed • Clavicles Intact • Heart rate using a stethoscope • Respiratory rate 40-60 p/min • Clavicles Intact • Cavicles Intact • Cavicles Intact • Heart rate using a stethoscope • Respiratory rate 40-60 p/min • Sestind (Syspen Saturations) • Respiratory rate 40-60 p/min • Respiratory rate 40-60 p/min • Respiratory rate 40-60 p/min • Sestind (Syspen Saturations) • Respiratory rate 40-60 p/min • Respiratory rate 40-60 p/min • Respiratory rate 40-60 p/min • **If required: Oxygen Saturations • Respiratory rate 40-60 p/min • **If required: Oxygen Saturations • Passed urine • Passed urine • Sacral dimple or lesion visible • Correct number of digits • Risk factors for developmental dysplasia of the hip • Settled Post-Feed • Normal strong cry / high-pitched cry /		Completely formed	2 Lips complete
Oropharynx and Neck  • Hard & Soft Palate normally formed • Clavicles Intact  • Normal / prominent shape • Ribs appear normal / sunken • Nipples x2  Abdomen  • Passed meconium • Colour: black / green / pale  Genito-urinary • Male genitalia normally formed & both testes palpable  Flank and Spine  • Normal length, proportion, symmetry, movement and structure  Legs and Feet • Normal tone with handling / feeding / Nervous  • Neck normally formed • Clavicles Intact • Respiratory rate 40-60 p/min • **If required: Oxygen Saturations ≥95% • Consistency: hard /soft / liquid / plug • Consistency: hard /soft / liquid / plug • Passed urine • Sacral dimple or lesion visible • Sacral dimple or lesion visible • Correct number of digits • Correct number of digits • Risk factors for developmental dysplasia of the hip • Settled Post-Feed • Normal strong cry / high-pitched cry /		2 ear canals visible	Lower jaw & chin normally formed
and Neck  Hard & Soft Palate normally formed  Normal / prominent shape Ribs appear normal / sunken Nipples x2  Passed meconium Colour: black / green / pale  Flank and Spine  Parsend egenitalia normally formed on palpation  Normal length, proportion, symmetry, movement, structure  Passed Teading Normal tone with handling / feeding / Nervous  Parsend e Normal structure on Normal strong cry / high-pitched cry / Normal strong cry / high-pitched c		• 2 eyes	Mucous membranes pink
Passed meconium Colour: black / green / pale  Flank and Spine  Portebrae and skin completely formed on palpation  Arms and Hands  Portebrae and skin completely formed on palpation  Portebrae and structure  Correct number of digits  Portebrae and structure  Correct number of digits  Portebrae and structure  Passed urine  Passed urine  Portebrae or lesion visible  Porteb	Oropharynx	Gums, tongue normally formed	Neck normally formed
• Ribs appear normal / sunken • Nipples x2 • Respiratory rate 40-60 p/min • **If required: Oxygen Saturations ≥95%  Abdomen • Passed meconium • Colour: black / green / pale  • Consistency: hard /soft / liquid / plug  Genito-urinary • Female genitalia normally formed • Male genitalia normally formed & both testes palpable  Flank and • Symmetrical / asymmetrical • Vertebrae and skin completely formed on palpation  Arms and • Normal length, proportion, symmetry, movement, structure  Legs and Feet • Normal length, proportion, symmetry, movement and structure  Central • Normal tone with handling / feeding / during ventral suspension  • Respiratory rate 40-60 p/min • **If required: Oxygen Saturations  ***If required: Oxygen Saturations • **If required: Oxygen Saturations • **Tf required: Oxygen Saturations • **If required: Oxygen Saturations • Consistency: hard /soft / liquid / plug  • Consistency: hard /soft / liquid / plug • Passed urine • Sacral dimple or lesion visible • Correct number of digits • Risk factors for developmental dysplasia of the hip • Settled Post-Feed • Normal strong cry / high-pitched cry /	and Neck	Hard & Soft Palate normally formed	Clavicles Intact
• Nipples x2 • **If required: Oxygen Saturations ≥95%  Abdomen • Passed meconium • Colour: black / green / pale • Consistency: hard /soft / liquid / plug  Genito-urinary • Female genitalia normally formed • Male genitalia normally formed & both testes palpable  Flank and • Symmetrical / asymmetrical • Vertebrae and skin completely formed on palpation  Arms and Hands  Legs and Feet • Normal length, proportion, symmetry, movement, structure  • Normal length, proportion, symmetry, movement and structure  • Settled Post-Feed • Normal strong cry / high-pitched cry /	Chest	Normal / prominent shape	Heart rate using a stethoscope
Abdomen  Passed meconium Colour: black / green / pale  Female genitalia normally formed Male genitalia normally formed & both testes palpable  Flank and Spine  Passed urine  Passed urine  Sacral dimple or lesion visible  Sacral dimple or lesion visible  Sacral dimple or lesion visible  Correct number of digits  Correct number of digits  Risk factors for developmental dysplasia of the hip  Central Nervous  Normal tone with handling / feeding / during ventral suspension  Correct number of digits  Sacral dimple or lesion visible  Correct number of digits  Correct number of digits  Risk factors for developmental dysplasia of the hip  Settled Post-Feed Normal strong cry / high-pitched cry /		Ribs appear normal / sunken	Respiratory rate 40-60 p/min
• Colour: black / green / pale  • Consistency: hard /soft / liquid / plug  Genito-urinary • Female genitalia normally formed • Male genitalia normally formed & both testes palpable  Flank and • Symmetrical / asymmetrical • Vertebrae and skin completely formed on palpation  Arms and • Normal length, proportion, symmetry, movement, structure  • Normal length, proportion, symmetry, movement and structure  • Correct number of digits • Risk factors for developmental dysplasia of the hip  Central • Normal tone with handling / feeding / during ventral suspension • Normal strong cry / high-pitched cry /		Nipples x2	
Genito-urinary  • Female genitalia normally formed • Male genitalia normally formed & both testes palpable  Flank and • Symmetrical / asymmetrical • Vertebrae and skin completely formed on palpation  Arms and • Normal length, proportion, symmetry, movement, structure  Legs and Feet • Normal length, proportion, symmetry, movement and structure  • Correct number of digits • Risk factors for developmental dysplasia of the hip  Central • Normal tone with handling / feeding / during ventral suspension • Normal strong cry / high-pitched cry /	Abdomen	Passed meconium	
<ul> <li>Male genitalia normally formed &amp; both testes palpable</li> <li>Flank and</li> <li>Symmetrical / asymmetrical</li> <li>Vertebrae and skin completely formed on palpation</li> <li>Normal length, proportion, symmetry, movement, structure</li> <li>Normal length, proportion, symmetry, movement and structure</li> <li>Correct number of digits</li> <li>Risk factors for developmental dysplasia of the hip</li> <li>Normal tone with handling / feeding / during ventral suspension</li> <li>Normal strong cry / high-pitched cry /</li> </ul>		Colour: black / green / pale	Consistency: hard /soft / liquid / plug
Flank and Symmetrical / asymmetrical  Vertebrae and skin completely formed on palpation  Arms and Hands  Normal length, proportion, symmetry, movement, structure  Normal length, proportion, symmetry, movement and structure  Normal length, proportion, symmetry, movement and structure  Normal length, proportion, symmetry, movement and structure  Settled Post-Feed Nervous  Normal strong cry / high-pitched cry /	<b>Genito-urinary</b>	Female genitalia normally formed	Passed urine
Flank and Spine  Vertebrae and skin completely formed on palpation  Arms and Hands  Legs and Feet  Normal length, proportion, symmetry, movement and structure  Central Nervous  Sacral dimple or lesion visible  Correct number of digits  Correct number of digits  Correct number of digits  Risk factors for developmental dysplasia of the hip  Settled Post-Feed Normal strong cry / high-pitched cry /		Male genitalia normally formed & both	
Spine  • Vertebrae and skin completely formed on palpation  Arms and • Normal length, proportion, symmetry, movement, structure  • Normal length, proportion, symmetry, movement and structure  • Correct number of digits • Correct number of digits • Risk factors for developmental dysplasia of the hip  Central • Normal tone with handling / feeding / during ventral suspension  • Normal strong cry / high-pitched cry /		testes palpable	
on palpation  Arms and Normal length, proportion, symmetry, movement, structure  • Normal length, proportion, symmetry, movement and structure  • Normal length, proportion, symmetry, movement and structure  • Risk factors for developmental dysplasia of the hip  • Normal tone with handling / feeding / during ventral suspension  • Normal strong cry / high-pitched cry /	Flank and	Symmetrical / asymmetrical	Sacral dimple or lesion visible
Arms and  • Normal length, proportion, symmetry, movement, structure  • Normal length, proportion, symmetry, movement and structure  • Correct number of digits • Correct number of digits • Risk factors for developmental dysplasia of the hip  • Normal tone with handling / feeding / during ventral suspension  • Normal strong cry / high-pitched cry /	Spine	Vertebrae and skin completely formed	
Hands movement, structure  Legs and Feet  Normal length, proportion, symmetry, movement and structure  Central  Normal tone with handling / feeding / during ventral suspension  Mervous  Movement, structure  Correct number of digits  Risk factors for developmental dysplasia of the hip  Settled Post-Feed  Normal strong cry / high-pitched cry /		on palpation	
<ul> <li>Legs and Feet         <ul> <li>Normal length, proportion, symmetry, movement and structure</li> <li>Risk factors for developmental dysplasia of the hip</li> </ul> </li> <li>Central         <ul> <li>Normal tone with handling / feeding / during ventral suspension</li> <li>Normal strong cry / high-pitched cry /</li> </ul> </li> </ul>	Arms and	Normal length, proportion, symmetry,	Correct number of digits
movement and structure  • Risk factors for developmental dysplasia of the hip  • Normal tone with handling / feeding / during ventral suspension  • Normal strong cry / high-pitched cry /	Hands	movement, structure	
dysplasia of the hip  Central  Normal tone with handling / feeding / during ventral suspension  dysplasia of the hip  Settled Post-Feed Normal strong cry / high-pitched cry /	Legs and Feet	Normal length, proportion, symmetry,	Correct number of digits
Central  Normal tone with handling / feeding / during ventral suspension  Settled Post-Feed  Normal strong cry / high-pitched cry /		movement and structure	Risk factors for developmental
Nervous during ventral suspension • Normal strong cry / high-pitched cry /			dysplasia of the hip
	Central	Normal tone with handling / feeding /	Settled Post-Feed
System weak cry	Nervous	during ventral suspension	Normal strong cry / high-pitched cry /
	System		weak cry

#### **EXAMPLE**

General Appearance	No sign of dysmorphism	Genito- urinary	NAD. Male infant. Passed urine x1.
Head	Sutures, Fontanelles x2 NAD. No trauma visible	Arms & Hands	Normal length and proportion All digits present and correct
Oropharynx & Neck	Gums, tongue, palate NAD Neck and clavicles NAD	Legs & Feet	Normal length and proportion All digits present and correct
Face	2 x eyes, ears and nares present and formed normally Lips and chin NAD	Flank & Spine	Spine and skin normal No dimples or lesions
Chest	Normal shape, Nipples x 2 HR= 136 bpm via stethoscope Resps= 48rpm	Skin	Normal texture Slight acrocyanosis. Centrally pink. O2 Sats= 97% on room air Temp= 36.9°C
Abdomen	NAD. Meconium x1 passed	CNS	Normal tone Strong Cry At Birth Breastfeeding well
Date & Time of assessment	DD/MM/YYYY, HH:MM	Midwife Date & Sign	Jane Bloggs DD/MM/YYYY

CASE NO.1		
General Appearance	Genite urina	
Head	Arms Hand	
Oropharynx & Neck	Legs Feet	& ·
Face	Flank Spind	
Chest	Skin	
Abdomen	CNS	
Date & Time of assessment	Midwi Date Sign	&

CASE NO.2		
General Appearance	Genito urinar	
Head	Arms 8 Hands	
Oropharynx & Neck	Legs & Feet	k
Face	Flank 8 Spine	
Chest	Skin	
Abdomen	CNS	
Date & Time of assessment	Midwif Date 8 Sign	

CASE NO.3		
General Appearance	Genito- urinary	
Head	Arms & Hands	
Oropharynx & Neck	Legs & Feet	
Face	Flank & Spine	
Chest	Skin	
Abdomen	CNS	
Date & Time of assessment	Midwife Date & Sign	

CASE NO.4		
General Appearance	Genit urina	
Head	Arms Hand	
Oropharynx & Neck	Legs Fee	& t
Face	Flank Spin	
Chest	Ski	n
Abdomen	CNS	S
Date & Time of assessment	Midw Date Sign	&

CASE NO.5		
General Appearance	Genito urinar	
Head	Arms 8 Hands	
Oropharynx & Neck	Legs 8 Feet	
Face	Flank 8 Spine	
Chest	Skin	
Abdomen	CNS	
Date & Time of assessment	Midwif Date 8 Sign	

CASE NO.6		
General Appearance	Genit urina	
Head	Arms Hand	
Oropharynx & Neck	Legs Feet	&
Face	Flank Spin	
Chest	Skin	
Abdomen	CNS	
Date & Time of assessment	Midwi Date Sigr	&

CASE NO.7		
General Appearance	Genito urinary	
Head	Arms 8 Hands	
Oropharynx & Neck	Legs & Feet	
Face	Flank 8 Spine	
Chest	Skin	
Abdomen	CNS	
Date & Time of assessment	Midwife Date 8 Sign	

CASE NO.8		
General Appearance	Genite urina	
Head	Arms Hand	
Oropharynx & Neck	Legs Feet	&
Face	Flank Spin	
Chest	Skin	
Abdomen	CNS	
Date & Time of assessment	Midwi Date Sign	&

CASE NO.9		
General Appearance	Genito urinary	
Head	Arms 8 Hands	
Oropharynx & Neck	Legs & Feet	
Face	Flank 8 Spine	
Chest	Skin	
Abdomen	CNS	
Date & Time of assessment	Midwif Date 8 Sign	

CASE NO.10			
General Appearance	Genito- urinary		
Head	Arms & Hands		
Oropharynx & Neck	Legs & Feet		
Face	Flank & Spine		
Chest	Skin		
Abdomen	CNS		
Date & Time of assessment	Midwife Date & Sign		

CASE NO.11			
General Appearance	Genito- urinary		
Head	Arms & Hands		
Oropharynx & Neck	Legs & Feet		
Face	Flank & Spine		
Chest	Skin		
Abdomen	CNS		
Date & Time of assessment	Midwife Date & Sign		

CASE NO.12	2		
General Appearance		enito- rinary	
Head		rms & lands	
Oropharynx & Neck	Le F	egs & Feet	
Face		lank & Spine	
Chest	\$	Skin	
Abdomen		CNS	
Date & Time of assessment	Da	idwife Pate & Sign	

CASE NO.13	3		
General Appearance		enito- rinary	
Head		arms & Hands	
Oropharynx & Neck	L	.egs & Feet	
Face		lank & Spine	
Chest		Skin	
Abdomen		CNS	
Date & Time of assessment	D	lidwife Date & Sign	

CASE NO.14	ļ	
General Appearance		nito- nary
Head		ms & ands
Oropharynx & Neck	Leg Fé	gs & eet
Face		nk & pine
Chest	SI	kin
Abdomen	C	:NS
Date & Time of assessment	Dat	lwife te & ign

CASE NO.15	<b>i</b>	
General Appearance		enito- inary
Head		ms & ands
Oropharynx & Neck	Le <sub>f</sub>	egs & Feet
Face		ank & pine
Chest	S	Skin
Abdomen	C	CNS
Date & Time of assessment	Da	dwife ate & Sign

CASE NO.16	<b>3</b>	
General Appearance	Genito- urinary	
Head	Arms & Hands	
Oropharynx & Neck	Legs & Feet	
Face	Flank & Spine	
Chest	Skin	
Abdomen	CNS	
Date & Time of assessment	Midwife Date & Sign	

CASE NO.17		
General Appearance	Genito- urinary	
Head	Arms & Hands	
Oropharynx & Neck	Legs & Feet	
Face	Flank & Spine	
Chest	Skin	
Abdomen	CNS	
Date & Time of assessment	Midwife Date & Sign	

CASE NO.18	3	
General Appearance	Genito- urinary	
Head	Arms & Hands	
Oropharynx & Neck	Legs & Feet	
Face	Flank & Spine	
Chest	Skin	
Abdomen	CNS	
Date & Time of assessment	Midwife Date & Sign	

CASE NO.19			
General Appearance	Genito- urinary		
Head	Arms & Hands		
Oropharynx & Neck	Legs & Feet		
Face	Flank & Spine		
Chest	Skin		
Abdomen	CNS		
Date & Time of assessment	Midwife Date & Sign		

CASE NO.20			
General Appearance	Genito- urinary		
Head	Arms & Hands		
Oropharynx & Neck	Legs & Feet		
Face	Flank & Spine		
Chest	Skin		
Abdomen	CNS		
Date & Time of assessment	Midwife Date & Sign		

Students should obtain experience of both performing an episiotomy and suturing a perineal wound following an episiotomy or 2<sup>nd</sup> degree tear (NMBI 2022).

Example

Summary	Assessment of perineal trauma by the student	Infiltration & episiotomy observed or performed by student?	Repair of Perineal trauma	Description of repair either undertaken or observed by the student	Midwife Signature & Date
e.g. P0G1, 40/40, Duration of labour: 8 hours 40 mins. Spontaneous onset, ARM for acceleration, Clear liquor, Epidural, CTG, Spontaneous vaginal birth @ 18.20. Active Management of third stage complete @ 18.50, EBL 200mls	Degree of trauma:  2 <sup>nd</sup> Degree  Correctly identified?  Yes□  No□	Infiltration: Observed □ Performed □ Not applicable□  Episiotomy: Observed □ Performed □ Not applicable□	Participation □  Observation □	2.0 Vicryl Rapide used continuously through the vaginal wall and muscle layer. Sub-cutaneous suture for the skin. Epidural insitu and Ligocaine 1% IM PR exam post suturing □ Dietary and hygiene advice given following suturing	Jane Bloggs DD/MM/YYYY

Summary	Assessment of Perineal Trauma by the Student	Infiltration & Episiotomy Observed or Performed by Student?	Repair of Perineal Trauma	Description of Repair either Undertaken or Observed by the Student	Midwife Signature & Date
	Degree of trauma:	Infiltration: Observed □ Performed □ Not applicable□	Participation □		
1	Correctly identified? Yes□ No□	Episiotomy: Observed □ Performed □ Not applicable□	Observation □		
	Degree of trauma:	Infiltration: Observed □ Performed □ Not applicable□	Participation □		
2	Correctly identified? Yes□ No□	Episiotomy: Observed □ Performed □ Not applicable⊠	Observation □		

Summary	Assessment of Perineal Trauma by the Student	Infiltration & Episiotomy Observed or Performed by Student?	Repair of Perineal Trauma	Description of Repair either Undertaken or Observed by the Student	Midwife Signature & Date
	Degree of trauma:	Infiltration: Observed □ Performed □ Not applicable□	Participation □		
3	Correctly identified? Yes□ No□	Episiotomy:  Observed □  Performed □  Not applicable□	Observation □		
	Degree of trauma:	Infiltration: Observed □ Performed □ Not applicable□	Participation □		
4	Correctly identified? Yes□ No□	Episiotomy: Observed □ Performed □ Not applicable□	Observation □		

Summary	Assessment of Perineal Trauma by the Student	Infiltration & Episiotomy Observed or Performed by Student?	Repair of Perineal Trauma	Description of Repair either Undertaken or Observed by the Student	Midwife Signature & Date
5	Degree of trauma:	Infiltration: Observed □ Performed □ Not applicable□	Participation □		
	Correctly identified? Yes□ No□	Episiotomy: Observed □ Performed □ Not applicable□	Observation □		
6	Degree of trauma:	Infiltration: Observed □ Performed □ Not applicable□	Participation □		
	Correctly identified? Yes□ No□	Episiotomy: Observed □ Performed □ Not applicable□	Observation □		

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Summary	Assessment of Perineal Trauma by the Student	Infiltration & Episiotomy Observed or Performed by Student?	Repair of Perineal Trauma	Description of Repair either Undertaken or Observed by the Student	Midwife Signature & Date
7	Degree of trauma:	Infiltration: Observed □ Performed □ Not applicable□	Participation □		
	Correctly identified? Yes□ No□	Episiotomy:  Observed □  Performed □  Not applicable□	Observation □		
8	Degree of trauma:	Infiltration: Observed □ Performed □ Not applicable□	Participation □		
	Correctly identified? Yes□ No□	Episiotomy: Observed □ Performed □ Not applicable□	Observation □		

Summary	Assessment of Perineal Trauma by the Student	Infiltration & Episiotomy Observed or Performed by Student?	Repair of Perineal Trauma	Description of Repair either Undertaken or Observed by the Student	Midwife Signature & Date
9	Degree of trauma:	Infiltration: Observed □ Performed □ Not applicable□	Participation □		
	Correctly identified? Yes□ No□	Episiotomy: Observed □ Performed □ Not applicable□	Observation □		
10	Degree of trauma:	Infiltration: Observed □ Performed □ Not applicable□	Participation □		
	Correctly identified? Yes□ No□	Episiotomy: Observed □ Performed □ Not applicable□	Observation □		

### Women Categorised as Being at Risk in Pregnancy, Labour and Birth or Postnatal Period (40 Cases)

The student should provide holistic care and support to at least 40 women at risk of or experiencing complications during pregnancy, labour and birth or the postnatal period. This should include caring for women at risk of, or experiencing, complications of pregnancy due to obstetric, gynecological, medical or surgical conditions. (NMBI 2022).

#### **Examples (not exhaustive)**

0	Medical Conditions (e.g. Type One Diabetes, Chronic Hypertension, Cardiac anomalies)
0	Pre Eclampsia/Eclampsia
0	Preterm Labour
0	Induced Labour
0	Malpresentation
0	Breech vaginal birth
0	Multiple Pregnancy/Birth
0	Intrauterine Death
0	Vaginal birth after caesarean section (VBAC)
0	APH
0	PPH
0	Retained Placenta

					- ·				
Case No	o. Date	е	A	Age	Parity an Gravidity		Stage of pregnancy	Risk/ Complication	
Examp	le 22/2/	/12		30	P0 G1		Antenatal		nd date
		Summar	ry of Ca	re Pro	vided				e ar
Urine I On pal	VAD pation loi	duction at labo ng. Lie, cepha F. CTG perfor	ılic pres	senta	ntion, F=D,			Induction of labour	Midwife signature and date
Casa		Store of	Diek	<u> </u>					
Case No.	Date		Age		arity and cravidity		Stage of pregnancy	Risk factor(s)	
1									Midwife signature and date
									pue
		Summar	ry of Ca	re Pro	vided				ure a
									natı
									sig
									wife
									Mid
Case	Dete		A	Pá	arity and		Stage of	Risk	
No.	Date		Age		ravidity		pregnancy	factor(s)	يق
2									' dat
		Summar	ov of Ca	ro Dro	widod				Midwife signature and date
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Case	Date		Age		arity and		Stage of	Risk	
No.				G	ravidity		pregnancy	factor(s)	ate
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			Midwife signature and date						
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									sigi
									wife
									Mid

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Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
4						, ,	Midwife signature and date
		0					and
		Summa	ry of Car	re Provided			ture
							igna
							ife s
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Case				Darity and	Stage of	Risk	<b>-</b>
No.	Date		Age	Parity and Gravidity	pregnancy	factor(s)	- 0
5							l date
		Summai	rv of Car	re Provided		1	Midwife signature and date
		Julilla	y or oar			_	ature
							signe
							vife s
							Midv
Case	D-4-		<b>A</b>	Parity and	Stage of	Risk	
No.	Date		Age	Gravidity	pregnancy	factor(s)	
6							d da
		Summa	ry of Car	re Provided			Midwife signature and date
							natur
							sigi
							<i>lwife</i>
							Mic
Case	Date		Age	Parity and	Stage of	Risk	
No.	Date		Aye	Gravidity	pregnancy	factor(s)	te
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			Midwife signature and date				
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							e sig
							dwif
							Mi

_		Dour and L			atai Periou (+		
Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
8	_						Midwife signature and date
		Summai	ov of Car	re Provided			and
		Summai	y or Car	re Provided			ıture
							signa
							vife s
							Midv
Case	Date		Age	Parity and	Stage of	Risk	
No.	Date		Age	Gravidity	pregnancy	factor(s)	gg.
9							d da
			Midwife signature and date				
							natu
							e sig
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							M
Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
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# High Dependency Care and Care of the Critically Ill Woman

To meet the requirements for this placement you will need to provide evidence that you have achieved the **equivalent of two weeks' experience** in the provision of care to women in pregnancy, labour, birth or in the postnatal period who have high dependency needs **and/or** require monitoring or intervention that may include support for a single failing organ (NMBI, 2022). This equates to women/patients requiring level one, two or three care.

Levels	Definition of Level
Level 0	Patients whose needs can be met through normal ward care.
Level 1	Patients at risk of their condition deteriorating and needing a higher level of observation or those recently relocated from higher levels of care.
Level 2	Patients requiring invasive monitoring/intervention that include support for a single failing organ system (excluding advanced respiratory support).
Level 3	Patients requiring advanced respiratory support (mechanical ventilation) alone or basic respiratory support along with support of at least one additional organ.

HSE (2014) Guidelines for the Critically ill Woman in Obstetrics

	HSE (2014) Guidelines for the Critically ill Woman in Obstetrics
Levels	Maternity Examples (not an exhaustive list)
Level 1	<ul> <li>Sepsis</li> <li>HELLP syndrome</li> <li>Major obstetric haemorrhage (has clinical signs of shock)</li> <li>Severe hypertension</li> <li>Suspected or diagnosed pulmonary embolism</li> <li>Diabetes with continuous intravenous insulin</li> <li>Women with medical conditions such as congenital heart disease or cystic fibrosis</li> <li>Placenta praevia, accreta or percreta</li> </ul>
Level 2 (HSE, 2014)	Basic Respiratory Support  Requiring 50% or more oxygen via face-mask to maintain oxygen saturation  Continuous positive airway pressure (CPAP) or Bi-Level Positive Airway Pressure (BIPAP)  Basic Cardiovascular Support (BCVS)  Intravenous anti-hypertensive, to control blood pressure in pre-eclampsia  Arterial line used for pressure monitoring or sampling  CVP line used for fluid management and CVP monitoring to guide therapy
	Neurological Support  • Magnesium infusion to control seizures (not prophylaxis)  • Hepatic support  • Management of acute fulminant hepatic failure, e.g. from HELLP syndrome or acute fatty liver, such that transplantation is being considered
Level 3 (HSE, 2014)	Advanced Respiratory Support  Invasive mechanical ventilation Support of two or more organ systems  Renal support and BRS  BRS/BCVS and an additional organ supported  Intracranial pressure monitoring

HDU / CRITICAL CARE CASE LOG Hospital: Unit:	Neurological Observations AVPU Yes□ No□ Glasgow Coma Scale Yes□ No□	CVP Line: Yes□ No□ If yes, indication and insertion site:
SITUATION Reason for Critical Care Level of Critical Care (see page 90) Level 1 □ Level 2 □ Level 3 □	If yes, indication for and frequency of monitoring:	<b>Urinary Output</b> Urinary catheter: Yes□ No□ If yes, indication and frequency of monitoring:
Indication for the level of care identified above:	Reflexes: Yes□ No□ If yes, indication and frequency of monitoring:	Additional Monitoring Blood Gases: Yes□ No□
Antenatal □ Intrapartum□ Postnatal□ Other□:	Clonus: Yes□ No□ If yes, indication and frequency of monitoring:	If yes, indication and frequency of monitoring:
BACKGROUND Age: Gravida: Parity: N/A:	Invasive Monitoring Arterial Line: Yes□ No□ If yes, indication and insertion site:	Haematology Blood tests Yes□ No□ If yes: test, indication and frequency of monitoring:
Gestational age / Day postnatal: N/A: Previous medical / surgical history of note:	Method: Frequency: Oxygen Saturations	Biochemistry blood tests Yes□ No□ If yes: test, indication and frequency of monitoring:
Current and previous obstetric history of note:	Method: Frequency: Room Air □ Oxygen □ Oxygen Delivery Device and Flow Rate:	Other blood tests (e.g. microbiology) Yes□ No□ If yes: test, indication and frequency of monitoring
ASSESSMENT: Vital Signs Respiratory Rate Method: Frequency: Heart Rate	Intravenous Access Device: site: indication:	Any other relevant information or assessments
Method: Frequency: Blood Pressure Method: Frequency:	Device: site: indication:	RM/RGN signature Print name: Date:
Temperature	Infusions and Medications Provide details including dose, frequency and indications:	<b>Number of hours</b> spent by student observing/participating in the care of this woman/patient:

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Indication for the level of care identified above:	Reflexes: Yes□ No□ If yes, indication and frequency of monitoring:	Additional Monitoring Blood Gases: Yes□ No□
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Current and previous obstetric history of note:	Method: Frequency: Room Air □ Oxygen □ Oxygen Delivery Device and Flow Rate:	Other blood tests (e.g. microbiology) Yes□ No□ If yes: test, indication and frequency of monitoring
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Temperature	Infusions and Medications Provide details including dose, frequency and indications:	<b>Number of hours</b> spent by student observing/participating in the care of this woman/patient:

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HDU / CRITICAL CARE CASE LOG Hospital:	Neurological Observations AVPU Yes□ No□	CVP Line: Yes□ No□ If yes, indication and insertion site:			
Unit:	Glasgow Coma Scale Yes□ No□	if yes, indication and insertion site.			
OTHE.	If yes, indication for and frequency of				
SITUATION Reason for Critical Care	monitoring:	Urinary Output			
Level of Critical Care (see page 90)	monitoring.	Urinary catheter: Yes□ No□			
Level 1 □ Level 2 □ Level 3 □		If yes, indication and frequency of monitoring:			
2010112 2010122 2010102	Reflexes: Yes□ No□	in yes, indication and nequency of monitoring.			
Indication for the level of care identified above:	If yes, indication and frequency of monitoring:	Additional Monitoring			
	if yes, indication and frequency of monitoring.	Blood Gases: Yes□ No□			
Antenatal □ Intrapartum□ Postnatal□	Clonus: Yes□ No□	If yes, indication and frequency of monitoring:			
Other□:		if yes, indication and frequency of monitoring.			
Other L.	If yes, indication and frequency of monitoring:	Haamatalagy Blood tasts Vos No			
BACKGROUND	Invasiva Manitarina	Haematology Blood tests Yes□ No□ If yes: test, indication and frequency of			
Age:	Invasive Monitoring	monitoring:			
Gravida: Parity: N/A:	Arterial Line: Yes□ No□	monitoring.			
Gestational age / Day postnatal: N/A:	If yes, indication and insertion site:	Dischamistm, blood toots Vos No			
Previous medical / surgical history of note:	Matte a de	Biochemistry blood tests Yes□ No□			
Trevious medical / surgical motory of note.	Method: Frequency:	If yes: test, indication and frequency of			
	Oxygen Saturations  Method: Frequency:	monitoring:			
Current and previous obstetric history of note:	'	Other blood tests (e.g. microbiology) Yes□ No			
current and provided obstatio motory of moto.	Room Air □ Oxygen □				
	Oxygen Delivery Device and Flow Rate:	If yes: test, indication and frequency of monitoring			
ASSESSMENT: Vital Signs	Intravenous Access	Any other relevant information or			
Respiratory Rate	Device: site:	Any other relevant information or assessments			
Method: Frequency:	indication:	assessments			
Heart Rate	indication.				
Method: Frequency:	Device: site:				
Blood Pressure	indication:	RM/RGN signature			
Method: Frequency:	maiodion.	Print name: Date:			
Temperature	Infusions and Medications	2401			
	Provide details including dose, frequency and	Number of hours spent by student			
	indications:	observing/participating in the care of this woman/patient:			

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HDU / CRITICAL CARE CASE LOG Hospital:	Neurological Observations AVPU Yes□ No□	CVP Line: Yes□ No□ If yes, indication and insertion site:		
Unit:		if yes, indication and insertion site.		
Offic.	Glasgow Coma Scale Yes□ No□ If yes, indication for and frequency of			
SITUATION Reason for Critical Care	monitoring:	Urinary Output		
Level of Critical Care (see page 90)	monitoring.	Urinary catheter: Yes□ No□		
Level 1 □ Level 2 □ Level 3 □		If yes, indication and frequency of monitoring:		
2010112 201012 201010 2	Reflexes: Yes□ No□	if yes, indication and frequency of monitoring.		
Indication for the level of care identified above:	If yes, indication and frequency of monitoring:	Additional Monitoring		
	if yes, indication and frequency of mornioring.	Blood Gases: Yes□ No□		
Antenatal □ Intrapartum□ Postnatal□	Olamus Vas R Na R	If yes, indication and frequency of monitoring:		
Other⊟:	Clonus: Yes□ No□	if yes, indication and frequency of monitoring.		
Other L.	If yes, indication and frequency of monitoring:	Haamatalagu Pland taata Van Na		
BACKGROUND	Invasiva Manitarina	Haematology Blood tests Yes□ No□		
	Invasive Monitoring	If yes: test, indication and frequency of		
Age: Gravida: Parity: N/A:	Arterial Line: Yes□ No□	monitoring:		
Gestational age / Day postnatal: N/A:	If yes, indication and insertion site:	Disabansistm, bland to sta Vas II Na II		
Previous medical / surgical history of note:	Mathada	Biochemistry blood tests Yes□ No□		
r revious medical / surgical mistory of note.	Method: Frequency:	If yes: test, indication and frequency of		
	Oxygen Saturations	monitoring:		
Current and previous obstetric history of note:	Method: Frequency:			
current and provided obstatio motory of moto.	Room Air □ Oxygen □	Other blood tests (e.g. microbiology) Yes□ No		
	Oxygen Delivery Device and Flow Rate:	If yes: test, indication and frequency of monitoring		
ASSESSMENT: Vital Signs	Intravenous Access	Any other relevant information or		
Respiratory Rate	Device: site:	assessments		
Method: Frequency:	indication:	assessments		
Heart Rate	indication.			
Method: Frequency:	Device: site:			
Blood Pressure	indication:	RM/RGN signature		
Method: Frequency:	indication.	Print name: Date:		
Temperature	Infusions and Medications			
	Provide details including dose, frequency and	Number of hours spent by student		
	indications:	observing/participating in the care of this woman/patient:		

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HDU / CRITICAL CARE CASE LOG Hospital: Unit:	Glasgow Coma Scale Yes□ No□ If yes, indication for and frequency of monitoring:	Urinary Output				
		Urinary catheter: Yes□ No□				
SITUATION Reason for Critical Care		If yes, indication and frequency of monitorin				
Level of Critical Care (see page 90)	Reflexes: Yes□ No□	if yes, indication and frequency of mornioring.				
Level 1  Level 2 Level 3		Additional Monitoring				
Level 1	If yes, indication and frequency of monitoring:	<u> </u>				
		Blood Gases: Yes□ No□				
Indication for the level of care identified above:	Clonus: Yes□ No□	If yes, indication and frequency of monitoring:				
	If yes, indication and frequency of monitoring:					
Antenatal □ Intrapartum□ Postnatal□		Haematology Blood tests Yes⊟ No⊟				
Other□:	Invasive Monitoring	If yes: test, indication and frequency of				
	Arterial Line: Yes□ No□	monitoring:				
BACKGROUND	If yes, indication and insertion site:	<b>G</b>				
Age:	in you, indication and incortion ofto.	Biochemistry blood tests Yes□ No□				
Gravida: Parity: N/A:	Method: Frequency:	If yes: test, indication and frequency of				
Gestational age / Day postnatal: N/A:	Oxygen Saturations	monitoring:				
Previous medical / surgical history of note:	Method: Frequency:	monitoring.				
Trevious medical / surgical history of hote.	' '					
	Room Air □ Oxygen □	Other blood tests (e.g. microbiology) Yes□ No□				
Current and previous obstetric history of note:	Oxygen Delivery Device and Flow Rate:	If yes: test, indication and frequency of monitoring				
	Intravenous Access	Any other relevant information or				
	Device: site:	assessments				
ASSESSMENT: Vital Signs	indication:					
Respiratory Rate						
Method: Frequency:	Device: site:					
Heart Rate	indication:	RM/RGN signature				
Method: Frequency:		Print name: Date:				
Blood Pressure	Infusions and Medications	Time name.				
Method: Frequency:	Provide details including dose, frequency and	Number of hours spent by student				
Temperature	indications:	observing/participating in the care of this woman/patient:				
Neurological Observations	CVP Line: Yes□ No□	,				
AVPU Yes□ No□	If yes, indication and insertion site:					
	ir yos, maioation and moertion site.					

Postnatal Examinations (100 Cases)

The student should provide holistic care, advice, education and support to at least 100 women during the postnatal period which should include a detailed postnatal assessment and examination

No.		Date		Parity 8 Gravidit			igns Obs' juired?	Mode of Birth		Postnatal Day	
E.G	2	22/2/12		P1, G1	I	Not i	ndicated	Spontaneous Vagi	nal	1	
Uter	us & I	Lochia	Pe	rineum	rineum		its	Elimination		Legs	
	s con chia r	tracted ubra	1 <sup>st</sup> degre	ee no sutures		Soft, colostrum present		PU NBO O		Dedema in feet	
Gestati at Birt		Infant Warm?	Fee	eding	Elim	ination	Cord Stump	Any other	Any other comments		
40 week	(S	Yes		reastfeeding on demand PU,			NAD	Analgesia administered Mother and baby bonding well . Advised about baby care.			
Signatu	ıre o	f Midwife		<u> </u>	7	<i>.</i>	Bath demonstrate	ed			
	& Da	te		Jan	eBu	oggs					
No.		Date		Parity & Gravidit			igns Obs' juired?	Mode of Birth		Postnatal Day	
1											
Uter	us & I	Lochia	Pe	erineum Breasts				Elimination		Legs	
Gestati at Birt		Infant Warm?	reeumu			ination	Cord Stump	Any other	comi	ments	
Signatu	ure o	f Midwife		L							
	& Da	te									
No.		Date		Parity 8 Gravidit		Vital S Rec	igns Obs' juired?	Mode of Birth		Postnatal Day	
2											
Uter	us & I	Lochia	Pe	rineum		Breas	its	Elimination		Legs	
Gestati at Birt		Infant Warm?	Fee	eding	Elim	ination	Cord Stump	Any other	comi	ments	
_	ure o	f Midwife te		I							

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No.	Date			Parity & Vital Signs Obs' Gravidity Required?					of Birth	Postnatal Day	
3											
Uter	us & Locl	hia	Pe	rineum		Breas	ts	Eliminat	Elimination		
Gestation		Infant Varm?	Fee	eding	Elimi	nation	Cord Stump	A	Any other comments		
	ure of Mi	idwife						_			
No.	Da	ate		Parity Gravidi		Vital S Req	igns Obs' uired?	Mode	of Birth	Postnatal Day	
4											
Uter	us & Loci	hia	Pe	rineum		Breas	ts	Eliminat	tion	Legs	
	Gestation Infant at Birth Warm?			eding	Elimi	nation	Cord Stump	A	Any other	comments	
Signatu	ure of Mi	idwife						_			
	& Date										
No.	Da	ate		Parity Gravidi			igns Obs' uired?	Mode	of Birth	Postnatal Day	
5											
Uter	us & Loci	hia	Pe	rineum		Breas	ts	Eliminat	tion	Legs	
Gestation at Birt		Infant Varm?	Fee	Elimi	nation	Cord Stump	A	Any other	comments		
	ure of Mi	idwife									
	& Date										

No.	Date		Parity Gravidi			igns Obs' juired?		Mode of Birth		Postnatal Day
6										
Uter	us & Lochia		Perineum		Breas	ts	E	limination		Legs
Gestati at Birt			eeding	Elimi	Elimination Cord Stump			Any other comments		
_	ure of Midv	vife								
	& Date									
No.	Date		Parity Gravidi			igns Obs' juired?		Mode of Birth		Postnatal Day
7										
Uter	us & Lochia		Perineum		Breas	its	E	limination		Legs
Gestati at Birt			eeding	Elimi	nation	Cord Stump		Any other	comr	ments
_	ure of Midv & Date	vife								
	<u> </u>		1 5 1		1 100 10					
No.	Date		Parity Gravidi			igns Obs' juired?		Mode of Birth		Postnatal Day
8										
Uter	us & Lochia	ı	Perineum		Breas	ts	E	limination		Legs
Gestati at Birt			Feeding Eliminati			Cord Stump		Any other	comr	nents
_	ure of Midv	vife								
	& Date									

No.		Date		Parity of Gravidity			igns Obs' juired?		Mode of Birth		Postnatal Day
9											
Uter	us & Lo	chia	Pe	rineum		Breas	its		Elimination		Legs
					_						
Gestati at Birt	ion th	Infant Warm?	Fee	eding	Elimi	Elimination Cord Stump			Any other comments		
_		Midwife									
	& Date										
No.	[	Date		Parity of Gravidity			igns Obs' juired?		Mode of Birth		Postnatal Day
10			Perineum								
Uter	us & Lo	chia	Pe		Breasts			Elimination		Legs	
	Gestation Infant at Birth Warm?		Feeding		Elimi	nation	Cord Stump		Any other	comi	ments
_	ure of I	Midwife									
No.		Date		Parity (			igns Obs'		Mode of Birth		Postnatal
	_	Jaic		Gravidi	ty	Rec	juired?		Mode of Birth		Day
11							.				
Uter	us & Lo	chia	Pe	rineum		Breas	its		Elimination		Legs
Gestati at Birt		Infant Warm?	Fee	eding	Elimi	nation	Cord Stump		Any other	comi	ments
_		<b>Midwife</b>									
	& Date										

No.	Date		Parity & Gravidity		Signs Obs' equired?	Mode of Birth	Postnatal Day
12							
Uter	us & Lochia	Pe	erineum	Bre	asts	Elimination	Legs
Gestati at Birt			eding	Elimination	Cord Stump	Any other	comments
_	ure of Midwif & Date	e					
	α Date		<b>.</b>	1.500			
No.	Date		Parity & Gravidity		Signs Obs' equired?	Mode of Birth	Postnatal Day
13							
Uter	us & Lochia	Pe	erineum	Bre	asts	Elimination	Legs
Gestati at Birt			eding	Elimination	Cord Stump	Any other	comments
Signatu	ure of Midwil	in					
_	& Date						
No.	Date		Parity & Gravidity	Vita	Signs Obs' equired?	Mode of Birth	Postnatal Day
14			- C. Stridity				
Uter	us & Lochia	Pe	erineum	Bre	asts	Elimination	Legs
			reilleull				
Gestati at Birt			eding	Elimination	Cord Stump	Any other	comments
_	ure of Midwif & Date	e					
	ox Date						

No.		Date		Parity of Gravidit			igns Obs' juired?		Mode of Birth		Postnatal Day
15											
Uter	us & L	ochia.	Pe	rineum		Breas	sts		Elimination		Legs
Gestation at Birt		Infant Warm?	Fe	eding	Elimi	Elimination Cord Stump			Any other comments		
_		Midwife									
ı	& Dat	ie .									
No.		Date		Parity of Gravidit			igns Obs' juired?		Mode of Birth		Postnatal Day
16											
Uter	us & L	ochia	Pe		Breasts			Elimination		Legs	
	Gestation Infant at Birth Warm?		Fe	Feeding		nation	Cord Stump		Any other	comi	ments
_	ure of	· Midwife		Stump							
	O Dai	. <del>e</del>				1					
No.		Date		Parity of Gravidit			igns Obs'  uired?		Mode of Birth		Postnatal Day
17											
Uter	us & L	ochia.	Pe	erineum		Breas	ts		Elimination		Legs
Gestation at Birt		Infant Warm?	Fe	eding	nation	Cord Stump		Any other	comi	ments	
_	ure of	· Midwife									
	S Dat										

No.	D	ate		Parity of Gravidity			igns Obs' juired?		Mode of Birth		Postnatal Day
18											
Uter	us & Lo	chia	Pe	rineum		Breas	its	1	Elimination		Legs
Gestation at Birt	on th	Infant Warm?	Fee	eding	Elimi	Elimination Cord Stump			Any other comments		
Signatu											
	& Date										
No.	D	ate		Parity of Gravidi			igns Obs' juired?		Mode of Birth		Postnatal Day
19											
Uter	us & Lo	chia	Perineum			Breasts			Elimination		Legs
	Gestation Infant at Birth Warm?		Feeding		Elimi	nation	Cord Stump		Any other	comi	ments
Signatu	ure of M			Stum							
	& Date					1					
No.	D	ate		Parity ( Gravidi			igns Obs'  uired?		Mode of Birth		Postnatal Day
20											
Uter	us & Lo	chia	Pe	rineum		Breas	ts		Elimination		Legs
Gestation at Birt		Infant Warm?	Fee	Feeding Elimin			Cord Stump		Any other	comi	nents
Signatu											
	& Date										

No.	Date	)		Parity & Gravidit			igns Obs' quired?		Mode of Birth		Postnatal Day
21											
Uter	us & Lochi	а	Pe	rineum		Breas	sts		Elimination	I	Legs
Gestati at Birt		fant rm?	Fee	eding	Elimi	Elimination Cord Stump			Any other comments		
_	ure of Mid	lwife									
	& Date					T					
No.	Date	)	Parity & Gravidity			Vital Signs Obs' Required?			Mode of Birth		Postnatal Day
22											
Uter	us & Lochi	а	Perineum			Breasts			Elimination	"	Legs
Gestati at Birt		fant rm?	Feeding		Elimi	nation	Cord Stump		Any other	comn	nents
Signate	ure of Mid	hwifo									
_	& Date	IWIIE									
	I			Parity 8	R.	Vital S	igns Obs'				Postnatal
No.	Date			Gravidi		Rec	quired?		Mode of Birth		Day
23											
Uter	us & Lochi	а	Pe	rineum		Breas	sts		Elimination		Legs
	<del>-</del>										
Gestati at Birt		fant rm?	Fee	eding Elim		nation	Cord Stump		Any other	comm	nents
_	ure of Mid	lwife									
	& Date										

No.		Date		Parity Gravidi		Vital Signs Obs' Required?			Mode of Birth		Postnatal Day
24											
Uter	us & Lo	chia	Pe	rineum		Breas	its		Elimination		Legs
Gestati at Birt	ion th	Infant Warm?	Fee	eding	Elimi	Elimination Cord Stump			Any other comments		
_		Midwife									
	& Date										
No.		Date		Parity Gravidi					Mode of Birth		Postnatal Day
25											
Uter	us & Lo	chia	Perineum			Breasts			Elimination		Legs
	Gestation Infant at Birth Warm?		Feeding		Elimi	nation	Cord Stump		Any other	comr	ments
_		Midwife		Stun							
	& Date										
No.		Date		Parity Gravidi			igns Obs' juired?		Mode of Birth		Postnatal Day
26											
Uter	us & Lo	chia	Pe	rineum		Breas	its		Elimination		Legs
Gestati at Birt		Infant Warm?	Fee	Feeding Elim			Cord Stump		Any other	comr	nents
Signati	ure of I	Midwife									
_	& Date										

No.	Date		Parity & Gravidity		ital Sigı Requi	ns Obs' ired?	Mode of Birth		Postnatal Day
27									
Uter	us & Lochia	Pe	erineum	E	Breasts		Elimination		Legs
Gestati at Birt			eding	Eliminati	on	Cord Stump	Any other	r commei	nts
_	ure of Midwi & Date	re							
No.	Date		Parity & Gravidity		ital Sigı Requi	ns Obs'	Mode of Birth		Postnatal Day
28			Ora rians		rioqui				
Uter	us & Lochia	Pe	Perineum		Breasts		Elimination		Legs
	station Infant								
Gestati at Birt			eding	Eliminati	on	Cord Stump	Any other	r commei	nts
_	ure of Midwi & Date	te							
No.	Date		Parity & Gravidity	. V	ital Sigı Requi	ns Obs'	Mode of Birth		Postnatal Day
29					•				
Uter	us & Lochia	Pe	erineum	E	3reasts		Elimination		Legs
Gestati at Birt			eding	Eliminati	on	Cord Stump	Any other	r commei	nts
Signature of Midwife		fe							
& Date									

No.	Date		Parity 8 Gravidit				Mode of Birth		Postnatal Day	
30										
Uter	us & Lochia	Pe	erineum		Breas	sts		Elimination		Legs
Gestation at Birt		Fe	eding	Elimi	nation	Cord Stump		Any other	comn	nents
_	ure of Midwife									
	& Date									
No.	Date		Parity 8 Gravidit			igns Obs' juired?		Mode of Birth		Postnatal Day
31										
Uteri	us & Lochia	Pe	erineum		Breas	sts	,	Elimination	•	Legs
Gestation at Birt		Fe	Feeding Elii		Elimination Cord Stump			Any other	comn	nents
_	ure of Midwife & Date									
No.	Date		Parity 8 Gravidit			igns Obs'  uired?		Mode of Birth		Postnatal Day
32			Gravidit	<u>y</u>	Nec	idiled:				Day
Uteri	us & Lochia	Pe	l erineum		Breas	sts		Elimination		Legs
Gestation at Birt		Fe	eding	Elimi	nation	Cord Stump		Any other	comn	nents
_	ure of Midwife & Date									

Legs
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nents
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Postnatal Day
Legs
nents
Postnatal
Day
Legs
ments

No.	Da	te		Parity Gravid	& ity	Vital S Rec	igns Obs' juired?		Mode of Birth		Postnatal Day
36											
Uter	us & Loch	hia	Per	rineum		Breas	sts		Elimination	1	Legs
Gestation at Birt		nfant /arm?	Fee	ding	Elimi	nation	Cord Stump		Any other	comn	nents
_	ure of Mi	idwife									
1	& Date										
No.	Dat	te		Parity 8 Gravidit			igns Obs'  uired?		Mode of Birth		Postnatal Day
37											
Uter	us & Loch	hia	Per	ineum	Br		sts		Elimination	•	Legs
Gestation at Birt		nfant /arm?	Fee	Feeding El		Elimination Cord Stump			Any other	comn	nents
_	ure of Mi & Date	idwife									
No.	Da	te		Parity & Gravidit			igns Obs' juired?		Mode of Birth		Postnatal Day
38				<u> </u>		1100	<u> </u>				24,
Uter	us & Loch	hia	Per	rineum		Breas	sts		Elimination		Legs
Gestation at Birt		nfant /arm?	Fee	ding	Elimi	nation	Cord Stump		Any other	comn	nents
_	ure of Mi & Date	idwife	wife								

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No.	Date		Parity & Gravidity		ital Sign Requir		Mode of Birth	Postnatal Day
39								
Uter	us & Lochia	Pe	erineum		Breasts		Elimination	Legs
Gestati at Birt		Fe	eding	Eliminati	on	Cord Stump	Any other	comments
_	ure of Midwife	•						
	& Date							
No.	Date		Parity & Gravidity		ital Sign Requir		Mode of Birth	Postnatal Day
40								
Uter	us & Lochia	Pe	Perineum		Breasts		Elimination	Legs
Gestati at Birt		Fe	eding	Eliminati	on	Cord Stump	Any other	comments
_	ure of Midwife	•						
	& Date							
No.	Date		Parity & Gravidity		ital Sign Requir	red?	Mode of Birth	Postnatal Day
41								
Uter	us & Lochia	Pe	erineum	i	Breasts		Elimination	Legs
Gestati at Birt		Fe	eding	Eliminati	on	Cord Stump	Any other	comments
_	ure of Midwife	•						
	& Date							

No.	Date	е		Parity Gravidi					Mode of Birth	Postnatal Day			
42													
Uter	us & Loch	ia	Pe	rineum		Breas	ts		Elimination		Legs		
Gestati at Birt	on In	fant arm?	Fee	eding	Elimi	nation	Cord Stump		Any other	comi	nents		
_	ure of Mic & Date	dwife											
	& Date					T							
No.	Date	e		Parity Gravidi			igns Obs' juired?		Mode of Birth		Postnatal Day		
43													
Uter	us & Loch	ia	Pe	Perineum		Breas	its		Elimination		Legs		
	Partetion Infant												
Gestati at Birt		fant arm?	Fee	eding	Elimi	nation	Cord Stump		Any other	comi	ments		
_	ure of Mic & Date	dwife											
	D. (			Parity	&	Vital S	igns Obs'		M. J. (D. 4)		Postnatal		
No.	Date	<b>e</b>		Gravidi			juired?		Mode of Birth		Day		
44													
Uter	us & Loch	ia	Pe	rineum		Breas	sts		Elimination		Legs		
Gestati at Birt		fant arm?	Fee	eding	Elimi	nation	Cord Stump		Any other	comi	nents		
_	ignature of Midwife & Date												
	G Date												

No.		Date		Parity of Gravidit			igns Obs' juired?	Mode of Birth		Postnatal Day
45										
Uter	us & L	ochia	Pe	rineum		Breas	its	Elimination		Legs
Gestation at Birt		Infant Warm?	Fe	eding	Elimi	nation	Cord Stump	Any other	comi	nents
_		Midwife								
	& Date	е								
No.		Date		Parity & Gravidit			igns Obs' juired?	Mode of Birth		Postnatal Day
46										
Uter	us & L	ochia	Pe	rineum	m		its	Elimination		Legs
	Contation Infant									
	Gestation Infant Fe		Fe	eding	Elimi	nation	Cord Stump	Any other	comi	ments
_	ure of	Midwife								
				D-wife -	0	\/:4-10	: Ob -1			Do atroptal
No.		Date		Parity of Gravidit			igns Obs' juired?	Mode of Birth		Postnatal Day
47										
Uter	us & L	ochia	Pe	rineum		Breas	its	Elimination		Legs
Gestation at Birt		Infant Warm?	Fe	eding	Elimi	nation	Cord Stump	Any other	comi	nents
_	ure of	Midwife e								
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85											
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94											
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# Postnatal Examinations (100 Cases)

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	& Date						
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	& Date						
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# Midwifery Student Case Loading Guidelines for Students

#### Introduction

In the course of your midwifery education programme, you will learn about models of maternity care. The Nursing and Midwifery Board of Ireland (NMBI, 2022) require that midwifery students must experience the continuum of midwifery care for women, their partners and their families on at least one occasion. Students will follow the woman throughout her experience of maternity care; in pregnancy, labour and birth and the postnatal period. This will be referred to as student case-loading.

The term case-loading means different things to different people but it is generally accepted as a care pathway in which one midwife is the lead maternity care professional for a small defined group of women for their entire pregnancy. We envisage that students will carry a caseload of 3 women in both BSc and the Higher Diploma Midwifery programmes in order to ensure that NMBI registration requirements are met. Case-loading will mean that you will be required to take on responsibility and act professionally within your scope of practice at all times. This is to ensure that the safety of the woman and her baby is maintained.

We appreciate that not all maternity hospitals/units currently have a midwife case-loading pathway of care, however, it does not matter whether the model of care provided in the maternity unit is midwife case-loading or not, the concept is that students will follow the woman, even if this is with several different professionals in the course of her care.

Communication is central to the success of the student case-loading experience. It relies on excellent communication between women, students, midwives, clinical placement coordinators (CPCs) /Higher Diploma clinical co-ordinator and University faculty. It is the student's responsibility to keep each stakeholder informed appropriately.

You may find yourself in a position where you are looking after a woman on a core placement who is part of another student colleagues case-load. All students need to be flexible in these situations to ensure the success of case-loading and this may involve you needing to handover care to them, particularly in delivery ward.

### **Aims of Student Case-Loading**

The aims of student case-loading are to:

- expose students to the concept of an individual midwife being the lead professional for a woman throughout pregnancy, labour and birth, and the post-natal period
- enable students to gain experience of providing continuity of carer by following up a small number of women
- assist students in gaining skills in planning, delivering and evaluating individual plans
  of care
- ensure that with increasing experience, students learn to exercise independent decision-making skills and develop skills towards autonomy.

#### **Supervision**

You will always be working under the supervision of a registered midwife when providing care for the woman and her newborn during your midwifery education programme and in your core placements you are provided with a preceptor for consistency. It is likely that there will be multiple midwives supervising you through the various case-loading care episodes. Midwives will supervise, support and guide you in the same way a preceptor in your core placement would. Further support and guidance is provided by the clinical placement coordinator (CPC) / Higher Diploma clinical co-ordinator, University clinical midwifery tutors and the personal tutors.

You will maintain a record of your case-load in your clinical experience record book. Guidance is given in the clinical experience record book as to what you are required to record. You should ensure that your supervising midwife for any care episode signs and verifies each episode of care which they have either directly or indirectly supervised.

#### Communication Between the Woman and the Student Midwife

Midwifery students **will not** be the first point of contact for a woman during the antenatal, intrapartum or postnatal period. You are responsible for making this clear to women when student case-loading is discussed at the booking appointment initially, and at each subsequent encounter. Women should be given the usual hospital contact information and you should ensure they understand that they should not contact you with any concerns or questions in relation to their pregnancy, labour and birth or postnatal care. This is to ensure that midwifery students are not providing advice without appropriate supervision.

The responsibility is on you to establish a communication agreement, under supervision, to facilitate exchange of information, for example when a woman goes into labour or is being admitted for induction of labour. This may include some, or ideally, all the following communication strategies:

- 1. The woman and the student exchange phone numbers to facilitate the woman sending a text message or making a phone call to the student. (text message is the preferred method of contact)
- 2. The student will regularly update themselves on the woman's progress via the electronic health care record
- 3. The students contact information is maintained 'in the MN-CMS by addition of a 'sticky note', so they can be contacted by hospital staff at appropriate times.

It is up to you to ensure that this communication strategy is utilised appropriately and professionally and for the purposes of information sharing related to case-loading only. No other forms of communication such as via social media are appropriate. Should the woman ask you questions via phone or text message you should refer her to the usual hospital contact information. Should you require any further advice or support in relation to this communication strategy or should an issue arise please contact your clinical placement coordinator (CPC) or higher diploma clinical co-ordinator at the earliest opportunity. For more urgent or out of hours issues you should contact the assistant director of midwifery on duty in the hospital.

#### **Women's Choice and Consent**

It is always the woman's choice to decide whether or not she wants to participate in student case-loading. At all times, her choice is paramount and she can opt out at any time during the course of her pregnancy.

### **Midwifery Student Case-Loading Process**

#### 1. Selecting a case-load

Arrange to attend booking clinic. You will be advised in advance about when you should do this. You should aim to book 3 women from one clinic.

Students will be selecting women at varying stages of their midwifery programme as follows:

- BSc Midwifery Programme Book 3 women for your case-load in stage four
- Higher Diploma Midwifery Programme Book 3 women for your case-load in the first 6 months of the programme

You may need help and advice from the midwife responsible for the booking clinic when you are selecting women for your case-load. It is your responsibility to ensure that you have a suitable caseload to meet the programme requirements. We would like students to select women who are suitable for midwifery-led care at booking. However, your supervising midwife may exercise her professional judgement in deciding which women are suitable. Please note that the maternity care pathway may change from midwifery-led to obstetricled, and if this happens you should continue to be involved in the woman's care. If you have any queries as to the suitability of a woman for student case-loading, please don't hesitate to contact a member of the UCD or NMH education and practice development team.

You will need to consider the following when selecting women for your case-load:

- Home and University commitments: you should give thought to issues such as childcare, transport, annual leave, assessment deadlines, theory weeks etc.
- The woman's expected date of birth and what impact this would have on annual leave, attending lectures etc.
- What will happen if one of your case-loading women goes into labour in the middle of the night; you will need to think about whether you will be able to leave home/family commitments and if you have transport.
- You should not recruit members of your own family, or friends to your caseload
- Your academic achievement is important. Students should endeavour to attend as many of a woman's antenatal and postnatal appointments as possible, however we don't expect students to miss theory sessions from University to achieve this.

Once a woman has been identified as suitable for student case-loading, you should give the woman an information sheet and discuss it with her. Verbal and written consent should be obtained by you and the midwife to ensure that the woman understands the student case-loading process, and this should be documented in the healthcare record and the consent form should be scanned into the healthcare record.

Complete the booking assessment under the supervision of the midwife and make plans for the follow-up appointments and ultrasound scans. Complete the section in the clinical record book and ensure it is signed by the supervising midwife.

#### 2. Antenatal Care

You are required to attend at <u>least</u> 2 further antenatal appointments, in addition to the booking appointment. You should attend at least one appointment in the second trimester and one in the third trimester. You will document these care episodes in your clinical experience record book and this will be used as evidence to demonstrate that you have achieved the NMBI requirements.

If you are scheduled to be on a clinical placement on the day of the woman's antenatal appointment, you should plan in advance with your preceptor /clinical manager to be released to attend. If the woman is attending an out-lying clinic then you must arrange in advance to be on a day off or arrange to attend an alternative appointment if this is not possible. You will not be given time-in-lieu for attending antenatal appointments if you are on a rostered day off from clinical placement. The woman will be asked to text the you in relation to any of the following scenarios: change of antenatal appointment day/ time, planned hospital visit, if being admitted to the hospital, if coming to hospital with contractions, induction date, elective caesarean section date, discharge date etc..

#### 3. Intrapartum Care

When a woman is in active labour or is going for an elective or emergency caesarean section, you will be contacted to attend as per the communication strategy that you have previously agreed. This may involve a phone call from the labour ward midwife and/or a text message from the woman. You must present yourself to the clinical area fit for duty at all times. Given that women may go into labour at any time, you must use your judgement when deciding whether you are fit to attend the clinical area (e.g. tiredness, alcohol, illness). You are not expected to attend for the entire first stage of labour, so judgement should be exercised as to when you should make your way into the hospital or leave another clinical placement, to ensure that you attend the birth. If you decide not to attend at that point, you should make appropriate plans to follow-up. Once you arrive on the labour ward, you should contact the ADOM on bleep #022 to inform them that you are onsite. If your clinical placement is affected by your attendance at the birth, you must ensure that you do the following:

- 1. If you are already on duty, inform the clinical manager of the situation and obtain permission to leave the clinical placement to attend the birth.
- 2. If you are off duty or called in overnight, again check in with the ADOM on duty (022) and also inform them when you are leaving the hospital.
- 3. If you are rostered to work the following shift, you may need to reschedule. Please discuss with the ADOM and follow up with your BSc clinical placement coordinator / Higher Diploma clinical coordinator

You should document the intrapartum care episode in your clinical experience record book and have it signed and verified by the labour ward midwife. Decisions about time-in-lieu are made on a case-by-case basis at the discretion of the BSc clinical placement co-ordinator (CPC) and NMH BSc allocations officer or Higher Diploma clinical co-ordinator. Normally, no more than 6 hours time-in-lieu will be given for this intrapartum care as to do so could affect other placements and result in you not meeting your learning outcomes and other programme requirements.

#### 4. Postnatal Care

You are required to make at least one contact with the woman in the postnatal period, ideally whilst she is in the postnatal ward but this may also be done via telephone. You should document this care episode in your clinical experience record book. It is important that the woman realises that this will be your last contact. On-going contact with women who were part of your caseload is not appropriate.

#### **Reflection and Debriefing**

As part of your midwifery programme you will be attending reflective practice days/sessions. These will provide opportunities for you to explore issues that evolve during your case-loading practice. You may find it helpful to use a reflective journal to record and analyse your experiences.

#### **Additional Considerations**

You should be aware that a woman's and/or your circumstances can change in the course of a pregnancy, for example, the woman could transfer her care to another hospital, or the relationship could start to challenge professional boundaries. You should seek guidance from your BSc clinical placement coordinator / Higher Diploma clinical coordinator, personal tutor or programme director as soon as any issues arise.

### **Case Loading Requirements**

The student should obtain experience of the continuum of midwifery care for women, their partners and their families on at least one occasion where the student follows the woman throughout her experience of maternity care: in pregnancy, labour and birth and the postnatal period (NMBI 2022).

Students should identify 3 women who are candidates for a student caseload at the booking appointment and follow the guidance provided on case loading. The student will be informed by their personal tutor of the placement that case loading will commence. Please document your meetings with the women you identify as a caseload candidate. For reasons of confidentiality, you should keep the information recorded to a minimum, and not insert extra sheets of paper. You can use these pages for antenatal and/or postnatal visits and for labour details.

You must attend at least 3 antenatal appointments (including booking), labour and at least one postnatal visit. If a postnatal visit is not possible then a record of a telephone contact with the woman is acceptable. It is anticipated that you attend as many antenatal appointments as possible.

### **Caseload example**

Pseudonym	Age	Gravida & Parity	EDD	Obstetric History
MT	32	1+1	01.01.2018	Nil of note
<b>Date:</b> 22.12.2017	Comme	nts		
Gestation or number of days post delivery 38+4	Feels we On Palpa Fundus: Engager Fetal mo Signs of	met: 3/5 palpabl vement felt, Fet labour discusse	nt: g, Presentation: Cepl e al heart beat heard.	

### **Caseload One**

Pseudonym	Age	Gravida & Parity	EDD	Obstetric History
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				Midwife's Signature:  Date:
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Gestation or number of days post delivery				
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### **Caseload Two**

Pseudonym	Age	Gravida & Parity	EDD	Obstetric History
Date: Gestation or number of days post delivery	Comme	nts		
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### **Caseload Three**

Pseudonym	Age	Gravida & Parity	EDD	Obstetric History
Date: Gestation or number of days post delivery	Commer	nts		Midwife's Signature:
				Date:
Date:  Gestation or number of days post delivery	Comme	nts	Midwife Da	te & Sign:
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## **Care of the Newborn Requiring Special Care (10cases)**

The student should gain experience in the assessment and care of the newborn requiring special care including those born pre-term, post-term, small for gestational age or ill.

#### **Examples (not exhaustive)**

- o Hypoglycaemia
- Hypothermia
- o TTN/Respiratory Distress Syndrome/Meconium Aspiration Syndrome
- Shock/Persistent Pulmonary Hypertension of the Newborn
- Jaundice
- o Hypoxic Ischaemic Encephalopathy
- Neonatal Seizures
- Small for Gestational Age/Large for Gestational Age
- Infection / Sepsis
- Neonatal Abstinence Syndrome
- o Congenital/Chromosomal Disorder (e.g. Edwards/ Patau's / Down Syndrome, Exomphalus, Gastroschisis, Cleft palate, Duodenal Atresia)
- Palliative Care and/or End of Life Care
- Prematurity

### **Care of the Newborn Requiring Special Care (10 Cases)**

The student should gain experience in the assessment and care of the newborn requiring special care including those born preterm, post term, small for gestational age or ill (NMBI 2022)

No	Delivery Date & Time	Gestation and/or PN Day	Reason for Admission/Summary	RM/RGN Signature, Printed Name, Date
	01.02.2018 @ 11.33am	32+1 CGA=34+2 PN Day 15	Prematurity, Low Birth Weight (2.2kg), Respiratory Distress Syndrome. Baby transferred to cot from incubator yesterday. Self-ventilating in room air. Feeding on Breast and FEBM/Formula via bottle, with alternate tube feeds. Current weight: 2.30kg. On p.o. caffeine, Abidec, Galfer. Apnoea monitor attached.	Jane Bloggs DD/MM/YYYY
1				
2				
3				
4				

# Care of the Newborn Requiring Special Care (10 Cases)

No	Delivery Date & Time	Gestation and/or PN Day	Reason for Admission/Summary	RM/RGN Signature, Printed Name, Date
5				
6				
7				
8				
0				
0				
9				
10				

# **Record of Workshops, Mandatory Education and Training**

Mandatory Emergency Education and Training	Studen	nt Sig	gnature				Facilitator	Signature			Date(s)
Basic Life Support	1			3			UCD		NMH		
Initial Steps of Neonatal Resuscitation							UCD				
Neonatal Resuscitation Programme							UCD				
Mandatory Education and Training for Clinical Placement											
Manual Handling Course	1			4							
Fire and Emergency Training	1		2	3		4					
AMRIC Infection Prevention and Control modules HSEland + Assessment of Hand Washing Technique	1		<u> </u>	4	ļ			1		1	
Children First HSEland	1			1			1				
GDPR HSEland	1						1				
IMEWS	1						1				
Maternity Emergency Clinical Skills											
Breech Simulation							UCD				
Postpartum Haemorrhage							UCD				
Cord Prolapse							UCD				
Maternal Collapse							UCD				
Shoulder Dystocia							UCD				
Severe PET / Eclampsia / HELLP / DIC							UCD				
Sepsis							UCD				

# **Record of Workshops, Mandatory Education and Training**

Mandatory Clinical Skills Education	Student Signature		Facilitator Sig	nature	Date
Medication Management (HSEland)			UCD		
Newborn Bloodspot Screening (HSEland)			UCD		
Perineal Management Workshop (including perineal protection, assessment repair and episiotomy skills)			UCD		
Blood products (Learn-Pro): Anti D					
Blood products (Learn-Pro): Safe Transfusion Practice					
Blood products (Learn-Pro): Blood components and indications for use					
Adult Venepuncture (on completion of clinical assessment)			NMH/IEHG		
Adult IV Cannulation (on completion of clinical assessment)			NMH		
Breastfeeding Education Programme			UCD		
Cardiotocograph Interpretation Workshops	1	3	1 UCD	3 UCD	
K2MS Training: Fetal Physiology, Antenatal CTG, Intrapartum CTG, Cord Blood Gas, Errors and Limitations, Intrapartum Intermittent Auscultation			UCD	1	

# **Additional Experience**

Date	Type of Experience	Name & Signature of Supervising Practitioner

# **Additional Experience**

Date	Type of Experience	Name & Signature of Supervising Practitioner

## **Records Review**

Records are reviewed by the Personal Tutor or Clinical Placement Coordinator

Date	Comment	Stage of Placement	Signature

# **Records Reviewed by the Personal Tutor or Clinical Placement Coordinator**

Date	Comment	Stage of Placement	Signature

Summary of Experience
Completed by the Personal tutor on presentation of the MCAT

Summary of Experience (to be completed by personal tutor – summarise annually if you find this helpful)	Year One	Year Two	Year Three	Year Four
Number of Signed Antenatal Examination				
Labour and Spontaneous Birth				
Labour and Assisted Vaginal Birth and/or Caesarean				
Vaginal Examination				
Initial Examination of the Newborn				
Perineal Trauma and Repair				
Women Identified as High Risk in Pregnancy, Labour and/or the Puerperium				
HDU / Critical Care Cases				
Postnatal Examinations				
Caseloading/Continuity of Care Experience				
Care of the Sick Neonate				
Venepuncture				
IV cannulation				

# **Completion of the Clinical Experience Record Book**

I,	(Printed Name) declare tha
I have fulfilled the EC require	ments as documented in this
record book.	
Signature of Midwifery Student	
Date:	
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