



**UCD School of Nursing, Midwifery and Health Systems**  
UCD College of Health and Agricultural Sciences

**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**

**for the**

**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](http://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](https://www.hse.ie/eng/about/who/qid/quality-and-patient-safety-documents/abbreviations.pdf)

**All practitioners/teachers who sign this document should complete the form below.**

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**All practitioners/teachers who sign this document should complete the form below.**

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## Antenatal Examinations (100 cases)

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	BP	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	<i>Jane Bloggs</i> DD.MM.YY
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### Antenatal Examinations (100 cases)

Case No	Date	Age	Parity & Gravity	Gestation	BP	Urine	Abdominal Inspection	Fundal Height	Lie	Presentation	5ths Palpable	Position	FMF	FHH Doppler/Pinard	Midwife Signature
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### Antenatal Examinations (100 cases)

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### Antenatal Examinations (100 cases)

Case No	Date	Age	Parity & Gravity	Gestation	BP	Urine	Abdominal Inspection	Fundal Height	Lie	Presentation	5ths Palpable	Position	FMF	FHH Doppler/Pinard	Midwife signature
90															
91															
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97															
98															
99															
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## 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



UCD Midwifery

## 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

### 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
- Describe the role of the midwife in undertaking the skill of venepuncture
- Outline the indications for venepuncture
- Communicate with women and their families to facilitate safe and effective venepuncture
- Demonstrate knowledge of:
  - Procedure preparation and how to gain informed consent
  - The effective technique for the procedure
  - The documentation and management of complications
- 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](http://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 co-ordinator (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 completed the necessary adult venepuncture theory programme, attended the clinical skills lab and is now eligible to proceed to Supervised practice assessments.															
<b>UCD Tutor (print):</b>			<b>UCD Tutor (sign):</b>					<b>Date:</b>							
<b>Date Practice Assessments Started:</b>			<b>Date Competency Achieved:</b>												
<i>The student must be able to discuss the rationale for each of the actions and demonstrate competence in the practical application of these skills.</i>						<b>5 Supervised Practice Assessments</b>			<b>Competence Assessment</b>						
						Achieved=    Not Achieved= X									
<b>Skill Required</b>						1	2	3	4	5	Pass	Refer			
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 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 documentation of equipment used (as per IP&C)														
N	Completes documentation in healthcare records (as per healthcare organisation policy)														
<b>Initial of Clinical Assessor:</b>															
<b>Initial of Student Midwife:</b>															
<b>Date:</b>															
Final Outcome of Competence Assessment (tick )			<b>Pass:</b>		<b>Refer</b>		<i>Print name and sign below to validate final outcome</i>								
<b>Student Midwife (print):</b>					<b>Sign:</b>		<b>Date:</b>		<b>Initials:</b>		<b>NMBI No:</b>				
<b>Clinical Assessor (print):</b>					<b>Sign:</b>		<b>Date:</b>		<b>Initials:</b>		<b>NMBI No:</b>				
Note of action plan if referred for further assessment:															
<b>Action Plan Agreed (sign if applicable) Student Midwife:</b>										<b>Clinical Assessor:</b>		<b>Date:</b>		<b>Tick Box</b>	
I have <b>read</b> name of Organisation _____										policies, procedures and guidelines in relation to venepuncture					
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)												y.			
The assessments were completed within 12 weeks, if not, I have retaken the HSEland e-learning programme															
Competence agreed for venepuncture: I agree to maintain my clinical competence in venepuncture in line with the "Scope of Nursing and Midwifery Practice Framework" (NMBI 2015)															
<b>Student Midwife (sign):</b>					<b>Clinical Assessor (sign):</b>					<b>Date:</b>					
I am satisfied that the above named student has completed the supervised practice and the competence assessment															
<b>CPC/CC (print):</b>					<b>CPC/CC (sign):</b>					<b>Date:</b>					

# 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/ONMSD, 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:
  - 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 e-learning module online via [www.hseland.ie](http://www.hseland.ie).
3. The student midwife must successfully complete the online self- assessment test at the end of the e-learning 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 co-ordinator (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**

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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

I am satisfied that (print name) _____ has completed the necessary adult IV cannulation theory programme, attended the clinical skills lab and is now eligible to proceed to supervised practice assessments.												
<b>UCD Tu tor (print):</b>			<b>UCD Tutor (sign):</b>				<b>Date:</b>					
<b>Date Practice Assessments Started:</b>			<b>Date Competency Achieved:</b>									
<i>The student must be able to discuss the rationale for each of the actions and demonstrate competence in the practical application of these skills.</i>						<b>5 Supervised Practice Assessments</b> Achieved = Not Achieved = X			<b>Competence assessment</b>			
<b>Skill Required</b>						1	2	3	4	5	Pass	Refer
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 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 cannula insertion correctly and safely, including drawing up and administration of 0.9% NaCL flush											
I	Secures and anchors cannula safely and effectively											
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 documentation of equipment used (as per IP&C)											
N	Completes documentation in healthcare records (as per healthcare organisation policy)											
<b>Initial of Clinical Assessor:</b>												
<b>Initial of Student Midwife:</b>												
<b>Date:</b>												
<b>Final Outcome of Competence Assessment (tick ,</b>			<b>Pass</b>	<b>Refer</b>	<i>Print name and sign below to validate final outcome</i>							
<b>Student Midwife (print):</b>			<b>Sign:</b>		<b>Date:</b>	<b>Initials:</b>		<b>NMBI No:</b>				
<b>Clinical Assessor (print):</b>			<b>Sign:</b>		<b>Date:</b>	<b>Initials:</b>		<b>NMBI No:</b>				
Note of action plan if referred for further assessment:												
<b>Action Plan Agreed (sign if applicable)</b>			<b>Student Midwife:</b>			<b>Clinical Assessor:</b>			<b>Date:</b>		<b>Tick Box</b>	
I have read <i>name of Organisation</i>						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
The assessments were completed within 12 weeks, if not, I have retaken the HSEland e-learning programme											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 my clinical competence in peripheral IV cannulation in line with the "Scope of Nursing and Midwifery Practice Framework" (NMBI 2015)											Yes	No
<b>Student Midwife (sign):</b>			<b>Clinical Assessor (sign):</b>						<b>Date:</b>			
I am satisfied that the above named student has completed the supervised practice and the competence assessment												
<b>CPC /CC (print):</b>			<b>CPC (sign):</b>						<b>Date:</b>			

## **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
  - b. EBL
  - 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 + Gravity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	Midwife signature and date
e.g.	22/2/12	P0 G1	40/40	5hours 5mins	65mins	55mins	15.20pm	
1st stage summary	Spontaneous onset, cervix 3cm dilated on admission. Intermittent monitoring. SROM clear liquor@11.20am. Entonox and frequent position changes							
2nd stage summary	Urge to push noted and vertex visible @ 15.00. Intermittent monitoring every 5 minutes, clear liquor. Alternating between hands and knees and left lateral position.							
3rdStage summary	Physiological third stage, EBL 200mls. Perineum: 1 <sup>st</sup> degree tear noted, no sutures required. Placenta and membranes examined: complete							
Baby Summary	Male infant, no resuscitation required, apgars 9@1, 9@5, Head to toe examination NAD. 3.5kg. Breastfeeding initiated after birth, skin to skin contact							

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

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

## Labour and Birth

### Personal Births: Spontaneous vaginal birth (40 Cases)

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	<i>Midwife signature and date</i>
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	<i>Midwife signature and date</i>
4								
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	<i>Midwife signature and date</i>
5								
1st stage summary								
2nd stage summary								
3rdStage summary								
Baby Summary								

**Labour and Birth**  
**Personal Births: Spontaneous vaginal birth (40 Cases)**

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	Midwife signature and date	
6									
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	Midwife signature and date	
7									
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	Midwife signature and date	
8									
1st stage summary									
2nd stage summary									
3rdStage summary									
Baby Summary									

**Labour and Birth**  
**Personal Births: Spontaneous vaginal birth (40 Cases)**

No.	Date	Parity + Gravity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	Midwife signature and date
9								
1st stage summary								
2nd stage summary								
3rdStage summary								
Baby Summary								

No.	Date	Parity + Gravity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	Midwife signature and date
10								
1st stage summary								
2nd stage summary								
3rdStage summary								
Baby Summary								

No.	Date	Parity + Gravity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Time of Birth	Midwife signature and date
11								
1st stage summary								
2nd stage summary								
3rdStage summary								
Baby Summary								

## Labour and Birth

### Personal Births: Spontaneous vaginal birth (40 Cases)

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	<i>Midwife signature and date</i>	
12									
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	<i>Midwife signature and date</i>	
13									
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	<i>Midwife signature and date</i>	
14									
1st stage summary									
2nd stage summary									
3rdStage summary									
Baby Summary									

## Labour and Birth

### Personal Births: Spontaneous vaginal birth (40 Cases)

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	<i>Midwife signature and date</i>
15								
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	<i>Midwife signature and date</i>
16								
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	<i>Midwife signature and date</i>
17								
1st stage summary								
2nd stage summary								
3rdStage summary								
Baby Summary								

**Labour and Birth**  
**Personal Births: Spontaneous vaginal birth (40 Cases)**

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	<i>Midwife signature and date</i>	
18									
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	<i>Midwife signature and date</i>	
19									
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	<i>Midwife signature and date</i>	
20									
1st stage summary									
2nd stage summary									
3rdStage summary									
Baby Summary									

## Labour and Birth

### Personal Births: Spontaneous vaginal birth (40 Cases)

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	<i>Midwife signature and date</i>	
21									
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	<i>Midwife signature and date</i>	
22									
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	<i>Midwife signature and date</i>	
23									
1st stage summary									
2nd stage summary									
3rdStage summary									
Baby Summary									

**Labour and Birth**  
**Personal Births: Spontaneous vaginal birth (40 Cases)**

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	<i>Midwife signature and date</i>	
24									
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	<i>Midwife signature and date</i>	
25									
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	<i>Midwife signature and date</i>	
26									
1st stage summary									
2nd stage summary									
3rdStage summary									
Baby Summary									

## Labour and Birth

### Personal Births: Spontaneous vaginal birth (40 Cases)

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	<i>Midwife signature and date</i>
27								
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	<i>Midwife signature and date</i>
28								
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	<i>Midwife signature and date</i>
29								
1st stage summary								
2nd stage summary								
3rdStage summary								
Baby Summary								

## Labour and Birth

### Personal Births: Spontaneous vaginal birth (40 Cases)

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	<i>Midwife signature and date</i>
30								
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	<i>Midwife signature and date</i>
31								
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	<i>Midwife signature and date</i>
32								
1st stage summary								
2nd stage summary								
3rdStage summary								
Baby Summary								

**Labour and Birth**  
**Personal Births: Spontaneous vaginal birth (40 Cases)**

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	Midwife signature and date	
33									
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	Midwife signature and date	
34									
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	Midwife signature and date	
35									
1st stage summary									
2nd stage summary									
3rdStage summary									
Baby Summary									

## Labour and Birth

### Personal Births: Spontaneous vaginal birth (40 Cases)

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	<i>Midwife signature and date</i>
36								
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	<i>Midwife signature and date</i>
37								
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	<i>Midwife signature and date</i>
38								
1st stage summary								
2nd stage summary								
3rdStage summary								
Baby Summary								

**Labour and Birth**  
**Personal Births: Spontaneous vaginal birth (40 Cases)**

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	<i>Midwife signature and date</i>	
39									
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	<i>Midwife signature and date</i>	
40									
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	<i>Midwife signature and date</i>	
41									
1st stage summary									
2nd stage summary									
3rdStage summary									
Baby Summary									

## 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 + Gravity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of Birth	Midwife signature and date
E.G	22/2/12	POG1	40/40	8 hours	40min	20mins	Forceps birth @ 18.20	
1st stage summary		Spontaneous onset, cervix 3cm dilated on admission. Intermittent monitoring. SROM clear liquor@11.20am. Entonox initially. Epidural after 5 hours. EFM commenced						
2nd stage summary		Cervix10cm dilated @ 18.00. clear liquor. Alternating between left lateral and supported sitting in bed. Forceps birth after 40mins for suspected fetal distress: late decelerations on CTG.						
3rdStage summary		Active management of third stage, EBL 200mls. Perineum: Episiotomy with consent. Placenta, cord and membranes examined: complete						
Baby Summary		Male infant, no resuscitation required, apgars 9@1, 9@5, initial newborn examination NAD. Weight: 3.5kg. Breastfeeding initiated after birth, skin to skin contact. Cord Ph: Arterial 7.24, Venous: 7.27. BE: -3 (Arterial) -1 (Venous)						

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

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

### 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	Midwife signature and date
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	Mode & Time of Birth	Midwife signature and date
4								
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	Mode & Time of Birth	Midwife signature and date
5								
1st stage summary								
2nd stage summary								
3rdStage summary								
Baby Summary								

## 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	Midwife signature and date
6								
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	Mode & Time of Birth	Midwife signature and date
7								
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	Mode & Time of Birth	Midwife signature and date
8								
1st stage summary								
2nd stage summary								
3rdStage summary								
Baby Summary								

## 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 + Gravity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of Birth	Midwife signature and date
9								
1st stage summary								
2nd stage summary								
3rd Stage summary								
Baby Summary								

No.	Date	Parity + Gravity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of Birth	Midwife signature and date
10								
1st stage summary								
2nd stage summary								
3rd Stage summary								
Baby Summary								

No.	Date	Parity + Gravity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of Birth	Midwife signature and date
11								
1st stage summary								
2nd stage summary								
3rd Stage summary								
Baby Summary								

## 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	Midwife signature and date
12								
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	Mode & Time of Birth	Midwife signature and date
13								
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	Mode & Time of Birth	Midwife signature and date
14								
1st stage summary								
2nd stage summary								
3rdStage summary								
Baby Summary								

### 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 + Gravity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of Birth	Midwife signature and date
15								
1st stage summary								
2nd stage summary								
3rdStage summary								
Baby Summary								

No.	Date	Parity + Gravity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of Birth	Midwife signature and date
16								
1st stage summary								
2nd stage summary								
3rdStage summary								
Baby Summary								

No.	Date	Parity + Gravity	Gestation	1 <sup>st</sup> stage duration	2 <sup>nd</sup> stage duration	3 <sup>rd</sup> stage duration	Mode & Time of Birth	Midwife signature and date
17								
1st stage summary								
2nd stage summary								
3rdStage summary								
Baby Summary								

### 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	Midwife signature and date	
18									
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	Mode & Time of Birth	Midwife signature and date	
19									
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	Mode & Time of Birth	Midwife signature and date	
20									
1st stage summary									
2nd stage summary									
3rdStage summary									
Baby Summary									

## Vaginal Examinations (10 Cases)

The student should perform at least ten vaginal examinations preceded by abdominal examinations

### Example

Date: 22/2/12 Gestation: 40 weeks

Gravida: 1 Parity: 0

Indication for vaginal examination: Confirmation of the onset of labour

Placental Location: Anterior Upper

#### Abdominal examination prior to vaginal examination:

**Inspection:** Ovoid shape, striae gravidarum present, no scars

**Palpation:** Height of Uterine Fundus: 37cm Lie of Fetus: Longitudinal

Presentation: Cephalic Fifths palpable: 2/5ths

Position: LOA

**Auscultation** of fetal heart rate with pinard stethoscope: 142 bpm.

#### Findings

Cervix: Position: Central Effacement: 0.5cm long

Application: Well applied Dilatation: 1cm

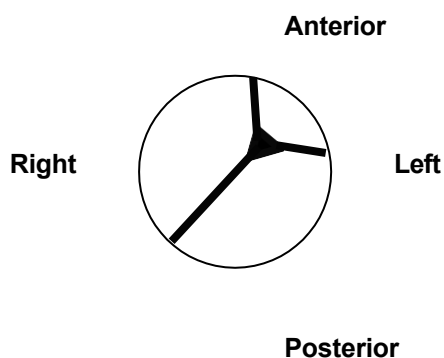
Presentation: Cephalic Station: 1cm above spines

Membranes: Intact Liquor: N/A

Position: LOA Caput: Nil Moulding: +

Any cord or placenta felt? No

**Draw suture lines and fontanelles to illustrate what position was felt on VE:**



Fetal heart rate following VE: 142 bpm

Signature of Midwife: Jane Bloggs

Midwife Name (printed): JANE BLOGGS Date: DD/MM/YY

## Vaginal Examinations (10 Cases)

### 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: ..... Fifts palpable:...../5ths

Position: .....

**Auscultation** of fetal heart rate with pinard stethoscope: ..... bpm.

### Findings

Cervix: Position: ..... Effacement: .....

Application: ..... Dilatation: .....

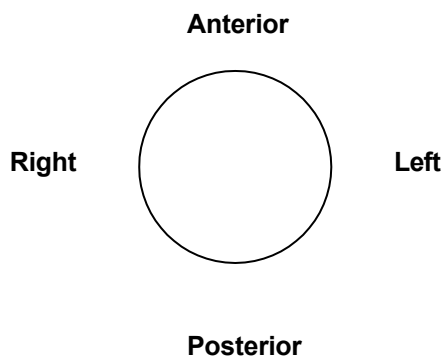
Presentation: ..... Station: .....

Membranes: ..... Liquor: .....

Position: ..... Caput: ..... Moulding: .....

Any cord or placenta felt? .....

**Draw suture lines and fontanelles to illustrate what position was felt on VE:**



Fetal heart rate following VE ..... bpm

Signature of Midwife: .....

Midwife Name (printed): ..... Date:.....

## Vaginal Examinations (10 Cases)

### Case No: 2

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: ..... Fifts palpable:...../5ths

Position: .....

**Auscultation** of fetal heart rate with pinard stethoscope: ..... bpm.

### Findings

Cervix: Position: ..... Effacement: .....

Application: ..... Dilatation: .....

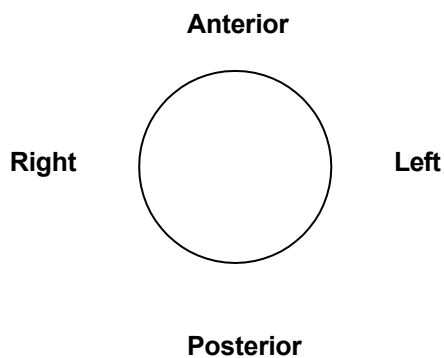
Presentation: ..... Station: .....

Membranes: ..... Liquor: .....

Position: ..... Caput: ..... Moulding: .....

Any cord or placenta felt? .....

**Draw suture lines and fontanelles to illustrate what position was felt on VE:**



Fetal heart rate following VE ..... bpm

Signature of Midwife: .....

Midwife Name (printed): ..... Date:.....

## Vaginal Examinations (10 Cases)

### Case No: 3

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: ..... Fifts palpable:...../5ths

Position: .....

**Auscultation** of fetal heart rate with pinard stethoscope: ..... bpm.

### Findings

Cervix: Position: ..... Effacement: .....

Application: ..... Dilatation: .....

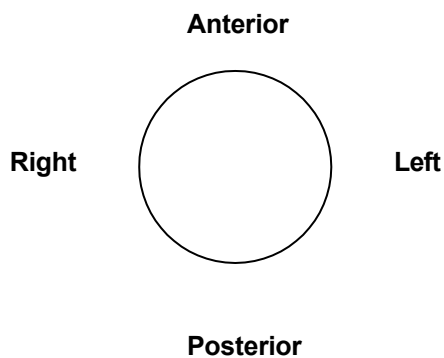
Presentation: ..... Station: .....

Membranes: ..... Liquor: .....

Position: ..... Caput: ..... Moulding: .....

Any cord or placenta felt? .....

**Draw suture lines and fontanelles to illustrate what position was felt on VE:**



Fetal heart rate following VE ..... bpm

Signature of Midwife: .....

Midwife Name (printed): ..... Date:.....

## Vaginal Examinations (10 Cases)

### 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: ..... Fifts palpable:...../5ths

Position: .....

**Auscultation** of fetal heart rate with pinard stethoscope: ..... bpm.

### Findings

Cervix: Position: ..... Effacement: .....

Application: ..... Dilatation: .....

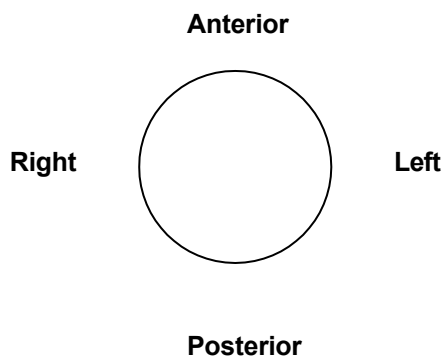
Presentation: ..... Station: .....

Membranes: ..... Liquor: .....

Position: ..... Caput: ..... Moulding: .....

Any cord or placenta felt? .....

**Draw suture lines and fontanelles to illustrate what position was felt on VE:**



Fetal heart rate following VE ..... bpm

Signature of Midwife: .....

Midwife Name (printed): ..... Date:.....

## Vaginal Examinations (10 Cases)

### Case No: 5

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: ..... Fifts palpable:...../5ths

Position: .....

**Auscultation** of fetal heart rate with pinard stethoscope: ..... bpm.

### Findings

Cervix: Position: ..... Effacement: .....

Application: ..... Dilatation: .....

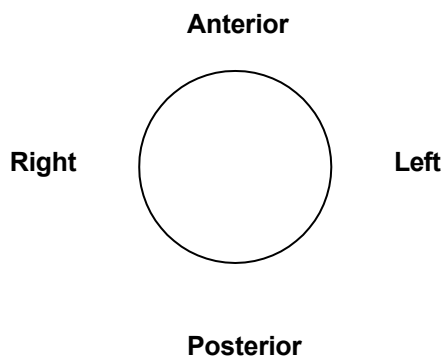
Presentation: ..... Station: .....

Membranes: ..... Liquor: .....

Position: ..... Caput: ..... Moulding: .....

Any cord or placenta felt? .....

**Draw suture lines and fontanelles to illustrate what position was felt on VE:**



Fetal heart rate following VE ..... bpm

Signature of Midwife: .....

Midwife Name (printed): ..... Date:.....

## Vaginal Examinations (10 Cases)

### Case No: 6

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: ..... Fifts palpable:...../5ths

Position: .....

**Auscultation** of fetal heart rate with pinard stethoscope: ..... bpm.

### Findings

Cervix: Position: ..... Effacement: .....

Application: ..... Dilatation: .....

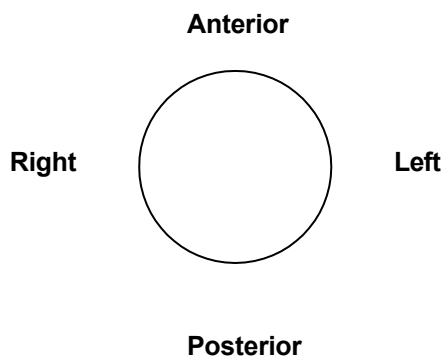
Presentation: ..... Station: .....

Membranes: ..... Liquor: .....

Position: ..... Caput: ..... Moulding: .....

Any cord or placenta felt? .....

**Draw suture lines and fontanelles to illustrate what position was felt on VE:**



Fetal heart rate following VE ..... bpm

Signature of Midwife: .....

Midwife Name (printed): ..... Date:.....

## Vaginal Examinations (10 Cases)

### 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: ..... Fifts palpable:...../5ths

Position: .....

**Auscultation** of fetal heart rate with pinard stethoscope: ..... bpm.

### Findings

Cervix: Position: ..... Effacement: .....

Application: ..... Dilatation: .....

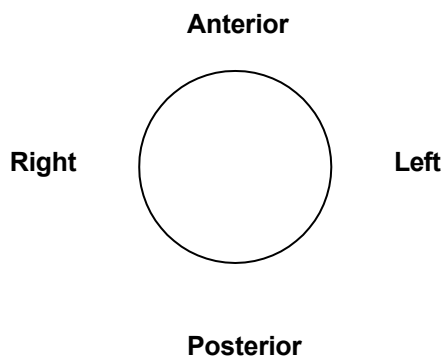
Presentation: ..... Station: .....

Membranes: ..... Liquor: .....

Position: ..... Caput: ..... Moulding: .....

Any cord or placenta felt? .....

**Draw suture lines and fontanelles to illustrate what position was felt on VE:**



Fetal heart rate following VE ..... bpm

Signature of Midwife: .....

Midwife Name (printed): ..... Date:.....

## Vaginal Examinations (10 Cases)

**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: ..... Fifts palpable:...../5ths

Position: .....

**Auscultation** of fetal heart rate with pinard stethoscope: ..... bpm.

### Findings

Cervix: Position: ..... Effacement: .....

Application: ..... Dilatation: .....

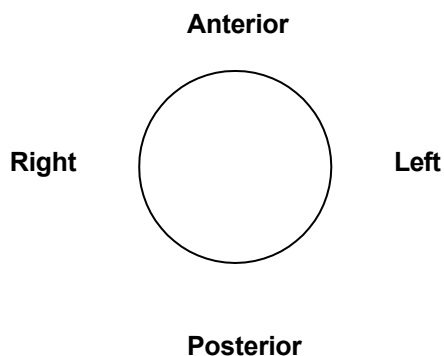
Presentation: ..... Station: .....

Membranes: ..... Liquor: .....

Position: ..... Caput: ..... Moulding: .....

Any cord or placenta felt? .....

**Draw suture lines and fontanelles to illustrate what position was felt on VE:**



**Fetal heart rate following VE** ..... bpm

**Signature of Midwife:** .....

**Midwife Name (printed):** ..... **Date:** .....

## Vaginal Examinations (10 Cases)

### Case No: 9

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: ..... Fifts palpable:...../5ths

Position: .....

**Auscultation** of fetal heart rate with pinard stethoscope: ..... bpm.

### Findings

Cervix: Position: ..... Effacement: .....

Application: ..... Dilatation: .....

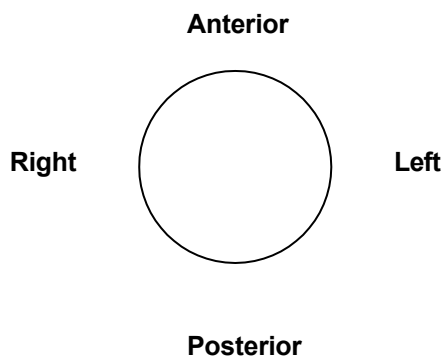
Presentation: ..... Station: .....

Membranes: ..... Liquor: .....

Position: ..... Caput: ..... Moulding: .....

Any cord or placenta felt? .....

**Draw suture lines and fontanelles to illustrate what position was felt on VE:**



Fetal heart rate following VE ..... bpm

Signature of Midwife: .....

Midwife Name (printed): ..... Date:.....

## Vaginal Examinations (10 Cases)

### 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: ..... Fifts palpable:...../5ths

Position: .....

**Auscultation** of fetal heart rate with pinard stethoscope: ..... bpm.

### Findings

Cervix: Position: ..... Effacement: .....

Application: ..... Dilatation: .....

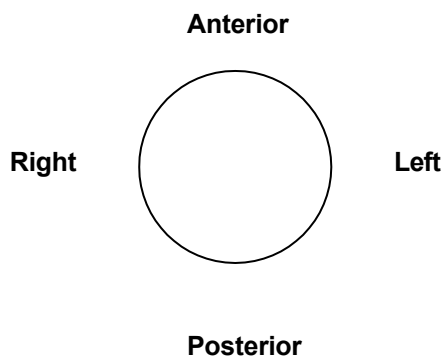
Presentation: ..... Station: .....

Membranes: ..... Liquor: .....

Position: ..... Caput: ..... Moulding: .....

Any cord or placenta felt? .....

**Draw suture lines and fontanelles to illustrate what position was felt on VE:**



Fetal heart rate following VE ..... bpm

Signature of Midwife: .....

Midwife Name (printed): ..... Date:.....

# 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.

<b>General Appearance</b>	<ul style="list-style-type: none"> <li>Alert / active / settled</li> <li>Lethargic / unsettled / irritable / floppy</li> </ul>	<ul style="list-style-type: none"> <li>Stiff / unresponsive</li> <li>Absence of obvious dysmorphism</li> </ul>
<b>Skin</b>	<ul style="list-style-type: none"> <li>Texture: Dry / oedematous / normal</li> <li>Colour: Plethoric / pale / dusky / normal</li> </ul>	<ul style="list-style-type: none"> <li>Signs of trauma</li> <li>Rashes / birthmarks</li> <li>Temperature 36.5-37.5</li> </ul>
<b>Head</b>	<ul style="list-style-type: none"> <li>Sutures: palpable / splayed / fused.</li> <li>Signs of trauma</li> </ul>	<ul style="list-style-type: none"> <li>Fontanelles x2 palpable</li> <li>Flat / bulging / sunken</li> </ul>
<b>Face and Ears</b>	<ul style="list-style-type: none"> <li>Symmetrical / Asymmetrical</li> <li>Completely formed</li> <li>2 ear canals visible</li> <li>2 eyes</li> </ul>	<ul style="list-style-type: none"> <li>2 nares</li> <li>2 Lips complete</li> <li>Lower jaw &amp; chin normally formed</li> <li>Mucous membranes pink</li> </ul>
<b>Oropharynx and Neck</b>	<ul style="list-style-type: none"> <li>Gums, tongue normally formed</li> <li>Hard &amp; Soft Palate normally formed</li> </ul>	<ul style="list-style-type: none"> <li>Neck normally formed</li> <li>Clavicles Intact</li> </ul>
<b>Chest</b>	<ul style="list-style-type: none"> <li>Normal / prominent shape</li> <li>Ribs appear normal / sunken</li> <li>Nipples x2</li> </ul>	<ul style="list-style-type: none"> <li>Heart rate using a stethoscope</li> <li>Respiratory rate 40-60 p/min</li> <li>**If required: Oxygen Saturations <math>\geq 95\%</math></li> </ul>
<b>Abdomen</b>	<ul style="list-style-type: none"> <li>Passed meconium</li> <li>Colour: black / green / pale</li> </ul>	<ul style="list-style-type: none"> <li>Consistency: hard / soft / liquid / plug</li> </ul>
<b>Genito-urinary</b>	<ul style="list-style-type: none"> <li>Female genitalia normally formed</li> <li>Male genitalia normally formed &amp; both testes palpable</li> </ul>	<ul style="list-style-type: none"> <li>Passed urine</li> </ul>
<b>Flank and Spine</b>	<ul style="list-style-type: none"> <li>Symmetrical / asymmetrical</li> <li>Vertebrae and skin completely formed on palpation</li> </ul>	<ul style="list-style-type: none"> <li>Sacral dimple or lesion visible</li> </ul>
<b>Arms and Hands</b>	<ul style="list-style-type: none"> <li>Normal length, proportion, symmetry, movement, structure</li> </ul>	<ul style="list-style-type: none"> <li>Correct number of digits</li> </ul>
<b>Legs and Feet</b>	<ul style="list-style-type: none"> <li>Normal length, proportion, symmetry, movement and structure</li> </ul>	<ul style="list-style-type: none"> <li>Correct number of digits</li> <li>Risk factors for developmental dysplasia of the hip</li> </ul>
<b>Central Nervous System</b>	<ul style="list-style-type: none"> <li>Normal tone with handling / feeding / during ventral suspension</li> </ul>	<ul style="list-style-type: none"> <li>Settled Post-Feed</li> <li>Normal strong cry / high-pitched cry / weak cry</li> </ul>

## Examination of the Newborn (20 cases)

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

## Examination of the Newborn (20 cases)

<b>CASE NO.1</b>			
<b>General Appearance</b>		<b>Genito-urinary</b>	
<b>Head</b>		<b>Arms &amp; Hands</b>	
<b>Oropharynx &amp; Neck</b>		<b>Legs &amp; Feet</b>	
<b>Face</b>		<b>Flank &amp; Spine</b>	
<b>Chest</b>		<b>Skin</b>	
<b>Abdomen</b>		<b>CNS</b>	
<b>Date &amp; Time of assessment</b>		<b>Midwife Date &amp; Sign</b>	

## Examination of the Newborn (20 cases)

<b>CASE NO.2</b>			
<b>General Appearance</b>		<b>Genito-urinary</b>	
<b>Head</b>		<b>Arms &amp; Hands</b>	
<b>Oropharynx &amp; Neck</b>		<b>Legs &amp; Feet</b>	
<b>Face</b>		<b>Flank &amp; Spine</b>	
<b>Chest</b>		<b>Skin</b>	
<b>Abdomen</b>		<b>CNS</b>	
<b>Date &amp; Time of assessment</b>		<b>Midwife Date &amp; Sign</b>	

## Examination of the Newborn (20 cases)

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

## Examination of the Newborn (20 cases)

<b>CASE NO.4</b>			
<b>General Appearance</b>		<b>Genito-urinary</b>	
<b>Head</b>		<b>Arms &amp; Hands</b>	
<b>Oropharynx &amp; Neck</b>		<b>Legs &amp; Feet</b>	
<b>Face</b>		<b>Flank &amp; Spine</b>	
<b>Chest</b>		<b>Skin</b>	
<b>Abdomen</b>		<b>CNS</b>	
<b>Date &amp; Time of assessment</b>		<b>Midwife Date &amp; Sign</b>	

## Examination of the Newborn (20 cases)

<b>CASE NO.5</b>			
<b>General Appearance</b>		<b>Genito-urinary</b>	
<b>Head</b>		<b>Arms &amp; Hands</b>	
<b>Oropharynx &amp; Neck</b>		<b>Legs &amp; Feet</b>	
<b>Face</b>		<b>Flank &amp; Spine</b>	
<b>Chest</b>		<b>Skin</b>	
<b>Abdomen</b>		<b>CNS</b>	
<b>Date &amp; Time of assessment</b>		<b>Midwife Date &amp; Sign</b>	

## Examination of the Newborn (20 cases)

<b>CASE NO.6</b>			
<b>General Appearance</b>		<b>Genito-urinary</b>	
<b>Head</b>		<b>Arms &amp; Hands</b>	
<b>Oropharynx &amp; Neck</b>		<b>Legs &amp; Feet</b>	
<b>Face</b>		<b>Flank &amp; Spine</b>	
<b>Chest</b>		<b>Skin</b>	
<b>Abdomen</b>		<b>CNS</b>	
<b>Date &amp; Time of assessment</b>		<b>Midwife Date &amp; Sign</b>	

## Examination of the Newborn (20 cases)

<b>CASE NO.7</b>			
<b>General Appearance</b>		<b>Genito-urinary</b>	
<b>Head</b>		<b>Arms &amp; Hands</b>	
<b>Oropharynx &amp; Neck</b>		<b>Legs &amp; Feet</b>	
<b>Face</b>		<b>Flank &amp; Spine</b>	
<b>Chest</b>		<b>Skin</b>	
<b>Abdomen</b>		<b>CNS</b>	
<b>Date &amp; Time of assessment</b>		<b>Midwife Date &amp; Sign</b>	

## Examination of the Newborn (20 cases)

<b>CASE NO.8</b>			
<b>General Appearance</b>		<b>Genito-urinary</b>	
<b>Head</b>		<b>Arms &amp; Hands</b>	
<b>Oropharynx &amp; Neck</b>		<b>Legs &amp; Feet</b>	
<b>Face</b>		<b>Flank &amp; Spine</b>	
<b>Chest</b>		<b>Skin</b>	
<b>Abdomen</b>		<b>CNS</b>	
<b>Date &amp; Time of assessment</b>		<b>Midwife Date &amp; Sign</b>	

## Examination of the Newborn (20 cases)

<b>CASE NO.9</b>			
<b>General Appearance</b>		<b>Genito-urinary</b>	
<b>Head</b>		<b>Arms &amp; Hands</b>	
<b>Oropharynx &amp; Neck</b>		<b>Legs &amp; Feet</b>	
<b>Face</b>		<b>Flank &amp; Spine</b>	
<b>Chest</b>		<b>Skin</b>	
<b>Abdomen</b>		<b>CNS</b>	
<b>Date &amp; Time of assessment</b>		<b>Midwife Date &amp; Sign</b>	

## Examination of the Newborn (20 cases)

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

## Examination of the Newborn (20 cases)

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

## Examination of the Newborn (20 cases)

<b>CASE NO.12</b>			
<b>General Appearance</b>		<b>Genito-urinary</b>	
<b>Head</b>		<b>Arms &amp; Hands</b>	
<b>Oropharynx &amp; Neck</b>		<b>Legs &amp; Feet</b>	
<b>Face</b>		<b>Flank &amp; Spine</b>	
<b>Chest</b>		<b>Skin</b>	
<b>Abdomen</b>		<b>CNS</b>	
<b>Date &amp; Time of assessment</b>		<b>Midwife Date &amp; Sign</b>	

## Examination of the Newborn (20 cases)

<b>CASE NO.13</b>			
<b>General Appearance</b>		<b>Genito-urinary</b>	
<b>Head</b>		<b>Arms &amp; Hands</b>	
<b>Oropharynx &amp; Neck</b>		<b>Legs &amp; Feet</b>	
<b>Face</b>		<b>Flank &amp; Spine</b>	
<b>Chest</b>		<b>Skin</b>	
<b>Abdomen</b>		<b>CNS</b>	
<b>Date &amp; Time of assessment</b>		<b>Midwife Date &amp; Sign</b>	

## Examination of the Newborn (20 cases)

<b>CASE NO.14</b>			
<b>General Appearance</b>		<b>Genito-urinary</b>	
<b>Head</b>		<b>Arms &amp; Hands</b>	
<b>Oropharynx &amp; Neck</b>		<b>Legs &amp; Feet</b>	
<b>Face</b>		<b>Flank &amp; Spine</b>	
<b>Chest</b>		<b>Skin</b>	
<b>Abdomen</b>		<b>CNS</b>	
<b>Date &amp; Time of assessment</b>		<b>Midwife Date &amp; Sign</b>	

## Examination of the Newborn (20 cases)

<b>CASE NO.15</b>			
<b>General Appearance</b>		<b>Genito-urinary</b>	
<b>Head</b>		<b>Arms &amp; Hands</b>	
<b>Oropharynx &amp; Neck</b>		<b>Legs &amp; Feet</b>	
<b>Face</b>		<b>Flank &amp; Spine</b>	
<b>Chest</b>		<b>Skin</b>	
<b>Abdomen</b>		<b>CNS</b>	
<b>Date &amp; Time of assessment</b>		<b>Midwife Date &amp; Sign</b>	

## Examination of the Newborn (20 cases)

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

## Examination of the Newborn (20 cases)

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

## Examination of the Newborn (20 cases)

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

## Examination of the Newborn (20 cases)

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

## Examination of the Newborn (20 cases)

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

## Perineal Trauma and Repair

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
<b>e.g.</b> 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:  <i>2<sup>nd</sup> Degree</i>  Correctly identified? Yes <input type="checkbox"/> No <input type="checkbox"/>	Infiltration: Observed <input type="checkbox"/> Performed <input type="checkbox"/> Not applicable <input type="checkbox"/>	Participation <input type="checkbox"/>	<i>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 <input type="checkbox"/>            Dietary and hygiene            advice given following            suturing</i>	Jane Bloggs DD/MM/YYYY
		Episiotomy: Observed <input type="checkbox"/> Performed <input type="checkbox"/> Not applicable <input type="checkbox"/>	Observation <input type="checkbox"/>		

## Perineal Trauma and Repair

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
1	Degree of trauma: _____  Correctly identified? Yes <input type="checkbox"/> No <input type="checkbox"/>	Infiltration: Observed <input type="checkbox"/> Performed <input type="checkbox"/> Not applicable <input type="checkbox"/>	Participation <input type="checkbox"/>		
		Episiotomy: Observed <input type="checkbox"/> Performed <input type="checkbox"/> Not applicable <input type="checkbox"/>	Observation <input type="checkbox"/>		
2	Degree of trauma: _____  Correctly identified? Yes <input type="checkbox"/> No <input type="checkbox"/>	Infiltration: Observed <input type="checkbox"/> Performed <input type="checkbox"/> Not applicable <input type="checkbox"/>	Participation <input type="checkbox"/>		
		Episiotomy: Observed <input type="checkbox"/> Performed <input type="checkbox"/> Not applicable <input checked="" type="checkbox"/>	Observation <input type="checkbox"/>		

## Perineal Trauma and Repair

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
3	Degree of trauma:  _____	Infiltration: Observed <input type="checkbox"/> Performed <input type="checkbox"/> Not applicable <input type="checkbox"/>	Participation <input type="checkbox"/>		
	Correctly identified? Yes <input type="checkbox"/> No <input type="checkbox"/>	Episiotomy: Observed <input type="checkbox"/> Performed <input type="checkbox"/> Not applicable <input type="checkbox"/>	Observation <input type="checkbox"/>		
4	Degree of trauma:  _____	Infiltration: Observed <input type="checkbox"/> Performed <input type="checkbox"/> Not applicable <input type="checkbox"/>	Participation <input type="checkbox"/>		
	Correctly identified? Yes <input type="checkbox"/> No <input type="checkbox"/>	Episiotomy: Observed <input type="checkbox"/> Performed <input type="checkbox"/> Not applicable <input type="checkbox"/>	Observation <input type="checkbox"/>		

## Perineal Trauma and Repair

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 <input type="checkbox"/> Performed <input type="checkbox"/> Not applicable <input type="checkbox"/>	Participation <input type="checkbox"/>		
	Correctly identified? Yes <input type="checkbox"/> No <input type="checkbox"/>	Episiotomy: Observed <input type="checkbox"/> Performed <input type="checkbox"/> Not applicable <input type="checkbox"/>	Observation <input type="checkbox"/>		
6	Degree of trauma:  _____	Infiltration: Observed <input type="checkbox"/> Performed <input type="checkbox"/> Not applicable <input type="checkbox"/>	Participation <input type="checkbox"/>		
	Correctly identified? Yes <input type="checkbox"/> No <input type="checkbox"/>	Episiotomy: Observed <input type="checkbox"/> Performed <input type="checkbox"/> Not applicable <input type="checkbox"/>	Observation <input type="checkbox"/>		

## Perineal Trauma and Repair

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: _____  Correctly identified? Yes <input type="checkbox"/> No <input type="checkbox"/>	Infiltration: Observed <input type="checkbox"/> Performed <input type="checkbox"/> Not applicable <input type="checkbox"/>	Participation <input type="checkbox"/>		
		Episiotomy: Observed <input type="checkbox"/> Performed <input type="checkbox"/> Not applicable <input type="checkbox"/>	Observation <input type="checkbox"/>		
8	Degree of trauma: _____  Correctly identified? Yes <input type="checkbox"/> No <input type="checkbox"/>	Infiltration: Observed <input type="checkbox"/> Performed <input type="checkbox"/> Not applicable <input type="checkbox"/>	Participation <input type="checkbox"/>		
		Episiotomy: Observed <input type="checkbox"/> Performed <input type="checkbox"/> Not applicable <input type="checkbox"/>	Observation <input type="checkbox"/>		

## Perineal Trauma and Repair

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: _____  Correctly identified? Yes <input type="checkbox"/> No <input type="checkbox"/>	Infiltration: Observed <input type="checkbox"/> Performed <input type="checkbox"/> Not applicable <input type="checkbox"/>	Participation <input type="checkbox"/>		
		Episiotomy: Observed <input type="checkbox"/> Performed <input type="checkbox"/> Not applicable <input type="checkbox"/>	Observation <input type="checkbox"/>		
10	Degree of trauma: _____  Correctly identified? Yes <input type="checkbox"/> No <input type="checkbox"/>	Infiltration: Observed <input type="checkbox"/> Performed <input type="checkbox"/> Not applicable <input type="checkbox"/>	Participation <input type="checkbox"/>		
		Episiotomy: Observed <input type="checkbox"/> Performed <input type="checkbox"/> Not applicable <input type="checkbox"/>	Observation <input type="checkbox"/>		

## **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)**

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

**Women Identified as Being at High Risk in Pregnancy,  
Labour and Birth or the Postnatal Period (40 cases)**

Case No.	Date	Age	Parity and Gravidity	Stage of pregnancy	Risk/ Complication	Midwife signature and date
Example	22/2/12	30	P0 G1	Antenatal	Induction of labour	
<p align="center"><b>Summary of Care Provided</b></p> <p><i>Admitted for induction at labour at 42 weeks gestation. BP 120/70, Urine NAD</i></p> <p><i>On palpation long. Lie, cephalic presentation, F=D, FHHR @142bpm, FMF. CTG performed pre-iol.</i></p>						

Case No.	Date	Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
1						
<p align="center"><b>Summary of Care Provided</b></p>						

Case No.	Date	Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
2						
<p align="center"><b>Summary of Care Provided</b></p>						

Case No.	Date	Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
3						
<p align="center"><b>Summary of Care Provided</b></p>						

**Women Identified as Being at High Risk in Pregnancy,  
Labour and Birth or the Postnatal Period (40 cases)**

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
4							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
5							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
6							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
7							
Summary of Care Provided							

**Women Identified as Being at High Risk in Pregnancy,  
Labour and Birth or the Postnatal Period (40 cases)**

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
8							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
9							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
10							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
11							
Summary of Care Provided							

**Women Identified as Being at High Risk in Pregnancy,  
Labour and Birth or the Postnatal Period (40 cases)**

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
12							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
13							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
14							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
15							
Summary of Care Provided							

**Women Identified as Being at High Risk in Pregnancy,  
Labour and Birth or the Postnatal Period (40 cases)**

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
16							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
17							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
18							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
19							
Summary of Care Provided							

**Women Identified as Being at High Risk in Pregnancy,  
Labour and Birth or the Postnatal Period (40 cases)**

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
20							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
21							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
22							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
23							
Summary of Care Provided							

**Women Identified as Being at High Risk in Pregnancy,  
Labour and Birth or the Postnatal Period (40 cases)**

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
24							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
25							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
26							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
27							
Summary of Care Provided							

**Women Identified as Being at High Risk in Pregnancy,  
Labour and Birth or the Postnatal Period (40 cases)**

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
28							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
29							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
30							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
31							
Summary of Care Provided							

**Women Identified as Being at High Risk in Pregnancy,  
Labour and Birth or the Postnatal Period (40 cases)**

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
32							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
33							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
34							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
35							
Summary of Care Provided							

**Women Identified as Being at High Risk in Pregnancy,  
Labour and Birth or the Postnatal Period (40 cases)**

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
36							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
37							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
38							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
39							
Summary of Care Provided							

**Women Identified as Being at High Risk in Pregnancy,  
Labour and Birth or the Postnatal Period (40 cases)**

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
40							
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
Summary of Care Provided							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	Midwife signature and date
Summary of Care Provided							

# 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
<b>Level 0</b>	Patients whose needs can be met through normal ward care.
<b>Level 1</b>	Patients at risk of their condition deteriorating and needing a higher level of observation or those recently relocated from higher levels of care.
<b>Level 2</b>	Patients requiring invasive monitoring/intervention that include support for a single failing organ system (excluding advanced respiratory support).
<b>Level 3</b>	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*

Levels	Maternity Examples (not an exhaustive list)
<b>Level 1</b>	<ul style="list-style-type: none"> <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>
<b>Level 2 (HSE, 2014)</b>	<b>Basic Respiratory Support</b> <ul style="list-style-type: none"> <li>• Requiring 50% or more oxygen via face-mask to maintain oxygen saturation</li> <li>• Continuous positive airway pressure (CPAP) or Bi-Level Positive Airway Pressure (BIPAP)</li> </ul>
	<b>Basic Cardiovascular Support (BCVS)</b> <ul style="list-style-type: none"> <li>• Intravenous anti-hypertensive, to control blood pressure in pre-eclampsia</li> <li>• Arterial line used for pressure monitoring or sampling</li> <li>• CVP line used for fluid management and CVP monitoring to guide therapy</li> </ul>
	<b>Neurological Support</b> <ul style="list-style-type: none"> <li>• Magnesium infusion to control seizures (not prophylaxis)</li> <li>• Hepatic support</li> <li>• Management of acute fulminant hepatic failure, e.g. from HELLP syndrome or acute fatty liver, such that transplantation is being considered</li> </ul>
<b>Level 3 (HSE, 2014)</b>	<b>Advanced Respiratory Support</b> <ul style="list-style-type: none"> <li>• Invasive mechanical ventilation Support of two or more organ systems</li> <li>• Renal support and BRS</li> <li>• BRS/BCVS and an additional organ supported</li> <li>• Intracranial pressure monitoring</li> </ul>

## HDU / CRITICAL CARE CASE LOG

Hospital:

Unit:

**SITUATION** Reason for Critical Care

Level of Critical Care (see page 90)

Level 1 ☐ Level 2 ☐ Level 3 ☐

Indication for the level of care identified above:

Antenatal ☐ Intrapartum ☐ Postnatal ☐

Other ☐:

## BACKGROUND

Age:

Gravida: Parity: N/A:

Gestational age / Day postnatal: N/A:

Previous medical / surgical history of note:

Current and previous obstetric history of note:

## ASSESSMENT: Vital Signs

Respiratory Rate

Method: Frequency:

Heart Rate

Method: Frequency:

Blood Pressure

Method: Frequency:

Temperature

## Neurological Observations

AVPU Yes ☐ No ☐

Glasgow Coma Scale Yes ☐ No ☐

If yes, indication for and frequency of monitoring:

Reflexes: Yes ☐ No ☐

If yes, indication and frequency of monitoring:

Clonus: Yes ☐ No ☐

If yes, indication and frequency of monitoring:

## Invasive Monitoring

Arterial Line: Yes ☐ No ☐

If yes, indication and insertion site:

Method: Frequency:

Oxygen Saturations

Method: Frequency:

Room Air ☐ Oxygen ☐

Oxygen Delivery Device and Flow Rate:

## Intravenous Access

Device: site:

indication:

Device: site:

indication:

## Infusions and Medications

Provide details including dose, frequency and indications:

CVP Line: Yes ☐ No ☐

If yes, indication and insertion site:

## Urinary Output

Urinary catheter: Yes ☐ No ☐

If yes, indication and frequency of monitoring:

Additional Monitoring

Blood Gases: Yes ☐ No ☐

If yes, indication and frequency of monitoring:

Haematology Blood tests Yes ☐ No ☐

If yes: test, indication and frequency of monitoring:

Biochemistry blood tests Yes ☐ No ☐

If yes: test, indication and frequency of monitoring:

Other blood tests (e.g. microbiology) Yes ☐ No ☐

If yes: test, indication and frequency of monitoring

## Any other relevant information or assessments

## RM/RGN signature

Print name:

Date:

**Number of hours** spent by student observing/participating in the care of this woman/patient:

## HDU / CRITICAL CARE CASE LOG

Hospital:

Unit:

**SITUATION** Reason for Critical Care

Level of Critical Care (see page 90)

Level 1 ☐ Level 2 ☐ Level 3 ☐

Indication for the level of care identified above:

Antenatal ☐ Intrapartum ☐ Postnatal ☐

Other ☐:

## BACKGROUND

Age:

Gravida: Parity: N/A:

Gestational age / Day postnatal: N/A:

Previous medical / surgical history of note:

Current and previous obstetric history of note:

## ASSESSMENT: Vital Signs

Respiratory Rate

Method: Frequency:

Heart Rate

Method: Frequency:

Blood Pressure

Method: Frequency:

Temperature

## Neurological Observations

AVPU Yes ☐ No ☐

Glasgow Coma Scale Yes ☐ No ☐

If yes, indication for and frequency of monitoring:

Reflexes: Yes ☐ No ☐

If yes, indication and frequency of monitoring:

Clonus: Yes ☐ No ☐

If yes, indication and frequency of monitoring:

## Invasive Monitoring

Arterial Line: Yes ☐ No ☐

If yes, indication and insertion site:

Method: Frequency:

Oxygen Saturations

Method: Frequency:

Room Air ☐ Oxygen ☐

Oxygen Delivery Device and Flow Rate:

## Intravenous Access

Device: site:

indication:

Device: site:

indication:

## Infusions and Medications

Provide details including dose, frequency and indications:

CVP Line: Yes ☐ No ☐

If yes, indication and insertion site:

## Urinary Output

Urinary catheter: Yes ☐ No ☐

If yes, indication and frequency of monitoring:

Additional Monitoring

Blood Gases: Yes ☐ No ☐

If yes, indication and frequency of monitoring:

Haematology Blood tests Yes ☐ No ☐

If yes: test, indication and frequency of monitoring:

Biochemistry blood tests Yes ☐ No ☐

If yes: test, indication and frequency of monitoring:

Other blood tests (e.g. microbiology) Yes ☐ No ☐

If yes: test, indication and frequency of monitoring

## Any other relevant information or assessments

## RM/RGN signature

Print name:

Date:

**Number of hours** spent by student observing/participating in the care of this woman/patient:

## HDU / CRITICAL CARE CASE LOG

Hospital:

Unit:

**SITUATION** Reason for Critical Care

Level of Critical Care (see page 90)

Level 1 ☐ Level 2 ☐ Level 3 ☐

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Antenatal ☐ Intrapartum ☐ Postnatal ☐

Other ☐:

## BACKGROUND

Age:

Gravida: Parity: N/A:

Gestational age / Day postnatal: N/A:

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Current and previous obstetric history of note:

## ASSESSMENT: Vital Signs

Respiratory Rate

Method: Frequency:

Heart Rate

Method: Frequency:

Blood Pressure

Method: Frequency:

Temperature

## Neurological Observations

AVPU Yes ☐ No ☐

Glasgow Coma Scale Yes ☐ No ☐

If yes, indication for and frequency of monitoring:

Reflexes: Yes ☐ No ☐

If yes, indication and frequency of monitoring:

Clonus: Yes ☐ No ☐

If yes, indication and frequency of monitoring:

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Arterial Line: Yes ☐ No ☐

If yes, indication and insertion site:

Method: Frequency:

Oxygen Saturations

Method: Frequency:

Room Air ☐ Oxygen ☐

Oxygen Delivery Device and Flow Rate:

## Intravenous Access

Device: site:

indication:

Device: site:

indication:

## Infusions and Medications

Provide details including dose, frequency and indications:

CVP Line: Yes ☐ No ☐

If yes, indication and insertion site:

## Urinary Output

Urinary catheter: Yes ☐ No ☐

If yes, indication and frequency of monitoring:

Additional Monitoring

Blood Gases: Yes ☐ No ☐

If yes, indication and frequency of monitoring:

Haematology Blood tests Yes ☐ No ☐

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## Any other relevant information or assessments

## RM/RGN signature

Print name:

Date:

**Number of hours** spent by student observing/participating in the care of this woman/patient:

## HDU / CRITICAL CARE CASE LOG

Hospital:

Unit:

**SITUATION** Reason for Critical Care

Level of Critical Care (see page 90)

Level 1 ☐ Level 2 ☐ Level 3 ☐

Indication for the level of care identified above:

Antenatal ☐ Intrapartum ☐ Postnatal ☐

Other ☐:

## BACKGROUND

Age:

Gravida: Parity: N/A:

Gestational age / Day postnatal: N/A:

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## ASSESSMENT: Vital Signs

Respiratory Rate

Method: Frequency:

Heart Rate

Method: Frequency:

Blood Pressure

Method: Frequency:

Temperature

## Neurological Observations

AVPU Yes ☐ No ☐

Glasgow Coma Scale Yes ☐ No ☐

If yes, indication for and frequency of monitoring:

Reflexes: Yes ☐ No ☐

If yes, indication and frequency of monitoring:

Clonus: Yes ☐ No ☐

If yes, indication and frequency of monitoring:

## Invasive Monitoring

Arterial Line: Yes ☐ No ☐

If yes, indication and insertion site:

Method: Frequency:

Oxygen Saturations

Method: Frequency:

Room Air ☐ Oxygen ☐

Oxygen Delivery Device and Flow Rate:

## Intravenous Access

Device: site:

indication:

Device: site:

indication:

## Infusions and Medications

Provide details including dose, frequency and indications:

CVP Line: Yes ☐ No ☐

If yes, indication and insertion site:

## Urinary Output

Urinary catheter: Yes ☐ No ☐

If yes, indication and frequency of monitoring:

Additional Monitoring

Blood Gases: Yes ☐ No ☐

If yes, indication and frequency of monitoring:

Haematology Blood tests Yes ☐ No ☐

If yes: test, indication and frequency of monitoring:

Biochemistry blood tests Yes ☐ No ☐

If yes: test, indication and frequency of monitoring:

Other blood tests (e.g. microbiology) Yes ☐ No ☐

If yes: test, indication and frequency of monitoring

## Any other relevant information or assessments

## RM/RGN signature

Print name:

Date:

**Number of hours** spent by student observing/participating in the care of this woman/patient:

## HDU / CRITICAL CARE CASE LOG

Hospital:

Unit:

**SITUATION** Reason for Critical Care

Level of Critical Care (see page 90)

Level 1 ☐ Level 2 ☐ Level 3 ☐

Indication for the level of care identified above:

Antenatal ☐ Intrapartum ☐ Postnatal ☐

Other ☐:

## BACKGROUND

Age:

Gravida: Parity: N/A:

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Current and previous obstetric history of note:

## ASSESSMENT: Vital Signs

Respiratory Rate

Method: Frequency:

Heart Rate

Method: Frequency:

Blood Pressure

Method: Frequency:

Temperature

## Neurological Observations

AVPU Yes ☐ No ☐

Glasgow Coma Scale Yes ☐ No ☐

If yes, indication for and frequency of monitoring:

Reflexes: Yes ☐ No ☐

If yes, indication and frequency of monitoring:

Clonus: Yes ☐ No ☐

If yes, indication and frequency of monitoring:

## Invasive Monitoring

Arterial Line: Yes ☐ No ☐

If yes, indication and insertion site:

Method: Frequency:

Oxygen Saturations

Method: Frequency:

Room Air ☐ Oxygen ☐

Oxygen Delivery Device and Flow Rate:

## Intravenous Access

Device: site:

indication:

Device: site:

indication:

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CVP Line: Yes ☐ No ☐

If yes, indication and insertion site:

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Biochemistry blood tests Yes ☐ No ☐

If yes: test, indication and frequency of monitoring:

Other blood tests (e.g. microbiology) Yes ☐ No ☐

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## Any other relevant information or assessments

## RM/RGN signature

Print name:

Date:

**Number of hours** spent by student observing/participating in the care of this woman/patient:

## HDU / CRITICAL CARE CASE LOG

Hospital:

Unit:

**SITUATION** Reason for Critical Care

Level of Critical Care (see page 90)

Level 1 ☐ Level 2 ☐ Level 3 ☐

Indication for the level of care identified above:

Antenatal ☐ Intrapartum ☐ Postnatal ☐

Other ☐:

## BACKGROUND

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Current and previous obstetric history of note:

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Respiratory Rate

Method: Frequency:

Heart Rate

Method: Frequency:

Blood Pressure

Method: Frequency:

Temperature

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Glasgow Coma Scale Yes ☐ No ☐

If yes, indication for and frequency of monitoring:

Reflexes: Yes ☐ No ☐

If yes, indication and frequency of monitoring:

Clonus: Yes ☐ No ☐

If yes, indication and frequency of monitoring:

## Invasive Monitoring

Arterial Line: Yes ☐ No ☐

If yes, indication and insertion site:

Method: Frequency:

Oxygen Saturations

Method: Frequency:

Room Air ☐ Oxygen ☐

Oxygen Delivery Device and Flow Rate:

## Intravenous Access

Device: site:

indication:

Device: site:

indication:

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CVP Line: Yes ☐ No ☐

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Blood Gases: Yes ☐ No ☐

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Biochemistry blood tests Yes ☐ No ☐

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Other blood tests (e.g. microbiology) Yes ☐ No ☐

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## Any other relevant information or assessments

## RM/RGN signature

Print name:

Date:

**Number of hours** spent by student observing/participating in the care of this woman/patient:

## HDU / CRITICAL CARE CASE LOG

Hospital:

Unit:

**SITUATION** Reason for Critical Care

Level of Critical Care (see page 90)

Level 1 ☐ Level 2 ☐ Level 3 ☐

Indication for the level of care identified above:

Antenatal ☐ Intrapartum ☐ Postnatal ☐

Other ☐:

## BACKGROUND

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## ASSESSMENT: Vital Signs

Respiratory Rate

Method: Frequency:

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Reflexes: Yes ☐ No ☐

If yes, indication and frequency of monitoring:

Clonus: Yes ☐ No ☐

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## Invasive Monitoring

Arterial Line: Yes ☐ No ☐

If yes, indication and insertion site:

Method: Frequency:

Oxygen Saturations

Method: Frequency:

Room Air ☐ Oxygen ☐

Oxygen Delivery Device and Flow Rate:

## Intravenous Access

Device: site:

indication:

Device: site:

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CVP Line: Yes ☐ No ☐

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Blood Gases: Yes ☐ No ☐

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## Any other relevant information or assessments

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## HDU / CRITICAL CARE CASE LOG

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**SITUATION** Reason for Critical Care

Level of Critical Care (see page 90)

Level 1 ☐ Level 2 ☐ Level 3 ☐

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If yes, indication and frequency of monitoring:

Clonus: Yes ☐ No ☐

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Arterial Line: Yes ☐ No ☐

If yes, indication and insertion site:

Method: Frequency:

Oxygen Saturations

Method: Frequency:

Room Air ☐ Oxygen ☐

Oxygen Delivery Device and Flow Rate:

## Intravenous Access

Device: site:

indication:

Device: site:

indication:

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CVP Line: Yes ☐ No ☐

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If yes: test, indication and frequency of monitoring:

Biochemistry blood tests Yes ☐ No ☐

If yes: test, indication and frequency of monitoring:

Other blood tests (e.g. microbiology) Yes ☐ No ☐

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## Any other relevant information or assessments

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## HDU / CRITICAL CARE CASE LOG

Hospital:

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**SITUATION** Reason for Critical Care

Level of Critical Care (see page 90)

Level 1 ☐ Level 2 ☐ Level 3 ☐

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Antenatal ☐ Intrapartum ☐ Postnatal ☐

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Method: Frequency:

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Date:

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Hospital:

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**SITUATION** Reason for Critical Care

Level of Critical Care (see page 90)

Level 1 ☐ Level 2 ☐ Level 3 ☐

Indication for the level of care identified above:

Antenatal ☐ Intrapartum ☐ Postnatal ☐

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Method: Frequency:

Room Air ☐ Oxygen ☐

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## RM/RGN signature

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Date:

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## HDU / CRITICAL CARE CASE LOG

Hospital:

Unit:

### SITUATION Reason for Critical Care

Level of Critical Care (see page 90)

Level 1 ☐ Level 2 ☐ Level 3 ☐

Indication for the level of care identified above:

Antenatal ☐ Intrapartum ☐ Postnatal ☐

Other ☐:

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Age:

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Respiratory Rate

Method: Frequency:

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Temperature

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If yes, indication and insertion site:

Method: Frequency:

Oxygen Saturations

Method: Frequency:

Room Air ☐ Oxygen ☐

Oxygen Delivery Device and Flow Rate:

### Intravenous Access

Device: site:

indication:

Device: site:

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Urinary catheter: Yes ☐ No ☐

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Other blood tests (e.g. microbiology) Yes ☐ No ☐

If yes: test, indication and frequency of monitoring

### Any other relevant information or assessments

### RM/RGN signature

Print name:

Date:

**Number of hours** spent by student observing/participating in the care of this woman/patient:

## 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 & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
E.G	22/2/12	P1, G1	Not indicated	Spontaneous Vaginal	1
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Uterus contracted Lochia rubra		1 <sup>st</sup> degree no sutures	Soft, colostrum present	PU NBO	Oedema in feet
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
40 weeks	Yes	Breastfeeding on demand	PU, BO	NAD	Analgesia administered Mother and baby bonding well . Advised about baby care. Bath demonstrated
Signature of Midwife & Date		<i>Jane Bloggs</i>			

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
1					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
2					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
3					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
4					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
5					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
6					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
7					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
8					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
9					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
10					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
11					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
12					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
13					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
14					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
15					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
16					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
17					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
18					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
19					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
20					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
21					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
22					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
23					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
24					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
25					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
26					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
27					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
28					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
29					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
30					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
31					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
32					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
33					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
34					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
35					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
36					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
37					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
38					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
39					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
40					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
41					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
42					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
43					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
44					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
45					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
46					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
47					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
48					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
49					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
50					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
51					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
52					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
53					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
54					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
55					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
56					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
57					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
58					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
59					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
60					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
61					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
62					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
63					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
64					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
65					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
66					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
67					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
68					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
69					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
70					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
71					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
72					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
73					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
74					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
75					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
76					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
77					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
78					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
79					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
80					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
81					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
82					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
83					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
84					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
85					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
86					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
87					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
88					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
89					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
90					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
91					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
92					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
93					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
94					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravidity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
95					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
96					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
97					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
98					
Uterus & Lochia		Perineum	Breasts	Elimination	Legs
Gestation at Birth	Infant Warm?	Feeding	Elimination	Cord Stump	Any other comments
Signature of Midwife & Date					

## Postnatal Examinations (100 Cases)

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
99					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
100					
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

No.	Date	Parity & Gravity	Vital Signs Obs' Required?	Mode of Birth	Postnatal Day
<b>Uterus &amp; Lochia</b>		<b>Perineum</b>	<b>Breasts</b>	<b>Elimination</b>	<b>Legs</b>
<b>Gestation at Birth</b>	<b>Infant Warm?</b>	<b>Feeding</b>	<b>Elimination</b>	<b>Cord Stump</b>	<b>Any other comments</b>
<b>Signature of Midwife &amp; Date</b>					

# 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 co-ordinators (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 co-ordinator (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 co-ordinator (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 obstetric-led, 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 least 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	<b>Comments</b>  Ante natal appointment. Feels well. Birth plan <input checked="" type="checkbox"/> On Palpation with consent: Fundus: 40cm, Lie: Long, Presentation: Cephalic, Postion: ROA Engagemet: 3/5 palpable Fetal movement felt, Fetal heart beat heard. Signs of labour discussed Has contact numbers for labour ward and midwives			
<b>Gestation or number of days post delivery</b>  38+4				
				<b>Midwife's Signature:</b> <i>Jane Bloggs</i>  <b>Date:</b> 22.12.2016

## Caseload One

Pseudonym	Age	Gravida & Parity	EDD	Obstetric History
<b>Date:</b>	<b>Comments</b>			
<b>Gestation or number of days post delivery</b>				
			<b>Midwife's Signature:</b>	
			<b>Date:</b>	
<b>Date:</b>	<b>Comments</b>			
<b>Gestation or number of days post delivery</b>				
			<b>Midwife Date &amp; Sign:</b>	
<b>Date:</b>	<b>Comments</b>			
<b>Gestation or number of days post delivery</b>				
			<b>Midwife Date &amp; Sign:</b>	
<b>Date:</b>	<b>Comments</b>			
<b>Gestation or number of days post delivery</b>				
			<b>Midwife Date &amp; Sign:</b>	

<b>Date:</b>	<b>Comments</b>	
<b>Gestation or number of days post delivery</b>		
		<b>Midwife's Signature:</b>  <b>Date:</b>

<b>Date:</b>	<b>Comments</b>	
<b>Gestation or number of days post delivery</b>		
		<b>Midwife Date &amp; Sign:</b>

<b>Date:</b>	<b>Comments</b>	
<b>Gestation or number of days post delivery</b>		
		<b>Midwife Date &amp; Sign:</b>

<b>Date:</b>	<b>Comments</b>	
<b>Gestation or number of days post delivery</b>		
		<b>Midwife Date &amp; Sign:</b>

<b>Date:</b>	<b>Comments</b>	
<b>Gestation or number of days post delivery</b>		
		<b>Midwife's Signature:</b>  <b>Date:</b>

<b>Date:</b>	<b>Comments</b>	
<b>Gestation or number of days post delivery</b>		
		<b>Midwife Date &amp; Sign:</b>

<b>Date:</b>	<b>Comments</b>	
<b>Gestation or number of days post delivery</b>		
		<b>Midwife Date &amp; Sign:</b>

<b>Date:</b>	<b>Comments</b>	
<b>Gestation or number of days post delivery</b>		
		<b>Midwife Date &amp; Sign:</b>

## Caseload Two

Pseudonym	Age	Gravida & Parity	EDD	Obstetric History
<div style="background-color: #d3d3d3; padding: 2px;"><b>Date:</b></div> <div style="padding: 2px;"><b>Gestation or number of days post delivery</b></div>	<div style="background-color: #d3d3d3; padding: 2px;"><b>Comments</b></div> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> <div style="position: absolute; bottom: 10px; right: 10px; border: 1px solid black; padding: 5px; width: 150px;"> <div style="background-color: #d3d3d3; padding: 2px;"><b>Midwife's Signature:</b></div> <div style="padding: 2px;"><b>Date:</b></div> </div>			
<div style="background-color: #d3d3d3; padding: 2px;"><b>Date:</b></div> <div style="padding: 2px;"><b>Gestation or number of days post delivery</b></div>	<div style="background-color: #d3d3d3; padding: 2px;"><b>Comments</b></div> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> <div style="position: absolute; bottom: 10px; right: 10px; border: 1px solid black; padding: 5px; width: 150px;"> <div style="background-color: #d3d3d3; padding: 2px;"><b>Midwife Date &amp; Sign:</b></div> </div>			
<div style="background-color: #d3d3d3; padding: 2px;"><b>Date:</b></div> <div style="padding: 2px;"><b>Gestation or number of days post delivery</b></div>	<div style="background-color: #d3d3d3; padding: 2px;"><b>Comments</b></div> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> <div style="position: absolute; bottom: 10px; right: 10px; border: 1px solid black; padding: 5px; width: 150px;"> <div style="background-color: #d3d3d3; padding: 2px;"><b>Midwife Date &amp; Sign:</b></div> </div>			
<div style="background-color: #d3d3d3; padding: 2px;"><b>Date:</b></div> <div style="padding: 2px;"><b>Gestation or number of days post delivery</b></div>	<div style="background-color: #d3d3d3; padding: 2px;"><b>Comments</b></div> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> <div style="position: absolute; bottom: 10px; right: 10px; border: 1px solid black; padding: 5px; width: 150px;"> <div style="background-color: #d3d3d3; padding: 2px;"><b>Midwife Date &amp; Sign:</b></div> </div>			

<b>Date:</b>	<b>Comments</b>	
<b>Gestation or number of days post delivery</b>		
		<b>Midwife's Signature:</b>  <b>Date:</b>

<b>Date:</b>	<b>Comments</b>	
<b>Gestation or number of days post delivery</b>		
		<b>Midwife Date &amp; Sign:</b>

<b>Date:</b>	<b>Comments</b>	
<b>Gestation or number of days post delivery</b>		
		<b>Midwife Date &amp; Sign:</b>

<b>Date:</b>	<b>Comments</b>	
<b>Gestation or number of days post delivery</b>		
		<b>Midwife Date &amp; Sign:</b>

<b>Date:</b>	<b>Comments</b>	
<b>Gestation or number of days post delivery</b>		
		<b>Midwife's Signature:</b>  <b>Date:</b>

<b>Date:</b>	<b>Comments</b>	
<b>Gestation or number of days post delivery</b>		
		<b>Midwife Date &amp; Sign:</b>

<b>Date:</b>	<b>Comments</b>	
<b>Gestation or number of days post delivery</b>		
		<b>Midwife Date &amp; Sign:</b>

<b>Date:</b>	<b>Comments</b>	
<b>Gestation or number of days post delivery</b>		
		<b>Midwife Date &amp; Sign:</b>

### Caseload Three

Pseudonym	Age	Gravida & Parity	EDD	Obstetric History
<b>Date:</b>	<b>Comments</b>			
<b>Gestation or number of days post delivery</b>				
				<b>Midwife's Signature:</b>
				<b>Date:</b>
<b>Date:</b>	<b>Comments</b>			
<b>Gestation or number of days post delivery</b>				
				<b>Midwife Date &amp; Sign:</b>
<b>Date:</b>	<b>Comments</b>			
<b>Gestation or number of days post delivery</b>				
				<b>Midwife Date &amp; Sign:</b>
<b>Date:</b>	<b>Comments</b>			
<b>Gestation or number of days post delivery</b>				
				<b>Midwife Date &amp; Sign:</b>

<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
	<div> <b>Midwife's Signature:</b>  <b>Date:</b> </div>

<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
	<div> <b>Midwife Date &amp; Sign:</b> </div>

<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
	<div> <b>Midwife Date &amp; Sign:</b> </div>

<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
	<div> <b>Midwife Date &amp; Sign:</b> </div>

<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
	<div> <b>Midwife's Signature:</b>  <b>Date:</b> </div>

<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
	<div> <b>Midwife Date &amp; Sign:</b> </div>

<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
	<div> <b>Midwife Date &amp; Sign:</b> </div>

<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
	<div> <b>Midwife Date &amp; Sign:</b> </div>

# 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)

- Hypoglycaemia
- Hypothermia
- TTN/Respiratory Distress Syndrome/Meconium Aspiration Syndrome
- Shock/Persistent Pulmonary Hypertension of the Newborn
- Jaundice
- Hypoxic Ischaemic Encephalopathy
- Neonatal Seizures
- Small for Gestational Age/Large for Gestational Age
- Infection / Sepsis
- Neonatal Abstinence Syndrome
- 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.	<i>Jane Bloggs</i> 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					
9					
10					

## Record of Workshops, Mandatory Education and Training

Mandatory Emergency Education and Training	Student Signature				Facilitator Signature				Date(s)
Basic Life Support	1		3		UCD		NMH		
Initial Steps of Neonatal Resuscitation					UCD				
Neonatal Resuscitation Programme					UCD				
<b>Mandatory Education and Training for Clinical Placement</b>									
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		4						
Children First HSEland	1				1				
GDPR HSEland	1				1				
IMEWS	1				1				
<b>Maternity Emergency Clinical Skills</b>									
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 Signature		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		

## 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

## Declaration

**I, \_\_\_\_\_ (Printed Name) declare that I have fulfilled the EC requirements as documented in this record book.**

\_\_\_\_\_  
Signature of Midwifery Student

**Date:** \_\_\_\_\_

## Verification of completion of the Clinical Experience Record Book:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Designation (Role)

**Date:** \_\_\_\_\_

