

In partnership with



Clinical Experience Record Book

for the

Midwifery Registration Education Programme Higher Diploma in Midwifery

Tel:

This document contains confidential information.

If found please return to:

Undergraduate School 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 coordinator will review this Clinical Experience Record Book at regular intervals and document progress.
- The midwifery student 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 3 prior to signing a student entry.
- The student must adhere to the guidelines about what to record in this clinical record book.
- Falsification of records is a serious issue and will result in disciplinary action.
- Any abbreviations used in this document should be in line with the Nursing and Midwifery Board of Ireland Standards for documentation abbreviations guidance.

REFERENCES

NMBI (2022) RECORDING CLINICAL PRACTICE: PROFESSIONAL GUIDANCE

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

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

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

Name	Signature	Initials	Designation	NMBI Pin

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

Name	Signature	Initials	Designation	NMBI Pin

Table of Contents

ANTENATAL EXAMINATIONS (100 CASES)	. 6
ANTENATAL AND/OR PARENTHOOD PREPARATION CLASSES 1	16
ADULT VENEPUNCTURE	17
ADULT PERIPHERAL INTRAVENOUS CANNULATION PROGRAMME2	20
ABOUR AND BIRTH2	25
PERSONAL BIRTHS: SPONTANEOUS VAGINAL BIRTHS (40 CASES)	40
NITIAL EXAMINATION OF THE NEWBORN (20 CASES)	58
PERINEAL TRAUMA AND REPAIR	30
NOMEN CATEGORISED AS BEING AT RISK IN PREGNANCY, LABOUR, AND BIRTH OR POSTNATAL PERIOD (40 CASES)8	36
HIGH DEPENDENCY CARE AND CARE OF THE CRITICALLY ILL WOMAN	98
POSTNATAL EXAMINATIONS (100 CASES)11	LO
MIDWIFERY STUDENT CASE LOADING GUIDELINES FOR STUDENTS14	14
INTRODUCTION	45 46 46 47 47
CASE LOADING REQUIREMENTS15	
CARE OF THE NEWBORN REQUIRING SPECIAL CARE (10CASES)16	50
RECORD OF WORKSHOPS, MANDATORY EDUCATION AND TRAINING16	53
ADDITIONAL EXPERIENCE	55
RECORDS REVIEW	57
SUMMARY OF EXPERIENCE16	59
COMPLETION OF THE CLINICAL EXPERIENCE RECORD BOOK	7∩

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

Case No	Date	Age	Parity & Gravity	Gestation	ВР	Urine	Abdominal Inspection	Fundal Height	Lie	Presentation	5ths Palpable	Position	FMF	FHH Doppler/Pinard	Midwife S ignature
E.g.	22.01.12	31	P0 G1	38+4	120/64	NAD	Striae Gravidarium	37	Long	Cephalic	3/5ths Palpable	LOA	Y	134bpm Doppler	Jane Bloggs DD.MM.YY
1															
2															
3															
4															
5															
6															
7															
8															
9															

Case No	Date	Age	Parity & Gravity	Gestation	ВР	Urine			Lie	Presentation	5ths Palpable	Position	FMF	FHH Doppler/Pinard	Midwife Signature
E.g.	22.01.12	31	P0 G1	38+4	120/64	NAD	Striae Gravidarium	37	Long	Cephalic	3/5ths Palpable	LOA	Y	134bpm Doppler	Jane Bloggs DD.MM.YY
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															

Case No	Date	Age	Parity & Gravity	Gestation	ВР	Urine	Abdominal Inspection	Fundal Height	Lie	Presentation	5ths Palpable	Position	FMF	FHH Doppler/Pinard	Midwife signature
E.g.	22.01.12	31	P0 G1	38+4	120/64	NAD	Striae Gravidarium	37	Long	Cephalic	3/5ths Palpable	LOA	Y	134bpm Doppler	Jane Bloggs DD.MM.YY
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															

Case No	Date	Age	Parity & Gravity	Gestation	ВР	Urine	Abdominal Inspection	Fundal Height	Lie	Presentation	5ths Palpable	Position	FMF	FHH Doppler/Pinard	Midwife signature
E.g.	22.01.12	31	P0 G1	38+4	120/64	NAD	Striae Gravidarium	37	Long	Cephalic	3/5ths Palpable	LOA	Y	134bpm Doppler	Jane Bloggs DD.MM.YY
30															
31															
32															
33															
34															
35															
36															
37															
38															
39															

Case No	Date	Age	Parity & Gravity	Gestation	ВР	Urine	Abdominal Inspection	Fundal Height	Lie	Presentation	5ths Palpable	Position	FMF	FHH Doppler/Pinard	Midwife signature
E.g.	22.01.12	31	P0 G1	38+4	120/64	NAD	Striae Gravidarium	37	Long	Cephalic	3/5ths Palpable	LOA	Y	134bpm Doppler	Jane Bloggs DD.MM.YY
40															
41															
42															
43															
44															
45															
46															
47															
48															
49															

Case No	Date	Age	Parity & Gravity	Gestation	ВР	Urine	Abdominal Inspection	Fundal Height	Lie	Presentation	5ths Palpable	Position	FMF	FHH Doppler/Pinard	Midwife signature
E.g.	22.01.12	31	P0 G1	38+4	120/64	NAD	Striae Gravidarium	37	Long	Cephalic	3/5ths Palpable	LOA	Υ	134bpm Doppler	Jane Bloggs DD.MM.YY
50															
51															
52															
53															
54															
55															
56															
57															
58															
59															

Case No	Date	Age	Parity & Gravity	Gestation	ВР	Urine	Abdominal Inspection		Lie	Presentation	5ths Palpable	Position	FMF	FHH Doppler/Pinard	Midwife signature
E.g.	22.01.12	31	P0 G1	38+4	120/64	NAD	Striae Gravidarium	37	Long	Cephalic	3/5ths Palpable	LOA	Y	134bpm Doppler	Jane Bloggs DD.MM.YY
60															
61															
62															
63															
64															
65															
66															
67															
68															
69															

Case No	Date	Age	Parity & Gravity	Gestation	ВР	Urine	Abdominal Inspection	Fundal Height	Lie	Presentation	5ths Palpable	Position	FMF	FHH Doppler/Pinard	Midwife signature
E.g.	22.01.12	31	P0 G1	38+4	120/64	NAD	Striae Gravidarium	37	Long	Cephalic	3/5ths Palpable	LOA	Y	134bpm Doppler	Jane Bloggs DD.MM.YY
70															
71															
72															
73															
74															
75															
76															
77															
78															
79															

Case No	Date	Age	Parity & Gravity	Gestation	ВР	Urine	Abdominal Inspection	Fundal Height	Lie	Presentation	5ths Palpable	Position	FMF	FHH Doppler/Pinard	Midwife signature
E.g.	22.01.12	31	P0 G1	38+4	120/64	NAD	Striae Gravidarium	37	Long	Cephalic	3/5ths Palpable	LOA	Υ	134bpm Doppler	Jane Bloggs DD.MM.YY
80															
81															
82															
83															
84															
85															
86															
87															
88															
89															

Case No	Date	Age	Parity & Gravity	Gestation	ВР	Urine	Abdominal Inspection	Fundal Height	Lie	Presentation	5ths Palpable	Position	FMF	FHH Doppler/Pinard	Midwife signature
90															
91															
92															
93															
94															
95															
96															
97															
98															
99															
100															

Antenatal and/or Parenthood Preparation Classes

The student should plan and provide antenatal and/or parenthood preparation or support classes to a group of women on at least two occasions (NMBI 2022) – to be completed during core placements after your Antenatal Education Placement has been completed.

Under supervision of the RM/preceptor, the student midwife should be able to:

Use a philosophy of midwifery care that promotes pregnancy and childbirth as a normal physiological event, where the safety and autonomy of women is promoted and women's experiences, choices, priorities, beliefs and values are respected.

Promote pre-conception care and preparation for pregnancy as beneficial for all women but of particular importance for women with pre-existing conditions or on particular medications.

Adopt a health and wellbeing approach in the provision of evidence-based advice and information to women and their partners in order to enable them to make healthy choices on nutrition, exercise, optimal weight gain in pregnancy, and abstention from alcohol, smoking and drug use during pregnancy.

Work in equal partnership with women and their partners, to assess and address their individual needs for evidence-based information and strategies which enhance and support their preparation for labour, birth and the postnatal period.

Inform women of potential complications which may occur during pregnancy, labour and birth, and the postnatal period, to promote resilience and empower women and their partners when problems arise.

Advise women and their partners on strategies to promote positive mental health and wellbeing, providing evidence-based information and advice to enable recognition of the development of depression antenatally and postnatally, and the services which are available.

Promote and support breastfeeding as the optimal method of infant feeding, while respecting and supporting women who make alternative choices.

Encourage, support, and enable active partner involvement during pregnancy, labour and birth and the transition to parenthood, through the provision of supportive strategies, educational offerings and reputable on-line material.

Adopt a facilitative approach to parent education, promoting and respecting the views, experiences and choices of women and their partners.

Promote accessible, inclusive and tailored approaches to antenatal education, which respects diversity, is culturally appropriate and addresses the needs of women and their partners with

specific needs or are reluctant to avail of antenatal education.

Provide access to clear, concise and comprehensible information in a range of formats and languages to address the information needs of women and their partners.

Communicate with all service users and colleagues courteously and respectfully, and utilising all opportunities to develop midwifery knowledge, skills and competencies.

ANTENATAL / PARENT EDUCATION Assessment form

Topic:	
Criteria	Assessors' comments and feedback
Attendance / Punctuality	
Adheres to code of professional conduct and professional guidelines pertaining to midwifery practice, and within scope of practice	
Preparation / Lesson Plan	
Preparation of room for session	
Introduces self to class	
Incorporates adult learning principles	
Teaching tools /strategies	
Verbal / nonverbal communication	
Student midwife / Parent interaction	
Accurate /up to date information within hospital policies	
Demonstration where appropriate	
Content of session delivered in timely manner	
Follow up resources provided	
Summary/ conclusion of session	
Answers questions within scope of practice or directs to supervising midwife	
Satisfactory: Yes/No (please circle)	
Assessor Signature:	Date:
Student Signature:	Date:

ANTENATAL / PARENT EDUCATION Assessment form

Topic:	
Criteria	Assessors' comments and feedback
Attendance / Punctuality	
Adheres to code of professional conduct and professional guidelines pertaining to midwifery practice, and within scope of practice	
Preparation / Lesson Plan	
Preparation of room for session	
Introduces self to class	
Incorporates adult learning principles	
Teaching tools /strategies	
Verbal / nonverbal communication	
Student midwife / Parent interaction	
Accurate /up to date information within hospital policies	
Demonstration where appropriate	
Content of session delivered in timely manner	
Follow up resources provided	
Summary/ conclusion of session	
Answers questions within scope of practice or directs to supervising midwife	
Satisfactory: Yes/No (please circle)	
Assessor Signature:	Date:
Student Signature:	Date:

Adult Venepuncture



Venepuncture Programme BSc Midwifery and Higher Diploma 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 Dublin and South East 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
- o Describe the role of the midwife in undertaking the skill of venepuncture
- Outline the indications for venepuncture
- o Communicate with women and their families to facilitate safe and effective venepuncture
- Demonstrate knowledge of:
 - o Procedure preparation and how to gain informed consent
 - o 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.
- 3. The student midwife must successfully complete the online self- assessment test.
- 4. Certificates of completion are uploaded to the assessment folder in Brightspace, and the midwifery student will then be permitted to attend the adult venepuncture clinical skills workshop.
- 5. The midwifery student attends the clinical skills workshop. Students will be given the opportunity to practice venepuncture skills and will be assessed by facilitators. If a student is unsuccessful in this assessment, an action plan is agreed with the facilitator and the assessment will be repeated. Students must achieve a pass in this clinical skills assessment in order to progress to the clinical practice assessments.
- 6. Once a pass has been achieved, the facilitator will record this outcome in Brightspace and will also sign the following page in the clinical experience record book: Adult Venepuncture—Record of Supervised Practice and Competence Assessment
- 7. A certificate of completion for the theoretical components of the programme will be emailed to each student via Brightspace.
- 8. The midwifery student may now proceed to clinical practice assessments on their next clinical placement.

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

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

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

Maintenance of competence

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

References

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

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

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

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

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

Adult Venepuncture-Record of Supervised Practice and Competence Assessment

I am satisfied that (print nar Supervised practice assessme		has compl	leted the necessary adult venepuncture theorem	ory progra	nme, atte	nded the	clinical sk	ills lab ar	nd is now eligible	to proce	eed to
UCD Tutor (print):		UCD Tutor	(sign):				Date:				
Date Practice Assessments	Started:		mpetency Achieved:								
The student must be able to application of these skills.	discuss the rationale for	each of the actions and c	demonstrate competence in the practical		upervised chieved=				Competence	Assessm	ent
		Skill Required		1	2	3	4	5	Pass	Re	efer
A Perform hand hygiene a	s per WHO 5 moments	for hand hygiene									
	Ž ,		g. to tape or skin cleaning solutions								
			n with patient throughout procedure								
D Correct positioning of p	* *										
E Considers personal safe											
F Selects appropriate vein											
G Provides local anaesthes	, , , ,	• /									
H Completes venepuncture	procedure correctly and	l safely									
I Correct order of draw for	or multiple samples										
J Demonstrates appropria		<u> </u>									
K Demonstrates aseptic no	on touch technique thro	aghout the procedure									
L Demonstrates disposal o											
M Demonstrates appropria	te documentation of equ	ipment used (as per IP&C)									
N Completes documentation	on in healthcare records	(as per healthcare organisa	ation policy)								
			Initial of Clinical Assessor:								
			Initial of Student Midwife:								
			Date:								
Final Outcome of Competence	ce Assessment (tick)	Pass:	Refer	Print na	me and si	gn below	to validat	e final ou	tcome		
Student Midwife (print):			Sign:	Date:		Initials		NMBI	No:		
Clinical Assessor (print):			Sign:	Date:		Initials		NMBI 1	No:		
Note of action plan if referre	ed for further assessment	:									
Action Plan Agreed (sign if	applicable) Student M	Iidwife:	Clinical Assessor:					Date:		Tick E	3ox
I have read name of Organis	sation		policies, procedures and	d guidelin	es in relat	ion to ven	epuncture				
I have read the "Code of Pro	ofessional Conduct and	Ethics for Registered Nurs	ses and Registered Midwives" (NMBI 2025	5)							
I have read the "Scope of Nu	ursing and Midwifery Pr	actice Framework" (NME	BI 2015)							у.	
The assessments were comp	oleted within 12 weeks,	if not, I have retaken the H	ISEland e-learning programme								
Competence agreed for vene	epuncture: I agree to ma	intain my clinical compete	ence in venepuncture in line with the "Scope	e of Nurs	ing and M	idwifery 1	Practice Fi	amework'	' (NMBI 2015)		
Student Midwife (sign):		Clinica	al Assessor (sign):						Date:		
I am satisfied that the above	named student has com	pleted the supervised pract	tice and the competence assessment								
CPC/CC (print):		CPC/CO	C (sign):						Date:		

Adult Peripheral Intravenous Cannulation Programme



Adult Peripheral Intravenous Cannulation Programme BSc Midwifery and HDip Midwifery Students

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

Note regarding flushing the IV cannula

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

Recognition of Prior Learning

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

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

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

Prerequisites

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

Learning Outcomes

At the end of this programme, participants will:

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

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

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

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

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

Maintenance of competence

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

References

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

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

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

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

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

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

I am satisfied that (print name)	has completed th	ne necessary adult IV cannulatio	on theory	programn	ne, attende	ed the clin	ical skills	lab and is n	row eligible to
proceed to supervised practice assessments.									
UCD Tu tor (print):	UCD Tutor (sign):					Date:			
Date Practice Assessments Started:	Date Competency Achie	eved:							
The student must be able to discuss the rationale for each of the acapplication of these skills.	ions and demonstrate cor	mpetence in the practical			d Practice = Not Ac			Competer	nce assessment
Skill Require	d		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									
C Gain verbal consent. Ensure appropriate preparation of and com	nunication with patient th	hroughout 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 draw	ving up and administratic	on of 0.9% NaCL flush							
1 Secures and anchors cannula safely and effectively									
J Demonstrates appropriate troubleshooting techniques if required								1	
K Demonstrates aseptic non touch technique throughout the proced	lure							1	
L Demonstrates disposal of sharps and equipment correctly and sa									
M Demonstrates appropriate documentation of equipment used (as									
N Completes documentation in healthcare records (as per healthcar	e organisation policy)								
		Initial of Clinical Assessor:							
		Initial of Student Midwife:							
		Date:							
Final Outcome of Competence Assessment (tick, Pass	Refer		Print nai	ne and si	gn below	to valida	te final ou	ıtcome	
Student Midwife (print):	•	Date:	Initials:		NMBI]				
Clinical Assessor (print): Sign:		Date:	Initials:		NMBI N	No:			
Note of action plan if referred for further assessment:					ı				
Action Plan Agreed (sign if applicable) IStudent Midwife:		Clinical Assessor:				Date:		Ti	ick Box
I have read name of Organisation		Relevant policies, procedures	s. protoco	ols and gr	uidelines			Yes	No
I have read the "Code of Professional Conduct and Ethics for Regist	ered Nurses and Register		-, F	8				Yes	No
I have read the "Scope of Nursing and Midwifery Practice Framewor								Yes	
The assessments were completed within 12 weeks, if not, 1 have reta		ing programme						Yes	
I understand that I am only permitted to administer intravenous fluid			he nurnose	of flushi	ing of the	cannula as	s part of th	he Yes	No
insertion procedure and not at any other time	without additive (0.570	ruce) ander supervision for the	пе рагроз	or masm	ing of the	camrara a	, part or a	· –	
Competence agreed for peripheral IV cannulation: I agree to maintain	my clinical competence	in peripheral IV cannulation in	line with	the "Scon	e of Nursi	ng and M	idwifery	Yes	No
Practice Framework" (NMBI 2015)	my eminear competence	in peripheral 1 v caminatation in	inic with	те веор	C OI INGISI	iig and ivi	14 W 11C1 y		1,0
Student Midwife (sign):	Clinical Assessor (sign)):						Date:	-
I am satisfied that the above named student has completed the superv	10,								
CPC /CC (print):	CPC (sign):							Date:	
* /	(0)	ducation, Training and Competence V	'alidation in \	/enepunctu	re and Perip	heral Intrav	enous Cann		rses and Midwives
		- '		-	-				

Labour and Birth

Your documentation should include the following information.

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

10.Baby Summary

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

Personal Births: Spontaneous Vaginal Births (40 cases)

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

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
e.g.	5mins 18.25pm						15.20pm	
1st stag summar	Spontaneous onset cervix 3cm dilated on admission. Intermittent monitoring, SROM							
2nd stag summar	\mathbf{v} Urge to pu					nonitoring ever	y 5 minutes,	re and date
3rdStage summar	Dhyeiological third etage ERL 200mle Daringum: 181 degree tear noted no cuturee							signature
Baby Summar		t, no resuscitat astfeeding initi				ad to toe exam	ination NAD.	Midwife

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

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
2								
1st stage summary			,				•	ıte
2nd stage summary								e and date
3rdStage summary								signature
Baby Summary	,							Midwife :

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

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth
4							
1st stage summary							
2nd stage summary							
3rdStage summary							
Baby Summary	,						

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

			-			_	-	
No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
6		•						a
1st sta summ								and date
2nd sta								ınature
3rdSta summ								Midwife signature and date
Bab Summ								Mi
No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
7								a.
1st sta summ								and date
2nd sta								signature and date
3rdSt2	200							siç

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

summary

Baby Summary

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
9								O)
1st sta summa	_							and dat
2nd sta summa	_							ignature
3rdSta summa								Midwife signature and date
Baby Summa	/ ary							Ž
	•							

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
10								ə
1st stag summa	_							and date
2nd sta summa	_							signature
3rdStag summa								Midwife się
Baby Summa								M

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth
11							
1st sta summa	_						1
2nd sta summa	_						
3rdSta summa							
Baby Summa							

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
12								o.
1st sta	_	1				I	1	and date
2nd sta	-							signature a
3rdSta	_							Midwife sig
Baby Summ								Mic

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
13								o)
1st stag	_							and date
2nd sta summa	-							signature a
3rdStag								Midwife sig
Baby Summa								M

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
14								a.
1st sta summa	-				I			and date
2nd sta	_							signature a
3rdSta summa								Midwife sig
Baby Summa								Mic

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
15								Φ.
1st sta summa	-						,	and date
2nd sta	-							signature a
3rdSta summa	_							Midwife sig
Baby Summa	/ ary							Mic

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
16								O)
1st sta summa	_							and date
2nd sta	_							signature a
3rdSta summa	_							Midwife sig
Baby Summa								M

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
17								a.
1st sta summa	_				I			and date
2nd sta	_							signature a
3rdSta summa								Midwife sig
Baby Summa								Mi

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
18								o,
1st sta summa		1			I			and date
2nd sta	_							signature a
3rdSta summa	_							Midwife sig
Baby Summa								Mic

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth
19							
1st sta summa	_						
2nd sta summa	_						
3rdSta summa	-						
Baby Summa							

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

	Gravidity	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
						O)
) /						and date
e /						signature a
) /						Midwife sig
,						Ĭ
))					

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
22		-						(I)
1st sta summa	_	1						and date
2nd sta	_							signature a
3rdSta summa	-							Midwife sig
Baby Summa								Mi

Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
							G)
ge ary	1					•	and date
ge iry							signature á
ge iry							Midwife sig
ary							Mic
	ge ge iry ge iry	ge ary ge ary	ge ary dity	ge ary description duration duration ge ary	Gravidity duration duration ge arry ge arry ge arry	Gravidity duration duration ge arry ge arry ge arry	Gravidity duration duration duration Birth ge arry ge arry ge arry

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
24								O)
1st sta summa	-							and dat
2nd sta summa	=							ignature
3rdSta summa	-							Midwife signature and date
Baby Summ								Z

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth
25							
1st stag summar							
2nd stag summar							
3rdStag summar							
Baby Summar							

Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
	_						O)
у							and date
je 'y							signature a
е							Midwife sig
ту							Mic
	e y le y e y	e y e y e y	e y e y e y	e y e y e y y	e y e y e y e y	Gravidity duration duration e y e y e y e y e	Gravidity duration duration Birth e y e y e y e y

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

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
28		-						(I)
1st sta summa	_	1					1	and date
2nd sta	_							signature a
3rdSta summa	-							Midwife sig
Baby Summa								M

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

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
30								a)
1st sta summa	_					I	1	and date
2nd sta								signature a
3rdSta	_							Midwife sig
Baby Summ								Mic

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth
31		-					
1st stag summa	_						•
2nd sta summa	_						
3rdStag summa	_						
Baby Summa							

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

Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
							ω
ge ry							and date
ge ry							signature a
ge ry							Midwife sig
nry							Mic
	ge ry ge ry	ge ry ge ry	Gravidity Je ry Ge ry Je ry	Gravidity duration Je ry Ge ry Ge ry	Gravidity duration duration Je ry Ge ry Ge ry	Gravidity duration duration duration Je ry Ge ry Ge ry Ge ry	Gravidity duration duration Birth Je ry Ge ry Ge ry Ge ry

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth
34		-					
1st stag summa	_						•
2nd sta summa	-						
3rdStag summa							
Baby Summa							

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
35		-						a.
1st sta summa	_				I			and date
2nd sta	_							signature a
3rdSta summa								Midwife sig
Baby								Mic

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
36								O)
1st sta summa	-	,						and date
2nd sta	_							signature a
3rdSta summa	_							Midwife sig
Baby Summa	/ ary							Mic

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
37								(I)
1st sta summa	_	1						and date
2nd sta summa	_							signature a
3rdSta summa	_							Midwife sig
Baby Summa								Mi

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

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
39								Ð
1st sta summa	_							and dat
2nd sta summa	•							gnature
3rdSta summa								Midwife signature and date
Baby Summ								2

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth
40		-					
1st sta summa	_	1					
2nd sta summa	_						
3rdSta summa	_						
Baby Summa							

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Time of Birth	
41		-						(I)
1st sta summa	-							and date
2nd sta	-							signature a
3rdSta summa								Midwife sig
Baby Summa								Mic

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	Gravidity duration duration duration		duration duration Birth								
E.G	22/2/1	2	POG1 40/40 8 hours 40min 20mins				18.20					
1st st sumr	•		ntaneous onset, cervix 3cm dilated on admission. Intermittent monitoring. SROM r liquor@11.20am. Entonox initially. Epidural after 5 hours. EFM commenced									
2nd s sumr	•	suppo		n dilated @ 18.00. clear liquor. Alternating between left lateral and sitting in bed. Forceps birth after 40mins for suspected fetal distress: late ns on CTG.								
3rdSt sumr	•		Active management of third stage, EBL 200mls. Perineum: Episiotomy with consent. Placenta, cord and membranes examined: complete									
Baby Sumi		NAD.		. Breastfeed	ling initiated	d after birth,	skin to skir	ewborn examination n contact. Cord Ph:				

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Mode & Time of Birth	
1								
1st stag summar			<u> </u>				l	ate
2nd stag summar								e and de
3rdStage summar								signatur
Baby Summai	ry							Midwife signature and date
No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Mode & Time of Birth	
2								
1st stag summar			<u> </u>				l	te
2nd stag summar								e and da
3rdStage summar								Midwife signature and date
Baby Summai								 wife s

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Mode & Time of Birth
3							
1st stage summar							
2nd stag summar							
3rdStage summar							
Baby Summar	у						
No.	Date	Parity +	Gestation	1 st stage	2 nd stage	3 rd stage	Mode & Time of

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Mode & Time of Birth	
4								
1st stage								late
2nd stag summar								ire and date
3rdStage summar								e signature
Baby Summar	у							Midwife

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Mode & Time of Birth	
5								
1st stage summar								date
2nd stag summar								and
3rdStage summar								e signature
Baby Summar	у							Midwife

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Mode & Time of Birth
6							
1st stage summary							
2nd stag summary							
3rdStage summary							
Baby	у						

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Mode & Time of Birth	
7								
1st stage summary							1	ıte
2nd stag summary								e and date
3rdStage summary								signature
Baby Summar	y							Midwife s

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Mode & Time of Birth	
8								
1st stage summary								date
2nd stag summary								and
3rdStage summary								signature
Baby Summar	у							Midwife

No.	Date	Parity +	Gestation	1 st stage	2 nd stage	3 rd stage	Mode &	
		Gravidity		duration	duration	duration	Time of Birth	
9								-
1st stage								1
summar	У							ate
2nd stag summar								re and de
3rdStage summar								Midwife signature and date
Baby Summar	у							Midwife
	T -						1	
No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Mode & Time of Birth	
10								
1st stage summar							1	ıte
2nd stag summar								Midwife signature and date
3rdStage summar								signatuı
Baby Summar	у							Midwife
No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Mode & Time of Birth	
11							Dirtii	
1st stage								-
summar	У							te ste
2nd stag								g de
summar	У							e an
3rdStage								atur
summar	У							signature and date

Baby Summary

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Mode & Time of Birth	
12							Birtii	-
1st stage summar						<u> </u>		ıte
2nd stag summar								e and de
3rdStage summar								Midwife signature and date
Baby Summar	у							Midwife
No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Mode & Time of Birth	
13								
1st stage summar		·			I			ite
2nd stag summar								e and da
3rdStage summar								signatur
Baby Summar	у							Midwife signature and date
							1	
No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Mode & Time of Birth	
14								
1st stage summar								ate
2nd stag summar								signature and date
3rdStage summar								signatu

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

1st stage

duration

2nd stage

duration

3rd stage

duration

Mode &

Time of Birth

Parity +

Gravidity

Gestation

No.

Date

1st stage summary	ate	
	_,0	
2nd stage summary	Midwife signature and date	
3rdStage summary	e signatu	
Baby Summary	Midwif	
No. Date Parity + Gestation 1st stage duration duration 3rd stage duration	Mode & Time of Birth	
16		
1st stage summary	late	
2nd stage summary	Midwife signature and date	
3rdStage summary	e signat	
Baby Summary	Midwif	
No. Date Parity + Gestation 1st stage duration 2nd stage duration duration	Mode & Time of Birth	
17		
1st stage summary	late	
2nd stage summary	re and o	
3rdStage summary	Midwife signature and date	
Baby Summary	Midwife	

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

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

No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Mode & Time of Birth	
18								
1st stage summar								ate
2nd stag summary								Midwife signature and date
3rdStage summary								e signatu
Baby Summar	у							Midwif
No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Mode & Time of Birth	
19								
1st stage summary					,			late
2nd stag summary								Midwife signature and date
3rdStage summary								signatu
Baby Summar	у							Midwife
No.	Date	Parity + Gravidity	Gestation	1 st stage duration	2 nd stage duration	3 rd stage duration	Mode & Time of Birth	
20								
1st stage summary								late
2nd stag summary								re and o
3rdStage summary								Midwife signature and date
Baby Summar	у							Midwif

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

Example

	Date:
G	ravida:
lr	ndication for vaginal examination: Confirmation of the onset of labour
Ρ	lacental Location:
^	bdominal examination prior to vaginal examination:
	espection: Ovoid shape, striae gravidarum present, no scars
	alpation: Height of Uterine Fundus:37cmLie of Fetus:Longitudinal
Ρ	resentation:
Ρ	osition:
Α	uscultation of fetal heart rate with pinard stethoscope:142 bpm.
F	indings
С	ervix: Position: Central Effacement:0.5cm long
Α	pplication:
Ρ	resentation:
M	lembranes:
Ρ	osition: <i>LOA</i> Caput: <i>NiI</i> Moulding:+
Δ	ny cord or placenta felt? No
	., sold of plassifia (on:
D	raw suture lines and fontanelles to illustrate what position was felt on VE:
	Anterior
	Right Left
	Posterior
F	etal heart rate following VE:142 bpm
	7
s	ignature of Midwife:

Case No: 1	
Date: Ge	station:
Gravida:	Parity:
Indication for vaginal examina	tion:
Placental Location:	
Abdominal examination prid	or to vaginal examination:
	Fundus:Lie of Fetus:
Presentation:	Fifths palpable:/5ths
Position:	
Auscultation of fetal heart ra	te with pinard stethoscope: bpm.
Findings	
_	Effacement:
	Dilatation:
• •	Station:
	Liquor:
	Caput: Moulding:
,, p.a	
Draw suture lines and fonta	nelles to illustrate what position was felt on VE:
Dian Gataro inico ana fonta	nonce to indeficite what position was for our ve.
	Anterior
Right	Left Posterior
Fetal heart rate following VE	<u>:</u> bpm
Signature of Midwife:	

Case No: 2	
Date: Ges	tation:
Gravida:	Parity:
Indication for vaginal examinat	tion:
Placental Location:	
Abdominal examination prio	or to vaginal examination:
Palpation: Height of Uterine F	undus:Lie of Fetus:
Presentation:	Fifths palpable:/5ths
Position:	
Auscultation of fetal heart rat	e with pinard stethoscope:bpm.
Findings	
Cervix: Position:	Effacement:
Application:	Dilatation:
• •	Station:
	Liquor:
	caput: Moulding:
,, p.a	
Draw suture lines and fontar	nelles to illustrate what position was felt on VE:
	·
	Anterior
Right	Left
	Posterior
Fetal heart rate following VE	bpm

Case No: 3	
Date:	Gestation:
Gravida:	Parity:
Indication for vaginal examina	ıtion:
Placental Location:	
Abdominal examination prid	or to vaginal examination:
	Fundus:Lie of Fetus:
Presentation:	Fifths palpable:/5ths
Position:	
Auscultation of fetal heart ra	te with pinard stethoscope: bpm.
Findings	
_	Effacement:
	Dilatation:
• •	Station:
	Liquor:
	Caput: Moulding:
,, p.a	
Draw suture lines and fonta	nelles to illustrate what position was felt on VE:
Dian Gataro inico ana fonta	nonce to industrate what position was for on v2.
	Anterior
Right	Left Posterior
	_
Fetal heart rate following VE	
Signature of Midwife:	

Case No: 4	
Date: Ges	station:
Gravida:	Parity:
Indication for vaginal examina	ition:
_	
Abdominal examination prid	or to vaginal examination:
	Fundus:Lie of Fetus:
Presentation:	Fifths palpable:/5ths
Position:	
Auscultation of fetal heart ra	te with pinard stethoscope:bpm.
Findings	
Cervix: Position:	Effacement:
Application:	Dilatation:
Presentation:	Station:
Membranes:	Liquor:
	Caput: Moulding:
,	
Draw suture lines and fonta	nelles to illustrate what position was felt on VE:
	·
	Anterior
Right	Left Posterior
Fetal heart rate following VE	≣bpm
Signature of Midwife:	

Case No: 5	
Date:	Gestation:
Gravida:	Parity:
Indication for vaginal examina	tion:
Placental Location:	
Abdominal examination prid	or to vaginal examination:
Palpation: Height of Uterine I	Fundus:Lie of Foetus:
	Presentation:
Fifths palpable:	/5ths
Position:	
Findings	
Cervix: Position:	Effacement:
Application:	Dilatation:
• •	Station:
	Liquor:
	caput: Moulding:
, ,	
Draw suture lines and fonta	nelles to illustrate what position was felt on VE:
	Anterior
Right	Left
Fetal heart rate following VE	bpm
_	

Case No: 6	
Date:	Gestation:
Gravida:	Parity:
Indication for vaginal examination:	
Placental Location:	
	us:Lie of fetes:
	/5ths
Position:	
Auscultation of foetal heart rate w	ith pinard stethoscope: bpm.
Findings	
Cervix: Position:	Effacement:
Application:	Dilatation:
Presentation:	Station:
Membranes:	Liquor:
	:: Moulding:
,	
Draw suture lines and fontanelle	s to illustrate what position was felt on VE:
	·
	Anterior
Right	Left
	Posterior
Fetal heart rate following VE	bpm

Case No: 7	
Date:	Gestation:
Gravida:	Parity:
Indication for vaginal examination	on:
Placental Location:	
Abdominal examination prior Inspection:	to vaginal examination:
	ndus:Lie of foetus:
P	resentation:
Fifths palpable:	/5ths
Position:	
Findings	
_	Effacement:
Application:	Dilatation:
	Station:
Membranes:	Liquor:
	put: Moulding:
Draw suture lines and fontane	elles to illustrate what position was felt on VE:
	·
	Anterior
Right	Left
	Posterior
Fetal heart rate following VE	•
Signature of Midwife:	

Case No: 8	
Date:	Gestation:
Gravida:	Parity:
Indication for vaginal examinat	tion:
Placental Location:	
	undus:Lie of Fetus:
	/5ths
Position:	••
Auscultation of fetal heart rat	e with pinard stethoscope:bpm.
Findings	
Cervix: Position:	Effacement:
Application:	Dilatation:
Presentation:	Station:
Membranes:	Liquor:
	aput: Moulding:
, ,	
Draw suture lines and fontar	nelles to illustrate what position was felt on VE:
	Autorion
	Anterior
Right	Left
	Posterior
Fetal heart rate following VE	bpm
_	

Case No: 9	
Date:	Gestation:
Gravida:	Parity:
Indication for vaginal examinat	iion:
Placental Location:	
	undus:Lie of Fetus:
Presentation:	/5ths
Position:	••
Auscultation of fetal heart rat	e with pinard stethoscope:bpm.
Findings	
Cervix: Position:	Effacement:
Application:	Dilatation:
Presentation:	Station:
Membranes:	Liquor:
	aput: Moulding:
	·
, ,	
Draw suture lines and fontar	nelles to illustrate what position was felt on VE:
	Anterior
Right	Left
	Posterior
Fetal heart rate following VE	bpm
Signature of Midwife:	

Case No: 10	
Date:	Gestation:
Gravida:	Parity:
Indication for vaginal examina	tion:
Placental Location:	
Abdominal examination prid	or to vaginal examination:
Palpation: Height of Uterine F	Fundus:Lie of Fetus:
Presentation:	Fifths palpable:/5ths
Position:	
Auscultation of fetal heart ra	te with pinard stethoscope:bpm.
Findings	
Cervix: Position:	Effacement:
Application:	Dilatation:
• •	Station:
	Liquor:
	Caput: Moulding:
, р.ш	
Draw suture lines and fonta	nelles to illustrate what position was felt on VE:
	Anterior
Right	Left
	Posterior
Fetal heart rate following VE	:bpm
Signature of Midwife:	

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.

General	Alert / active / settled	Stiff / unresponsive
Appearance	Lethargic / unsettled / irritable / floppy	Absence of obvious dysmorphism
Skin	Texture: Dry / oedematous / normal	Signs of trauma
	Colour: Plethoric / pale / dusky /	Rashes / birthmarks
	normal	Temperature 36.5-37.5
Head	Sutures: palpable / splayed / fused.	Fontanelles x2 palpable
	Signs of trauma	Flat / bulging / sunken
Face and Ears	Symmetrical / Asymmetrical	• 2 nares
	Completely formed	2 Lips complete
	2 ear canals visible	Lower jaw & chin normally formed
	• 2 eyes	Mucous membranes pink
Oropharynx	Gums, tongue normally formed	Neck normally formed
and Neck	Hard & Soft Palate normally formed	Clavicles Intact
Chest	Normal / prominent shape	Heart rate using a stethoscope
	Ribs appear normal / sunken	Respiratory rate 40-60 p/min
	Nipples x2	 **If required: Oxygen Saturations ≥95%
Abdomen	Passed meconium	0 1 6
	Colour: black / green / pale	Consistency: hard /soft / liquid / plug
Genito-urinary	Female genitalia normally formed	Passed urine
	Male genitalia normally formed & both	
	testes palpable	
Flank and	Symmetrical / asymmetrical	Sacral dimple or lesion visible
Spine	Vertebrae and skin completely formed	
	on palpation	
Arms and	Normal length, proportion, symmetry,	Correct number of digits
Hands	movement, structure	
Legs and Feet	Normal length, proportion, symmetry,	Correct number of digits
	movement and structure	Risk factors for developmental
		dysplasia of the hip
Central	Normal tone with handling / feeding /	Settled Post-Feed
Nervous	during ventral suspension	Normal strong cry / high-pitched cry /
System		weak cry

EXAMPLE

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

CASE NO.1		
General Appearance	Genito urinar	
Head	Arms 8 Hands	
Oropharynx & Neck	Legs 8 Feet	k.
Face	Flank 8 Spine	
Chest	Skin	
Abdomen	CNS	
Date & Time of assessment	Midwif Date 8 Sign	

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

CASE NO.3		
General Appearance	Genit urina	
Head	Arms Hand	
Oropharynx & Neck	Legs Fee	& t
Face	Flank Spin	
Chest	Skir	1
Abdomen	CNS	5
Date & Time of assessment	Midw Date Sigi	&

CASE NO.4		
General Appearance		enito- inary
Head		ms & ands
Oropharynx & Neck	Le: F	egs & Feet
Face		ank & pine
Chest	S	Skin
Abdomen	C	CNS
Date & Time of assessment	Da	dwife ate & Bign

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

CASE NO.6		
General Appearance	Genito urinary	
Head	Arms 8 Hands	
Oropharynx & Neck	Legs & Feet	
Face	Flank 8 Spine	
Chest	Skin	
Abdomen	CNS	
Date & Time of assessment	Midwif Date 8 Sign	

CASE NO.7		
General Appearance	Genite urina	
Head	Arms Hand	
Oropharynx & Neck	Legs Feet	& · · · · · · · · · · · · · · · · · · ·
Face	Flank Spin	
Chest	Skin	
Abdomen	CNS	
Date & Time of assessment	Midwi Date Sign	&

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

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

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

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

CASE NO.12	2	
General Appearance	Genito- urinary	
Head	Arms & Hands	
Oropharynx & Neck	Legs & Feet	
Face	Flank & Spine	
Chest	Skin	
Abdomen	CNS	
Date & Time of assessment	Midwife Date & Sign	

CASE NO.13	}	
General Appearance	Genite urina	
Head	Arms Hand	
Oropharynx & Neck	Legs Feet	&
Face	Flank Spind	
Chest	Skin	
Abdomen	CNS	
Date & Time of assessment	Midwi Date Sign	&

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

CASE NO.15	•	
General Appearance	Genit urina	
Head	Arms Hand	
Oropharynx & Neck	Legs Feet	& :
Face	Flank Spin	
Chest	Skin	
Abdomen	CNS	
Date & Time of assessment	Midwi Date Sigr	&

CASE NO.16	5	
General Appearance	Genito- urinary	
Head	Arms & Hands	
Oropharynx & Neck	Legs & Feet	
Face	Flank & Spine	
Chest	Skin	
Abdomen	CNS	
Date & Time of assessment	Midwife Date & Sign	

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

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

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

CASE NO.20		
General Appearance	Genito urinar	
Head	Arms Hand	
Oropharynx & Neck	Legs 8 Feet	Š.
Face	Flank Spine	
Chest	Skin	
Abdomen	CNS	
Date & Time of assessment	Midwi Date Sign	<u>&</u>

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

Example

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

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:	Infiltration: Observed □ Performed □ Not applicable□	Participation □		
	Correctly identified? Yes□ No□	Episiotomy: Observed □ Performed □ Not applicable□	Observation □		
	Degree of trauma:	Infiltration: Observed □ Performed □ Not applicable□	Participation □		
2	Correctly identified? Yes□ No□	Episiotomy: Observed □ Performed □ Not applicable⊠	Observation □		

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

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

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

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

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

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

Examples (not exhaustive)

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

	La	Dour and B		,, C.	ic i ostiit	acai	-	cases	
Case No	o. Date	9	•	\ge	Parity an Gravidity		Stage of pregnancy	Risk/ Complication	
Exampl	le 22/2/	′12	,	30	P0 G1		Antenatal		nd date
		Summar	y of Cai	re Pro	ovided				e ai
Admitt Urine N		duction at labo	our at 4	[‡] 2 w€	eeks gestat	ion.	BP 120/70,	Induction of labour	Midwife signature and date
	pation loi ppm, FMI	iR		Midwife					
Case	Date		Age		arity and		Stage of	Risk	
No.				G	iravidity		pregnancy	factor(s)	ţe.
1									da da
1		Summar	v of Car	re Pro	vided				Midwife signature and date
		Gammai	y or our		, , , , , , , , , , , , , , , , , , , 				ture
									gna
									e sí
									<i>twif</i>
									Mic
Case	Date		Age		arity and		Stage of	Risk	
No.			J	G	iravidity		pregnancy	factor(s)	ţe.
2									d da
		Summar	y of Caı	re Pro	ovided				ignature and date
									atui
									sign
									iife :
									Midwife si
Case No.	Date		Age		arity and Gravidity		Stage of pregnancy	Risk factor(s)	
3									Midwife signature and date
				and					
		Summar	y or oar	0110	, i i i i i i i i i i i i i i i i i i i				ture
									gna
									fe si
									dwii
									Mi

		50a. aa .	,,,,,,,,		atai Periou (4		
Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
4				_			date
		Summai	v of Car	e Provided			and
		Julilliai	y or car	e Flovided		_	ature
							Midwife signature and date
							wife
							Mid
Case	Date		Age	Parity and	Stage of	Risk	
No. 5				Gravidity	pregnancy	factor(s)	late
		_					Midwife signature and date
		Summai	y of Car	e Provided			ture i
							igna
							vife s
							Midv
Case	Date		Age	Parity and	Stage of	Risk	
No.	2 3.00		1.90	Gravidity	pregnancy	factor(s)	ate
6							nd d
		Summai	y of Car	e Provided			e signature and date
							ignat
							rife s
							Midwif
Case	_			Parity and	Stage of	Risk	
No.	Date		Age	Gravidity	pregnancy	factor(s)	_ .
7							d dai
			re an				
							ınatu
							fe sig
							Midwife signature and date
							2

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
8				-			I date
		Summa	ry of Car	e Provided			Midwife signature and date
							ynatuı
							ife siç
							Midw
Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	- ω
9							ıd dat
		Summa	ry of Car	e Provided			Midwife signature and date
							ignatı
							vife s
							Mid
Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	a
10							Midwife signature and date
		Summa	ry of Car	e Provided			ıre an
							gnatu
							vife si
							Midv
Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
11				,			/ date
			Midwife signature and date				
							gnatu
							ife siį
							Midw
						1	

Summary of Care Provided Stage of Pregnancy Stage of Pregnancy Summary of Care Provided Summ	Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
Case No. Date Age Parity and Gravidity Pregnancy Risk factor(s)					•		, ,	l date
Case No. Date Age Parity and Gravidity Pregnancy Risk factor(s)			Summa	ry of Car	e Provided			re ano
Case No. Date Age Parity and Gravidity Pregnancy Risk factor(s)								ınatuı
Case No. Date Age Parity and Gravidity Pregnancy Risk factor(s)								ife sig
No. Date Age Gravidity pregnancy factor(s) Summary of Care Provided Summary of Care Provided Summary of Care Provided Stage of pregnancy Factor(s) Summary of Care Provided Stage of Risk Factor(s) Summary of Care Provided Stage of Gravidity Stage of Factor(s) Summary of Care Provided Stage of Factor(s) Summary of Care Provided Stage of Gravidity Stage of Factor(s) Stage of Factor(s) Summary of Care Provided Stage of Factor(s) Stage of Fa								Midw
Case No. Date Age Parity and Gravidity Stage of pregnancy Factor(s) Summary of Care Provided Summary of Care Provided Age Parity and Gravidity Stage of pregnancy Factor(s) Risk factor(s) Parity and Stage of pregnancy Factor(s)		Date		Age				- w
Case No. Date Age Parity and Gravidity Stage of pregnancy Factor(s) Summary of Care Provided Summary of Care Provided Age Parity and Gravidity Stage of pregnancy Factor(s) Risk factor(s) Parity and Stage of pregnancy Factor(s)	13							ıd dat
Case No. Date Age Parity and Gravidity Stage of pregnancy Factor(s) Summary of Care Provided Summary of Care Provided Age Parity and Gravidity Stage of pregnancy Factor(s) Risk factor(s) Parity and Stage of pregnancy Factor(s)			Summa	ry of Car	e Provided			ıre an
Case No. Date Age Parity and Gravidity Stage of pregnancy Factor(s) Summary of Care Provided Summary of Care Provided Age Parity and Gravidity Stage of pregnancy Factor(s) Risk factor(s) Parity and Stage of pregnancy Factor(s)								ignatı
Case No. Date Age Parity and Gravidity Stage of pregnancy Factor(s) Summary of Care Provided Summary of Care Provided Age Parity and Gravidity Stage of pregnancy Factor(s) Risk factor(s) Parity and Stage of pregnancy Factor(s)								<i>N</i> ife s
No. Date Age Gravidity pregnancy factor(s) Summary of Care Provided Summary of Care Provided Age Parity and Gravidity pregnancy factor(s) Risk factor(s)								Mid
Case No. Date Age Parity and Stage of Risk Gravidity pregnancy factor(s)		Date		Age				- a
Case No. Date Age Parity and Stage of Risk Gravidity pregnancy factor(s)	14							d date
Case No. Date Age Parity and Stage of Risk Gravidity pregnancy factor(s)			Summa	ry of Car	e Provided			ıre an
Case No. Date Age Parity and Stage of Risk Gravidity pregnancy factor(s)								gnatu
Case No. Date Age Parity and Stage of Risk Gravidity pregnancy factor(s)								vife si
No. Date Age Gravidity pregnancy factor(s)								Midv
Summary of Care Provided Summary of Care Provided at the side of		Date		Age	Parity and Gravidity			
Summary of Care Provided Signature and					,	p g	(5)	/ date
Midwife signatu				re anc				
Midwife si								gnatu
Midw								ife siį
								Midw

-	Lu	Dour and L	,,, c,, c		atai Periou (
Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
16							' date
		Summai	ry of Car	e Provided			and
			Midwife signature and date				
							sign
							lwife
							Mio
Case No.	Date		Age	Parity and	Stage of	Risk	
17			_	Gravidity	pregnancy	factor(s)	late
17							o pue
		Summai	ry of Car	e Provided			Midwife signature and date
							ignat
							ife sı
							Midw
Case			_	Parity and	Stage of	Risk	7
No.	Date		Age	Gravidity	pregnancy	factor(s)	<u>e</u>
18							d da
		Summai	ry of Car	e Provided			Midwife signature and date
							natu
							e sig
							idwif
							2
Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
19					, · g		date
		C	n, of Occ	e Provided			Midwife signature and date
			ıture				
							signa
							vife s
							lidv
							2

0		Dour and L			atai Periou		
Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
20							Midwife signature and date
-				e Provided			pue
			ure a				
			ınatı				
							s sig
							lwife
							Міс
Case	Dete		۸۵۵	Parity and	Stage of	Risk	
No.	Date		Age	Gravidity	pregnancy	factor(s)	ي
21							l dat
		Summai	ov of Car	e Provided			Midwife signature and date
		Julilliai	y Oi Cai	e Flovided			ture
							gna
							fe si
							idwi
							Mi
Case	Date		Age	Parity and	Stage of	Risk	
No.				Gravidity	pregnancy	factor(s)	ate
22							p pu
		Summai	y of Car	e Provided			re aı
							natul
							sigr
							vife
							Midwife signature and date
Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
23				•		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Jate
				e Provided			Midwife signature and date
			ıre a				
							natu
							sig.
							wife
							Mid
<u> </u>							

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
24				Midwife signature and date			
Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
25							d date
		Summai	ry of Car	e Provided			ıre anı
							Midwife signature and date
Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	- a
26							d date
		Summai	ry of Car	e Provided			ıre an
							Midwife signature and date
Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	_
27							d date
			ıre anı				
							Midwife signature and date

Case No.							
INO.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
28							date
		Summai	rv of Car	e Provided			Midwife signature and date
			, c. cu.				ature
							sign
							<i>lwife</i>
							Mic
Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
29					prognamoy	1(0)	date
		Summai	ry of Car	e Provided			Midwife signature and date
		- Cummu	y or our	- I TOVIGCU			ature
							sign
							dwife
							Mic
Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
30				•			date
		Summai	rv of Car	e Provided			e signature and date
						_	ature
							sign
							Midwife
							M
Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
31				- writing	h. 63.191101	.30.01(0)	date
		Summai	ry of Car	e Provided		-	and
		Julillal	y Oi Cai	C I IOVIGEU			ature
							ign
							S
							Midwife signature and date

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
32	32 Summary of Care Provided						ture and date
							Midwife signature and date
Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
33							d date
		Summa	ry of Car	e Provided			Midwife signature and date
							gnatu
							vife si
							Midv
Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	- O
34							Midwife signature and date
		Summa	ry of Car	e Provided			ure an
							ignatı
							wife s
							Mid
Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	a
35							d date
		Summa	ry of Car	e Provided			ıre an
							Midwife signature and date
							wife s.
							Mid

Case No. Date Age Parity and Gravidity Pregnancy Factor(s) Pregnancy P			Doui ana L	,,, c,, c	i the Posth		to cases)	
Case No. Date Age Parity and Gravidity Pregnancy Factor(s) Pregnancy Pregn		Date		Age				
Case No. Date Age Parity and Gravidity Pregnancy Factor(s) Pregnancy Pregn	36							date
Case No. Date Age Parity and Gravidity Pregnancy Factor(s) Pregnancy Pregn			Summai	y of Car	e Provided			e and
Case No. Date Age Parity and Gravidity Pregnancy Factor(s) Pregnancy Pregn								natur
Case No. Date Age Parity and Gravidity Pregnancy Factor(s) Pregnancy Pregn								e sigr
Case No. Date Age Parity and Gravidity Pregnancy Factor(s) Pregnancy Pregn								idwif
No. Date Age Gravidity pregnancy factor(s) Pregnancy Summary of Care Provided Summary of Care Provided Parity and Gravidity Stage of Pregnancy Pregnancy	-							M
Case No. Date Age Parity and Gravidity Pregnancy Risk factor(s) Summary of Care Provided Case No. Date Age Parity and Gravidity Pregnancy Risk factor(s) Summary of Care Provided		Date		Age				
Case No. Date Age Parity and Gravidity Pregnancy Risk factor(s) Summary of Care Provided Case No. Date Age Parity and Gravidity Pregnancy Risk factor(s) Summary of Care Provided	37							date
Case No. Date Age Parity and Gravidity Pregnancy Risk factor(s) Summary of Care Provided Case No. Date Age Parity and Gravidity Pregnancy Risk factor(s) Summary of Care Provided			Summai	y of Car	e Provided		1	re and
Case No. Date Age Parity and Gravidity Pregnancy Risk factor(s) Summary of Care Provided Case No. Date Age Parity and Gravidity Pregnancy Risk factor(s) Summary of Care Provided								natuı
Case No. Date Age Parity and Gravidity Pregnancy Risk factor(s) Summary of Care Provided Case No. Date Age Parity and Gravidity Pregnancy Risk factor(s) Summary of Care Provided								fe sig
Case No. Date Age Parity and Gravidity Pregnancy Risk factor(s) Summary of Care Provided Case No. Date Age Parity and Gravidity Pregnancy Risk factor(s) Summary of Care Provided								lidwii
No. Date Age Gravidity pregnancy factor(s) Summary of Care Provided Summary of Care Provided Age Parity and Gravidity pregnancy factor(s) Risk factor(s)	Case				Parity and	Stage of	Risk	<
Case No. Date Age Parity and Stage of Risk Factor(s)		Date		Age				. (4)
Case No. Date Age Parity and Stage of Risk Factor(s)	38							nd da
Case No. Date Age Parity and Stage of Risk Factor(s)			Summai	y of Car	e Provided			ure ar
Case No. Date Age Parity and Stage of Risk Factor(s)								gnatı
Case No. Date Age Parity and Stage of Risk Gravidity pregnancy factor(s)								ife si
No. Date Age Gravidity pregnancy factor(s)								Midw
No. Date Age Gravidity pregnancy factor(s)	Case	Dots		۸۵۵	Parity and	Stage of	Risk	
Summary of Care Provided Summary of Care Provided		Date		Age			factor(s)	ate
Midwife signature a	39							nd di
Midwife signat			Summai	y of Car	e Provided			ture a
Midwife s								signa
Midv								wife s
								Mid

Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
40		Summa	ry of Car	e Provided			Midwife signature and date
Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
							date date
		Summa	ry of Car	e Provided			re an
							Midwife signature and date
Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
							d date
		Summa	ry of Car	e Provided			ıre an
							Midwife signature and date
Case No.	Date		Age	Parity and Gravidity	Stage of pregnancy	Risk factor(s)	
							d date
		Summa	ry of Car	e Provided]	ıre an
							Midwife signature and date

High Dependency Care and Care of the Critically III Woman

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

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

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

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

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

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

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

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

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

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

HDU / CRIT Hospital: Unit:	ICAL CARE CASE LOG	Neurological Observations AVPU Yes□ No□	CVP Line: Yes□ No□ If yes, indication and insertion site:		
Level of Critic Level 1 □ Indication for	Reason for Critical Care cal Care (see page 90) Level 2	Glasgow Coma Scale Yes□ No□ If yes, indication for and frequency of monitoring: Reflexes: Yes□ No□ If yes, indication and frequency of monitoring:	Urinary Output Urinary catheter: Yes□ No□ If yes, indication and frequency of monitoring: Additional Monitoring Blood Gases: Yes□ No□		
Other□:	'	Clonus: Yes□ No□ If yes, indication and frequency of monitoring:	If yes, indication and frequency of monitoring:		
Previous med	Parity: N/A: age / Day postnatal: N/A: dical / surgical history of note: previous obstetric history of note:	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:	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		
ASSESSME Respiratory F Method: Heart Rate Method:	NT: Vital Signs Rate Frequency: Frequency:	Intravenous Access Device: site: indication:	monitoring Any other relevant information or assessments		
Blood Pressu Method: Temperature	re Frequency:	Device: site: indication:	RM/RGN signature Print name: Date:		
		Infusions and Medications Provide details including dose, frequency and indications:	Number of hours spent by student observing/participating in the care of this woman/patient:		

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

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

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

If yes, indication and insertion site:

AVPU Yes□ No□

UCD Higher Diploma in Midwifery September 2025 – March 2027

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

No.		Date		Parity 8 Gravidit			igns Obs' quired?		Mode of Birth		Postnatal Day	
E.G	2	22/2/12		P1, G1		Not i	ndicated	,	Spontaneous Vagiı	nal	1	
Uter	us &	Lochia	Pe	rineum		Breas	its		Elimination		Legs	
		ntracted rubra	1 st degre	ee no sutures	S	Soft, colostrum present			PU NBO O6		edema in feet	
Gestati at Birt		Infant Warm?	Fee	eding	Elimi	nation	Cord Stump		Any other	comi	ments	
40 weeks Yes			reeding on mand P		PU, BO NAD			Analgesia administered Mother and baby bonding wel Advised about baby care.		ing well .		
Signati	ure o	f Midwife		T	- 27				Bath demonstrate	d		
	& Da	te		Jan	ebu	rggs						
No.		Date		Parity 8 Gravidit			igns Obs' quired?		Mode of Birth		Postnatal Day	
1											_	
Uterus & Lochia			Pe	rineum		Breasts			Elimination		Legs	
Gestati at Birt		Infant Warm?	Fee	eding	Elimi	nation	Cord Stump		Any other	comi	ments	
Signati	ure o	f Midwife		<u> </u>								
	& Da	te										
No.		Date		Parity 8 Gravidit	. У		igns Obs' luired?		Mode of Birth		Postnatal Day	
2												
Uter	us &	Lochia	Pe	rineum		Breas	sts		Elimination		Legs	
Gestation Infant at Birth Warm?		Fee	eding	Elimi	nation	Cord Stump		Any other	comi	nents		
Signature of Midwife & Date			L									
at Birth Warm?						Cord			comi			

No.		Date		Parity Gravidi			igns Obs' juired?	Mode of Bi	Postnatal Day	
3										
Uteru	us & I	Lochia	Pe	erineum		Breas	its	Elimination		Legs
Gestatio		Infant	Fe	eding	Elimi	Elimination Cord		Any other com		ıments
at Birt	at Birth Warm?			-			Stump	-		
•	ıre o & Da	f Midwife te								
No.		Date		Parity			igns Obs'	 Mode of Bi	rth	Postnatal
				Gravidi	ty	Rec	quired?	mode of Bi		Day
	4 Uterus & Lochia			erineum		Breas	ete	Elimination		Legs
Oterus & Locilla						<u> </u>		Limitation		1090
Gestation at Birt		Infant Warm?	Fe	eding	Elimi	nation	Cord Stump	Any of	ther com	iments
Signatu	ire o	f Midwife								
•	& Da	te								
No.		Date		Parity Gravidi		Vital S Rec	igns Obs' uired?	Mode of Bi	rth	Postnatal Day
5										
Uteru	us & I	Lochia	Pe	erineum		Breas	sts	Elimination		Legs
Gestation		Infant Warm?	Fe	eding	Elimi	nation	Cord Stump	Any of	ther com	iments
	ut Birtii Vuiiii.						r			
Signatu	are o	f Midwife								
_	& Da									

No.	Date			Parity Gravidi			Mode of Birth		Postnatal Day	
6										
Uter	us & Lochia	l	Pe	rineum		Breas	sts	Elimination		Legs
Gestati at Birt			Fee	eding	Elim	ination	Cord Stump	Any other	comr	ments
	Signature of Midwife									
_		wife								
	& Date									
No. Date				Parity Gravidi			igns Obs' quired?	Mode of Birth		Postnatal Day
7	7									
Uterus & Lochia		1	Pe	rineum		Breas	sts	Elimination		Legs
					Elimination Cord					
Gestati at Birt			Fee	eding	Elim	Elimination		Any other	comr	ments
_	ure of Midv & Date	wife								
	I			Parity	e.	Vital S	igns Obs'			Postnatal
No.	Date			Gravidi			quired?	Mode of Birth		Day
8										
Uter	us & Lochia	1	Pe	rineum		Breas	sts	Elimination		Legs
Gestation Infant Fo		Fee	eding	Elim	ination	Cord Stump	Any other comments		nents	
_	ure of Midv	wife								
	& Date									

No.		Date		Parity 8 Gravidit			Mode of Birth		Postnatal Day	
9										
Uter	us & Lo	chia	Pe	rineum		Breas	its	Elimination		Legs
Gestati at Birt		Infant Warm?	Fee	eding	Elimi	nation	Cord Stump	Any other	comr	nents
Signature of Midwife		Midwife								
_	& Date									
No. Date				Parity 8 Gravidit		Vital S Rec	igns Obs' uired?	Mode of Birth		Postnatal Day
10										
Uter	Uterus & Lochia		Pe	rineum		Breas	its	Elimination		Legs
Gestati at Birt		Infant Warm?	Fee	eding	Elimi	nation	Cord Stump	Any other	comr	ments
_	ure of I	Midwife								
	\ Date			Dorite 9)	Vital C	igns Obs'			Postnatal
No.		Date		Parity 8 Gravidit		Rec	juired?	Mode of Birth		Day
11			_	-		_				_
Uter	us & Lo	ochia	Pe	rineum		Breas	its	Elimination		Legs
Gestation Infant at Birth Warm?		Fee	eding	Elimi	nation	Cord Stump	Any other	comr	nents	
Signature of Midwife										
_	& Date									

No.	Dat	te		Parity of Gravidit				Mode of Birth		Postnatal Day	
12											
Uteri	us & Loch	nia	Pe	rineum		Breas	its	•	Elimination		Legs
Gestation at Birt		nfant arm?	Fee	eding	Elimi	nation	Cord Stump		Any other	comr	ments
	Signature of Midwife										
_	ure of Mi & Date	dwife									
No. Date				Parity 6			igns Obs' uired?		Mode of Birth		Postnatal Day
13	13						•				
Uterus & Lochia		nia	Pe	rineum		Breas	its		Elimination		Legs
Gestation at Birt		nfant arm?	Fee	eding	Elimi	Elimination Cor Stun			Any other	com	nents
_	ure of Mi	dwife									
No.	Dat	te		Parity 6			igns Obs'		Mode of Birth		Postnatal
14				Gravidi	Ly T	Kec	uired?				Day
Uter	us & Loch	nia	Pe	rineum		Breas	its		Elimination		Legs
Gestation Infant Format Birth Warm?		Fee	eding	Elimi	nation	Cord Stump		Any other	comr	nents	
Signati	ure of Mi	dwife									
_	& Date										

No.	Date			Parity Gravidi			igns Obs' juired?	Mode of Birth Postnata Day			
15											
Uter	us & L	_ochia	Pe	erineum		Breas	its	Elimination		Legs	
Gestation		Infant Warm?	Fe	eding	Elimi	nation	Cord Stump	Any othe	r com	ments	
at Birt							Otump				
Signatu	ure of	f Midwife									
_	& Dat										
No. Date				Parity Gravidi			igns Obs' juired?	Mode of Birth		Postnatal Day	
16				- Gravia.		1100	<u>juniou i</u>			2	
Uter	us & L	_ochia	Pe	erineum		Breas	its	Elimination		Legs	
Gestatio		Infant	Fe	eding	Elimi	nation	Cord	Any othe	r com	ments	
at Birt	n	Warm?					Stump				
Cianoti		f Midwifa									
_	& Dat	f Midwife te									
No.		Date		Parity			igns Obs'	Mode of Birth		Postnatal	
17		Date		Gravidi	ty	Rec	uired?	MIOGE OF BIRTH		Day	
	us & L	_ochia	Pe	erineum		Breas	ets	Elimination		Legs	
Contati	- I	Info-					00			_	
	Gestation Infant at Birth Warm?		Fe	eding	Elimi	nation	Cord Stump	Any othe	r com	ments	
Signatu	ure of	f Midwife									
	& Date										

No.	Date			Parity 8 Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
18											
Uter	us & Lo	ochia	Pe	rineum		Breasts			Elimination		Legs
Gestati at Birt		Infant Warm?	Fee	eding	Elimi	nation	Cord Stump		Any other	comi	nents
Sign of	Signature of Midwife										
_	& Date										
No.	ı	Date		Parity & Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
19				Gravian	. y	Ttoo	uncu:				Duy
Uter	Uterus & Lochia			rineum		Breas	ts		Elimination		Legs
Gestati at Birt		Infant Warm?	Fee	Feeding		nation	Cord Stump		Any other	comi	ments
_	ure of \\	Midwife									
No.	ı	Date		Parity &			igns Obs' uired?		Mode of Birth		Postnatal Day
20				Gravidit		Neu	uneur				Day
Uter	us & Lo	ochia	Pe	rineum		Breas	ts		Elimination		Legs
	Oterus & Locilla										
Gestation Infant at Birth Warm?		Fee	eding	Elimi	nation	Cord Stump		Any other	comi	ments	
O: min	eature of Midwife										
	ure of l										
	α Date	•									

No.	Date		Parity 8 Gravidit				Mode of Birth		Postnatal Day	
21										
Uterus	s & Lochia	Pe	rineum		Breas	its		Elimination		Legs
Gestation at Birth		Fee	eding	Elimi	nation	Cord Stump		Any other	comi	ments
_	re of Midwife Date									
α	Date		Danita (•	V:4-10	: Ob -1	4			Do atroptal
No. Date			Parity & Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
22	22									
Uterus	s & Lochia	Pe	rineum		Breas	its		Elimination		Legs
Gestation at Birth		Fee	eding	Elimi	Elimination			Any other	comi	ments
_	re of Midwife									
&	Date									
No.	Date		Parity & Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
23										
Uterus	s & Lochia	Pe	rineum		Breas	ts		Elimination		Legs
Gestation Infant F at Birth Warm?		Fee	eding	Elimi	nation	Cord Stump		Any other comments		ments
Signatur	re of Midwife									
_	Date									

No.		Date		Parity Gravidit			igns Obs' uired?	Mode of Bi	rth	Postnatal Day
24										
Uter	us & Lo	ochia	Pe	erineum		Breas	its	Elimination		Legs
Gestati		Infant Warm?	Fee	eding	Elimi	nation	Cord	Any o	ther com	ments
at birt	ırı	vvariii?					Stump			
Cianati	ura of	Midwife								
	ure or & Date	Midwife e								
				Parity (&	Vital S	igns Obs'	Made of Di	w i lo	Postnatal
No.	Date Perine			Gravidi			quired?	Mode of Bi	rtn	Day
25								Production of the second		•
Uter	Iterus & Lochia Perineum			erineum		Breas	sts	Elimination		Legs
Gestati at Birt	l lecullu				Elimi	nation	Cord Stump	Any other comments		
							•			
Signati	ure of	Midwife								
_	& Date									
No.		Date		Parity Gravidi			igns Obs' uired?	Mode of Bi	rth	Postnatal Day
26					-9	1100	<u> </u>			
Uter	us & Lo	ochia	Pe	rineum		Breas	its	Elimination		Legs
	Gestation Infant Feeding at Birth Warm?			Elimi	nation	Cord Stump	Any o	ther com	ments	
αι ΒΠ	at Birth Warm?						Stump			
0:		Bat de 16						_		
	ure of & Date	Midwife e								
	& Dall									

No.	[Date	nte (& ty		igns Obs' juired?		Mode of Birth		Postnatal Day
27											
Uter	us & Lo	ochia	Pe	rineum		Breas	its		Elimination		Legs
Gestati at Birt		Infant Warm?	Fee	eding	Elimi	nation	Cord Stump		Any other	comi	ments
		Midwife									
	& Date)									
No.		Date		Parity & Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
28		s & Lochia Perineum									
Uter	us & Lo	& Lochia Perineum				Breas	its		Elimination		Legs
		on Infant Feeding									
Gestati at Birt		Infant Warm?	i eeuiiu i Liiiiilalioii				Cord Stump	,	Any other	comi	ments
Signati	ure of l	Midwife									
	& Date										
No.	ι	Date		Parity & Gravidit			igns Obs' juired?		Mode of Birth		Postnatal Day
29											
Uter	us & Lo	ochia	Pe	rineum		Breas	its		Elimination		Legs
Gestati at Birt		Infant Feeding Warm?			Elimi	nation	Cord Stump		Any other	comi	ments
Oiemet.	Signature of Midwife										
_	ure of i										
	J. – 440										

No.				Parity Gravidi			igns Obs' juired?	Mode of Birth		Postnatal Day
30										
Uter	us & L	ochia	Pe	erineum		Breas	its	Elimination		Legs
Gestation		Infant Warm?	Fe	eding	Elimi	nation	Cord Stump	Any othe	r com	ments
at Birt		vvaiii.					Otump			
Signatu	ure of	Midwife								
_	& Dat									
No.		Date		Parity Gravidi			igns Obs' juired?	Mode of Birth		Postnatal Day
31				- Gravia.		1100	<u>juniou i</u>			2
Uter	Jterus & Lochia			erineum		Breas	its	Elimination		Legs
	310140 G 200114									
Gestatio	station Infant t Birth Warm?			eding	Elimi	nation	Cord	Any othe	r com	ments
at Birt	:n	vvarm?					Stump			
Cianoti		Midwifa								
_	& Dat	Midwife te								
No.		Date		Parity			igns Obs'	Mode of Birth		Postnatal
32		Dute		Gravidi	ty	Red	uired?	Mode of Birth		Day
	us & L	ochia.	Pe	erineum		Breas	its	Elimination		Legs
Gostati	on	Infant					Cord			
	Gestation Infant Feeding at Birth Warm?			eding	Elimi	nation	Stump	Any othe	r com	ments
Signatu	ure of	Midwife						\dashv		
	& Dat	te								

No.		Date		Parity Gravidi			igns Obs' uired?	Mode of Birth		Postnatal Day
33										
Uter	us & L	_ochia	Pe	erineum		Breas	its	Elimination		Legs
Gestation		Infant Warm?	Fe	eding	Elimi	nation	Cord Stump	Any other	comr	nents
at Birt	•••	Wallin:					Otump			
Signatu	ure of	f Midwife								
_	& Dat									
No.		Date		Parity Gravidi			igns Obs' uired?	Mode of Birth		Postnatal Day
34				- Gravia.		1.00	<u> u </u>			zuy
Uter	Uterus & Lochia			erineum		Breas	sts	Elimination		Legs
	2001111									
Gestati	station Infant t Birth Warm?			eding	Elimi	nation	Cord	Any other	r comr	ments
at Birt	in	warm?					Stump			
Cianotu	Tro O	f Midwife								
_	& Dat									
No.		Date		Parity			igns Obs'	Mode of Birth		Postnatal
35				Gravidi	ty	Rec	quired?			Day
Uter	us & L	_ochia	Pe	 erineum		Breas	sts	Elimination		Legs
Gestati		Infant	Fe	edina	Flimi	nation	Cord	Any other	comr	ments
at Birt	at Birth Warm?			9			Stump	Ally other		
		f Midwife								
	& Dat	te								

No.		Date		Parity Gravio	& lity	Vital S Req	igns Obs' juired?	Mode of Birth	Postnatal Day
36									
Uter	us & L	ochia	Per	ineum		Breas	ts	Elimination	Legs
Gestati		Infant	Fee	ding	Elimiı	nation	Cord	Any other	r comments
at Birt	in	Warm?					Stump		
0: (.							
_	ure of & Date	Midwife e							
				Parity (&	Vital S	igns Obs'	1 1 1 1 1 1 1	Postnatal
No.		Date		Gravidi			uired?	Mode of Birth	Day
37		o chio	Por	in a ma		Breas	40	Elimination	Logo
Uter	rus & Lochia Perine			ineum		Breas	its	Elimination	Legs
Gestati at Birt				ding	Elimination Cord Stump			Any other	r comments
Signati	ure of	Midwife							
	& Date	е							
No.		Date		Parity of Gravidi			igns Obs' uired?	Mode of Birth	Postnatal Day
38									
Uter	us & L	ochia	Per	ineum		Breas	ts	Elimination	Legs
Gestati at Birt		Infant Warm?	Fee	ding	Elimiı	nation	Cord Stump	Any other	r comments
at Dire		71411111					Ctamp		
Signati	ure of	Midwife							
_	are or & Date								

No.		Date		Parity 8 Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
39											
Uter	us & L	ochia	Pe	rineum		Breas	ts		Elimination		Legs
Gestati at Birt		Infant Warm?	Fe	eding	Elimi	nation	Cord Stump	ı	Any other	comi	ments
	ure of & Date	Midwife									
	Q Dati	e e		Donite	•	Vital C	iana Oha'				Postnatal
No.		Date		Parity 8 Gravidit			igns Obs' uired?		Mode of Birth		Day
40		s & Lochia Perineum									
Uter	us & L	ochia Perineum				Breas	ts		Elimination		Legs
		Infant Feeding									
Gestati at Birt		Infant Warm?	Feeding Elimination				Cord Stump	ı	Any other	comi	ments
		Midwife									
	& Date	e									
No.		Date		Parity 8 Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
41											
Uter	us & L	ochia	Pe	rineum		Breas	ts		Elimination		Legs
Gestati at Birt		Infant Warm?				nation	Cord Stump		Any other	comi	ments
_	Signature of Midwife										
	& Date	е									

No.	Da	ite		Parity 8 Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
42											
Uter	us & Locl	hia	Pe	rineum		Breas	ts		Elimination		Legs
Gestati at Birt		nfant Varm?	Fee	eding	Elimi	nation	Cord Stump	,	Any other	comi	ments
Signati	ure of Mi	idwife									
	& Date										
No.	Da		ş. Y		igns Obs' uired?		Mode of Birth		Postnatal Day		
43		s & Lochia Perineum									
Uter	us & Locl	Lochia Perineum				Breas	ts		Elimination		Legs
		n Infant Feeding									
Gestati at Birt		nfant Varm?	Feeding Elimination				Cord Stump	,	Any other	comi	ments
	ure of Mi & Date	idwife									
No.	Da	ıte		Parity 8 Gravidit			igns Obs' juired?		Mode of Birth		Postnatal Day
44				Gravidi	· y	Nec	uneu:				Day
Uter	us & Loci	hia	Pe	rineum		Breas	ts		Elimination		Legs
Gestati at Birt		Infant Feeding E			Elimi	nation	Cord Stump	,	Any other	comi	nents
_	Signature of Midwife & Date										
	& Date										

No.	Da	ate		Parity 8 Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
45											
Uter	us & Loc	hia	Pe	rineum		Breas	ts		Elimination		Legs
Gestati at Birt		Infant Varm?	Fee	eding	Elimi	nation	Cord Stump		Any other	comi	ments
_	ure of M	lidwife									
	& Date Parity & Gravidity										
No.	Da	ate					igns Obs' uired?		Mode of Birth		Postnatal Day
46		& Lochia Perineum									
Uter	us & Loc	Lochia Perineum				Breas	ts		Elimination		Legs
		ı İnfant Feeding									
Gestati at Birt		Infant Varm?	Feeding Elimination				Cord Stump	ı	Any other	comi	ments
Signati	ure of M	lidwife									
	& Date										
No.	Da	ate		Parity 8 Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
47											
Uter	us & Loc	hia	Pe	rineum		Breas	ts		Elimination		Legs
Gestati at Birt		Infant Varm?				nation	Cord Stump	ı	Any other	comi	ments
Signati	Signature of Midwife										
	& Date										

No.				Parity Gravidi			igns Obs' juired?	Mode of Birth		Postnatal Day
48										
Uter	us & L	ochia.	Pe	erineum		Breas	its	Elimination		Legs
Gestation		Infant Warm?	Fe	eding	Elimi	nation	Cord Stump	Any other	comm	ients
at Birt		wanni					Otump			
Signatu	ure of	· Midwife								
_	& Dat									
No.		Date		Parity Gravidi			igns Obs' juired?	Mode of Birth		Postnatal Day
49				- Gravia.	- y	1100	<u>juniou i</u>			2
Uter	Uterus & Lochia			erineum		Breas	its	Elimination		Legs
	00.000000000000000000000000000000000000									
Gestatio	station Infant t Birth Warm?			eding	Elimi	nation	Cord	Any other	comm	ents
at Birt	n	warm?					Stump			
Cianati		Midwifa								
_	& Dat	Midwife e								
No.		Date		Parity			igns Obs'	Mode of Birth		Postnatal
50		Date		Gravidi	ty	Rec	uired?	Mode of Birtin		Day
	us & L	.ochia	Pe	erineum		Breas	ets	Elimination		Legs
Centat!	<u> </u>	Infot					Cand			
	Gestation Infant Feedin at Birth Warm?			eding	Elimi	nation	Cord Stump	Any other	comm	ents
Signatu	ure of	Midwife								
	& Dat	e								

No.	D	ate		Parity & Gravidit			igns Obs' juired?		Mode of Birth		Postnatal Day
51											
Uter	us & Lo	chia	Pe	rineum		Breas	its		Elimination		Legs
Gestati at Birt		Infant Warm?	Fee	eding	Elimi	nation	Cord Stump		Any other	comr	ments
Signatu	ure of N & Date	/lidwife									
	& Date			Davids (ο	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	: Ob - 1				Do atroptal
No.	D	Date Parity & Gravidity					igns Obs' uired?		Mode of Birth		Postnatal Day
52		& Lochia Perineum									
Uter	us & Lo	& Lochia Perineum			Breasts			Elimination		Legs	
	on Infant Feeding I										
Gestati at Birt		Infant Feeding Elim			Elimi	ination Cord Any other comme					ments
Signati											
	& Date										
No.	D	ate		Parity & Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
53											
Uter	us & Lo	chia	Pe	rineum		Breas	its		Elimination		Legs
Gestati at Birt			Elimi	nation	Cord Stump		Any other	comr	ments		
Signati	uro of h	Aidurifo.									
Signatu	ure of N & Date										

No.	54		Parity & Gravidit			igns Obs' juired?	Mode of Birth	Postnatal Day
54								
Uteri	us & Lochia	Pe	erineum		Breas	ts	Elimination	Legs
Gestation		Fe	eding	Elimir	nation	Cord	Any other	comments
at Birt	h Warm?		_			Stump		
_	ure of Midwife & Date							
	ox Date		Donits (.	Vital C	iana Oha'		Postnatal
No.	Date		Parity 8 Gravidit			igns Obs' juired?	Mode of Birth	Day
55								_
Uteri	Jterus & Lochia		erineum	Breasts		Elimination	Legs	
Gestation		eding	Elimir	nation	Cord Stump	Any other	comments	
at biit	II Walli:					Stump		
Signatu	ure of Midwife							
_	& Date							
No.	Date		Parity 8	<u> </u>	Vital S	igns Obs'	Mode of Birth	Postnatal
56	Date		Gravidit	У	Red	uired?	Wode of Birtin	Day
	us & Lochia	D ₂	erineum		Breas	its	Elimination	Legs
3.01					2.003			2090
	estation Infant Feeding at Birth Warm?		eding	Elimir	nation	Cord Stump	Any other	comments
Signatu	ure of Midwife							
	& Date							
		1					1	

No.	Date			Parity Gravidi			igns Obs' juired?		Mode of Birth		Postnatal Day
57											
Uteri	us & Lochia	l	Pe	rineum		Breas	its		Elimination		Legs
Gestation at Birt			Fee	eding	Elim	ination	Cord Stump		Any other	comr	nents
_	ure of Midv	vife									
	& Date					1					
No.	Date			Parity Gravidi			igns Obs' uired?		Mode of Birth		Postnatal Day
58		s & Lochia Perineum									
Uteri	us & Lochia	s & Lochia Perineum			Breasts			Elimination		Legs	
				Cont							
Gestation at Birt					ination Cord Stump			Any other comments			
_	ure of Midv	vife									
'	& Date					1					
No.	Date			Parity Gravidi			igns Obs' uired?		Mode of Birth		Postnatal Day
59											
Uter	us & Lochia	1	Pe	rineum		Breas	its		Elimination		Legs
Gestation at Birt			Elim	ination	Cord Stump	,	Any other	comr	ments		
Signati	ure of Midv	vife									
_	& Date										

No.	Da	ate		Parity 8 Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
60											
Uter	us & Loc	chia	Pe	rineum		Breas	its		Elimination		Legs
Gestati at Birt		Infant Narm?	Fee	eding	Elimi	nation	Cord Stump		Any other	comi	nents
	ure of M	lidwife									
	& Date										
No.	Da	ate		Parity 8 Gravidit			igns Obs' juired?		Mode of Birth		Postnatal Day
61											
Uter	us & Loc	chia	Pe	rineum		Breasts			Elimination		Legs
			i eeuiliu				Cord				
Gestati at Birt		Infant Narm?	Fee	eding	Elimination				Any other	comi	ments
Signati	ure of M	lidwife									
	& Date										
No.	Da	ate		Parity & Gravidit			igns Obs' juired?		Mode of Birth		Postnatal Day
62											
Uter	us & Loc	chia	Pe	rineum		Breas	its		Elimination		Legs
Gestati at Birt		Infant Narm?	Fee	eding	Elimi	nation	Cord Stump		Any other	comi	nents
Signati											
_	Signature of Midwife & Date										

No.	Da	ate		Parity 8 Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
63											
Uter	us & Loc	chia	Pe	rineum		Breas	ts		Elimination		Legs
Gestati at Birt		Infant Warm?	Fee	eding	Elimi	nation	Cord Stump		Any other	comi	nents
	ure of M	lidwife									
	& Date					l					
No.	Da	ate		Parity & Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
64											
Uter	us & Loc	chia	Pe	rineum		Breasts			Elimination		Legs
			i eeuiliu		Flimination Cord						
Gestati at Birt		Infant Warm?	Fee	eding	Elimination C				Any other	comi	ments
Signatu	ure of M	lidwife									
	& Date										
No.	Da	ate		Parity & Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
65											
Uter	us & Loc	chia	Pe	rineum		Breas	ts		Elimination		Legs
Gestati at Birt		Infant Warm?	Fee	eding	Elimi	nation	Cord Stump	,	Any other	comi	nents
Signate	ure of M	lidwife									
_	ignature of Midwife & Date										

No.	D	Date		Parity 8 Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
66											
Uter	us & Lo	chia	Pe	rineum		Breas	ts		Elimination		Legs
Gestati at Birt		Infant Warm?	Fe	eding	Elimi	nation	Cord Stump		Any other	comr	nents
Oi ava att		Midwife									
_	& Date	Midwife									
No.	0	Date		Parity 8 Gravidit		Vital S Rec	igns Obs' uired?		Mode of Birth		Postnatal Day
67											
Uter	us & Lo	ochia Perineum		rineum	Breasts			Elimination		Legs	
		on Infant Feedi									
Gestati at Birt		Infant Warm?	Fee	eding	Elimir	nation	Cord Stump	ı	Any other	comr	nents
Signati	ure of N	Midwife									
	& Date)									
No.	D	Date		Parity 8 Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
68											
Uter	us & Lo	chia	Pe	rineum		Breas	ts		Elimination		Legs
Gestati at Birt		Infant Warm?	Fe	eding	Elimii	nation	Cord Stump	ı	Any other	comr	ments
Signati	Ciana tura of Midwife										
	Signature of Midwife & Date										

No.	Date	•		Parity Gravidi			igns Obs' uired?		Mode of Birth		Postnatal Day
69											
Uter	us & Lochi	а	Pe	rineum		Breas	ts		Elimination		Legs
Gestati at Birt		fant rm?	Fee	eding	Elimi	ination	Cord Stump		Any other	comi	ments
_	ure of Mid & Date	wife									
	Ox Date			Dorite	0	Vital C	iana Oha'				Postnatal
No.	Date			Parity Gravidi			igns Obs' uired?		Mode of Birth		Day
70											
Uter	us & Lochi	a	Pe	rineum		Breasts			Elimination		Legs
			Perineum Feeding		Elimination Cord						
Gestati at Birt		fant rm?	Fee	eding	Elimination				Any other	comi	ments
_	ure of Mid	wife									
	& Date										
No.	Date	•		Parity Gravidi			igns Obs' uired?		Mode of Birth		Postnatal Day
71											
Uter	us & Lochi	а	Pe	rineum		Breas	ts		Elimination		Legs
Gestati at Birt		fant rm?	Fee	eding	Elimi	nation	Cord Stump		Any other	comi	ments
Signati	gnature of Midwife										
	& Date										

No.	[Date		Parity 8 Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
72											
Uter	us & Lo	ochia	Pe	rineum		Breas	its		Elimination		Legs
Gestati at Birt		Infant Warm?	Fe	eding	Elimi	nation	Cord Stump		Any other	comi	ments
Signati	ure of l	Midwife									
_	& Date										
No.		Date		Parity & Gravidit			igns Obs' juired?		Mode of Birth		Postnatal Day
73											
Uter	us & Lo	ochia	Pe	rineum		Breas	Breasts		Elimination		Legs
			Perineum Feeding		Cond						
Gestati at Birt		Infant Warm?	Fe	eding	Elimination Co Stu				Any other	comi	ments
_	ure of I & Date	Midwife									
No.	[Date		Parity & Gravidit			igns Obs' juired?	•	Mode of Birth		Postnatal Day
74				Gravidi	<u>.y</u>	Nec	uli eu :				Day
Uter	us & Lo	ochia	Pe	rineum		Breas	its		Elimination		Legs
			ilia Fellileulli								
Gestati at Birt		Infant Warm?	Fe	eding	Elimi	nation	Cord Stump		Any other	comi	nents
_	ure of I	Midwife									

No.		Date		Parity Gravidi			igns Obs' juired?	Mode of Birth		Postnatal Day
75										
Uter	us & L	ochia.	Pe	erineum		Breas	its	Elimination		Legs
Gestation		Infant Warm?	Fe	eding	Elimi	nation	Cord Stump	Any othe	r com	ments
at Birt		vvaiii.					Otump			
Signatu	ure of	Midwife								
_	& Dat									
No.		Date		Parity Gravidi			igns Obs' juired?	Mode of Birth		Postnatal Day
76	terus & Lochia			- Gravia.	- y	1100	<u>juniou i</u>			2,
Uter	erus & Lochia P		erineum		Breas	its	Elimination		Legs	
	Jeius & Locilla									
Gestatio		Infant	Fe	eding	Elimi	nation	Cord	Any othe	r com	ments
at Birt	n	Warm?					Stump			
Cianati	uro of	Midwife								
_	& Dat									
No.		Date		Parity			igns Obs'	Mode of Birth		Postnatal
77				Gravidi	ty	Rec	juired?			Day
Uteri	us & L	.ochia	Pe	rineum		Breas	its	Elimination		Legs
Gestation	on	Infant	Fo	eding	Flimi	nation	Cord	Any othe	r com	ments
at Birt	:h	Warm?	. 6	221119	-111111		Stump	Ally other	- 55111	
		Midwife								
	& Date									

No.	Date		Parity 8 Gravidity			igns Obs' uired?	Mode of Birth		Postnatal Day
78									•
Uteri	us & Lochia	Pe	erineum		Breas	ts	Elimination		Legs
Gestation at Birt			eding	Elimin	ation	Cord Stump	Any other	comr	nents
_	ure of Midw & Date	rife							
No.	Date		Parity 8 Gravidity		Vital S Rec	igns Obs' juired?	Mode of Birth		Postnatal Day
79				,					,
Uteri	us & Lochia	Pe	erineum		Breas	ts	Elimination		Legs
Gestation at Birt		1 6	eding	Elimin	ation	Cord Stump	Any other	comr	nents
_	re of Midw	ife	<u> </u>						
•	& Date								
No.	Date		Parity 8 Gravidit	y y	Vital S Rec	igns Obs' uired?	Mode of Birth		Postnatal Day
80									
Uter	us & Lochia	Pe	erineum		Breas	ts	Elimination		Legs
Gestation at Birt				Elimin	ation	Cord Stump	Any other	comn	nents
	re of Midw	ife	I_						
	& Date								

No.	Date		Parity & Gravidit			igns Obs' juired?	Mode of Birth	Postnatal Day
81								
Uteri	us & Lochia	Pe	erineum		Breas	sts	Elimination	Legs
Gestation at Birt		Fe	eding	Elimir	nation	Cord Stump	Any other	comments
at Dirt	Wann:					Otamp		
Signatu	ure of Midwife							
_	& Date							
No.	Date		Parity & Gravidit			igns Obs' luired?	Mode of Birth	Postnatal Day
82	Iterus & Lochia		Gravidit	У	NGC	<u>uneu:</u>		Day
Uteri	erus & Lochia Per		rineum	um		its	Elimination	Legs
Gestation		eding	Elimination Cord			Any other	comments	
at Birt	h Warm?		3	Stump			, , ,	
_	ure of Midwife & Date							
			Parity 8	<u>.</u>	Vital S	igns Obs'	1 (5)	Postnatal
No.	Date		Gravidit			uired?	Mode of Birth	Day
83	us & Lochia	D _C	erineum		Breas	ete	Elimination	Legs
Oteri	us & Locilla		a inieum		Dieas	13	Lillillation	Legs
Gestation at Birt			eding	Elimir	nation	Cord Stump	Any other	comments
	ure of Midwife							
	& Date							

No.	Date		Parity 8 Gravidit			igns Obs' uired?	Mode of Birth		Postnatal Day	
84										
Uter	us & Lochia	Pe	erineum		Breas	ts	Elimination		Legs	
Gestati			eding	Elimir	nation	Cord	Any other	comr	nents	
at Birt	h Warm?	'				Stump	-			
_	ıre of Midwif & Date	9								
	& Date		Don't o	.	\/:4-1.0	Ob -1			Do otro otal	
No.	Date		Parity 8 Gravidit			igns Obs' uired?	Mode of Birth		Postnatal Day	
85										
Uter	us & Lochia	ochia Perineum		Breasts			Elimination		Legs	
Gestation at Birt						Cord	Any other comments			
at Dirt	ii vvaiiii					Stump				
0: 1										
_	ire of Midwif & Date	9								
			Parity 8	2.	Vital 9	igns Obs'			Postnatal	
No.	Date		Gravidit			uired?	Mode of Birth		Day	
86										
Uter	us & Lochia	Pe	erineum		Breas	ts	Elimination		Legs	
Gestation at Birt			eding	Elimir	nation	Cord Stump	Any other	comr	nents	
at Bill	··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··					Otaliip				
0:										
	ire of Midwif & Date	Ð								

No.		Date		Parity 8 Gravidit			igns Obs' juired?	Mode of Birth		Postnatal Day
87										
Uter	us & L	ochia	Pe	rineum		Breas	ts	Elimination		Legs
Gestati at Birt		Infant Warm?	Fee	eding	Elimi	nation	Cord Stump	Any other	comi	ments
_		Midwife								
	& Date	е								
No.		Date		Parity 8 Gravidit			igns Obs' uired?	Mode of Birth		Postnatal Day
88										
Uter	us & L	ochia	Pe	rineum	Breasts		its	Elimination		Legs
Gestati at Birt		Infant Warm?	Fe	eding	Elimination Cord Stump		Any other	comi	ments	
_	ure of	Midwife e								
No.		Date		Parity 8			igns Obs'	Mode of Birth		Postnatal
89				Gravidit	у	Red	juired?	mode of Birth		Day
	us & L	ochia	Pe	rineum		Breas	its	Elimination		Legs
	rus & Lochia Perineum									
Gestati at Birt		Infant Warm?	Fe	eding	Elimi	nation	Cord Stump	Any other	comi	ments
Signati	ure of	Midwife								
	Signature of Midwife & Date									

No.	Da	te		Parity 8 Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
90											
Uter	us & Loci	hia	Pe	rineum		Breas	ts		Elimination		Legs
				Ţ,							
Gestati at Birt		nfant /arm?	Fee	eding	Elimi	nation	Cord Stump		Any other	comi	ments
	ure of Mi & Date	idwife									
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Donito d	a	\/;t-10	: Ob1				Do atroptal
No.	Da	ite		Parity & Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
91											
Uter	us & Loci	hia	Pe	rineum		Breasts			Elimination		Legs
			int Feeding		Elimination Cord						
Gestati at Birt		nfant /arm?	Fee	eding	Elimination				Any other	comi	ments
	ure of Mi & Date	idwife									
	L Date			Donito d	•	\/;4-10	: Ob -1				Do atroptal
No.	Da	ite		Parity & Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
92											
Uter	us & Locl	hia	Pe	rineum		Breas	ts		Elimination		Legs
Gestati at Birt		nfant /arm?	Fee	eding	Elimi	nation	Cord Stump		Any other	comi	nents
_	ure of Mi	idwife									
	& Date										

No.		Date		Parity Gravidi			igns Obs' juired?	Mode of Birth		Postnatal Day
93										
Uter	us & L	_ochia	Pe	erineum		Breas	its	Elimination		Legs
Gestation		Infant Warm?	Fe	eding	Elimi	nation	Cord Stump	Any other	comme	ents
at Birt	•••	vvaiii.					Otump			
Signati	ure of	f Midwife								
_	& Dat									
No.		Date		Parity Gravidi			igns Obs' juired?	Mode of Birth		Postnatal Day
94	terus & Lochia			Graviui	ty	Nec	uli eu :			
Uter	erus & Lochia		Pe	erineum		Breas	ets	Elimination		Legs
	nerus & Locilia									
Gestati	on	Infant	Fo	eding	Flimi	nation	Cord	Any other	commo	onte
at Birt		Warm?	re	eamy		IIauon	Stump	Any other	COMMINE	ints
_		f Midwife								
	& Dat	te								
No.		Date		Parity Gravidi			igns Obs' uired?	Mode of Birth		Postnatal Day
95										
Uter	us & L	-ochia	Pe	erineum		Breas	its	Elimination		Legs
Gestati		Infant	Fe	eding	Elimi	nation	Cord	Any other	comme	ents
at Birt	ın	Warm?					Stump			
		f Midwife								
	& Date									

Postnatal Examinations (100 Cases)

No.	Da	ate		Parity 8 Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
96											
Uterus & Lochia		Perineum			Breasts			Elimination		Legs	
	Gestation Infant at Birth Warm?		Fee	eding Elimii		imination Cord Stump		1	Any other comments		ments
Signati	ure of M	idwife									
	& Date	awne									
No.	No. Date			Parity 8 Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
97											
Uter	us & Loc	hia	Pe	rineum		Breas	ts	ı	Elimination		Legs
Gestati at Birt		Infant Varm?	Fee	Feeding El		Elimination Cord Stump		1	Any other comments		ments
	ure of M & Date	idwife									
				Parity 8	& Vital Signs Obs'					Postnatal	
No.	Da	ate		Gravidit			uired?		Mode of Birth		Day
98							ı				
Uter	us & Loc	hia	Pe	rineum		Breas	ts		Elimination		Legs
Gestati at Birt		Infant Varm?	Fee	eding	Elimi	nation	Cord Stump	ı	Any other	comi	ments
_	ure of M	idwife									
	& Date										

Postnatal Examinations (100 Cases)

No.	Г	Date		Parity & Gravidit			igns Obs' uired?		Mode of Birth		Postnatal Day
99											
Uterus & Lochia		Perineum			Breasts			Elimination		Legs	
	Gestation Infant at Birth Warm?		Fe	eeding Elimir		imination Cord Stump			Any other comments		ments
	ure of r & Date	Midwife									
				Parity 8	R .	Vital 9	iane ∩he'				Postnatal
No.		Date		Gravidit					Mode of Birth		Day
100											
Uter	us & Lo	ochia	Pe	erineum		Breas	its		Elimination		Legs
	<u> </u>										
Gestati at Birt		Infant Warm?	Fee	Feeding Eli		Elimination Cord Stump			Any other comments		ments
	ure of I	Midwife									
No.		Date		Parity 8	& Vital Signs Obs'			Mode of Birth		Postnatal	
140.		-uio		Gravidit	ty	Rec	uired?		MOUG OF DITUI		Day
litor	us & Lo	ochia	Po	rineum		Breas	te		Elimination		Legs
Oter	Uterus & Lochia P		1 6	inieum		Dieds			Limitation		Legs
Gestati at Birt		Infant Warm?	Fe	eding	Elimi	nation	Cord Stump		Any other	comi	ments
Signati		Midwife									
								l l	i		





Midwifery Student Case Loading Guidelines for Students

Introduction

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

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

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

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

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

Aims of Student Case-Loading

The aims of student case-loading are to:

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

Supervision

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

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

Communication Between the Woman and the Student Midwife

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

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

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

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

Women's Choice and Consent

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

Midwifery Student Case-Loading Process

1. Selecting a case-load

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

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

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

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

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

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

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

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

2. Antenatal Care

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

If you are scheduled to be on a clinical placement on the day of the woman's antenatal appointment, you should plan in advance with your preceptor /clinical manager to be released to attend. If the woman is attending an out-lying clinic then you must arrange in advance to be on a day off or arrange to attend an alternative appointment if this is not possible. You will not be given time-in-lieu for attending antenatal appointments if you are on a rostered day off from clinical placement. The woman will be asked to text 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				
Date: 22.12.2017	Comme	Comments						
Gestation or number of days post delivery 38+4	Feels we On Palpa Fundus: Engager Fetal mo of labour	ment: 3/5 palpak vement felt, Fet discussed	nt: g, Presentation: Cepl	Signs				

Caseload One

Pseudonym	Age	Gravida & Parity	EDD	Obstetric History
Date: Gestation or number of days post delivery	Comme	nts		Midwife's Signature: Date:
Date: Gestation or number of days post delivery	Comme	nts	Midwife Da	te & Sign:
Date: Gestation or number of days post delivery	Comme	nts	Midwife Da	te & Sign:
Date: Gestation or number of days post delivery	Comme	nts	Midwife Da	te & Sign:

Date:	Comments		
Gestation or			
number of			
days post			
delivery			
		Ī	
			Midwife's Signature:
			Date:
			Date.
Date:	Comments		
	1		
Gestation or			
number of			
days post			
delivery			
		14: 1 : C D	
		Midwife Dat	te & Sign:
	<u>I</u>		
Date:	Comments		
Gestation or			
number of			
days post			
delivery			
		Midwife Dat	to & Sign:
		Wildwile Dal	e a oigii.
Date:	Comments		
Gestation or			
number of			
days post			
delivery			
aciively			
		Midwife Dat	te & Sign:
		Midwife Dat	te & Sign:

Date:	Comments		
Gestation or			
number of			
days post			
delivery			
		Ī	
			Midwife's Signature:
			Date:
			Date.
Date:	Comments		
	1		
Gestation or			
number of			
days post			
delivery			
		14: 1 : C D	
		Midwife Dat	te & Sign:
	<u>I</u>		
Date:	Comments		
Gestation or			
number of			
days post			
delivery			
		Midwife Dat	to & Sign:
		Wildwile Dal	e a oigii.
Date:	Comments		
Gestation or			
number of			
days post			
delivery			
aciively			
		Midwife Dat	te & Sign:
		Midwife Dat	te & Sign:

Caseload Two

Pseudonym	Age	Gravida & Parity	EDD	Obstetric History
Date: Gestation or number of days post delivery	Commer	nts		Midwife's Signature:
				Date:
Date: Gestation or number of days post delivery	Commer	nts	Midwife Da	te & Sign:
Date: Gestation or number of days post delivery	Commer	nts	Midwife Da	te & Sign:
Date: Gestation or number of days post delivery	Commer	nts		
			Midwife Da	te & Sign:

Date:	Comments		
Gestation or			
number of			
days post			
delivery			
			Midwife's Signature:
			Date:
			Date.
Date:	Comments		
	1		
Gestation or			
number of			
days post			
delivery			
		_	
		Midwife Dat	te & Sign:
Date:	Comments		
	1		
Gestation or			
number of			
	I .		
days post			
days post		[
days post		Midwife Da	te & Sign:
days post		Midwife Da	te & Sign:
days post		Midwife Date	te & Sign:
days post	Comments	Midwife Da	te & Sign:
days post delivery	Comments	Midwife Dat	te & Sign:
days post delivery	Comments	Midwife Da	te & Sign:
Date: Gestation or number of	Comments	Midwife Dat	te & Sign:
Date: Gestation or number of days post	Comments	Midwife Da	te & Sign:
Date: Gestation or number of	Comments	Midwife Da	te & Sign:
Date: Gestation or number of days post	Comments		
Date: Gestation or number of days post	Comments	Midwife Dat	
Date: Gestation or number of days post	Comments		

Date:	Comments		
Gestation or			
number of			
days post			
delivery			
			Midwife's Signature:
			Date:
			Date.
Date:	Comments		
	1		
Gestation or			
number of			
days post			
delivery			
		_	
		Midwife Dat	te & Sign:
Date:	Comments		
	1		
Gestation or			
number of			
	I .		
days post			
days post		[
days post		Midwife Da	te & Sign:
days post		Midwife Da	te & Sign:
days post		Midwife Date	te & Sign:
days post	Comments	Midwife Da	te & Sign:
days post delivery	Comments	Midwife Dat	te & Sign:
days post delivery	Comments	Midwife Da	te & Sign:
Date: Gestation or number of	Comments	Midwife Dat	te & Sign:
Date: Gestation or number of days post	Comments	Midwife Da	te & Sign:
Date: Gestation or number of	Comments	Midwife Da	te & Sign:
Date: Gestation or number of days post	Comments		
Date: Gestation or number of days post	Comments	Midwife Dat	
Date: Gestation or number of days post	Comments		

Caseload Three

Pseudonym	Age	Gravida & Parity	EDD	Obstetric History
Date: Gestation or number of days post delivery	Comme	nts		Midwife's Signature:
Date: Gestation or number of days post delivery	Comme	nts	Midwife Da	te & Sign:
Date: Gestation or number of days post delivery	Comme	nts	Midwife Da	te & Sign:
Date: Gestation or number of days post delivery	Comme	nts	Midwife Da	te & Sign:

Date:	Comments		
Gestation or			
number of			
days post			
delivery			
		Г	
			Midwife's Signature:
			Date:
Date:	Comments		
0			
Gestation or number of			
days post			
delivery			
delivery			
		Midwife Dat	te & Sign:
Date:	Comments		
Date:	Comments		
	Comments		
Gestation or	Comments		
Gestation or number of	Comments		
Gestation or number of days post	Comments		
Gestation or number of	Comments		
Gestation or number of days post	Comments	Midwife Dat	te & Sign:
Gestation or number of days post	Comments	Midwife Dat	te & Sign:
Gestation or number of days post	Comments	Midwife Dat	te & Sign:
Gestation or number of days post	Comments	Midwife Dat	e & Sign:
Gestation or number of days post delivery		Midwife Dat	te & Sign:
Gestation or number of days post delivery Date:		Midwife Dat	e & Sign:
Gestation or number of days post delivery Date: Gestation or number of		Midwife Dat	te & Sign:
Gestation or number of days post delivery Date: Gestation or number of days post		Midwife Dat	te & Sign:
Gestation or number of days post delivery Date: Gestation or number of		Midwife Dat	te & Sign:
Gestation or number of days post delivery Date: Gestation or number of days post			
Gestation or number of days post delivery Date: Gestation or number of days post		Midwife Dat	
Gestation or number of days post delivery Date: Gestation or number of days post			

Date: Gestation or number of	Comments		
days post delivery			
delivery			
			Midwife's Signature:
			Date:
Date:	Comments		
Gestation or number of days post delivery			
donvory		Midwife Da	to & Sign:
		Wildwile Da	te & Sign.
Date:	Comments		
Gestation or number of days post			
delivery			
		Midwife Da	te & Sign:
Date:	Comments		
Gestation or number of days post delivery			
		Midwife Da	te & Sign:

Care of the Newborn Requiring Special Care (10cases)

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

Examples (not exhaustive)

- o Hypoglycaemia
- Hypothermia
- o TTN/Respiratory Distress Syndrome/Meconium Aspiration Syndrome
- Shock/Persistent Pulmonary Hypertension of the Newborn
- Jaundice
- 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.	Jane Bloggs DD/MM/YYYY
1				
2				
3				
4				

Care of the Newborn Requiring Special Care (10 Cases)

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

Record of Workshops, Mandatory Education and Training

Mandatory Emergency Education and Training	Student Signature	Facilitator Signature	Date
Basic Life Support		NMH	
Initial Steps of Neonatal Resuscitation		UCD	
Neonatal Resuscitation Programme		UCD	
Mandatory Education and Training for Practice Placement			
Manual Handling Course		NMH	
Fire and Emergency Training		NMH	
AMRIC Infection Prevention and Control modules HSEland + Assessment of Hand Washing Technique		UCD	
Children First HSEland		NMH	
GDPR HSEland		NMH	
Maternity Emergency Obstetric Clinical Skills			
Breech Simulation		UCD	
Postpartum Haemorrhage		UCD	
Cord Prolapse		UCD	
Maternal Collapse		UCD	
Shoulder Dystocia		UCD	
Severe PET / Eclampsia / HELLP		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	
Irish Maternity Early Warning System (HSEland)		UCD	
Perineal Suturing Workshop		UCD	
Learn Pro Blood products modules: Anti D, Safe Transfusion Practice, Blood components and indications for use		UCD	
Adult Venepuncture (on completion of clinical assessment)		NMH	
Adult IV Cannulation (on completion of clinical assessment)		NMH	
Breastfeeding Education Programme		UCD	
Cardiotocograph Interpretation Workshops		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)	Phase One	Phase Two	Phase Three
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			
Care of the Sick Neonate			

Completion of the Clinical Experience Record Book

I,	(Printed Name) declare that
I have fulfilled the EC req	uirements as documented in this
record book.	
Signature of Midwifery Stude	<u>ent</u>
Date:	
Date:	
Date:	
Date:	
erification of completion	on of the
	on of the
erification of completion	on of the
erification of completion inical Experience Reco	on of the
erification of completion	on of the
erification of completion of completion inical Experience Reco	on of the
erification of completion inical Experience Reco	on of the
erification of completion of completion inical Experience Reco	on of the