



College of Health, Wellbeing and Life Sciences
Department of Nursing and Midwifery

Guidance for Clinical Staff
STUDENT MIDWIFE CASE LOADING

BSc (Hons) Pre Registration Midwifery

Academic year 2021-2022

Acknowledgement:

The production of this document has been undertaken following consultation with:

Sheffield Hallam University Midwifery Team
National Health Service Managers, Supervisors and Clinical Staff

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1. Introduction to SHU Student Midwife Case Loading

All student midwives undertaking the final year of the BSc Honours Programme at Sheffield Hallam University are involved in the management of the care of a small caseload of women throughout their antenatal, intra-partum and postnatal care. The emphasis of this experience is on the learning to be gained from being involved in the woman's childbearing journey, and the continuity of care which this offers.

Case loading is considered '*integral to the concept of holistic women centred care*' (McCourt et al 2006) and is also required to meet Nursing & Midwifery Council requirements. According to the Nursing & Midwifery Council (NMC, 2009/17):

'Holding a caseload is viewed as an extremely satisfying and positive learning experience, which offers the student midwife an opportunity to develop autonomous practice skills whilst under the supervision of a qualified midwife.'

Case loading is therefore viewed as a compulsory element of the student midwife's educational pathway and its aims are to allow the student to:

- Follow individual women through the continuum of pregnancy, birth and motherhood, working collaboratively with others involved in the woman's care
- Plan, deliver and evaluate a programme of midwifery care, exercising safe decision making skills
- Gain experience of autonomous practice in a carefully supervised setting prior to completion of the programme

Whilst your participation and support during this experience is vital, as a qualified midwife it is your responsibility to keep up-to-date with:

- **The limitations which apply to student case-loading under Nursing & Midwifery Council requirements (NMC, 2018)**
- **Your personal responsibilities and liabilities under the Nursing & Midwifery Council requirements (NMC, 2018)**

Whilst SHU Link Lecturers are required to ensure that staff in the practice areas are aware of the University case loading system, when supporting third year student midwives undertaking their case-load it remains the individual responsibility of the midwife to ensure that they are aware of the case-loading scheme and its requirements.

2. What is the Difference between Student Midwife Caseloading and Caseloading for Midwives?

MIDWIVES	STUDENT MIDWIVES
The aim is to provide continuity of care and carer for the woman in order to improve their experience and outcomes.	The aim is for the student to gain experience of a woman's journey through the continuum of childbearing, in order to develop their decision making skills and promote autonomous practice – thus enhancing their future practice as a midwife.
Community midwifery caseloads are benchmarked at RCM standard of 100/ year / whole time equivalents	Students are encouraged to hold a small caseload in the final year of their programme. Experiences gained are in addition to their normal clinical and academic requirements, so it is important that burnout is avoided.
Either individual midwives or small teams of 2-3 provide all antenatal, intra-partum and postnatal care for their caseload.	Students are required to follow local Trust policies with regard to location/ timing/ frequency of visits, and need to discuss any variations with the woman and the midwife accountable for her care.
Midwives are expected to work their hours and undertake their practice in settings convenient to the women in their caseload.	Students are required to follow local Trust policies with regard to location/ timing/ frequency of visits, and need to discuss their actions with the woman and the midwife accountable for her care.
Midwives are accountable for their own practice, although a 'fresh eyes' or partnership approach is deemed good practice.	Students remain under supervision of a registered midwife at all times, who is accountable for their actions and omissions. The level of supervision ¹ will vary from minimal to indirect , depending on the abilities of the student and the needs/ wishes of the woman. The midwife makes this judgement. It is expected that the midwife will provide 'fresh eyes' at a minimum of every third encounter by the student, including auditing and countersigning their records. NB the first postnatal visit in the woman's home and to be discharged from midwifery care must be accompanied. Visits where the Newborn Blood Spot Test is planned can be unaccompanied if the supervising midwife assesses that it is appropriate to do so.

¹ Please see Appendix One for more detail about levels of supervision.

3. Who are the People Involved in Supporting the Student and Staff?

Practice Supervisor – the midwife who is designated to teach, supervise and assess the student's practice in their usual placement setting. The Practice Supervisor will usually be the student's Caseload Co-ordinator.

Supervising Midwife – the midwife temporarily supervising the student in the clinical setting when they are caring for their case loading woman. This may be a community colleague (e.g.: when the Caseload Co-ordinator or lead midwife is away) or a hospital midwife.

Link Lecturer – the university lecturer who is linked to the clinical area in which the student is practising. If s/he is away and you require support, please contact another member of the midwifery academic team:

Name	Link area	E-mail	Telephone
Sally Freeman	Barnsley	s.freeman@shu.ac.uk	0114 225 5484
Jane Stephenson	Chesterfield	j.stephenson@shu.ac.uk	0114 225 2732
Hayley Billings	Doncaster	h.billings@shu.ac.uk	0114 225 4748
Kath Nakielski	Rotherham	k.nakielski@shu.ac.uk	0114 225 2488
Chantelle Thomas	Sheffield	c.thomas@shu.ac.uk	0114 225 5723

4. The Process of Student Midwife Case Loading

4.1. Building the Caseload & Gaining Consent

Students are required to carry a caseload of a minimum of 5 women (low, medium and high risk) by the time they complete the placement.

During the community placement in the initial part of year three, the student and practice supervisor should identify these women (low, medium and high risk) who will be due to give birth during the caseload placement. If it is not feasible to identify all 5 women during the student's community placement, the student should negotiate with their mentor who may continue selecting caseload women for her.

Guidelines for the selection of Caseload women:

1. For the initial part of the caseload placement, identify women to whom the student can give some antenatal care before their due date
2. Select women so that their due dates are staggered in order not to overload the student at any given period
3. Start with women who are low risk during the initial part of the caseload
4. Do not select women who are due to give birth during the first or last week of the caseload placement

During the caseload placement, to help achieve continuity of care for the women, the student needs to provide antenatal, intranatal and postnatal care in both the hospital and community. Ideally one of the antenatal visits should occur in the home.

IMPORTANT NOTE: ALL women must give their consent to be in the student caseload.

- The consent may be verbal or written. Your student may develop their own written consent form if you choose to request written consent.
- The women should be assured that the student will be adequately supervised and that they can contact their midwife at any time.
- They should also be assured that they can cease to be in the student caseload at any time.

4.2. Managing the Caseload

- On commencement of their caseload placement, the student should meet all their allocated women as soon as possible.
- The student should negotiate their working hours so that she is able to take **two days off per week**.
- Whilst students need to prioritise their time to meet the care needs of the women in their caseload, it is recognised that there will be times during some spans of duty when the students are not required to see these women. Students should make use of these instances to maximise on opportunities to hone up their midwifery skills by working alongside their mentor, provided that this is still within their total work hours for the week.

When a student goes on call, she will need to liaise with the co-ordinator of the Labour Ward and the community midwife so that all are aware of her activities and working patterns

4.3. Feedback from Women & Families

Feedback from women and their families must be sought in order to solicit their views on how well their care needs have been met.

Such feedback also contributes to an audit of personal professional standards of practice.

Key points for discussion should be:

- Would the woman and her family have liked anything different
- The positive aspects of care provided by the student
- How has the woman and her family benefitted from being in the student's caseload, or otherwise

5. Staff Guidance when Supporting a Case Loading Student Midwife

5.1. Overall Principles

It is beneficial to the student's professional development to undertake some indirectly supervised practice, when you consider this is appropriate. Note that the timing of these 'solo' visits will vary, and in some cases directly supervised practice may be required throughout the woman's care.

The practice supervisors must be satisfied with the student's practice before they are able to undertake indirectly supervised visits. Please do not feel pressurised into allowing students to undertake indirectly supervised practice until you feel they are ready.

The supervising midwife should remember that she remains ultimately professionally and legally accountable for each woman's care at all times.

Section 11 "Be accountable for your decisions to delegate tasks and duties to other people"

11.1 only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions

11.2 make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care, and

11.3 confirm that the outcome of any task you have delegated to someone else meets the required standard."

The Code (NMC 2018 p. 12)

Whilst students are supporting their 'caseload' women, they must remain under the supervision of a qualified midwife and all documentation must reflect this.

All documentation made by the student must be countersigned by the supervising midwife.

As care will ultimately be assumed to be under the direct supervision of the lead midwife for that woman at the time of the care episode, at no time should there be any lack of clarity about which qualified midwife is responsible for the work of a case-loading student.

- **In the community:** When the student midwife carries out any work with women on her caseload, her allocated community mentor, or a designated stand in (e.g. the on-call midwife) remains

unequivocally accountable for all the actions or omissions of the student. All records must be countersigned.

- **In the hospital:** If a case-loading student midwife admits a woman in labour, or does an antenatal or postnatal examination within the hospital, **she must have a named, designated midwife** who oversees any care given and acts as her stand-in supervisor. The supervising midwife is unequivocally accountable for all the actions or omissions of the student. All records must be countersigned.

The student must NEVER be sent/left in a situation where the presence of a practising midwife is required: 9.4 "support students' and colleagues' learning to help them develop their professional competence and confidence" The Code (NMC 2018 p.10)

During labour care, in high risk situations where there is the potential for an adverse event (such as the performance of any internal examinations - including membrane sweeps, speculum and/or digital vaginal examinations), it is expected that supervision of the student by the midwife will be direct, with their mentor, or a supervising midwife, in close attendance.

- **The student should never work / be left alone in a clinical situation e.g. antenatal clinic, Children's Centre or surgery unless a midwife or GP, who is willing to take responsibility for supporting the student, is present on the premises.**
- **On no account should the student visit a woman unaccompanied on the first occasion of meeting or to be discharged from midwifery care.** The woman must consent to any care given / planned to be given by the student in the presence of the supervising midwife.
- **Students should never enter a client's home outside sociable hours without a qualified midwife also being present.** Unsociable hours include those between the hours of 7pm and 7am on weekdays, the weekend (between 7pm Friday and 7am Monday) or between 7am and 7pm on Bank Holidays.
- **If at any time a client's condition becomes complicated, the student must seek the guidance of her supervising midwife.** When, for whatever reason a woman's risk factors change (physical, social or psychological), the midwife should take steps to monitor the situation closely and intervene if required. **It may be appropriate for the student to observe while the midwife takes over the care directly.**

5.2. Working Hours of Case Load Students

Please remember also that student midwives undertaking case loading also have to balance this with their other community practice and academic requirements, as well as their personal lives.

It is important for the supervising midwife to monitor how long the case loading student midwife has been working, ensuring that they remain safe to practise:

- **Midwifery students should not exceed EU guidance on maximum working hours:** (<http://www.hse.gov.uk/contact/faqs/workingtimedirective.htm>.)
- **In the same way as for the community on-call midwife, case-loading students are not available seven days a week, twenty four hours a day.**
- **Student midwives are also supernumerary** and as such do not constitute a part of the rostered staff on duty during a shift.
- **Some labours can go on for a long time and the mentor (or supervising midwife) needs to consider whether the student is able to maintain the required level of safe, professional behaviour, should they become overtired.**
- **Where attendance at University is required, this must always take priority over caseload care.**

The supervising midwife should therefore encourage and assist the student to develop a practical plan of care which enables her to meet the needs of **all** her caseload women and **all** her other work commitments, whilst optimising her immediate working hours. This plan should allow the student to feel able to leave and/or return to the care of her case load women as appropriate, **without feeling undue pressure** to remain in attendance with a woman for excessive periods of time.

Student midwives are required to keep a personal log of their clinical hours and should ensure that they do not work more than their rostered hours. However, if they do accrue hours as a result of their clinical caseload, then arrangements must be negotiated for them to take back the time owing.

The added responsibility and stress of carrying a supervised caseload for the first time, can be considerable and should not be underestimated.

- If you do note any signs of stress or burn-out (e.g.: insomnia, irritability, and a lack of concentration, exhaustion, as well as physical symptoms of illness such as headaches, irritable bowel, continual anxiety or an inability to “switch off”), please discuss these with the student midwife and seek a solution.

However, if you remain concerned, please contact the appropriate Link Lecturer (see page 5).

6. Personal Safety of Case Load Students

Whilst the safety of women and families are paramount, the student's personal safety and security are also vitally important and each mentor and student will need to ensure that these are not compromised.

Case loading students are referred to the Sheffield Hallam University Guideline for Personal Safety & Lone Working (HS/1/12/5.1) available at: <https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies>

Also summarised in Appendix 2.

Local Trusts will also have individual policies available for community based staff which the mentor should make the student midwife aware of and ensure are followed.

In the event of a planned home birth the student should NEVER enter a woman's house before the arrival of the community midwife:

- The student midwife must ensure that the attending midwife has been informed of the potential home birth, and is on her way.
- Before leaving home, the student should ensure that either triage, delivery suite or the community midwife are aware that she/he is going to a woman's home, as well as informing them of her safe arrival.
- The student should always meet the community midwife en-route, or await her arrival (safely) outside the client's premises.
- If a woman or baby requires ambulance transfer to hospital the student midwife may only accompany them if a midwife is also **present** in the ambulance.

7. Clinical Records and Documentation

Student midwives must maintain clinical records in accordance with local Trust policy, keeping full and accurate records of their care in the woman's hand held notes, online record system or the hospital notes, as appropriate.

Students' records constitute a legal document and could be used as evidence in court and they have a professional responsibility to keep them safely. Students are responsible for ensuring that they are stored in the woman's records according to Trust guidelines at the end of their case loading period. **Nothing should be recorded in the student's records that are not also within the woman's records.**

Please note your own accountability as a Registered Midwife for completion and storage of patient records which the student is maintaining under your direct or indirect supervision.

All entries made by a student in clinical records must be countersigned by the registered midwife supervising their practice:

- If students undertake care under indirect supervision and the midwife overseeing their practice is unable to countersign their documentation as not physically present, **students must write "under indirect supervision by..." and identify the registered midwife concerned so that lines of responsibility and accountability are clear.**

Supervising midwives are asked to check and sign the woman's records at a minimum of after every third indirectly supervised encounters by the student:

- This also provides the opportunity for the qualified midwife to meet with the woman and check she is happy with the care she is receiving. It also enables her to give feedback to the student on their practice and acquire evidence to document in their Assessment of Proficiencies in their Ongoing Achievement Record.

8. References:

McCourt C, Stevens T, Sandall J, Brodie P (2006) Working with women: developing continuity of care in practice. In: Page LA, McCandlish R (Eds.) **The New Midwifery science and sensitivity in practice** 2nd ed. Churchill Livingstone, Edinburgh: 141–66

Stuart CC (2013) **Mentoring, learning and assessment in clinical practice** (3rd Ed.). *Edinburgh, Churchill Livingstone.*

NMC (2009) **Standards for Pre-registration Midwifery Registration**, *London: Nursing and Midwifery Council*

NMC (2018) The Code. Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates. London: Nursing and Midwifery Council

See also:

Lewis P, Fry J, Rawson S (2008) Student midwife case loading – a new approach to midwifery education. **British Journal of Midwifery** 16(8):449–502

Fry J, Rawson S, Lewis P (2008) Student case loading: preparing and supporting students. **British Journal of Midwifery** 16(9): 568–73

Sandall J, Soltani H, Gates S, Shennan A, Devane D (2016) Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database of Systematic Reviews DOI: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004667.pub5/full>

Appendix 1: Guidance for Supervision and Assessment of Caseloading Students

The following information on supervision and assessment criteria provides guidance for the supervision and assessment of students during year three of the Pre-Registration Midwifery course.

Students are advised that they need to be mindful of the guidance given for their professional conduct by the University, NMC and placement Trust. Details of this guidance from the University and NMC can be accessed via Blackboard. Students will be guided to local Trust policies during their site orientation.

Year 3 (Competent)

The student requires minimal to indirect supervision/support and is expected to participate actively as well as to be able to plan all activities and to lead most of them.

What this means in practice (Stuart, 2013)

The level of supervision provided follows on from that which is required at the end of year two. Increasingly, the student should be able to use her initiative to recognise and meet the needs of clients. Supervision is indirect which means that although you are not observing the student directly, you are still aware of the activities of the student. At this stage, you should use questioning not only to test the student's knowledge and understanding of care activities, but also to ascertain how she would recognise changes in client needs. You should also question the student on how she would plan, prioritise and manage care and the rationale behind her decision-making. By the end of the course, the student should be able to demonstrate all the competencies to the standard of a newly qualified practitioner.

Assessment criteria for level 6

Conditions of practice

- Performs most activities in a fully integrated way, without prompting
- Able to assess, plan and implement care
- Able to prioritize care and lead most of them
- Able to evaluate effectiveness of care and make changes in care plans
- Able to plan, prioritize and manage care for a group of clients within a time span
- Actively involves clients in their care
- Is organized and efficient:
- Able to organise care and demonstrate efficiency when managing her workload
- Within level of practice, responds appropriately in situations requiring urgency.

Knowledge

- Critiques evidence-based research and its implementation
- Able to make connections between complex chunks of theory

Appendix 2: SHU Policy on Lone Working

The full document is available at:

[file:///N:/HWBStaff/Academic/Midwifery/Level%206%20modules/2020-2021/Midwifery%20Consolidating%20Holistic%20Practice/Teaching%20Materials/Caseload/MMXXSHUPolicyOnLoneWorking%20\(1\).pdf](file:///N:/HWBStaff/Academic/Midwifery/Level%206%20modules/2020-2021/Midwifery%20Consolidating%20Holistic%20Practice/Teaching%20Materials/Caseload/MMXXSHUPolicyOnLoneWorking%20(1).pdf)

This should be read in conjunction with the following documents:

'Agile Working for Students on Placements' at

[file:///N:/HWBStaff/Academic/Midwifery/Level%206%20modules/2020-2021/Midwifery%20Consolidating%20Holistic%20Practice/Teaching%20Materials/Caseload/MMXXAgileWorkingForStudentsOnPlacement%20\(1\).pdf](file:///N:/HWBStaff/Academic/Midwifery/Level%206%20modules/2020-2021/Midwifery%20Consolidating%20Holistic%20Practice/Teaching%20Materials/Caseload/MMXXAgileWorkingForStudentsOnPlacement%20(1).pdf)

'Student Working Hours in Practice' at <file:///N:/HWBStaff/Academic/Midwifery/Level%206%20modules/2020-2021/Midwifery%20Consolidating%20Holistic%20Practice/Teaching%20Materials/Caseload/MMXXWTDgeneric.pdf>

The section of the SHU Policy on Lone Working applicable to Midwifery Caseloading is as follows:

"Policy Statement on Students Visiting Clients in the Community

Some students may be required to use their own transport to carry out their duties while on placement (i.e. for community practice learning experience). If this is the case, it is the student's responsibility to ensure that their (or the policy holders) motor vehicle insurance covers them for this kind of work and their vehicle is roadworthy.

PLEASE NOTE - Students are not permitted to transport patients/ clients/ service users in the student's own vehicle.

Neither the University nor Placement Provider can accept any liability relating to, or from the use of student's vehicles to or from their placement setting.

Health and Safety of Students on practice learning experiences, visiting clients in the Community

Students have health and safety responsibilities both to themselves and others who may be affected by their actions. Students are required to comply with University and College Health and Safety Procedures. These outline what is to be done to safeguard the health and safety of all of those affected by the University's activities, including adherence to policies and guidance on Covid-19.

Consequently, the College does not endorse students undertaking any activity independently without the supervision or authorisation of a registered practitioner and this would include students who have been asked to escort service users/ patients/ clients unsupervised. All Placement Providers who manage community placements will hold policies on Escorting Service Users/ Patients/ Clients and students must refer to these.

Regarding generic issues about students working unsupervised, the Nursing and Midwifery Council guidance states that "The student's mentor is responsible for determining the amount of direct and indirect supervision which is required. The named mentor is accountable for their decisions to let the student work independently".

Appendix 3: - Frequently Asked Question

Caseloading - Frequently Asked Questions

Q - When can I commence caseloading?

A - You are actually commencing the caseloading experience from day one of the community placement because you are seeking potential women to caseload. The time at which you commence being on call for care in labour and unaccompanied antenatal (A/N) or postnatal (P/N) visits will vary greatly. Please see the guidance below on unaccompanied visits.

Your community midwife will guide you in choosing appropriate women to caseload and you should undertake a detailed caseloading planning discussion at the start of the placement; ideally inviting the Link Lecturer to be present. As part of the Caseload preparation session in University students will identify their personal limits on the timings for caseloading e.g. ensuring they do not book women who are due to give birth during their annual leave, study blocks or the final week of their caseloading experience.

During the discussion with your mentor you need to explore the feasibility of including a woman whose due date is within your first 4 weeks of practice. However your midwife may recommend, depending on your learning needs, that it may be more appropriate to book women who are due later in the community placement.

Q - How many caseloading women should I take on?

A - The guidance state a **minimum** of 5 women.

The decision on the number of women you chose should be made on an individually basis. This decision will be influenced by the number of births you need to achieve the EU requirements, the diversity of the caseload you are working with and your personal availability to be on call.

It is better to not over commit initially as you can always take on more and you do not want to raise the expectations of women and be unable to attend them in labour. You also need to ensure you are caring for sufficient women in labour and birth to maintain and evidence your competence in intrapartum care.

Q - Should all my caseloading women be "low risk"?

A - This decision should be based upon your individual learning needs, the diversity of the caseload and following a full discussion with your midwife (and Link Lecturer as necessary).

To increase your confidence you ideally should start with women who are low risk during the initial part of the caseloading experience. Women who are defined as medically high risk would benefit from continuity of carer and will enable you develop confidence in working with the multidisciplinary team. However the choice of women who have socially challenging lives, e.g. a history drug abuse or domestic violence, may also be suitable but students need to appreciate that unaccompanied visits to the woman's home will not be appropriate.

Q - How do I gain consent for women to be part of my caseloading experience?

A - All women must give their consent to be in your caseload. This consent should be obtained by your community midwife when you are **NOT** present, so the woman does not feel pressurised to consent. Once you and your community midwife have identified a woman who is suitable the midwife should approach the woman either face to face or by telephone. The women should be assured that you will be adequately supervised and that they can contact their midwife at any time. The woman should be reassured that her decision to accept or decline taking part in your caseloading experience will not influence the quality of care she will receive. They should also be assured that they can cease to be in your caseload at any time.

The consent may be verbal or written. You may develop your own written consent form if you choose to request written consent. However it is good practice for the community midwife to record the discussion she has had with woman and her consent to caseloading in the woman's handheld notes.

Q - What should my working hours be each week during caseloading?

The nature of caseloading is that working hours have to be flexible to allow for the unpredictability of birth and a labour call should take priority. You need to prioritise your time to meet the care needs of the women in your caseload. In the early days of caseloading this may not fill a whole week and you should make use of these instances to maximise on opportunities to work alongside your midwife. You should negotiate your working hours so that you are able to take two days off per week. Students should normally work 37.5 hours per week in practice and no more than 48 hours in any given week.

Women need to know that, in consenting to caseloading, you will **aim** to be at all visits (A/N and P/N) and provide care in labour, if this can be arranged within your total work hours for any given week. However you can only do this if it is safe to do so. You must not become over tired and it is therefore becomes unsafe for you to work or drive home. The professional responsibility for ensuring that you are safe to practise rests with you, but the ultimate responsibility remains with the midwife who is supervising you. Please read the SHU policy on student working hours at:

<https://www3.shu.ac.uk/hwb/placements/documents/201902NMWStudentWorkingHours.pdf>

When you have been out on call during the night you must inform your midwife so that she can make arrangements for you to have the necessary time off to rest. She may also have to make alternative arrangements to cover your workload. Student midwives are supernumerary and as such do not constitute a part of the rostered staff on duty during a shift.

Some labours can go on for a long time and the practice supervisor (or supervising midwife) needs to consider whether the student is able to maintain the required level of safe, professional behaviour, should they become overtired. Students must respond to a midwives request for them to stand down and handover care due to concerns that they are becoming overtired. Advising the Labour Ward Co-ordinator, when you arrive on duty, of the specific number of hours you have already worked during that day/24 hour period; discussing how long you have remaining before you reach the maximum working hours allowed is helpful in managing this process. You should not feel pressurised by the women, or others, to stay beyond your maximum hours or if you are becoming overtired.

Student midwives are required to keep a personal log of their clinical hours and should ensure that they do not work more than their rostered hours. However, if you do accrue hours as a result of your clinical caseload, negotiate to take back the time owing, as soon as reasonably practicable and you should have two days off in each week.

Q - How do I manage on call?

A - Make sure the women are clear about the on-call arrangements and be transparent about what you can, and plan, to put in place to be on call for each woman. Decide how and when the women can get in contact with you. You may choose to use a dedicated phone number for this purpose and be contacted either via labour ward or the community midwife. You should leave your contact details with staff on labour ward. The process for this will vary between each Trust and should be discussed with your mentor, Labour Ward LEM and Link Lecturer.

Where the woman has booked for a hospital birth, a system should be set up to ensure that you are called to care for the woman during labour, i.e. your name is clearly on the woman's notes and your contact telephone number is known by the hospital staff. The size of the information appended to the hospital notes and how it is appended should conform to Trust policy. The labour ward staff could contact you once the woman has been admitted. For a home birth the woman would phone the community midwife who would then contact you.

If a caseloading woman becomes 'high risk' during labour you will continue to give care, be present during labour and/or delivery, in order to provide continuity of care for the woman. You should follow the obstetric and midwifery management prescribed for the woman. But you should not work more than 14 hours in one period and follow SHU guidance on working hours

<file:///N:/HWBStaff/Academic/Midwifery/Level%206%20modules/2020-2021/Midwifery%20Consolidating%20Holistic%20Practice/Teaching%20Materials/Caseload/MMXXWT Dgeneric.pdf>

Some labours can go on for a long time and the mentor (or supervising midwife) needs to consider whether the student is able to maintain the required level of safe, professional behaviour, should they become overtired. Students must respond to a midwives request for them to stand down and handover care due to concerns that they are becoming overtired. Advising the Labour Ward Co-ordinator, when you arrive on duty, of the specific number of hours you have already worked during that day/24 hour period; discussing how long you have remaining before you reach the maximum working hours allowed is helpful in managing this process. You should not feel pressurised by the women, or others, to stay beyond your maximum hours or if you are becoming overtired.

Student midwives are required to keep a personal log of their clinical hours and should ensure that they do not work more than their rostered hours. However, if you do accrue hours as a result of your clinical caseload, negotiate to take back the time owing, as soon as reasonably practicable and you should have two days off in each week.

Q - I don't have a car can I still caseload?

A - It is acknowledged that the caseloading process is much easier when you have a car but it is quite reasonable to caseload without a car. However the women in your caseload need to know that your use of public transport and how this will influence the time it will take you to attend them in labour.

Undertaking unaccompanied antenatal and postnatal home visits also requires more co-ordination. Usually it involves your mentor dropping you off at an individual visit or for several visits in an area (walking between visits) and collecting you once the visits have been completed. This will obviously be dependent on the community midwives workload, number of visits in one geographic location and to some extent the weather. If it is not possible to undertake unaccompanied visits on a given day this does not prevent you leading all the workload that is in your midwives diary.

Q - When can I commence unaccompanied visits?

A - There are no absolute time scales. Undertaking unaccompanied visits is a privilege rather than a right. You can only do so if your mentor feels you have achieved sufficient competency to support this and the clinical environment enables you to do so safely. Although student midwives are supernumerary, and as such do not constitute a part of the rostered staff on duty during a shift, your undertaking unaccompanied visits may increase the workload demands on your named or supervising mentor and at times may not be feasible.

A midwife's decision to enable you to undertake unaccompanied visits may be based on several factors such as your successful reorientation to community, demonstration of competence, your confidence and your level of knowledge e.g. Safeguarding procedures and local policies.

The midwife will also need to ensure you have met the family at some point before the planned visit. The family should be aware that a student will be making an unaccompanied visit and have given their consent. This process is especially straightforward with caseloading. Under no circumstances may the student be given visits to undertake when the mentor has not visited the home previously and therefore considers that the unaccompanied visit is appropriate for the student to undertake.

Both midwife and student need to have a clear action plan for how care records are to be countersigned. If students undertake care under indirect supervision and the midwife overseeing their practice is unable to countersign their documentation as not physically present, students must write "under indirect supervision by..." and identify the registered midwife concerned so that lines of responsibility and accountability are clear.

Q- How do I maintain my personal safety when undertaking unaccompanied visits to women's homes?

You should always follow the Trust lone working policy and this should be fully discussed with your mentor and ideally Link Lecturer at a caseload planning meeting.

Out of hours travel should be managed in line with Trust (see Trust Intranet) and SHU policies on lone and agile working see appendix 2.

Although there can be excellent planning for students to undertake unaccompanied visits to women in their own home, midwifery practice situations can be unpredictable and therefore the following examples of good practice are provided to assist with situations of uncertainty. Specific guidance provided in Trust policies should always take precedence.

- Out of hours (7pm to 7am) before leaving home, you should ensure that either triage, delivery suite or the community midwife are aware that you are going to be travelling to the hospital or a woman's home (also inform them of your safe arrival at the woman's home). When you are travelling home, out of hours, you should always confirm you have arrived safely.
- When travelling to each visit keep car doors locked and valuables out of sight. When returning to the car keep keys ready and enter the car quickly locking door immediately as a routine.
- Park the car facing the exit point of a cul-de-sac for easy exit.
- Park in open and well-lit areas and avoid walking in isolated or poorly lit areas.
- Ensure you are able to contact the mentor throughout the visit. The use of a mobile phone and have ensured you have sufficient credit and sufficient battery life on it.
- You should discuss with your mentor how she will track your progress between visits (as per Trust policy) and proposed actions if you get into difficulty. Also agreeing a process if you have not checked in with your mentor by the end of the agreed time e.g. the mentor must phone you, ensuring care is taken with the words used in the conversation, in case you are in a compromised situation. The use of pre-agreed codes or phrases may be useful.
- You must ensure you have all necessary contact/emergency contact details e.g. mentor phone number.
- In the event of a planned home birth you should **never** enter a woman's house before the arrival of the community midwife:
 - You must also ensure that the attending midwife has been informed of the potential home birth, and is on her way.
 - You should always meet the community midwife en-route, or await her arrival (safely) outside the woman's home.
 - If a woman or baby requires transfer to hospital you must not accompany them unless a midwife is also present in the ambulance.

Q - Can I claim for using my mobile phone?

A - The University is unable to reimburse you for the use of mobile phones. A separate mobile number, different to your personal mobile number, is strongly recommended and this number should **NOT** be given to women.

Q - Can I use my own car for caseloading?

A - You can use your own car for caseloading but may need to discuss the terms of your insurance cover with your insurance company. You must be covered for business purposes. The University does not cover any extra expense incurred. You must **NOT** transport women or their family in your car. Travel costs can be claimed in the usual way and are subject to the guidance given for re-imbusement for practice placements.