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

Guidance for Student Midwives
The Case Load Experience

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 Clinical Staff

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Contents

1. Introduction to SHU Student Midwife Case Loading

All student midwives undertaking the final year of the pre-registration BSc Honours Programme at Sheffield Hallam University are required to manage the care of a caseload of a minimum of five women throughout their antenatal, intra-partum and postnatal care under supervision. You should make every reasonable effort to attend the birth of the women you book for caseloading, but there is an awareness that because the timing of birth is unpredictable this can be beyond your control. You are required to also obtain evidence of the maintenance of Intrapartum performance and skills outcomes and evidence this with at least 3 testimonies recorded in your CAD. The content of these testimonies should be relevant to demonstrate the maintenance of the performance and skills outcomes, for both labour and normal birth. 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 as a midwifery led continuity care model has been shown to have explicit benefits for mothers and babies (Sandall et al, 2016)[1] to be followed by the existing sentence: It has therefore been 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 NMC Circular (NMC17/2009):

> '*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 your educational pathway and its aims are to allow you to:

- Follow individual women through the continuum of pregnancy, birth and motherhood, working collaboratively with others involved in the woman's care
- Take the lead, as appropriate, in the provision of holistic woman-centred care by planning, delivering and evaluating 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 SHU Link Lecturers are required to ensure that staff in practice areas is 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.

[1] 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 https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004667.pub5/full

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 caseload of five women 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. **This midwife is accountable for the student's actions and omissions.** The level of supervision[2] 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 indirectly supervised encounters by the student, including auditing the student's 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.

[2] 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:

Barnsley		
Sally Freeman	0114 225 5484	s.freeman@shu.ac.uk
Chesterfield		
Jane Stephenson	0114 225 2732	j.stephenson@shu.ac.uk
Doncaster and Bassetlaw		
Hayley Billings	0114225 4748	h.billings@shu.ac.uk
Rotherham		
Kath Nakielski	0114 225 2488	k.nakielski@shu.ac.uk
Sheffield:		
Chantelle Thomas	0114 225 5723	c.thomas@shu.ac.uk

4. The Process of Student Midwife Case Loading

a. Building the Caseload and Gaining Consent

You 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 start of the community placement in year three, you and your Practice Supervisor should identify these women (low, medium and high risk) who will be due to give birth during the caseload placement.

Guidelines for the selection of the caseload women:

1. For the initial part of the caseload placement, identify women to whom you can give some antenatal care before their due date
2. Select women so that their due dates are staggered in order not to be overloaded 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, you need 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 your caseload**.

- The consent may be verbal or written. You may develop your own written consent form if you choose to request written consent.
- The women should be assured that you 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 your caseload at any time.

b. Managing the Caseload

- You should negotiate your working hours so that you are able to take two days off per week.
- Whilst you need to prioritise your time to meet the care needs of the women in your caseload, it is recognised that there will be times during some spans of duty when you are not required to see these women. You should make use of these instances to maximise on opportunities to hone up your midwifery skills by working alongside your Practice Supervisor, provided that this is still within your total work hours for the week.
- Dependent upon your community midwife's own caseload and community area and whether home antenatal visits are appropriate, you will need to work with her and see the women in your caseload at the usual antenatal clinics. The days those activities occur may be on set days of the week if this is appropriate. These days would only be affected by a labour call which would take priority.
- The remaining days in your working week should be flexible so that you provide care wherever the women are – whether this is on the ward or in the community. So for example there may be one woman on the ward for a postnatal visit and three women in community. You may go to the hospital first and then undertake your community visits which you would have pre-booked with the women. The priority is the women in your caseload and the women in your community midwife's area.

c. On-Call Arrangements

On call arrangements will be negotiated and flexible to meet the aims of this allocation and your personal commitments and professional responsibilities. You will need to discuss the on-call arrangements you plan to put in place with the woman, community midwife and labour ward. However, you, labour ward staff and your community midwife must take account of the number of hours you are working, particularly if called in the night and ensure that you do not become over tired and unsafe to work or drive home. The student should, therefore, make the Labour Ward Co-ordinator fully aware of the number of hours that have already worked that day or the previous 24 hour and agree the maximum period of time during which they can safely provide that episode of caseloading care. 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.

Space potential labour calls over the duration of the caseload placement. It is recommended that you have two clear days off in a week; discuss this with your Practice Supervisor and the women involved. Having a telephone number, just for caseloading, which can be switched off during your days off or unavailable off-duty time will help this process. **This number should not be provided to women, to avoid messages being left on you telephone voicemail when care is required.** Advising the woman and the Labour Ward of your on-call availability for her Labour will reduce any confusion.

NOTE: When you have been out on call during the night you must inform your Practice Supervisor 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.

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 woman could phone the community midwife who would then contact you or phone you directly or labour ward staff could contact you once the woman has been admitted.

If an allocated 'low risk' 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.

When you go on call, you will need to liaise with the co-ordinator of the Labour Ward and the community midwife so that all are aware of your activities and working patterns

d. Communication

You must keep your Practice Supervisor informed of all activities, particularly if called to give care to a woman in labour. You must maintain effective communication between all the midwives involved.

Make sure the women are clear about the on-call arrangements you plan to put in place to be on call for them. Advise the women how she can get in contact with you. You may choose to use a dedicated phone number for caseloading purposes but **the woman should contact you either via Labour Ward or via the Community Midwife**. You should leave your details with staff on labour ward.

e. Feedback from Women and 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.

Section 9 of The Code (NMC 2018 p.8) states:

"9.2 gather and reflect on feedback from a variety of sources, using it to improve your practice and performance". 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 you
- How has the woman and her family benefitted from being in your caseload, or otherwise

f. Keeping a Record of the Women in your Caseload

You are required to keep a written record (electronic or hard copy) of the women in your caseload, and the learning that ensued. The record has to be verified by your Practice Supervisor. Please use the documentation in your Record of Experience and additional pages are available via Blackboard (Midwifery Consolidating Holistic Practice).

g. Equipment

You are only allowed to use equipment issued by the Trust.

h. Claiming Expenses

Travel expenses

You will only be able to claim travel expenses if you are normally entitled to make such claims. Submission of receipts and completion of the appropriate claim form will be required.

Mobile phone

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.

i. Car Insurance

You may need to discuss the terms of your insurance cover with your insurance company if you are using your own car during this placement. The University does not cover any extra expense incurred.

5. Accountability, Supervision and Support during Caseload

a. Overall Principles

It is beneficial for your professional development to undertake indirectly supervised practice when visiting women in their homes, when your Practice Supervisor considers this is appropriate. Note that the timing of these 'solo' (unaccompanied) visits will vary, and in some cases directly supervised practice may be required throughout the woman's care.

The Practice Supervisor must be satisfied with your practice, and be confident that you will deliver care at the appropriate standard, before you are allowed to undertake indirectly supervised visits.

During the first intermediate interview at around four weeks into the community placement, your readiness to practise under indirect supervision should be assessed and documented in the intermediate interview pages.

The NMC had laid down some guiding principles for professional conduct as a midwifery student. In the publication *Guidance on Professional Conduct for Nursing and Midwifery Students* (NMC 2011) the NMC expects a high standard of practice and care at all times from you (p. 13). The NMC stated that you should:

> **You should:**
> 28 Recognise and stay within the limits of your competence.
> 29 Work only under the appropriate supervision and support of a qualified professional and ask for help from your Practice Supervisor or tutor when you need it.
> 30 Work with your Practice Supervisor and tutor to monitor the quality of your work and maintain the safety of people for whom you provide care.
> 31 Seek help from an appropriately qualified healthcare professional, as soon as possible, if your performance or judgement is affected by your health.

The guidance above has been superseded by the revised *Code* (NMC 2018) the concepts above remain valid and the revised Code continues to provide clear guidance that you must recognise and stay within the limits of your competence, communicate any difficulties you encounter and that **your Practice Supervisor is fully responsible for the tasks she delegates to you.**

If you identify a potential problem whilst working under indirect supervision you must consult with the supervising midwife regarding potential action to be taken. **On no account must you refer problems to a third party without prior consultation with the supervising midwife.**

Remember that the supervising midwife 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)

You 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 Practice Supervisor, 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 supervisor** 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 (for example, during the performance of <u>any</u> internal examinations - including membrane sweeps, speculum and/or digital vaginal examinations), it is expected that supervision of the student by the midwife will be <u>direct,</u> with their Practice Supervisor, 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 <u>present</u>.** 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.**

b. Working Hours of Case Load Students

Do remember that whilst you are undertaking case loading you have to balance this with your other placements, community practice and academic requirements, as well as your personal life.

It is important for you and your supervising midwife to monitor how long you have been working in a 24 hour period so that you 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 Practice Supervisor 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 you to develop a practical plan of care which enables you to meet the needs of **all** your caseload women and **all** your other work commitments, whilst optimising your immediate working hours. This plan should allow you to feel able to leave and/or return to the care of your 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 you do accrue hours as a result of your clinical caseload, negotiate 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 your link lecturer to try to seek a solution.

c. Your Personal Safety Whilst On Case Load

Whilst the safety of women and families are paramount, your personal safety and security are also vitally important and each Practice Supervisor 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

Local Trusts will also have individual policies available for community based staff which the Practice Supervisor should make you aware of. Please ensure that these are followed.

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 ensure that the attending midwife has been informed of the potential home birth, and is on her way.
- Before leaving home, you should ensure that either triage, delivery suite or the community midwife are aware that you are going to a woman's home, as well as informing them of your safe arrival.
- You 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 you must not accompany them unless a midwife is also **present** in the ambulance.

6. Clinical Records and Documentation

You must maintain clinical records in accordance with local Trust policy, keeping full and accurate records of 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 you have a professional responsibility to keep them safely. You are responsible for ensuring that they are included and stored in the woman's records according to Trust guidelines at the end of your case loading period. **Nothing should be recorded in the student's records that are not also within the woman's records.**

Please note your Practice Supervisor's accountability as a Registered Midwife for completion and storage of patient records which you are maintaining under direct or indirect supervision.

All entries made by you in clinical records must be verified and countersigned by the registered midwife supervising your practice:

- If you undertake care under indirect supervision, and the midwife overseeing your practice is unable to countersign your documentation at the time, e.g. when the midwife is not physically present, **you must write "under indirect supervision by..." Identify the registered midwife concerned so that lines of responsibility and accountability are clear.**

As a minimum, you should ask the supervising midwife to check and sign the woman's records after every third indirectly supervised encounters you have made:

- 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 you on your practice and acquire evidence to document in your assessment documentation.

7. References:

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

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 Retrieved from https://www.magonlinelibrary.com/doi/abs/10.12968/bjom.2008.16.8.30782

NHS England. (2016). ***Better Births: Improving outcomes of maternity services in England - A Five Year Forward View for maternity care.*** Retrieved from https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

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:

Mander, M., and Fleming, V. (2014). **Becoming a Midwife**. (2nd ed.). London: Routledge.

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

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

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

Appendix 1: Guidance for Supervision and Assessment

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 access 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

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

Reference:

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

Appendix 2: SHU Policy on Lone Working (2019)

The full document is available at:

https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies

This should be read in conjunction with the following documents:

'Agile Working for Students on Placements' -

https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies

'Student Working Hours in Practice' -

https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies

The section of the SHU Policy on Lone Working (2020) 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 Faculty 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.

Subsequently, the Faculty 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/ patient / clients unsupervised. All Placement Providers who manage community placements will hold policies on Escorting service users/ patient / clients and students must refer to these.

With regard to generic issues about students working unsupervised, the Nursing and Midwifery Council guidance states that "The student's Practice Supervisor is responsible for determining the amount of direct and indirect supervision which is required. The named Practice Supervisor 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 Practice Supervisor 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 Practice Supervisor 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 Practice Supervisor (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 Practice Supervisor have identified a woman who is suitable the Practice Supervisor 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 Practice Supervisor 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://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies

When you have been out on call during the night you must inform your Practice Supervisor 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 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 Practice Supervisor 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, do **not** give the woman your contact number. 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

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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 Practice Supervisor 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 Practice Supervisor 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 Practice Supervisor and at times may not be feasible.

A Practice Supervisor '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 Practice Supervisor has not visited the home previously and therefore considers that the unaccompanied visit is appropriate for the student to undertake.

Both Practice Supervisor 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 loan working policy and this should be fully discussed with your Practice Supervisor 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 https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies . 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 Practice Supervisor 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 Practice Supervisor 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 Practice Supervisor by the end of the agreed time e.g. the Practice Supervisor 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. Practice Supervisor 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-imbursement for practice placements.