



College of Health, Wellbeing and Life Sciences

Guidance for Clinical Staff

The Continuity of Carer Caseload Holding Experience

BSc (Hons) Midwifery

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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Introduction to Continuity of Carer Caseload Holding

All student midwives undertaking the pre-registration BSc Honours Programme at Sheffield Hallam University are required to manage the care of a caseload of women throughout their antenatal, intra-partum and postnatal care under supervision. As part of the caseload holding placement activity, students will choose three women simultaneously per year to case-hold throughout the course. The purpose of this experience is to provide real-life experience of developing relationships and providing continuity of care to a mother and her newborn. Students will work under supervision relevant to their level of study, whilst working in partnership with women and other care providers. Students will work across the whole continuum of care and in all settings including the antenatal, intrapartum, and postnatal period, in addition to being on-call for the birth.

The National Maternity Review Better Births report (2016) identified that women should be cared for under a continuity of carer model. Women should be offered care by a named midwife (who could be part of a small team of 4 to 6 midwives), ensuring continuity of carer throughout the antenatal, intrapartum, and postnatal period. The continuity of carer model allows for the provision of safe and effective care based on a relationship of mutual trust and respect. Each year of the programme incorporates an opportunity for students to experience continuity of carer through carrying a small caseload of women. This provides an opportunity to gain experience in providing care for women, babies and their families throughout the entire childbirth period, to gain knowledge of the woman's 'journey', to develop skills in decision making, and to understand the true meaning of the term 'midwife'.

Aims of Student Midwife Continuity of Carer Caseload Holding

The aims of student continuity of carer caseload holding across the curriculum are to:

- To critically explore the midwife's role in continuity of care in normality, complicated childbearing and maternal and child health in different cultures and societies.
- To develop proficiency in the provision of individualised midwifery care, optimising normal processes for low risk mothers and babies and utilising evidence-based information to select and instigate appropriate care.
- To develop proficiency in the provision of individualised midwifery care for mothers and babies by anticipating, preventing, and responding to complexity in childbearing, whilst utilising evidence-based information to select and instigate appropriate care.

Learning Outcomes:

- Work in partnership with women to identify priorities of care using evidence-based information, this may involve referral to or assignment of duties to others.
- Critically analyse the physical, psychological, psychosocial, cultural, spiritual, and epidemiological aspects of pregnancy and childbirth.
- Critically analyse the role of the midwife in continuity of care and health promotion.
- Work flexibly with different health and social care professionals across traditional boundaries and undertake a wider range of clinical skills.
- Discuss the prioritisation and management of care underpinned by evidence-based practice.

- Demonstrate the ability to assess, plan, implement and evaluate care provision within a multi-professional context for the first 1,000 days of the child's life.
- Critically discuss the professional, legal, and ethical issues underpinning provision of care.
- Communicate effectively with women, their families', and health care professionals.

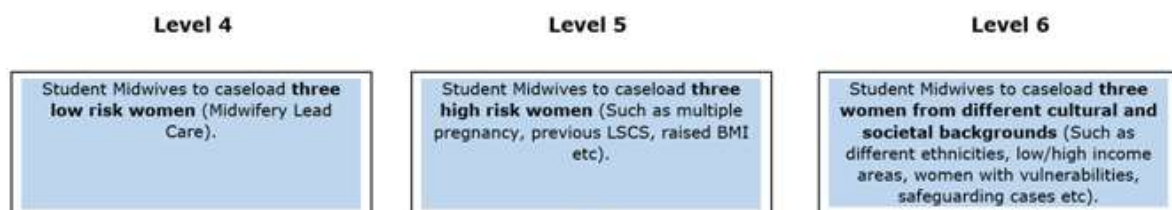
The Process of Student Midwife Continuity of Carer Caseloading

Students are required to select three women during the first year, and a further 3 women to be selected in the second and third year.

- Level 4 - manage the care of a caseload of three low risk women.
- Level 5 - manage the care of a caseload of three high risk women.
- Level 6 - manage the care of a caseload of three women from different cultural and societal backgrounds.

In order to develop universal care for all women, newborn infants and families, students are required to identify the midwife's role in health promotion by informing, educating and supporting women and their families within the first 1000 days of a child's life (House of Commons Health and Social Care Committee, 2019). Students will be encouraged to handover care to the allocated Health visitor at the end of the caseloading experience.

During community placements in each of the three years, the student and Practise Supervisor should identify these women who will be due to give birth during the caseload placement.



Guidelines for the selection of Caseload women:

- Identify women to whom the student can give some antenatal care before their due date
- Select women so that their due dates are staggered in order not to overload the student at any given period
- Select women who are appropriate to the student's level study
- 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, intrapartum and postnatal care in both the hospital and community.

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

- The consent may be verbal or written and must be recorded in the handheld/electronic notes
- 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.

Managing the Caseload

On commencement of their community placement, the student should meet all their allocated women as soon as possible.

The student should negotiate their working hours so that she/he is able to take two days off per week.

When a student goes on call, she/he 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

Feedback from Women and Families

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

Such feedback also contributes to an audit of personal professional standards of practice. Feedback should be recorded in the student's MORA.

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?

Supporting Continuity of Carer Caseload Holding experience

Overall Principles

It is beneficial to the student's professional development to undertake some indirectly supervised practice, when you consider this is appropriate (**Level 6 only**). 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 Practise Supervisor 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/he always remains ultimately professionally and legally accountable for each woman's care.

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/his caseload, the allocated practise 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, they must have a named, designated midwife who oversees any care given and acts as her/his 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)

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 practise assessor, 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.

Working Hours during Caseloading

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

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 because 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.

If you have any concerns, please contact the appropriate Link Lecturer.

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: <https://www.gov.uk/maximum-weekly-working-hours>
- 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 practise 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.
- Where attendance at University is required, this must always take priority over caseload care.

Student's Personal Safety

Whilst the safety of women and families are paramount, the student's personal safety and security are also vitally important, and each Practise 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://www3.shu.ac.uk/hwb/placements/documents/2019SHUPolicyOnLoneWorking.pdf>

Local Trusts will also have individual policies available for community staff which the Practise Supervisor 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.

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 MORA.

References

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