



College of Health, Wellbeing and Life Sciences

Guidance for Student Midwives
The Continuity of Carer Caseload Holding Experience

MSc Midwifery

Acknowledgement:

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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 MSc Midwifery 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, you will choose two women simultaneously in the final year of 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. You will work under supervision relevant to your level of study, whilst working in partnership with women and other care providers. You 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 you to experience continuity of carer through carrying a small caseload of women. This provides an opportunity for you 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.

Planning for a continuity of carer caseload

You are required to select two women during the final year of your programme. You should select and manage the care of a caseload of two women from different cultural and societal backgrounds.

In order to develop universal care for all women, newborn infants and families, you 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).

It is important that you plan your caseload around home and university commitments giving thought to issues such as childcare, transport, annual leave, assessment deadlines, theory weeks etc.

When selecting women, you should try to ensure an even and appropriate spread of due dates so that your workload remains manageable.

You will need to consider the following:

- The woman's expected date of delivery; and what would happen if her expected due date falls during your annual leave.
- What will happen if one of your caseload holding women goes into labour when you are due to submit/undertake an assessment.
- What will happen if one of your caseload holding women goes into labour in the middle of the night; you will need to think about whether or not you will be in a position to leave home/family commitments and what are your transport options.
- Your academic achievement is important.
- You should endeavour to attend as many of a woman's antenatal and postnatal appointments as possible, however we do not expect you to miss theory sessions from University to achieve this. Depending on your stage of training, you may be able to undertake some antenatal or postnatal visits on your own outside of classroom hours.
- Whereas antenatal and postnatal appointments can be planned, the timing of labour cannot always be known. For this reason, it may be necessary for you to leave theory sessions to attend one of their caseload holding women when they go into labour. You should ensure that your module leader is informed as soon as possible if you are going to be absent from class.
- It is your responsibility to ensure that you have a suitable caseload, however, you are encouraged to seek advice from your practice supervisor/assessor on selecting and following up suitable women. You should not recruit members of your own family, or your friends to your caseload.
- Communication is paramount in making the system work, therefore close liaison will be required between you, your practice supervisors and assessors, other midwives, other student colleagues and lecturers.

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.
- Consent should be taken from the midwife responsible without you (the student) being present.

Managing your Continuity of Carer Case Load

On-Call Arrangements

On call arrangements will be negotiated and flexible to meet the aims of this allocation and your personal commitments/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 to ensure that you do not become over tired and unsafe to work or drive home. You must make the Labour Ward Co-ordinator fully aware of the number of hours that you have already worked that day (previous 24 hours) and agree the maximum period of time you 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 remember your caseloading experience will be within your planned community placements. 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 arrange for you to have the necessary time off to rest.

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. Individual trusts will have differences of how women will contact you, therefore ensure you discuss contact arrangements with your Practice Supervisor, Labour ward coordinator or Link Lecturer.

If an allocated 'low risk' woman becomes 'high risk' during labour you will continue to give care (under supervision appropriate to your level of study), be present during labour and/or birth, in order to provide continuity of care to 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.

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.

Equipment

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

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.

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.

Who are the People Involved in Supporting you?

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/s who are linked to the clinical area in which the student is practising. If your link lecturer/s are away and you require support, please contact another member of the midwifery academic team:

Practice Supervisor/Assessor Responsibilities

- To assist students in selecting appropriate women to consider for inclusion in her/his caseload holding.
- Support the student in evaluating the woman's care and appraisal of personal and professional development.
- Support the student with any concerns or anxieties the he/she may have regarding caseload holding.
- Assist the student in identification of learning opportunities.
- Midwifery practice assessors and supervisors may need to make other team members and healthcare professionals aware of student involvement in caseload holding, particularly during annual leave.
- Verify students' hours in practice.
- Participate with the student in a final review meeting.

NB: the lead midwife/healthcare professional providing care on that day remains legally and professionally responsible for all care and actions involving the woman.

Accountability, Supervision and Support

Overall Principles

The Code (NMC 2018) provides clear guidance stating 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 during your caseholding experience 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

Remember that the supervising midwife always remains ultimately professionally and legally accountable for each woman's care.

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.

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, her/his 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/he must have a named, designated supervisor 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 p.10)

During labour care, in high risk situations where there is the potential for an adverse event (for example, during the performance of any internal examinations - including membrane sweeps, speculum and/or digital vaginal examinations), it is expected that you will be directly supervised by the midwife responsible for the woman's care, your Practice Supervisor, or your supervising midwife.

Remember you should always work under the supervision that is appropriate to your Level of study.

- You 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 you is present on the premises.
- On no account should you 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 you in the presence of the supervising midwife.
- You 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, you must seek the guidance of your 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 you to observe while the midwife takes over the care directly.

Working Hours

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 legislative 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 Practice Supervisor needs to consider whether you are able to maintain the required level of safe, professional behaviour, should you 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 because 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 seek support from your Link Lecturer.

Personal Safety Whilst Caseload Holding

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.

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 handheld 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 MORA assessment documentation.

Remember that supervision must always be appropriate to your level of study

Continuity of Carer Caseholding Placement

Material supporting caseload holding placement activities is located on the module Blackboard site.

Aims:

- To critically explore the midwife's role in continuity of care and maternal and child health in different cultures and societies.
- 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 best available evidence, this may involve referral to or assignment of duties to others
- Critically analyse the physical, psychological, psychosocial, cultural, spiritual, and epidemiological aspects of care in pregnancy and childbirth.
- Critically analyse maternal and child health in different cultures and societies.
- Work flexibly with different clinical 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 or the first 1,000 days of the child's life.
- Critically discuss the professional, legal, and ethical issues underpinning provision of care.
- Recognise risk factors to promote a proactive approach to care.
- Communicate effectively with women, their families', and health care professionals.

Guidance for the Case Load Experience

All student midwives undertaking the MSc Midwifery Programme at Sheffield Hallam University are required to manage the care of a caseload of two women of different cultural and societal backgrounds throughout their antenatal, intra-partum and postnatal care under appropriate supervision. 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.

Caseload holding is 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

Record of Continuity of Carer Caseload experience

Record of practice episodes

Antenatal, Intrapartum and Postnatal appointments/contacts must be recorded in your MORA – Practice Episodes and highlighted in green to indicate these practice episodes were part of your Continuity of Carer experience.

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Date	Fri 15-Oct-2021
Gravida parity & postnatal day	Para 2 Day 3
P4.1 Outcome of mental health assessment	Mum reports feeling well, tearful when tired
P4.3 Outcome of physical health assessment - vital signs	NAD - mum reports feeling physically well
P4.3 Outcome of physical health assessment - breasts and nipples	Breasts and nipples are comfortable, milk arrived this morning
P4.3 Outcome of physical health assessment - vaginal loss	NAD - no clots
P4.3 Outcome of physical health assessment - uterine involution	Uterus not palpated, mum reports no abdo pain and normal vaginal loss
P4.3 Outcome of physical health assessment - perineal or wound health	Perineum intact, mum reports comfortable and declines inspection
P4.3 Outcome of physical health assessment - legs	Legs x 2 - NAD
P4.3 Outcome of physical health assessment - bladder & bowels	Mum reports PU as normal, good amounts, no pain on urinations. BNO - advised to increase fluids and fibre, reassured
Name and email of Practice Supervisor	Katy Nicole
Link PebblePocket Asset (Please use the record number)	
Comments	CASEHOLDING
Risk factors identified (Yes or No)	No

Feedback

You are required to obtain feedback from the women on your caseload. You will need 1 antenatal, 1 intrapartum and 1 postnatal feedback. Depending on how your caseload experience progresses the 3 feedbacks could be from the same woman or 2 different women. Use the feedback pages in your MORA to record your caseload feedback.

Tick if you are:	Woman receiving care member/partner		Family		
	Very Happy	Happy	I'm not sure	Unhappy	Very unhappy
How happy were you with the way the student midwife...					
<input type="checkbox"/> cared for you?					
<input type="checkbox"/> listened to your needs?					
<input type="checkbox"/> was sympathetic to the way you felt?					
<input type="checkbox"/> talked to you?					
<input type="checkbox"/> showed you respect?					

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Reflections

You are expected to reflect on your Continuity of Care caseload holding experience. Remember to preserve the anonymity of the women and families you have cared for.

Reflective account
Give a brief description of your Continuity of Carer Caseload Holding experience:
What did you learn from this caseload experience?
How did you change or develop your practice as a result?
How is this relevant to the Code?
Consider one or more themes: Prioritise people, Practice effectively, Preserve Safety, Promote professionalism and trust

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

Appendix 1

Continuity of Carer Caseload - Frequently Asked Questions

Q - When can I commence caseloading?

A – The caseload experience commences on day one of your community placement as you are seeking potential women to caseload. The time at which you commence being on call for care in labour and unaccompanied antenatal or postnatal visits (dependant on level of study) will vary. Please see the guidance below on unaccompanied visits.

Your community Practice Supervisor will help you to choose appropriate women for your caseload and you should undertake a detailed caseload planning discussion at the start of the placement.

Q - How many caseloading women should I take on?

A - The guidance states 2 women in your final year of study.

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 Practise Supervisor 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. 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 or electronic notes.

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

The nature of caseloading is that working hours are flexible to allow for the unpredictability of birth and a labour call should take priority. You should negotiate your working hours so that you are able to take two days off per week. Students should normally work 38.5 hours per week in practice and no more than 48 hours in any given week. The caseload holding experience will be part of your community midwifery placement.

Women need to know that, in consenting to caseloading, you will aim to be at all antenatal contacts, provide care in labour and visit postnatally, 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. 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/he can plan for you to have the necessary time off to rest. She/he 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.

Q. How many consecutive hours can I work?

You should not work more than 14 consecutive hours. When you have reached 14 hours you must request to go home. This is to ensure you remain fit and well and to protect those you are caring for.

Q - I do not 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. The women in your caseload need to know that you use public transport, and this may influence the time it will take for you to attend them in labour.

Undertaking unaccompanied antenatal and postnatal home visits (dependant on level of study) 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 Practise Supervisor's 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 planned daily workload.

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 Practise Supervisors 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.

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 can 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-imburement for practice placements.

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 (2019) 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.

Regarding 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".