



BSc (Hons) Midwifery

September 2019

Record of Experience including Ongoing Record of
Achievement.

Student Name.....

Please note: Once completed the University will retain a fully copy of this document as part of the requirements for midwifery registration. This document is the property of Sheffield Hallam University.

If found please return to: Robert Winston Building, Broomhall Road, Sheffield Hallam University, Sheffield S10 2DN

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1. NMC Requirements

During your clinical placements you need to record the care that you provide for mother and newborn in order to meet the experience requirements of the NMC. This will be supported by written reflections on episodes of care that you will discuss with your Mentor and Academic Advisor. You will meet with your Academic Advisor every six months so that this can be monitored, recorded and verified.

NMC requirements and Directive 2005/26/EC of the European Parliament and of the Council (2005) on the recognition of professional qualifications, Annex V, Point 5.5.1

Clinical Experience	Guidance
1. Advising pregnant women, involving at least 100 prenatal examinations	This does not include initial assessment of a woman admitted in labour
2. Supervision and care of at least 40 woman in labour	Where substantial care has been provided as well as the birth OR care has been given but an instrumental birth has occurred OR the shift has ended.
3. At least 40 births personally carried out by the student.	This must include delivery of the placenta. In multiple pregnancies this counts as one birth episode.
4. Active participation with breech births or practice in a simulated situation	
5. Performance of an episiotomy and initiation into suturing including theoretical instruction and clinical practice	The practice of suturing has included episiotomy and simple perineal laceration (simulation where absolutely necessary)
6. Supervision and care of 40 women at risk in pregnancy, labour or the postnatal period	Risk is defined as the potential for an unwanted outcome. Examination of a mother prior to transfer to post natal care is not to be included here
7. Supervision and care (including examination) of at least 100 postnatal women and healthy newborn infants	
8. Observation and care of the newborn requiring special care including those born pre-term, post term underweight or ill.	
9. Care of women with pathological conditions in the field of Gynaecology and Obstetrics	Pathological is defined as related to or caused by disease.
10. Initiation into care in the field of medicine and surgery	initiation to include theoretical instruction and clinical practice

3. Initial Antenatal Consultation (Booking History)

No.	Date	D.O.B	Gravida	Gestation	Health History	Health Screening	Lifestyle /Education	Midwife's Print Name and Signature
1	01/01/19	25.12.00	G1	9/40	NAD No issues	FH of congenital heart disease	Smoking 20/day referred	MIRANDA BOYES <i>Miranda Boyes</i>
1								
2								
3								
4								
5								
6								
7								
8								

Initial Antenatal Consultation (Booking History) Cont'd

No.	Date	D.O.B	Gravida	Gestation	Health History	Health Screening	Lifestyle /Education	Midwife's Print Name and Signature
9								
10								
11								
12								
Additional antenatal initial consultation								

4. Antenatal Examination (NMC requirement 100) (Highlight any that are complex for cross reference to page 62)

No.	Date	D.O.B and gravida /parity	Gestation & SFH measurement	Urine	B.P.	Oedema	Inspection	Palpation including lie, relationship of presenting part to brim of pelvis and measurement	Fetal heart (bpm)	Remarks	Midwife's Print Name and Signature
1	01/01/19	25.12.00 G2 P1	34+5	NAD	128/76	Nil	striae gravidarum	U=35 cm Cephalic pres'n. Long lie. Head free.	142 and regular	Active baby. See again at 36/40	MIRANDA BOYES <i>Miranda Boyes</i>
1											
2											
3											
4											
5											
6											
7											
8											

Antenatal Examination Cont'd **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No.	Date	D.O.B. and gravida/parity	Gestation & SFH measurement	Urine	B.P.	Oedema	Inspection	Palpation including lie, relationship of presenting part to brim of pelvis and measurement	Fetal heart (bpm)	Remarks	Midwife's Print Name and Signature
9											
10											
11											
12											
13											
14											
15											
16											

Antenatal Examination Cont'd **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No.	Date	D.O.B. and gravida/parity	Gestation & SFH measurement	Urine	B.P.	Oedema	Inspection	Palpation including lie, relationship of presenting part to brim of pelvis and measurement	Fetal heart (bpm)	Remarks	Midwife's Print Name and Signature
17											
18											
19											
20											
21											
22											
23											
24											
25											

Antenatal Examination Cont'd **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No.	Date	D.O.B. and gravida/parity	Gestation & SFH measurement	Urine	B.P.	Oedema	Inspection	Palpation including lie, relationship of presenting part to brim of pelvis and measurement	Fetal heart (bpm)	Remarks	Midwife's Print Name and Signature
26											
27											
28											
29											
30											
31											
32											

Antenatal Examination Cont'd **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No.	Date	D.O.B. and gravida/parity	Gestation & SFH measurement	Urine	B.P.	Oedema	Inspection	Palpation including lie, relationship of presenting part to brim of pelvis and measurement	Fetal heart (bpm)	Remarks	Midwife's Print Name and Signature
33											
34											
35											
36											
37											
38											
39											

Antenatal Examination Cont'd **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No.	Date	D.O.B. and gravida/parity	Gestation & SFH measurement	Urine	B.P.	Oedema	Inspection	Palpation including lie, relationship of presenting part to brim of pelvis and measurement	Fetal heart (bpm)	Remarks	Midwife's Print Name and Signature
40											
41											
42											
43											
44											
45											
46											

Antenatal Examination Cont'd **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No	Date	D.O.B. and gravida/parity	Remarks	Midwife's Print Name and Signature
47				
48				
49				
50				
51				
52				
53				
54				
55				

Antenatal Examination Cont'd **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No	Date	D.O.B. and gravidity/parity	Remarks	Midwife's Print Name and Signature
56				
57				
58				
59				
60				
61				
62				
62				
64				

Antenatal Examination Cont'd **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No	Date	D.O.B. and gravidity/parity	Remarks	Midwife's Print Name and Signature
65				
66				
67				
68				
69				
70				
71				
72				
73				

Antenatal Examination Cont'd **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No	Date	D.O.B. and gravidity/parity	Remarks	Midwife's Print Name and Signature
74				
75				
76				
77				
78				
79				
80				
81				
82				

Antenatal Examination Cont'd (**NMC requirement 100**) Highlight any that are complex for cross reference to page 62)

No	Date	D.O.B. and gravida/parity	Remarks	Midwife's Print Name and Signature
83				
84				
85				
86				
87				
88				
89				
90				
91				

Antenatal Examination Cont'd **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No	Date	D.O.B. and gravida/parity	Remarks	Midwife's Print Name and Signature
92				
93				
94				
95				
96				
97				
98				
99				
100				
101				

5. Witness Births

No.	D.O.B.	Age and Gravida	Gestation	Comments on the birth. To include duration of skin to skin and feeding method	Midwife's Print Name and Signature
1	25.12.00	38	T+5	Admitted in labour and progressed to normal delivery of a live female infant in the pool. Used water for analgesia and relaxation and Hypnobirthing. Physiological third stage. Blood loss Approx. 300 mls. First stage 9 hours 40 mins, second stage 54 mins and third stage 14 mins. First degree tear - 2 x sutures as bleeding. Skin to skin 1 hr 20 mins. Breast feeding	MIRANDA BOYES <i>Miranda Boyes</i>
1					
2					
3					
4					

Witness Births Cont'd

Further witness births					
No.	D.O.B.	Age and Parity	Gestation	Comments on the birth. To include duration of skin to skin and feeding method	Midwife's Print Name and Signature
5					
6					
7					
8					

Witness Births Cont'd

9						
10						

6. **Vaginal Examination.** The abdominal examination prior to vaginal examination should be recorded here.

No.	Date	Gestation and gravida	Indications for V.E.	5ths palpable abdominally and fetal heart rate	External genitalia	Station of presentation	Cervical effacement, application & dilatation	Membranes and liquor	Position and attitude	Caput & moulding	Midwife's Print Name and Signature
1.	01/01/19	G3 P2 37+5	?Early labour	3/5 FHHR	Vaginal warts apparent	At spines	Central soft, anterior 3cm dilated	Intact - no liquor	LOA Flexed	No caput or moulding	MIRANDA BOYES <i>Miranda Boyes</i>
1											
2											
3											
4											
5											
6											
7											

Vaginal Examination Cont'd

No.	Date	Gestation	Indications for V.E.	5ths palpable abdominally and fetal heart rate	External genitalia	Station of presentation	Cervical effacement, application & dilatation	Membranes and liquor	Position and attitude	Caput & moulding	Midwife's Print Name and Signature
8											
9											
10											
11											
12											
13											
14											
15											

Vaginal Examination Cont'd

No.	Date	Gestation	Indications for V.E.	5ths palpable abdominally and fetal heart rate	External genitalia	Station of presentation	Cervical effacement, application & dilatation	Membranes and liquor	Position and attitude	Caput & moulding	Midwife's Print Name and Signature
16											
17											
18											
19											
20											
21											
22											
23											
24											

7. Personally Facilitated Birth (NMC requirement 40) (Highlight any that are complex for cross reference to page 62)

N o.	Date and time	D.O.B. /age gravida and parity	E.D.D.	Length of 1 st /2 nd /3 rd stages	Placenta and membranes and blood loss	Gender of baby and birthweight and Apgar scores	Provided care in labour	Remarks - include analgesia, perineum, infant resuscitation,	Midwife's Print Name and Signature
1	01.01.2019 11.25	25.12.00 Pri G1	27/12 /2018	15 hrs 22 1 hr 07 7 mins	350 mls Placenta and membranes complete	Boy 3805g 8 and 9	Yes since 07.00 hrs	Baby born in good condition. Only Entonox for pain relief. Active in labour and birthed on all fours. 2 nd degree tear.	MIRANDA BOYES <i>Miranda Boyes</i>
1									
2									
3									
4									
5									
6									
7									

Personally Facilitated Birth **(NMC requirement 40)** (Highlight any that are complex for cross reference to page 62)

No.	Date and time	D.O.B. /age/ gravida and parity	E.D.D.	Length of 1 st /2 nd /3 rd stages	Placenta and membranes and blood loss	Gender of baby and birthweight and Apgar scores	Provided care in labour	Remarks - include analgesia, perineum, infant resuscitation,	Midwife's Print Name and Signature
8									
9									
10									
11									
12									
13									
14									
15									

Personally Facilitated Birth **(NMC requirement 40)** (Highlight any that are complex for cross reference to page 62)

No.	Date and time	D.O.B. /age/ gravida and parity	E.D.D.	Length of 1 st /2 nd /3 rd stages	Placenta and membranes and blood loss	Gender of baby and birthweight and Apgar scores	Provided care in labour	Remarks - include analgesia, perineum, infant resuscitation,	Midwife's Print Name and Signature
16									
17									
18									
19									
20									
21									
22									
23									

Personally Facilitated Birth **(NMC requirement 40)** (Highlight any that are complex for cross reference to page 62)

No.	Date and time	D.O.B./ age/ gravida and parity	E.D.D.	Length of 1 st /2 nd /3 rd stages	Placenta and membranes and blood loss	Gender of baby and birthweight and Apgar scores	Provided care in labour	Remarks - include analgesia, perineum, infant resuscitation,	Midwife's Print Name and Signature
24									
25									
26									
27									
28									
29									
30									
31									

Personally Facilitated Birth **(NMC requirement 40)** (Highlight any that are complex for cross reference to page 62)

No.	Date and time	D.O.B./ age/ gravida and parity	E.D.D.	Length of 1 st /2 nd /3 rd stages	Placenta and membranes and blood loss	Gender of baby and birthweight and Apgar scores	Provided care in labour	Remarks - include analgesia, perineum, infant resuscitation,	Midwife's Print Name and Signature
32									
33									
34									
35									
36									
37									
38									
39									

Personally Facilitated Birth **(NMC requirement 40)** (Highlight any that are complex for cross reference to page 62)

No.	Date and time	D.O.B./ age/ gravida and parity	E.D.D.	Length of 1 st /2 nd /3 rd stages	Placenta and membranes and blood loss	Gender of baby and birthweight and Apgar scores	Provided care in labour	Remarks - include analgesia, perineum, infant resuscitation,	Midwife's Print Name and Signature
40									
41									
42									
43									
44									
45									
46									
47									

Personally Facilitated Birth **(NMC requirement 40)** (Highlight any that are complex for cross reference to page 62)

No.	Date and time	D.O.B./ age/ gravida and parity	E.D.D.	Length of 1 st /2 nd /3 rd stages	Placenta and membranes and blood loss	Gender of baby and birthweight and Apgar scores	Provided care in labour	Remarks - include analgesia, perineum, infant resuscitation,	Midwife's Print Name and Signature
48									
49									
50									
51									
52									
53									
54									
55									

8. **Care during Labour (NMC requirement 40).** Where substantial care has been provided as well as the birth OR care has been given but an instrumental birth has occurred OR the shift has ended. (Highlight any that are complex for cross reference to page 62)

No.	Date	Age and Gravida and parity	Gestation	Summary of care	Midwife's Print Name and Signature
	01/01/19	25 Pri now G1	T+10	Progressed to kiwi birth following prolonged 2 nd stage and maternal exhaustion. Had effective epidural analgesia active third stage. 2 nd degree tear only. Blood loss approx. 250 mls. Baby boy born in good condition - Apgars 9 and 9. Does not wish to breast feed but skin to skin given for first hour and then baby weighed at maternal request.	MIRANDA BOYES <i>Miranda Boyes</i>
1					
2					
3					
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8					

Care during Labour (**NMC requirement 40**). Where substantial care has been provided as well as the birth OR care has been given but an instrumental birth has occurred OR the shift has ended. (Highlight any that are complex for cross reference to page 62)

No.	Date	Age and gravida and Parity	Gestation	Summary of care	Midwife's Print Name and Signature
9					
10					
11					
12					
13					
14					
15					
16					
17					

Care during Labour (**NMC requirement 40**). Where substantial care has been provided as well as the birth OR care has been given but an instrumental birth has occurred OR the shift has ended. (Highlight any that are complex for cross reference to page 62)

No.	Date	Age and gravida and Parity	Gestation	Summary of care	Midwife's Print Name and Signature
18					
19					
20					
21					
22					
23					
24					
25					
26					

Care during Labour (**NMC requirement 40**). Where substantial care has been provided as well as the birth OR care has been given but an instrumental birth has occurred OR the shift has ended. (Highlight any that are complex for cross reference to page 62)

No.	Date	Age and gravida and Parity	Gestation	Summary of care	Midwife's Print Name and Signature
27					
28					
29					
30					
31					
32					
33					
34					
35					

Care during Labour (**NMC requirement 40**). Where substantial care has been provided as well as the birth OR care has been given but an instrumental birth has occurred OR the shift has ended. (Highlight any that are complex for cross reference to page 62)

No.	Date	Age and gravida and Parity	Gestation	Summary of care	Midwife's Print Name and Signature
36					
37					
38					
39					
40					

9. Participation in Instrumental and Operative Birth

No.	D.O.B	Age and Parity	Gestation	Comments on the birth and participation in care. To include duration of skin to skin and feeding method	Midwife's Print Name and Signature
1	25.12.00	26 Pri	T+3	Emergency LSCS for fetal distress. Meconium stained liquor. Paediatrician at delivery but baby returned to Father for skin to skin. Mother wishes to breast feed and support given. Apgars 7 and 9. EBL 550 mls. Mother induced for small for gestational age but baby weighted 3200g. Care given throughout labour.	MIRANDA BOYES <i>Miranda Boyes</i>
1					
2					
3					
4					
5					
6					
7					
8					

Participation in Instrumental and Operative Birth

No.	Identifier	Age and Parity	Gestation	Comments on the birth and participation in care. To include duration of skin to skin and feeding method	Midwife's Print Name and Signature
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

10. Participation in Vaginal Breech Birth

No.	D.O.B.	Age and Parity	Gestation	Comments on the birth and participation in care. To include duration of skin to skin and feeding method	Midwife's Print Name and Signature
1					
2					
3					
4					
5					

11. Performance of Episiotomy

No.	D.O.B.	Age and Parity	Gestation	Comments	Midwife's Print Name and Signature
1					
2					
3					

12. Observation of Perineal Repair

No.	D.O.B.	Age and Parity	Comments - to include analgesia and details of repair	Midwife's Print Name and Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

13. Performance of Perineal Repair

No.	D.O.B.	Age and Parity	Comments - to include analgesia and details of repair	Midwife's Print Name and Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

14. Postnatal Care of Mother and Newborn (NMC requirement 100) (Highlight any that are complex for cross reference to page 62)

No.	Date	D.O.B., age & Gravida and parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature	
Mother	01/01/19	25.12.00 24 G2 P1	01/01/19 03.40 Normal birth	Soft - advised to support	Uterus just below umbilicus. Lochia rubra - not excessive	Intact perineum	Gave birth on all fours, so knees sore, but calves soft and non-tender. Ha passed urine but BNO yet.	MIRANDA BOYES <i>Miranda Boyes</i>	
Neonate		Birth Weight	Feeding	Skin colour	Cord	Remarks			
Baby boy		3854g	Breast	Face congested but otherwise pink	Clamped	Has made a few good attempts at breast. Appears alert. Eyes clear. Has passed urine and meconium. Being nursed in skin to skin for long periods. All family very happy including big sister (who has held him in skin to skin!)			MIRANDA BOYES <i>Miranda Boyes</i>
No. 1	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature	
Mother									
Neonate		Birth Weight	Feeding	Skin colour	Cord	Remarks			
No. 2	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature	
Mother									
Neonate		Birth Weight	Feeding	Skin colour	Cord	Remarks			

Postnatal Care of Mother and Newborn **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No. 3	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin Colour	cord	Remarks		
No. 4	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin colour	Cord	Remarks		
No. 5	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin colour	Cord	Remarks		

Postnatal Care of Mother and Newborn **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No. 6	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin Colour	cord	Remarks		
No. 7	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin colour	Cord	Remarks		
No. 8	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin colour	Cord	Remarks		

Postnatal Care of Mother and Newborn (**NMC requirement 100**) (Highlight any that are complex for cross reference to page 62)

No. 9	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin Colour	cord	Remarks		
No. 10	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin colour	Cord	Remarks		
No. 11	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin colour	Cord	Remarks		

Postnatal Care of Mother and Newborn **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No. 12	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin Colour	cord	Remarks		
No. 13	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin colour	Cord	Remarks		
No. 14	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin colour	Cord	Remarks		

Postnatal Care of Mother and Newborn **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No. 15	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin Colour	cord	Remarks		
No. 16	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin colour	Cord	Remarks		
No. 17	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin colour	Cord	Remarks		

Postnatal Care of Mother and Newborn **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No. 18	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin Colour	cord	Remarks		
No. 19	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin colour	Cord	Remarks		
No. 20	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin colour	Cord	Remarks		

Postnatal Care of Mother and Newborn **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No. 21	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin Colour	cord	Remarks		
No. 22	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin colour	Cord	Remarks		
No. 23	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin colour	Cord	Remarks		

Postnatal Care of Mother and Newborn (**NMC requirement 100**) (Highlight any that are complex for cross reference to page 62)

No. 24	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin Colour	cord	Remarks		
No. 25	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin colour	Cord	Remarks		
No. 26	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin colour	Cord	Remarks		

Postnatal Care of Mother and Newborn (**NMC requirement 100**) (Highlight any that are complex for cross reference to page 62)

No. 27	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin Colour	cord	Remarks		
No. 28	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin colour	Cord	Remarks		
No. 29	Date	D.O.B., age & parity	Date, time and type of birth	Breasts	Uterine involution & lochia	Perineum or abdominal wound	Remarks i.e. examination of the legs and passage of urine	Midwife's Print Name and Signature
Mother								
Neonate		Birth Weight	Feeding	Skin colour	Cord	Remarks		

Postnatal Care of Mother and Newborn continued **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No.	Date	Remarks	Midwife's Print Name and Signature
30			
31			
32			
33			
34			
35			
36			
37			
38			

Postnatal Care of Mother and Newborn continued **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No.	Date	Remarks	Midwife's Print Name and Signature
39			
40			
41			
42			
43			
44			
45			
46			
47			

Postnatal Care of Mother and Newborn continued **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No.	Date	Remarks	Midwife's Print Name and Signature
48			
49			
50			
51			
52			
53			
54			
55			
56			

Postnatal Care of Mother and Newborn continued **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No.	Date	Remarks	Midwife's Print Name and Signature
57			
58			
59			
60			
61			
62			
62			
64			
65			

Postnatal Care of Mother and Newborn continued **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No.	Date	Remarks	Midwife's Print Name and Signature
66			
67			
68			
69			
70			
71			
72			
73			
74			

Postnatal Care of Mother and Newborn continued **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No.	Date	Remarks	Midwife's Print Name and Signature
75			
76			
77			
78			
79			
80			
81			
82			
83			

Postnatal Care of Mother and Newborn continued **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No.	Date	Remarks	Midwife's Print Name and Signature
84			
85			
86			
87			
88			
89			
90			
91			
92			

Postnatal Care of Mother and Newborn continued **(NMC requirement 100)** (Highlight any that are complex for cross reference to page 62)

No.	Date	Remarks	Midwife's Print Name and Signature
93			
94			
95			
96			
97			
98			
99			
100			
101			

15. Care of High Risk Neonates

No.	Date	D.O.B.	Day post birth	Birth Weight	Feeding	Care interventions	Other remarks	Midwife's/Nurses Print Name and Signature
	01/01/19	25.12.18	7	1870g	Artificial	Baby difficult to feed - has cleft palate. Requiring soft teat and bottle. Parents both assisting with cares.	Born at 32 weeks. Mother known Methadone user. Baby requiring support from specialist cleft nurse	MIRANDA BOYES <i>Miranda Boyes</i>
1								
2								
3								
4								
5								
6								
7								

16. Care Experience in Pathological/Gynaecological/Obstetric care (Medicine and Surgery)

No. & Date	D.O.B./cross reference to previous record	Diagnosis	Episode of care	Remarks	Midwife's Print Name and Signature
01/01/19	25.12.00 Page 74 AN case 76	Renal transplant associated with Type 1 Diabetes	Seen in joint care antenatal clinic. Blood results satisfactory. Growth of fetus within normal range.	Plans to induce at 36/40 depending on fetal growth, HBA1C results and maternal and fetal wellbeing. To attend AN day unit for CTG this afternoon for monitoring in view of previous stillbirth, for maternal reassurance.	MIRANDA BOYES <i>Miranda Boyes</i>
1					
2					
3					
4					
5					
6					
7					

Care Experience in Pathological/Gynaecological/Obstetric care (Medicine and Surgery)

No. & Date	D.O.B./cross reference to previous record	Diagnosis	Episode of care	Remarks	Midwife's Print Name and Signature
8					
9					
10					
11					
12					
13					
14					
15					

17. Care of women at risk during pregnancy, birth, or the postnatal period (Complex cases/care)

Date and No.	Section & Record number	Date and No.	Section & Record number	Date and No.	Section & Record number
01/01/19 1.	Page 10 AN 45. Woman with raised Downs risk. Antenatal diagnosis offered.				

Care of women at risk during pregnancy, birth, or the postnatal period

Date and No.	Section & Record number	Date and No.	Section & Record number	Date and No.	Section & Record number

Care of women at risk during pregnancy, birth, or the postnatal period

Date and No.	Section & Record number	Date and No.	Section & Record number	Date and No.	Section & Record number

19. Ongoing Record of Achievement

Guidelines for Completion of the Ongoing Record of Achievement (OAR)

Satisfactory Completion of this documentation is a requirement of the Nursing and Midwifery Council (Standard 16 NMC Standards for Pre-Registration Midwifery Education 2009)

Students

The following pages are a summary of your performance in clinical practice for each academic year. The Common Assessment Document (CAD) is an ongoing record of experience for each academic year and should be with the student at all times in clinical placement. Mentors/supervisors/assessors may view the documentation at any time and the student should present the CAD and associated workbooks to the mentor on a weekly basis to demonstrate contemporaneous record keeping and effective use of reflection hours.

At the end of each academic year the Sign-off Mentor/Assessor conducting the summative grading of practice should complete the following pages. This summary will enable future midwives to see at a glance your previous progress during the programme. Mentors/Assessors may request, to support the students learning, to view the whole CAD(s) from previous years and the student must produce these in a timely manner. Any difficulties should be reported to the Link Lecturer.

Sign-off Mentor/Assessor Undertaking summative Grading of Practice

Following the summative assessment of practice within the students CAD an overall summary of performance for the academic year is recorded on the following pages. The Sign-off Mentor/Assessor is required to complete the declaration of the student's suitability to progress to the next academic level/ entry the NMC register.

Academic Staff

A progression summary is completed at the end of each year. The academic adviser reviews EU numbers, the quality of the student's record keeping and progress in the completion of required workbooks in the CAD and verifies this document to ensure the student has met the Practice criteria for progression.

Consent:

I consent to allow the processing of confidential data about me to be shared between successive mentors/supervisors/assessors and with the relevant education providers in the process of assessing my fitness for practice.

I understand that this is an NMC requirement and that it is essential to the pursuance of my programme of study leading to registration. I understand that I will be required to disclose records of achievement from previous placements.

Student signature _____ Date _____

Ongoing Record of Achievement

Year one Summary

Summary to be completed by the Sign-off Mentor/Assessor undertaking the summative grading of practice.

Confirmation of Proficiency

In accordance with the NMC Standards the Sign-off Mentor/Assessor must confirm that the student has successfully completed all practice requirements. This should be completed during the final placement of the academic year.

I can confirm that the student has achieved competence in all midwifery proficiencies (MPs) and essential skills clusters (ESCs) for year 1 **Yes/No**

I can confirm that the student demonstrated the professional values for year 1 **Yes/No**

Please comment on the student's progress, identifying any particular strengths and areas for development:

Has the student required a cause for concern action plan during the year **Yes/No**

If Yes briefly identify the action plan required:

Summative Grade for Midwifery Foundations for Practice _____ %

Student Signature: _____

Print Name: _____

Date: _____

Midwives Signature: _____

Print Name: _____

Date: _____

Summary completed by Student:

Record of Experience	Number / Experience Achieved
NMC requirements and Directive 2005/26/EC of the European Parliament and of the Council (2005) on the recognition of professional qualifications, Annex V, Point 5.5.1	
Advising pregnant women, involving at least 100 prenatal examinations	
Supervision and care of at least 40 women in labour	
At least 40 births personally carried out by the student.	
Active participation with breech births or practice in a simulated situation	
Performance of an episiotomy and initiation into suturing including theoretical instruction and clinical practice	
Supervision and care of 40 women at risk in pregnancy, labour or the postnatal period	
Supervision and care (including examination) of at least 100 postnatal women and healthy newborn infants	
Observation and care of the newborn requiring special care including those born pre-term, post term underweight or ill.	
Care of women with pathological conditions in the field of Gynaecology and Obstetrics	
Initiation into care in the field of medicine and surgery	

Number of Theoretical hours missed during the academic year Hours

Completed Learning Log verified and uploaded to Blackboard Yes/No/NA

Total Practice hours recorded for the year Hours

Number of outstanding practice hours transferred to Flexi/Year Two Hours

Student Signature: _____

Print Name: _____

Date: _____

Lecturer's Signature: _____

Print Name: _____

Date: _____

Ongoing Record of Achievement

Year Two Summary

Confirmation Of Proficiency

In accordance with the NMC Standards the Sign-off Mentor/Assessor must confirm that the student has successfully completed all practice requirements. This should be completed during the final placement of the academic year.

I can confirm that the student has achieved competence in all midwifery proficiencies (MPs) and essential skills clusters (ESCs) for year 2 **Yes/No**

I can confirm that the student demonstrated the professional values for year 2 **Yes/No**

Please comment on the student's progress, identifying any particular strengths and areas for development:

Has the student required a cause for concern action plan during the year **Yes/No**

If Yes briefly identify the action plan required:

Summative Grade for Midwifery Advancing Holistic Practice %

Student Signature: _____

Print Name: _____

Date: _____

Midwife's Signature: _____

Print Name: _____

Date: _____

Summary completed by Student:

Record of Experience	Number / Experience Achieved
NMC requirements and Directive 2005/26/EC of the European Parliament and of the Council (2005) on the recognition of professional qualifications, Annex V, Point 5.5.1	
Advising pregnant women, involving at least 100 prenatal examinations	
Supervision and care of at least 40 women in labour	
At least 40 births personally carried out by the student.	
Active participation with breech births or practice in a simulated situation	
Performance of an episiotomy and initiation into suturing including theoretical instruction and clinical practice	
Supervision and care of 40 women at risk in pregnancy, labour or the postnatal period	
Supervision and care (including examination) of at least 100 postnatal women and healthy newborn infants	
Observation and care of the newborn requiring special care including those born pre-term, post term underweight or ill.	
Care of women with pathological conditions in the field of Gynaecology and Obstetrics	
Initiation into care in the field of medicine and surgery	

Number of Theoretical hours missed during the academic year Hours

Completed Learning Log verified and uploaded to Blackboard Yes/No/NA

Total Practice hours recorded for the year Hours

Number of outstanding practice hours transferred to Flexi/Year Three Hours

Student Signature: _____

Print Name: _____

Date: _____

Lecturer's Signature: _____

Print Name: _____

Date: _____

Ongoing Record of Achievement

Year Three Summary

Sign-Off Mentor/Assessor Statement of Competency at the Point of Registration

Student Full Name: _____

Student ID: _____

Cohort: _____

Midwives Full Name: _____

Midwives Area: _____

Sign-Off Mentor/Assessor please sign and date *either* section 1 *or* section 2 below.

Section 1

This final confirmation of competence in practice draws on evidence of the student's assessment during the period of the programme. This has been provided by the student's Ongoing Achievement Record and other supporting evidence relating to practice-based learning.

To the best of my knowledge, at this time, this represents a complete record of evidence of achievement and demonstrates the above-named student's capacity for safe and effective practice, and is of good health and good character, sufficient to ensure eligibility for entry to the NMC professional register for midwifery.

Signature of Midwife: _____ Date: _____

Section 2

At this time I cannot sign off this student's competence in practice as she/he is not eligible for entry to the professional register for midwifery, due to the reason(s) detailed below

Signature of Midwife: _____ Date: _____

Summative Grade for Midwifery Consolidating Holistic Practice _____ %

Student Signature: _____

Print Name: _____

Date: _____

Summary of final year:

Number of Theoretical hours missed during the academic year Hours

Completed Learning Log verified and uploaded to Blackboard Yes/No/NA

Total Practice hours recorded for the year Hours

Record of Experience	Number / Experience Achieved
NMC requirements and Directive 2005/26/EC of the European Parliament and of the Council (2005) on the recognition of professional qualifications, Annex V, Point 5.5.1	
Advising pregnant women, involving at least 100 prenatal examinations	
Supervision and care of at least 40 women in labour	
At least 40 births personally carried out by the student.	
Active participation with breech births or practice in a simulated situation	
Performance of an episiotomy and initiation into suturing including theoretical instruction and clinical practice	
Supervision and care of 40 women at risk in pregnancy, labour or the postnatal period	
Supervision and care (including examination) of at least 100 postnatal women and healthy newborn infants	
Observation and care of the newborn requiring special care including those born pre-term, post term underweight or ill.	
Care of women with pathological conditions in the field of Gynaecology and Obstetrics	
Initiation into care in the field of medicine and surgery	

Completion of Programme Declaration:

I have achieved the EU requirements Yes/No

I have achieved the Theoretical hours for the Programme Yes/No

I have achieved the Practice hours for the Programme Yes/No

Student Signature: _____

Print Name: _____

Date: _____

Verified by Academic Advisor:

Lecturer's Signature: _____

Print Name: _____

Date: _____

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