



Pre-Registration BSc (Hons) Midwifery  
Leicester School of Nursing & Midwifery  
Faculty of Health and Life Sciences

MIDW 3000  
“Continuity and Midwifery  
Practice”

Caseholding  
Handbook



De Montfort University  
Leicester School of Nursing and Midwifery  
Division of Maternal and Child Health

## Caseholding Guidelines for Students

### CONTENTS

No	Contents	Pages
1.	Contents and Contact Details	2
2.	Caseholding Guidance for Students	3-12
3.	Caseholding Guidance for Community Midwife Mentors	13-16
4.	Caseholding Guidance for Delivery Suite Mentors / MAU and MAC / ANC and PAS staff	17-18
5.	Caseholding Guidance - Information for Women	19-20
6.	Example: Caseholding Consent Sheet	21
7.	Procedures to be followed if the student is assessed as 'not yet competent' to conduct community visits unaccompanied	22
8.	Truth and Myths about Caseholding: a guide for mentors	23-26
9.	Example: Portfolio Evidence Sheet	27
10	Service User Evaluation	28

### Contact Details

<b>Student Midwife:</b>	
<b>Programme / Cohort:</b>	BSc (Hons) Midwifery
<b>Module Leaders:</b>	MIDW 3000: Moira McLean 0116 2577801 <a href="mailto:mmclean@dmu.ac.uk">mmclean@dmu.ac.uk</a>
<b>Personal Tutor:</b>	
<b>Programme Leader:</b>	Moira McLEAN

## Caseholding Guidelines for Students

### **The Aim of this Module Is :**

- To build on and apply the knowledge and skills of midwifery practice already gained
- To provide the student with the opportunity to integrate theory and practice through the supervised management of a small caseload
- To develop time management and organisational skills related to midwifery practice

You are asked to select a caseload of *up to 10 women* who you will be required to follow through their childbearing experience; for a minimum of 2 women care should be extended up to 28 days postnatally in order to experience the full range of care.

### **How to Select Appropriate Women:**

In conjunction with your community midwife mentor, consider women who are most likely to give birth between early March and mid April. Overall, women should be assessed as **low risk** at booking to enable you to fulfil the learning outcomes for these modules and to undertake the full range of responsibilities of the midwife, under indirect supervision.

While women may be High risk for non- Obstetric reasons, consider, in conjunction with your mentor the possible benefits caseholding these women may offer. This may include a full risk assessment. An Example may be that woman has had severe postnatal depression in a previous post natal period having continuity of care may be of benefit to this woman and family but you may require to work more closely with your mentor or specialist midwife at key points along the woman's care pathway.

Ideally the women you choose should be "booking in" at a unit in which you have already spent time during earlier allocations and are therefore familiar with or will be by the time you have been verified as capable of indirectly supervised care after the 3<sup>rd</sup> Year Intrapartum placement.

If women choose to birth at a unit you are not familiar with it is your responsibility to allocate some of your clinical time to orientate to this unit. Please contact the student links

to assist with organising this at least 2 weeks before you wish to gain this experience. You may consider a placement swap for a week with a peer. Remember you have the skill set required it is simply the geography of the unit that is different.

#### **Gaining Consent from the Women:**

Women should be asked if they are happy to have student involvement in their care; they should be assured that a qualified midwife will remain responsible overall for their care. This will normally be the community midwife during the antenatal and postnatal periods and a delivery unit midwife in labour for women who give birth in hospital.

It is considered good practice to give the women information about case holding at booking or as soon as possible after meeting them with the aim to gain their consent at the next visit.

Women should be informed that they can withdraw their consent at any time, however, the benefits of receiving continuity from a known senior student should be emphasised.

#### **When a Woman has agreed to Participate you are required to:**

- 1) Document your name, and that of your partner involved in their care (if appropriate), in the woman's hand held record or attach a second copy of the caseholding consent sheet
- 2) Complete the 'Caseholding Consent Sheet' identifying that you are the named student for this woman, your contact details and how you can be contacted e.g. dates of leave/dates unavailable should be also documented here. This will be used to highlight to the delivery unit/MAC/ANC to call you, should the woman be admitted at any time. Please Print this out on coloured paper provided so that it is clearly visible.
- 3) This sheet should be filed in the hospital notes. ***This is your responsibility.***

#### **Planning the care and visits:**

The clinical practice for this experience is divided into 2 semesters.

**Semester 7 (Year 3): Placements consist of** a delivery unit placement and a community placement. At The beginning of the delivery unit placement you should have a discussion with your personal tutor and mentor and as normal devise a personal development plan

During the intrapartum placement your main focus will be on achieving the intrapartum outcomes, which will lead you towards being assessed as suitable to carry out intrapartum care **for low risk women** under minimal supervision. Without achieving this assessment, you will not be able to carry out care under indirect supervision for any of your caseload. You will need to take responsibility to maintain contact with your caseload women i.e. by 'phone at this time.

In addition, during your community placement, you need to receive a formative assessment with your community mentor and personal tutor. The aim of this is assessment is to establish your competence to undertake minimal supervised community visits. **Only** when this has been completed successfully and a negotiated mechanism for contacting and providing feedback to the midwife about the progress of the woman during these visits, can you undertake visits minimally supervised. Some Prompts have been added to the clinical assessment document to guide this Learning /communication contract but are not exhaustive. This assessment can occur at any time during semester 7's community placement .Once achieved students can undertake minimally supervised community visits for caseload women.

You should keep a caseholding diary of women you have offered the scheme to and those that accept. You need to devise a system to keep this information secure and adhere to confidentiality. This may be achieved, for example, by using symbols or colours, which only you know the woman this identifies.

If the caseholding client is admitted to hospital for any reason and you wish to attend you must remember this is in an observational capacity only, until you have been signed off through the successful achievement of **both** of your 3<sup>rd</sup> year intrapartum and caseholding suitability assessments. It is best practice to follow women through to additional visits as you have supernumerary status so for example should a woman have an appointment for an

additional scan as you suspect growth restriction then best practice would be to attend this appointment with the woman .

Under no circumstances should you provide care without direct supervision and this includes, at this stage, home visits.

**During Semester 8 (Year 3):** you will be concentrating on fulfilling the care of the women and the requirements of the module; you will continue to be based on community apart from some study/tutorial sessions. This is to provide you with the opportunity to be on call and be available for your caseload women. This will require **you** to organise and manage your time effectively. If you have clinical teaching/theory sessions scheduled during the allocation these should be attended, unless the woman is in labour.

You need to make your availability known if your caseload woman is having a home birth to the relevant midwives for the community in advance. This can be documented on the homebirth booking form.

If a woman you have On Your case load is booked for a home birth (or requests to have a home birth) if you are a student at UHL the care will be provided by the home birth team whose base is at Glenfield Hospital. In this situation you would still be able to provide care but be supervised and supported by a midwife from the home birth team. You would have to ensure excellent communication between your mentor and yourself and the homebirth team midwives so there was clear understanding of support being provided. The Home birth team midwife would be able to write commentary in your clinical document and I sign any templates etc. requisites timesheets etc. for the time you spent with them.

**Visiting/Travelling/Safety:**

You will be expected to participate in most of the antenatal care and at least 1 of these visits should be in the woman's own home to discuss the birth plan, accompany the women if attending ANC//MAC etc, undertake the intrapartum care, provide the majority of the postnatal care and attend and participate in any parent education activities e.g. classes, aquanatal, yoga etc.

**However, it is essential that you are aware of and protect your own safety needs, especially during unsocial hours and during the night, especially if you are reliant on public transport/walking**

**It is recommended that you:**

- Communicate with the community team your plans for the day schedule of visits
- Inform delivery unit when you are setting out to meet with woman on the unit and the length of time it will take you to get there
- If leaving the delivery unit /homebirth at night contact appropriate person/area when you arrive home safely or contact partner at home to say when you are leaving and expected home
- Consider your level of safety including where you park your car
- Revisit personal safety guidelines issued in Module 1 “Health and Safety booklet”
- Refer to Trust’s “Lone Worker Policy” which you will find on the programme blackboard shell filed under course documents.

**Time Management: Issues for Semester 8:**

One of the aims of this clinical experience is to provide you with the opportunity to manage your time effectively. There is no correct way in which to do this, but general principles are:

- You must have at least two days off per week (or equivalent)
- you are also completing the Dissertation module and Newborn Theory so an additional self-directed day to work on either of these is given
- You may wish to identify nights’ on-call separately from day-time availability

- You may choose to be paired with a partner and this will enable you to 'cover' for each other, so that the women in your caseload always (or nearly always) have a student available
- When you are providing intrapartum care, you should be on the delivery suite/at a home birth for NO more than 12 hours consecutively.
- The amount of time you spend working alongside your midwife mentor will vary depending on what stage of case holding you are at. **This is at the discretion of your midwife mentor and following discussion with your personal tutor and will vary dependant on the number of women currently on your caseload and your progression on achieving module learning outcomes.**
- Students, whilst on caseholding practice, are working flexibly to meet the needs of the woman and the module – you should negotiate closely with the mentors when planning visits etc

The NMC recommends that students work with their sign off mentor a minimum of 40% of the allocation; this equates to 2 days a week leaving 3 days for student to work flexibly to meet other course and caseholding commitments.

### **Record Keeping:**

It is important that you record the following:

- Every visit, either at a clinic or at home, identifying findings, discussions and plans for future care in the woman's hand-held notes and the name of the midwife you have discussed this with. Remember if you are texting women with advice records of this should be kept in your portfolio sheets
- Portfolio evidence/pages for every visit, outlining findings, discussions and plans, plus discussions on progress with your community midwife mentor. Remember one of these cases will form the basis of your summative reflective case study for the module. **Please maintain confidentiality of the woman no names or initials**



- Your personal tutor will expect you to submit at least 2 complete sets of template records as part of your evidence at the end of the placement; the remainder will be submitted at end of module to the module leader
- A record of time spent on visits providing care etc
- A record of mileage
- It is essential to keep a diary and or log of progress of care and the number of women still to be cared for
- You must provide opportunity for the midwife supervising you to countersign your records.

**Equipment:**

During semester 8 you will require some basic equipment and relevant paperwork.

You will be issued with some equipment, in a caseholding bag to enable you to carry your equipment safely and securely.

There is a 'signing-out' book and equipment loan forms to be completed on issuing the equipment and on its safe return. This is in the Clinical Skills room (H1.31). Failure to return equipment will result in £100 fine for **each item**; failure to pay any fine(s) will result in your final marks not being released and may delay your graduation.

It is your responsibility to add any extra equipment or paperwork that you find is needed during providing care. Your mentor will guide you about where to get this from and how much you need. It is also your responsibility to ensure that everything borrowed is returned at the end of the module.

Some equipment i.e. sonicaid may have to be shared with your partner.

**Procedures to be followed when a woman goes into labour:**

- 1) Initially the woman will contact the unit/area as usual and state that she has a student involved in her care

- 2) The delivery suite/birth centre will order the notes as usual
- 3) The delivery suite/birth centre will contact the student at this point if the woman is advised to attend the unit
- 4) If the woman attends the unit for advice or in early labour etc it is important that you also attend, to be involved in this crucial part of the assessment process
- 5) You may wish to attend the delivery unit/birth centre prior to the woman arriving there to prepare a room and negotiate a mentor for the case etc
- 6) You will then, ***UNDER SUPERVISION FROM A MIDWIFE ALLOCATED FROM THE DELIVERY SUITE/BIRTH CENTRE STAFF*** care for the woman. You must document the name of the midwife supervising the care provided by you
- 7) At any appropriate and/or negotiated time you will/can handover care to an appropriate person, if necessary; normally you should not be on duty for more than 12 consecutive hours

**Postnatal Visits:**

Once you have been formatively assessed during semester 7 as able to undertake visits under minimal supervision and have agreed on the strategy for communication between you and your mentor, you are able to undertake postnatal visits under minimal supervision.

*You should discuss: the primary visit with your mentor and under their discretion you may attend this visit with minimal supervision. The discharge visit should also be attended under minimal supervision at the discretion of your mentor. Remember that for women who may have had a complicated birth /delivery you may require support from mentor to assist with debriefing and planning care. The woman should be seen at least once by a qualified midwife in the postnatal period. As you are caseholding you should carry out day 5 visits and not delegate this to MCA, however it may be appropriate to carry out this visit together.*

*Post natal Clinics: many teams now have postnatal clinics, with an appointment system, while you may offer this option to women particularly if you are on a day off, it is expected that you would normally offer home visits to provide care.* Remember your mentor may suggest that woman attends clinic to enable her to supervise you carrying out care as part of your clinical assessment.

Primary Visit By Health Visitor: as part of experience you should aim to attend a primary visit with the health visitor for a minimum of 1 caseholding women. You will need to arrange this by contacting the Health visitor and seeking permission to be at this visit. Your community mentor can support you to do this.

### **Working with a Partner:**

The aims of partnership working are:

- To provide continuity of care to a group of women i.e. you are more likely to be available in labour
- To provide peer support
- To develop communication skills
- To develop negotiation skills relating to equity of experience
- To simulate a possible model of working for the future

Each student will have up to 10 women to care for, but between the partnerships, up to 20 women are being offered care while on caseholding practice.

It is up to each partnership to arrange on-call cover for the women and to ensure the "Caseholding Consent Sheet" is completed in the woman's hospital notes

Each student should have met the women on her partner's caseload on at least one occasion – ideally this should be the birth plan visit.

If a student has been on duty for more than 12 consecutive hours their partner should be available to take over whenever possible.

**Communication with your Mentor:**

Once you are undertaking minimally supervised visits you need to agree a mechanism of communication with your community midwife mentor. This is to enable you to provide your mentor with information about your caseload and receive feedback about your plan of care.

Where a home visit is planned the midwife, mentor should discuss with the student to identify the aims of the visit etc. and after the visit the student should feedback to the midwife using the agreed mechanism.

The woman's records should reflect the findings and plan of care and identify the name of the midwife who the student has discussed the care plan with.

It is suggested that during semester 8 you meet with your community midwife mentor a minimum of once a week to review the overall progress of caseholding.

You should take any records that you have made, including timesheets and mileage claims to this meeting to be signed and dated. You should also use this as an opportunity to review learning outcomes being achieved and get these signed off.

Towards the end of the caseholding placement in semester 8 you will need to arrange to meet with your community midwife mentor to enable the summative assessment for this module to take place. If there is any difficulty in arranging this you should contact your personal tutor or practice learning lead.

You are expected to submit a full copy of two sets of portfolio evidence to your personal tutor when you submit your assessment – see Clinical Assessment Document. Naturally if you are still following up women it is expected that you will continue to keep records of care given and submit this at the end of the module with any time sheets etc that are outstanding.

De Montfort University  
Leicester School of Nursing and Midwifery  
**Division of Maternal and Child Health**

### **Guidelines For Community Student Links**

**The Aims of the Module are:**

- To build on and apply the knowledge and skills of midwifery practice already gained
- To provide the student with the opportunity to integrate theory and practice through the supervised management of a small caseload of women
- To develop time management and organisational skills related to midwifery practice

Ideally the team should have a student reallocated who has been with team for previous year 2 allocation. Where possible the student should be reallocated to previous mentor as this will allow student to continue to develop the confidence needed for this placement and experience by being familiar with the area and needs of clients.

During the first of the 2 community allocations within this module students will be allocated a week to the Maternity assessment Unit . During this week Students will not be working with the community team

During the second community allocation and when the student has been assessed as suitable for case holding They are only required to work 2 days with their sign off mentor. Students should be able to organise the rest of their time to suit the caseholding women and students other course requirements. The student should be encouraged to write their own off duty as part of the experience is being responsible for time management. They should record the agreed plan of working on the off duty and this should include on call times, study day and days off.

Students should take responsibility for communicating any changes to the student link for example if they have been called out at night and are sleeping part or all of next day .

De Montfort University  
Leicester School of Nursing and Midwifery  
**Division of Maternal and Child Health**

### **Guidelines for Community Midwife Mentors**

#### **The Aims of the Module are :**

- To build on and apply the knowledge and skills of midwifery practice already gained
- To provide the student with the opportunity to integrate theory and practice through the supervised management of a small caseload from booking
- To develop time management and organisational skills related to midwifery practice

Your student needs, with your guidance, to create a caseload of up to 10 women; the aim is for the student to be involved in providing these women with most, if not all, of the antenatal, intrapartum and postnatal care.

Your student may be working as part of a pair, with the aim of each student providing support for each other and between them providing continuity for all the women on their combined caseload.

It is important to ensure that each student gains consent from the women to be part of the student's caseload.

***How will the student find her caseload?***

In conjunction with you, the student should identify women at booking women who are most likely to give birth in the case holding practice allocation between mid March and the end of April.

Until students have successfully achieved both formative assessments students must continue to work with supervision.

On the whole, women should be assessed as **low risk** at the outset of the pregnancy to enable them to fulfil the learning outcomes for this module and to undertake the full range of roles and responsibilities of the midwife, under indirect supervision. Women should give consent.

Women should be asked if they are happy to have student involvement in their care; however, they should be assured that a qualified midwife will remain responsible overall for their care. Women should be informed that they can withdraw their consent at any time, however, the benefits of receiving continuity from a known senior student should be emphasised.

***How much of the care does the student need to be involved in?***

During the caseholding practice allocations they will be concentrating on fulfilling the care of the women and the requirements of the modules. There are minimal study/tutorial sessions within the allocations. This is to enable them the time to provide the full range of antenatal, intrapartum and postnatal care for their and their partner's caseload of women, including attendance at parent education activities.

***How much supervision does the student need?***

The student will continue to need supervision throughout the placement.

However, before the student can undertake minimally supervised visits a formative meeting will take place with the community midwife mentor, the student and their personal tutor, to assess the student's progress. **The student must have successfully achieved the intrapartum formative assessment prior to commencing caseholding.**

The aim of this formative assessment is to establish the competence of the student to undertake minimally supervised community visits. Only when this has been completed successfully and a negotiated mechanism for contacting and providing feedback to the midwife about the progress of the woman during these visits, can these visits occur.

Students, whilst on caseholding practice, are working flexibly to meet the needs of the woman and the module. The students are required to negotiate closely with the mentors when planning visits etc.

The NMC recommends that students work with a mentor a minimum of 40% of the allocation; this equates to a minimum 2 days a week leaving 3 days for student to work flexibly to meet other course and caseholding commitments, however students can and should work similar patterns to their community mentor e.g. a late shift or night duty if mentor is rostered to do this.

#### ***What about postnatal care?***

At Least one postnatal visit should be completed with a qualified midwife present

#### **Contact can be face-to-face or via the telephone.**

As a minimum there should be a meeting to discuss caseholding progress once a week

Your student is responsible to bring along to these meetings:

- 1) All records made of visits and appointments
- 2) Clinical placement timesheets and mileage record sheets
- 3) Diary of schedules of care given and women still being cared for

You will be required to sign your student's records, clinical placement timesheets and mileage sheets, in order to verify them as a correct record, as usual.

Towards the end of the placement your student, and yourself will meet to undertake the summative assessment, including the marking of practice, for this module.

#### **What equipment will the student need?**



Once the student has had their formative assessments, basic equipment will be required to adequately perform antenatal or postnatal visits.

During caseholding practice your student will be issued some basic equipment. It is their responsibility to keep this equipment safe and secure, and return it undamaged at the end of the module.

The student may need to add extra equipment and paperwork that will be needed in the course of providing care for their caseload. We would be grateful if you could provide guidance about where to get this from and how much the student will need. Any surplus will be returned at the end of the module.

**Service User Evaluation of Care Forms:** we would appreciate your assistance in asking women to complete the evaluation form and this will form part of students assessment of practice. The students will have a supply of these forms. You can choose which women you approach to complete these and while caseholding women are ideal candidates earlier in module some feedback from other women students participate in providing care to may be useful for formative feedback. An Example form is included as an appendix at the back of this handbook.

De Montfort University  
Leicester School of Nursing and Midwifery  
Division of Maternal and Child Health

**Guidelines for Delivery Suite Midwife Mentors/Coordinators /MAC /  
ANC/ Staff**

**The Aims of the Caseholding Module is :**

- To build on and apply the knowledge and skills of midwifery practice already gained
- To provide the student with the opportunity to integrate theory and practice through the supervised management of a small caseload
- To develop time management and organisational skills related to midwifery practice

The student has chosen up to 10 women with the aim of providing these women with most, if not all, of the antenatal, intrapartum and postnatal care.

The student may be working as part of a pair, with the aim of providing support for each other and continuity for the women on their combined caseload.

**As a third-year Student** – the student may or may not have been assessed as competent to provide low risk intrapartum care as yet and you should ascertain this with the student early on. If the answer is no, the student will continue in an observatory capacity, but if the

answer is yes, a midwife mentor needs to be allocated to that student and be accountable for the student.

**Procedure when a woman goes into labour:**

- 1) Initially the woman will contact the unit/area as usual
- 2) The unit/area will order the notes as usual; there should be a note in the records if the woman is participating in the caseload scheme
- 3) The unit/area midwife will look on the on-call rota to ascertain the availability of the student or her caseholding partner
- 4) The unit/area will contact the student **at this point** if the woman is advised to attend the unit
- 5) If the woman attends the unit for advice or in early labour etc., it is important that the student also attends, so as to be involved in this crucial part of the assessment process
- 6) The student will endeavour to attend the unit/area prior to the woman arriving there to prepare a room and liaise with her allocated mentor etc
- 7) The student will then, ***UNDER SUPERVISION FROM THE MIDWIFE ALLOCATED FROM THE DELIVERY SUITE /BIRTH CENTRE STAFF*** care for the woman
- 8) At any appropriate and/or negotiated time the student will/can handover care to the midwife or (if available) her caseholding partner, if necessary; normally the student should not be with a woman for more than 12 consecutive hours (including time student may have worked prior to attending delivery unit if they have not had a break)
- 9) **If the woman develops risk factors or moves from low risk to high risk care the student will require more direct Supervision from the mentor overseeing the case**
- 10) **The Student has been advised to ask the coordinating midwife at any time if she feels she requires more support or is uncertain. Remember the student has only been assessed as suitable to care for low risk women with minimal supervision.**

- 11) During caseholding the mentor or coordinator overseeing the student should feel free to write a comment in the students assessment document about the care provided to inform the summative assessment by the community midwife mentor.
- 12) All records made by the student should be countersigned by the overseeing mentor or coordinator

De Montfort University  
Leicester School of Nursing and Midwifery  
**Division of Maternal and Child Health**

### **Information for Women**

*Thank you for agreeing to have a named student allocated to your care. The student is a senior student of a pre-registration midwifery course*

Please remember that you can withdraw your consent at any time. However, we hope you will benefit from the continuity and support provided by the student midwife and find your antenatal care, birthing experience and postnatal support a positive one.

#### **The Aims of the Module is:**

- To build on and apply the knowledge and skills of midwifery practice already gained

- To provide the student with the opportunity to integrate theory and practice through the supervised management of a small caseload
- To develop time management and organisational skills related to midwifery practice
- To evaluate the experience of providing continuity of care including gaining feedback from woman/family on service provided

A qualified midwife will remain responsible overall for your care: this will normally be your community midwife during the antenatal and postnatal stages and a delivery unit/birth centre midwife during labour for women who give birth in hospital. If you are booked at St. Mary's Birth Centre this will be a midwife from your team.

Your student, or her caseholding partner, is encouraged to provide most of your antenatal care, whether in an antenatal clinic or in your own home, conduct all your postnatal care and accompany you and participate in any parent education activities e.g. classes, aquanatal, yoga etc. you may wish to attend during your pregnancy.

#### **Care in Labour:**

- 1) Initially you should contact the MAC/Delivery Suite/Orchard Birth Centre/St Mary's Birth Centre (etc) when you are in labour and state you have a student(s) involved in your care
- 2) If you require admission to the unit the midwife will check the student(s) availability and inform your student of your impending admission. The Student may already have informed you of their potential availability.
- 3) The student will aim to meet you when you arrive at the delivery /birth centre or as soon as possible afterwards
- 4) Your student will then, **UNDER SUPERVISION FROM A QUALIFIED MIDWIFE**, care for you throughout your birthing experience
- 5) Your Students mentor (midwife supervising student) may ask you to complete a service user questionnaire about the care you have received from student at any part of the care pathway. We would appreciate your honesty in this evaluation and thank you in advance for completing this

- 6) If You wish to discuss participating in this care further you can contact the students community mentor details as below.

**Student's name:**

**Contact details:**

**Midwife mentor's name:**

**Contact details:**

De Montfort University  
Leicester School of Nursing and Midwifery  
Division of Maternal and Child Health

### **Caseholding Consent Sheet**

***Agreement to Participate in 'Continuity of Care' provided by a Student Midwife undertaking a Pre-Registration BSc (Hons) in Midwifery Programme.***

Name of Woman:

Name of Student:

Contact Number(s) for the student:

Dates when not available:

Name of Community Midwife Mentor and contact details:

Name of Module Leader and contact details:

Name of Personal Tutor and contact details:

***PLEASE CONTACT THIS STUDENT WHEN***

.....

***IS ADMITTED FOR ANY REASON.***

De Montfort University  
Leicester School of Nursing and Midwifery  
**Division of Maternal and Child Health**

**Procedures to be followed if the student is assessed as 'not yet competent' to conduct community visits unaccompanied**

The student is counselled as to why the decision was reached and full documentation is recorded in their Clinical Assessment booklet and OAR



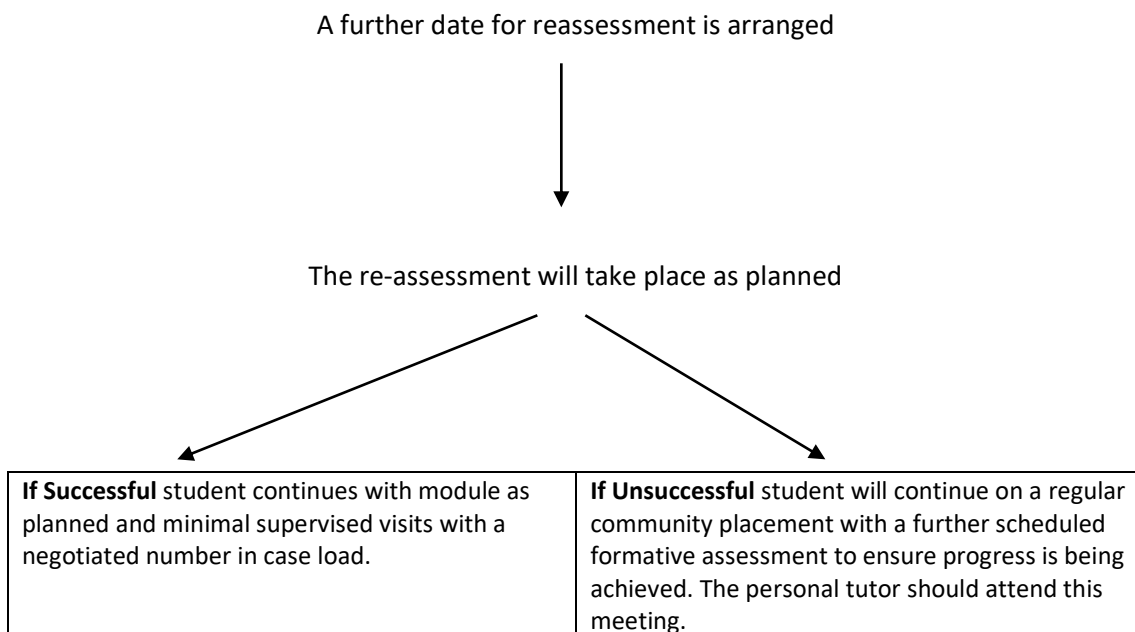
An individualised learning plan is devised and agreed by the clinical mentor, personal tutor /PLL and student and is documented in the Clinical Assessment Document

**The student should NOT undertake any minimally supervised visits or intrapartum care until these learning needs have been achieved**



The student's Module Leader/Programme Leader and LME is informed





De Montfort University  
Leicester School of Nursing and Midwifery  
**Division of Maternal and Child Health**

**TRUTHS and MYTHS about CASEHOLDING**  
**- A GUIDE FOR MENTORS AND STUDENTS**

***The student can do visits on her own whenever she wants?***

**FALSE**

The student needs to have been assessed prior to minimally supervised care being provided. Much antenatal care is provided in antenatal clinics where the midwife is present or readily accessible. Where a home visit is planned the midwife, mentor should discuss with the student to identify the aims of the visit etc. and after the visit the student should feedback to the midwife using the agreed mechanism.

The woman's records should reflect the findings and plan of care and identify the name of the midwife who the student has discussed the care plan with.

***What about postnatal care?***

The midwife should accompany the student at least once during the postnatal care visits.



***Women who have agreed to have a caseholding student(s) have agreed to have any student participation?***

**FALSE**

Women specifically consent to having a caseholding student and have often developed a relationship with them. Other students should not be allocated to these women, unless their student (or their caseholding partner) is unavailable; the woman's consent to having the other student present should always be sought

***Students should only be called when the women are in established labour?***

**FALSE**

In order to achieve the aims of the module, students need to be involved in all parts of the assessment and decision-making process.

***Students are responsible for ensuring their on-call availability is known on delivery suite, etc. and the rotas are kept up-to-date?***

**TRUE**

Each student must complete both the availability form in the woman's notes and the on-call rota.

***Students are available 24/7?***

**FALSE**

Students are entitled to 2 days off a week and a reading day to complete their dissertation. Individual students should identify the on-call amount they are able to work to meet the requirements of the women and the module. Students' may also have some clinical teaching/tutorial sessions during the placement.

***Students need supervision when on delivery suite?***

**TRUE**

The students are extra to the numbers during caseholding practice – consider them as a bonus! However, they are only there to care for women from their caseload. So, they do require an allocated mentor.

Remember students have been assessed as competent to care for low risk women under minimal supervision. **If the woman's risk changes students require more direct supervision and support.**

The midwife remains accountable for the care provided and should, as usual, countersign all student entries in the woman's notes.

***When a woman moves from low-risk to high-risk the student should stop caring for her?***

**FALSE**

The student should not stop providing care for the woman, but should be able to identify any additional support needs. They will obviously need more direct supervision from their allocated delivery suite mentor and in some cases e.g. LSCS may revert back to an observatory capacity depending on the situation.

***When the shift changes the student will go home?***

**FALSE**

As the student is aiming to provide continuity of care, she can work up to 12 hours consecutively. If the student has chosen to work in partnership another caseholding student may take over the care once the 12 hours are up.

***Students need a break while working on the delivery suite?***

**TRUE**

The midwife supervising the student should take this as an opportunity to build a relationship with the woman whilst relieving the student for a break.

However, unless it is an emergency, no plans of care or assessments should be performed while the student is not present.

***Students can attend a woman at a home birth without the on-call midwife ?***

**FALSE**

When/if a woman planning to give birth at home contacts the student, the student should contact the midwife on call and agree a time and place to meet. If the student arrives at the house before the midwife she should wait for the midwife before entering the house.

***Students can act as the “second” midwife at a home birth?***

**FALSE**

The second midwife should always be present, as normal.

***Students can choose when they want to work while on caseholding practice?***

**TRUE and FALSE**

Students, while on caseholding practice, are working flexibly to meet the needs of the woman *and* the module. The students are required to negotiate closely with the mentors when planning visits etc.

The NMC recommends that students work with a mentor 40% of the allocation; this equates to 2 days a week leaving 3 days for student to work flexibly to meet other course and caseholding commitments.

***Students can carry out membrane sweeps by themselves?***

**FALSE**

Students may not have had adequate experience of this early and often difficult assessment, so allowing them to do this unsupervised would put themselves and women in a vulnerable situation.

The student can carry out the assessment with the woman’s consent and with her midwife present, who can guide the student or take over should any difficulty in the procedure arise.

***If a caseload woman requires vaginal prostin/PROPESS for induction of labour the student can go ahead and administer this?***

**FALSE**

Induction of labour is not part of low risk care (which is what the student has been assessed as competent of ). PROSTIN is also a drug currently prescribed by Medical Staff and like any drug students administer must be signed and witnessed by mentor. At the current time we are not advocating that students can administer prostin.

**The personal tutor will only visit at the end of the Module**

**FALSE**

The personal tutor will come out to visit at the request of the student and/or the mentor to offer guidance and support.

**The Student can continue to care for women when they have finished their caseholding allocation /module placement**

**FALSE**

When the module finishes the case holding placement finishes. If a student requires extra time or is making up time in holiday etc. this must have been agreed through programme leader and placement team aware so student is covered with vicarious liability

De Montfort University  
Leicester School of Nursing and Midwifery  
**Division of Maternal and Child Health**

**PORTFOLIO EVIDENCE**

**Date:** \_\_\_\_\_ **Time From:** \_\_\_\_\_ **Venue: (maintain confidentiality e.g. Birth centre home )**  
**Time To:** \_\_\_\_\_

<b>Aim of Visit:</b>
<b>Outline of Discussion/Findings:</b>
<b>Plans for Future Care:</b>



4. How involved did the student midwife make you feel in your care?  
(Please circle a number, 10 being very involved and 1 being "not at all involved")

10    9    8    7    6    5    4    3    2    1

5. To what extent did you feel that the student midwife treated you with dignity, kindness and respect? (Please circle, 10 being "most definitely" and 1 being "not at all")

10    9    8    7    6    5    4    3    2    1

Do you have any comments you would like to make? If so, please write here:

.....  
.....  
.....  
.....  
.....

Thank you very much for your feedback! Please give this form back to the student's midwife/mentor in order for her to pass on your feedback and assessment.

Mentors Signature ..... Date.....