



Midwifery Caseholding Placement Guidelines

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Contact Details

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Guidelines for Students

The aim of this placement is:

- To build on and apply the knowledge and skills of midwifery practice already gained.
- To provide you 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 experience firsthand the impact of continuity of carer for the family.

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 aim to be extended up to 28 days postnatally to experience the full range of care.

How to select appropriate women

In conjunction with your community midwife practice supervisor, consider people who are most likely to give birth in the case holding placement. You should aim to spread the expected births throughout your placement allowing for time to provide postnatal care. The aim is to work with minimal supervision where appropriate so the complexity of your caseload should reflect this.

Suitable for case holding with minimal supervision:

All under Midwifery led care

Some with the following conditions and otherwise uncomplicated may be considered for inclusion:

- Asthma (mild or childhood)
- Cervical punch biopsy
- Endometriosis
- Past history of GBS
- Mild anxiety/depression – currently on medication and are well/or have ceased medication but have remained well.
- Moderate anxiety/depression
- IBS
- PCOS
- Previous ectopic pregnancy
- Previous Gestational Diabetes which has not recurred in this pregnancy
- Previous Pelvic Inflammatory Disease
- Previous Obstetric Cholestasis / ICP
- Use of E-cigarettes/vapes
- BMI >35 – 40 at booking (excluding any other risk factors requiring aspirin)
- Previous IUGR defined <10th centile but >3rd centile in past pregnancy
- All smokers (including cannabis) at booking or at any time during pregnancy, or CO > 4
- Teenagers aged <16 with low BMI <18

More complicated pregnancies may be suitable for case holding but require direct supervision. If a pregnancy becomes more complex, then the level of supervision will need to increase for patient

safety reasons. The level of supervision required should be discussed and agreed with your Practice Supervisor in advance of providing care. Please see your AA for further clarification.

Gaining consent to join your caseload

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 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:

- Document your name, and that of your buddy (if appropriate), in the woman's record or attach / upload a second copy of the caseholding consent sheet
- 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.
- This sheet should be filed in the hospital notes or uploaded to the woman's online record. ***This is your responsibility.***

Planning care and visits

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.

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.

You will be concentrating on fulfilling the care of the women and will be based on community. 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.

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.

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.

You should seek out and follow the **Lone worker policy** for the Trust you are placed in. This is a statutory requirement and not optional.

It is recommended that you communicate your plans for the day with the community team to ensure you have suitable supervision and are safe.

Time Management

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 from the European working time directive are:

- 11 hours continuous rest in every 24 hour period.
- Minimum 20 minute break when shift exceeds 6 hours.
- Minimum 24 hour rest in every 7 days or minimum 48 hour rest in every 14 days.

You may choose to be paired with a buddy, who is also caseloading, to enable you to 'cover' for each other and work as a team. This may maximise the opportunities for continuity whilst ensuring time where you are not on-call.

Record Keeping

It is important that you record the following:

- Care provided at every visit, either at a clinic or at home, identifying findings, discussions and plans for future care. This should include recording advice given in phone calls or other forms of communication.
- A record of time spent on visits providing care etc in the diary on eMORA.
- It is advisable to keep an anonymised diary and or log of progress of care for all women.
- You must provide opportunity for the midwife supervising you to countersign your records.

Equipment

You will be issued with equipment and 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 practice supervisor 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.

Equipment and consumables e.g. urine sticks blood bottles forms etc. borrowed from the trust should be returned to the Trust

Procedures to be followed when a woman goes into labour booked for a hospital birth

- Initially the woman will contact the unit/area as usual and state that she has a student involved in her care.
- The delivery suite/birth centre will contact the student at this point if the woman is advised to attend the unit.
- 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.
- You may wish to attend the delivery unit/birth centre prior to the woman arriving there to prepare a room and negotiate a practice supervisor for the case etc.
- 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.

Procedures to be followed when a woman goes into labour and is booked for home birth

- If The woman calls you directly you should take a history and advise the woman that you will contact the home birth team Midwives and you will attend together, or they will ring her back.
- You should attend with the homebirth midwife to carry out any home assessment ...however you must wait for the midwife before you attend the woman if you are travelling separately.

Working with a Buddy

The aims of working in a student buddy pair 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 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.

Each partnership should 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 – this may 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 practice supervisor

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

Where a home visit is planned the midwife, 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 you meet with your community practice supervisor 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.

You have a responsibility to appropriately hand over case holding women when you are on days off or at the end of the case holding period.

Guidelines for Community Midwife Practice Supervisors

The 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 during their caseholding placement.

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

Consent

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

The student will ask women to give consent to join the student's caseload.

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.

Level of supervision

Overall, women should be assessed as low complexity 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. Where women are more complex then direct supervision should be provided.

During the caseholding practice allocations they will be concentrating on fulfilling the care of the women. The student will continue to need supervision throughout the placement but depending on the risk factors for the women they see this will range from indirect supervision to direct supervision.

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

Postnatal care

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

Contact with the student

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. You should jointly agree the process you are going to use to meet up and communicate with each other

The student is responsible to bring along to these meetings:

- All records made of visits and appointments.
- Up to date eMORA.

You should communicate with the practice assessor and Practice Learning lead if you feel that adequate progress is not being made.

Equipment

During caseholding practice the 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 placement.

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 placement.

Guidelines for Delivery Suite Midwife Supervisors and assessors /Coordinators /MAC / ANC/ Staff

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

Procedure when a woman goes into labour

- Initially the woman will contact the unit/area as usual.
- 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.
- The unit/area midwife will look on the on-call rota to ascertain the availability of the student or her caseholding partner.
- The unit/area will contact the student at this point if the woman is advised to attend the unit.
- If the woman attends the unit for advice or in early labour etc., it is important that the student also attends, to be involved in this crucial part of the assessment process.
- The student will endeavour to attend the unit/area prior to the woman arriving there to prepare a room and liaise with her allocated practice supervisor etc.
- The student will then, UNDER SUPERVISION FROM THE MIDWIFE ALLOCATED FROM THE DELIVERY SUITE /BIRTH CENTRE STAFF care for the woman.
- Women having an induction of labour – Students may choose to support the lady during this process for example be present at initial assessment and beginning of induction. Student may then leave for a period and then return. Each student will approach this differently dependant on where student lives and access to transport as well as what time they have already worked that day. The student should discuss this with the woman and overseeing supervisor and agrees a plan in the woman's best interests. It would be appreciated if the midwife overseeing the woman's care contacted student at any time, they felt woman was establishing in labour or required support from the student.
- 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).
- If the woman develops risk factors or increasing complexity, the student will require more direct Supervision from the midwife overseeing the case.
- All records made by the student should be countersigned by the overseeing Supervisor or coordinator.



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.

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 to have a home birth, then it will be members of the home birth team.

The student, or her caseholding partner, are 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

Initially you should contact the unit you are receiving care from.

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.

The student will aim to meet you when you arrive at the delivery / birth centre or as soon as possible afterwards or attend with the home birth midwife.

The student will then, UNDER SUPERVISION FROM A QUALIFIED MIDWIFE, care for you throughout your birthing experience

The students practice supervisor (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

If you wish to discuss participating in this care further, you can contact the student's community midwife supervisor details as below.

Student's name:

Contact details:

Midwife supervisors name:

Contact details



Caseholding Consent Sheet

Agreement to participate in 'Continuity of Care' provided by a Student Midwife undertaking 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 Practice assessor and contact details:

Name of Module Leader and contact details:

Name of academic assessor and contact details:

PLEASE CONTACT THIS STUDENT WHEN:

..... IS ADMITTED FOR ANY REASON.

Confirmation that Student has been assessed as suitable to provide case holding care
..... (Signature of community midwife practice assessor)