

Name.....

Student ID.....

Cohort.....

University.....

# Midwifery Ongoing Record of Achievement

NMC Proficiencies for midwives (2019)

Return to Practice programme L6

Midwifery  
Practice  
Assessment  
Collaboration

A collaboration of midwifery education and practice providers across England and Northern Ireland

# Midwifery Ongoing Record of Achievement

## Midwifery Ongoing Record of Achievement

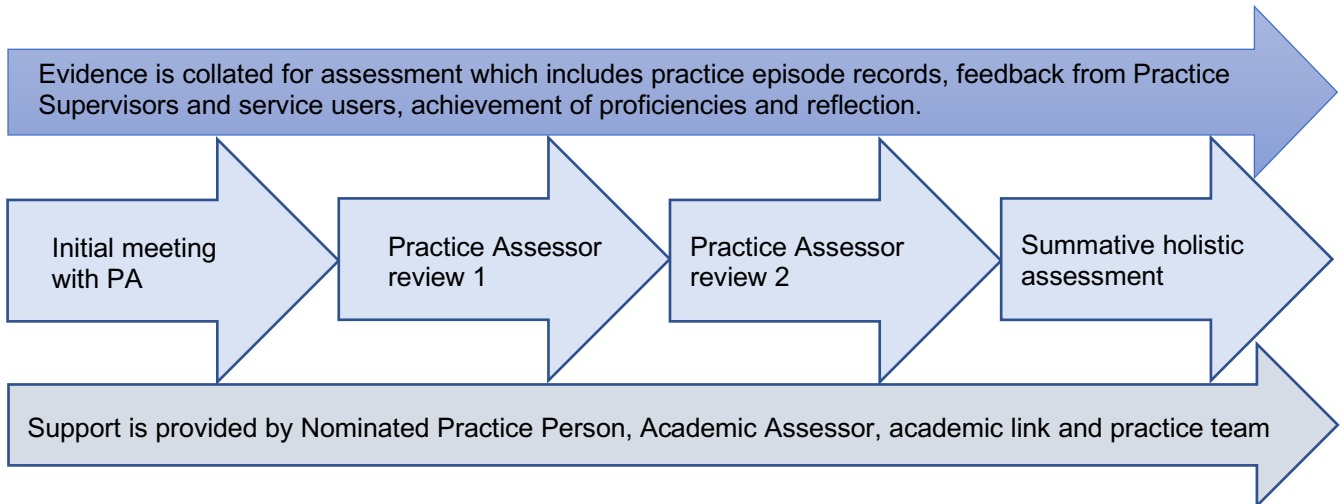
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## Student guidance for using the Midwifery Ongoing Record of Achievement (MORA)

This MORA is designed to document your ongoing achievement and progress during your Return to Practice programme of study. The various sections of this document will enable you to build evidence of meeting the required criteria.

### Practice assessment process



As you spend time in the maternity environment, you will generate evidence which will help you to demonstrate that you have the midwifery skills to meet the required proficiencies. This evidence includes practice episode records, breastfeeding assessment records, feedback from those who supervise you and from those you provide care for and your own reflections. Each element is described in more detail in the following section. It is important that you read the instructions for completing each section and seek support if you are not sure about the process of practice assessment.

### Practice episode records

Each section of the MORA includes practice episode records in which you can document the care that you have provided to women or their babies to provide evidence of achieving the proficiencies.

### Unicef UK Baby Friendly Initiative

Completion of the MORA will enable you to evidence that you have the knowledge and skills to be able to practice in accordance with the Baby Friendly standards<sup>1</sup>. Within the neonatal care section there are breastfeeding assessment tools which should be completed when supporting women to breastfeed their babies.

<sup>1</sup>Unicef UK Baby Friendly Initiative University Standards (2019) <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2019/07/Guide-to-the-Unicef-UK-Baby-Friendly-Initiative-University-Standards.pdf>

## **NMC Proficiencies**

The practice episode records form part of the evidence to show that you meet the proficiencies and skills in Domain 6 of the NMC Standards of proficiency for midwives<sup>2</sup>. These have been presented in 5 sections to enable you to demonstrate achievement across the childbearing continuum for women and their newborn infants. The sections of proficiencies are:

- Antenatal care
- Intrapartum care
- Postnatal care
- Neonatal care
- Promoting excellence

## **Achievement of proficiencies**

The skills to meet the proficiencies can be assessed in a range of placements as part of a continuous assessment process and should not be viewed as separate elements but reflect the continuum of care provided in partnership with women and their families.

During the Return to Practice (RtP) programme you are expected to provide care for women, their babies and their families in partnership with midwives and other health and social care practitioners, with appropriate supervision and direction as your knowledge and skill increases. The expectations of your professional behaviour and academic knowledge and skill are specific to the programme and are documented in the assessment section.

## **Supernumerary status<sup>3</sup>**

The NMC standards state that students in practice or work placed learning must be supported to learn without being counted as part of the staffing required for safe and effective care in that setting. The contribution that you make to care delivery will increase over time as you gain proficiency and receive ongoing guidance and feedback. When you have demonstrated that you are proficient, you should be able to fulfil tasks without direct oversight. The level of supervision that you need is based on the professional judgement of your supervisors, taking into account any associated risks and your proficiency and confidence.

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<sup>2</sup> NMC Standards of proficiency for midwives (2019)  
[www.nmc.org.uk/globalassets/sitedocuments/standards/standards-of-proficiency-for-midwives.pdf](http://www.nmc.org.uk/globalassets/sitedocuments/standards/standards-of-proficiency-for-midwives.pdf)

<sup>3</sup> NMC Part 3: Standards for return to practice programmes (2019)  
<https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/standards-for-return-to-practice-programmes.pdf>

## Use of evidence to support the achievement of proficiencies

This MORA is designed to enable you to document evidence that you have achieved the NMC (2019) Standards of proficiency for midwives<sup>4</sup>.

In the proficiencies sections there are columns headed 'Reference to evidence' 'Student completion'. Against each proficiency, you should insert the method by which you can demonstrate that you have achieved the required outcome. For example, you could reference the practice episode records (PER) here, or you might have evidenced achievement in another way such as through discussion, demonstration, reflection or simulation.

Antenatal proficiencies for midwives  Universal care	Able to demonstrate proficiency with minimal supervision	Reference to evidence
	Practice supervisor signature and date	Student completion
<b>A4 The student midwife demonstrates the skills of effective assessment, planning, implementation and evaluation to provide universal care in partnership with women during the antenatal period to anticipate and prevent complications. Demonstrated by:</b>		
<b>A4.1</b> accurately recognising the signs and symptoms of pregnancy		Discussion 12.08.2020
<b>A4.2</b> accurately assessing, recording and responding to maternal mental health and well-being		PER 2, 3, 4, 5, 6
<b>A4.3</b> providing evidence based information which supports women and their partners/family to make individualised choices and decisions about screening and diagnostic tests		PER 3, 4, 5, 6, 7
<b>A4.4</b> measuring and recording the woman's vital signs using technological aids where appropriate, accurately recording findings and implementing appropriate responses and decisions		PER 5, 6, 9, 10
<b>A4.5</b> undertaking venepuncture and appropriate blood sampling, interpreting the results of the tests		Demonstrated 03.09.2020
<b>A4.6</b> accurately recording weight and height including calculation of Body Mass Index (BMI)		Demonstrated 06.10.2020
<b>A4.7</b> appropriate examination of the woman's abdomen and palpation of her uterus, explaining and documenting findings		PER 3, 4, 5, 6, 7, 8
<b>A4.8</b> auscultation of the fetal heart, using a Pinard stethoscope and technical devices as appropriate, including cardiocograph (CTG), interpretation and documentation of the findings accurately including fetal heart patterns		PER 4, 6, 8, 10 Demonstrated 11.11.2020
<b>A4.9</b> appropriately discussing the findings of all tests, observations and assessments with women and their partner/family		PER 5, 6, 9, 10

<sup>4</sup> NMC Standards of proficiency for midwives (2019)  
[www.nmc.org.uk/globalassets/sitedocuments/standards/standards-of-proficiency-for-midwives.pdf](http://www.nmc.org.uk/globalassets/sitedocuments/standards/standards-of-proficiency-for-midwives.pdf)

### **Practice Supervisor feedback**

Practice supervisors are registered health and social care practitioners who can confirm practice episode records and document when you have demonstrated the skills required to achieve proficiency. Practice supervisors are required to regularly provide written feedback on your progress and confirm that you are meeting the required professional behaviour standards.<sup>5</sup> This feedback is designed to inform your ongoing development and the holistic assessment that your Practice assessor will complete.

### **Feedback from women and their families**

Within each section there are forms for those you provide care for to give you feedback. Your practice supervisors must approach women or their families when they feel that this is most appropriate. This feedback is not a compulsory requirement for assessment purposes; however, it is recommended and contributes an important aspect to the holistic assessment.

### **Reflections**

Before you meet with your practice assessor for a review, you need to review and reflect on your learning and achievement in practice. As part of the preparation for the review, you also need to self-assess your progress using the holistic performance descriptors.

### **Practice Assessor reviews**

Your practice assessor will meet with you to assess your progress at given points during the programme. They will review your progress in the achievement of the proficiencies. It is not a requirement that a certain number of records or proficiencies have been completed, however *you must meet the requirements for professional behaviour*. A progression plan must be made if there are any concerns about your practice. Use the Assessment planner on p.11 to plan your reviews and summative holistic assessment.

### **Summative holistic assessment**

Your practice assessor will meet with you to complete your final summative holistic assessment at the end of your final placement of the programme. They will review your progress and achievement of proficiencies. At the end of the programme *all of the proficiencies must be achieved*.

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<sup>5</sup> NMC (2018) Standards for student supervision and assessment  
<https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/student-supervision-assessment.pdf>

### **Other parts of the MORA**

There are some other parts of the MORA which are not directly related to the assessment process but are designed to support your practice learning and provide evidence of meeting certain professional requirements.

### **About me**

This part of the MORA is provided so that you can document information which may help those who support your practice learning to understand any requirements that you have. You can also record any information about your transferable skills and past experiences. This section is not compulsory and it is entirely up to you to decide if you want to record any information about yourself.

### **End of programme summary**

The end of programme summary will be completed by your academic assessor to summarise your achievements. It will document the evidence that you have met the required proficiencies and programme outcomes.

### **Record of meetings**

These pages can be used by anyone who supports your practice learning and may include practice supervisors, practice assessors and academic link staff, academic assessors or the nominated practice person.

### **Record of practice hours**

You are required to record your programme hours and to confirm that each sheet contains true and accurate data. Please seek confirmation from your programme lead about the requirements.



## **Responsibilities for those completing the MORA**

### **Student**

It is your responsibility to be proactive in ensuring that your assessments are planned and to document your practice based learning. You must complete the reflection and self-assessment prior to meeting with your practice assessor and to reflect on the feedback given during each review. The contents of your MORA must not be disclosed to any unauthorised person, photocopied or used outside the placement or university to ensure client confidentiality is maintained.

### **Practice Supervisor**

The NMC requires all students on approved programmes to be supervised in practice by NMC registered nurses, midwives, nursing associates, and other registered health and social care professionals. The responsibilities of practice supervisors include the facilitation of safe and effective learning, role modelling professional behaviour and contributing to student assessment through regularly recording observations on the conduct, proficiency and achievement of the students they are supervising. Practice supervisors must be supported to prepare for and reflect on their contribution to student learning and have an understanding of the proficiencies and programme outcomes<sup>6</sup>.

### **Practice Assessor**

All students must have a nominated practice assessor for each year of the programme or series of placements. Practice assessors are required to conduct assessments to confirm student achievement of proficiencies and programme outcomes for practice learning. Assessment decisions are informed by feedback from practice supervisors, direct observations, student self-reflection, and other resources such as feedback from women and/or their families. Practice assessors undertake the initial meeting, reviews and final summative holistic assessment.

### **Academic Assessor**

Students are required to have a nominated academic assessor for their programme. Academic assessors collate and confirm student achievement of proficiencies and programme outcomes in the academic environment for the programme and make recommendations for progression, in partnership with the practice assessor.

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<sup>6</sup> NMC (2018) Standards for student supervision and assessment  
<https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/student-supervision-assessment.pdf>

**Frequently asked questions/easy reference guide: Who can complete the MORA?**

	<b>Practice Supervisor (PS)</b> (registered healthcare professional)	<b>Practice Assessor (PA)</b> (nominated and prepared for role)	<b>Academic Assessor (AA)</b> (nominated by the university, different for each part)	<b>Non-registered healthcare worker</b> e.g. nursery nurse, support worker	<b>Client or family member</b>
Can I undertake student orientation?	Yes	Yes	If appropriate but this is unlikely.	If it is appropriate to do so.	No
Can I complete the initial planning meeting with the student?	No	Yes – you must complete this section at the start of the programme.	No	No	No
Can I record my observations regarding the student's achievement of a proficiency statement?	Yes. The role of the PS is to contribute to the student's record of achievement by periodically recording relevant observations on the conduct, proficiency and achievement of the students they are supervising. <sup>7</sup>	No as this is the role of the PS. The role of the PA is to conduct objective evidence-based assessments to confirm student achievement of proficiencies, informed by feedback from PS. You cannot act as the PS and PA for the same student.	No - you cannot act as the AA and PS for the same student.	No	No
Can I contribute to the student's assessment and inform progression decisions?	Yes – this is a really important role of the PS. Please complete the PS feedback template.	Yes – please complete the record of meetings/ periodic observation page at the back of the document.	No – see above	Yes – please use the record of meetings page at the back of the document.	Yes – please complete the service user feedback form
Should I write a progression plan if I am concerned about the student's performance?	No – if you have concerns, please record them in the feedback section and contact the PA and practice nominated person	Yes - in partnership with the AA	Yes - in partnership with the PA	No – if you have concerns please record them in the feedback section and contact the PA	No – please complete the service user feedback form and speak to the student's PS
Can I complete the reviews or final summative holistic assessment?	No	Yes - The role of the PA is to confirm student achievement by undertaking objective reviews and completing the summative holistic assessment. <sup>7</sup>	No	No	No
Can I complete the end of programme summary?	No	No	Yes – after reviewing the MORA	No	No

**If you unsure about any aspect of the MORA, please seek guidance from the Practice Nominated Person or Programme Lead**

<sup>7</sup> NMC (2018) Standards for student supervision and assessment  
<https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/student-supervision-assessment.pdf>

### Orientation to practice areas

<b>Students:</b> Please tick when you have been made aware of the following <b>Practice staff:</b> Please initial and date the final row when orientation is complete							
							Placement area
<b>First day criteria</b>							Date completed
A general orientation to the placement setting has occurred for location of equipment/facilities							
The local fire procedures have been explained							
Location and use of: <ul style="list-style-type: none"> <li>• fire alarms</li> <li>• fire exits</li> <li>• fire extinguishers</li> </ul>							
Resuscitation policy and equipment for emergency resuscitation of mother/baby have been explained							
The procedure for how to summon help in the event of an emergency has been explained							
The procedures for locating local policies has been explained <ul style="list-style-type: none"> <li>• health and safety</li> <li>• incident reporting procedures</li> <li>• infection control</li> <li>• handling of messages and enquiries</li> <li>• clinical guidelines</li> </ul>							
The shift times, mealtimes and sickness policies have been explained							
An orientation booklet/sheet has been given if available							
The sources of support and how to contact individuals has been explained (for example: PMA, nominated practice person, practice support team and academic link staff)							
The procedure for raising concerns has been explained							
<b>Practice staff signature</b>							
<b>First week criteria</b>							Date completed
The moving and handling equipment used in the clinical area has been explained/demonstrated							
The medical devices used in the clinical area have been explained/demonstrated							
Information governance requirements have been explained							
The local policy for supply/administration/destruction/surrender of controlled drugs has been explained							
The policy regarding safeguarding has been explained							
<b>Practice staff signature</b>							

## Assessment planner

During the programme you are required to have initial meetings, reviews and a holistic summative holistic assessment with your Practice Assessor. Your assessment plan needs to be discussed and agreed with your practice nominated person and the academic link person (this may be your personal tutor, academic assessor or another member of the university academic staff), according to local policy.

Use this table to plan when you will undertake your assessments.

	<b>Initial meeting</b>	<b>Practice Assessor Review 1</b>	<b>Practice Assessor Review 2</b>	<b>Summative holistic assessment</b>
Dates for planned meetings				
Name of Practice Assessor				
Name of Academic Assessor			Contact details	

**Important note:** You must demonstrate that you meet the professional behaviour criteria at each Practice Assessor review point and the holistic summative holistic assessment. If this has not been achieved, a progression plan must be written, and achieved by the next review. If at the second review the required professional standards have not been met, you will need to discuss the impact that this will have on your programme completion with your Academic Assessor.











## **Glossary of commonly used terms**

**Academic Assessor:** This is the person nominated by your university to collate and confirm your achievement of proficiencies and overall assessment for your programme. The academic assessor must be a Registered Midwife. Their name should be documented in the assessment planner.

**Academic link:** This is the person employed by an Approved Education Institution to support students on midwifery programmes. This could be a link lecturer, personal tutor or another member of the academic team. It may also be the same person as your academic assessor.

**Additional care:** The care provided by midwives for childbearing women and infants with complications. Care includes first line management of complications and emergencies, and interprofessional working with medical, obstetric and neonatal services. The term 'additional care' encompasses the EU directive term 'at risk'.

**Assessment planner:** The assessment planner (on page 11) is designed to enable the planning of reviews and assessment during the programme between the student and Practice Assessor. The assessment plan needs to be discussed and agreed between the student, practice nominated person and academic link.

**Evidence:** There is reference to student evidence throughout the MORA. The term 'evidence' in this context refers to the documentation completed to verify that the NMC and programme outcomes have been met. Evidence includes practice episode records, Practice Supervisor feedback, feedback from women and their families, breastfeeding assessment records and student reflections which form part of the Practice Assessor reviews and summative holistic assessment.

**Expectations of student professional behaviour and performance:** The expectations of students for the RtP programme are indicated in the assessment section of this document and reflects the standards required of a registrant. The academic performance descriptors are based on nationally agreed higher education standards.

**Holistic Performance Descriptors:** These represent the levels of performance expected to meet the assessment criteria at each academic level. The descriptors describe the knowledge, skill and attitude expected. Practice Assessors award a descriptor that most closely matches student performance. This descriptor may be converted into a grade at university level by the Academic Assessor according to local programme requirements.

**Practice Nominated Person:** This is the person employed by the NHS Trust to support student midwives in clinical practice and to manage their clinical experience. This role can be undertaken by people with various job titles, which will vary. This may be the Clinical Placement Facilitator, Practice Education Facilitator, Practice Development Midwife, Student Co-ordinator, Practice Placement Manager or someone in a similar role.

**Practice Assessor:** This is a Registered Midwife who is nominated by the employer, having been appropriately prepared for the role. The Practice Assessor will complete the reviews and holistic summative holistic assessment. A student may have more than one nominated Practice Assessor over the course of the programme.

**Practice episode records:** These records contribute to the evidence of achievement of the NMC proficiencies. Practice Supervisors confirm these records.

**Practice Supervisor:** Registered Midwives (or other registered health or social care professionals) who supervise and support a student in practice. The Practice Supervisor will provide verbal and written feedback to the student. A Practice Supervisor must be a registered health or social care professional and have current knowledge and experience of the area in which they are providing support, supervision and feedback. Practice Supervisors must be supported to prepare, reflect and develop effective supervision for student midwives. Records of progress from the Practice Supervisor will inform the Practice Assessor's holistic assessment of the student's performance.

**Progression plan:** A progression plan is required when there is a need to address the student's progression or performance. The Practice Assessor must inform the Practice Nominated Person and Academic Assessor when an action plan is required/generated.

**Simulation:** When used for learning and/or assessment, simulation is an artificial representation of a real world practice scenario that supports midwifery student development through experiential learning with the opportunity for repetition, feedback, evaluation and reflection. Effective simulation facilitates safety by enhancing knowledge, behaviours and skills. Simulation can be used to enable students to demonstrate some of the proficiencies which may be difficult to achieve in practice.

**Student midwife:** The term 'student midwife' is used throughout this document to identify that you are currently not registered to practice midwifery but undertaking a programme of study and practice placements to enable you to re-join the NMC register on satisfactory completion.

**Unicef UK Baby Friendly Initiative:** The Baby Friendly Initiative is designed to improve healthcare for babies, their mothers and families in the UK. As part of a wider global partnership between the World Health Organization (WHO) and Unicef, public services are enabled to better support families with feeding and developing close, loving parent-infant relationships, ensuring that all babies get the best possible start.

**Universal care:** The care that midwives provide for all childbearing women which includes education, information, health promotion, assessment, screening, care planning, the promotion of physiological processes and the prevention of complications.

# Antenatal care

Midwifery Ongoing Record of Achievement

<b>Records of antenatal examinations personally undertaken. EC Directives 2005/36/EC Article 40 (training of midwives) Annexe</b>										
Date	Gestation in weeks	Findings from maternal mental health assessment A4.2	Findings from maternal physical health assessment A4.4	Findings from abdominal examination A4.7	Findings from fetal wellbeing assessment A4.8	Public health information provided A5	Additional care needs identified A1.2, A9	Screening discussed/ Investigations undertaken A4.3/A4.5	Outcome of place of birth discussion A1.1	Midwife signature
03/11/2020 <i>example</i>	26	No concerns identified	BP 122/64 Urinalysis NAD	SFH: 26cms	Fetal movements felt	Infant feeding relationship building	None	FBC	MLU	<i>Jayne Higgins</i> RM
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										






Midwifery Ongoing Record of Achievement

Records of antenatal examinations personally undertaken. EC Directives 2005/36/EC Article 40 (training of midwives) Annexe										
Date	Gestation in weeks	Findings from maternal mental health assessment A4.2	Findings from maternal physical health assessment A4.4	Findings from abdominal examination A4.7	Findings from fetal wellbeing assessment A4.8	Public health information provided A5	Additional care needs identified A1.2, A9	Investigations undertaken A4.5	Outcome of place of birth discussion A1.1	Midwife signature
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

**Woman receiving care and/or their family feedback**  
**Practice supervisors should obtain consent from women/their families**

- Your views about the way the student midwife has looked after you are important.
- Your feedback will help the student midwife's learning

Antenatal care

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

What did the student midwife do well?

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Is there anything the student midwife could have done to make your experience better?






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Midwife name and signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your feedback**

**Woman receiving care and/or their family feedback**  
**Practice supervisors should obtain consent from women/their families**

- Your views about the way the student midwife has looked after you are important.
- Your feedback will help the student midwife’s learning

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

What did the student midwife do well?

---

Is there anything the student midwife could have done to make your experience better?

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Midwife name and signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your feedback**

<b>Antenatal proficiencies for midwives</b>  <b>Continuity of care and carer</b> <b>Relationship building</b>	<b>Able to demonstrate proficiency with minimal supervision</b>	Reference to evidence
	<b>Practice supervisor signature and date</b>	Student completion
<b>A1 The student midwife is able to promote and provide continuity of care and carer in the antenatal period.</b> Demonstrated by:		
<b>A1.1</b> discussing with women, and their partners and families as appropriate, information on the available options for the place of birth; supporting the woman in her decision; and regularly reviewing this with the woman and with colleagues		
<b>A1.2</b> ensuring safe continuity of care by identifying and communicating effectively with colleagues from the appropriate health and social care settings or agencies		
<b>A1.3</b> arranging for the effective transfer of care for the woman, when there are changes in care need		
<b>A2 The student midwife demonstrates the ability to build kind, respectful relationships with women, partners and families advocating for the woman's needs, views, preferences and decisions, working in partnership during the antenatal period.</b> Demonstrated by:		
<b>A2.1</b> providing evidence-based information on all aspects of health and well-being of the woman and newborn infant to enable informed decision-making by the woman, and partner and family as appropriate		
<b>A2.2</b> managing the environment to ensure that it is welcoming for the woman and her partner/family to maximise safety, privacy, dignity and well-being		
<b>A2.3</b> showing compassion and sensitivity when women or their partners/family members are emotionally vulnerable and/or distressed		
<b>A2.4</b> recognising and responding to any adjustments that may be required to support women with a physical disability		
<b>A2.5</b> recognising and responding to any adjustments required to support women with a learning disability		
<b>A2.6</b> initiating sensitive, individualised conversations with women that explore how they feel about sexuality, pregnancy and childbirth, infant feeding, relationship building and parenting whilst valuing different cultural contexts and traditions		



<b>Antenatal proficiencies for midwives</b>  <b>Relationship building (cont.)</b>	<b>Able to demonstrate proficiency with minimal supervision</b>	Reference to evidence
	<b>Practice supervisor signature and date</b>	Student completion
<b>A2 The student midwife demonstrates the ability to build kind, respectful relationships with women, partners and families advocating for the woman’s needs, views, preferences and decisions, working in partnership during the antenatal period.</b> Demonstrated by:		
<b>A2.7</b> promoting and encouraging the woman’s confidence in her own body, health and well-being, and in her ability to give birth, feed and build a loving relationship with her baby		
<b>A2.8</b> including and valuing the woman’s self-assessment of her health and well-being, recognising her ability and confidence to self-care and her expertise of any pre-existing conditions		
<b>A2.9</b> promoting and protecting the physical, psychological, social, cultural, and spiritual safety of all women and recognising and responding when this is being compromised		
<b>A3 The student midwife is able to communicate and share information with women and their families with respect and kindness, taking into account their individual needs, views, preferences and decisions in the antenatal period.</b> Demonstrated by:		
<b>A3.1</b> actively listening, recognising and responding appropriately to cues, using prompts and positive reinforcement		
<b>A3.2</b> using appropriate non-verbal communication techniques including touch, eye contact and respect of personal space		
<b>A3.3</b> using clear language and appropriate open and closed questioning, responding to women’s questions, concerns, views, preferences and decisions checking for understanding		
<b>A3.4</b> identifying when alternative communication techniques are required, making adjustments to facilitate use or access to services such as translation and interpretation		
<b>A3.5</b> providing timely and accurate information to women and their partners/families when there are complications or when additional care needs are identified		
<b>A3.6</b> maintaining effective and kind communication techniques with women, partners and families in challenging and emergency situations, including breaking bad news		

<b>Antenatal proficiencies for midwives</b>  <b>Universal care</b>	<b>Able to demonstrate proficiency with minimal supervision</b>	Reference to evidence
	<b>Practice supervisor signature and date</b>	Student completion
<b>A4 The student midwife demonstrates the skills of effective assessment, planning, implementation and evaluation to provide universal care in partnership with women during the antenatal period to anticipate and prevent complications.</b> Demonstrated by:		
<b>A4.1</b> accurately recognising the signs and symptoms of pregnancy		
<b>A4.2</b> accurately assessing, recording and responding to maternal mental health and well-being		
<b>A4.3</b> providing evidence based information which supports women and their partners/family to make individualised choices and decisions about screening and diagnostic tests		
<b>A4.4</b> measuring and recording the woman's vital signs using technological aids where appropriate, accurately recording findings and implementing appropriate responses and decisions		
<b>A4.5</b> undertaking venepuncture and appropriate blood sampling, interpreting the results of the tests		
<b>A4.6</b> accurately recording weight and height including calculation of Body Mass Index (BMI)		
<b>A4.7</b> appropriate examination of the woman's abdomen and palpation of her uterus, explaining and documenting findings		
<b>A4.8</b> auscultation of the fetal heart, using a Pinard stethoscope and technical devices as appropriate, including cardiotocograph (CTG), interpretation and documentation of the findings accurately including fetal heart patterns		
<b>A4.9</b> appropriately discussing the findings of all tests, observations and assessments with women and their partner/family		
<b>A4.10</b> recognising normal vaginal loss and deviations from normal, recognition of spontaneous rupture of membranes		
<b>A4.11</b> recognising and responding to oedema, varicosities, and signs of thromboembolism		

<b>Antenatal proficiencies for midwives</b>  <b>Universal care (cont.)</b> <b>Public health</b>	<b>Able to <i>demonstrate</i> proficiency with minimal supervision</b>	Reference to evidence
	<b>Practice supervisor signature and date</b>	Student completion
<b>A4 The student midwife demonstrates the skills of effective assessment, planning, implementation and evaluation to provide universal care in partnership with women during the antenatal period to anticipate and prevent complications. Demonstrated by:</b>		
<b>A4.12</b> supporting the woman when nausea and vomiting occur, recognising deviations from normal physiological processes and providing care that optimises the woman's nutrition and hydration		
<b>A4.13</b> assessing, planning and providing care that optimises the woman's bladder and bowel health and function		
<b>A4.14</b> applying the principles of infection prevention and control, following local and national policies and protocols, sharing information with women and their partner/family as appropriate		
<b>A4.15</b> developing and providing parent education and preparation for birth and parenthood that is tailored to the context, needs, views, and preferences of individuals and groups		
<b>A4.16</b> recognising the signs that indicate the onset of labour		
<b>A5 The student midwife demonstrates the ability to conduct person-centred conversations with women, their partners and families to support public health, health promotion and health protection across the life course, depending on relevance and context during the antenatal period. Demonstrated by:</b>		
<b>A5.1</b> discussing sensitive issues relating to sexual and reproductive health: including pre-conception, contraception, unintended pregnancy, abortion and sexually transmitted infections		
<b>A5.2</b> sharing up to date information regarding food safety and nutrition		
<b>A5.3</b> providing appropriate weight management and exercise information		
<b>A5.4</b> sensitively exploring the issues of smoking, alcohol intake and substance use as appropriate		

<b>Antenatal proficiencies for midwives</b>  <b>Public health (cont.)</b> <b>Medicines administration</b>	<b>Able to demonstrate proficiency with minimal supervision</b>	Reference to evidence
	<b>Practice supervisor signature and date</b>	Student completion
<b>A5 The student midwife demonstrates the ability to conduct person-centred conversations with women, their partners and families to support public health, health promotion and health protection across the life course, depending on relevance and context during the antenatal period.</b> Demonstrated by:		
<b>A5.5</b> sharing information regarding the importance of immunisation in pregnancy for both the woman and her unborn baby		
<b>A5.6</b> discussing sources of valid health information including the potential impact of the overuse of social media		
<b>A5.7</b> sharing information about the importance of human milk and breastfeeding on short and long term physical and emotional health and well-being for both the woman and her baby		
<b>A5.8</b> identifying resources relevant to the needs of women and support and enable women to access these as needed		
<b>A6 The student midwife demonstrates the ability to work in partnership with the woman to assess and provide care and support that ensures the safe administration of medicines in the antenatal period.</b> Demonstrated by:		
<b>A6.1</b> knowing the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them		
<b>A6.2</b> carrying out initial and continued assessments of women and their ability to self-administer their own medications		
<b>A6.3</b> understanding and applying the principles of safe remote prescribing and directions to administer medicines, including safe storage, transportation and disposal of medicinal products		
<b>A6.4</b> performing accurate drug calculations for a range of medications		
<b>A6.5</b> safely supplying and administering medicines listed as midwives exemptions in the Human Medicines Regulations Schedule 17 (and any subsequent legislation), utilising the most up to date list		

<b>Antenatal proficiencies for midwives</b>  <b>Medicines administration (cont.)</b> <b>Record keeping</b>	<i>Able to demonstrate proficiency with minimal supervision</i>	Reference to evidence
	Practice supervisor signature and date	Student completion
<b>A6 The student midwife demonstrates the ability to work in partnership with the woman to assess and provide care and support that ensures the safe administration of medicines in the antenatal period.</b> Demonstrated by:		
<b>A6.6</b> exercising professional accountability in the safe administration of medicines to women according to local policy and managing equipment appropriately. Range of routes to include:		
<ul style="list-style-type: none"> <li>• intramuscular</li> </ul>		
<ul style="list-style-type: none"> <li>• subcutaneous</li> </ul>		
<b>A6.7</b> knowing how to recognise and respond to adverse or abnormal reactions to medications for the woman and understanding how this may have an impact on the fetus		
<b>A7 The student midwife demonstrates the skills required to record, keep and share information effectively and securely in the antenatal period.</b> Demonstrated by:		
<b>A7.1</b> clearly documenting care provision, changing care needs, referrals and the woman’s understanding, input, and decisions about her care		
<b>A7.2</b> presenting and sharing verbal, digital and written reports with individuals and/or groups, respecting confidentiality appropriately		
<b>A7.3</b> storing all information securely according to local and national policy		

Antenatal proficiencies for midwives  Interdisciplinary collaboration	Able to <i>demonstrate proficiency with minimal supervision</i>	Reference to evidence
	Practice supervisor signature and date	Student completion
<b>A8 The student midwife can work effectively with interdisciplinary and multiagency teams and colleagues; recognise, assess, plan, and respond to pre-existing and emerging complications and additional care needs acting as the woman’s advocate supporting her needs, views, preferences, and decisions in the antenatal period.</b> Demonstrated by:		
<b>A8.1</b> communicating complex information regarding a woman’s care needs in a clear, concise manner		
<b>A8.2</b> communicating effectively with interdisciplinary and multiagency teams and colleagues in challenging and emergency situations , using appropriate tools		
<b>A8.3</b> informing and updating interdisciplinary and multiagency colleagues about the social, physical or psychological well-being of the woman or her unborn baby, escalating any concerns		
<b>A8.4</b> collaborating effectively to support women with complex social circumstances including lack of family and community support, poverty, homelessness, those in the criminal justice system, refugees, asylum seekers and victims of trafficking and modern slavery		
<b>A8.5</b> collaborating effectively to support women with complex psychological circumstances and mental illness including alcohol, drug and substance misuse/withdrawal, stress, depression and anxiety		
<b>A8.6</b> collaborating effectively to support women who have had traumatic experiences including tocophobia, birth trauma and its sequelae including post-traumatic stress disorder, pre-term birth, perinatal loss and bereavement		

Antenatal proficiencies for midwives	Able to <i>demonstrate proficiency</i> with minimal supervision	Reference to evidence
Interdisciplinary collaboration (cont.)	Practice supervisor signature and date	Student completion
<b>A8 The student midwife can work effectively with interdisciplinary and multiagency teams and colleagues; recognise, assess, plan, and respond to pre-existing and emerging complications and additional care needs acting as the woman’s advocate supporting her needs, views, preferences, and decisions in the antenatal period.</b> Demonstrated by:		
A8.7 remaining calm, demonstrating effective de-escalation skills considering and taking account of the views and decisions made by others		
A8.8 appropriately challenging the views and decisions made by others that compromise women’s needs, views or preferences, escalating concerns regarding the behaviour or vulnerability of colleagues		
A8.9 recognising and responding to signs of discriminatory behaviour and unconscious bias in self and others		
A8.10 recognising and responding to signs of all forms of abuse and exploitation, including female genital mutilation and the subsequent need for safeguarding		
<b>A9 The student midwife is able to implement some first-line emergency management of complications and/or additional care needs for the woman and/or fetus when signs of compromise and deterioration or emergencies occur until other help is available.</b> Demonstrated by:		
A9.1 recognising the signs of infection, premature labour, blood loss including haemorrhage and meconium stained liquor, promptly calling for assistance and escalation as necessary		
A9.2 participating in first line management and immediate life support for the woman until help is available, monitoring the woman’s condition		
A9.3 undertaking tasks for the woman as delegated in emergency situations		

Intrapartum care



# Intrapartum Care

Midwifery Ongoing Record of Achievement

Records of births personally facilitated										
Date	Place of birth	Gestation in weeks	Gravida and parity	Coping strategies used IP4.4	Birth position IP4.6	Management of third stage of labour IP4.20	Outcome of perineal examination IP4.21	Skin to skin contact and feeding IP5.2	Additional care needs identified/ provided for/comments IP9	Midwife signature
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Midwifery Ongoing Record of Achievement

Records of women cared for in labour										
Date	Place of birth	Gestation in weeks	Gravida and parity	Coping strategies used IP4.4	Bladder and bowel care provision IP4.15	Nutrition and hydration requirements IP4.15	Method of fetal wellbeing assessment IP4.10	Vaginal examination findings (if appropriate) IP4.11	Additional care needs identified/ provided for/comments IP9	Midwife signature
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

**Woman receiving care and/or their family feedback**  
**Practice supervisors should obtain consent from women/their families**

- Your views about the way the student midwife has looked after you are important.
- Your feedback will help the student midwife's learning






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

What did the student midwife do well?
Is there anything the student midwife could have done to make your experience better?
Midwife name and signature: _____ Date: _____

**Thank you for your feedback**

**Woman receiving care and/or their family feedback**  
**Practice supervisors should obtain consent from women/their families**

- Your views about the way the student midwife has looked after you are important.
- Your feedback will help the student midwife's learning

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

Intrapartum care

What did the student midwife do well?
Is there anything the student midwife could have done to make your experience better?
Midwife name and signature: _____ Date: _____

**Thank you for your feedback**

<b>Intrapartum proficiencies for midwives</b>	<b>Able to <i>demonstrate proficiency</i> with minimal supervision</b>	Reference to evidence
<b>Continuity of carer Relationship building</b>	<b>Practice supervisor signature and date</b>	Student completion
<b>IP1 The student midwife is able to promote and provide continuity of care and carer in the intrapartum period.</b> Demonstrated by:		
<b>IP1.1</b> consistently planning, implementing and evaluating care that considers the needs of the woman and newborn infant together; encouraging and promoting close and loving relationships between babies, their mothers and families		
<b>IP1.2</b> ensuring safe continuity of care by identifying and communicating effectively with colleagues from the appropriate health and social care settings or agencies when there are changes in care needs and arranging for the effective transfer of care for the woman if required		
<b>IP2 The student midwife demonstrates the ability to build kind, respectful relationships with women, partners and families advocating for the woman's needs, views, preferences and decisions, working in partnership during the intrapartum period.</b> Demonstrated by:		
<b>IP2.1</b> managing the environment to ensure that it is welcoming for the woman and her partner/family to maximise safety, privacy, dignity and well-being and optimise the physiological processes of labour and birth, creating the conditions needed for a gentle birth avoiding or minimising trauma		
<b>IP2.2</b> ensuring that women are fully involved in planning their care and providing the appropriate evidence-based information to facilitate informed decision-making		
<b>IP2.3</b> showing compassion and sensitivity when women their partners/family members are emotionally vulnerable and/or distressed		
<b>IP2.4</b> knowing how to recognise and respond to any adjustments required to support women with a physical disability		
<b>IP2.5</b> knowing how to recognise and respond to any adjustments required to support women with a learning disability		
<b>IP2.6</b> promoting the woman's confidence in her own body and in her ability to give birth, providing ongoing support and feedback		

<b>Intrapartum proficiencies for midwives</b>	<b>Able to <i>demonstrate proficiency with minimal supervision</i></b>	<b>Reference to evidence</b>
<b>Relationship building (cont.) Communication</b>	<b>Practice supervisor signature and date</b>	<b>Student completion</b>
<b>IP2 The student midwife demonstrates the ability to build kind, respectful relationships with women, partners and families advocating for the woman’s needs, views, preferences and decisions, working in partnership during the intrapartum period.</b> Demonstrated by:		
<b>IP2.7</b> including and valuing the woman’s self-assessment of her health and well-being, recognising her ability and confidence to self-care and her expertise of any pre-existing conditions		
<b>IP2. 8</b> promoting and protecting the physical, psychological, social, cultural, and spiritual safety of all women, recognising and responding when this is being compromised		
<b>IP3 The student midwife is able to communicate and share information with women and their families with respect and kindness, taking into account their individual needs, views, preferences and decisions in the intrapartum period.</b> Demonstrated by:		
<b>IP3.1</b> actively listening, recognising and responding to appropriately to cues		
<b>IP3.2</b> using appropriate non-verbal communication techniques including touch, eye contact and respect of personal space		
<b>IP3.3</b> using clear language and appropriate open and closed questioning, responding to women’s questions, concerns, views, preferences and decisions checking for understanding		
<b>IP3.4</b> the ability to identify when alternative communication techniques are required, making adjustments to facilitate use or access to services such as translation and interpretation		
<b>IP3.5</b> providing timely and accurate information to women and their partners/families when there are complications or when additional care needs are identified, including breaking bad news		
<b>IP3.6</b> maintaining effective and kind communication techniques with women, partners and families in challenging and emergency situations		

<b>Intrapartum proficiencies for midwives</b>  <b>Universal care during labour and birth</b>	<b>Able to <i>demonstrate proficiency</i> with minimal supervision</b>	Reference to evidence
	<b>Practice supervisor signature and date</b>	Student completion
<b>IP4 The student midwife demonstrates the skills of effective assessment, planning, implementation and evaluation to provide universal care during the intrapartum period to optimise normal physiological processes and to anticipate and prevent complications.</b> Demonstrated by:		
<b>IP4.1</b> providing safe, continuous, one-to-one care for the woman in labour and at birth		
<b>IP4.2</b> accurately recognising the onset of labour and assessing the effectiveness of contractions and progress in labour		
<b>IP4.3</b> accurately assessing and responding to the woman’s behaviour, appearance psychological and emotional needs		
<b>IP4.4</b> providing care and support when the woman experiences pain, responding to her need for pain management using evidence-based techniques including comfort measures, non-pharmacological and pharmacological methods		
<b>IP4.5</b> discussing the potential impact of practices and interventions in labour and at birth on the establishment of breastfeeding		
<b>IP4.6</b> recognising and responding to the need for mobility, encouraging changes in maternal position to achieve optimal positions in labour and birth to facilitate normal physiological processes		
<b>IP4.7</b> providing care that optimises the woman’s hygiene needs and skin integrity		
<b>IP4.8</b> measuring and recording the woman’s vital signs using technological aids where appropriate, accurately recording findings and implementing appropriate responses and decisions		
<b>IP4.9</b> appropriate examination of the woman’s abdomen and palpation of her uterus, explaining and documenting findings		
<b>IP4.10</b> accurately assessing fetal well-being by auscultation of the fetal heart using a Pinard stethoscope and technical devices as appropriate, including cardiotocograph (CTG) interpretation, responding appropriately and documenting findings with reference to fetal heart patterns		



<b>Intrapartum proficiencies for midwives</b>  <b>Universal care during labour and birth (cont.)</b>	<b>Able to <i>demonstrate</i> proficiency with minimal supervision</b>	Reference to evidence
	<b>Practice supervisor signature and date</b>	Student completion
<b>IP4 The student midwife demonstrates the skills of effective assessment, planning, implementation and evaluation to provide universal care during the intrapartum period to optimise normal physiological processes and to anticipate and prevent complications.</b> Demonstrated by:		
<b>IP4.11</b> undertaking a vaginal examination appropriately with the woman’s consent, recognising and responding to the findings		
<b>IP4.12</b> appropriately discussing the findings of all tests, observations and assessments with women and their partner/family		
<b>IP4.13</b> recognising normal vaginal loss and deviations from normal, recognition of spontaneous rupture of membranes		
<b>IP4.14</b> assessing, planning and providing care that optimises the woman’s nutrition and hydration including effective fluid balance management, supporting the woman when nausea and vomiting occur		
<b>IP4.15</b> assessing, planning and providing care that optimises the woman’s bladder and bowel health and function		
<b>IP4.16</b> responding to the woman’s preferences to guide her safely as she gives birth, using evidence-based approaches appropriately to avoid and minimise trauma		
<b>IP4.17</b> safely manage a breech birth		
<b>IP4.18</b> assessing when an episiotomy is required and responding appropriately		
<b>IP4.19</b> recognising and responding to the position of the umbilical cord during birth appropriately, managing the cord after birth according to the best available evidence and the woman’s preferences		
<b>IP4.20</b> recognising and responding to deviations from normal physiological processes, including the need to expedite birth, referring to interdisciplinary colleagues as appropriate		

<b>Intrapartum proficiencies for midwives</b>  <b>Universal care during labour and birth (cont.)</b> <b>Universal care in the immediate postnatal period</b>	<b>Able to demonstrate proficiency with minimal supervision</b>	Reference to evidence
	<b>Practice supervisor signature and date</b>	Student completion
<b>IP4 The student midwife demonstrates the skills of effective assessment, planning, implementation and evaluation to provide universal care during the intrapartum period to optimise normal physiological processes and to anticipate and prevent complications.</b> Demonstrated by:		
<b>IP4.21</b> assessing the progress of the third stage of labour, using evidence informed techniques to safely and appropriately support the woman to birth the placenta and membranes, followed by an examination of the placenta and membranes to assess completeness and health		
<b>IP4.22</b> examining the woman’s perineum, labia, vagina, cervix and anus for birth injuries, responding and referring appropriately		
<b>IP4.23</b> undertaking perineal repair including episiotomy and 1 <sup>st</sup> and 2 <sup>nd</sup> degree tears		
<b>IP4.24</b> undertaking appropriate cannulation, venepuncture and blood sampling, interpreting the results of the tests		
<b>IP4.25</b> applying the principles of infection prevention and control, following local and national policies and protocols, sharing information with women and their partner/family as appropriate		
<b>IP5 The student midwife is able to demonstrate skills of effective assessment, planning, implementation and evaluation to provide universal care during the immediate postnatal period to optimise normal physiological processes and to anticipate and prevent complications.</b> Demonstrated by:		
<b>IP5.1</b> conducting an immediate assessment of the newborn infant at and after birth to assess initial adaptation to extra-uterine life including appearance, heart rate, behaviour, response, neurological tone, reflexes and respirations identifying the need for neonatal life support if respiration is not established		
<b>IP5.2</b> enabling immediate, uninterrupted, and ongoing safe skin-to-skin contact between the mother and the newborn infant, and positive time for the partner and family to be with the newborn infant and each other, preventing unnecessary interruptions		

<b>Intrapartum proficiencies for midwives</b>	<b>Able to demonstrate proficiency with minimal supervision</b>	Reference to evidence
<b>Universal care in the immediate postnatal period (cont.) Medicines administration</b>	<b>Practice supervisor signature and date</b>	Student completion
<b>IP5 The student midwife is able to demonstrate skills of effective assessment, planning, implementation and evaluation to provide universal care during the immediate postnatal period to optimise normal physiological processes and to anticipate and prevent complications.</b> Demonstrated by:		
<b>IP5.3</b> observing, assessing, and promoting the woman’s immediate response to the newborn infant (and partner’s response as appropriate), and their ability to keep the newborn infant close and be responsive to the cues for love, comfort and feeding (reciprocity)		
<b>IP5.4</b> assessing the infant’s ability to respond to cues for food, love and comfort and the ability to suck, swallow and breathe at the first breastfeed or bottle feed		
<b>IP6 The student midwife demonstrates the ability to work in partnership with the woman to assess and provide care and support that ensures the safe administration of medicines in the intrapartum period.</b> Demonstrated by:		
<b>IP6.1</b> knowing the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them		
<b>IP6.2</b> carrying out initial and continued assessments of women and their ability to self-administer their own medications		
<b>IP6.3</b> understanding and applying the principles of safe remote prescribing and directions to administer medicines, including safe storage, transportation and disposal of medicinal products		
<b>IP6.4</b> performing accurate drug calculations for a range of medications		
<b>IP6.5</b> safely supplying and administering medicines listed as midwives exemptions in the Human Medicines Regulations Schedule 17 (and any subsequent legislation), utilising the most up to date list		

<b>Intrapartum proficiencies for midwives</b> <b>Universal care in the immediate postnatal period (cont.)</b> <b>Medicines administration</b>	<b>Able to demonstrate proficiency with minimal supervision</b>	Reference to evidence
	<b>Practice supervisor signature and date</b>	Student completion
<b>IP6 The student midwife demonstrates the ability to work in partnership with the woman to assess and provide care and support that ensures the safe administration of medicines in the intrapartum period.</b> Demonstrated by:		
<b>IP6.6</b> exercising professional accountability in the safe administration of medicines to women, <b>according to local policy</b> , managing equipment appropriately. Routes to include:		
<ul style="list-style-type: none"> <li>• intramuscular</li> </ul>		
<ul style="list-style-type: none"> <li>• intravenous</li> </ul>		
<ul style="list-style-type: none"> <li>• per vaginum</li> </ul>		
<ul style="list-style-type: none"> <li>• other (please stipulate)</li> </ul>		
<b>IP6.7</b> undertaking accurate checks, including the transcription and titration, of any direction to supply and administer a medicinal product		
<b>IP6.8</b> recognising the potential impact of medicines on the unborn baby and breastmilk and the establishment of breastfeeding, providing information and support to the woman referring to interdisciplinary colleagues as appropriate		
<b>IP6.9</b> knowing how to recognise and respond to adverse or abnormal reactions to medications for the woman and understanding how this may have an impact on the unborn baby		
<b>IP6.10</b> safely administering medicines in an emergency including the transfusion of blood and blood products <b>according to local policy</b>		
<b>IP6.11</b> safely manage intravenous infusions using infusion pumps and devices <b>according to local policy</b>		

<b>Intrapartum proficiencies for midwives</b>  <b>Record keeping</b> <b>Interdisciplinary working</b>	Able to <i>demonstrate proficiency</i> with minimal supervision	Reference to evidence
	Practice supervisor signature and date	Student completion
<b>IP7 The student midwife demonstrates the ability to record, keep and share information effectively and securely in the intrapartum period.</b> Demonstrated by:		
<b>IP7.1</b> clearly documenting care provision, changing care needs, referrals and the woman’s understanding, input, and decisions about her care		
<b>IP7.2</b> presenting and sharing verbal, digital and written reports with individuals and/or groups, respecting confidentiality appropriately		
<b>IP7.3</b> accurately completing specialist proformas such as emergency scribe sheets		
<b>IP8 The student midwife can communicate effectively with interdisciplinary and multiagency teams and colleagues; acting as the woman’s advocate supporting her needs, views, preferences, and decisions in the intrapartum period.</b> Demonstrated by:		
<b>IP8.1</b> communicating complex information regarding a woman’s or her newborn infant care needs in a clear, concise manner		
<b>IP8.2</b> communicating effectively with interdisciplinary and multiagency teams and colleagues in challenging and emergency situations		
<b>IP8.3</b> informing and updating interdisciplinary and multiagency colleagues about the social, physical or psychological well-being of the woman or her newborn infant escalating any concerns		
<b>IP8.4</b> collaborating effectively to support women who have had traumatic experiences including birth trauma and its sequelae including post-traumatic stress disorder, pre-term birth, perinatal loss and bereavement		
<b>IP8.5</b> remaining calm, demonstrating effective de-escalation skills considering and taking account of the views and decisions made by others		
<b>IP8.6</b> appropriately challenging the views and decisions made by others that compromise women’s needs, views or preferences, escalating concerns regarding the behaviour or vulnerability of colleagues		
<b>IP8.7</b> recognising and responding to signs of all forms of abuse and exploitation, and need for safeguarding		

Intrapartum proficiencies for midwives	Able to <i>demonstrate proficiency</i> with minimal supervision	Reference to evidence
Additional care	Practice supervisor signature and date	Student completion
<b>IP9 The student midwife is able to implement first-line interventions and emergency management when additional care needs or complications occur for the woman and/or fetus, including when signs of deviation from physiological processes, compromise, deterioration or emergencies occur in the postnatal and neonatal periods.</b> Demonstrated by:		
<b>IP9.1</b> promptly calling for assistance and escalation as necessary, implementing immediate emergency actions for the woman and newborn infant until help arrives		
<b>IP9.2</b> conducting a speculum examination and high and low vaginal swabs to test for signs of infection and preterm labour		
<b>IP9.3</b> undertaking amniotomy and applying a fetal scalp electrode		
<b>IP9.4</b> responding to meconium-stained liquor, signs of infection, sepsis and blood loss including haemorrhage		
<b>IP9.5</b> safely managing shoulder dystocia		
<b>IP9.6</b> managing manual removal of the placenta		

<b>Intrapartum proficiencies for midwives</b>  <b>Additional care (cont.)</b>	<b>Able to <i>demonstrate proficiency with minimal supervision</i></b>	Reference to evidence
	<b>Practice supervisor signature and date</b>	Student completion
<b>IP9 The student midwife is able to implement first-line interventions and emergency management when additional care needs or complications occur for the woman and/or fetus, including when signs of deviation from physiological processes, compromise, deterioration or emergencies occur in the postnatal and neonatal periods. Demonstrated by:</b>		
<b>IP9.7</b> monitoring deterioration using evidence-based early warning tools		
<b>IP9.8</b> undertaking delegated tests for woman, fetus and newborn infant		
<b>IP9.9</b> organising a safe environment, immediate referral, and appropriate support if acute mental illness, violence or abuse is identified		
<b>IP9.10</b> providing care for women who have experienced female genital mutilation		
<b>IP9.11</b> providing care for women and newborn infants before, during, and after medical interventions such as epidural analgesia, fetal blood sampling, instrumental births, caesarean section and medical and surgical interventions to manage haemorrhage, collaborating with colleagues as appropriate		
<b>IP9.12</b> obtaining cord blood samples and interpreting the results		





# Postnatal care

Midwifery Ongoing Record of Achievement






Postnatal examinations undertaken. EC Directives 2005/36/EC Article 40 (training of midwives) Annexe V											
Date	Gravida Parity & Postnatal day	Outcome of mental health assessment P4.1	Outcome of physical health assessment P4.3							Comments	Midwife signature
			vital signs	breasts and nipples	vaginal loss	uterine involution	perineal or wound health	legs	bladder & bowels		
03/11/2020 <i>example</i>	G1P1 D4	Slightly tired and tearful	Within normal range	engorged	Red, minimal	Well contracted	Good	NAD	PU BO	Discussed MH state and BF, review 1/7	<i>Jayne Higgins</i> RM
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4											
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6											
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9											
10											

Midwifery Ongoing Record of Achievement

<b>Postnatal examinations undertaken. EC Directives 2005/36/EC Article 40 (training of midwives) Annexe V</b>											
Date	Gravida Parity & Postnatal day	Outcome of mental health assessment P4.1	Outcome of physical health assessment P4.3							Comments	Midwife signature
			vital signs	breasts and nipples	vaginal loss	uterine involution	perineal or wound health	legs	bladder & bowels		
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

**Woman receiving care and/or their family feedback**  
**Practice supervisors should obtain consent from women/their families**

- Your views about the way the student midwife has looked after you are important
- Your feedback will help the student midwife's learning

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

Postnatal care

What did the student midwife do well?

Is there anything the student midwife could have done to make your experience better?






Midwife name and signature:

Date:

**Thank you for your feedback**

**Woman receiving care and/or their family feedback**  
**Practice supervisors should obtain consent from women/their families**

- Your views about the way the student midwife has looked after you are important
- Your feedback will help the student midwife's learning

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

Postnatal care

What did the student midwife do well?
Is there anything the student midwife could have done to make your experience better?
Midwife name and signature: _____ Date: _____

**Thank you for your feedback**

Postnatal proficiencies for midwives	Able to <i>demonstrate proficiency with minimal supervision</i>	Reference to evidence
Continuity of care and carer Relationship building	Practice supervisor signature and date	Student completion
<b>P1 The student midwife is able to promote and provide continuity of care and carer in the postnatal period.</b> Demonstrated by:		
<b>P1.1</b> consistently planning, implementing and evaluating care that considers the needs of the woman and newborn infant together		
<b>P1.2</b> arranging for the effective transfer of care for the woman if required and when midwifery care is complete		
<b>P2 The student midwife demonstrates the ability to build kind, respectful relationships with women, partners and families advocating for the woman's needs, views, preferences and decisions, working in partnership during the postnatal period.</b> Demonstrated by:		
<b>P2.1</b> providing evidence-based information on all aspects of health and well-being of the woman and newborn infant to enable informed decision-making by the woman, and partner and family as appropriate		
<b>P2.2</b> providing a welcoming environment for the woman, partner, and family		
<b>P2.3</b> managing the environment to ensure that the safety, privacy, dignity and well-being of the woman and her partner/family are maximised		
<b>P2.4</b> showing compassion and sensitivity when women or their partners/family members are emotionally vulnerable and/or distressed		
<b>P2.5</b> recognising and responding to any adjustments required to support women with a physical disability		
<b>P2.6</b> recognising and responding to any adjustments required to support women with a learning disability		
<b>P2.7</b> initiating sensitive, individualised conversations with women that explore how they feel about infant feeding, relationship building and parenting whilst valuing different cultural contexts and traditions		

<b>Postnatal proficiencies for midwives</b>	<b>Able to demonstrate proficiency with minimal supervision</b>	Reference to evidence
<b>Relationship building (cont.) Communication</b>	<b>Practice supervisor signature and date</b>	Student completion
<b>P2 The student midwife demonstrates the ability to build kind, respectful relationships with women, partners and families advocating for the woman’s needs, views, preferences and decisions, working in partnership during the postnatal period.</b> Demonstrated by:		
<b>P2.8</b> promoting the woman’s confidence in her own body, health and well-being, and in her ability to nurture, feed, love, respond to and build a loving relationship with her baby		
<b>P2.9</b> including and valuing the woman’s self-assessment of her health and well-being, recognising her ability and confidence to self-care and care for her newborn including her expertise of any pre-existing conditions		
<b>P2.10</b> promoting and protecting the physical, psychological, cultural, and spiritual safety of all women and recognising and responding when this is being compromised		
<b>P3 The student midwife is able to communicate and share information with women and their families with respect, kindness and compassion taking into account their individual needs, views, preferences and decisions in the postnatal period.</b> Demonstrated by:		
<b>P3.1</b> actively listening, recognising and responding appropriately to cues and using appropriate non-verbal communication techniques including touch, eye contact and respect of personal space		
<b>P3.2</b> providing opportunities for the woman, and partner as appropriate, to discuss the birth and responding to any questions they may have		
<b>P3.3</b> identifying when alternative communication techniques are required, making adjustments to facilitate use or access to services such as translation and interpretation		
<b>P3.4</b> providing timely and accurate information to women and their partners/families when there are complications or when additional care needs are identified, including breaking bad news		
<b>P3.5</b> maintaining effective and kind communication techniques with women, partners and families in challenging and emergency situations		
<b>P3.6</b> providing information about and promoting access to community-based facilities and resources as needed		

## Midwifery Ongoing Record of Achievement

Postnatal proficiencies for midwives	Able to <i>demonstrate proficiency with minimal supervision</i>	Reference to evidence
<b>Universal care</b> <b>Infant feeding</b>	Practice supervisor signature and date	Student completion
<b>P4 The student midwife demonstrates the skills of effective assessment, planning, implementation and evaluation to provide universal care for the woman during the postnatal period to optimise normal physiological processes and to anticipate and prevent complications.</b> Demonstrated by:		
<b>P4.1</b> assessing mental health and well-being through discussion about appetite, energy levels, sleeping pattern, ability to cope with daily living, mood, anxiety and depression and family relationships		
<b>P4.2</b> implementing care that meets the woman's psychological needs after birth through ongoing assessment, support and care for all aspects of the woman's mental health and well-being, encouraging referral if there are concerns about the partner's mental health		
<b>P4.3</b> demonstrating the ability to conduct and respond to the findings of a holistic assessment of physical health for the woman including vital signs, uterine involution, vaginal loss, perineal health, breast tenderness or engorgement and hygiene and mobility needs		
<b>P4.4</b> assessing, promoting, and encouraging the development of the mother-newborn infant relationship, and opportunities for attachment, contact, interaction, and relationship building between the woman, newborn infant, partner and family		
<b>P4.5</b> respond to the woman's experience of and response to pain and the need for appropriate pain management		
<b>P4.6</b> using effective skills of infection prevention and control		
<b>P5 The student midwife demonstrates the ability to work in partnership with the woman and her partner/family to assess and provide care and support for all aspects of infant feeding.</b> Demonstrated by:		
<b>P5.1</b> using strategies to work within the World Health Organisation International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions		
<b>P5.2</b> utilising knowledge of breast anatomy and physiology of lactation to enable breastfeeding mothers to successfully establish and maintain breastfeeding and evaluate effectiveness		



<b>Postnatal proficiencies for midwives</b>	<b>Able to demonstrate proficiency with minimal supervision</b>	Reference to evidence
<b>Infant feeding (cont.) Public health</b>	<b>Practice supervisor signature and date</b>	Student completion
<b>P5 The student midwife demonstrates the ability to work in partnership with the woman and her partner/family to assess and provide care and support for all aspects of infant feeding.</b> Demonstrated by:		
<b>P5.3</b> responding to breastfeeding challenges including breast tenderness, pain, engorgement and the need for pain management recognising when referral to infant feeding specialists and peer supporters is required		
<b>P5.4</b> supporting women to safely express and feed their baby breastmilk, including teaching the skills of hand expression, safe storage, warming of milk and safe feeding methods		
<b>P5.5</b> supporting women to maximise breastmilk production and breastfeeding when they wish to combine this with formula milk, supporting them to feed responsively and as safely as possible.		
<b>P5.6</b> supporting women and their partners who are separated from their babies due to maternal physical or mental illness to maximise breastfeeding (if appropriate) and facilitate responsive feeding and secure attachment		
<b>P6 The student midwife demonstrates the ability to conduct person-centred conversations with women, their partners and families to support public health, health promotion and health protection during the postnatal period.</b> Demonstrated by:		
<b>P6.1</b> discussing sensitive issues relating to sexual and reproductive health: including contraception and sexually transmitted infections		
<b>P6.2</b> sensitively exploring the issues of smoking, alcohol intake and substance use as appropriate		
<b>P6.3</b> discussing attachment relationships and very early childhood development and the impact on the woman's own and the infant's health and emotional wellbeing		
<b>P6.4</b> appropriately sharing evidence-based information with all women and partners on how to minimise the risks of sudden infant death syndrome		
<b>P6.5</b> sharing evidence-based information regarding immunisation		

Postnatal proficiencies for midwives	Able to <i>demonstrate proficiency</i> with minimal supervision	Reference to evidence
Public health (cont.) Medicines administration	Practice supervisor signature and date	Student completion
<b>P6 The student midwife demonstrates the ability to conduct person-centred conversations with women, their partners and families to support public health, health promotion and health protection during the postnatal period.</b> Demonstrated by:		
<b>P6.6</b> discussing sources of valid health information including the potential impact of the overuse of social media and the potential for addiction		
<b>P6.7</b> sharing information about the importance of human milk and breastfeeding on short and long term health and well-being outcomes of the woman and her baby		
<b>P6.8</b> sharing information with women and families about national and local information networks that are available to support women in the continuation of breastfeeding		
<b>P6.9</b> identifying resources relevant to the needs of women and support and enable them to access these as needed		
<b>P6.10</b> engage women, partners, and families in understanding and applying principles of infection control and antimicrobial stewardship		
<b>P7 The student midwife demonstrates the ability to work in partnership with the woman to assess and provide care and support that ensures the safe administration of medicines in the postnatal period.</b> Demonstrated by:		
<b>P7.1</b> knowing the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them		
<b>P7.2</b> carrying out initial and continued assessments of women and their ability to self-administer their own medications		
<b>P7.3</b> understanding and applying the principles of safe remote prescribing and directions to administer medicines, including safe storage, transportation and disposal of medicinal products		

Postnatal proficiencies for midwives	Able to <i>demonstrate proficiency with minimal supervision</i>	Reference to evidence
Medicines administration (cont.)	Practice supervisor signature and date	Student completion
<b>P7 The student midwife demonstrates the ability to work in partnership with the woman to assess and provide care and support that ensures the safe administration of medicines in the postnatal period.</b> Demonstrated by:		
<b>P7.4</b> recognising the potential impact of medicines on the establishment of breastfeeding, providing information and support to the woman referring to interdisciplinary colleagues as appropriate		
<b>P7.5</b> discussing which medicines may impact on breastfeeding and knowing where to find information to support the mother to make an evidence based decision about her care. When breastfeeding is contraindicated, know how to access donor human milk		
<b>P7.6</b> knowing how to safely supply and administer medicines listed as midwives exemptions in the Human Medicines Regulations Schedule 17 (and any subsequent legislation), utilising the most up to date list		
<b>P7.7</b> performing accurate drug calculations for a range of medications		
<b>P7.8</b> exercising professional accountability in the safe administration of medicines to women, via a range of routes <b>according to local policy</b> , managing equipment appropriately		
<ul style="list-style-type: none"> <li>• oral</li> </ul>		
<ul style="list-style-type: none"> <li>• intramuscular</li> </ul>		
<ul style="list-style-type: none"> <li>• subcutaneous</li> </ul>		
<ul style="list-style-type: none"> <li>• intradermal</li> </ul>		
<ul style="list-style-type: none"> <li>• intravenous</li> </ul>		
<ul style="list-style-type: none"> <li>• per rectum</li> </ul>		

<b>Postnatal proficiencies for midwives</b>  <b>Medicines administration (cont.)</b> <b>Record keeping</b>	<b>Able to demonstrate proficiency with minimal supervision</b>	Reference to evidence
	<b>Practice supervisor signature and date</b>	Student completion
<b>P7 The student midwife demonstrates the ability to work in partnership with the woman to assess and provide care and support that ensures the safe administration of medicines in the postnatal period. Demonstrated by:</b>		
<b>P7.9</b> knowing how to recognise and respond to adverse or abnormal reactions to medications		
<b>P7.10</b> undertaking accurate checks, including the transcription and titration, of any direction to supply and administer a medicinal product		
<b>P7.11</b> safely administering medicines in an emergency or when clinical complications arise, <b>according to local policy</b> , including:		
<ul style="list-style-type: none"> <li>• management of intravenous fluids</li> </ul>		
<ul style="list-style-type: none"> <li>• transfusion of blood and blood products</li> </ul>		
<ul style="list-style-type: none"> <li>• management of infusion pumps and devices</li> </ul>		
<b>P8 The student midwife demonstrates the ability to record, keep and share information effectively and securely in the postnatal period. Demonstrated by:</b>		
<b>P8.1</b> clearly documenting care provision, changing care needs, referrals and the woman's understanding, input, and decisions about her care		
<b>P8.2</b> presenting and sharing verbal, digital and written reports with individuals and/or groups, respecting confidentiality appropriately		
<b>P8.3</b> accurately completing an infant feeding assessment with the woman including plans of care, challenges encountered, and referrals made		
<b>P8.4</b> storing all information securely according to local and national policy		

<b>Postnatal proficiencies for midwives</b>  <b>Interdisciplinary working</b>	<b>Able to <i>demonstrate proficiency with minimal supervision</i></b>	Reference to evidence
	<b>Practice supervisor signature and date</b>	Student completion
<b>P9 The student midwife can communicate effectively with interdisciplinary and multiagency teams and colleagues; acting as the woman’s advocate supporting her needs, views, preferences, and decisions in the postnatal period. Demonstrated by:</b>		
<b>P9.1</b> communicating complex information regarding a woman’s care needs in a clear, concise manner		
<b>P9.2</b> communicating effectively with interdisciplinary and multiagency teams and colleagues in challenging and emergency situations		
<b>P9.3</b> informing and updating interdisciplinary and multiagency colleagues about the social, physical or psychological well-being of the woman or her baby, escalating any concerns		
<b>P9.4</b> collaborating effectively to support women who have had traumatic experiences including tocophobia, birth trauma and its sequelae including post-traumatic stress disorder, pre-term birth, perinatal loss and bereavement		
<b>P9.5</b> remaining calm, demonstrating effective de-escalation skills considering and taking account of the views and decisions made by others		
<b>P9.6</b> appropriately challenging the views and decisions made by others that compromise women’s needs, views or preferences, escalating concerns regarding the behaviour or vulnerability of colleagues		
<b>P9.7</b> recognising and responding to signs of all forms of abuse and exploitation, and the subsequent need for safeguarding		

Postnatal proficiencies for midwives	Able to <i>demonstrate proficiency</i> with minimal supervision	Reference to evidence
Additional care	Practice supervisor signature and date	Student completion
<b>P10 The student midwife is able to implement first-line interventions and emergency management when additional care needs or complications occur for the woman in the postnatal period.</b> Demonstrated by:		
<b>P10.1</b> recognising when women, children and families are at risk, organising a safe environment, immediate referral and appropriate support if acute mental illness, violence or abuse is identified		
<b>P10.2</b> promptly calling for assistance and escalation using appropriate tools and implement first line interventions and/or emergency management		
<b>P10.3</b> recognising signs of infection, sepsis and blood loss including haemorrhage, escalating appropriately, monitoring and responding to signs of deterioration		
<b>P10.4</b> recognising and responding to oedema, varicosities, and signs of thromboembolism		
<b>P10.5</b> monitoring and managing fluid balance		
<b>P10.6</b> undertaking delegated tests for woman as appropriate		
<b>P10.7</b> understanding and implementing the principles of safe and supportive postnatal care to women who have experienced genital tract trauma (perineal, labial, vaginal, cervical, anal trauma including female genital mutilation)		
<b>P10.8</b> providing midwifery care for women after assisted and caesarean births		
<b>P10.9</b> providing support and care for women with pre-existing conditions		
<b>P10.10</b> understanding and implementing the principles of safe and supportive postnatal care to women who are experiencing urinary or faecal incontinence		

<b>Postnatal proficiencies for midwives</b>	<b>Able to demonstrate proficiency with minimal supervision</b>	Reference to evidence
<b>Additional care (cont.)</b>	<b>Practice supervisor signature and date</b>	Student completion
<b>P10 The student midwife is able to implement first-line interventions and emergency management when additional care needs or complications occur for the woman in the postnatal period. Demonstrated by:</b>		
<b>P10.11</b> supporting women and their partner/family where separation from their baby occurs as a result of physical and mental maternal illness, facilitating care which maximises the time the woman and her partner spend with their baby in order to build positive attachment behaviours		
<b>P10.12</b> providing support to women/families with a newborn infant (s) in the neonatal unit, facilitating them to be partners in care and build a close and loving relationship, optimising skin-to-skin/kangaroo care, breastfeeding and/or use of donor milk where appropriate/possible		
<b>P10.13</b> caring for women and families undergoing surrogacy or adoption		
<b>P10.14</b> working in partnership to provide compassionate, respectful, empathetic and dignified care and follow up for women and/or families experiencing perinatal loss or newborn infant death		
<b>P10.15</b> support the bereaved woman with lactation suppression and/or donating her breastmilk if wished		
<b>P10.16</b> providing culturally appropriate, compassionate, respectful, empathetic and dignified midwifery palliative or end of life care and/or following maternal death, including the needs of partners and families		

## Midwifery Ongoing Record of Achievement

Postnatal proficiencies for midwives	Able to <i>demonstrate proficiency</i> with minimal supervision	Reference to evidence
Additional care (cont.)	Practice supervisor signature and date	Student completion
<b>P10 The student midwife is able to implement first-line interventions and emergency management when additional care needs or complications occur for the woman in the postnatal period.</b> Demonstrated by:		
<b>P10.17</b> ensuring that the partner/parents/family spend as much private time as they wish with a woman or newborn infant who is at the end of life or who has died		
<b>P10.18</b> arranging the provision of appropriate pastoral and spiritual care according to the cultural/faith needs and requirements of the woman and her partner/family		
<b>P10.19</b> providing care and support required by parents who have more than one baby and experience both loss and survival at the same time, recognising the psychological challenge of dealing with bereavement while also adapting to parenthood		
<b>P10.20</b> providing clear information and support regarding any possible post-mortem examinations, registration of death and options for funeral arrangements/memorial service		



# Neonatal care

**Notes for completion of neonatal practice episode records (PER)**

The NMC (2019) Standards of proficiency for midwives<sup>8</sup> require that student midwives are able to conduct ongoing assessments of the health and well-being of the newborn infant (proficiency 6.59, documented as N1.2) and the full systematic physical examination of the newborn infant, in line with local and national evidence-based protocols (proficiency 6.59.2 documented as N1.1).

The practice episode records for the **ongoing assessment of the newborn infant** identify the main elements of the baby check, as documented in the Perinatal Institute for Maternal and Child Health postnatal notes for baby<sup>9</sup>.

**Please follow local policy to include any additional elements of ongoing newborn assessment as required.**

The practice episode records for the **full systematic physical examination** are designed to enable you to document any significant features of the examination, and to provide verification that you have carried out a full systematic physical examination in line with local and national protocols, under the supervision of a registered practitioner qualified to complete the examination. You can also record the examination in the ongoing assessment of the newborn practice episode records and make reference to this in the first column of the systematic physical examination record (see example).

**Please refer to local policy and programme requirements which will indicate when you should start to undertake these examinations.**

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<sup>8</sup> NMC (2019) Standards of proficiency for midwives <https://www.nmc.org.uk/globalassets/sitedocuments/standards/standards-of-proficiency-for-midwives.pdf>

<sup>9</sup> Perinatal Institute for maternal and child health: Postnatal notes for baby Version 18.1B (May 2018)  
<http://www.preg.info/PostnatalNotes/PDF/224292%20Post%20Natal%20Baby-watermark.pdf>

Midwifery Ongoing Record of Achievement

Records of ongoing assessment of the newborn (N1.2) EC Directives 2005/36/EC Article 40 (training of midwives) Annexe V											
Date	Age (in days)	Activity behaviour handling reflexes	Skin colour spots rashes	Eyes stickiness redness swelling	Head shape birth trauma fontanelles	Mouth palate tongue-tie health	Cord bleeding redness odour	Excretion urine stool	Feeding method pattern	Additional care/comments & public health information	Midwife signature
Example 12.09.20	3/7	Alert and all limbs fully flexed Tolerating handling well	Centrally pink, skin clear, absence of jaundice	Eyes clean and clear	Moulding resolving	Clean, mouth intact on visualisation	Clean and dry, no odour	Changing stool x 2 PU x 3	Breastfeeding responsively 9 feeds in the past 24 hrs	Safe sleeping discussed	PJWatts
1											
2											
3											
4											
5											

## Midwifery Ongoing Record of Achievement

Records of ongoing assessment of the newborn (N1.2) EC Directives 2005/36/EC Article 40 (training of midwives) Annexe V											
Date	Age (in days)	Activity behaviour handling reflexes	Skin colour spots rashes	Eyes stickiness redness swelling	Head shape birth trauma fontanelles	Mouth palate tongue-tie health	Cord bleeding redness odour	Excretion urine stool	Feeding method pattern	Additional care/comments & public health information	Midwife signature
6											
7											
8											
9											
10											

Midwifery Ongoing Record of Achievement

<b>Records of ongoing assessment of the newborn (N1.2) EC Directives 2005/36/EC Article 40 (training of midwives) Annexe V</b>											
<b>Date</b>	<b>Age (in days)</b>	<b>Activity behaviour handling reflexes</b>	<b>Skin colour spots rashes</b>	<b>Eyes stickiness redness swelling</b>	<b>Head shape birth trauma fontanelles</b>	<b>Mouth palate tongue-tie health</b>	<b>Cord bleeding redness odour</b>	<b>Excretion urine stool</b>	<b>Feeding method pattern</b>	<b>Additional care/comments &amp; public health information</b>	<b>Midwife signature</b>
11											
12											
13											
14											
15											

## Midwifery Ongoing Record of Achievement

Records of ongoing assessment of the newborn (N1.2) EC Directives 2005/36/EC Article 40 (training of midwives) Annexe V											
Date	Age (in days)	Activity behaviour handling reflexes	Skin colour spots rashes	Eyes stickiness redness swelling	Head shape birth trauma fontanelles	Mouth palate tongue-tie health	Cord bleeding redness odour	Excretion urine stool	Feeding method pattern	Additional care/comments & public health information	Midwife signature
16											
17											
18											
19											
20											

**Systematic examination of the newborn (N1.1)**  
 The local policy for undertaking the newborn physical examination screening should be followed and evidence of completion under supervision recorded.  
 In the first column, enter the practice episode record number of the corresponding ongoing holistic neonatal examination.

Date and neonatal PER number	Age in days and gestational age	Relevant family history, antenatal, intrapartum and postnatal history and risk factors	Comments on findings of systemic examination (record any unusual or untoward findings)	Details of referral or additional care if required	Signature of practitioner qualified to undertake systematic examination
<i>Example</i> 3.9.2020 62	41+1 2/7	Parents Indian and thus increased risk of jaundice and G6PD No other risk factors identified	Right hip dislocated	Referral pathway initiated due to findings from hip examination	AJ Browne NNP
1					
2					
3					
4					
5					

<b>Systematic examination of the newborn (N1.1)</b>					
<b>The local policy for undertaking the newborn physical examination screening should be followed and evidence of completion under supervision recorded. In the first column, enter the practice episode record (PER) number of the corresponding ongoing holistic neonatal examination.</b>					
<b>Date and neonatal PER number</b>	<b>Age in days and gestational age</b>	<b>Relevant family history, antenatal, intrapartum and postnatal history and risk factors</b>	<b>Comments on findings of systemic examination (record any unusual or untoward findings)</b>	<b>Details of referral or additional care if required</b>	<b>Signature of practitioner qualified to undertake systematic examination</b>
6					
7					
8					
9					
10					



<b>Systematic examination of the newborn (N1.1)</b> The local policy for undertaking the newborn physical examination screening should be followed and evidence of completion under supervision recorded. In the first column, enter the practice episode record (PER) number of the corresponding ongoing holistic neonatal examination.					
Date and neonatal PER number	Age in days and gestational age	Relevant family history, antenatal, intrapartum and postnatal history and risk factors	Comments on findings of systemic examination (record any unusual or untoward findings)	Details of referral or additional care if required	Signature of practitioner qualified to undertake systematic examination
11					
12					
13					
14					
15					

**Systematic examination of the newborn (N1.1)**

The local policy for undertaking the newborn physical examination screening should be followed and evidence of completion under supervision recorded. In the first column, enter the practice episode record (PER) number of the corresponding ongoing holistic neonatal examination.

Date and neonatal exam. number	Age in days and gestational age	Relevant family history, antenatal, intrapartum and postnatal history and risk factors	Comments on findings of systemic examination (record any unusual or untoward findings)	Details of referral or additional care if required	Signature of practitioner qualified to undertake systematic examination
16					
17					
18					
19					
20					

<b>Breastfeeding assessment tool: What to look for/ask about at each assessment</b> (adapted from Unicef UK Baby Friendly Initiative Breastfeeding Assessment Tool)						
<b>If any responses not ticked: watch a full breastfeed and develop a care plan in partnership with a midwife or infant feeding advisor to include revisiting positioning and attachment and consider referral to specialist support if needed.</b>						
<b>Your baby:</b>	<b>Assessment</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
has at least 8 -12 feeds in 24 hours*						
is generally calm and relaxed when feeding and content after most feeds						
will take deep rhythmic sucks and you will hear swallowing*						
will generally feed for between 5 and 40 minutes and will come off the breast spontaneously						
has a normal skin colour and is alert and waking for feeds						
has not lost more than 10% weight						
<b>Your baby's nappies:</b>						
at least 5-6 heavy, wet nappies in 24 hours*						
at least 2 dirty nappies in 24 hours, at least £2 coin size, yellow and runny and usually more*						
<b>Your breasts:</b>						
Breasts and nipples are comfortable						
Nipples are the same shape at the end of the feed as the start						
<b>Discuss:</b>						
How using a dummy/nipple shields/infant formula can impact on breastfeeding						
Was a care plan developed?						
<b>Signature of supervising health care professional</b>						
Date						

\*This assessment tool was developed for use on or around day 5. If used at other times see below:

**Sucking pattern:** Swallows may be less audible until day 3-4

**Feed frequency:** Day 1 at least 3-4 feeds, after day 1 babies will feed often and the pattern and number of feeds will vary from day to day. Being responsive to a baby's need to breastfeed for food, drink, comfort and security will ensure a good milk supply and a secure happy baby.






**Wet nappies:** Day 1-2, 1-2 or more in 24 hours, day 3-4, 3-4 or more in 24 hours, day 6 and older, 6 or more in 24 hours

**Stools:** Day 1-2, 1 or more in 24 hours, meconium, Day 3-4, 2 (preferably more) in 24 hours changing stools

<b>Breastfeeding assessment tool: What to look for/ask about at each assessment</b> (adapted from Unicef UK Baby Friendly Initiative Breastfeeding Assessment Tool)							<p>*This assessment tool was developed for use on or around day 5. If used at other times see below:</p> <p><b>Sucking pattern:</b> Swallows may be less audible until day 3-4</p> <p><b>Feed frequency:</b> Day 1 at least 3-4 feeds, after day 1 babies will feed often and the pattern and number of feeds will vary from day to day. Being responsive to a baby's need to breastfeed for food, drink, comfort and security will ensure a good milk supply and a secure happy baby.</p> <p><b>Wet nappies:</b> Day 1-2, 1-2 or more in 24 hours, day 3-4, 3-4 or more in 24 hours, day 6 and older, 6 or more in 24 hours</p> <p><b>Stools:</b> Day 1-2, 1 or more in 24 hours, meconium, Day 3-4, 2 (preferably more) in 24 hours changing stools</p>
<b>If any responses not ticked: watch a full breastfeed and develop a care plan in partnership with a midwife or infant feeding advisor to include revisiting positioning and attachment and consider referral to specialist support if needed.</b>							
<b>Your baby:</b>	<b>Assessment</b>	6	7	8	9	10	
has at least 8 -12 feeds in 24 hours*							
is generally calm and relaxed when feeding and content after most feeds							
will take deep rhythmic sucks and you will hear swallowing*							
will generally feed for between 5 and 40 minutes and will come off the breast spontaneously							
has a normal skin colour and is alert and waking for feeds							
has not lost more than 10% weight							
<b>Your baby's nappies:</b>							
at least 5-6 heavy, wet nappies in 24 hours*							
at least 2 dirty nappies in 24 hours, at least £2 coin size, yellow and runny and usually more*							
<b>Your breasts:</b>							
Breasts and nipples are comfortable							
Nipples are the same shape at the end of the feed as the start							
<b>Discuss:</b>							
How using a dummy/nipple shields/infant formula can impact on breastfeeding							
Was a care plan developed?							
<b>Signature of supervising health care professional</b>							
Date							

**Woman receiving care and/or their family feedback**  
**Practice supervisors should obtain consent from women/their families**

- Your views about the way the student midwife has looked after you are important
- Your feedback will help the student midwife's learning






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

What did the student midwife do well?
Is there anything the student midwife could have done to make your experience better?
Midwife name and signature: _____ Date: _____

**Thank you for your feedback**

**Woman receiving care and/or their family feedback**  
**Practice supervisors should obtain consent from women/their families**

- Your views about the way the student midwife has looked after you are important
- Your feedback will help the student midwife's learning

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

What did the student midwife do well?

Is there anything the student midwife could have done to make your experience better?

Midwife name and signature:

Date:

**Thank you for your feedback**

<b>Neonatal proficiencies for midwives</b>  <b>Universal care</b>	<b>Able to demonstrate proficiency with minimal supervision</b>	Reference to evidence
	<b>Practice supervisor signature and date</b>	Student completion
<b>N1 The student midwife demonstrates the skills of effective assessment, planning, implementation and evaluation of care for the newborn infant during the neonatal period to optimise normal physiological processes and to anticipate and prevent complications.</b> Demonstrated by:		
<b>N1.1</b> undertaking a full systematic physical examination of the newborn infant in line with local and national evidence-based protocols		
<b>N1.2</b> conducting ongoing holistic assessments of the physical health of the newborn infant including monitoring of weight, feeding, age appropriate urine output and stool, growth and development		
<b>N1.3</b> assessing parental confidence in handling and caring for the newborn infant, including responses to crying and comfort measures		
<b>N1.4</b> developing an individualised, evidence informed care plan in partnership with the woman, based on the ongoing assessment of the health and well-being of the newborn and woman together, actively listening to any questions or concerns		
<b>N1.5</b> providing evidence based information which supports women and their partners/family to make individualised choices and decisions about screening and diagnostic tests and ensuring that tests are carried out appropriately		
<b>N1.6</b> appropriately discussing the findings of all tests, observations and assessments with women and their partner/family		
<b>N1.7</b> using clear language and appropriate resources, to optimise women and their partner's/family's understanding of their newborn infant's health and well-being		
<b>N1.8</b> using skills of infection prevention and control, following local and national policies and protocols		

Neonatal proficiencies for midwives	Able to <i>demonstrate proficiency with minimal supervision</i>	Reference to evidence
Infant feeding	Practice supervisor signature and date	Student completion
<b>N2 The student midwife demonstrates the ability to work in partnership with the woman and her partner/family to assess and provide care and support for all aspects of infant feeding.</b> Demonstrated by:		
<b>N2.1</b> evaluating the effectiveness of feeding practices through active listening, evaluation and observation, and monitoring the newborn infant's weight, growth and development to inform the development of care plans in partnership with the woman		
<b>N2.2</b> effectively implementing, reviewing and adapting an individualised infant feeding care plan		
<b>N2.3</b> assessing the effectiveness of breastfeeding through observation of the baby's position and attachment at the breast, infant behaviour at the breast including co-ordination and effectiveness of sucking and swallowing, effective milk transfer and milk production, responsive feeding and age appropriate stool and urine output		
<b>N2.4</b> supporting parents who are using a bottle to feed their baby formula or breastmilk to do so responsively, limiting the number of care givers and pacing the feeds and evaluating their confidence with this method		
<b>N2.5</b> ensuring that parents who are using bottles to feed their baby formula or breastmilk are aware of how to safely sterilise feeding equipment		
<b>N2.6</b> working with parents who are formula feeding to ensure the appropriate use of formula and safe preparation of feeds		
<b>N2.7</b> enabling newborn infants in the neonatal unit to receive human milk/be breastfed when possible, including access to and use of donor milk		



Neonatal proficiencies for midwives	Able to <i>demonstrate proficiency with minimal supervision</i>	Reference to evidence
<b>Medicines administration</b> <b>Record keeping</b>	Practice supervisor signature and date	Student completion
<b>N3 The student midwife demonstrates the ability to work in partnership with the woman to assess and provide care and support that ensures the safe administration of medicines for their newborn infants. Demonstrated by:</b>		
<b>N3.1</b> knowing the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered to newborn infants; and the laws, policies, regulations and guidance that underpin them		
<b>N3.2</b> safely supplying and administering medicines to newborn infants listed as midwives exemptions in the Human Medicines Regulations Schedule 17 (and any subsequent legislation), utilising the most up to date list		
<b>N3.3</b> performing accurate drug calculations for a range of newborn infant medications		
<b>N3.4</b> exercising professional accountability in the safe administration of medicines to newborn infants according to local policy, managing equipment appropriately		
<ul style="list-style-type: none"> <li>• intramuscular</li> </ul>		
<ul style="list-style-type: none"> <li>• other - specify route:</li> </ul>		
<ul style="list-style-type: none"> <li>• other - specify route:</li> </ul>		
<b>N4 The student midwife demonstrates the ability to record, keep and share information effectively and securely in the neonatal period. Demonstrated by:</b>		
<b>N4.1</b> clearly documenting care provision, changing care needs, referrals and the woman's understanding, input, and decisions about the care of her newborn infant		
<b>N4.2</b> presenting and sharing verbal, digital and written reports with individuals and/or groups, respecting confidentiality appropriately		
<b>N4.3</b> storing all information securely according to local and national policy		

Neonatal proficiencies for midwives	Able to <i>demonstrate proficiency with minimal supervision</i>	Reference to evidence
Interdisciplinary working (cont.) Additional care	Practice supervisor signature and date	Student completion
<b>N5 The student midwife can communicate effectively with interdisciplinary and multiagency teams and colleagues.</b> Demonstrated by:		
<b>N5.1</b> communicating complex information effectively to interdisciplinary/multiagency teams and colleagues in challenging and emergency situations using recognised tools to structure conversations		
<b>N5.2</b> recognising when newborn infants are at risk, providing appropriate support and making immediate referrals if safeguarding issues are identified		
<b>N5.3</b> working in partnership with the woman/family as appropriate, and in collaboration with the interdisciplinary and/or multiagency team, to plan and implement midwifery care for the newborn infant who requires additional care and support		
<b>N6 The student midwife is able to implement first-line interventions and emergency management when additional care needs or complications occur for the newborn infant.</b> Demonstrated by:		
<b>N6.1</b> appropriately responding to signs of infection		
<b>N6.2</b> promptly calling for assistance and escalation as necessary, monitoring and responding to signs of deterioration		
<b>N6.3</b> implementing evidence-based, emergency actions and procedures including immediate life support for the newborn infant until help is available		
<b>N6.4</b> undertaking delegated tests for the newborn infant as appropriate		
<b>N6.5</b> supporting the transitional care of a newborn infant in collaboration with the neonatal team		

<b>Neonatal proficiencies for midwives</b>  <b>Additional care (cont.)</b>	<b>Able to <i>demonstrate proficiency</i> with minimal supervision</b>	Reference to evidence
	<b>Practice supervisor signature and date</b>	Student completion
<b>N6 The student midwife is able to implement first-line interventions and emergency management when additional care needs or complications occur for the newborn infant. Demonstrated by:</b>		
<b>N6.6</b> carrying out newborn observations of health and wellbeing and an infant feeding assessment when there are concerns that a baby is not feeding effectively		
<b>N6.7</b> referring to appropriate colleagues where deviation from evidence-based infant feeding and growth patterns do not respond to first line management		
<b>N6.8</b> providing compassionate, respectful, empathetic, dignified end of life care for a newborn infant, including consideration of cultural/faith needs and requirements of the parents/family		



# Promoting excellence

Promoting excellence: the midwife as colleague, scholar and leader proficiencies for midwives	Able to demonstrate proficiency with appropriate supervision	Reference to evidence
Working with others: the midwife as colleague and leader	Practice supervisor signature and date	Student completion
<b>E1 The student midwife is able to work with interdisciplinary and multiagency colleagues, advocacy groups and stakeholders to promote quality improvement.</b> Demonstrated by:		
E1.1 contributing to audit and risk management		
E1.2 contributing to investigations of critical incidents, near misses and serious event reviews		
E1.3 being an advocate for change, using negotiation and challenge skills and evidence-informed approaches to support change		
<b>E2 The student midwife is able to manage, supervise, support, teach and delegate care responsibilities to other members of the midwifery and interdisciplinary team and students.</b> Demonstrated by:		
E2.1 providing clear verbal, digital or written information and instructions and checking for understanding		
E2.2 providing encouragement to colleagues and students that helps them to reflect on their practice		
E2.3 keeping unambiguous records of performance during management, supervision or delegation		

<p><b>Promoting excellence: the midwife as colleague, scholar and leader</b>  <b>proficiencies for midwives</b></p>	<p><b>Able to demonstrate proficiency with appropriate supervision</b></p>	<p>Reference to evidence</p>
<p><b>Working with others: the midwife as colleague and leader</b></p>	<p><b>Practice supervisor signature and date</b></p>	<p>Student completion</p>
<p><b>E3 The student midwife is able to demonstrate effective team management skills.</b>                  Demonstrated by:</p>		
<p><b>E3.1</b> developing, supporting and managing teams including de-escalating conflict</p>		
<p><b>E3.2</b> reflecting on the learning that comes from working with interdisciplinary and multiagency teams</p>		
<p><b>E3.3</b> managing concerns, escalating and reporting as appropriate</p>		
<p><b>E4. The student midwife is able to recognise and respond to vulnerability in self and others.</b>                  Demonstrated by:</p>		
<p><b>E4.1</b> taking action when own vulnerability may impact on the ability to undertake the role of student midwife, including seeking support when feeling vulnerable, demonstrating strength-based approaches and compassionate selfcare</p>		
<p><b>E4.2</b> identifying vulnerability of other individuals providing support and/or referring for intervention as needed</p>		

Midwifery Ongoing Record of Achievement

Evidence to support achievement of Promoting excellence: the midwife as colleague, scholar and leader		
Use these pages to record practice experiences and achievements in support of the proficiencies		
Proficiency number	Activity or experience	Practice Supervisor signature & date

Promoting excellence



Midwifery Ongoing Record of Achievement

Evidence to support achievement of Promoting excellence: the midwife as colleague, scholar and leader		
Use these pages to record practice experiences and achievements in support of the proficiencies		
Proficiency number	Activity or experience	Practice Supervisor signature & date

**Reflective journal/notes/additional evidence**

Use these pages to record your reflections in practice, notes about things you have learned or need to remember or any additional evidence to support your progression and achievement.

**Reflective journal/notes/additional evidence**

Use these pages to record your reflections in practice, notes about things you have learned or need to remember or any additional evidence to support your progression and achievement.

**Reflective journal/notes/additional evidence**

Use these pages to record your reflections in practice, notes about things you have learned or need to remember or any additional evidence to support your progression and achievement.

# **Assessment**

### Expectations of professional behaviour and performance

<b>Professional values</b>	
<b>Commitment</b>	In accordance with organisational and university policies, the student embodies and promotes the level of professionalism expected of a registrant in relation to punctuality, personal presentation and attitude.
<b>Care</b>	The student has made a consistent effort to engage in their learning in order to contribute to high quality, evidence-based, woman-centred maternity care.
<b>Competence</b>	The student has recognised and worked within the limitations of their own knowledge, skills and professional boundaries. The student has demonstrated the ability to listen, seek clarification and carry out instructions safely in order to contribute to positive health outcomes for women and the best start in life for babies.
<b>Communication</b>	The student has demonstrated that they can communicate clearly and consistently with colleagues, women and their families. The student has worked effectively within the multi-disciplinary team with the intent of building professional caring relationships. The student avoids any form of discriminatory language or behaviour
<b>Courage</b>	The student has demonstrated openness, trustworthiness and integrity, ensuring the woman is the focus of care.
<b>Compassion</b>	The student is proactive in providing holistic, responsive and compassionate midwifery care ensuring that dignity and respect are always maintained.
<b>Level 6: Summary credit level descriptors</b> (adapted from SEEC Credit Descriptors for Higher Education 2016)	
<b>Operational context</b>	The student is able to operate in known contexts which may be unpredictable, requiring selection and application from a range of often standard techniques and information sources.
<b>Autonomy and responsibility for actions</b>	The student acts with appropriate supervision or direction within agreed guidelines, taking responsibility for accessing support and accepting accountability for determining and achieving personal outcomes.
<b>Knowledge and understanding</b>	The student is developing a systematic understanding of the knowledge base and its interrelationship with other fields. Demonstrates current understanding of some specialist areas in depth.
<b>Ethical awareness and application</b>	The student demonstrates an awareness of ethical issues and is able to discuss these in relation to personal beliefs and values. The student is aware of their personal responsibility and practices in accordance with The Code.
<b>Personal evaluation and development</b>	The student takes responsibility for own learning and development using reflection and feedback to analyse own capabilities, appraises alternatives and plans and implements actions.
<b>Interpersonal and communication skills</b>	Uses interpersonal and communication skills to clarify tasks and identify and rectify issues in a range of contexts. The student is effective in professional and interpersonal communication in a range of situations.



**Practice Supervisor (PS) feedback on student's performance**

<b>Practice area:</b>		<b>Date:</b>		<b>Number of hours worked with the student:</b>			
In relation to the expected knowledge, attitude and skills, what does the student do well?							
In relation to the expected knowledge, attitude and skills what does the student need to develop further?							
Please indicate whether the student has met the expected professional values by referring to page 93							
<b>Commitment</b>	<b>Care</b>	<b>Competence</b>	<b>Communication</b>	<b>Courage</b>	<b>Compassion</b>		
Using the descriptors on page 106 please indicate the level you consider the student has achieved whilst working with you by circling the most accurate descriptor.							
<b>Outstanding</b>	<b>Excellent</b>	<b>Very good</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Unsatisfactory*</b>		
Name and signature:				Contact details:			

<b>Practice area:</b>		<b>Date:</b>		<b>Number of hours worked with the student:</b>			
In relation to the expected knowledge, attitude and skills, what does the student do well?							
In relation to the expected knowledge, attitude and skills what does the student need to develop further?							
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<b>Commitment</b>	<b>Care</b>	<b>Competence</b>	<b>Communication</b>	<b>Courage</b>	<b>Compassion</b>		
Using the descriptors on page 106 please indicate the level you consider the student has achieved whilst working with you by circling the most accurate descriptor.							
<b>Outstanding</b>	<b>Excellent</b>	<b>Very good</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Unsatisfactory*</b>		
Name and signature:				Contact details:			

**\*If you have indicated that the student's performance is unsatisfactory, please contact the student's Practice Assessor immediately**



**Practice Supervisor (PS) feedback on student's performance**

<b>Practice area:</b>		<b>Date:</b>		<b>Number of hours worked with the student:</b>			
In relation to the expected knowledge, attitude and skills, what does the student do well?							
In relation to the expected knowledge, attitude and skills what does the student need to develop further?							
Please indicate whether the student has met the expected professional values by referring to page 93							
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Name and signature:				Contact details:			

<b>Practice area:</b>		<b>Date:</b>		<b>Number of hours worked with the student:</b>			
In relation to the expected knowledge, attitude and skills, what does the student do well?							
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Name and signature:				Contact details:			

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**Practice Supervisor (PS) feedback on student's performance**

<b>Practice area:</b>		<b>Date:</b>	<b>Number of hours worked with the student:</b>		
In relation to the expected knowledge, attitude and skills, what does the student do well?					
In relation to the expected knowledge, attitude and skills what does the student need to develop further?					
Please indicate whether the student has met the expected professional values by referring to page 93					
<b>Commitment</b>	<b>Care</b>	<b>Competence</b>	<b>Communication</b>	<b>Courage</b>	<b>Compassion</b>
Using the descriptors on page 106 please indicate the level you consider the student has achieved whilst working with you by circling the most accurate descriptor.					
<b>Outstanding</b>	<b>Excellent</b>	<b>Very good</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Unsatisfactory*</b>
Name and signature:			Contact details:		

<b>Practice area:</b>		<b>Date:</b>	<b>Number of hours worked with the student:</b>		
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<b>Commitment</b>	<b>Care</b>	<b>Competence</b>	<b>Communication</b>	<b>Courage</b>	<b>Compassion</b>
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Name and signature:			Contact details:		

**\*If you have indicated that the student's performance is unsatisfactory, please contact the student's Practice Assessor immediately**

**Practice Supervisor (PS) feedback on student's performance**

<b>Practice area:</b>		<b>Date:</b>		<b>Number of hours worked with the student:</b>			
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Name and signature:				Contact details:			

<b>Practice area:</b>		<b>Date:</b>		<b>Number of hours worked with the student:</b>			
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Using the descriptors on page 106 please indicate the level you consider the student has achieved whilst working with you by circling the most accurate descriptor.							
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Name and signature:				Contact details:			

**\*If you have indicated that the student's performance is unsatisfactory, please contact the student's Practice Assessor immediately**

**Practice Supervisor (PS) feedback on student's performance**

<b>Practice area:</b>		<b>Date:</b>		<b>Number of hours worked with the student:</b>			
In relation to the expected knowledge, attitude and skills, what does the student do well?							
In relation to the expected knowledge, attitude and skills what does the student need to develop further?							
Please indicate whether the student has met the expected professional values by referring to page 93							
<b>Commitment</b>	<b>Care</b>	<b>Competence</b>	<b>Communication</b>	<b>Courage</b>	<b>Compassion</b>		
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Name and signature:				Contact details:			

<b>Practice area:</b>		<b>Date:</b>		<b>Number of hours worked with the student:</b>			
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Name and signature:				Contact details:			

**\*If you have indicated that the student's performance is unsatisfactory, please contact the student's Practice Assessor immediately**

<b>Practice Assessor Review 1</b>	
<b>Student reflection</b> (to be completed prior to meeting with Practice Assessor)	
Review the feedback that you have had from Practice Supervisors and women that you have cared for.	
What do you do well?	
Which aspects of your practice do you need to develop further?	
Reflect on one of the proficiencies that you have achieved but found difficult or challenging. Reflecting on what happened can help you to develop your practice and prepare to manage a similar situation in a different way.	
Which proficiency are you reflecting on? Describe what happened:	
What were you thinking and feeling at the time?	
What did you do well?	
What went less well?	
If you were in a similar situation again, what would you do differently?	
<b>Refer to the holistic assessment descriptors (on page 106) and consider which descriptor most closely describes your practice.</b>	
Which descriptor most closely matches your practice?	
Use this space to add your reflection following feedback from your Practice Assessor at the first review	
<b>Student signature:</b>	<b>Date:</b>

<b>Practice Assessor Review 1</b>	
<b>To be completed by the Practice Assessor with the student</b>	
<p>Please review the records completed by the student's Practice Supervisors. What does the student consistently do well?</p> <p>Does the student appear to have acted on the areas highlighted for development?</p> <p>If a progression plan has been written since the previous meeting, has this now been completed?</p> <p>Yes / No* / Not applicable</p> <p><b>*Please contact the Academic Assessor for advice.</b> The outcome of this review must be recorded as NOT ACHIEVED.</p>	
<p><b>Skills: please review the student's progress of completion of the proficiencies and practice episode records</b> Comments:</p>	
<p><b>Knowledge: ascertain the student's knowledge base</b> Ask the student to discuss one case from their practice episode records to confirm their knowledge base and application of knowledge through discussion.</p> <p>Does the student demonstrate the expected knowledge at this point in their programme?      Yes / No*</p> <p><b>*Please complete a progression plan and contact the Academic Assessor.</b> The outcome of this review must be recorded as NOT ACHIEVED.</p>	
<p><b>Attitude: review feedback on professional behaviour</b> Please review the records from the student's Practice Supervisors.</p> <p>Has the student maintained the expected professional values?      Yes / No*</p> <p><b>*Please complete a progression plan and contact the Academic Assessor.</b> The outcome of this review must be recorded as NOT ACHIEVED.</p>	
<p><b>Please review the student's reflection and provide constructive feedback to support the student's development:</b></p>	
<p><b>Holistic Assessment:</b> Please refer to the holistic descriptor on page 106 and identify which description most closely matches the student's performance.</p> <p><b>Descriptor awarded:</b></p> <p>I confirm that we have reviewed the available evidence and discussed current achievement and progress.</p> <p><b>Outcome of Practice Assessor Review 1: ACHIEVED / NOT ACHIEVED*</b></p> <p><b>*Please complete a progression plan and contact the Academic Assessor</b></p> <p>Date for Practice Assessor Review 2:</p> <p>Practice Assessor signature: _____ Date: _____</p> <p>Student midwife signature: _____ Date: _____</p>	

<b>Practice Assessor Review 2</b>	
<b>Student reflection</b> (to be completed prior to meeting with Practice Assessor)	
Review the feedback that you have had from Practice Supervisors and women that you have cared for.	
What do you do well?	
Which aspects of your practice do you need to develop further?	
Reflect on one of the proficiencies that you have achieved but found difficult or challenging. Reflecting on what happened can help you to develop your practice and prepare to manage a similar situation in a different way.	
Which proficiency are you reflecting on? Describe what happened:	
What were you thinking and feeling at the time?	
What did you do well?	
What went less well?	
If you were in a similar situation again, what would you do differently?	
<b>Refer to the holistic assessment descriptors (on page 106) and consider which descriptor most closely describes your practice.</b>	
Which descriptor most closely matches your practice?	
Use this space to add your reflection following feedback from your Practice Assessor	
<b>Student signature:</b>	<b>Date:</b>

**Practice Assessor Review 2**

**To be completed by the Practice Assessor with the student**

Please review the records completed by the student's Practice Supervisors.  
What does the student consistently do well?

Does the student appear to have acted on the areas highlighted for development?

If a progression plan has been written since the previous meeting, has this now been completed?

Yes / No\* / Not applicable

**\*Please contact the Academic Assessor for advice.**  
The outcome of this review must be recorded as NOT ACHIEVED.

**Skills: please review the student's progress of completion of the proficiencies and practice episode records**

Comments:

**Knowledge: ascertain the student's knowledge base**

Ask the student to discuss one case from their practice episode records to confirm their knowledge base and application of knowledge through discussion.

Does the student demonstrate the expected knowledge at this point in their programme?      Yes / No\*

**\*Please complete a progression plan and contact the Academic Assessor.**  
The outcome of this review must be recorded as NOT ACHIEVED.

**Attitude: review feedback on professional behaviour**

Please review the records from the student's Practice Supervisors.

Has the student maintained the expected professional values?      Yes / No\*

**\*Please complete a progression plan and contact the Academic Assessor.**  
The outcome of this review must be recorded as NOT ACHIEVED.

**Please review the student's reflection and provide constructive feedback to support the student's development:**

**Holistic Assessment:** Please refer to the holistic descriptor on page 106 and identify which description most closely matches the student's performance.

**Descriptor awarded:**

I confirm that we have reviewed the available evidence and discussed current achievement and progress.

**Outcome of Practice Assessor Review 2: ACHIEVED / NOT ACHIEVED\***

**\*Please complete a progression plan and contact the Academic Assessor**

Date for Summative Holistic Assessment:

Practice Assessor signature:

Date:

Student midwife signature:

Date:



**Practice Assessor Summative Holistic Assessment**

**Student reflection** (to be completed prior to meeting with Practice Assessor)

**Reflect on the feedback that you have been given during this assessment period.**  
With reference to the specific proficiencies and professional values:

What do you consistently do well?

Which areas do you need to continue to develop?

What have you enjoyed most during this assessment period?

What have you found most challenging?

What is your professional development plan as you progress from Return to Practice student midwife to midwifery registrant?

**Refer to the holistic assessment descriptors (on page 106) and consider which descriptor most closely describes your practice.**

Which descriptor most closely matches your practice?

Use this space to add your reflection following feedback from your Practice Assessor

**Student signature:**

**Date:**

**Practice Assessor Summative Holistic Assessment**

**To be completed by the Practice Assessor with the student**

Please review the records completed by the student's Practice Supervisors.  
What does the student consistently do well?

Does the student appear to have acted on the areas highlighted for development?

If a progression plan has been written since the previous meeting, has this now been completed?

Yes / No\* / Not applicable

**\*Please contact the Academic Assessor for advice.**  
The outcome of this review must be recorded as NOT ACHIEVED.

**Skills: please review the student's progress of completion of the proficiencies and practice episode records**

Have all the proficiencies been achieved? Yes / No\*

Please complete a progression plan and contact the Academic Assessor.

**Knowledge: ascertain the student's knowledge base**

Ask the student to discuss one case from their practice episode records to confirm their knowledge base and application of knowledge through discussion.

Does the student demonstrate the expected knowledge at the summative holistic assessment point for progression to the NMC register? Yes / No\*

**\*Please complete a progression plan and contact the Academic Assessor.**  
The outcome of this review must be recorded as NOT ACHIEVED.

**Attitude: review feedback on professional behaviour**

Please review the records from the student's Practice Supervisors.

Has the student maintained the expected professional values? Yes / No\*

**\*Please complete a progression plan and contact the Academic Assessor.**  
The outcome of this review must be recorded as NOT ACHIEVED.

**Please review the student's reflection and provide constructive feedback to support the student's development from student to midwifery registrant:**

**Holistic Assessment:** Please refer to the holistic descriptor on the following page and identify which description most closely matches the student's performance.

**Descriptor awarded:**

I confirm that we have reviewed the available evidence and discussed current achievement and progress.

**Outcome of Summative Holistic Assessment: ACHIEVED / NOT ACHIEVED\***

**\*Please complete a progression plan and contact the Academic Assessor**

Practice Assessor signature:

Date:

Student midwife signature:

Date:

Midwifery Ongoing Record of Achievement

<b>Holistic performance descriptors Level 6</b>					
<b>Outstanding</b>	<b>Excellent</b>	<b>Very good</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>
<p>The student's behaviour meets the professional conduct criteria required of a registrant and safe, sensitive, woman focused care is consistently provided to an exceptional standard.</p> <p>The student demonstrates exceptional knowledge and understanding of the theories, evidence, and policies that relate to their practice and always shows self-direction, being highly motivated to seek new knowledge.</p> <p>The student has a critical approach and the ability to debate and challenge appropriately. The student motivates others to enhance their knowledge and understanding.</p> <p>The student consistently shows insightful application of theory to practice, even in complex or unpredictable situations. The student discusses new questions and connections relating to theory and practice.</p> <p>The student always uses their initiative appropriately, is very self-aware, always actively seeks feedback and takes clear actions to enhance their performance and enhances the work of the team.</p> <p>The student uses a range of skills to effectively teach, coach and support junior members of the team.</p>	<p>The student's behaviour meets the professional conduct criteria required of a registrant and safe, sensitive, woman-focused care is consistently provided to an excellent standard.</p> <p>The student demonstrates detailed and comprehensive knowledge of the theories, evidence, and policies that relate to their practice and always shows self-direction, being motivated to seek new knowledge.</p> <p>The student has a critical approach and the ability to debate and challenge appropriately.</p> <p>The student demonstrates insightful application of theory to practice, even in complex or unpredictable situations.</p> <p>The student always uses their initiative appropriately, is self-aware, actively seeks and responds positively to feedback.</p> <p>The student can facilitate effective team working.</p> <p>The student makes excellent efforts to teach, coach and support junior members of the team.</p>	<p>The student's behaviour meets the professional conduct criteria required of a registrant and safe, sensitive, woman-focused care is consistently provided to a very good standard.</p> <p>The student demonstrates very good knowledge of the theories, evidence and policies that relate to their practice and is usually motivated, showing self-direction in seeking new knowledge.</p> <p>The student is developing a critical approach and engages in professional debate.</p> <p>The student demonstrates good evidence of applying the underpinning theory to their practice in known situations and in some more complex scenarios.</p> <p>The student uses their initiative appropriately in most situations, is self-aware, seeks and responds positively to feedback.</p> <p>The student contributes well to effective team working.</p> <p>The student makes very good efforts to teach and support junior members of the team.</p>	<p>The student's behaviour meets the professional conduct criteria required of a registrant and safe, sensitive, woman-focused care is consistently provided to a good standard.</p> <p>The student demonstrates good knowledge of the evidence and policies that relate to their practice, with some evidence of critical appraisal. The student may need occasional prompts to seek new knowledge and responds appropriately.</p> <p>The student demonstrates an understanding of the theory that underpins their practice in known situations.</p> <p>The student uses their initiative appropriately in known situations, is self-aware and responds positively to feedback.</p> <p>The student demonstrates self-awareness and contributes appropriately within the team.</p> <p>The student makes good efforts to teach, coach and support junior members of the team.</p>	<p>The student's behaviour meets the professional conduct criteria required of a registrant and safe, sensitive, woman-focused care is provided to an acceptable standard.</p> <p>The student demonstrates a satisfactory knowledge of the evidence and policies relating to their practice. They sometimes require prompting to be analytical and to seek new knowledge but respond appropriately to this.</p> <p>The student can make links between the underpinning theory and their practice in known situations. The student may occasionally seek prompts or direction.</p> <p>The student uses their initiative appropriately in known situations and responds to feedback.</p> <p>The student is aware of their own behaviours and can work within the team.</p> <p>The student makes sufficient efforts to teach, coach and support junior members of the team.</p>	<p>The student's behaviour does not meet the professional conduct expected of a registrant and evidence of the provision of safe, sensitive, woman-focused care is limited.</p> <p>The student does not demonstrate the required knowledge of the evidence and policies relating to their practice. They require constant prompting to seek new knowledge and may not always respond appropriately.</p> <p>The student seems unable to make the link between theory and practice due to limited knowledge and is therefore unable to problem-solve even in known situations.</p> <p>The student does not always use their initiative even in known and predictable situations</p> <p>The student does not seek feedback. When feedback is given, a lack of or negative response may be shown.</p> <p>The student lacks self-awareness, which may be detrimental to care provision or to effective team working.</p> <p>The student does not make appropriate efforts to teach, coach or support junior members of the team.</p>

### Progression Plan

A progression plan is required when there is a need to address the student's progress or performance. The Practice Assessor must inform the Nominated Person and Academic Assessor when an action plan is required/generated.

The **SMART** principles should be used to construct the plan.

Placement area:	Names of those present at meeting:	Date agreed for review: (Timed)
<b>What is the issue?</b> Refer to proficiency or Professional value (Specific), state the reason for concern and/or why proficiency has not been achieved.	<b>What are the expectations for achievement? (Measurable)</b> Ensure an appropriate level of expectation – refer to the expectations for the student's academic and professional level (Achievable and Realistic)	
Practice Assessor name and signature:	Student signature:	Practice Nominated Person informed :
Date:	Date:	Name of Academic Assessor contacted:
<b>Review Meeting Date:</b>	<b>Outcome of meeting:</b> <p style="text-align: center;"><b>ACHIEVED / NOT ACHIEVED</b></p>	
Practice Assessor name and signature:	Student signature:	Academic Assessor name and signature:

### Progression Plan

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Practice Assessor name and signature:  Date:	Student signature:  Date:	Practice Nominated Person informed :  Name of Academic Assessor contacted:
<b>Review Meeting Date:</b>	<b>Outcome of meeting:</b>  <p style="text-align: center;"><b>ACHIEVED / NOT ACHIEVED</b></p>	
Practice Assessor name and signature:	Student signature:	Academic Assessor name and signature:

Summary of progress				
Proficiency cluster	Number of practice episodes recorded		Are all proficiencies completed?	Has there been any concerns identified regarding professional behaviour?
Antenatal care	Universal care	Additional care	Yes / No	Yes / No
Intrapartum care	Universal care	Additional care	Yes / No	Yes / No
Postnatal care	Universal care	Additional care	Yes / No	Yes / No
Neonatal care	Universal care	Additional care	Yes / No	Yes / No
Promoting excellence			Yes / No	Yes / No
Summative holistic assessment				
Date of assessment	Descriptor awarded	Equivalent grade (if applicable)	Comments/plan	
Summary of hours				
Hours required	Hours recorded	Hours outstanding	Comments/plan	
Progression				
Student progression to NMC register recommended		Yes / No		
Academic Assessor verification				
Comments				
Name	Signature	Date		

**Records of meetings between the student and Practice Supervisors, Practice Assessors, Academic representative, Academic Assessor or Nominated Practice Person. This page can also be used to record periodic observations.**

Records of meetings		
Date	Summary of meeting or periodic observation	Name, signature and designation

Midwifery Ongoing Record of Achievement

Records of meetings		
Date	Summary of meeting or periodic observation	Name, signature and designation



**About me**

This section of the MORA is designed for you to document any information that you feel would be helpful to share with those who support your practice learning. You can update it during the programme to reflect your ongoing personal development and any changing practice learning requirements.

**My transferable skills**

As you return to midwifery practice, you may like to think about how you can draw on your previous experiences to support your clinical learning. What transferable skills have you developed and how can you apply these to your midwifery practice?

**How I learn best**

What kind of learner are you? Different people learn in different ways and identifying some of the ways that help you learn most effectively can help you to get the most out of your practice learning opportunities. This section is designed to enable you to document any information which you feel would assist practice partners to support your learning most effectively.

Midwifery Ongoing Record of Achievement

**Reasonable adjustments for practice learning<sup>10</sup>**

Approved Education Institutions (AEIs) together with practice learning partners must take account of students' individual needs and personal circumstances when allocating their practice learning opportunities, including making reasonable adjustments for students with disabilities. The purpose of reasonable adjustments is to prevent students with disabilities from being at a substantial disadvantage, and requires changes to be made to accommodate disability or learning differences as set out in equalities and human rights legislation (NMC Standards for pre-registration midwifery programmes 2019, p.11-12)

You are able to document any reasonable adjustments that are required to support your practice learning, if you wish to do so. It is up to you to decide whether you want to disclose any information. **Before completing this section please discuss your needs with the appropriate person in the university setting who has access to your personal records where the reasonable adjustments you require will be documented. If you are not sure who to discuss this with, please ask your course leader or Lead Midwife for Education.**

What adjustments are needed in the clinical practice learning environment?

Is any specialist equipment required? Yes / No  
Details:

Signed (university contact): Date:

Name: Contact details:

Signed (student midwife) Date:

Details of **additional or altered adjustments** required in the clinical practice learning environment

Signed (university contact): Date:

Name: Contact details:

Signed (student midwife) Date:

<sup>10</sup> Adapted from an original idea from the University of Hertfordshire and University of Bedfordshire

Midwifery Ongoing Record of Achievement

*To be completed as per your local university requirements*

**Record of practice hours**

Please ensure all details are printed **CLEARLY** and sickness days identified.  
All alterations and totals should be initialled by the midwife you have been working with.

Day	Date	Placement	Total Hrs	Signature of MW	Shift Type		Date	Placement	Total Hrs	Signature of MW	Shift Type
<b>Example of hours confirmation</b>						Sun	1/7/13	Birth Centre	7.5	FFalaney	E
Mon						Mon					
Tue						Tue					
Wed						Wed					
Thu						Thu					
Fri						Fri					
Sat						Sat					
Sun						Sun					
		<b>Weekly Total =</b>						<b>Weekly Total =</b>			
Mon						Mon					
Tue						Tue					
Wed						Wed					
Thu						Thu					
Fri						Fri					
Sat						Sat					
Sun						Sun					
		<b>Weekly Total =</b>						<b>Weekly Total =</b>			
Mon						Mon					
Tue						Tue					
Wed						Wed					
Thu						Thu					
Fri						Fri					
Sat						Sat					
Sun						Sun					
		<b>Weekly Total =</b>						<b>Weekly Total =</b>			
Mon						Mon					
Tue						Tue					
Wed						Wed					
Thu						Thu					
Fri						Fri					
Sat						Sat					
Sun						Sun					
		<b>Weekly Total =</b>						<b>Weekly Total =</b>			

**Total hours completed on this page:**

**Declaration by Student:** I confirm that the hours recorded on this sheet are a true and accurate account of the shifts I have worked.

Signed: \_\_\_\_\_ (Student)                      Date: \_\_\_\_\_

**Shift Codes**

**E** = Early   **L** = Late   **D** = Day shift   **LD** = Long Day   **ND** = Night Duty   **S** = Sickness   **A**= Absent

Midwifery Ongoing Record of Achievement

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Date: \_\_\_\_\_

**Shift Codes**

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Midwifery Ongoing Record of Achievement

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Signed: \_\_\_\_\_ (Student)

Date: \_\_\_\_\_

**Shift Codes**

**E** = Early **L** = Late **D** = Day shift **LD** = Long Day **ND** = Night Duty **S** = Sickness **A** = Absent