

Continuity of care guidance-year 1 & 2

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For brevity, the terms woman/women, and the pronouns she/her/hers will be used throughout this programme guidance to represent anyone who is pregnant or giving birth, regardless of their gender identity. It is assumed that the care of a transgender or non-binary person would involve a discussion about preferred pronouns and terminology and that this would be communicated to all the healthcare team.

Continuity of care within the BSc (Hons) midwifery curriculum

During the three-year pre-registration programme midwifery students must be given the opportunity to provide care and support to a group of women through the childbirth continuum. Current standards for pre-registration midwifery education state that Universities together with practice learning partners must:

'provide students with learning opportunities to enable them to achieve the proficiencies related to continuity of midwifery carer across the whole continuum of care for all women and newborn infants.' (NMC 2019 p11).

At the point of registration student midwives are working towards autonomous practice (NMC 2019). Through participating in caseload practice students will develop the appreciation of the significance of continuity of care and gain increased confidence, as the opportunity to develop their prioritisation of care, decision-making and leadership skills (NMC, 2010). Furthermore, students participating with caseload practices will experience continuity and collaborative working as an active member of the multidisciplinary team. This will also provide opportunities to reflect upon how such teamwork can effectively deliver safe, holistic woman and family-centred care.

Midwifery students are introduced to the concept of continuity of care in their 1st year and 2nd year. The model adopted then allows the student to develop a continued appreciation for the significance of continuity of midwifery carer through caseload provision in the 3rd year.

Under **no** circumstances will the student midwife be permitted to share personal details with a woman or her family. This includes via the use of social networking sites (page 9). Every birth placement has a student midwife contact details book, which should be populated by the student midwives. This provides the means by which maternity staff can contact students when case loading women are admitted to birth units or central delivery suites. All contact must be made through this agreed and determined process.

Students should also capture the care in their Midwifery Practice Episode Records Document by identifying the care episodes through the antenatal, intrapartum and postnatal episodes of care to demonstrate the continuity of care provision.

Debriefing

Practice supervisor and Academic Personal Tutor (APT) meetings provide an opportunity for the student to discuss with their APT their experience and reflect upon learning and determine future goals and opportunities. At the end of the practice year the student midwife and their APT will meet to evaluate the placements, including those that incorporate a caseload experience. All students have access to APT support outside of this and should additional meetings be required the student midwife must initiate the facilitation of these.

The following pages provide further guidance and information around the model of caseload holding at University of the West of England.

Social Networking Sites: What you need to know

How to maintain professionalism and avoid unintentional breaches of confidentiality



It is estimated that one in six employees aged between 18-24 and 10% of those over the age of 25 rely on social networking sites to develop social and work-related relationships. Employers and professional bodies are becoming increasingly alert to the potential for unprofessional behaviour and breaches of confidentiality through the use of the Internet. In the South West Region there have been 6 people sacked because of Facebook and their cases appeared before the NMC. There are also over 100 people suspended awaiting investigation.

Social networking sites are the places where people network with friends, family and other people with similar interests. These sites are a haven for communication with a whole myriad of functions that allow people to interact with each other; and at the same time, creating the uncountable number of chances that one can reveal too much personal information. It is very tempting to forget that electronic communications are not as private as a telephone call or letter, and there could be real dangers in describing incidents, people or situations that you have encountered at work.

Users of sites may often be very careless about their own privacy. They may forget that they are posting information about themselves that is available to everyone, with little possibility of retracting it if it proves to be embarrassing at a later date.

The NMC Code of Practice states that registrants must uphold the reputation of the profession in their daily lives and inappropriate behaviour outside of work may be considered potential misconduct.

[NMC The Code](#)

[NMC Social media guidance](#)

Staff have a right to privacy and whilst many of us are more than happy to have our photograph taken with a new mum and baby, we need to be mindful that any client asking for a photo could potentially place it on a social networking site. When giving permission for photographs to be taken staff should clarify whether it is for **personal** and not **public** sharing and display (i.e., Facebook, Instagram, X (Twitter), TikTok etc.).

Year 1: Introducing caseload holding & continuity of care

During year 1, students start to appreciate and practise midwifery skills and gain competence under the guidance and direct supervision of practice supervisors.

Year 1 provides midwifery students with the opportunity to learn about theoretical concepts that underpin midwifery care. This includes anatomy, physiology and psychosocial constructs, and will provide a foundation upon which students can individually develop their midwifery knowledge, skills and values.

Community practice and birth centre placements during Year 1 are pivotal to the student's early experience and introduction to midwifery care, since they afford students the opportunity to engage in the childbirth continuum within a social model of care. It is important to remember that placements in the acute areas and exposure to complex cases will occur in the first year, however, it is advised that first year midwives focus case loading on midwifery led care episodes in order to consolidate the basics of midwifery care.

All Year 1 student midwives will practice under direct supervision from the midwife at all times.

During the year 1 continuity experience students will **not** be expected to provide care to women and their families but assume the role of observer and professional friend. As such written consent from women is not required. However, as with all episodes of care the practice supervisor remains responsible for overseeing the learning process and should ensure that the woman and her family provide consent to the student's presence during subsequent care episodes.

Following the initial placement block, students should liaise with their practice supervisors to identify three women who would be suitable candidates for participation in the student's caseload. As above, care provided by the students in year 1 should focus upon the psychological and emotional aspects of pregnancy, rather than clinical roles and responsibilities.

It is appropriate for students to accompany women to clinic appointments or home visits and to stay with the woman following the appointment to provide her with emotional support and reassurance.

Following the initial placement block the student in year one can provide emotional support to the woman and her partner during labour along with some clinical care. Acting as *accoucher* at delivery will depend upon the preference of the woman and the judgement of the midwife responsible for that woman's care. Students need to be mindful that their support of women does not become task orientated.

Other attending students

Where the attending midwife is supervising another student on the labour ward, birth unit or at a homebirth, this does not give precedence to the case-loading student. The woman should be consulted as to her wishes and may choose which student she would like to attend her or whether she consents to having both students present. In this case the attending midwife will retain overall responsibility for both students. The woman and/or midwife may withdraw their consent to this arrangement at any time. It may be that the woman requests that her case loading student remains since this provides continuity of support.

It is expected that students would have the opportunity to participate within at least 3 episodes of care for each woman across year 1. Episodes of care must span antenatal and postnatal periods. Students should strive to be present during the Intrapartum period also as this will support achievement of proficiencies whilst enabling students to appreciate the journey of women throughout childbirth continuum.

Suggested Model for Year 1

Year 1 Continuity of care experience (3 women)	
Antenatal	One or more episodes of care to all women
Intrapartum	Attendance preferable
Postnatal	One or more episodes of care to all women

Students should record the women within their Year 1 caseload in the **Midwifery Practice Episode Records Document**.

Year 2: Developing continuity within the complexities of midwifery practice

During year 2 student midwives build on familiar experiences and extend their application of knowledge to practice. This will enable them to identify the important elements of a situation, to include psychological aspects and emotional responses and to provide appropriate, woman centred care. Year 2 students will extend their knowledge of the complexities of midwifery practice in theory sessions and explore more complex value bases and skill acquisition. Therefore, the Year 2 experience is designed to enable students to further participate with, and observe the care of, women at several points throughout the childbirth continuum, including women experiencing complications of pregnancy, childbirth and/or postnatal.

Year 2 placements include community and acute areas and student midwives should be practising under direct supervision although, since care is provided in an environment where practice can be indirectly observed, there should be opportunity for the student to practice under indirect supervision, where appropriate.

Year 2 placements encompass antenatal, intrapartum and postnatal care. Students are expected to identify three women to follow through their community and hospital journey. It is intended that the Year 2 caseload will be identified early in the individual clinical placement to enable the requisite of at least 2 episodes of care to be met. Continuity of care should be provided by identifying women within each of these placement blocks. Where possible, continuity of care should be extended through the intrapartum and postnatal periods in order to experience the continuum.

The student should also make her/him self-available to participate in intrapartum care of at least one of their women who they have identified during an antenatal care episode, this might include a prior admission to delivery suite or the triage/day assessment or an antenatal clinic appointment.

Where a normal birth is anticipated the student should be supported to provide care during labour and at birth, if the woman so wishes. Otherwise, the student should provide care that directly supports the emotional wellbeing of the woman, as a professional friend. Where an assisted or operative birth occurs, the student can either actively participate within the holistic care that is provided by the multi-disciplinary team throughout labour and the birth experience, or provide emotional support, if this is the wish of the woman she is caring for.

It is expected that the student will participate within a minimum of 2 postnatal episodes of care in the hospital. When intrapartum care is provided it is expected that the student would remain with the woman to provide postnatal care after transfer to ward areas. This will enable the students to support and further appreciate the principles of continuity of care.

Other attending students

Where the attending midwife is supervising another student on the labour ward, birth unit or at a homebirth, this does not give precedence to the case loading student. The woman should be consulted as to her wishes and may choose which student she would like to attend her or whether she consents to having both students present. In this case the attending midwife will retain overall responsibility for both students. The woman and/or midwifery practice supervisor may withdraw their consent to this arrangement at any time. It may be that the woman requests that her case loading student remains since this provides continuity of support.

Suggested Model for Year 2

Year 2 Caseload holding and Continuity experience (3 women)	
Antenatal	One or more episodes of care to all women
Intrapartum	Labour and Birth care to at least 1 woman
Postnatal	One or more episodes of care to all women

Students should record the women within their Year 2 caseload in the **Midwifery Practice Episode Records Document**.

References

Nursing and Midwifery Council (2019) *Standards for Pre-registration Midwifery Education*. London: NMC

Nursing and Midwifery Council (2011) *Midwives in Teaching (MINT) project*. London: NMC

Nursing and Midwifery Council (2018) *The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing associates*. London: NMC

Rawnsdon, S., Fry, J. and Lewis, P. (2008) Student case loading: embedding the concept within education. *British Journal of Midwifery* 12(2) 111-115