

# Continuity of Care & Caseload Holding Document

<b>Student Midwife:</b>	<b>Academic Personal Tutor:</b>
<b>Cohort:</b>	<b>Academic assessor:</b>
<b>Practice supervisor:</b>	<b>Contact number:</b>
<b>Practice assessor:</b>	<b>Contact details:</b>
<b>Delivery Suite contact number:</b>	<b>Triage / Day Assessment contact number:</b>
<b>Team Leader / Band 7:</b>	<b>Contact number:</b>

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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, until the care provided by the midwife is complete. Current standards for pre-registration midwifery education state that AEIs 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 gain increased confidence, as the opportunity to develop their decision-making and leadership skills and abilities through the application and integration of theory and practice is achieved with caseload holding (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. Caseload holding develops the student's appreciation of the significance of continuity of care and develops their decision-making skills and prioritisation of care. Caseload practice provides this opportunity (NMC, 2023).

Midwifery students are introduced to the concept of caseload holding in their 1<sup>st</sup> year and 2<sup>nd</sup> year the model adopted then allows the student to develop a continued appreciation for the significance of continuity of midwifery carer and caseload provision as they progress throughout their training.

Page 22 provides information that may be provided to women who are considering participating with the student's caseload and continuity of carer experience.

# Guidelines for Caseload Holding

## Appropriate Selection of Caseload

The selection of women eligible to participate in the student's caseload practice will be a decision made in conjunction with the midwifery practice supervisor, the student and the woman herself. Consent for participation will be gained by the practice supervisor, it is considered preferable if this is not in the presence of the student. For year one and two this will be verbal and recorded in the women's documentation. In year 3, due to the nature of indirect supervision the woman who consents to participate must complete the '*Consent to Student Caseload Holding*' form (page 23). Once complete this consent is to be stored within the student's on-line portfolio. Although consent has been provided the woman may withdraw her consent to participate at any time and for any reason. The practice supervisor should ensure that the woman provides her informed consent, and this includes being informed that the student will store the consent form.

The student midwife will participate in the planning, delivery, and evaluation of care during the pregnancy, labour and in the postnatal period under the direct or indirect supervision of a practice supervisor, according to level of competence. Care planning may include consideration of psychosocial and emotional aspects of maternity care, rather than just clinical care.

Student midwife personal contact details are **NOT** under any circumstances to be shared directly with a woman or her family. Women who have agreed for the student to provide caseload practice must access support and care through the usual means, as advised by her community midwife. The midwife receiving the self-referral or otherwise will then contact the student midwife to attend and provide care as determined within the sphere of the student's practice. The student should maintain clear and appropriate professional boundaries whilst being aware caseload practice promotes her role of professional friend.

## On-call Provision and Parameters of Caseload Holding

At all times, the safety of the woman, her family and that of the student must remain paramount. Whilst working alone in the community, students must practice in accordance with the Lone Worker Policies held by the relevant Trust and the University of West of England '*Safety Guidance Lone Working*' (page 20). When agreeing to offer caseload practice to a woman, the student midwife and the practice supervisor must consider the provision of on-call as this will form an integral aspect of the caseload practice. Students must ensure that they are available during the time that the pregnancy reaches term to be able to offer caseload holding to the woman and her family. Dates whereby the student will not be present for on-call should be made clear to the woman from the onset. Where this occurs, this may directly influence the decision to offer caseload holding to this family.

If the student is attending scheduled taught days, she/he/they may seek permission to excuse herself/himself/their self from the session, in order to attend to the woman in her

caseload. Permission to attend is at the discretion of the midwifery teaching team. As with any missed theoretical sessions the student must evidence that missed content has been covered through independent learning.

Students providing care for caseload women outside of rostered off duty shifts or as part on an on-call agreement; must ensure their name / designation / responsible practice supervisor is shown on the off duty and documented clearly in the healthcare records, for the time spent caring for a woman. This enables Trusts to trace all those providing episodes of care and identify the midwife responsible for the student during the care episode and therefore vicarious responsibility.

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.

## Support for student midwives

The student midwife will refer to and consult with the most relevant healthcare professional when care is required which is beyond their expertise or outside of the sphere of normal midwifery practice (in the first instance, this should be their practice supervisor). Supervision, either directly or indirectly, will be available to the student during all practice placements. For year three this supervision may be initially by telephone.

As with all aspects of pre-registration midwifery practice, student support will be available through the allocated practice supervisor, or allocated midwife, through the student initiating contact with their Academic Personal Tutor, Academic in Practice (AiP), Academic assessor or The Midwife as a Skilled Practitioner Practice Module Leader. It is the responsibility of the student to access relevant advice and support in a timely manner. Raising and escalating concerns in practice should be raised as per UWE Department of Nursing and Midwifery guidelines.

Students must appreciate that, during the caseload holding experience, with both direct and indirect supervision, the student will provide continuity to the woman and her family and consequently may experience supervision and support from a variety of midwives according to on-call rotas and or shift patterns within the community or hospital environment.

Student midwives are also encouraged to maintain regular contact with their Academic Personal Tutor for additional support.

## Documentation

Contemporaneous record keeping and the requisite countersignature of a qualified midwife require consideration when student caseload holding occurs. Contemporaneous record keeping must be maintained at all times and these records must be countersigned by a qualified midwife, where they are in attendance during the care episode. In line with indirect supervision during the 3<sup>rd</sup> year the midwife may not be present during every episode of care. Therefore, contemporaneous countersignature will not be immediately achievable. In this instance, the student will maintain appropriate records and obtain the qualified midwife's signature as soon as possible. Where decisions are made regarding care plans these will be discussed with the midwife providing supervision and documented accordingly. Once the professional discussion has occurred the student will document the plan of care and detail '*as discussed and agreed with RM .....*' [Date and time].

## Communication during caseload practice

Student midwives are expected to provide a full, contemporaneous handover of care to the midwife who is accountable for the woman's care. This might not always be the student's practice supervisor but the qualified midwife providing supervision that day.

Communication and documentation will require extra consideration when the student is working under indirect supervision in the 3<sup>rd</sup> year. Where a visit has occurred without incident and where no concerns have been identified, the student midwife should contact her practice supervisor within 3 hours of the visit/appointment and no later than 1 hour after the completion of the working day to appraise the practice supervisor of the condition of the mother, baby and wider family and any decisions that were made in relation to the plan of care. This should be a verbal handover either face to face or by telephone. Under **NO** circumstances must a message be left or sent via text, instant messaging or email. If the student has **any concerns**, she/he/they should contact and speak to the midwife immediately, whilst still with the woman, to seek advice. If the student midwife suspects threat to life, she must contact 999 immediately and summon a paramedic prior to contacting her midwifery supervisor. Page 19 of this document provides a summary of the communication process during case loading. At all times documentation must be maintained in a contemporaneous manner by the student midwife and must reflect all discussions and decisions taken.

## Debriefing

Practice supervisor and APT meetings provide an opportunity for the student to discuss with their Academic Personal Tutor their experience and reflect upon learning and determine future goals and opportunities. At the end of the practice year the student midwife and their personal tutor 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.

<http://www.nmc.org.uk/standards/code/read-the-code-online/>

<http://www.nmc.org.uk/standards/guidance/social-networking-guidance/read-social-networking-guidance-online/>

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, Twitter 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. The structure of practice placements enables student midwives to develop knowledge and understanding of women's journey through the childbearing process via caseload holding and an understanding of the context of midwifery services within contemporary practice.

**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

## Reflection

In readiness for the end of the practice year the year 1 student is required to complete a reflective piece around their case loading and continuity experience. This reflection should include the perceived impact of the student upon the care given to that woman and/or the impact of maternity service configuration upon the experience of women. This reflection will therefore demonstrate the student's developing appreciation for the significance of continuity of care and the potential impact of case loading models of midwifery care.

This practice reflection will form 1 of the 3 reflections that are required from Year 1. It will be stored in the student's Pebble Pad portfolio to be shared with APT and practice assessors accordingly. The student's learning experience and reflection will be reviewed and discussed during the end of year APT session. Students should record the women within their Year 1 caseload in the record of clinical experience.

## 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 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 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/their 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 delivery 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 delivery 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 women 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

## Reflection

The year 2 students are required to complete a reflective piece around their case loading and continuity experience. Similar to year 1, this reflection may be centred on a specific case, or it may be concerned with a broader reflection relating to the student's experience and developing appreciation of the impact of case loading and continuity of carer. This reflection should include the perceived impact of the student upon the care given to that woman and the impact of maternity service configuration upon the experience of the woman who experiences complexities during their childbearing journey. This reflection will therefore demonstrate the student's developing appreciation for the significance of continuity of care and the potential impact of case loading models of midwifery care.

This practice reflection will form 1 of the 3 reflections that are required from Year 2. It will be stored in the student's Pebble Pad portfolio to be shared with APT and practice assessors accordingly. The student's learning experience and reflection will be reviewed and discussed during the end of year APT session. Students should record the women within their Year 2 caseload in the Practice Episodes Records of Care document.

## **Year 3: Practising continuity and caseload holding under indirect supervision.**

During Year 3, students are expected to progress towards competent midwifery practitioner in normal childbearing. There should be increased opportunity for indirect supervision, thereby acknowledging the development of the students' knowledge, skills and attitude. Attainment of competent practitioner level denotes an ability to prioritise care effectively in all situations. Thus, competent practitioner level, equates to newly qualified midwife status.

As student midwives progress towards registration, they will develop their graduate and professional knowledge, skills and attitudes that are aligned to autonomous practice and will subsequently enable them to competently undertake community caseload holding during Year 3.

The student will identify 3 women to offer caseload holding participation to during their early placement in Year 3. It is expected that students would have the opportunity to participate within at least two episodes of antenatal care, which should include the booking meeting or, if this is not achievable, the student should undertake a 'booking history' with the woman when she consents to the student's participation in her care and later, her newborn. Care of caseload women will continue across the continuum of placements through year 3.

The student will ensure that she/he/they support the birth of at least one of the women on their caseload, this can include operative or assisted birth. Any dates when the student availability will be reduced should be discussed with the woman in advance as this may influence your decision to offer caseload holding to this family.

The student will undertake at least two visits to the family during the postnatal period. One of these two visits will be in the community setting. This model will enhance the student's experience of being able to participate within care across the childbirth continuum and will enable the student and the family to experience the benefits that continuity of carer has to offer women and babies.

### **Other attending students**

Where the attending midwife is supervising another student on the labour ward, birth unit or at a homebirth, it is expected that the year 3 student midwife who is case loading should continue to provide care to the woman and her family. As before the woman should still be consulted as to her wishes and she may choose which student she would like to attend her or whether she consents to having both students present. It is also necessary for the year 3 student to provide her/his/their consent for another student to be present during her caseload practice. Where 2 students are present the attending midwife will retain overall responsibility for both students with the year 3 student midwife continuing to work under

indirect supervision and deliver the planned care. In this situation the other attending student **must** only assume the role of support and professional friend. As before the woman and/or midwifery practice supervisor may withdraw their consent to this arrangement at any time.

### Suggested Model for Year 3

Year 3 Caseload holding experience (3 women)	
Antenatal	At least two episodes of care to all women
Intrapartum	Labour and Birth care to at least 1 woman (may include assisted or operative birth)
Postnatal	At least two episodes of care to all women (one may include telephone follow up)

Caseload holding under indirect supervision in Year 3 will only commence when and if the practice supervisor is satisfied that the student midwife has the required competence and understanding of the sphere of student caseload holding practice, in order to comply with The Code: professional standards of practice and behaviour for nurses, midwives and nursing associates. (NMC 2018).

**When the practice supervisor is assured of the student's ability to practice under indirect supervision, she/he/they will complete the declaration on page 17 of this document.** *The student is responsible for ensuring that the practice supervisor and student declaration are completed, stored within their on-line portfolio and shared with their APT before case loading under indirect supervision commences.* In circumstances where the practice assessor is not assured of the student midwife's competence and capability to undertake case loading under indirect supervision, she should contact the student's named APT so that an action plan can be drawn up and implemented. In this case the student will not be permitted to undertake case loading under indirect supervision.

Where a student has an on-going action plan to support the achievement of their competencies the student must not undertake caseload practice under indirect supervision until the action plan is complete and the practice supervisor/assessor are satisfied of the student's ability to practice under indirect supervision. **Similarly, students who are undertaking a period of retrieval will not be permitted to undertake caseload practice under indirect supervision until the practice supervisor/assessor is satisfied of the student's ability to practice under indirect supervision and the student's APT is informed.**

Students are able to achieve NMC standards for pre-registration midwifery education without caseload holding, but failure to demonstrate the necessary knowledge, skills, values and attitudes to undertake indirect caseload holding may provide evidence that the student has not achieved sufficient competence to meet NMC standards and essential skills clusters.

To further support the Year 3 case loading and continuity experience it is anticipated that during final year ward based placements students will continue develop their leadership and management skills through providing care to a small group of women and babies, managing care and prioritising competing demands.

## Reflection

The year 3 students are required to complete a reflective piece around their case loading experience. Similar to previous years, this reflection may be centred on a specific case, or it may be concerned with a broader reflection relating to the student's experience of the impact of case loading. This reflection should include the perceived impact of the student upon the care given to that woman and the impact of maternity service configuration upon the midwifery models of caseload holding. This reflection will therefore demonstrate the student's developed appreciation for and understanding of the significance of continuity of care upon the woman's experience.

**This practice reflection will form 1 of the 3 reflections that are required from Year 3.** It will be stored in the student's Pebble Pad portfolio to be shared with APT and practice assessor accordingly. The student's learning experience and reflection will be reviewed and discussed during the end of year APT session. Students should record the women within their Year 3 caseload in the Practice Episodes Records of Care document.

## Specific guidance for case loading under indirect supervision (Year 3)

Whilst caseload holding under **indirect** supervision (3<sup>rd</sup> Year), the student midwife **will not**:

- Undertake antenatal or postnatal visits where a **problem** has been identified or is suspected.
- Undertake more **than two consecutive episodes** of antenatal or postnatal care to women and their families.
- Undertake the **first** postnatal visit to mother and baby.
- **Discharge** mother and babies from midwifery care

Students are able to visit women in the above situations if accompanied by the practice supervisor.

The student midwife will also be required to document and hand over all care to the supervising midwife within 3 hours of the visit and no later than 1 hour following the completion of all visits at the end of the day. Please refer to the flow chart below for actions where a concern has been identified during the visit and to page 7 for further guidance around documentation during case loading.

During intrapartum care, the student midwife will be supervised by the on-call community midwife (in a home birth environment), or by the delivery suite/birth centre practice supervisor (in hospital/birth centre). **The student midwife will not, in any**



**circumstances, attend a woman in labour at home without the direct supervision of a midwife.** The midwife and the student must make suitable arrangements to meet prior to attending the woman at home.

# Third year caseload holding declaration.

## Practice supervisor Declaration

Placement area:

Student Midwife name:

I sign to confirm that I have determined that the above named year 3 student midwife has demonstrated the necessary knowledge and skills to manage a small caseload of women under indirect supervision. In doing so, I understand that the care of the woman and baby remains my responsibility. In line with indirect supervision a midwife will be contactable and able to provide the level of support necessary to maintain the safety of the woman, the baby and the student.

I have discussed the local lone working policy / safety guidance on page 19 with the named student and have agreed arrangements.

Name of practice supervisor:

Signature:

Date:

## Student Declaration

As a year 3 student midwife, I understand that it is my responsibility to share this declaration with my APT before case loading under indirect supervision commences and to adhere to these Continuity of Care and Case loading Guidelines at all times.

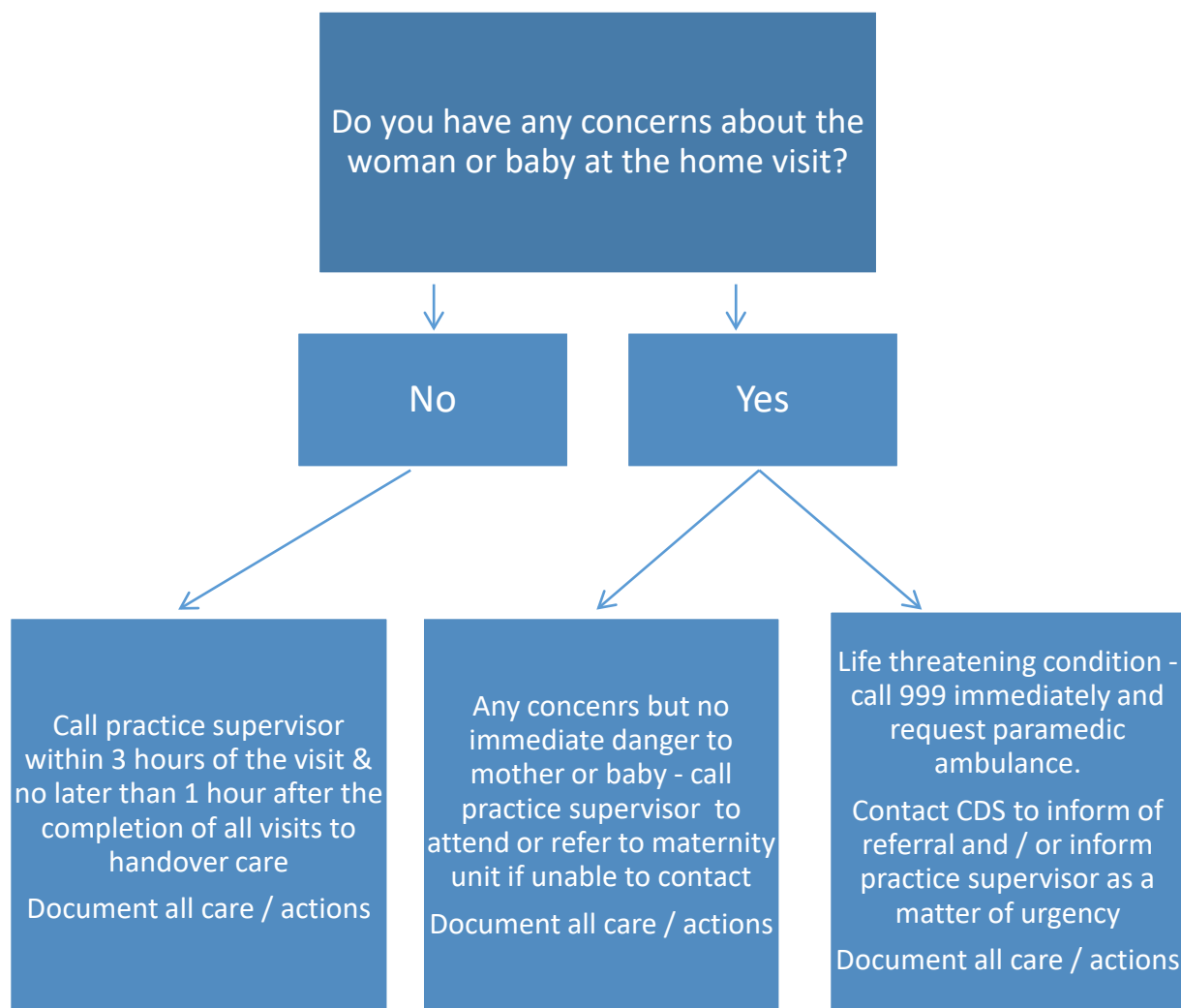
Date declaration shared with APT:

Student Midwife signature:

Date:

# Communication Flow Chart

The following chart outlines communication processes between student and practice supervisor: **(Remember at no point can you discharge a woman)**



# Safety Guidance

## Lone Working

Working alone is a risk factor and not in itself a risk.

A risk assessment will consider the likelihood of an accident happening and the severity of probable outcome – e.g., working from a ladder has the likelihood of a fall from it and an injury outcome within a wide severity range. The risk is dependent on various factors that might lessen the risk or aggravate it – e.g., what is the work being done from the ladder and through what distance might the person fall.

This primary risk is normally not changed if the person is working alone, but it would be if the agreed risk control measures had required a second person and that person was not there – e.g., someone to 'foot' the ladder. (Note: It is important to remember that many during their normal work become 'lone workers' for short periods of time).

A secondary risk may arise after the primary risk has resulted in an accident - and as a consequence of it. For example, the outcome of the person's fall from the ladder may be worsened if no assistance is available - perhaps a head injury with no one to call for medical attention.

There must in all risk assessments be a consideration of the 'aggravating factors' (the things that make the risk worse) of which working alone is potentially one.

What should be asked during the risk assessment is: -

"If the person doing the work is alone, and because he/she is alone, will: -

- The likelihood of there being an accident be increased? and/or ...
- The severity of any direct harm or injury be increased?"

If either/both elements of the risk are increased a possibility is that: -

- Additional or alternative control measures may reduce the risk to an acceptably low level, e.g., instruct that when alone work only from a stepladder?

Otherwise, if the total risk remains significant and unacceptable, with a high secondary risk, it may be necessary to have a second person present - or provide other risk control arrangements e.g., a radio alarm.

If a second person is considered a necessary risk reduction measure, then the importance of this measure and the detail of the second person's role in implementing it must be clearly established. For example, the second person must always be at the foot of the ladder and 'footing' it in accordance with the training given.

(Note: There is an additional factor that legitimately may need consideration - the 'anxiety' factor that may require 'comfort' measures that go beyond strictly risk control measures).

## Recommendation

During risk assessments consider whether the work will be done by persons alone and modify the risk control measures as and if appropriate. Whenever a risk assessment is reviewed consider the 'working alone' factor.

(Note: A record of a risk assessment should be made showing at least the risk control measures. Inclusion of the detail that shows the consideration of hazard and risk would depend on the level and/or complexity of the risk. Only the simplest and lowest of risks may not need a record of a risk assessment).

## Information for woman about caseload holding.

Thank you for agreeing to have a named student midwife involved in caring for you during your pregnancy, labour and postnatal period.

As part of the pre-registration midwifery programme, each student is required to provide one to one care for a number of women and their families throughout the pregnancy, birth and in the postnatal period. Women have evaluated this type of continuity of care very positively. They indicated that their relationships with their midwives were genuinely caring and a valued source of reassurance and comfort during pregnancy (Williams et al 2010). Providing this experience to student midwives enables them to better understand the impact of pregnancy, birth and the integration of a new baby into family life, as well as learning about the practicalities of planning, implementing and evaluating midwifery care in a way that is relevant to you as a service user.

Student midwives will progress from observation in 1<sup>st</sup> year to participatory care under supervision in the 2<sup>nd</sup> year then on to management and care under indirect supervision in their 3<sup>rd</sup> and final year of training. The student's practice supervisor will explain what is involved and will be happy to answer any questions that you may have.

At all times when being cared for by a student midwife during his/her/their case loading practice the student midwife will be under either the direct or indirect supervision of a qualified midwife and will seek guidance and advice regarding matters of your care as appropriate.

Participation within case loading is your decision. If you decide not to consent to participating within the student's case loading experience, you can be assured that **this decision will not affect your care** in any way.

## Consent form for women agreeing to Year 3 caseload participation.

I have been given verbal and written information about caseload care and had an opportunity to discuss this with..... (Midwife)

I consent to third year student midwife ..... (Student Midwife) carrying out my antenatal, labour and postnatal care under the supervision of a qualified midwife.

I understand that the qualified midwife remains responsible for all aspects of my care and care of my baby and that I should contact her/him/they if I have any queries related to the health and wellbeing of myself and/or my baby.

I will not directly contact the student midwife either by telephone or social networking whilst she is providing care to me.

I understand that I may withdraw my consent at any time, without reasons and that my care would be transferred to another a suitable practitioner.

Name:.....

Signed:.....

Date:.....

## References

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

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

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Williams K, Lago, L. Lainchbury, A. and Egar, K. (2010) Mothers views of caseload midwifery and the value of continuity of care at an Australian hospital. *Midwifery* 26 615- 621