UNIVERSITY OF EAST ANGLIA
School of Nursing Sciences
Faculty of Medicine and Health Sciences

Practice Assessment Guidance for Students and Mentors

BSc (Hons) Midwifery
(Shortened)

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Practice Assessment Guidance

This document provides information regarding the assessment of Practice. Please read and discuss any queries with the requirements of the process with your Link Lecturer, your Mentor, or your Personal Adviser.
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1.0: Flowchart for the assessment of practice

**Placement orientation:** The orientation page, found at the beginning of the Practice Assessment Document must be completed on the first shift. This includes information relevant to the Placement area including manual handling equipment, fire alarms/extinguishers, emergency numbers, health and safety, medical device alerts, coffee facilities. Welcome Pack and learning opportunities provided to the student.

**Formative planning discussion between student and Mentor in first week of module placement to:**

Identify and discuss the learning outcomes to be achieved in the module and how reflective study time will be accommodated and reviewed.

Discuss any special measures identified relevant to placement learning.

Explore the available learning opportunities in relation to learning and assessment requirements and formulate an action plan to meet the learning outcomes.

Set a date for the formative review discussion and summative interview (student to discuss date options with Link Lecturer).

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**Formative review discussion (mid way through the placement) between student, Mentor and involvement with the Link Lecturer:**

Review learning outcomes and evidence gained through practice experience, discussion and portfolio development to inform discussion of grading.

Discuss students self evaluation of progress and learning priorities and Mentor’s evaluation, taking account of supplementary sheets and spoke evidence as relevant.

Establish learning priorities for the remainder of the placement.

Formally record the outcome of the evaluation of progress against the learning outcomes, and other identified planned activities including the interpersonal attributes assessment.

Record the discussion with a clear revised learning plan for the rest of the placement.

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**Summative interview between student and Mentor (and Link Lecturer if required):**

Determine evidence of learning and achievement, taking account of supplementary sheets and spoke evidence as relevant.

Confirm if learning outcomes are passed or failed and feed forward any areas for ongoing development for next placement. Establish any outstanding areas/activities regarding placement learning.

Record the discussion on the summative interview page and complete the grading of practice.

This is normally held in the last week of placement.

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If your assessment does not achieve the pass mark- the mark is provisional until the exam board meet. If the fail is confirmed you will be withdrawn from the programme. You are encouraged to seek support to discuss this situation and options available to you via your Personal Adviser.
2.0: Levels of practice assessment

Framework which informs the assessment of practice- PPI, PPII and PPIII

<table>
<thead>
<tr>
<th>Supervised participant</th>
<th>Supervised practitioner</th>
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<tbody>
<tr>
<td>PPI learning outcomes are constructed to reflect the students’ assessment at the level of <strong>supervised practitioner</strong> at the end of the module. This recognises the progression from supervised participant to supervised practitioner in the earlier part of the module.</td>
<td></td>
</tr>
<tr>
<td><strong>Supervised participant</strong> level is defined as: the student being able to actively participate in the delivery of normal midwifery care under direct supervision with evidence of their knowledge being relevantly applied.</td>
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<tr>
<td><strong>Supervised practitioner</strong> level is defined as: the student is able to demonstrate active participation in normal midwifery care and able to begin to initiate appropriate midwifery care following clinical assessment.</td>
<td></td>
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<tr>
<td><strong>May revert to earlier role behaviour of supervised participant, in new situations.</strong></td>
<td></td>
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<tr>
<td><strong>Levels of performance in skill development</strong></td>
<td></td>
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<tr>
<td>The student has received instruction underpinning the skill, observed the procedure in the practice setting and has performed the skill on a number of occasions and requires minimal supervision.</td>
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<tr>
<td><strong>Care delivery supervised by the Mentor</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervised participant</th>
<th>Supervised practitioner</th>
</tr>
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<tbody>
<tr>
<td>PPII learning outcomes are constructed to reflect the level of <strong>supervised practitioner</strong>. This recognises that students will be building upon midwifery skills and knowledge acquired in PPI while accommodating new skills and knowledge in the provision of more complex aspects of midwifery care.</td>
<td></td>
</tr>
<tr>
<td><strong>Supervised practitioner</strong> level is defined as: the student is able to demonstrate active participation in complex care and able to begin to initiate appropriate midwifery care following clinical assessment.</td>
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<tr>
<td><strong>May revert to earlier role behaviour of supervised participant in new situations.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Levels of performance in skill development</strong></td>
<td></td>
</tr>
<tr>
<td>The student has performed the skill on a number of occasions and requires minimal supervision.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervised practitioner</th>
<th>Competent practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPIII learning outcomes are constructed to reflect the level of <strong>competent practice</strong>. This recognises that students will be developing and consolidating practice of holistic midwifery care during pregnancy, labour and the early postnatal weeks, providing the full range of skills and knowledge for normal midwifery practice in order to meet the needs of women and their families. They will also be able to provide care for childbearing women with more complex and health and social needs within a multidisciplinary team. Over the course of PPIII students will attain proficiency in the full range of NMC (2009) Pre-registration education standards, becoming competent practitioners capable of developing an autonomous role.</td>
<td></td>
</tr>
<tr>
<td><strong>Competent practice</strong> level is defined as: the student is able to actively undertake and initiate appropriate midwifery care and support others in the delivery of care while being able to clearly demonstrate that there is consistent evidence to practice safely and effectively without the need for direct supervision (NMC 2009).</td>
<td></td>
</tr>
<tr>
<td><strong>May revert to earlier role behaviour of supervised practitioner, in new situations.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Levels of performance in skill development</strong></td>
<td></td>
</tr>
<tr>
<td>The student can perform the skill safely and competently giving the rationale for actions and can identify and manage the impact of this.</td>
<td></td>
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</table>

Levels of performance in skill development adapted from Hilton (2004).
3.0 Your support in practice assessment - the tripartite relationship

The tripartite relationship illustrated below relates to a supportive process in which yourself, your Mentor and the Link Lecturer will contribute towards your assessment requirements. As such, the Link Lecturer will normally be present at the formative review discussion which will occur midpoint in placement.

3.1 The tripartite relationship between student, Mentor and Link Lecturer

A successful tripartite relationship requires:

- effective communication between Link Lecturer, Mentor and student to ensure satisfactory progress towards practice learning outcomes;
- Mentors being proactive in initiating contact with Link Lecturers where there is any cause for concern;
- the Link Lecturer taking appropriate action where there is any cause for concern, playing an active role to implement a learning/action plan.
3.2 Details of the process of assessment (formative and summative)

The three practice modules (Professional Practice I, II and III) require summative practice assessment for successful completion of the module and the associated academic credit. The assessment of practice is designed to help you progress your knowledge, skills and practice in Normality and Public Health, to managing care for vulnerable women, with compromised health and complex childbearing events in Complex Care. In Professional Practice III you are required to combine all these experiences through the skills of critical thinking as these are associated with competent practice for an autonomous midwifery role.

Each module of assessment will be contained within one single document, enabling all practice achievement and progression evidence available to student and Mentor for placement discussions and planning. You must make this available for your Mentor as this is a requirement of the NMC. The process reflects the principles of Ongoing Record of Achievement.

The practice for each module attracts a grade for which academic credit at the awarded if the practice components are successfully completed. Below are the key elements of the grading of practice used in the summative assessment. Please refer to the Assessment of Practice Documents for the complete documentation.

The process for managing placement learning and assessment is detailed below:

- **Placement orientation** - on your first shift the midwife supervising you, or your Mentor, will welcome and introduce you to the placement area. They will complete the formal orientation sheet enclosed with your practice documents and will ensure you have access to the ‘Placement Welcome Pack’ and the learning opportunities available, specifically those relevant to your stage of programme.

  It is strongly suggested if you have a requirement for additional learning support that you bring this to the attention of your Mentor during the orientation. It is also valuable to have spoken to your Personal Adviser about this prior to placement.

- **Formative planning discussion** - your Mentor will discuss your practice assessment requirements with you and explore the learning opportunities which will support these. You need to prepare for your formative interviews in order that they are used effectively to plan your learning and ensure you are able to access the relevant opportunities to help you progress. From this discussion your Mentor will establish a learning plan for the placement which takes account of the module’s practice requirements, your personal learning needs and goals, past noted strengths and areas for development. This will also include consideration of your European Union Clinical Experience Document, the requirements you need and the nature and volume of your experience at the start of the placement as it could influence the learning plan. At this point, dates are planned for the midpoint formative review and summative interviews. It is your responsibility to negotiate the date with the Link Lecturer once options have been provided by your Mentor, as the Link Lecturer attends the formative review interview.
• **Formative review discussion**- this is used to formally explore your progress towards the learning outcomes, the Interpersonal Attributes and consider your reflective progress in respect of practice achievement through your portfolio activities. It is important for the discussion to be open and honest with both yourself and your Mentor highlighting areas which need further development and where you are on track for achieving the outcomes. It is about establishing the nature of practice experiences to enable to you to address the learning plan which emerges to structure your remaining weeks in placement.

This experience will relate directly to the learning outcomes and any noted attributes which need improvement for the summative assessment and for the EU and NMC clinical requirements of the programme (e.g. personally managed births, supervised antenatal cases).

You will be expected to contribute in a proactive manner to the discussion through the use of exemplars from your portfolio which reflects your development in line with the placement expectation of activity and level of practice.

It is important to note the following points regarding this formative review:

- There will normally be one midpoint formative review discussion per module, however where progression issues arise a further formative review is conducted with you, the Link Lecturer and your Mentor.
- Though progress may be good, a learning plan will still be generated to ensure clear focus for the remainder of the placement.
- If there are matters compromising your learning you must discuss these with your Personal Adviser, as detailed in your Programme Handbook. The Course Director/Lead Midwife for Education will be informed of the situation in order to provide further support as necessary.
- All practice related discussions and actions which fall outside of the structured formative and summative process will be recorded on the dedicated page/s within the practice documentation. This is a component of the progress record and as such must be used by all parties with comments to make on a student’s progress. This can be in addition to the ‘Spoke Placement Summative Record’.
- Should there be any change in the anticipated outcome following the formative review discussion, your Mentor will discuss this with you and involve the Link Lecturer immediately, or a deputy in their absence.

**Summative Interview between you and your Mentor (and Link Lecturer as necessary).**

The discussion at this stage is built around your achievement of the practice outcomes and your development of the Interpersonal Attributes for this module. Your Mentor will confirm whether all elements of the module practice outcomes have been met. Where relevant the contribution of other midwives who have contributed to your learning will be considered by the Mentor.
You will draw from your portfolio, to articulate your progression and highlight key areas of learning linked to your experiences in the placement and the learning opportunities you have engaged with, their relevance and application. This serves effectively as critical self evaluation and enables you to be proactive in managing learning.

This summative interview occurs between you and your Mentor during the final week of placement. There is one summative attempt only.

It is therefore important that you maximise all the formative opportunities.

**Should you be unsuccessful in your summative assessment, the following would apply:**

If your assessment does not achieve the pass mark- the mark is provisional until the exam board meet. If the fail is confirmed you will be withdrawn from the programme.

You are encouraged to seek support via your Personal Adviser to discuss this situation and options available to you. If you have experienced any difficulties during your studies/assessment you can report these to the Board of Examiners for consideration, prior to them meeting, by completing a Circumstances Affecting Study report form; for more information on this please refer to the LTS website (https://www.uea.ac.uk/learningandteaching). The UEA Student Handbook for Taught Students also offers you direction for support in these circumstances.

**3.3 Components of the practice assessment**

The components within the assessment of practice comprise of three sections:

1. **Practice learning outcomes** - these are generated from the 14 practice themes of the programme. They each have knowledge and practice skills of relevance to the outcome. Practice learning outcomes are graded by the Mentor in each placement. These are supported with discussion informed from critical reflection required with each outcome along with your individual portfolio components. All themes are covered across modules PPI and PPII at the level of supervised practitioner. All themes are covered again in PPIII at the level of competence.

2. **Interpersonal Attributes** - five descriptors are identified by your Mentor which best describe your performance in placement. All these must be in the pass category. The details of these judgements are captured within documentation which records all formative and summative discussions.

3. **Portfolio** – Each practice module has required elements you must address during your placement. They must be all present to be awarded a pass for this component of the assessment.
Details of each section are detailed below:

### 3.4 Practice Learning Outcomes

The 14 themes have been chosen to reflect the NMC areas for competency and the areas of practice from the NMC Essential Skills Clusters. Themes are allocated to the relevant module for which theory and placement experience provide suitable learning to prepare you to meet the practice outcome which is set against that theme for that year.

The practice learning outcome for a theme is designed to capture knowledge, practice and associated practice skills. This is to enable the NMC Essential Skills Clusters to be captured in relevant learning, as well as assessment for a given outcome. As such, it ensures the practice component of the programme has learning and assessment which is in line with both the NMC Midwifery Pre-registration competencies and also the NMC Essential Skills Clusters required for eligibility for professional registration as a midwife.

The practice learning outcomes test your clinical ability and interpersonal skills at the appropriate level in the three modules.

Formal formative points occur at the outset of a placement and mid point to discuss your practice skills, knowledge and progression and how they relate to the level of assessment on page 6 and the indicators of knowledge, practice skill and application used in your practice. It is important for you to understand clearly how you are progressing and for you to know and understand where your strengths and the areas for further development in order for you to address the assessment requirements. As such you are expected to prepare for your formative assessment discussion.

The assessment process draws on the feedback of all those who have worked with you i.e. midwives or other professionals. The process is a transparent but confidential one and is conducted within a supportive framework to enable you to have the opportunities to meet your learning outcomes and assessment requirements.

It is expected you will use elements from your portfolio to assist the formative and summative processes. The practice assessment documentation and practice learning outcomes for each module of the programme can be found in the Assessment of Practice Documentation.

The plan of modules and respective placements within your programme can be found in your Programme Handbook where further details about placements are also set out for you.

To enable your Mentor to be confident in areas where experience is gained outside of this placement, the competencies have been mapped to the specific module where the relevant outcomes can be found. This enables the midwifery Mentor to relate to direct evidence of achievement from your previous placements, retained in
your portfolio, which must be shared. Of equal value and considered by your Mentor will be the 'Spoke Placement Summative Learning Record' used to record experience valid for learning outcome achievements which occur when you are working with midwives and other professionals hence, it is important to retain all such sheets in your portfolio. Please see 3.5 in the Appendices document for details of these sheets. They can be downloaded from the Blackboard site.

All elements of the practice assessment documentation are submitted to the School Learning and Teaching Hub by the date indicated in the your assessment schedule, along with any other assessments, at the end of each Module.

3.5 Interpersonal Attributes

The Interpersonal Attributes are aimed at assessing your development in communication and team working. Interpersonal Attributes should be discussed between Mentor and student at the formative planning discussion. Opportunities to develop particular communication and interpersonal skills should be identified during the placement. It is important that any areas for concern over Interpersonal Attributes should be discussed in the tripartite process at the formative review discussion. Any plan for further development can then be agreed between Mentor, student and Link Lecturer. At the formative review discussion and summative interview the Mentor should choose the five statements from the Interpersonal Attributes which best describe the student’s performance during the placement.

Your performance in the way in which you conduct yourself in practice and placement areas generally, as well as the way you engage with others, will also be captured by the grading process.

All five statements must be of the pass category. The placement is passed only if the Interpersonal Attributes and the Practice Learning Outcomes are all achieved for the module practice assessment.

3.6 Portfolio requirements for the award of a Pass

The following are required elements to secure a pass for your portfolio for each module’s assessment of practice.

Professional Practice I
- Evidence of completion of the online learning tools for maternal, newborn Screening (Public Health England 2013).
- Evidence of your records/professional signatures supporting your involvement for the relevant aspects of care for your continunity cases during your module.
- Structured reflection for midwifery led care.
- Record of meetings with your Personal Adviser.
- NHS Infection Control e-Learning package- evidence of completion.
• Service User perspective feedback sheet – two capturing the woman’s experience of care she and her family have received in labour and two for either antenatal or postnatal care.
• Summary of EU Clinical Learning requirements.

Professional Practice II
• Structured reflection for Complex Childbearing.
• Evidence of continued involvement in continuity cases.
• Completion of Cardiotocograph Interpretation on-line learning tool.
• Record of meetings with your Personal Adviser.
• Record of annual review meeting with your Personal Adviser.
• Summary of EU Clinical learning requirements.
• Service User perspective feedback sheet – two for each of AN, PN and intrapartum care capturing the woman’s experience of care she and her family have received.
• Summary of EU Clinical Learning requirements.

Professional Practice III
• Placement reflection for Becoming a Competent Practitioner.
• Evidence continued involvement in continuity cases with normal birth in which the student plays a key role in contributing/managing with supervision.
• Record of meetings with your Personal Adviser.
• Summary of EU Clinical learning requirements.
• Service User perspective feedback sheet – two per placement capturing the woman’s experience of care she and her family have received.
• Medicine Management Assessment.
• Summary of EU Clinical Learning requirements.
3.7 Reflective component for practice

You will be required to complete one piece of reflective writing of 1000-1500 words which relates to the area of one learning outcome for Professional Practice I, II and III.

Level

The level of reflection will progress each year.

In Professional Practice I you will be required to draw from observational activities by using a reflective model such as Gibbs Reflective Cycle (1988). You may use this or an alternative model. Your reflective writing will focus on your personal development and will include behavioural and skills development.

Professional Practice II will require you to reflect and comment on developing your midwifery practice as well as personal and professional development. You should use a different reflective model other than Gibbs (1988).

In Professional Practice III you will focus on being the competent practitioner, whereby your reflective writing will incorporate evidence and recommendations to improve your midwifery practice and how this will impact on maternity services.

How and when

You will discuss your ideas for your reflective writing with your Mentor during the placement. The development of the reflective writing will be incorporated in your portfolio and will form part of ongoing discussion between yourself and your Personal Adviser at the annual review at the end of Phase Two of your Programme. Your work must include supporting evidence and be referenced in order to constitute a pass.

3.8 Medicines Compulsory Summative Assessment – Professional Practice III

The NMC require midwifery students to achieve the Essential Skills Clusters for Pre-registration midwifery education as detailed in the NMC (2009) Standards for Pre-registration midwifery education. For entry to the register students must achieve 100% pass mark in summative health related numerical assessment which must be undertaken in the practice setting.

This assessment is placed within the Professional Practice III assessment of practice. The process and required documentation can be found in your Practice Documentation.
3.9 Attendance

1. You must maintain an accurate and precise record of attendance whilst on the placement. This should identify the date and reason for any non-attendance using the School form located on your cohort-specific Blackboard site.

2. The form, which is used to confirm absences in the practice assessment documentation, must be signed by both you and your Mentor and submitted to the Placement Office in the School at the end of the placement.

For further details, please refer to your Programme Handbook.

4.0 NMC Progression Point and The Competency Sign-Off

Progression Point

The completion of PPII constitutes a formal NMC Progression Point. You must complete all summative requirements for each of the modules within Phase Two. The progression point extends for twelve weeks by which all elements must be confirmed successful by the exam board.

The final responsibility of the midwifery Sign-Off Mentor’s role in the last placement of the programme is to establish whether the NMC competencies for Pre-registration midwifery have been met. ‘The Competency Sign-Off document’ contains a list of the NMC competencies required to achieve the NMC Standards for entry to the NMC register as a midwife. Its purpose is the final Sign-Off, by the Sign-Off Mentor, stating you are fit for practice and fit for purpose in terms of fulfilling the requirements for registration as a midwife with the NMC, this is explicit on the first and last page.

The assessment of practice strategy enables the Sign-Off Mentor to make this judgement based upon your progress and performance in the last placement alongside that of the earlier placements. Since 2007 all midwifery Mentors have been required to be Sign-Off Mentors (NMC 2006). This is because:

- The Placement learning outcomes have been mapped into the NMC competencies across the programme.
- The placement outcomes are assessed progressively across the programme increasing your role in a given area of midwifery practice which relate to the proficiencies.
- During Professional Practice III you are assessed in practice at the level of competence where you demonstrate you provide safe practice consistently without the need for direct supervision.
- The placements across Professional Practice III embrace the full spectrum of the midwifery role and enable you to experience all elements related to the NMC competencies, demonstrating them at the level of competence practice.

The Competency Sign-Off document requires a signature from your Sign-Off Mentor confirming these have been achieved. To enable your Mentor to be confident in
areas where experience is gained outside of this placement the competencies are mapped to the specific module where the relevant outcomes can be found. This enables the midwifery Mentor to relate to direct evidence of achievement.

The Module Organiser will moderate the assessment of practice documents as part of the existing process for moderation and the Course Director will be notified. This will be a requirement prior to students proceeding at a final examination board.
### 5.0 NMC Standards for Pre-registration Midwifery education

Please share these with your Mentor so you may discuss them during placement learning. All module outcomes ultimately contribute to these.

Your Community Placement Mentor should Sign-Off the NMC standards and sign the final page after reviewing the progress you have made throughout the Phase Three placements. This confirms that you have achieved the NMC Midwifery Standards and are ready to assume the role of the midwife.

### PRE-REGISTRATION MIDWIFERY STANDARDS (NMC 2009)

| Domain | 1. Communicate effectively with women and their families throughout the preconception, antenatal, intrapartum and postnatal stages.  
*Communication will include:*  
☑ Listening to women, jointly identifying their feelings and anxieties about their pregnancies, the birth and the related changes to themselves and their lives  
☑ Enabling women to think through their feelings  
☑ Enabling women to make informed choices about their health and health care  
☑ Actively encouraging women to think about their own health and the health of their babies and families, and how this can be improved  
☑ Communicating with women throughout their pregnancy, labour and the period following birth | 2. Diagnose pregnancy, assess and monitor women holistically throughout the preconception, antenatal, intrapartum and postnatal stages through the use of a range of assessment methods and reach valid, reliable and comprehensive conclusions.  
*The different assessment methods will include:*  
☑ History taking  
☑ Observation  
☑ Physical examination  
☑ Biophysical tests  
☑ Social, cultural and emotional assessments |
|---|---|
| Effective midwifery practice | 3. Determine and provide programmes of care and support for women which:  
☑ are appropriate to the needs, contexts, culture and choices of the women, babies and their families  
☑ are made in partnership with women  
☑ are ethical  
☑ are based on best evidence and clinical judgement  
☑ involve other practitioners when this will improve health outcomes |
<table>
<thead>
<tr>
<th>Effective midwifery practice</th>
<th>4. Provide seamless care and interventions in partnership with women and other care providers during the antenatal period which:</th>
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<tr>
<td></td>
<td>□ are appropriate for women's assessed needs, context and culture</td>
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<td></td>
<td>□ promote their continuing health and well-being</td>
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<td></td>
<td>□ are evidence-based</td>
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<tr>
<td></td>
<td>□ are consistent with the management of risk</td>
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<td></td>
<td>□ draw on the skills of others to optimise health outcomes and resource use</td>
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<tr>
<td>These will include:</td>
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<td></td>
<td>□ acting as lead carer in normal pregnancies</td>
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<td></td>
<td>□ contributing to providing support to women when their pregnancies are in difficulty (eg those women who will need operative or assisted delivery)</td>
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<td></td>
<td>□ providing care for women who have suffered pregnancy loss</td>
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<td></td>
<td>□ discussion/negotiation with other professionals about further interventions which are appropriate for individual women, considering their wishes, context and culture</td>
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<td></td>
<td>□ ensuring current research findings and other evidence are incorporated into practice</td>
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<td></td>
<td>□ team working in the best interests of individual women</td>
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<table>
<thead>
<tr>
<th>Effective midwifery practice</th>
<th>5. Refer women who would benefit from the skills and knowledge of other individuals:</th>
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<tbody>
<tr>
<td></td>
<td>□ to an individual who is likely to have the requisite skills and experience to assist</td>
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<td></td>
<td>□ at the earliest possible time</td>
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<td></td>
<td>□ supported by accurate, legible and complete information which contains the reasoning behind making the referral and describes their needs and preferences</td>
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<td>Referrals might relate to:</td>
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<tr>
<td>□ women’s choices</td>
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<td>□ health issues</td>
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<td>□ social issues</td>
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<td>□ financial issues</td>
<td></td>
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<td>□ psychological issues</td>
<td></td>
</tr>
<tr>
<td>□ child protection matters</td>
<td></td>
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<tr>
<td>□ the law</td>
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</table>
| Effective midwifery practice | 6. Care for, monitor and support women during labour and monitor the condition of the fetus and conduct spontaneous deliveries.  
*This will include:*  
☐ communicating with women throughout and supporting them through the experience  
☐ ensuring that the care is sensitive to individual women’s culture and preferences  
☐ giving appropriate care for women once they have given birth |
| 7. Undertake appropriate emergency procedures to meet the health needs of women and babies.  
*Emergency procedures will include:*  
☐ manually removing the placenta  
☐ manually examining the uterus  
☐ managing post-partum haemorrhage  
☐ resuscitation of mother and/or baby |
| 8. Examine and care for babies immediately following birth  
*This will include:*  
☐ confirming their vital signs and taking the appropriate actions  
☐ full assessment and physical examination |
| 9. Work in partnership with women and other care providers during the postnatal period to provide seamless care and interventions which:  
☐ are appropriate to the woman’s assessed needs, context and culture  
☐ promote their continuing health and well-being  
☐ are evidence-based  
☐ are consistent with the management of risk  
☐ when undertaken by the midwife, she/he is the person best placed to do them and she/he is competent to act  
☐ draw on the skills of others to optimise health outcomes and resource use  
*These will include:*  
☐ providing support and advice to women as they start to feed and care for the babies  
☐ providing any particular support which is needed to women who have disabilities  
☐ post-operative care for women who have had caesarean and operative deliveries  
☐ providing pain relief to women  
☐ team working in the best interests of the women and their babies  
☐ facilitating discussion about future reproductive choices  
☐ providing care for women who have suffered pregnancy loss, stillbirth or neonatal death |
| Effective midwifery practice | 10. Examine and care for babies with specific health or social needs and refer to other professionals or agencies as appropriate.  
*This will include those with:*  
- congenital disorders  
- birth defects  
- low birth weight  
- pathological conditions (such as babies with vertical transmission of HIV, drug affected babies) |
| Effective midwifery practice | 11. Care for and monitor women during the puerperium offering the necessary evidence-based advice and support on baby and self care.  
*This will include:*  
- providing advice and support on feeding babies and teaching about the importance of nutrition in child development  
- providing advice and support on hygiene, safety, protection, security and child development  
- enabling women to address issues about their own, their babies’ and their families’ health and social well-being  
- monitoring and supporting women who have postnatal depression and other mental illnesses  
- advice on bladder control  
- advising women on recuperation  
- supporting women to care for ill/pre-term babies or those with disabilities |
| Effective midwifery practice | 12. Select, acquire and safely administer a range of permitted drugs consistent with legislation, applying knowledge and skills to the situation that pertains at the time.  
*Methods of administration will include:*  
- oral  
- intravenous  
- intramuscular  
- topical  
- inhalation |
| Effective midwifery practice | 13. Complete, store and retain records of practice which:  
- are accurate and legible  
- detail the reasoning behind any actions taken  
- contain the information necessary for the record’s purpose  
*Records will include:*  
- biographical details of women and babies  
- assessments made, outcomes of assessments and the actions taken as a result  
- the outcomes of discussions with women and the advice offered  
- any drugs administered  
- action plans and commentary on their evaluation |
| Effective midwifery practice | 14. Actively monitor and evaluate the effectiveness of programmes of care and modify them to improve the outcomes of women, babies and their families.  
This will include:  
- consideration of the effectiveness of the above and making the necessary modifications to improve outcomes for women and their families |
| Effective midwifery practice | 15. Contribute to enhancing the health and social well-being of individuals and their communities.  
This will include:  
- planning and offering midwifery care within the context of public health policies  
- contributing midwifery expertise and information to local health strategies  
- identifying and targeting care for groups with particular health and maternity needs and maintaining communication with appropriate agencies  
- involving users and local communities in service development and improvement  
- informing practice with the best evidence shown to prevent and reduce maternal and perinatal morbidity and mortality  
- utilising a range of effective, appropriate and sensitive programmes to improve sexual and reproductive health |
| Professional and ethical practice | 16. Practice in accordance with the NMC Code of Professional Conduct, within the limitations of one’s own competence, knowledge and sphere of professional practice, consistent with the legislation relating to midwifery practice.  
This will include:  
- using professional standards of practice to self-assess performance  
- consulting with the most appropriate professional colleagues when care requires expertise beyond one’s own current competence  
- consulting other health care professionals when needs fall outside the scope of midwifery practice  
- identifying unsafe practice and responding appropriately |
| Professional and ethical practice | 17. Practice in a way which respects and promotes individuals’ rights, interests, preferences, beliefs, and cultures.  
This will include:  
- offering culturally sensitive family planning advice  
- ensuring that women’s labour is consistent with their religious and cultural beliefs and preferences  
- acknowledging the roles and relationships in families dependent on religious and cultural beliefs, preferences and experiences |
| Professional and ethical practice | 18. Practice in accordance with relevant legislation.  
This will include:  
- demonstrating knowledge of legislation relating to human rights, |
| Professional and ethical practice | **19. Maintain the confidentiality of information.**  
*This will include:*  
☐ ensuring the confidentiality and security of written and verbal information acquired in a professional capacity  
☐ disclosing information about individuals and organisations only to those who have a right and need to know it once proof of identity and right to disclosure has been obtained |
| Professional and ethical practice | **20. Work collaboratively with other practitioners and agencies in ways which:**  
☐ value their contribution to health and care  
☐ enable them to participate effectively in the care of women, babies and their families  
☐ acknowledge the nature of their work and the context in which it is placed  

*Practitioners and agencies will include those who work in:*  
☐ social care  
☐ social security, benefits and housing  
☐ advice, guidance and counselling  
☐ child protection  
☐ the law |
| Professional and ethical practice | **21. Manage and prioritise competing demands.**  
*This will include:*  
☐ working out who is best placed and able to provide particular interventions to women, babies and their families  
☐ alerting managers to difficulties and issues in service delivery |
| Professional and ethical practice | **22. Support the creation and maintenance of environments which promote the health, safety and well-being of women, babies and others.**  
*This will include:*  
☐ preventing and controlling infection  
☐ promoting health, safety and security in the environment in which the practitioner is working, whether it be at a woman’s home, in the community, a clinic, or a hospital |
| Professional and ethical practice | **23. Contribute to the development and evaluation of guidelines and policies and make recommendations for change in the interest of women, babies and their families.**  
*Evaluating policies will include:*  
☐ providing feedback to managers on service policies |
| Developing self and others | 24. Review, develop and enhance one's own knowledge, skills and fitness to practice.  
*This will include:*  
- making effective use of the framework for the statutory supervision of midwives  
- meeting continuing professional development and practice standards  
- reflecting on one’s own practice and making the necessary changes as a result  
- attending conferences, presentations, learning events, etc. |
| Developing self and others | 25. Demonstrate effective working across professional boundaries and develop professional networks.  
*This will include:*  
- effective collaboration and communication skills sharing  
- multiprofessional standard setting and audit |
| Achieving quality care through evaluation and research | 26. Apply relevant knowledge to one's own practice in structured ways which are capable of evaluation.  
*This will include:*  
- critical appraisal of knowledge and research evidence  
- critical appraisal of own practice  
- gaining feedback from women and their families and appropriately applying this to own practice  
- disseminating critically appraised good practices |
| Achieving quality care through evaluation and research | 27. Inform and develop own practice and the practice of others through using best available evidence and reflecting on own practice  
*This will include:*  
- keeping up to date with evidence  
- applying evidence to one’s own practice  
- alerting others to new evidence for them to apply to their own practice |
| Achieving quality care through evaluation and research | 28. Manage and develop care utilising the most appropriate information technology (IT) systems.  
This will include:  
- recording own practice in consistent formats on IT systems for wider scale analysis  
- using analysis of data from IT systems to apply own practice  
- evaluating practice from data analysis |
| Achieving quality care through | 29. Contribute to the audit of practice to review and optimise the care of women, babies and their families.  
*This will include:* |
| evaluation and research | ☐ auditing own practice  
|                          | ☐ contributing to the audit of team practice |