



**UNIVERSITY OF  
PLYMOUTH**

School of Nursing and  
Midwifery

# **STUDENT MIDWIFE CASELOADING WORKBOOK**

**BSc (Hons) Pre Registration Midwifery**

**Academic year 2020/2021**

NAME: .....

UNIVERSITY NUMBER: .....

COHORT: .....

PERSONAL TUTOR: .....

**Acknowledgement:**

**The production of this document has been undertaken following consultation with:**

University of Bournemouth  
National Health Service Clinical Staff  
De Montfort University

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Midwifery Team

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## Special Needs Notice

Dear Student

### **Important: please note**

#### **If you have a disability**

The University is very supportive of students with disabilities, and year-on-year we are making adjustments to assist students with special needs. It may be that we have already put in place changes which will assist you – but unless we know what your needs might be, we cannot guarantee that that will be the case. If we can identify your needs sufficiently far in advance of when you intend to start a programme at the University, we are better able to put in place appropriate arrangements or, if there is a health and safety issue or an issue about the expectations of students on the programme, to advise you on alternative options. However, we may not be able to do so if we do not know in advance.

#### **If you have not told us about your disability**

Please do contact the University's Disability Assist Services on Plymouth 01752 587676 to discuss your needs. While we are making reasonable adjustments to our provision, we may not be able to meet your individual needs if we do not have the opportunity to assess them in advance, and that could impact negatively on your experience on the programme or even your ability to take up your place. The DSA Assessment Centre is located on the ground and first floor of 3 Portland Mews. The Assessment Centre provides DSA Needs Assessments for prospective HE students across the SW region, and for Plymouth University students. (Note: The Assessment Centre DOES NOT perform diagnostic dyslexia assessments). Please see the following link for further information:

<https://www.plymouth.ac.uk/student-life/services/learning-gateway>

#### **If you have told us about your disability**

You may be asked for additional information or invited to attend an interview with Disability Assist Services. This is in order that we can properly assess your individual needs and ensure that we have the best possible chance of meeting them. Please do provide any information requested and come in to see staff if asked to do so, since otherwise you – and we - could find ourselves in a position in which it is difficult or even unsafe for you to take up your place.

So please tell us about any disability – even if you do not think it will affect you while you are at the University – and respond positively to any requests for further details or for an information interview. If you do not do so, you may find yourself unable to take up your place or unable to complete the programme because we have not been able adequately to meet your needs.

The Disability Advisory Service reception and drop in can be found in the Learning Gateway, in the Wellbeing Centre. (Note: Diagnostic dyslexia assessments are arranged by the Disability Advisory Service.)

See the website for more information <http://www.plymouth.ac.uk/disability>

## **Disclaimer**

### **Please note:**

All students undertaking programmes delivered by the Faculty of Health and Human Sciences are reminded that any alteration to University documentation, including practice portfolios, involving forgery/falsification of a Practice Supervisor / assessor's comments or signature/initialling will be investigated. This investigation will normally lead to disciplinary action, which may lead to a student being unable to achieve professional registration.

All the information in this handbook is correct at the time of printing. Programmes are regularly reviewed and updated so details may change. Occasionally, a module listed in the Handbook may be replaced or withdrawn.

The University of Plymouth is proud of its teaching and research and it undertakes all reasonable steps to provide educational services in the manner set out in this handbook and in any documents referred to within it. It does not, however, guarantee the provision of such services. Should industrial action or circumstances beyond the control of the University interfere with its ability to provide educational services, the University undertakes to use all reasonable steps to minimise the resultant disruption to those services.

### **Update of Records (Disclosure and Barring Service and Occupational Health)**

A satisfactory enhanced Disclosure and Barring Service declaration and Occupational Health check is required to enter the BSc (Hons) Pre-Registration Midwifery Programme (see entry requirements). Students will be asked each year to declare if their criminal/health status has changed as this may jeopardise their ability to undertake the practical elements of the programme and registration with the Nursing and Midwifery Council.

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# 1. INTRODUCTION TO STUDENT MIDWIFE CASELOADING

## Welcome to caseloading as a student midwife

In accordance with the Nursing and Midwifery Council requirements (NMC 2009) all students on the University of Plymouth BSc (Hons) Pre Registration Midwifery programme will be involved in the care of a small group of women throughout their childbirth experience, including antenatal, intrapartum and postnatal care. The emphasis is on the learning to be gained from being involved in the woman's childbearing journey and the continuity of care this offers. The midwife remains accountable for any delegation of care and you must keep them informed of your actions at all times.

The aims of caseloading are to:

- Follow individual women through the continuum of pregnancy, birth and motherhood, working collaboratively with others involved in the woman's care
- Plan, deliver and evaluate a programme of midwifery care, exercising decision making skills
- Gain experience of autonomous practice in a carefully supervised setting prior to completion of the programme

## What is expected of me as a student?

In collaboration with your Caseload Co-ordinator and Personal Tutor you will identify not less than two and usually not more than five women in whose care you will be involved from initial consultation through to the postnatal period. You will be expected to undertake home or community visits, hospital appointments and birth where feasible. You will be expected to liaise with your current Practice Supervisor as to when you will be needed by your caseloading women and negotiate release for this. In order to ensure that this learning experience is safe and effective, the following key points must be adhered to at all times:

1. **Communication** – between you and the woman, you and the Caseload Co-ordinator, you and the lead midwife as well as others involved in the woman's care.
2. **Supervision** - care will always be under the direct/indirect supervision of a Practice Supervisor. This may be your Caseload Co-ordinator or the lead midwife for that woman. The level of supervision will vary depending on your level of ability and the needs/ wishes of the woman. In higher risk situations it is expected that this will be direct.
3. **Documentation** – all care and communication must be documented, and the name of the Practice Supervisor must always be recorded, with contemporaneous countersignatures where possible.
4. **Audit** – in situations where indirectly supervised practice has been agreed, it is expected that the Caseload Co-ordinator or lead midwife will see the woman and sign your records at a minimum after every three encounters. This enables the woman to confirm their satisfaction with your care, your practice and record-keeping to be audited and you to be reassured that you are providing safe and effective care (Fry et al 2011).
5. **Follow policies** – national and local policies should be adhered to at all times. Any exceptions must be discussed and agreed with your Caseload Co-ordinator/ lead midwife. This includes frequency, location and timing of visits.

It is important that you have a realistic expectation of your commitments both to the women you caseload and your other programme/ personal activities. Do not take on more than you will be able to achieve safely and effectively.

You will be asked to organise an initial planning meeting between yourself, the Caseload Co-ordinator who will supervise you within the NHS Trust in which you are working and your Personal Tutor. This meeting is essential and must take place before you consent women

as this is when all the professional issues and practicalities are finalised. You will be able to commence caseloading once you have successfully completed year two of the midwifery programme.

This workbook guides you through the organisation of the experience of carrying a caseload as a student midwife. It will form an important record of your caseloading experience and must be maintained electronically and updated regularly. **It is essential that you share your caseloading workbook with your Practice Assessor in conjunction with the Practice Assessment Document (PAD).** You will also be required to seek feedback on the care you have provided from the women you caseload. The evidence will contribute to your Practice Assessor's decisions regarding your achievement of practice. All those who have signed documents in your caseloading workbook must also provide a specimen signature on the Caseloading Signature Record (**Appendix 1**).

You will be supported by your Personal Tutor and the midwives at your Trust, but you need to take responsibility for the organisation of your caseloading experience. There is no additional funding for caseloading and you will need to cover your own expenses, such as travel.

Students who have undertaken caseloading so far have found it an extremely satisfying and positive learning experience, and have enjoyed being able to offer a holistic approach to midwifery care. They have also felt it helped them prepare to be ready and able to practise as a midwife upon completion of the programme and registration with the Nursing and Midwifery Council.

If you have any general questions about student midwife caseloading please contact your Personal Tutor.

### **Who will support me?**

**Caseload Co-ordinator** – the midwife responsible for overseeing your caseloading experience. A Caseload Co-ordinator will be one of your Practice Supervisors, although they may not have supervised you in the past. They will contribute to your PAD by providing written feedback/ comments on progress, and may also provide verbal feedback on your progress to your Practice Assessor.

**Lead Midwife** – the midwife who is lead carer for the woman (i.e.: part of their caseload) and who is the person to whom you refer regarding her care.

**Supervising Midwife** – the midwife temporarily supervising you in the clinical setting (i.e. a Practice Supervisor) when you are caring for your caseloading woman on occasions when your Caseload Co-ordinator or the lead midwife is not available.

**Personal Tutor** – normally the university lecturer who is linked to the clinical area in which you are practising and identified as your Personal Tutor. If s/he is away and you require support, please contact another member of the midwifery academic team.

## **2. ESSENTIAL CRITERIA FOR CASELOADING**

The following must be achieved/ undertaken prior to the start of your caseloading experience:

### **(a) Prerequisites**

- You must pass all year two assessments, both theory and practice, before consenting women for caseloading.

- Prior to the start of caseloading you must hold a planning meeting with your Caseload Co-ordinator and Personal Tutor. This is an essential prerequisite for the commencement of caseloading.
- Your Caseload Co-ordinator/ Lead Midwife must be satisfied with your practice before you will be able to undertake indirectly supervised visits. Note that the timing of these 'solo' visits will vary, and in some cases directly supervised practice may be required throughout the woman's care. **This decision must be made by a Practice Supervisor who is accountable for your practice.** Note that 'Caseloading' does not mean that you necessarily need to be undertaking indirectly supervised care – the caseloading period starts when the woman consents to be part of your caseload.

## (b) General principles

- You must continue to attend all theory sessions in accordance with the midwifery programme. As an exception, it is accepted that you may be able to care for your caseloading woman in labour/birth. Please advise the module teacher via email or telephone. You need to ensure that this will not compromise your academic progress and must accept responsibility for making up any missed theory which will need to be documented on timesheets to total the theory requirements for the week. The hours worked while caring for the woman will need to be recorded as practice or make-up hours. Extenuating circumstances for missed academic work or deadlines **cannot** be submitted due to any caseloading commitments.
- The University of Plymouth and local Trust policies must be adhered to at all times. The Faculty Guidance for Practice Supervisors and students when carrying out unaccompanied home visits may be found on POPPI [lone working guidance POPPI](#) Please note that although nurses are specifically referred to, this also applies to midwifery students. These guidelines must be used in conjunction with the relevant Trust policies. **Please note: student midwives may only undertake lone working (i.e. work indirectly supervised) in the community setting during daytime working hours (i.e. 08.30-17.30) Monday to Sunday inclusive. Outside these times, students are NOT permitted to undertake lone working.** Other relevant University policies relating to practice may be found on the same site. You are responsible for accessing and following relevant Trust policies.
  - If a woman or baby requires transfer in an ambulance **you may only accompany them if a midwife is present in the ambulance** and if it is deemed appropriate for an additional person to be in the vehicle.
  - If at any time a client's condition becomes complicated, you **must** seek the guidance of your Caseload Co-ordinator or the lead/ supervising midwife. When, for whatever reason a woman's risk factors change (physical, social or psychological), the midwife should take steps to monitor the situation closely and intervene if required. It may be appropriate for you to observe while the midwife takes over the care directly. **Remember that the midwife remains professionally and legally accountable for the woman's care.**
  - At no point should you feel "out of your depth." If you need support, please don't be afraid to ask for appropriate help (see the list of appropriate staff in Section 2).
  - If you undertake a visit or respond to a telephone call when your Caseload Co-ordinator is away, it is not acceptable to liaise with her while s/he is off-duty, and you **must not wait until s/he returns to work.** You must make contact with either the

identified stand-in or on-call community midwife so that you can validate what you have done or plan to do. **You must clearly document who has overseen your practice as they are accountable for all actions and omissions.**

- You are required to keep a personal log of your clinical hours. You should ensure that you do not work more than your rostered hours. However, if you do accrue hours as a result of your caseloading activities, then arrangements must be negotiated with your Caseload Co-ordinator for you to take the time owing within four weeks or you will lose this. **Remember that any additional caseloading time will also need to be recorded and verified on your timesheet by the midwife overseeing this period of care.**
- **You are not expected to be available seven days a week, twenty four hours a day for your caseloading activities.** Your availability and the local patterns of care will be discussed at the Caseload Planning Meeting and needs to be reviewed throughout the period of care. This may mean that you are not able to attend all appointments. You are responsible for communicating with the woman and/ or the professional providing her care if you are unable to attend, and for following up the outcome.
- It is **not** mandatory for you to be “on call” for your women from 37 weeks gestation onwards (although you may choose to do so), and this should be explained to all concerned. Your individual on call arrangements may vary according to NHS Trust and should be discussed with the woman and your Caseload Co-ordinator/ supervising midwife, having been initially discussed at your Caseload Planning Meeting.
- **It is important to that you do not exceed EU guidance on working hours and remain safe to practise at all times.** If you have been caring for the woman or were on duty prior to taking over her care for this period of time or feel tired you need to arrange to hand over responsibility to a midwife.

### **(c) Maintaining Professional Boundaries**

- It is vital that professional boundaries are maintained in the relationship with the women in your caseload. This is not a friendship, and any activities such as adding the woman (or she adding you) as a ‘Facebook friend’ or similar are not permitted. Please refer to the NMC guidance for further advice at [www.nmc-uk.org/](http://www.nmc-uk.org/) or the Faculty guidance on the POPPI site.
- It is important that you, your Caseload Co-ordinator and the women are all aware that you do not provide a 24-hour counselling service and are not on-call continuously. **Appropriate arrangements for contacting you, reflecting local policy, must be discussed at the Caseload Planning Meeting and clarified with the women.**

## **3. PROVISION OF EQUIPMENT**

Equipment will be provided by your local NHS Trust.

## **4. GAINING CONSENT FROM WOMEN (*Appendix 2*)**

Women must be asked if they are happy to have student involvement and be assured that a qualified midwife will remain responsible overall for their care. This will normally be the community midwife during the antenatal and postnatal periods and a delivery suite midwife

for women who labour and give birth in hospital. The benefits of receiving continuity of care should be emphasised.

An information leaflet on student midwife caseloading has been devised by the University of Plymouth which you will need to give each woman you are proposing to invite to form part of your caseload. You will need to add relevant contact details and your availability.

Women must be informed that they can withdraw their consent at any time. Their ongoing consent should be re-checked at every encounter. A consent form for completion by yourself, the woman and Caseload Co-ordinator can be found in **Appendix 2**. A form must be completed for each woman in your caseload. The form will also contain your contact details. **The consent form must be retained in the woman's record and a copy given to the woman to keep in her hand held notes.**

You are encouraged to attach the sticker produced by the University of Plymouth to the front pages of the woman's handheld and hospital maternity records to indicate that they are part of your caseload so that you may be easily contacted.

## 5. RECORD KEEPING

Your records constitute a legal document and could be used as evidence in court. You have a professional responsibility to keep them safely. **You are responsible for ensuring that they are stored in the woman's records according to Trust guidelines at the end of the caseloading period.**

**All entries made by a student in clinical records must be countersigned by the registered midwife (or nurse) supervising your practice.** If you undertake care under indirect supervision and the midwife (or nurse) overseeing your practice is unable to countersign your documentation as not physically present, you must write "under indirect supervision by..." and identify the registered midwife (or nurse) concerned so that lines of responsibility and accountability are clear. It is also very important that you clearly document any care you have undertaken and a plan of action so that continuity of care can be provided to the woman.

### (a) Clinical Records

- You must maintain clinical records in accordance with local Trust policy, keeping full and accurate records of your care as usual in the woman's hand held notes or the hospital notes as appropriate. All templates in your caseloading workbook are **in addition** to these.
- It is recommended that you invite your Caseload Co-ordinator or another of your Practice Supervisors to audit your notes at some point, to promote best practice. Please upload the audit tool and/ or record of this meeting to your E-portfolio.

### (b) Caseload Activity Log (*Appendix 3*)

- **In addition**, you will need to keep a record of all communication you have with a woman, and identify who you have informed after you have had any communication with her. You should also keep track of when you last saw each woman, and when their next appointment is scheduled. It **should not** contain details of the clinical component of your care as this should all be clearly documented in the woman's notes in the usual way. Instead it should focus on the communication trail so that it is absolutely clear whom you contacted, when and why. **This form must be kept anonymous unless it is stored on Trust property for ongoing information to the staff involved in the**

woman's care (e.g. the community midwives' office, or when it is filed in the woman's notes at the end of the caseloading period).

- It **should not** contain details of your personal life, and **is not** a reflective diary for you to write your thoughts and feelings. It should be clearly written in black ink, with all dates and times clearly marked, and signed by you with your name and status printed alongside.
- **When you discharge the woman and her baby into the care of the health visitor, this page should be checked and countersigned by your Caseload Co-ordinator and carefully stored in the woman's records according to local Trust policy.**

### (c) Evidence towards Practice Assessment

- You will continue to record experiences gained through caseloading in your E-OAR (e.g. EU numbers), and the episode of caseloading should contribute significantly to this evidence. Please ensure these experiences are captured by your Caseloading Co-ordinator or other Practice Supervisors in your Practice Assessment Document (PAD).
- **You will be required to maintain your caseloading workbook and the relevant completed/ signed documents in your E-OAR throughout your programme; please upload this to the 'Reflections/ Work-packs' section.** This forms contemporary evidence of your caseloading practice, which is an essential element of your summative practice assessment at the end of your programme. **Please maintain confidentiality of all places of work and women cared for throughout this documentation.**
- You are required to complete a reflection on your caseloading experience as part of your summative assessment.
- At the end of the period, you will be required to seek written feedback from the women you caseload, as part of the evidence towards your practice assessment. This can be shown to your Practice Assessor or your Caseload Co-ordinator can make a record of having seen it in your PAD. **No patient identifiers (eg. name and signature) should be recorded anywhere in your E-OAR, therefore your Caseload Co-ordinator must sign to verify it. N. B. This form must not be stored electronically.** The Service User Feedback form can be found in **Appendix 4.**

## 6. COMPLETION OF CASELOADING

- The caseload workbook and all completed supporting documentation must be submitted electronically in your E-OAR as part of the summative assessment of MID 327 (the e-portfolio element). **Please ensure that confidentiality of the woman and location is maintained in all documents which are uploaded to your E-OAR.** You are required to include a reflection on your experience of caseloading in the 'Reflections/ Work-packs' section in your E-OAR, up to the point of submission.
- Consent forms and your 'Caseload Activity Log' must be identified with the woman's details and **filed in her records, following local Trust policy.**
- All records of meetings (Part 2, 3 and 4) must be uploaded to your E-OAR, along with Part 1 and the signature record (by the submission date); Part 4 will be uploaded whenever your caseloading experience is completed.

## 7. CASELOAD FLOWCHART

**Preliminary Planning** (Complete Part One of Caseloading Workbook).  
Discussions will also take place in a timetabled theory session during MID 327

Your Caseload Co-ordinator will be identified through discussion between your Personal Tutor and clinical area and will be based in the community.

### Caseload Planning Meeting

Arrange caseload planning meeting with your Caseload Co-ordinator and Personal Tutor having first completed Part One of your Workbook in preparation

Complete Part Two of the Caseloading Workbook  
Maintain Caseloading Workbook electronically

Upload copies of signed documents to your E-OAR (excluding service-user feedback form)

Once you have successfully completed all elements of assessment relating to year two of your programme you may start booking women for your caseload. You **MUST NOT** start to consent women until you have successfully progressed to year three and undertaken the Caseload Planning Meeting

Provide care for women, documenting this in the Caseload Activity Log. The **Midpoint Review meeting** must be undertaken with your Caseload Co-ordinator and Personal Tutor (Part Three Caseloading Workbook)

Updated Caseload Workbook, records of meetings and reflection on caseloading must be included in your E-portfolio as part of your summative practice assessment (MID 327).  
Written feedback from the women in your caseload forms an essential element of the evidence supporting your practice assessment, but no patient identifiers are permitted in practice portfolios (E-OAR); the document should be shown to your practice assessor.

Undertake **Final Review meeting** (Part Four Caseloading Workbook) with your Caseload Co-ordinator when you have completed your caseloading experience. Your Personal Tutor is not required to attend this meeting.

You must ensure the full set of electronic Caseloading Records including the completed Final Review Meeting documentation is uploaded to your E-portfolio (E-OAR) to remain accessible for your records if required.

Caseload Activity Logs and Consent forms to be stored in the woman's hospital records, following local Trust policy.

#### Please note:

**All Students will be expected to work within the NMC (2018) Code, national guidelines (eg: National Institute for Health and Clinical Excellence) and local Trust policies and procedures when planning and providing care**

## 8. FREQUENTLY ASKED QUESTIONS RELATING TO STUDENT MIDWIFE CASELOADING PRACTICE

- Q1** *What are the 'top tips' from previous students undertaking caseloading?*  
**A** 'Get organised!' 'Arrange your meetings with tutors early'.
- Q2** *What did previous students find were the key things to do?*  
**A** 'Fill in your workbook before the planning meeting'. 'Keep up to date with your workbook'. 'Keep your Caseload Co-ordinator informed of what you are doing'. 'Arrange appointments with women in advance'.
- Q3** *Will I be on my own or supervised by a midwife when undertaking caseload visits?*  
**A** This will depend on your level of experience, the woman's situation and the decision of the lead midwife. You will always be under direct/indirect supervision by a midwife who retains overall responsibility for the woman.
- Q4** *Can I count my antenatal visits, delivery, etc as part of my usual EU numbers?*  
**A** Yes. Your caseloading women may well appear several times in various sections.
- Q5** *Will I still be able to have annual leave?*  
**A** Yes. You will need to identify your availability as part of your preliminary planning.
- Q6** *What happens if I do not drive/own a car?*  
**A** This is part of your preliminary planning and will guide you in your choice of suitable women to caseload.
- Q7** *What if I cannot commit to 24-hour on-call because of personal commitments?*  
**A** See Questions 5 and 6.
- Q8** *Will women be calling me directly?*  
**A** This will depend on the local Trust policies / guidelines and should be discussed and agreed at the caseload planning meeting.
- Q9** *Should I care for a high risk woman?*  
**A** It is anticipated that the women you choose to caseload will generally start off as lower risk. However, you will be expected to continue to care for them (though probably under closer supervision) if their pregnancy/ labour/ puerperium deviates from the norm – unless your Caseload Co-ordinator deems this unsuitable after discussion with you. You may decide to choose a higher risk woman in addition, in order to follow her care pathway by attending consultant clinics and hospital appointments.
- Q10** *Who needs to know which women I am caseloading?*  
**A** (a) Your Caseload Co-ordinator  
(b) The lead midwife/ on-call midwife for the woman (if different)  
(c) Your current Practice Supervisor/s need to know basic information (so that you can negotiate release from your current placement) but ensure confidentiality is maintained.
- Q11** *How will hospital staff or other midwives know to call me?*  
**A** The woman or her partner may inform them. A sticker will be provided which needs to be displayed on the front of the woman's hand held notes and the front page of her hospital maternity records. Other local systems may need to be followed.

**Q12** *What is the difference between student midwife caseloading and caseloading for midwives?*

**A**

<b>MIDWIVES</b>	<b>STUDENT MIDWIVES</b>
The aim is to provide continuity of care and carer for the woman in order to improve their experience and outcomes.	The aim is for the student to gain experience of a woman's journey through the continuum of childbearing, in order to develop their decision-making skills and promote autonomous practice – thus enhancing their future practice as a midwife.
Midwives generally hold a caseload of 30-60 women per year.	Students are encouraged to hold a caseload of 2-5 women in the final year of their programme. Experiences gained are in addition to their normal clinical and academic requirements, so it is important that burnout is avoided.
Either individual midwives or small teams of 2-3 provide all antenatal, intrapartum and postnatal care for their caseload.	Students are expected to undertake as much of the care of the woman as is feasible without compromising theoretical elements of the programme and within their own personal constraints. Individual availability will be discussed with the Caseload Co-ordinator/ midwife accountable for the woman's care and the woman herself.
Midwives are expected to work their hours and undertake their practice in settings convenient to the women in their caseload.	Students are required to follow local Trust policies with regard to location/ timing/ frequency of visits, and need to discuss any proposed variations with the woman and the midwife accountable for her care.
Midwives are accountable for their own practice, although a 'fresh eyes' or partnership approach is deemed good practice.	Students remain under supervision of a registered midwife at all times, who is accountable for their actions and omissions. The level of supervision will vary, depending on the abilities of the student and the needs/ wishes of the woman. The midwife makes this judgement. It is expected that the midwife will provide 'fresh eyes' at a minimum of after every three encounters by the student, to include audit of their records.

## 9. REFERENCES AND WIDER READING

Fry J, Rawnsdon S and Lewis P (2011) Problems and practicalities in student caseload holding. **British Journal of Midwifery** 19 (10) pp659-664

Independent Midwives Association/ MIDIRS (2005) How to carry a Caseload without breaking your back. Resource pack. Conference proceedings from joint IMA/MIDIRS Conference (19 April 2005) **MIDIRS Midwifery Digest** Supplement 2, 15(4), pS3-S47

Nelson J (2010) Caseload midwifery – does it improve outcomes? **MIDIRS Midwifery Digest** 20 (3) p309-311

Nursing and Midwifery Council (Circular 14/2007) **Review of pre registration midwifery education – decisions made by the Midwifery Committee**. London: Nursing and Midwifery Council

Nursing and Midwifery Council (2009) **Standards for pre registration midwifery education**. London: Nursing and Midwifery Council

Nursing and Midwifery Council (2018) **The Code. Professional standards of practice and behaviour for nurses, midwives and nursing associates**. London: NMC

Nursing and Midwifery Council (2018) **Standards for Student Supervision and Assessment**. London. NMC.

Rawnsdon S (2016) Caseloading. In: Cescutti-Butler L and Fisher M (eds) **The Hands-on Guide to Midwifery Placements**. Chichester: Wiley Blackwell, p132-150.

### Useful Websites:

#### **POPPI (for placement information and ARC/POW)**

<http://www1.plymouth.ac.uk/placements/poppi/Pages/default.aspx>

#### **National Institute for Health and Clinical Excellence (NICE) Guidelines**

[www.guidance.nice.org.uk](http://www.guidance.nice.org.uk)

#### **Nursing and Midwifery Council (NMC) Guidelines and Standards**

[www.nmc-uk.org](http://www.nmc-uk.org)

**PART ONE**  
**PRELIMINARY PLANNING**

Please complete section 10

## 10. PLANNING YOUR CASELOAD

Whilst the expectation is that all student midwives will carry a caseload as part of their pre registration midwifery programme, there is considerable flexibility as to the size of caseload you choose to carry. In addition there are some practicalities that you will need to consider when planning the optimum size of your personal caseload.

Listed below are some questions to help you to consider the issues and help you decide the appropriate size of your caseload. You need to complete each section and write your plans in the spaces provided.

### You will need to be fully conversant with:

- **Current Nursing and Midwifery Council guidance and standards including the Code, Medicines, Pre-registration Midwifery Education – see [www.nmc-uk.org](http://www.nmc-uk.org)**
- **National Institute for Health and Clinical Excellence (NICE) Guidelines – see [www.guidance.nice.org.uk](http://www.guidance.nice.org.uk)**
- **Other professional documents**

Briefly review and reflect upon them and how the key points apply to caseloading and how they will guide your practice. Identify the key points below.

### Do you feel ready to take on the responsibility of a caseload?

Review your professional development and how you are achieving your professional competencies. How are your EU numbers? How is your academic progress? Do you feel you have acquired the basic antenatal, intrapartum and postnatal skills, as well as good communication skills? Are there any skills or knowledge you would like to develop before you take on a caseload?

**Are you able to commit yourself to being “on call” for the women in your caseload?**

How will this impact on your home life? How will care of dependents impact on your assessments? Who do you need to discuss this with, and what plans do you need to make? Are you working in accordance with Trust guidelines and policies?

**Do you have access to your own independent transport whenever one of the women in your caseload calls you? If not, what arrangements do you need to make?**

If you share a car with someone, this will need careful planning. Some students have carried a caseload using a bicycle as their transport – this will affect which women you take on. Public transport does not run in the middle of the night. Remember you cannot claim for a taxi. If you “live in” at your clinical site, you may be able to carry a caseload without independent transport, and book women who want to give birth in hospital. However, you will need a means of providing home visits in the daytime, so you may need to consider booking women who live on or near a convenient bus route. Consider insurance – needs to include social and domestic and business, and you need to identify that you may be required to carry flammable gases – however this will be depend on local Trust Policy.

**Do you have your own communication system?**

You will need some means whereby the woman can contact you, wherever you are. What are the local Trust arrangements? How will you manage this?

**Having considered all of the preceding points, what size of caseload do you intend to carry?**

The range is usually not less than two, and not more than five women. At least one initial consultation (booking appointment) must be undertaken.

**What type of women would you like to caseload and why?**

Work out approximately the number of each you think would suit your personal circumstances and learning needs.

What women do you think would benefit from being caseloaded by a student midwife in this way? Friends and relatives **cannot** be included within your caseload.

**Prepare a Timescale**

You can start consenting women for your caseload from the end of your second year, and not before. This will mean that you can start booking women during the summer of your second year providing you have met the pre-requisites in section two.

Ideally you will book women from the beginning of their pregnancy. Therefore women you book in August are likely to be giving birth in April/May of the following year. However you may choose to also provide care for some women who are more advanced in their pregnancy. You will be able to continue caseloading until the end of the programme, but remember that you will need to be returning your caseloading bag in early July.

Other factors to consider are whether you want to go away on holiday and therefore will not be on call during these times.

If you are intending to undertake an elective placement, you will also need to plan this into your schedule. Try to avoid booking women to coincide with academic deadlines for assignments. Please note that extenuating circumstances cannot be submitted for missed academic work or deadlines due to caseloading commitments.

Remember you need to try to be available for each woman from 37 weeks to 42 weeks of pregnancy. Remember too, that if a woman goes to 42 weeks gestation, her postnatal care will extend beyond that time frame.

Taking into account all of the above, fill in the year planner below and mark out the times when you are **not available** to be on call for women. This will help you decide the best size of your caseload. Remember that this planner may need modification as you progress through your programme and submission deadlines etc are confirmed.

Discuss this with your Caseloading Co-ordinator.

**Table 1: Caseloading Year Planner** (identify periods when you **will not** be available)

Month	July	August	Sept.	October	Nov.	Dec.	Jan.	Feb.	March	April	May	June	July
1													
2													
3													
4													
5													
6													
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30													
31													

**PART TWO**  
**CASELOAD PLANNING MEETING RECORD**

To be discussed at Caseload Planning Meeting  
Please complete section 11

## 11. CASELOAD PLANNING MEETING RECORD

This section provides a structured framework and aide memoire for the discussion and agreement between you, your Caseload Co-ordinator and Personal Tutor.

This meeting should take place prior to submission of your practice documentation in year two, and **must** be held before you commence caseloading. The coursework element of your practice module requires provision of a report which will need to incorporate the discussions held at the planning meeting.

**If during the caseloading period your Caseload Co-ordinator is no longer available a further tripartite meeting with the new Caseload Co-ordinator is essential. At no point should you be caseloading without a Caseload Co-ordinator.**

You will need to work through this together with your Caseload Co-ordinator prior to the meeting. It will then be discussed further with your Personal Tutor and arrangements finalised at the meeting. **It is essential that Part One of the workbook has been completed prior to the Planning Meeting.**

The aims of the meeting are:

- To plan and confirm the details of the caseload that you will be carrying
- To plan and confirm the practical details about how the caseload will operate, particularly routes and methods of communication
- To ensure that both you and your Caseload Co-ordinator are clear about your roles, particularly with regard to accountability and record keeping
- To agree a start date
- To agree dates for a Midpoint Review Meeting and a Final Review Meeting when your caseloading experience will be discussed.

The questions below are to provide a framework for your meeting. Make brief summary notes of your discussion in the spaces provided.

## YOUR CASELOAD SUMMARY

To be discussed at your Caseload Planning Meeting:

POINTS TO DISCUSS	Justification and comments
What number and type of women do you plan to caseload?	
What is your strategy on explaining caseloading and gaining valid consent?	
What is your realistic availability? What times and places can and can't you do?	
How are you going to demonstrate your communication pathways with your Caseload Co-ordinator/ other supervising midwife?	
How are decisions going to be made about when/ whether you can practise under indirect supervision and how are you going to document these encounters?	
Are you clear on what documents need to be kept while caseloading and where to store these?	
How will you apply the University and Trust lone worker policies?	
How will you deal with problems? What is the role of the midwifery managers in relation to your caseloading experience?	
How are you going to avoid burnout?	
How are you going to reflect and learn from caseloading?	
How and when will you get feedback from your Caseload Co-ordinator and women on how well you do?	
Other points for discussion	

## ONGOING SUPPORT

When will you meet up again for a Caseload Midpoint Review Meeting and the Final Review Meeting when your caseloading period is completed? Agree dates now.

<b>Midpoint Review meeting:</b> (your Personal Tutor must attend)	
<b>Final Review meeting:</b> (your Personal Tutor does not have to be present for this)	

## AGREEMENT

We have completed the Caseload Planning Meeting as outlined above to all parties' satisfaction. The student can only commence their caseloading following successful completion of all elements of the assessment for year two.

Student Midwife signature	
Student Midwife name (block capitals please)	

Caseload Co-ordinator signature	
Caseload Co-ordinator name (block capitals please)	

Tutor signature	
Tutor name (block capitals please)	
Date of discussion	

**This document must be scanned and uploaded to your E-OAR together with the signature record**

**PART THREE**  
**MIDPOINT REVIEW OF CASELOADING**

Please complete Section 12

## 12. MIDPOINT REVIEW MEETING

This meeting should take place approximately half way through your caseloading experience **and is mandatory**. Your Personal Tutor **must** attend this meeting.

The aim of this meeting is to:

- Review your practical progress to date
- Review what you have learned from the experience
- Identify any problems and ways to resolve them
- Plan for the second half of the caseloading experience, making any adjustments as necessary

The questions below are to provide a framework for your meeting. Make brief summary notes of your discussion in the spaces provided.

How many women have you booked?	
How many women have given birth?	
How many women have you discharged?	
Have you had any difficulty identifying and booking appropriate women? If so, what were the problems and how were they resolved?	
Have you experienced any practical problems (such as communication, equipment, record keeping) and if so, how were/can they be resolved?	
Have you experienced any clinical problems, unexpected or challenging situations? How did you deal with them?	
Did you meet with a midwife to audit your notes? Have you uploaded the tool or record of your meeting?	
How have you learned and developed as a student midwife since you started carrying a caseload?	

## MIDPOINT REVIEW MEETING

Student Midwife signature	
Student Midwife name (block capitals please)	

Caseload Co-ordinator signature	
Caseload Co-ordinator name (block capitals please)	

Tutor signature	
Tutor name (block capitals please)	
Date of discussion	

Comments:
-----------

Agreed date of Final Review Meeting: .....
--

**This document must be scanned and uploaded to your E-OAR**

**PART FOUR**  
**COMPLETION OF CASELOADING**  
Please complete sections 13 and 14

### 13. FINAL REVIEW MEETING

This meeting should take place with your Caseload Co-ordinator at the end of your caseloading experience after you have discharged your last woman **and is mandatory**. Your Personal Tutor is **not** necessarily required at this meeting, but they may attend if this is possible.

The aim of this meeting is to:

- Review your completed caseload
- Review feedback from service users
- Review what you and your Caseload Co-ordinator have learned from the experience
- Identify areas of good practice that can be built on for future student midwives
- Identify any problems and ways to resolve them for future student midwives
- Ensure that all paperwork and documentation is complete and stored appropriately

The questions below are to provide a framework for your meeting. Make brief summary notes of your discussion in the spaces provided. You may wish to expand on some aspects in your E-portfolio or through other forms of reflection.

In total, how many women have you cared for in your caseload? At what gestation did you recruit them?	
What additional experiences/ skills/ knowledge would have helped you to improve the care that you have given to women?	
What are your experiences of being on call?	
How do you feel about the support you have received? Are there ways in which it can be improved?	
What are your Caseload Co-ordinator's views? Is the Caseload Co-ordinator happy with the quality of care you have provided? Are there any suggestions that you or your Caseload Co-ordinator can make to improve it?	
What are your Personal Tutor's views?	

Take this opportunity to review together the completed case summaries and any reflections you have written based on your caseloading experience. List three key points you have learned from this experience.	
Briefly summarise your feelings about this experience from the student perspective. What have you found to be the most useful aspects?	
Ask your Caseload Co-ordinator to briefly summarise their feelings and experience of supporting you in your caseload. What have they learned from this experience? What are the most positive aspects? Would they do anything differently next time?	
What, according to the service user feedback, have been the views and experiences of the women and families in your caseload? How have they found the experience of being in a student midwife's caseload?	
What suggestions and practical tips could the link tutor pass on to any students who want to caseload in the same clinical site, or to the midwives who will supervise them?	
Have all the records been completed and stored appropriately to the satisfaction of both yourself and your Caseload Co-ordinator?	

**Please ensure that your Personal Tutor is informed of any issues which may need to be followed up if they are not present at the Final Review Meeting. This record must be uploaded to your E-OAR together with the signed Part 4 form.**

## FINAL REVIEW MEETING COMPLETION OF CASELOADING

Student Name (block capitals please)	
University Registration Number	
Programme	
Cohort	
Number of women in caseload	
Period of caseload practice	
Student Midwife signature	

Caseload Co-ordinator signature	
Caseload Co-ordinator name (block capitals please)	
Date of discussion	

### To be completed if present

Tutor signature	
Tutor name (block capitals please)	
Date of discussion	

**This document must be scanned and uploaded to your E-OAR**

## 14. CHECKLIST OF DOCUMENTS ON COMPLETION OF CASELOADING

Please check that your Caseload Workbook has been fully completed with all relevant documents uploaded/ stored as required:

Document	Client identification	Anonymised	Storage	
			Hospital records	E-OAR
Caseloading signature record (Appx 1)				
Consent form/s (Appx 2)			According to Trust policy	
Caseload Activity Log/s (Appx 3)	<b>Only when filing in clinical notes</b>		According to Trust policy	
Service-user Feedback form/s (Appx 4)		Show to CC and PA; record that seen in PAD		
Completed Part 1				
Completed Part 2				
Completed Part 3				
Completed Part 4				
Reflection				

You might find it useful to practise using the NMC revalidation reflection templates for your caseloading reflection available at: <http://revalidation.nmc.org.uk/download-resources>

## PART FIVE APPENDICES

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1	Caseloading Signature Record	34
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**Appendix 1**

**CASELOADING SIGNATURE RECORD**

For all whose signature appears elsewhere in the caseload workbook

**I consent to share my Caseloading Workbook with my Practice Assessor, Caseload Co-ordinator, other Practice Supervisors and Personal Tutor, Academic Assessor and other midwifery lecturers at their request.**

Name of student .....

Signature ..... Date: .....

<b>Date</b>	<b>Name of Signatory</b>	<b>Role</b>	<b>Signature</b>

**This form must be scanned and uploaded to your E-OAR after your Caseload Planning Meeting. You will need to rescan copies if additional staff signatures are acquired during your caseloading experience.**

## Appendix 2



**UNIVERSITY OF  
PLYMOUTH**  
School of Nursing and  
Midwifery

**CONFIDENTIAL –**

**Do not keep this document electronically or submit it in any format**

### CONSENT FORM

Name of student	
Student contact details	
Name of Caseloading Co-ordinator	
Name of Woman	
Name of Lead Midwife (if different)	
Hospital Registration Number	

<p>I confirm my consent to take part in Student Midwife Caseloading. I further understand that a qualified midwife will retain overall responsibility for my care.</p> <p>I reserve the right to withdraw my consent at any time.</p>	
Signature of Woman	
Date	

**One copy of this form must be placed with the woman's hand held notes**

**One copy of this form must be filed in the woman's hospital case notes, following local Trust policy**

## Appendix 3



**CONFIDENTIAL – do not keep this form electronically or submit it in any format.**

### CASELOAD ACTIVITY LOG

To be filed in woman's hospital records following local Trust policy on discharge from midwifery care

Caseload Number		
<b>Please note that the woman's name/ identification number must not be used UNLESS/ UNTIL the records are being stored on Trust property and form part of the woman's notes</b>		
Name of Student Midwife		
Name of Caseload Co-ordinator		
Name of Lead Midwife for woman (if different)		
Dates of caseloading period	From:	To:

<b>Date</b>	<b>Details of activity e.g. telephone communication, home visit, text, accompanying in labour</b>	<b>Reason for encounter</b>	<b>Follow up action e.g. referral to other health professional, reassurance, audit, make clinic appointment. The midwife to whom you refer/ report the encounter must be clearly identified.</b>

<b>Date</b>	<b>Details of activity e.g. telephone communication, home visit, text, accompanying in labour</b>	<b>Reason for encounter</b>	<b>Follow up action e.g. referral to other health professional, reassurance, audit, make clinic appointment. The midwife to whom you refer/ report the encounter must be clearly identified.</b>

Date	Details of activity e.g. telephone communication, home visit, text, accompanying in labour	Reason for encounter	Follow up action e.g. referral to other health professional, reassurance, audit, make clinic appointment. The midwife to whom you refer/ report the encounter must be clearly identified.

**TO BE COMPLETED ON COMPLETION OF CASELOADING, IMMEDIATELY PRIOR TO FILING IN HOSPITAL NOTES**

<p>I can confirm that this is an accurate record of my encounters with  .....(name of woman)</p>	
<p>Signature of Student  .....</p>	<p>Date  .....</p>
<p>I can confirm that, to the best of my knowledge, this is an accurate record of  .....(student's name)  encounters with .....(name of woman)</p>	
<p>Signature of Caseload Co-ordinator  .....</p>	<p>Date  .....</p>

**To be filed in woman's hospital records as advised on discharge from midwifery care**  
This record must **not** be kept electronically or submitted in any format by the student

## Appendix 4



**This form must NOT be uploaded to your E-OAR**

### SERVICE-USER FEEDBACK – STUDENT MIDWIFE CASELOADING

Thank you for being part of Student Midwife Caseloading. We hope that it has been a positive experience for you and your family. We would be grateful if you would give some feedback on your experience: this will be valuable for the student midwife, her Practice Supervisor and the University of Plymouth in ensuring that Student Midwife Caseloading continues to provide a positive experience for all involved.

1) Who approached you and asked if you would be part of Student Midwife Caseloading?

- Midwife   
Student Midwife   
Other  Please state \_\_\_\_\_

2) Were you aware of the purpose?

- Yes   
No   
Not sure

3) Did you feel free to opt in or out?

- Yes   
No   
Not sure

4) At what stage of pregnancy (how many weeks pregnant) did you meet your Student Midwife?

\_\_\_\_\_

5) Was your Student Midwife part of the 'Booking' or initial interview?

- Yes   
No   
Not sure

6) How often did you see your Student Midwife while you were pregnant?

\_\_\_\_\_ Number of times

7) Were you aware that the Student Midwife was being supervised by a qualified midwife?  
Yes   
No   
Not sure

8) Were you happy with the way you had of communicating with your Student Midwife?  
Very Happy     Neutral      Very unhappy

9) Was the Student Midwife at your birth?  
Yes   
No   
Not sure

10) How did this work out?  
Very Happy     Neutral      Very unhappy

11) Did you see your Student Midwife when you were at home with your baby?  
Yes   
No   
Other  Please state reason if it was not possible for the Student Midwife to visit \_\_\_\_\_

12) If you have previously experienced a different form of midwifery care how did Student Midwife Caseloading compare with this?  
Much better     same      Not as good

13) How do you feel about the overall experience of Student Midwife Caseloading?  
Very Happy     Neutral      Very unhappy

14) If you were to be offered Student Midwife Caseloading in the future would you choose this option again?  
Definitely    Neutral      Never

15) Is there anything else you would like to say about Student Midwife Caseloading?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for completing this form. Since your feedback may contribute to evidence of the student's clinical practice, please ask your midwife to sign confirming this feedback is genuine, so that it can be shown to the student's practice assessor.**

**Please do not include your name on this document, to maintain your confidentiality.**

<b>Document Control</b>	
<b>Original Author</b>	Margaret Fisher
<b>Date written</b>	<p>29<sup>th</sup> January 2015</p> <p>(Updated by Alison James, Programme Lead 12/07/16)</p> <p>(Updated by Heather Hopper, LME, 28/04/17 following changes to midwifery legislation including removal of SOM)</p> <p>(Updated by Andrea Stebbings, Midwifery Lecturer, 21.08.17).</p> <p>Updated 31/07/18 by Alison James (Programme Lead)</p> <p>Updated by Margaret Fisher 12/9/18 for Sept 16 cohort</p> <p>Updated by Heather Hopper 21/05/19 for Sept 17 cohort in line with NMC Standards for Student Supervision and Assessment (SSSA) (NMC, 2018) and Margaret Fisher (4/6/19)</p>
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	<p>09/09/2020 updated by Alison James and 22/09/2020 Margaret Fisher to reflect no MID 226 caseload introduction due to the breaking of COVID-19 and subsequent removal of students from placement, equipment lending changes and E-OAR introduction Sept 2020.</p>
<p><b>Links to other policies/guidelines</b></p>	<p>Staff Information about Student Midwife Caseloading (University of Plymouth 2020-2021)</p> <p>BSc (Hons) Pre-registration Midwifery Programme Handbook (University of Plymouth 2020 - 2021)</p> <p>MID327 Module Handbook (University of Plymouth 2020 -2021)</p> <p>Standards for Pre-registration Midwifery (NMC 2009)</p> <p>Standards for Student Supervision and Assessment (NMC 2018)</p>