



# T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

## Supporting the Midwifery Team

Assignment 1 – Case study stimulus materials

Assignment brief insert

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### Assignment brief insert

Assignment 1

Case study stimulus materials

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## Item A: online resources

The Kings Fund:

[www.kingsfund.org.uk/publications/physical-and-mentalhealth?gclid=EAlalQobChMIkfKczIbl6QIVYIBQBh2VrgXBEEAYASAAEgKOZ\\_D\\_BwE](http://www.kingsfund.org.uk/publications/physical-and-mentalhealth?gclid=EAlalQobChMIkfKczIbl6QIVYIBQBh2VrgXBEEAYASAAEgKOZ_D_BwE)

Mothers and Babies: Reducing Risk through Audits and Confidential Enquires across the UK (MBRRACE-UK):

[www.npeu.ox.ac.uk/mbrrace-uk](http://www.npeu.ox.ac.uk/mbrrace-uk)

National Institute for Health and Care Excellence (NICE):

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

Unicef UK Baby Friendly Initiative (BFI):

[www.unicef.org.uk/babyfriendly/](http://www.unicef.org.uk/babyfriendly/)

Royal College of Obstetricians & Gynaecologists (RCOG):

[www.rcog.org.uk/](http://www.rcog.org.uk/)

SAMPLE

## Item B: extract from booking history

BOOKING HISTORY		Hospital Number <b>02022458</b>	
		<b>MAXINE</b>	
		Surname <b>ST CLAIR</b>	
<b>Family history</b>			
	<input checked="" type="checkbox"/>	Relationship	Relationship
Diabetes	<input checked="" type="checkbox"/>		Inherited disorder eg MCADD
Thrombosis/blood clots	<input checked="" type="checkbox"/>		Congenital abnormalities
High blood pressure	<input checked="" type="checkbox"/>		Cystic fibrosis
Cardiac anomalies	<input checked="" type="checkbox"/>		Sickle cell
Mental illness <b>Bi-Polar</b>	<input checked="" type="checkbox"/>	<b>Sister</b>	Thalassaemia
Infectious diseases eg Hep B	<input checked="" type="checkbox"/>		Haemophilia
TB	<input checked="" type="checkbox"/>		Obstetric History eg PET, Obstetric Cholestasis
<b>Discussion</b>			
Diet advice BMI>35:dietician offered	<input checked="" type="checkbox"/>	Pet advice	<input checked="" type="checkbox"/>
Occupational hazards	<input checked="" type="checkbox"/>	Parentcraft book (book by 24 weeks)	<input type="checkbox"/> <i>Undecided</i>
Prescription exemption	<input checked="" type="checkbox"/>	Mat B1 (issued after 20 weeks)	<input checked="" type="checkbox"/>
Benefits available	<input checked="" type="checkbox"/>	Dental treatment	<input checked="" type="checkbox"/>
Safeguarding issues If yes. Has CAF form been completed	<input checked="" type="checkbox"/>	Domestic Violence Discussed <input checked="" type="radio"/> Yes <input type="radio"/> No Date _____	<input checked="" type="checkbox"/>
<b>Alcohol</b>			
Do you drink alcohol	<input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Smoking</b>	
How many units per week <i>A unit = Half pint of beer/larger One measure of spirits One glass of wine</i>	.....	Do you smoke cigarettes Number per day	<input checked="" type="radio"/> Yes <input type="radio"/> No
		If not, have you smoked in past 12 months	<input type="radio"/> Yes <input type="radio"/> No
		When did you stop	.....
		Does anyone else in your house smoke	<input type="radio"/> Yes <input type="radio"/> No
		Number per day	.....
		Would you like help to stop	<input checked="" type="radio"/> Yes <input type="radio"/> No
		Referred for smoking cessation	<input checked="" type="radio"/> Yes <input type="radio"/> No
		<b>Non medicinal drugs</b>	
		Have you ever used drugs such as cannabis, heroin, ecstasy, speed etc Details: <b>NAD</b>	
		Are you receiving treatment for addiction <input checked="" type="radio"/> Yes <input type="radio"/> No Details:	
<b>Partner's history with consent</b>			
	Yes	No	Details
Is he a blood relative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is he a Haemophiliac	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Cystic Fibrosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sickle cell	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Thalassaemia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
HIV	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
HBV	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
HCV	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Does he use IV Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Hospital Number 02022458

Surname MAXINE

ST CLAIR

## Booking History

### MENTAL HEALTH AND PSYCHOLOGICAL NEEDS

How are you feeling about your pregnancy?

Very anxious

During the past month, have you often been bothered by feeling down, depressed or hopeless?

YES  NO

Known to Mental Health Services

YES  NO

During the past month, have you often been bothered by having little interest or pleasure in doing anything

YES  NO

If yes to either question, is there something you need or want help with?

YES  NO

Worried about pregnancy - history of bipolar but reluctant to continue medication

How often do you feel like this? Some days  Most Days  Daily  All the time

What impact is it having on your day to day life? None  Small  Moderate  Large

***If depressed or history of depression refer to an obstetrician, consider a referral to GP or discuss with Clinical Psychologist***

***If the pregnant woman is having feelings that are having a moderate to large impact and is feeling like this most days to all the time then consider a Clinical Psychologist referral. If feeling generally anxious then consider a referral to Wellbeing Group. Consider completing risk assessment for vulnerable woman.***

Information give Yes / No

## Booking History

Have you ever had the following?

Hospital Number 02022458

MAXINE

Surname

ST CLAIR

### Medical problems

	Yes	No	Details of treatment	Yes	No
Asthma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Liver disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chest problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kidney/urinary problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exposure to TB	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gastrointestinal problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heart problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pelvic problem/injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Back problem/injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Thrombosis (blood clots)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rheumatology disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, thrombophilia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Neurological disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	History of Cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Group B Streptococcus	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hyper/Hypothyroidism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Details of treatment</b>					
occasion inhaler					

### Blood disorders

	Yes	No	Details of treatment
Non pregnancy anaemia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sickle cell disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Thalassaemia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

### Blood transfusion

	Yes	No	Details of treatment
Have you had a blood transfusion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes, was it pre 1991 (HCV RISK)	<input type="checkbox"/>	<input type="checkbox"/>	
Was it pre 1981 (HIV RISK)	<input type="checkbox"/>	<input type="checkbox"/>	
Atypical antibody bloods	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Do you consent to blood transfusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

### Mental Health disorders

	Yes	No	Details of treatment
Have you been diagnosed with:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	severe anxiety
Bipolar disorder	<input type="checkbox"/>	<input type="checkbox"/>	depression following miscarriage
Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	bi-polar diagnosis under review
Puerperal psychosis	<input type="checkbox"/>	<input type="checkbox"/>	
Postnatal or antenatal depression	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any other mental health disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

### Operations/anaesthetic complications

	Yes	No	Details of treatment
Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Any anaesthetic complications	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, give details	<input type="checkbox"/>	<input type="checkbox"/>	
Is an anaesthetic review required	<input type="checkbox"/>	<input type="checkbox"/>	

### Physical Disabilities

	Yes	No	Details of treatment
Hearing impairment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual impairment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

### Sexual Health

	Yes	No	Details of treatment
Cervical treatment eg cone biopsy, LLETZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Date: _____
Smear:	<input type="checkbox"/>	<input type="checkbox"/>	
Sexually transmitted Infections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Eg herpes, genital warts Chlamydia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Do you have FGM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes, has a reversal been discussed	<input type="checkbox"/>	<input type="checkbox"/>	

## Item C: obstetric history

Hospital Number *02022458*

Surname *Maxine*  
*St Claire*

### OBSTETRIC HISTORY

**Fertility**

History of infertility

**Fertility**

Yes  No

Fertility treatment this pregnancy

Yes  No

Infertility operations

Yes  No

**Family Planning**

Pregnancy planned

Yes  No

Please specify .....

Sterilisation discussed

Yes  No

Contraceptive method used prior to conception

Is current pregnancy with new partner

Yes  No

*Condoms*

Contraception when stopped .....

**Obstetric History**

Date & place delivery	Duration of pregnancy	Labour onset ind/spont	Mode of delivery	Third stage	Sex	Weight	Live, SB, Abort. TOP	Name	Any complications, antenatal, labour, postnatal & method of feeding
<i>July 22</i>	<i>10/40</i>							<i>miscarriage</i>	

**Complications in current pregnancy**

Vomiting

Yes  No

Rash in early pregnancy

Yes  No

Infection with fever

Yes  No

Bleeding

Yes  No

Describe below if necessary.

Other

Yes / No

Hospital admission in pregnancy

Yes  No

Reason

*Bleeding*

**Drugs this pregnancy**

Folic acid 400mcg

Yes  No

Vitamin D supplement

Yes  No

VTE form completed

Yes  No

Hospital Number 02022458

Surname MAXINE  
ST CLAIR

**Discussion on previous pregnancies  
and childbirth or any concerns you may have**

History of early miscarriage @ 10/40  
depression and short period of medication.  
Very anxious about this pregnancy, experience  
some bleeding and flash back at previous  
pregnancy complications. Recently diagnosed  
with bipolar disorder under review.

Completed by Jennifer Role Print name J Role Date .....

Discussed with MAXINE ST CLAIR Sign *MS* Date .....

Care of the Next Infant (CONI) Programme (if appropriate)		
Programme required?	Yes	No
Details of actions and referrals		
CONI Co-ordinator informed Yes / No		



## Continuation for action taken

<b>Hospital No. 02022458</b>		
<b>Name: Maxine StClair</b>	<b>DOB: 18.10.90</b>	<b>EDD: 10.09.2023</b>
<b>Reason for referral and additional information or action taken.</b>		
<i>Maxine has a history of depression and severe anxiety and has recently been diagnosed with bipolar. She had been on medication following a miscarriage at 10 weeks of pregnancy as she felt overwhelmed due to the circumstances.</i>		
<i>Maxine stated she has been feeling anxious since knowledge of pregnancy, and slightly low, not interested in doing much.</i>		
<i>She has made an appointment with her GP to consider management, not very keen to commence any further medication at the moment.</i>		
<i>Did not take medication consistently.</i>		
<b>Action taken:</b>		
<i>To follow tier 3 pathway as risk factors for social care, follow safeguarding pathway.</i>		
<i>Inter-agency form referral information sharing- children's social care.</i>		
<i>Referral form filed in brown notes.</i>		
<i>Referral perinatal Mental Health team.</i>		
<b>Team Outcome – Accepted/Referred back to CMW</b>		
<b>Sign and Print Name: Joanne Wright RM</b>		
<b>Designation: Community</b>	<b>Date: 11.04.2023</b>	

PLEASE COPY THIS FORM AND FILE IN BROWN FOLDER AND GIVE THE ORIGINAL TO THE IDENTIFIED TEAM

## Item D: parenting plan

Mother			
<b>Name</b>	Maxine	<b>Surname</b>	StClair
<b>Date of birth</b>	18.10.90		
<b>NHS number</b>	826 108 6314		

Baby			
<b>Time</b>	09:58	<b>Sex</b>	Female infant StClair
<b>Date of birth</b>	09.09.2023		
<b>NHS Number</b>	TBC		
<b>Name of GP</b>	TBC		

Date	Time	Actions taken	Signature

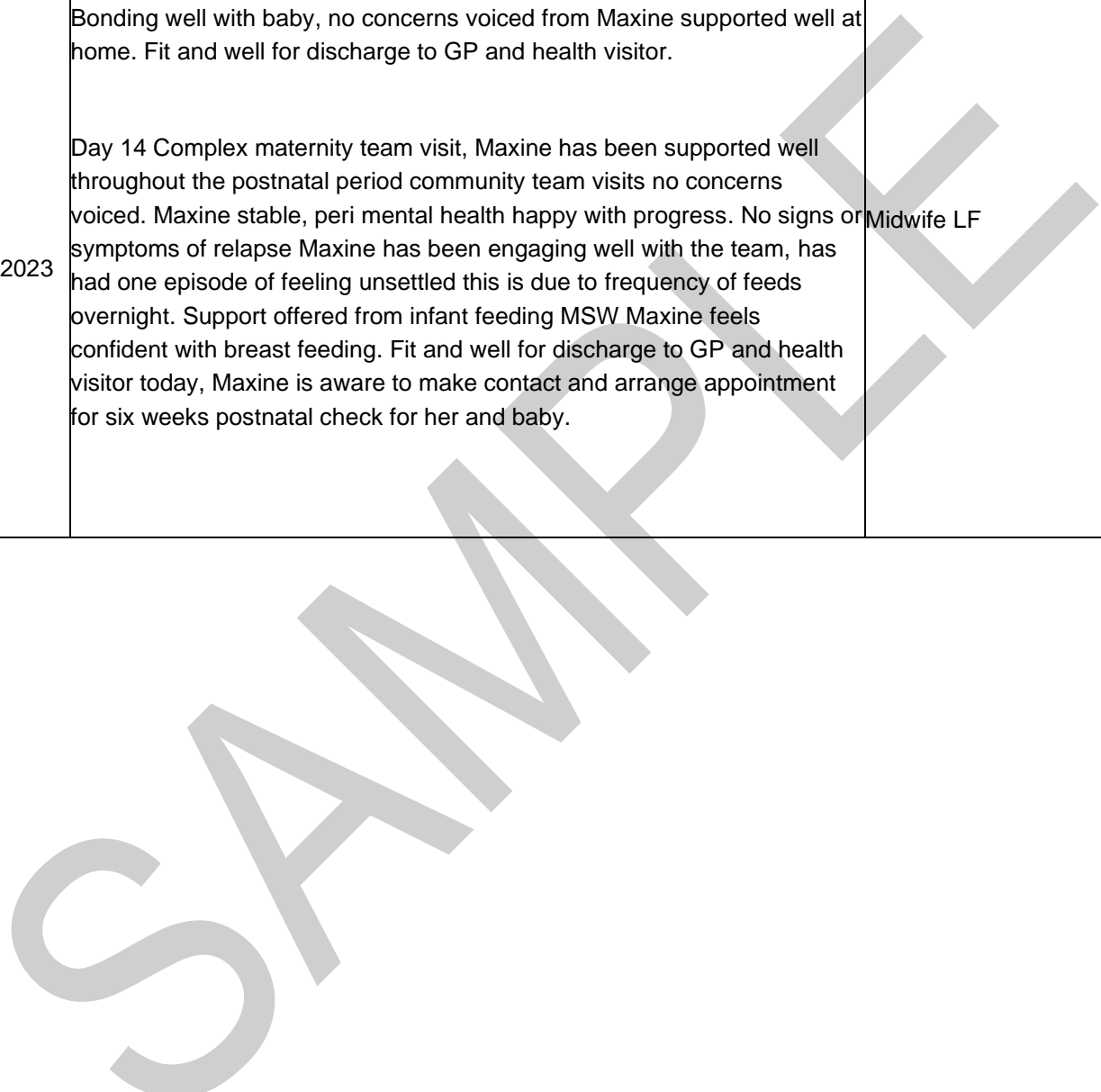
## Item E: postnatal care notes

Mother			
<b>Name</b>	Maxine	<b>Surname</b>	StClair
<b>Date of birth</b>	18.10.90		
<b>NHS number</b>	826 108 6314		

Baby			
<b>Time</b>	09:58	<b>Sex</b>	Female infant StClair
<b>Date of birth</b>	09.09.2023		
<b>NHS Number</b>	TBC		
<b>Name of GP</b>	TBC		

Date	Actions taken	Signature
12.9.2023	Day 3 – community visit at home, Maxine’s feels a little low but more settled at home, slightly tired, postnatal observations no concerns noted. Uterus well contracted minimal lochia today. Peri mental health team to visit day 7.	Midwife AH
14.9.2023	Day 5 – community visit, Maxine and baby well, discussed plan for weight check and neonatal blood spot screen. All understood. Breast feeding well, slight discomfort left breast. Partner comments Maxine’s mood has been low today. Maxine continues medication. Baby on observations NAD weighed 2564grams less than 10% weight loss, neo natal blood spot completed with consent. Next visit day 9.	Midwife AH
18.9.2023	Day 9 – complex maternity team visit, Maxine appears well and coping well with baby peri mental health care plan discussed. Aware community discharge day 10 and care to transferred to GP and health visitor. Peri mental health team follow up appointments arranged. Six weeks post-delivery psychology consultant appointment, review medication.  Post natal checks completed NAD.	Midwife LF

19.9.2023	<p>Day 10 Maxine's seen by community midwife postnatal care satisfactory, no concerns noted.</p> <p>Complex social needs care plan followed, perinatal mental health has reviewed postnatal care, happy with management. Maxine did not require one-to-one care, coping well with baby, breast feeding established. Follow up appointments have been made with PHMH consultant.</p> <p>Bonding well with baby, no concerns voiced from Maxine supported well at home. Fit and well for discharge to GP and health visitor.</p>	Midwife AH
23.9.2023	<p>Day 14 Complex maternity team visit, Maxine has been supported well throughout the postnatal period community team visits no concerns voiced. Maxine stable, peri mental health happy with progress. No signs or symptoms of relapse Maxine has been engaging well with the team, has had one episode of feeling unsettled this is due to frequency of feeds overnight. Support offered from infant feeding MSW Maxine feels confident with breast feeding. Fit and well for discharge to GP and health visitor today, Maxine is aware to make contact and arrange appointment for six weeks postnatal check for her and baby.</p>	Midwife LF



## Item F: clinical psychology care plan

<b>Mother's name</b>	<b>Maxine StClair</b>
<b>Mother's hospital no</b>	<b>02022458</b>
<b>Mothers DOB</b>	<b>18.10.90</b>
<b>Address</b>	
<b>Parity</b>	<b>PO</b>
<b>Baby's EDD</b>	<b>10.09.2023</b>
<b>Date</b>	<b>28.05.2023</b>
<b>Father's name</b>	<b>John StClair</b>
<b>Contact numbers</b>	<b>01234 567 891</b>
<b>Named midwife</b>	<b>Louise Francis</b>
<b>Social worker</b>	<b>N/A</b>
<b>Local authority</b>	
<b>PNMH team allocated worker</b>	<b>Jenny Rogers</b>
<b>Health visitor</b>	<b>Mary Chambers</b>
<b>Health centre/base</b>	<b>Buckinghamshire</b>
<b>GP</b>	<b>Dr. Good</b>
<b>Practice</b>	<b>Roman Road</b>
<b>Other professionals</b>	<b>Dr. Jones PNMH consultant</b>

<b>Current Concerns/Risks/Vulnerability</b>
<b><i>Diagnosed with Bi-Polar affective disorder after episode of hypomanic in Aug 2021 – currently on medication with 100mg Lamotrigine (9am) and 12.5mg Onalzapine (6pm). She has been stable but poor management of her medication noted.</i></b>
<b>Plan of care</b>
<ul style="list-style-type: none"> <li>• <b><i>Husband will be birth partner (possibly mother as well) Recommended PNMH that husband can stay out of hours during Maxine admission</i></b></li> <li>• <b><i>Does not need 1:1 in hospital unless mental health deteriorates</i></b></li> <li>• <b><i>On admission please take FBC, U&amp;E'S, TFT'S, LFT'S, eGFR, serum lamotrigine level (as per perinatal psychiatrist plan)</i></b></li> </ul>
<b>ANTENATAL</b>
<ul style="list-style-type: none"> <li>• <b><i>Needs regular medication prescribed on admission as well as PRN medication in case of behavioural disturbance</i></b></li> <li>• <b><i>please take FBC, U&amp;E'S, TFT'S, LFT'S, eGFR, serum lamotrigine</i></b></li> <li>• <b><i>Baby will need withdrawal observations due to lamotrigine</i></b></li> </ul>
<b>POSTNATAL</b>
<ul style="list-style-type: none"> <li>• <b><i>Safe for Maxine to breastfeed baby on her medication if MH remains stable. If delivers within working hours PHMH team will R/V Maxine</i></b></li> <li>• <b><i>PNMH team will see at home 1 week post-delivery if not review on the ward</i></b></li> <li>• <b><i>28 days complex needs team</i></b></li> </ul>

<b>BABY is on CP PLAN</b>	<b>No</b>
<b>Baby is on CIN PLAN</b>	<b>No</b>

<b>1:1 Required</b>	<b><i>No - to be assessed if mood deteriorates during admission</i></b>
<b>1:1 Approved by</b>	
<b>Plan for partner/ family member support</b>	<b><i>Yes husband (John StClair)</i></b>
<b>Plan for follow up</b>	<b><i>PNMH review on the ward in hours, out of hours Maxine can be discharged if clinically well and will be reviewed at home</i></b>
<b>Future Meetings</b>	<b><i>None currently planned</i></b>
<b>Form Completed by Designated /Title</b>	<b><i>Louise Frances Complex Needs Team</i></b>
<b>Sent to Date</b>	<b><i>Bleep Holders/ managers 28.05.2023</i></b>

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Owner: Head of Assessment Design

## Change History Record

Version	Description of change	Approval	Date of Issue
v1.0	Additional sample material		01 September 2023
v1.1	Sample added as a watermark	November 2023	22 November 2023