T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting the Midwifery Team

Assignment 1 - Case study stimulus materials

Assignment brief insert

v1.3: Specimen assessment materials
21 November 2023
603/7066/X

Internal reference: HLTH-0012-03

T Level Technical Qualification in Health
Occupational specialism assessment (OSA)

Supporting the Midwifery Team

Assignment brief insert

Assignment 1

Case study stimulus materials

Contents

Item A: online resources

Tommy's Pregnancy Hub. BMI Calculator [2020]:
www.tommys.org/pregnancy-information/im-pregnant/weight-management/calculate-your-bmi

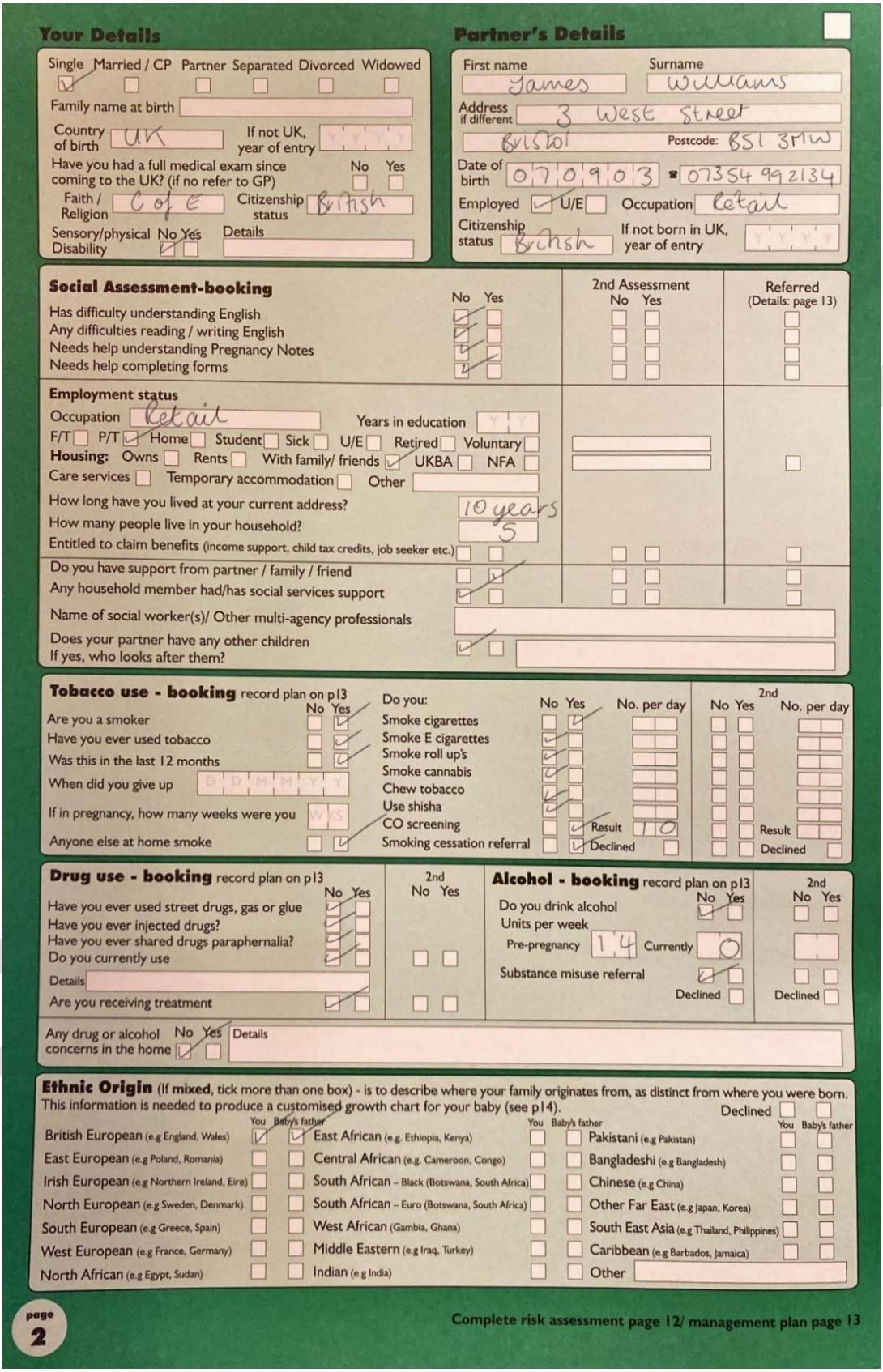
NHS UK. Stop smoking in pregnancy [2020]:
www.nhs.uk/smokefree/why-quit/smoking-in-pregnancy

NHS UK Start 4 Life. Pregnancy [2020]:
www.nhs.uk/start4life/pregnancy

Antenatal Results and Choices. Tests explained [2020]:
www.arc-uk.org/tests-explained

NHS UK Start 4 Life. Breastfeeding [2020]:
www.nhs.uk/start4life/baby/breastfeeding

Item B: booking notes – handheld notes



Your Details

Single ☑ Married / CP ☐ Partner ☐ Separated ☐ Divorced ☐ Widowed ☐

Family name at birth

Country of birth: UK — If not UK, year of entry: Y Y Y Y

Have you had a full medical exam since coming to the UK? (if no refer to GP) — No ☐ Yes ☐

Faith / Religion: C of E — Citizenship status: British

Sensory/physical Disability — No ☑ Yes ☐ — Details

Partner's Details

First name: James — Surname: Williams

Address if different: 3 West Street

Bristol — Postcode: BS1 3MW

Date of birth: 0 7 0 9 0 3 — 07354 992134

Employed ☑ U/E ☐ — Occupation: Retail

Citizenship status: British — If not born in UK, year of entry: Y Y Y Y

Social Assessment-booking

	No	Yes	2nd Assessment No	2nd Assessment Yes	Referred (Details: page 13)
Has difficulty understanding English	☑	☐	☐	☐	☐
Any difficulties reading / writing English	☑	☐	☐	☐	☐
Needs help understanding Pregnancy Notes	☐	☑	☐	☐	☐
Needs help completing forms	☐	☑	☐	☐	☐

Employment status

Occupation: Retail — Years in education: Y Y

F/T ☐ P/T ☑ Home ☐ Student ☐ Sick ☐ U/E ☐ Retired ☐ Voluntary ☐

Housing: Owns ☐ Rents ☐ With family/ friends ☑ UKBA ☐ NFA ☐

Care services ☐ Temporary accommodation ☐ Other

How long have you lived at your current address? 10 years

How many people live in your household? 5

Entitled to claim benefits (income support, child tax credits, job seeker etc.) ☐ ☐

Do you have support from partner / family / friend ☐ ☑

Any household member had/has social services support ☑ ☐

Name of social worker(s)/ Other multi-agency professionals

Does your partner have any other children ☑ ☐

If yes, who looks after them?

Tobacco use - booking record plan on p13

	No	Yes
Are you a smoker	☐	☑
Have you ever used tobacco	☐	☑
Was this in the last 12 months	☐	☑
When did you give up	D D M M Y Y	
If in pregnancy, how many weeks were you	W W	
Anyone else at home smoke	☐	☑

Do you:	No	Yes	No. per day	2nd No	2nd Yes	2nd No. per day
Smoke cigarettes	☐	☑		☐	☐	
Smoke E cigarettes	☐	☑		☐	☐	
Smoke roll up's	☐	☑		☐	☐	
Smoke cannabis	☐	☑		☐	☐	
Chew tobacco	☐	☑		☐	☐	
Use shisha	☐	☑		☐	☐	
CO screening	☐	☑ Result 10		☐	☐ Result	
Smoking cessation referral	☐	☑ Declined ☐		☐	☐ Declined	☐

Drug use - booking record plan on p13

	No	Yes	2nd No	2nd Yes
Have you ever used street drugs, gas or glue	☑	☐		
Have you ever injected drugs?	☑	☐		
Have you ever shared drugs paraphernalia?	☑	☐		
Do you currently use	☑	☐	☐	☐
Details				
Are you receiving treatment	☑	☐	☐	☐

Alcohol - booking record plan on p13

	No	Yes	2nd No	2nd Yes
Do you drink alcohol	☐	☑		
Units per week				
Pre-pregnancy 14 Currently 0				
Substance misuse referral	☑	☐	☐	☐
Declined	☐		☐	☐

Any drug or alcohol concerns in the home — No ☐ Yes ☑ — Details

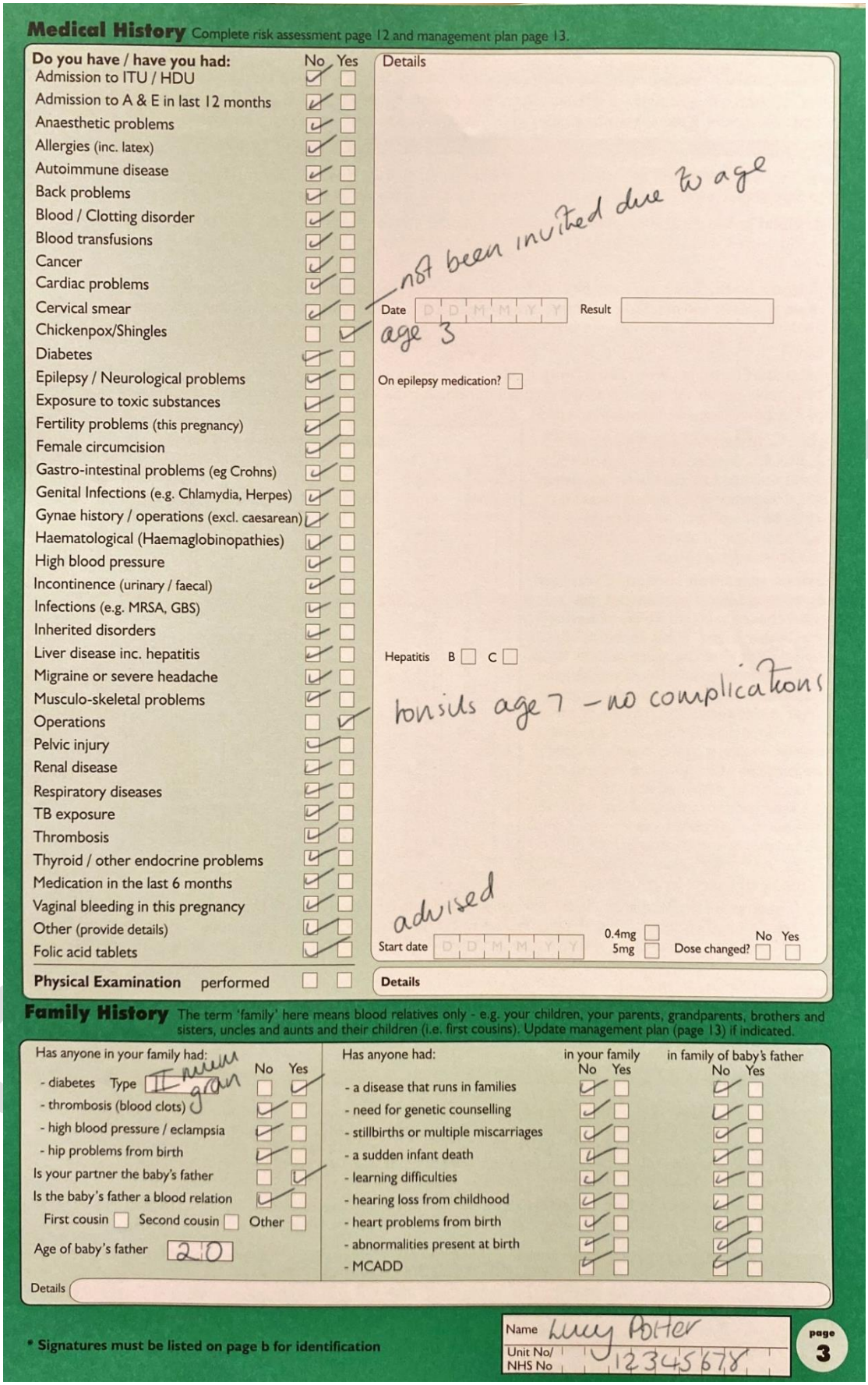
Ethnic Origin (If **mixed**, tick more than one box) - is to describe where your family originates from, as distinct from where you were born. This information is needed to produce a customised growth chart for your baby (see p14).

Declined ☐ ☐

	You	Baby's father
British European (e.g England, Wales)	☑	☑
East European (e.g Poland, Romania)	☐	☐
Irish European (e.g Northern Ireland, Eire)	☐	☐
North European (e.g Sweden, Denmark)	☐	☐
South European (e.g Greece, Spain)	☐	☐
West European (e.g France, Germany)	☐	☐
North African (e.g Egypt, Sudan)	☐	☐
East African (e.g. Ethiopia, Kenya)	☐	☐
Central African (e.g. Cameroon, Congo)	☐	☐
South African – Black (Botswana, South Africa)	☐	☐
South African – Euro (Botswana, South Africa)	☐	☐
West African (Gambia, Ghana)	☐	☐
Middle Eastern (e.g Iraq, Turkey)	☐	☐
Indian (e.g India)	☐	☐
Pakistani (e.g Pakistan)	☐	☐
Bangladeshi (e.g Bangladesh)	☐	☐
Chinese (e.g China)	☐	☐
Other Far East (e.g Japan, Korea)	☐	☐
South East Asia (e.g Thailand, Philippines)	☐	☐
Caribbean (e.g Barbados, Jamaica)	☐	☐
Other		

page 2

Complete risk assessment page 12/ management plan page 13



Medical History Complete risk assessment page 12 and management plan page 13.

Do you have / have you had:	No	Yes	Details
Admission to ITU / HDU	✓		
Admission to A & E in last 12 months	✓		
Anaesthetic problems	✓		
Allergies (inc. latex)	✓		
Autoimmune disease	✓		
Back problems	✓		
Blood / Clotting disorder	✓		
Blood transfusions	✓		
Cancer	✓		
Cardiac problems	✓		
Cervical smear	✓		not been invited due to age
Chickenpox/Shingles		✓	age 3
Diabetes	✓		
Epilepsy / Neurological problems	✓		
Exposure to toxic substances	✓		
Fertility problems (this pregnancy)	✓		
Female circumcision	✓		
Gastro-intestinal problems (eg Crohns)	✓		
Genital Infections (e.g. Chlamydia, Herpes)	✓		
Gynae history / operations (excl. caesarean)	✓		
Haematological (Haemaglobinopathies)	✓		
High blood pressure	✓		
Incontinence (urinary / faecal)	✓		
Infections (e.g. MRSA, GBS)	✓		
Inherited disorders	✓		
Liver disease inc. hepatitis	✓		
Migraine or severe headache	✓		
Musculo-skeletal problems	✓		
Operations		✓	tonsils age 7 – no complications
Pelvic injury	✓		
Renal disease	✓		
Respiratory diseases	✓		
TB exposure	✓		
Thrombosis	✓		
Thyroid / other endocrine problems	✓		
Medication in the last 6 months	✓		
Vaginal bleeding in this pregnancy	✓		
Other (provide details)	✓		
Folic acid tablets	✓		advised

Date D D M M Y Y Result

On epilepsy medication? ☐

Hepatitis B ☐ C ☐

Start date D D M M Y Y 0.4mg ☐ 5mg ☐ Dose changed? No ☐ Yes ☐

Physical Examination performed ☐ ☐ **Details**

Family History The term 'family' here means blood relatives only - e.g. your children, your parents, grandparents, brothers and sisters, uncles and aunts and their children (i.e. first cousins). Update management plan (page 13) if indicated.

Has anyone in your family had:	No	Yes
- diabetes Type II mum gran		✓
- thrombosis (blood clots)	✓	
- high blood pressure / eclampsia	✓	
- hip problems from birth	✓	
Is your partner the baby's father		✓
Is the baby's father a blood relation	✓	

First cousin ☐ Second cousin ☐ Other ☐

Age of baby's father 21 0

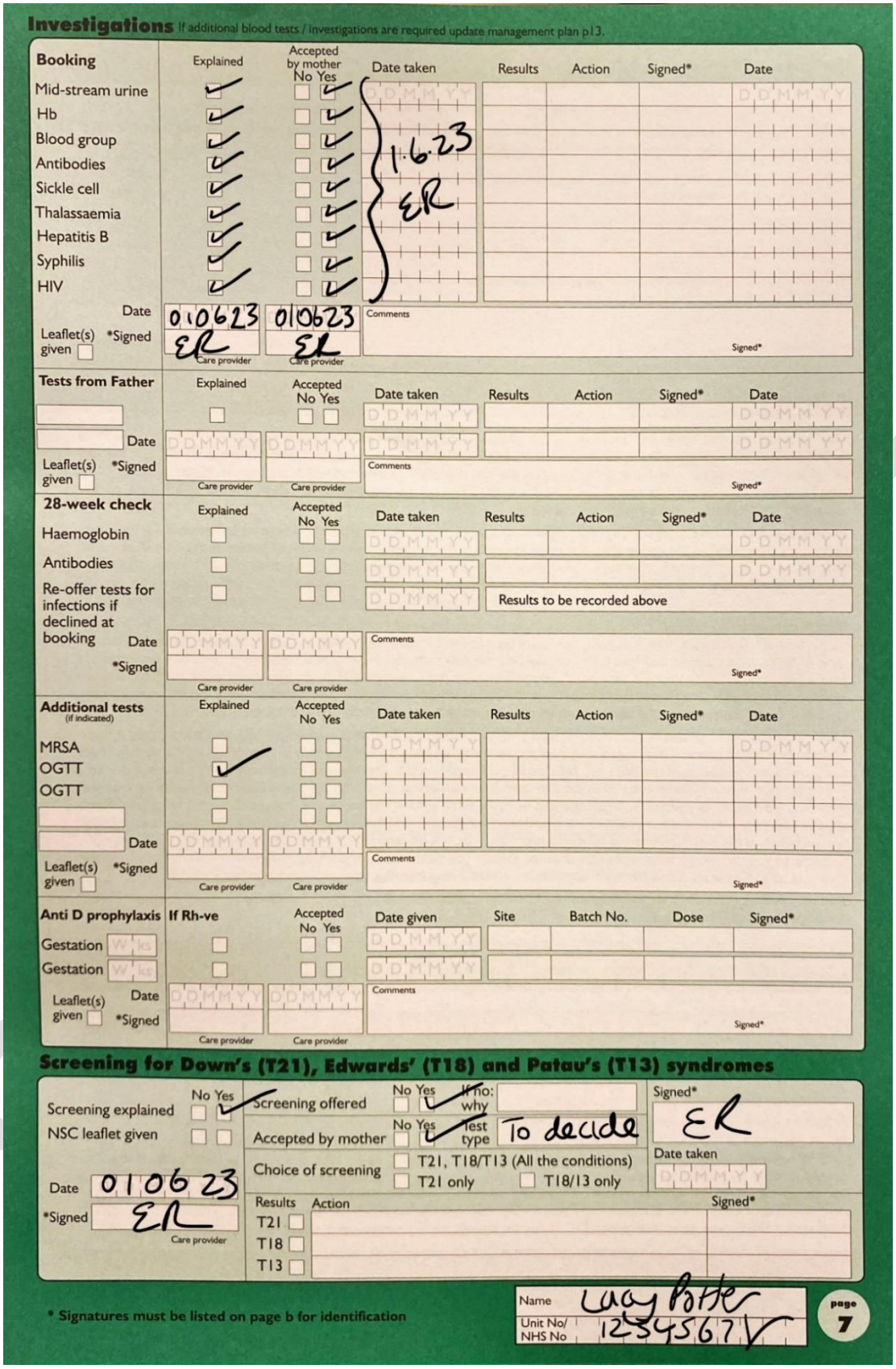
Has anyone had:	in your family No	in your family Yes	in family of baby's father No	in family of baby's father Yes
- a disease that runs in families	✓		✓	
- need for genetic counselling	✓		✓	
- stillbirths or multiple miscarriages	✓		✓	
- a sudden infant death	✓		✓	
- learning difficulties	✓		✓	
- hearing loss from childhood	✓		✓	
- heart problems from birth	✓		✓	
- abnormalities present at birth	✓		✓	
- MCADD	✓		✓	

Details

* Signatures must be listed on page b for identification

Name Lucy Potter
Unit No/ NHS No 12345678

page 3



Investigations If additional blood tests / investigations are required update management plan p13.

Booking	Explained	Accepted by mother No Yes	Date taken	Results	Action	Signed*	Date
Mid-stream urine	✓	✓	1.6.23 ER				
Hb	✓	✓					
Blood group	✓	✓					
Antibodies	✓	✓					
Sickle cell	✓	✓					
Thalassaemia	✓	✓					
Hepatitis B	✓	✓					
Syphilis	✓	✓					
HIV	✓	✓					
Date	010623	010623					
Leaflet(s) given ☐ *Signed	ER Care provider	ER Care provider	Comments			Signed*	

Tests from Father	Explained	Accepted No Yes	Date taken	Results	Action	Signed*	Date
	☐	☐ ☐					
Date							
Leaflet(s) given ☐ *Signed	Care provider	Care provider	Comments			Signed*	

28-week check	Explained	Accepted No Yes	Date taken	Results	Action	Signed*	Date
Haemoglobin	☐	☐ ☐					
Antibodies	☐	☐ ☐					
Re-offer tests for infections if declined at booking	☐	☐ ☐	Results to be recorded above				
Date			Comments				
*Signed	Care provider	Care provider				Signed*	

Additional tests (if indicated)	Explained	Accepted No Yes	Date taken	Results	Action	Signed*	Date
MRSA	☐	☐ ☐					
OGTT	✓	☐ ☐					
OGTT	☐	☐ ☐					
	☐	☐ ☐					
Date							
Leaflet(s) given ☐ *Signed	Care provider	Care provider	Comments			Signed*	

Anti D prophylaxis	If Rh-ve	Accepted No Yes	Date given	Site	Batch No.	Dose	Signed*
Gestation Wks	☐	☐ ☐					
Gestation Wks	☐	☐ ☐					
Leaflet(s) given ☐ Date			Comments				
*Signed	Care provider	Care provider				Signed*	

Screening for Down's (T21), Edwards' (T18) and Patau's (T13) syndromes

	No	Yes		No	Yes			
Screening explained	☐	✓	Screening offered	☐	☐	If no: why		Signed* ER
NSC leaflet given	☐	☐	Accepted by mother	☐	✓	Test type	To decide	
Date 010623			Choice of screening	☐ T21, T18/T13 (All the conditions) ☐ T21 only ☐ T18/13 only				Date taken
*Signed ER Care provider			Results	Action				Signed*
			T21 ☐					
			T18 ☐					
			T13 ☐					

* Signatures must be listed on page b for identification

Name Lucy Potter
Unit No/ NHS No 1234567 ✓

page 7

Special features

Height	Weight booking	BMI	BP booking	Age	Blood group	Weight [illegible]	[illegible]	EDD
162	82		96 58	18			0+	11 01 24

Key points (from management plan, page 13)

Pre-pregnancy weight = 82kg

[illegible]

Flu vaccine given Yes ☐ Declined ☐

SGA or FGR on scan Yes ☐

Medications None Allergies NKDA

Labour, delivery & postnatal Paediatric alert form ☐

Would like home birth

Paediatrician to be present ☐ Seniority Reason

Antenatal visits [illegible]

Date/Time	Gest	BP	Urine	CO level	Fetal Movements: Felt	Fetal Movements: Discussed	Pres	Lie	Eng	Liquor	Fetal heart	Hb	Next contact
01 06 23	8+	96/58	NAD	10	—	✓							16/40

Details and advice:(inc. infant feeding, lifestyle choices, pelvic floor exercises etc.)

Routine Booking. Bloods and MSU taken with consent. Diet + Lifestyle discussed. Scan booked. GTT discussed. Temp 36·8 Pulse 73 RR 13. Smokefree referral complete

Mental health and wellbeing discussed Yes ☑

Accompanied No ☑ Yes ☐ With ☐ Management plan:reviewed ☐ revised ☐ Signed* Emma Read

Date/Time	Gest	BP	Urine	CO level	Felt	Discussed	Pres	Lie	Eng	Liquor	Fetal heart	Hb	Next contact
	+	/											

Details and advice:(inc. infant feeding, lifestyle choices, pelvic floor exercises etc.)

Mental health and wellbeing discussed Yes ☐

Accompanied No ☐ Yes ☐ With ☐ Management plan:reviewed ☐ revised ☐ Signed*

Date/Time	Gest	BP	Urine	CO level	Felt	Discussed	Pres	Lie	Eng	Liquor	Fetal heart	Hb	Next contact
	+	/											

Details and advice:(inc. infant feeding, lifestyle choices, pelvic floor exercises etc.)

Mental health and wellbeing discussed Yes ☐

Accompanied No ☐ Yes ☐ With ☐ Management plan:reviewed ☐ revised ☐ Signed*

Date/Time	Gest	BP	Urine	CO level	Felt	Discussed	Pres	Lie	Eng	Liquor	Fetal heart	Hb	Next contact
	+	/											

Details and advice:(inc. infant feeding, lifestyle choices, pelvic floor exercises etc.)

Mental health and wellbeing discussed Yes ☐

Accompanied No ☐ Yes ☐ With ☐ Management plan:reviewed ☐ revised ☐ Signed*

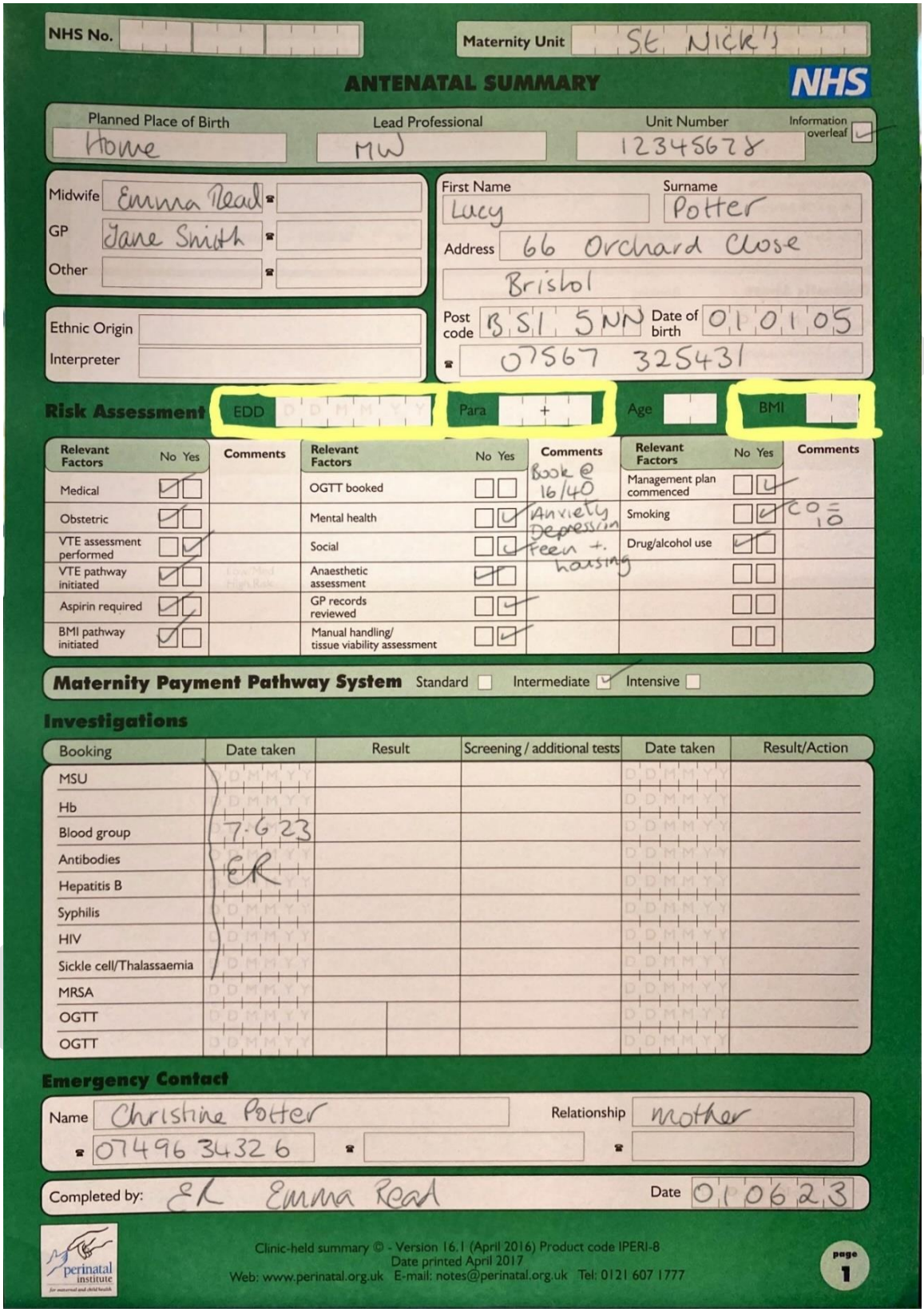
* Signatures must be listed on page 5 for identification

Name

Unit No/ NHS No

page 17

Item C: booking summary



NHS No.

Maternity Unit: St Nick's

ANTENATAL SUMMARY NHS

Planned Place of Birth	Lead Professional	Unit Number	Information overleaf
Home	MW	1234567	✓

Midwife: Emma Read
GP: Jane Smith
Other:

First Name: Lucy
Surname: Potter
Address: 66 Orchard Close
Bristol
Post code: BS1 5NN
Date of birth: 01 01 05
07567 325431

Ethnic Origin:
Interpreter:

Risk Assessment EDD: Para: + Age: BMI:

Relevant Factors	No	Yes	Comments	Relevant Factors	No	Yes	Comments	Relevant Factors	No	Yes	Comments
Medical		✓		OGTT booked			Book @ 16/40	Management plan commenced		✓	
Obstetric		✓		Mental health		✓	Anxiety Depression Teen + housing	Smoking		✓	CO = 10
VTE assessment performed	✓			Social		✓		Drug/alcohol use	✓		
VTE pathway initiated	✓			Anaesthetic assessment	✓						
Aspirin required	✓			GP records reviewed		✓					
BMI pathway initiated	✓			Manual handling/ tissue viability assessment		✓					

Maternity Payment Pathway System Standard ☐ Intermediate ✓ Intensive ☐

Investigations

Booking	Date taken	Result	Screening / additional tests	Date taken	Result/Action
MSU					
Hb					
Blood group	7.6.23				
Antibodies	GR				
Hepatitis B					
Syphilis					
HIV					
Sickle cell/Thalassaemia					
MRSA					
OGTT					
OGTT					

Emergency Contact

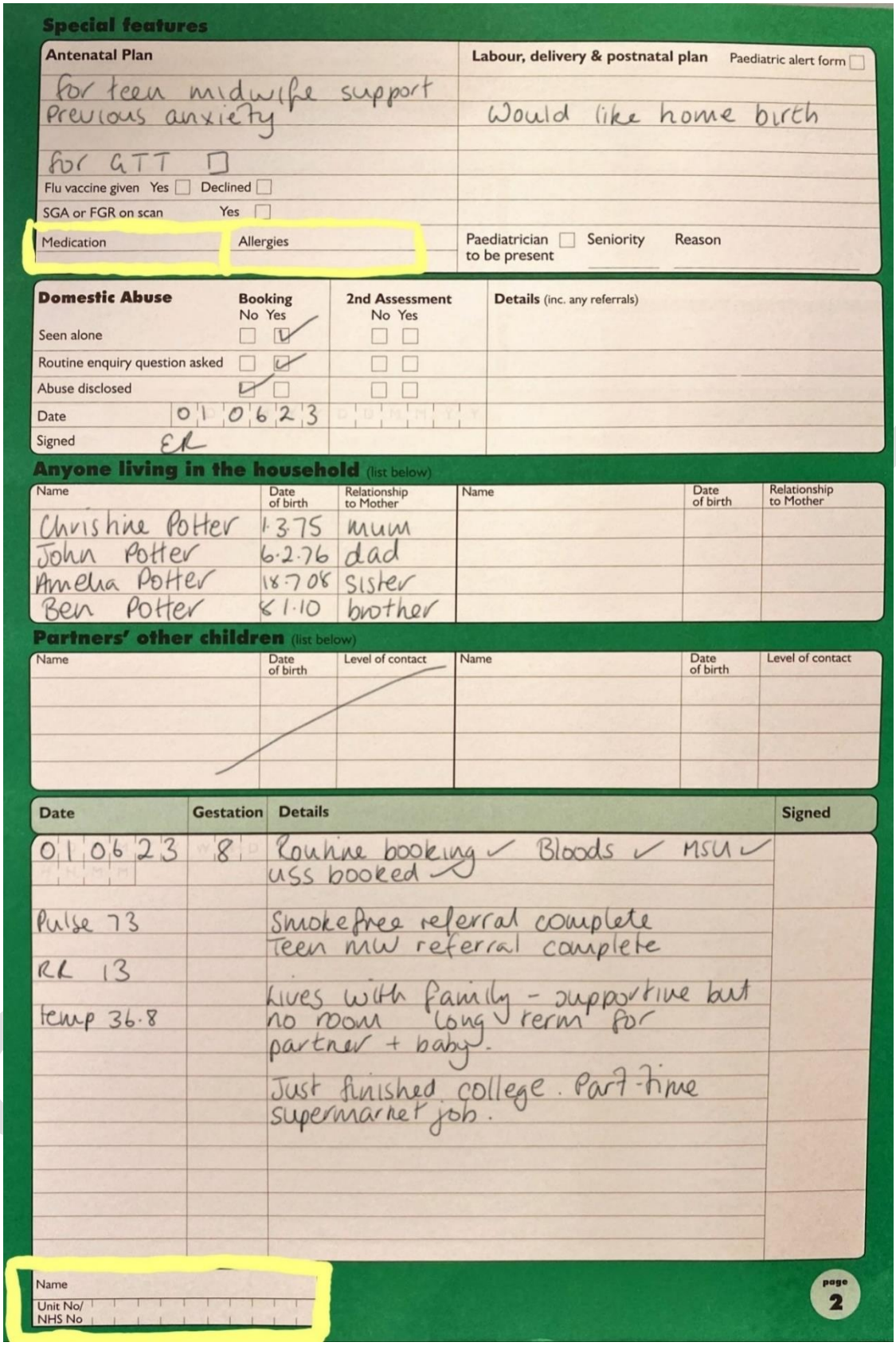
Name: Christine Potter
Relationship: mother
07496 34326

Completed by: EK Emma Read
Date: 01 06 23

perinatal institute

Clinic-held summary © - Version 16.1 (April 2016) Product code IPERI-8
Date printed April 2017
Web: www.perinatal.org.uk E-mail: notes@perinatal.org.uk Tel: 0121 607 1777

page 1



Special features

Antenatal Plan	Labour, delivery & postnatal plan — Paediatric alert form ☐
for teen midwife support Previous anxiety	Would like home birth
for GTT ☐	
Flu vaccine given Yes ☐ Declined ☐	
SGA or FGR on scan Yes ☐	
Medication / Allergies	Paediatrician to be present ☐ Seniority / Reason

Domestic Abuse	Booking No	Booking Yes	2nd Assessment No	2nd Assessment Yes	Details (inc. any referrals)
Seen alone	☐	☑	☐	☐	
Routine enquiry question asked	☐	☑	☐	☐	
Abuse disclosed	☑	☐	☐	☐	
Date	01 06 23				
Signed	ER				

Anyone living in the household (list below)

Name	Date of birth	Relationship to Mother	Name	Date of birth	Relationship to Mother
Christine Potter	1.3.75	mum			
John Potter	6.2.76	dad			
Amelia Potter	18.7.08	sister			
Ben Potter	8.1.10	brother			

Partners' other children (list below)

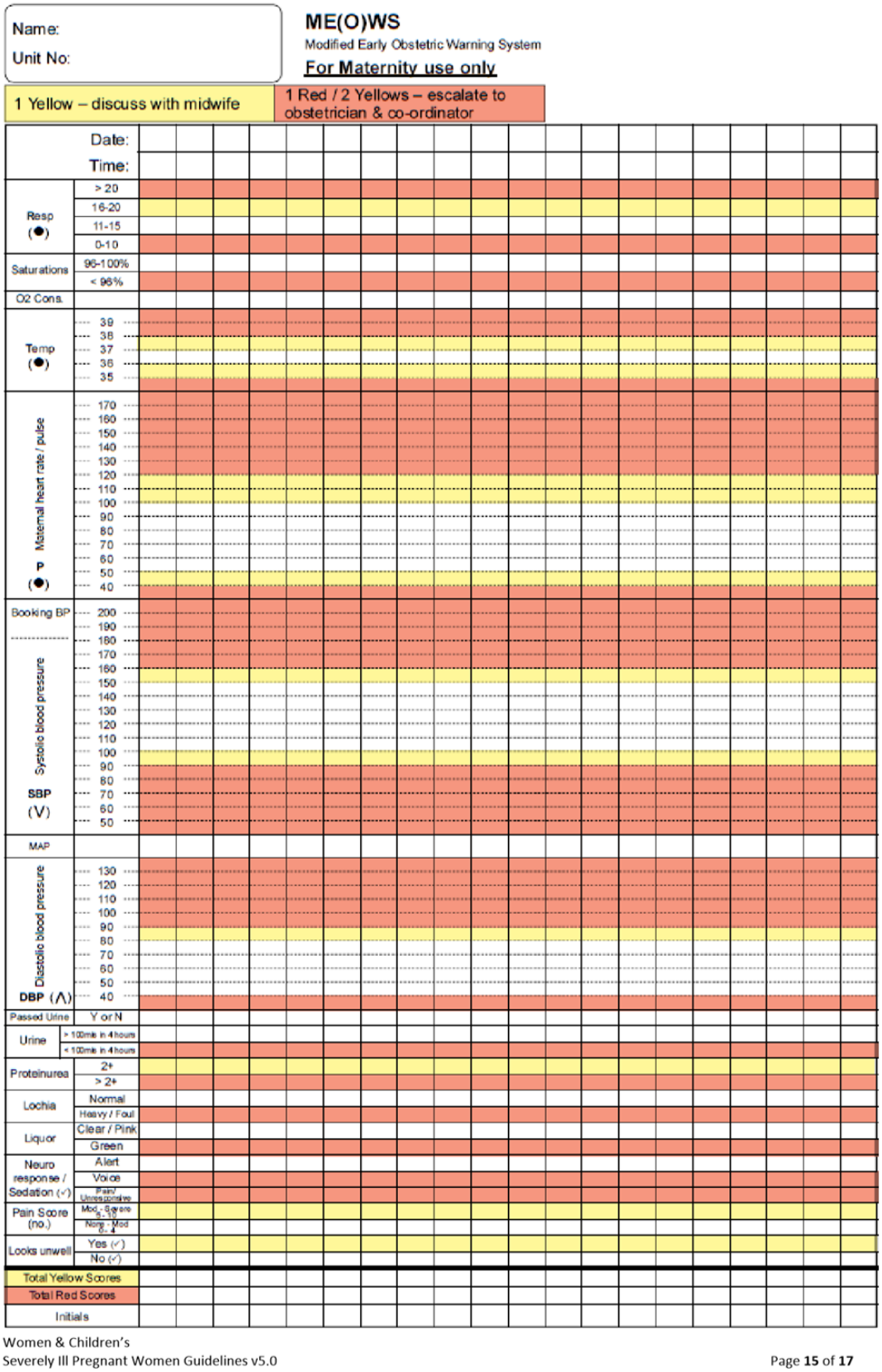
Name	Date of birth	Level of contact	Name	Date of birth	Level of contact

Date	Gestation	Details	Signed
01 06 23	8	Routine booking ✓ Bloods ✓ MSU ✓ uss booked ✓	
Pulse 73		Smokefree referral complete Teen MW referral complete	
RR 13			
Temp 36.8		Lives with family - supportive but no room long term for partner + baby.	
		Just finished college. Part-time supermarket job.	

Name
Unit No/ NHS No

page 2

Item D: modified early obstetric warning score (MEOWS) chart

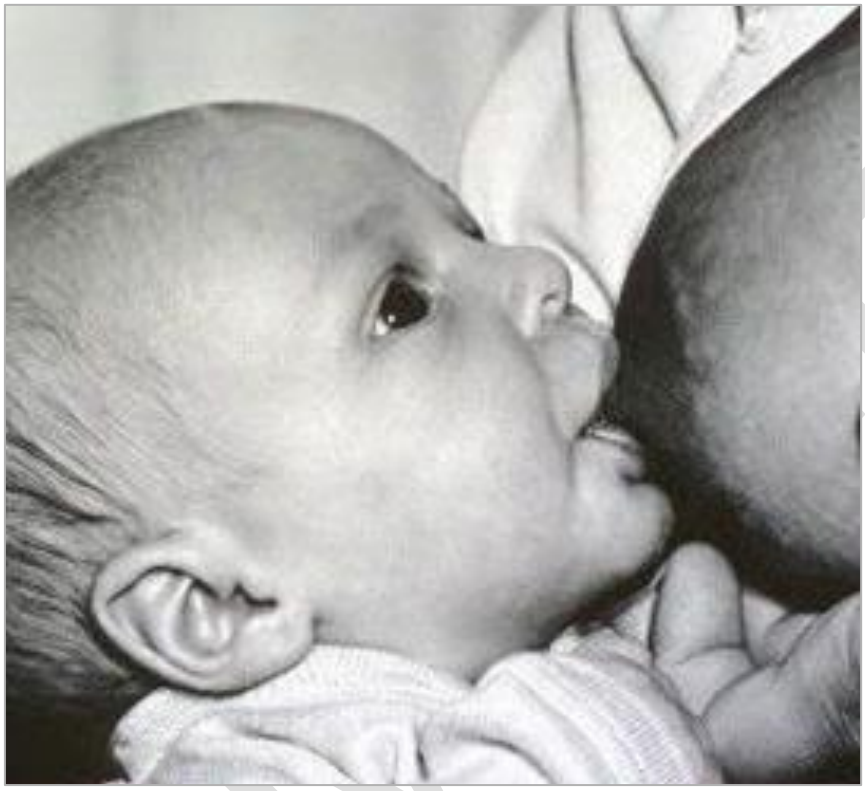


Women & Children's
Severely Ill Pregnant Women Guidelines v5.0

Page **15** of **17**

Item E: breastfeeding photograph

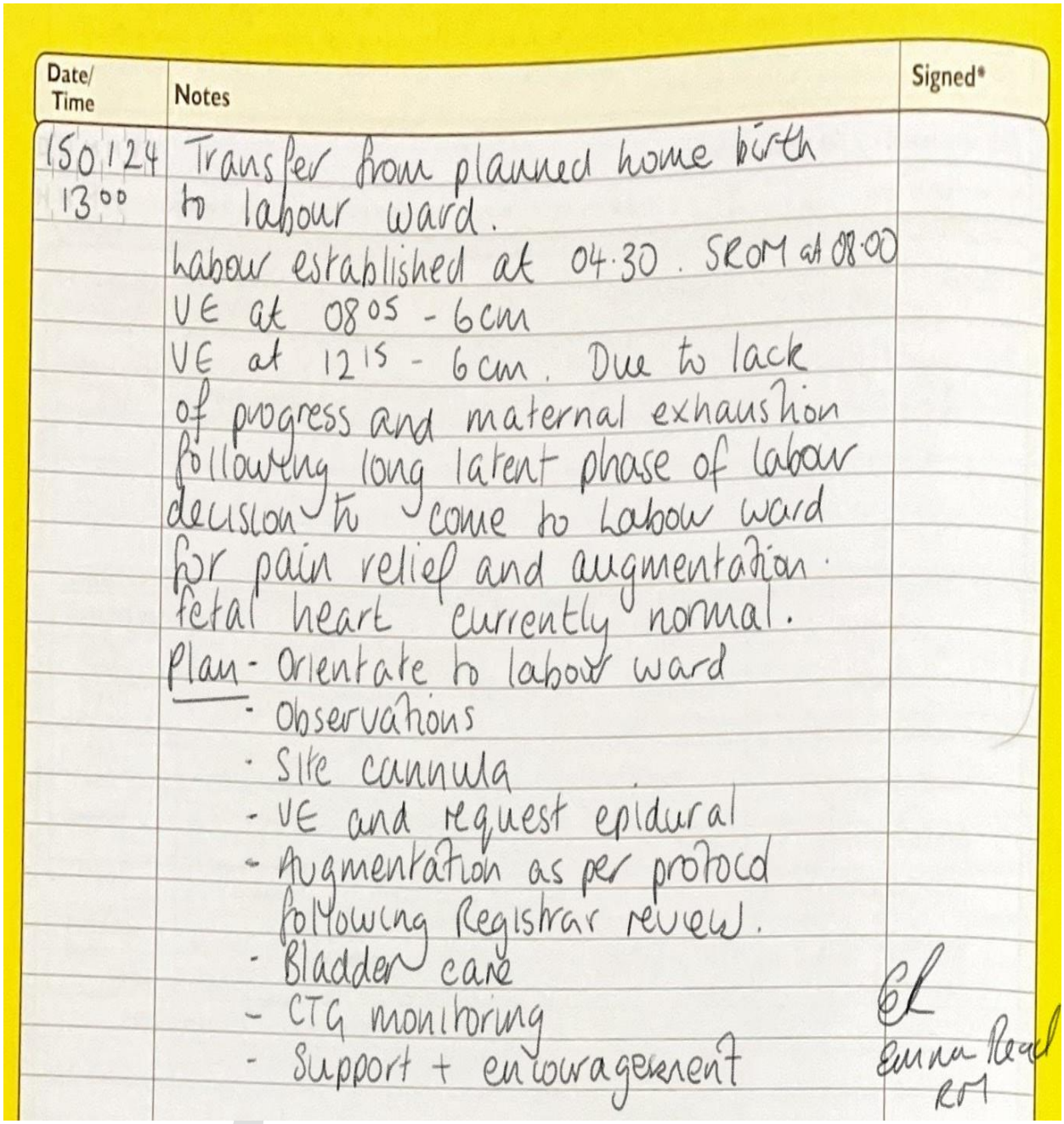
During the day 3 postnatal visit at Lucy's home, you observe a feed:



Item F: breastfeeding tool

How you and your midwife can recognise that your baby is feeding well					*This assessment tool was developed for use on or around day 5. If used at other times:
What to look for/ask about	√	√	√	√	**Wet nappies:** Day 1-2 = 1-2 or more in 24 hours Day 3-4 = 3-4 or more in 24 hours, heavier Day 6 plus = 6 or more in 24 hours, heavy
Your baby: has at least 8 -12 feeds in 24 hours*	X				
is generally calm and relaxed when feeding and content after most feeds	✓				
will take deep rhythmic sucks and you will hear swallowing*	X				
will generally feed for between 5 and 40 minutes and will come off the breast spontaneously	X				**Stools/dirty nappies:** Day 1-2 = 1 or more in 24 hours, meconium Day 3-4 = 2 (preferably more) in 24 hours changing stools
has a normal skin colour and is alert and waking for feeds	X				
has not lost more than 10% weight	✓				
Your baby's nappies: At least 5-6 heavy, wet nappies in 24 hours*	X				
At least 2 dirty nappies in 24 hours, at least £2 coin size, yellow and runny and usually more*	X				**Sucking pattern:** Swallows may be less audible until milk comes in day 3-4 Feed frequency: Day 1 at least 3-4 feeds After day 1 young babies will feed often and the pattern and number of feeds will vary from day to day. Being responsive to your baby's need to breastfeed for food, drink, comfort and security will ensure you have a good milk supply and a secure happy baby.
Your breasts:					
Breasts and nipples are comfortable	X				
Nipples are the same shape at the end of the feed as the start	X				
How using a dummy/nipple shields/infant formula can impact on breastfeeding	✓				
Date	day 3 Breastfeeding				**Care plan commenced: Yes/No:**
Midwife's initials	ed				Baby lethargic – for support and feeding plan
Midwife: if any responses not ticked: watch a full breastfeed, develop a care plan including revisiting positioning and attachment and/or refer for additional support. Consider specialist support if needed.					

Item G: extract from labour notes



Date/ Time	Notes	Signed*
15/01/24 13:00	Transfer from planned home birth to labour ward. Labour established at 04:30. SROM at 08:00 VE at 08:05 - 6cm VE at 12:15 - 6cm. Due to lack of progress and maternal exhaustion following long latent phase of labour decision to come to Labour ward for pain relief and augmentation. fetal heart currently normal. Plan - Orientate to labour ward - Observations - Site cannula - VE and request epidural - Augmentation as per protocol following Registrar review. - Bladder care - CTG monitoring - Support + encouragement	EL Emma Read RM

Third Stage

Management
Physiological ☐ Active (CCT) ☑ Manual removal of placenta ☐
Delayed cord clamping-duration <5 mins ☐ >5 mins ☑
Comments

Drugs
Consent obtained Yes ☑
Dosage & time given: 1 amp 1908
Syntometrine ☑ Ergometrine ☐ Oxytocin ☐
Haemobate ☐ Misoprostol ☐

Blood loss (ml)
Measured
Estimated 480
Total 480

Cord No. of vessels 3
Placenta
Apparently complete ☑ Incomplete ☐
Sent for histology ☐ Comments

Membranes
Apparently complete ☑ Ragged ☐ Incomplete ☐

Further action

Vaginal delivery pack

Pre delivery swab count (inc. no) 5 Signatures* KC SJ
Post delivery swab count (inc. no) 5 Signatures* KC SJ

Perineum

No trauma identified ☐ PR performed ☑
If PR declined, reason

Trauma **
1° ☐ 2° ☐ 3a° ☐ 3b° ☐ 3c° ☐ 4° ☐ Labial ☐ Vaginal ☐ Cervical ☐ Episiotomy ☑
Indication for episiotomy forceps

Pre-repair
Repair required No ☐ Yes ☑
Discussed with mother ☑ Consent obtained ☑
Catheterised ☐ Indwelling ☑
Tampon inserted ☐
Venue for repair (room/theatre) Room
Repair by KC
Start date and time 15/1/24 1950
Swab count (inc. no) 5 Needle count 2
Count by:
Signature* KC
Signature* JS

Details of repair
Anaesthetic: Epidural ☑ None ☐ Pudendal ☐ Spinal ☐ GA ☐ Local ☐ Lignocaine (mls)
Suture material: vicryl rapide
Technique (post vaginal wall, muscle, skin, labia): continuous non-locked to posterior wall and episiotomy

Advice given
Extent of trauma ☑ Type of repair ☑ Pain relief ☑
Post natal review ☑ Hygiene ☑ Diet, including fibre ☑ Pelvic floor exercises ☑

Post repair
Finish date and time: 15.1.24 2025
Haemostasis ☑ Vaginal pack in situ ☐ PV examination ☑
Analgesia ☑ PR examination ☑
If declined, reason
Tampon removed ☐ Laxatives ☐ Antibiotics ☐
Swab count (inc. no) 5 Needle count 2
Count performed by:
Signature* KC
Signature* JS
For postnatal consultant review ☐
Comment

Immediate Postnatal Observations

If further observations required commence Trust MEOWS chart

Date/Time	Temp	Pulse (bpm)	Resps	O_2 Saturation	BP	Uterus	Lochia / Blood loss	Wound / Drains	Perineum	Urine	Pain	Signature *
15.1.24	37°	86	12	99	115/76	w/c	normal	—	sutured	cath	epidural	KC

Epidural catheter removed Yes ☑ No ☐ N/A ☐ 15/01/24 2100

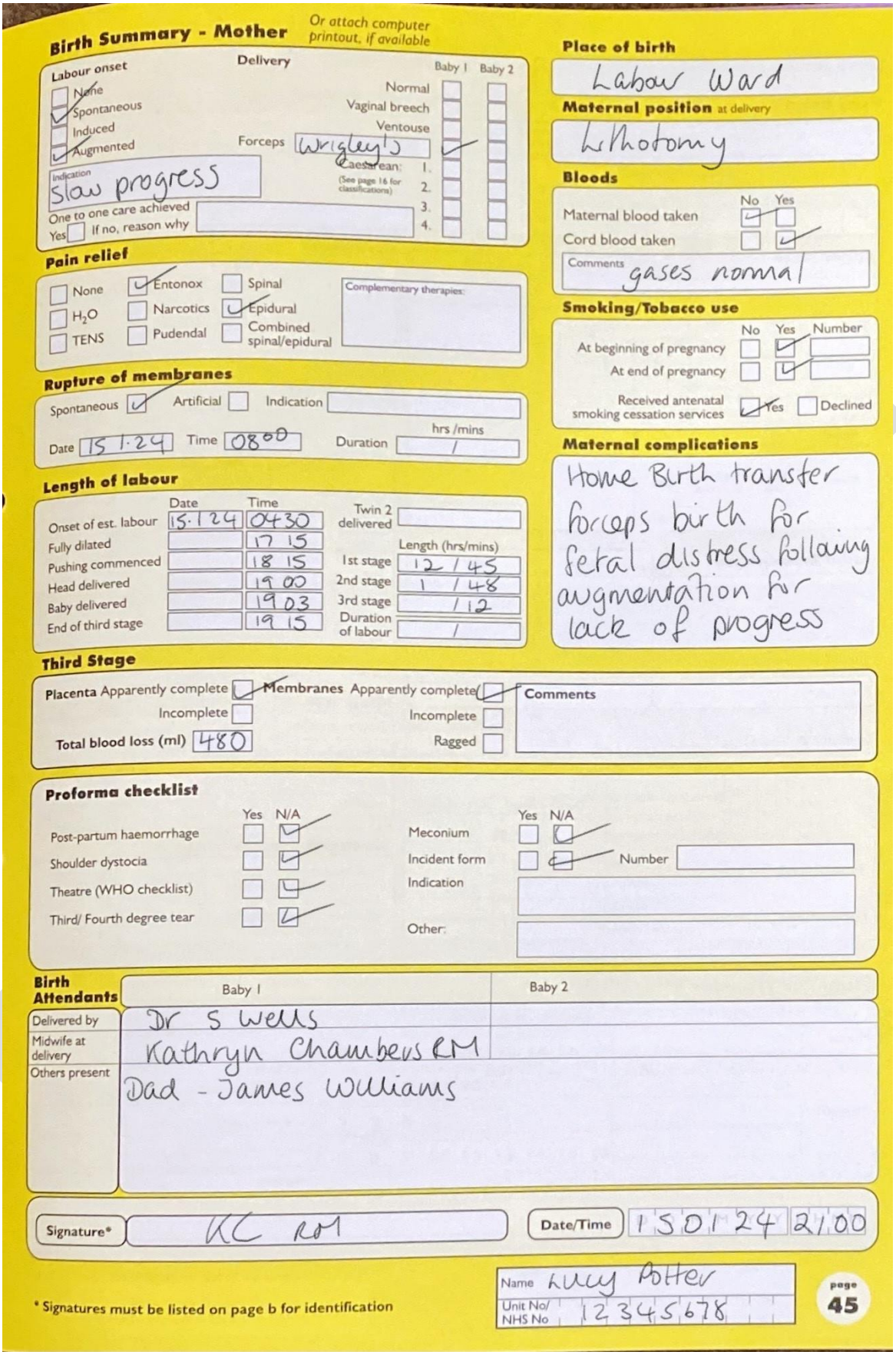
Comments / Actions
urinary catheter to be removed in the morning

page 44

Name Lucy Potter
Unit No/ NHS No 12345678

** **Descriptions:**
3a = Less than 50 % of external anal sphincter (EAS) thickness torn.
3b = More than 50 % of EAS thickness torn 3c = Internal anal sphincter (IAS) torn.
4th = Injury to perineum involving the EAS and IAS and anal epithelium

NHS No



Birth Summary - Mother

Or attach computer printout, if available

Labour onset
- None
- ✓ Spontaneous
- Induced
- ✓ Augmented

Indication: Slow progress

One to one care achieved: Yes ☐ If no, reason why

Delivery

	Baby 1	Baby 2
Normal		
Vaginal breech		
Ventouse		
Forceps (Wrigley's)	✓	
Caesarean: 1.		
2.		
3.		
4.		

(See page 16 for classifications)

Pain relief
- None
- H_2O
- TENS
- ✓ Entonox
- Narcotics
- Pudendal
- Spinal
- ✓ Epidural
- Combined spinal/epidural

Complementary therapies:

Rupture of membranes

Spontaneous ✓ Artificial ☐ Indication

Date 15.1.24 Time 0800 Duration (hrs/mins) /

Length of labour

	Date	Time
Onset of est. labour	15.1.24	0430
Fully dilated		17 15
Pushing commenced		18 15
Head delivered		19 00
Baby delivered		19 03
End of third stage		19 15

Twin 2 delivered:

Length (hrs/mins)	
1st stage	12 / 45
2nd stage	1 / 48
3rd stage	/ 12
Duration of labour	/

Place of birth

Labour Ward

Maternal position at delivery

Lithotomy

Bloods

	No	Yes
Maternal blood taken	✓	
Cord blood taken		✓

Comments: gases normal

Smoking/Tobacco use

	No	Yes	Number
At beginning of pregnancy		✓	
At end of pregnancy		✓	

Received antenatal smoking cessation services: ✓ Yes ☐ Declined

Maternal complications

Home Birth transfer forceps birth for fetal distress following augmentation for lack of progress

Third Stage

Placenta Apparently complete ✓ Incomplete ☐

Membranes Apparently complete ✓ Incomplete ☐ Ragged ☐

Total blood loss (ml) 480

Comments

Proforma checklist

	Yes	N/A
Post-partum haemorrhage	☐	✓
Shoulder dystocia	☐	✓
Theatre (WHO checklist)	☐	✓
Third/ Fourth degree tear	☐	✓

	Yes	N/A	
Meconium	☐	✓	
Incident form	☐	✓	Number
Indication			
Other:			

Birth Attendants

	Baby 1	Baby 2
Delivered by	Dr S Wells	
Midwife at delivery	Kathryn Chambers RM	
Others present	Dad - James Williams	

Signature* KC RM

Date/Time 15 01 24 21:00

* Signatures must be listed on page b for identification

Name Lucy Potter
Unit No/ NHS No 12345678

page 45

Birth Summary - Baby *OR attach computer printout if available*

Baby Details Number of babies 1 Time from birth to onset of regular respirations Baby 1 <1 mins Baby 2 ____ mins

Birth order	Date of Birth	Time	Sex	Birth weight (g)	Centile	Mode of Delivery	Outcome	Apgars 1	Apgars 5	Apgars 10	Congenital Anomaly	Unit Number	NHS Number
1	15/1/24	1903	M	3.52	60	forceps	live	9	9	10	NAD	3465212	
2													

Apgar Score

	0	1	2	Baby 1: 1	Baby 1: 5	Baby 1: 10	Baby 2: 1	Baby 2: 5	Baby 2: 10
Heart rate (bpm)	absent	<100	>100	2	2	2			
Respiratory effort	absent	weak cry	good strong cry	2	2	2			
Muscle tone	limp	some flexion of extremities	well flexed	2	2	2			
Reflex irritability	no response	some motion	cry	2	2	2			
Colour	blue / pale	body pink, limbs blue	pink	1	1	2			
			Total	9	9	10			

Cord Gases

	Baby 1 Arterial	Baby 1 Venous	Baby 2 Arterial	Baby 2 Venous
pH				
Base excess /deficit				
Other				

Resuscitation

	Baby 1 None	Baby 1 Basic	Baby 1 Advanced	Baby 2 None	Baby 2 Basic	Baby 2 Advanced
Level	✓					
	Baby 1 Yes	Baby 1 No		Baby 2 Yes	Baby 2 No	
IPPV : Face mask						
ETT						
T- Piece						
Cardiac massage						
Intubated						
Age intubated (mins)						
Drugs						
Grade						
Resuscitation discussed with parents						

Initial Examination

	Baby 1	Baby 2
Head circumference (HC, cm)	35	
Temperature (°C) / route	36.8	
Identification / security labels	✓	
Physical examination at birth completed as per Trust guideline	NAD	
Signature*	ER	

Vitamin K

	Baby 1	Baby 2
Consent obtained	☑ Yes ☐ No	☐ Yes ☐ No
Administered	☑ Yes ☐ No	☐ Yes ☐ No
Route	IM	
Requires further dose	☐ Yes ☑ No	☐ Yes ☐ No

Contact & Feeding

	Baby 1	Baby 2
Skin-to-skin Offered	☑	☐
Skin-to-skin Accepted	☐	☐
Skin-to-skin Declined	☐	☐
Comments		
Time	1903	
Duration (mins)	1hr +	
Type of feed: Breast	☑	☐
Type of feed: Formula	☐	☐
Feed offered: Method		
Feed offered: Time feed started	19:20	
Feed offered: Duration of feed	15 mins	

Neonatal Comments/Risks

Prolonged rupture of membranes	☐ Yes	☑ No
Meconium present at birth	☐ Yes	☑ No
Shoulder Dystocia	☐ Yes	☑ No
Traumatic/difficult delivery	☐ Yes	☑ No
Risk of hypoglycaemia	☐ Yes	☑ No
Rhesus Negative	☐ Yes	☑ No
NEWS chart commenced	☐ Yes	☑ No

Plans for Transfer after Birth

	Transfer to:	Date and time of transfer	Signature *
Mother	PN	15 01 24 23 30	ER
Handover of care tool (as per trust guideline)	☑ Yes ☐ N/A		Handover to - (name) Sally Mayne KM
Baby(ies)	same		
Handover of care tool (as per trust guideline)	☐ Yes ☐ N/A		Handover to - (name)
Comments			

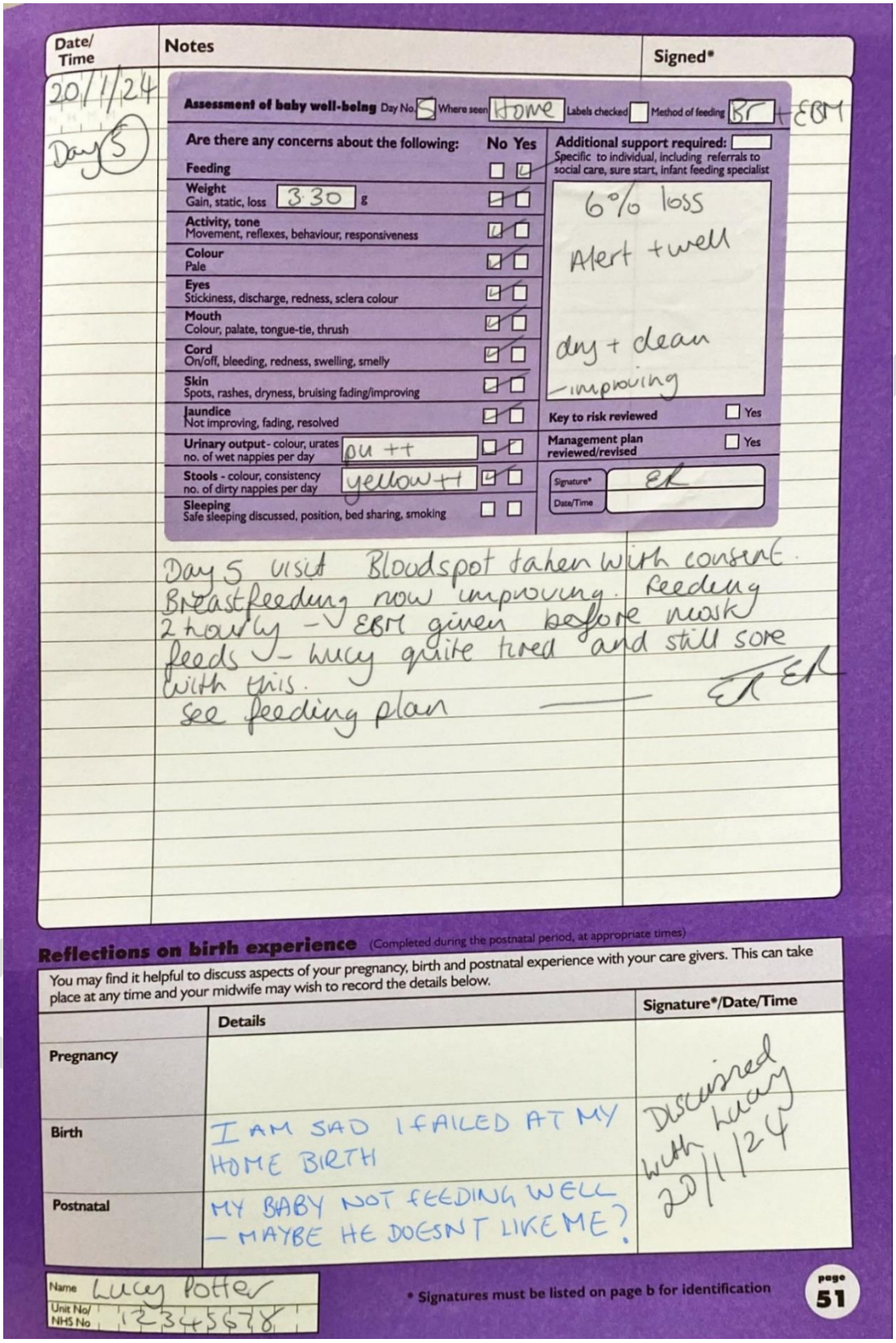
page 46

Name Lucy Potter
Unit No/ NHS No 1234567 8

* Signatures must be listed on page b for identification

Key to abbreviations
NEWS = Newborn Early Warning System

Item H: day 5 baby postnatal notes



Date/Time | Notes | Signed*

20/1/24
Day 5

Assessment of baby well-being Day No. 5 Where seen Home Labels checked ☐ Method of feeding BF + EBM

Are there any concerns about the following:	No	Yes
Feeding	☐	☑
Weight Gain, static, loss 330 g	☑	☐
Activity, tone Movement, reflexes, behaviour, responsiveness	☑	☐
Colour Pale	☑	☐
Eyes Stickiness, discharge, redness, sclera colour	☑	☐
Mouth Colour, palate, tongue-tie, thrush	☑	☐
Cord On/off, bleeding, redness, swelling, smelly	☑	☐
Skin Spots, rashes, dryness, bruising fading/improving	☑	☐
Jaundice Not improving, fading, resolved	☑	☐
Urinary output - colour, urates no. of wet nappies per day pu ++	☑	☐
Stools - colour, consistency no. of dirty nappies per day yellow ++	☑	☐
Sleeping Safe sleeping discussed, position, bed sharing, smoking	☐	☐

Additional support required: ☐
Specific to individual, including referrals to social care, sure start, infant feeding specialist

6% loss
Alert + well
dry + clean
- improving

Key to risk reviewed ☐ Yes
Management plan reviewed/revised ☐ Yes
Signature* EK
Date/Time

Day 5 visit Bloodspot taken with consent. Breastfeeding now improving. Feeding 2 hourly - ✓ EBM given before most feeds ✓ - Lucy quite tired and still sore with this.
see feeding plan — EK EK

Reflections on birth experience (Completed during the postnatal period, at appropriate times)

You may find it helpful to discuss aspects of your pregnancy, birth and postnatal experience with your care givers. This can take place at any time and your midwife may wish to record the details below.

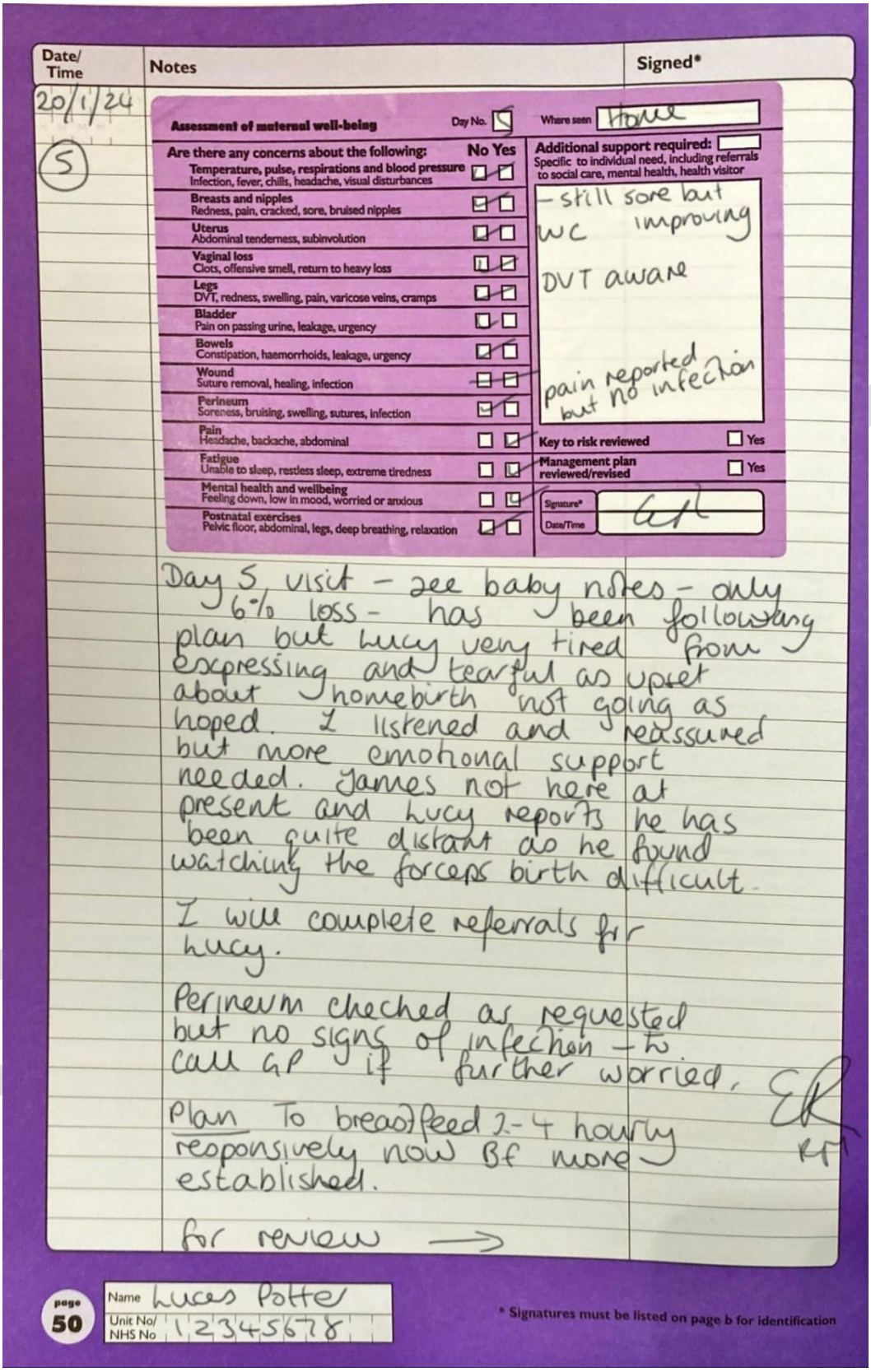
	Details	Signature*/Date/Time
Pregnancy		
Birth	I AM SAD I FAILED AT MY HOME BIRTH	Discussed with Lucy 20/1/24
Postnatal	MY BABY NOT FEEDING WELL — MAYBE HE DOESN'T LIKE ME?	

Name Lucy Potter
Unit No/ NHS No 12345678

* Signatures must be listed on page b for identification

page 51

Item I: day 5 maternal postnatal notes



Date/ Time | Notes | Signed*

20/1/24

(5)

Assessment of maternal well-being Day No. 5 Where seen Home

Are there any concerns about the following:	No	Yes
Temperature, pulse, respirations and blood pressure Infection, fever, chills, headache, visual disturbances	☐	☐
Breasts and nipples Redness, pain, cracked, sore, bruised nipples	☐	☑
Uterus Abdominal tenderness, subinvolution	☐	☐
Vaginal loss Clots, offensive smell, return to heavy loss	☐	☐
Legs DVT, redness, swelling, pain, varicose veins, cramps	☐	☐
Bladder Pain on passing urine, leakage, urgency	☐	☐
Bowels Constipation, haemorrhoids, leakage, urgency	☐	☐
Wound Suture removal, healing, infection	☐	☐
Perineum Soreness, bruising, swelling, sutures, infection	☐	☐
Pain Headache, backache, abdominal	☐	☐
Fatigue Unable to sleep, restless sleep, extreme tiredness	☐	☐
Mental health and wellbeing Feeling down, low in mood, worried or anxious	☐	☐
Postnatal exercises Pelvic floor, abdominal, legs, deep breathing, relaxation	☐	☐

Additional support required: ☐
Specific to individual need, including referrals to social care, mental health, health visitor

- still sore but improving
WC
DVT aware
pain reported but no infection

Key to risk reviewed ☐ Yes

Management plan reviewed/revised ☐ Yes

Signature* EK
Date/Time

Day 5 visit - see baby notes - only 6% loss - has been following plan but Lucy very tired from expressing and tearful as upset about homebirth not going as hoped. I listened and reassured but more emotional support needed. James not here at present and Lucy reports he has been quite distant as he found watching the forceps birth difficult.

I will complete referrals for Lucy.

Perineum checked as requested but no signs of infection - to call GP if further worried. EK RT

Plan To breastfeed 2-4 hourly responsively now Bf more established.

for review →

page 50

Name Lucas Potter
Unit No/ NHS No 12345678

* Signatures must be listed on page b for identification

Item J: day 8 drop-in clinic – conversation transcript

Day 8 infant feeding drop-in clinic visit: conversation between midwifery support worker (MSW) and Lucy

Lucy: (after baby weighed) 'I am so glad he is back at his birth weight, that's such a relief!'

MSW: 'You've done a fabulous job. You can now just feed responsively and not worry about expressing for top-ups… just for comfort or if you choose to. I am glad the breast soreness is nearly gone. You've got the hang of good position and latch now, and I am happy you know the signs of good milk transfer and effective feeding.'

Lucy: 'Thank you so much, I still feel like I don't know what I am doing most of the time. I am so, so tired still. Mum and Dad are at work and James isn't around much, I really just need some sleep.' (Lucy a bit tearful still)

MSW: 'It is still early days and you have come so far. Try and rest when you can and accept all offers of help that come your way. Maybe ask your parents to cuddle him whilst you have a nap?'

Lucy: 'They are happy to help a bit when they are home, but I don't like to ask…'

MSW: 'Every new mum needs some support, it's okay to ask. It doesn't mean you're not doing a good job.'

Lucy: 'I know, I know… I just want to show everyone I can do this…'

MSW: 'You are, look at how far you have come with breastfeeding…'

Lucy: 'I know. My stitches are getting worse, I am still so sore and can't sit very comfortably.'

MSW: 'Yes, that doesn't help. I think you should see your GP today to possibly get antibiotics if an infection has developed. I will ask your community midwife to check in on you too.'

Lucy: 'I will, I hope it gets better soon… if I had got my home birth maybe this wouldn't have happened. I know the midwife said it wasn't my fault, but I still wish I had somehow tried harder… I think James feels bad because of what he saw and how he couldn't help. I just keeping thinking about it too and feeling anxious.'

MSW: 'Lucy, please, trust me. You know that what happened was the way it was and not for anything you did wrong, in fact, you gave a straightforward birth the best chance by planning a home birth. You were amazing in fact…'
'Look, let me feedback our chat to your community midwife and she will be able to support you more and refer you to the birth reflections team and health visitor.'

Lucy: 'Thank you, sorry, I know I should be happy with the feeding but it's all overwhelming…'

MSW: 'Please remember that this is a big adjustment for every new mum. Please make sure to keep sharing your feelings with us and let someone know if you don't feel better. And be proud of your feeding journey.'

Document information

The T Level Technical Qualification is a qualification approved and managed by the Institute for Apprenticeships and Technical Education.

Owner: Head of Assessment Design

Change History Record

Version	Description of change	Approval	Date of Issue
v1.0	Post approval, updated for publication.		January 2021
v1.1	NCFE rebrand		September 2021
v1.2	OS review Feb 23		February 2023
v1.3	Sample added as a watermark	November 2023	21 November 2023