



T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting the Midwifery Team

Assignment 1 – Case study

Mark scheme

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About this document

This mark scheme has been written by the assessment writer and refined, alongside the relevant questions, by a panel of subject experts through the external assessment writing process and at standardisation meetings.

The purpose of this mark scheme is to give you:

- examples and criteria of the types of response expected from a student
- information on how individual marks are to be awarded
- the allocated performance outcomes and total marks for each question

Marking guidelines

General guidelines

You must apply the following marking guidelines to all marking undertaken throughout the marking period. This is to ensure fairness to all students, who must receive the same treatment. You must mark the first student in exactly the same way as you mark the last.

The mark scheme must be referred to throughout the marking period and applied consistently. Do not change your approach to marking once you have been standardised.

Reward students positively giving credit for what they have shown, rather than what they might have omitted.

Utilise the whole mark range and always award full marks when the response merits them.

Be prepared to award 0 marks if the student's response has no creditworthy material.

Do not credit irrelevant material that does not answer the question, no matter how impressive the response might be.

The marks awarded for each response should be clearly and legibly recorded.

If you are in any doubt about the application of the mark scheme, you must consult with your team leader or the chief examiner.

Guidelines for using extended-response marking grids

Extended-response marking grids have been designed to award a student's response holistically and should follow a best-fit approach. The grids are broken down into levels, with each level having an associated descriptor indicating the performance at that level. You should determine the level before determining the mark.

When determining a level, you should use a bottom-up approach. If the response meets all the descriptors in the lowest level, you should move to the next one, and so on, until the response matches the level descriptor.

Remember to look at the overall quality of the response and reward students positively, rather than focussing on small omissions. If the response covers aspects at different levels, you should use a best-fit approach at this stage and use the available marks within the level to credit the response appropriately.

When determining a mark, your decision should be based on the quality of the response in relation to the descriptors. You must also consider the relative weightings of the assessment objectives, so as not to over/under credit a response. Standardisation materials, marked by the chief examiner, will help you with determining a mark. You will be able to use exemplar student responses to compare to live responses, to decide if it is the same, better or worse.

You are reminded that the indicative content provided under the marking grid is there as a guide, and therefore you must credit any other suitable responses a student may produce. It is not a requirement either, that students must cover all of the indicative content to be awarded full marks.

Scenario

You are supporting care in the intrapartum period within the delivery suite and triage assessment area. During this time, you meet a woman called Jenny who is booked onto the birthing centre continuity of care caseload model.

You will follow her through her assessment and admission.

The resources available to you are:

- item A: online resources
- item B: extract from antenatal notes – handheld notes
- item C: extract from Raised Blood Pressure Care Bundle
- item D: modified early obstetric warning score (MEOWS) chart
- item E: personalised birth plan
- item F: fluid chart
- item G: SBAR handover from anaesthetic recovery to postnatal ward
- item H: extract from postnatal care plan

Task 1: assessment of the patient or situation

Scenario

Jenny has arrived in maternity triage with a history of feeling unwell and having a frontal headache for a few days. She had originally attended the birth centre at 36 weeks and 5 days of pregnancy for a routine antenatal appointment and to discuss her birth preferences. However, she has been referred to maternity triage because of the history reported.

Task

Item B is an extract from antenatal notes.

Item C is an extract from Raised Blood Pressure Care Bundle.

Item D is a modified early obstetric warning score (MEOWS) chart.

Refer to the maternal observations section of item C and complete column 2 of item D.

You must then use item D and item B to discuss:

- what the signs and symptoms suggest
- what the risks are to mother and baby
- how this might influence Jenny's care

You can use online resources from item A NHS Pregnancy Complications (2021) www.nhs.uk/pregnancy/related-conditions/complications/high-blood-pressure, to support your answer

(20 marks)

Band	Mark	Descriptor
4	16–20	<p>An excellent, well-developed and highly coherent response overall that demonstrably fulfils the key demands of the question.</p> <p>The student provides an answer that:</p> <ul style="list-style-type: none">• demonstrates excellent accuracy, detail, and balanced analysis of evidence-based care in the context of the case study• includes a fully complete and accurate documentation in adherence to the conventions of the templates• interpretation of documentation is well considered and contextualised• demonstrates detailed understanding of evidence-based principles and standards in maternity care• presents justification that reflects a highly comprehensive understanding of the impact on care, which clearly reflects the issues in the case study
3	11–15	<p>A good, coherent response overall that fulfils the key demands of the question.</p> <p>The student provides an answer that:</p>

Band	Mark	Descriptor
		<ul style="list-style-type: none"> • demonstrates an accurate analysis of evidence-based care in the context of the case study • includes completed documentation in adherence to the conventions of the templates – there may be 1 or 2 minor errors • interpretation of documentation is logical and mostly contextualised • demonstrates understanding of evidence-based principles and standards in maternity care • presents justification that reflects an identifiable understanding of the impact on care, which reflects the issues in the case study
2	6–10	<p>An adequate response overall that fulfils some of the key demands of the question.</p> <p>The student provides an answer that:</p> <ul style="list-style-type: none"> • demonstrates an analysis with satisfactory detail of evidence-based care in the context of the case study – there may be occasional errors that do not impede understanding • includes completed documentation with frequent errors in content and in the use of the template guidance • interpretation of documentation is inconsistently contextualised • demonstrates satisfactory understanding of evidence-based principles and standards in maternity care • presents justification that reflects a moderate understanding of the impact on care, which reflects the issues in the case study
1	1–5	<p>A basic response overall with little focus on the key demands of the question.</p> <p>The student provides an answer that:</p> <ul style="list-style-type: none"> • demonstrates a basic, superficial analysis of evidence-based care in the context of the case study • includes partially completed documentation with one or significant errors or omissions, including in adherence to the conventions of the templates • interpretation of documentation is weak and uncontextualised in places • demonstrates tenuous understanding of evidence-based principles and standards in maternity care • presents limited justification that reflects a vague impact on care, which demonstrates limited application to the issues in the case study
	0	No creditworthy material.

Indicative content

Students will refer to item C extract from Raised Blood Pressure Care Bundle and:

- accurately complete the following physiological measurements into column 2 on the MEOWS:
 - obs 3 – BP – 150/98
 - pulse 80
 - temperature 37°C
 - saturation 98%
 - respiration 18
 - score will be dark grey 0 light grey 3
- neatly and legibly complete the MEOWS, and date and sign

The student will review and comment on significance of previous observations and antenatal notes history to management of care and identify the signs, symptoms, and relative risks they present such as:

- high blood pressure resulting in complications of pre-eclampsia
- raised protein level in urine, this could result in upper tract infection or signs of renal complications associated to pre-eclampsia
- risk of pre-eclampsia associated symptoms such as headache, visual disturbances, oedema and possible eclamptic fit, leading to intervention such as close monitoring, medication, frequency, implications for future pregnancies, placental abruption (for example, risks to baby and need for continuous electronic fetal monitoring (CEFM) during labour)
- risk of psychological impact on her having to adjust to a change in risk and 'loss' of her natural birth preferences
- increased multi-professional team input

Student will demonstrate understanding of how this may impact on Jenny's care:

- become high-risk instead of low-risk pathway and now follow the obstetric-led care

Note: no credit to be awarded for referring to induction of labour.

Accept other appropriate responses.

Task 2: goals/patient outcomes/planned outcomes

Scenario

The midwife you are working with has explained to you the plan to review investigations. This will inform the decision of stabilising her blood pressure and proceeding with induction of labour.

Jenny is concerned about the admission and whether her birth choices can still be met.

Task

Produce a report to help the midwife support Jenny in understanding her admission and whether her birth choices can still be met.

You should include:

- an explanation of how the increased level of risk may affect Jenny’s birth preferences – refer to item E (the personalised birth plan)

Within your response, you should consider:

- which organisations’ guidelines, standards and policies should Jenny’s care team refer to when planning
- what would be the possible consequences for Jenny, her baby and the midwifery team involved in Jenny’s care plan if these guidelines, standards, and policies are not followed?

(20 marks)

Band	Mark	Descriptor
4	16–20	<p>An excellent, well-developed and highly coherent response overall that demonstrably fulfils the key demands of the question.</p> <p>The student provides an answer that:</p> <ul style="list-style-type: none"> • demonstrates detailed understanding of the guidelines, standards and policies that support planning and provision of care showing excellent accuracy, detail, and balanced analysis of evidence-based care in the context of the case study • accurately interprets how increased risks will impact the personalised birth preferences • includes accurate and appropriate evaluation that evidences excellent understanding of outcomes for mother and baby in the case study • uses relevant and accessible healthcare terminology consistently throughout
3	11–15	<p>A good, coherent response overall that fulfils the key demands of the question.</p> <p>The student provides an answer that:</p> <ul style="list-style-type: none"> • demonstrates a good understanding of the guidelines, standards and policies that support planning and provision of care showing accurate analysis of evidence-based care in the context of the case study

Band	Mark	Descriptor
		<ul style="list-style-type: none"> accurately interprets how some increased risks will impact the personalised birth preferences includes accurate and appropriate evaluation that evidences good understanding of outcomes for mother and baby in the case study uses relevant and accessible healthcare terminology consistently throughout, with no more than 1 or 2 minor errors
2	6–10	<p>An adequate response overall that fulfils some of the key demands of the question.</p> <p>The student provides an answer that:</p> <ul style="list-style-type: none"> demonstrates a satisfactory analysis of the guidelines, standards and policies that support planning and provision of care in the context of the case study adequately interprets how increased risks will impact the personalised birth preferences includes evaluation that evidences a moderate understanding of outcomes for mother and baby in the case study uses accessible healthcare terminology, but not always appropriately and sometimes with numerous errors
1	1–5	<p>A limited response overall with little focus on the key demands of the question.</p> <p>The student provides an answer that:</p> <ul style="list-style-type: none"> demonstrates a basic, superficial analysis of the guidelines, standards and policies that support planning and provision of care in the context of the case study interprets how increased risks will impact the personalised birth preferences with inaccuracies includes partially accurate and appropriate explanation that evidences insufficient understanding of the outcomes for mother and baby in the case study uses limited or inaccurate accessible healthcare terminology
	0	No creditworthy material.

Indicative content

The student will explain the impact of the increased risk on the current birth plan and any options that can be made to aid Jenny’s original care plan, such as:

- transferred care management
- no longer eligible for birth centre as place of delivery due to pre-eclampsia
- gestation 36 weeks and 5 days – class as premature and the need for paediatrician involvement
- possible need for induction process – artificial management/less natural method and how long will the process take

- possible need for pain relief management – other options available due to inducing labour
- how restrictions to movement can be impacted by monitoring equipment such as electronic fetal monitoring (CTG), intravenous fluids (leads attached), blood pressure monitoring equipment
- possible need for further medical intervention – in labour, third stage management or postnatally
- psychological impact of her choices and the inability to have a say in her care plan

Key organisations that may be referred to providing guidelines, standards and policies could be:

- Royal College of Obstetricians and Gynaecologists (RCOG) – provide recognised methods and techniques for good clinical practice, provide clinical guidelines giving recommendations that assist clinicians and patients in making decisions about specific conditions and offer consent advice
- National Institute for Health and Care Excellence (NICE) – provide guidance on specific topics that help inform decisions, provides quality standards around diagnosis and management of specific conditions in pregnancy, which help improve the quality of care given
- Royal College of Midwives (RCM) – support staff with standards, guidance (RCM evidence-based guidelines) helping to promote professional practice, support with training and continuing professional development (CPD)
- Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) – provide evidence-based data, statistics and up-to-date research on topics to support evidence-based care, training and information

Students will know the relevance of guidelines, standards, policies and frameworks when assisting the multidisciplinary team (MDT) with planning care for Jenny such as:

- ensuring a consistent standard of safe and high-quality woman-centred care is provided
- ensuring all those providing healthcare are trained and competent
- failure to follow could result in a charge of negligence

Consequences for Jenny could include:

- care being compromised leading to increased morbidity, serious complications such as severe illness, death, mental and physical ill health

Consequences for baby could include:

- care would be compromised leading to further complications resulting in severe disability and still birth

Consequences for midwifery team could include:

- failure to follow guidance, standards and policies could result in a charge of negligence, disciplinary action, errors, malpractice, maladministration, loss of registration and licence to practise, legal proceedings against the individual or organisation leading to financial fees

Accept other appropriate responses.

Task 3: care/treatment/support plan

Scenario

Jenny has been on the postnatal ward for 3 hours, following an instrumental delivery of a baby boy born prematurely at 36 weeks and 5 days.

The midwife has advised you that Jenny had an epidural for pain relief management and the effects of the epidural are reducing. There is no further numbness reported and she can raise her legs. She has an indwelling catheter (IDC) in situ.

Task

Using items F and G to support your response, write a summary of what care/treatment should be included in her postnatal support plan at the hospital.

You should include:

- physical and mental health support required
- continued monitoring required
- possible reasons for further intervention or referral to other members of the multidisciplinary team (MDT)

(20 marks)

Band	Mark	Descriptor
4	16–20	<p>An excellent, well-developed and highly coherent response overall that demonstrably fulfils the key demands of the question.</p> <p>The student provides an answer that:</p> <ul style="list-style-type: none"> • demonstrates excellent accuracy, detail, and balanced analysis of the limitations to Jenny’s mobility in the context of the case study • demonstrates accurate and appropriate understanding of the risk associated with recovery following an instrumental delivery in the context of the case study • presents a care plan that reflects a highly comprehensive decision-making strategy, which clearly reflects the issues in the case study • makes recommendations that are reasoned, well considered and contextualised • demonstrates detailed understanding of best practice and needs relevant to maternity care
3	11–15	<p>A good, coherent response overall that fulfils the key demands of the question.</p> <p>The student provides an answer that:</p> <ul style="list-style-type: none"> • demonstrates accurate analysis of the limitations to Jenny’s mobility in the context of the case study

Band	Mark	Descriptor
		<ul style="list-style-type: none"> demonstrates accurate and appropriate understanding of the risk associated with recovery following an instrumental delivery in the context of the case study presents a care plan that reflects an identifiable decision-making strategy, which reflects the issues in the case study makes recommendations that are logical and mostly contextualised demonstrates good understanding of relevant best practice and needs relevant to maternity care
2	6–10	<p>An adequate response overall that fulfils some of the key demands of the question.</p> <p>The student provides an answer that:</p> <ul style="list-style-type: none"> demonstrates a satisfactory analysis of the limitations to Jenny’s mobility in the context of the case study demonstrates moderate understanding of the risk associated with recovery following an instrumental delivery in the context of the case study presents a care plan that reflects an identifiable decision-making strategy, which reflects some of the needs of the issues in the case study makes recommendations that are inconsistent and poorly contextualised demonstrates satisfactory understanding of relevant best practice and needs in maternity care
1	1–5	<p>A basic response overall with little focus on the key demands of the question.</p> <p>The student provides an answer that:</p> <ul style="list-style-type: none"> demonstrates a limited analysis of the reason for limited mobility in the context of the case study demonstrates partially accurate and appropriate understanding of the risk associated with recovery following an instrumental delivery in the context of the case study presents a limited care plan that reflects some decision-making strategy, which is lacking in sufficient application to the issues in the case study makes recommendations that are weak and uncontextualised demonstrates tenuous understanding of relevant best practice and needs in the case study
	0	No creditworthy material.

Indicative content

The student will give reasons for Jenny’s potential limited mobility such as:

- instrumental delivery (forceps)/episiotomy

- excessive pain from sutures (for example, too tight, episiotomy, possible haematoma, possible infection)
- epidural reducing residual numbness
- fatigue after potentially long induction of labour process/difficult delivery
- bladder care – some difficulty in passing urine due to upper tract trauma, urine output reduced or excessive, distention, position of catheter (difficulty associated with movement with bag), concern escalating to the midwife/doctor and relevant specialist (for example, incontinence support/care)
- the use of pain relief – opioids can cause drowsiness, lack of mobility, and dehydration, which can lead to constipation

Potential reasons for escalations or referral to other members of MDT:

- increasing complications of pre-eclampsia such as – HELLP syndrome, blood complications needing specialist consultation, multi organ failure, cardiovascular disease, or referral to one (or all) of the following:
 - anaesthetist
 - haematologist
 - cardiologist
- secondary complications to the delivery such as haemorrhage and referral to obstetric team

Student should write postnatal care plan to include:

- regular observations and physiological measurements to check maternal wellbeing
- nutrition – encouraging fluid intake to prevent dehydration, monitoring input and output
- catheter care – removal as per protocol
- hygiene care – assisting to change pads and freshen-up, observe pressure areas if mobility restricted
- encouraging mobilisation as soon as possible to reduce the risk of deep vein thrombosis (DVT)
- monitoring BP and other observations – induction of labour (IOL) for raised BP so will need monitoring; frequency depending on how high BP is (high readings would need discussing with midwife and referral to doctors depending on readings on MEOWS)
- pain management – due to sutures and potential bruising pain from instrumental delivery (excessive pain would need midwife to check sutures, for example, for signs of infection/haematoma)
- fluid balance:
 - instrumental delivery/long IOL/labour and epidural are all risk factors for urinary retention
 - may be dehydrated and have reduced bladder sensation
 - encourage free fluids but monitor all in/out and expect to roughly balance
 - look for signs of reduced urinary output, check colour of urine (for example, dark for dehydration) and look for possible blood in urine
 - aim to remove IDC as soon as mobile to reduce of risk infection, problems with output may require escalation to MW/doctors and some women may need support from continence nurse
- help to open bowels:

- pain, painkillers, lack of mobility and dehydration can lead to constipation
- encourage fluids/offer dietary advice
- may require laxatives that will help to open bowels and aid effective elimination
- mobility – aim for early mobilisation to prevent problems and encourage healing and reduced pain, help to walk to bathroom when stable on feet
- venous thromboembolism (VTE) prevention – limited mobility after epidural/instrumental so risk assess and measure and fit for thrombo-embolic deterrent stockings (TEDS) and may require tinzaparin
- breastfeeding support – lack of mobility/sutures can find breastfeeding positions uncomfortable and may need more support, also, baby is pre-term so will need close monitoring to ensure feeding effectively and maintaining temperature
- mental health support – due to her traumatic experience referral to local support groups such as NHS Talking Therapies, antenatal classes, and the NHS website Mental Health and Pregnancy information pages would help reduce risk of post-traumatic stress disorder (PTSD) postnatally
- best practice and agreed ways of working to aid assistance with mobility to include:
 - an awareness of risk of DVT and increased risk
 - limited mobility after epidural/ instrumental
 - carry out a risk assessment
 - measure and fit for TEDS
 - possible use of antithrombin medication (enoxaparin/tinzaparin)

Accept other appropriate responses.

Task 4: evaluation/monitoring effectiveness/clinical effectiveness

Scenario

You and the community midwife make a postnatal visit to Jenny's house.

This is Jenny's last midwife appointment before being transferred to the care of the GP. The midwife asks you to follow-up on how Jenny is feeling before her discharge.

Jenny's blood pressure has been monitored regularly and she remains on antihypertensive tablets.

She had been experiencing some discomfort following breastfeeding and has commented today on her low mood.

Task

Using information from item H (extract from the postnatal care plan) evaluate the effectiveness of the care plan suggesting any changes you would recommend. Include in your evaluation how a healthy lifestyle can be linked to physical and mental health.

You can also use the following online resources from item A to support your answer:

- Preeclampsia Foundation www.preeclampsia.org
- NHS Pre-eclampsia www.nhs.uk/conditions/pre-eclampsia
- UNICEF UK Baby Initiative www.unicef.org.uk/babyfriendly/
- NHS After the Birth: Early Days (2021) www.nhs.uk/pregnancy/labour-and-birth/after-the-birth/early-days/
- NHS Start 4 Life: Pregnancy (2021) www.nhs.uk/start4life/pregnancy/
- MIND Types of Mental Health Problems (2021) www.mind.org.uk/information-support/types-of-mental-health-problems/postnatal-depression-and-perinatal-mental-health/about-maternal-mental-health-problems/

(20 marks)

Band	Mark	Descriptor
4	16–20	<p>An excellent, well-developed and highly coherent response overall that demonstrably fulfils the key demands of the question.</p> <p>The student provides an answer that:</p> <ul style="list-style-type: none">• demonstrates excellent accuracy, detail, and balanced analysis of the content of the care plan relevant to deterioration of mental and physical health in the context of the case study• demonstrates an accurate, detailed, and relevant evaluation of postnatal care plan in the context of the case study

Band	Mark	Descriptor
		<ul style="list-style-type: none"> includes a high level of active engagement with highly relevant recommendations and a range of individualised examples of ways to maintain a healthy lifestyle linking to physical and mental fitness in the context of the case study demonstrates detailed understanding of person-centred care principles and standards in the context of maternity care
3	11–15	<p>A good, coherent response overall that fulfils the key demands of the question.</p> <p>The student provides an answer that:</p> <ul style="list-style-type: none"> demonstrates accurate analysis of the content of the care plan relevant to deterioration of mental and physical health in the context of the case study demonstrates an accurate evaluation of postnatal care plan in the context of the case study includes an appropriate level of active engagement with relevant care plan recommendations and some individualised examples of ways to maintain a healthy lifestyle linking to physical and mental fitness in the context of the case study demonstrates good understanding of person-centred care principles and standards in the context of maternity care
2	6–10	<p>An adequate response overall that fulfils some of the key demands of the question.</p> <p>The student provides an answer that:</p> <ul style="list-style-type: none"> demonstrates a satisfactory analysis of the content of the care plan relevant to deterioration of mental and physical health in the context of the case study demonstrates a satisfactory evaluation of postnatal care plan in the context of the case study includes a moderate level of active engagement with some care plan recommendations and few individualised examples of ways to maintain a healthy lifestyle linking to physical and mental fitness in the context of the case study – these examples may be vague and general demonstrates satisfactory understanding of person-centred care principles and standards in the context of maternity care
1	1–5	<p>A basic response overall with little focus on the key demands of the question.</p> <p>The student provides an answer that:</p> <ul style="list-style-type: none"> demonstrates a limited analysis of the content of the care plan relevant to deterioration of mental and physical health in the context of the case study demonstrates a basic, superficial evaluation of postnatal care plan in the context of the case study

Band	Mark	Descriptor
		<ul style="list-style-type: none"> includes little or no level of active engagement with irrelevant care plan recommendations and examples of ways to maintain a healthy lifestyle linking to physical and mental fitness that are weak and uncontextualised with the case study demonstrates basic, superficial understanding of person-centred care principles and standards in the context of maternity care
	0	No creditworthy material.

Indicative content

Student will be able to explain the signs and symptoms of deterioration in physical health such as:

- low energy due to low haemoglobin (hb) and low iron
- raised BP linked to headaches
- breastfeeding pain due to increased size/swelling and positioning/latching on of baby
- reduced mobility due to forceps delivery and episiotomy leading to pain and discomfort

Student will be able to explain the signs and symptoms of deterioration in mental health such as:

- anxiety due to trauma, pain or concerns over feeding
- feeling guilty/unable to breastfeed comfortably
- postnatal depression such as low mood, sadness, tearful, lack of energy, and difficulty bonding with baby
- lack of concentration due to tiredness, worry, pain and discomfort
- tiredness due to pain and discomfort and/or possible effects of BP medication

Student will evaluate the effectiveness of item H extract from postnatal care plan.

Care plan effective in parts such as:

- supported with breastfeeding as Jenny was finding it difficult to feed and in pain while feeding
- midwife demonstrated options for Jenny, used up-to-date resources from trusted websites, videos, leaflets and associations
- good follow-up care via support worker and feedback to midwife
- Jenny continued to breastfeed at discharge and although had some discomfort was happy with overall care
- support with wellbeing relating to mood as Jenny commented that she felt tearful and had low mood
- midwife gave information on the normal physiological process following birth and 'the blues'
- offered support information, completing birth reflections and to discuss further her pregnancy, labour and delivery

Additional suggested recommendations for care plan could include:

- missed opportunity to comment on observation of high BP in day 1 of the postnatal care plan
- further questioning surrounding low mood and mental health relating to 'traumatic birth experience'

- further suggestions for medication for low mood
- further suggestion of support groups/counselling (for example, talking therapies)
- further guidance and support for husband to support him and aid him in supporting his wife
- potential homeopathic remedies (for example, alternative treatments to help cope with depression, pain or anxiety)
- offer resources to aid promotion such as websites and apps
- importance of resting where possible, regular exercise and eating healthily, drinking fluids to maintain hydration, signpost to foods that are rich in iron and protein
- signs and symptoms of postnatal depression such as low mood, sadness, tearful, lack of energy, and difficulty bonding with baby (these symptoms can be normal following birth but reduce after 2 weeks):
 - if this continues beyond can lead to more serious complications
- identify healthy lifestyle choices that can aid management of her blood pressure
- importance of maintaining blood pressure medication, as further complications associated with BP can still be high up to 6 weeks following delivery (such as seizures, stroke, organ damage)
- healthy lifestyle changes that can help to lower BP such as:
 - reducing salt intake
 - maintaining a healthy, balanced diet that is low in fat and includes fruit and vegetables
 - reducing/stopping drinking alcohol (especially with breastfeeding)
 - reducing caffeine
 - stopping smoking
 - maintaining a healthy weight
- some medication may give you side effects and if any symptom occurs to contact your GP

Accept other appropriate responses.

Performance outcome grid

Question	C-PO1	C-PO2	C-PO3	O-PO1	O-PO2	O-PO3	Total
1	5	1	4	10	0	0	20
2	5	5	0	10	0	0	20
3	3	2	3	2	7	3	20
4	5	3	0	4	5	3	20
Total	18	11	7	26	12	6	80
% Weighting	22.5	13.75	8.75	32.5	15	7.5	100

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