

Guidance for students, Practice Supervisors and Practice Assessors on students performing Artificial Rupture of Membranes (ARM), application of a Fetal Scalp Electrode (FSE) on women in labour and performing membrane sweeps and administering PGE₂

The role and professional responsibility of the midwife is to provide evidence based care for women including emotional and physical support in labour. As a student midwife working towards NMC registration, the teaching and assessment of clinical skills lies predominantly with the student's Practice Supervisor and Practice Assessor in practice who guides the student and demonstrates evidence - based rationale for any clinical decisions that are made that are within their scope of practice.

Students undertaking the BMidwif are taught in units of study. At each level the student midwife develops clinical skills under the supervision of the midwife, following the taught theory element of the course

Year 1 - Level 4 Observation and Participation

Year 2 - Level 5 Internalisation

Year 3 - Level 6 Dissemination

It is with the above in mind that the following should be considered:

Student midwives must have undertaken the theory element regarding the evidence base for artificial rupture of membranes and FSE application. This teaching occurs in units during year two and three of the programme, and may also include skills simulation. Once the theory-practice link (Levels 5 and 6) has been assessed as understood by the supervising midwife, it is the role of the midwife, and following discussion with and consent from the woman, to decide what plan of care may be considered appropriate. The midwife working within her scope of practice would support the student formulating the plan of care including the physical assessments (eg VE). Doing this also supports teaching and learning.

Student midwives may perform ARM when the midwife, in consultation with the woman clinically, has made the assessment that this may be required. The midwife would initially perform the overall vaginal examination and risk assessment to determine the appropriateness of the procedure.

Student midwives may apply a FSE when the midwife, in consultation with the woman clinically, has made the assessment that this is required. The midwife would initially perform the overall vaginal examination and risk assessment prior to the student undertaking this procedure.

Students should always understand and be able explain the precise rationale for the procedure and potential complications.

Student midwives must **NOT** engage in any procedure that initiates labour. This would include the administration of PGE₂ (either Prostin or Propess) or a membrane sweep, both of which may be very distressing to the woman to have undertaken twice. Students would also require additional training and assessment of this competence.

Elizabeth Nocton: Academic Lead for Midwifery Practice