



**Tameside and Glossop
Integrated Care**
NHS Foundation Trust

Learner Midwives

Welcome Pack



Tameside Maternity & Neonatal Unit

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Welcome!

Welcome to Tameside Maternity Department and congratulations on commencing your midwifery degree. We understand starting your clinical placements can be an overwhelming experience. This welcome pack has been compiled to provide useful and vital information to help you settle in during your allocated time with us. We hope you will find it helpful, however, if you have any questions or queries we encourage you to discuss them with your Practice Assessor, Practice Supervisor, PEF Team, Personal Tutor, Practice Development Midwife or Practice Retention Midwife.

At Tameside we are committed to delivering a service in a manner that demonstrates our core values and behaviours: **Safety, Care, Respect, Communication** and **Learning**. We encourage honesty and openness in every direction.

We would like to take this opportunity to wish you a bright and fulfilling placement within our unit.

Donna Rennison – Interim Practice Development Midwife

Email: Donna.Rennison@tgh.uk

Leanne Ingle – Practice Retention Midwife

Email: Leanne.Ingle@tgh.nhs.uk

Chloe Adekoya – Practice Education Facilitator (PEF)

Email: Chloe.Adekoya@tgh.nhs.uk

PEF Team

Email@ PEFTeam@tgh.nhs.uk

Useful Contacts

Internal Maternity Area Telephone Numbers	
Acorn Birth Centre (ABC)	0161 922 4281
Antenatal Clinic (ANC)	0161 922 4280/4043
Central Delivery Suite (CDS)	0161 922 4047/4048
Community Midwives	0161 922 4270
Triage/Antenatal Assessments	0161 922 4051
Ward 27	0161 922 4077/4079

Manager of the Day (MoD) bleep	1104 (Contact 0161 922 6000) ask to speak to maternity bleep holder
EXTERNAL Maternity Unit telephone number	0161 922 6655

Maternity Matrons & Managers		
Rachel Alexander Patton	Head of Midwifery (HOM)	0161 922 5324
Laura Perkins	Deputy Head of Midwifery	0161 922 6195
Sharon Camkin	Governance & Safety Matron	0161 922 4726
Jen Heath	Inpatient Matron	0161 922 6185
Miranda Woodhead	Outpatient Matron	0161 922 6195
Mel McGrail	CDS & ABC Manager	0161 922 4037
Dominique McGhee	Ward 27 Manager	0161 922 4005
Andrea Plumbley	Triage Manager	0161 922 6171
Nicole Wood	ANC Manager	
Grace Glynn	Community Midwifery Manager	0161 922 5658

Education and Development Team		
Donna Rennison	Interim Practice Development Midwife	0161 922 4726
Leanne Ingle	Practice Retention Midwife	07833852510

Professional Midwifery Advocates (PMAs)		
Dominique McGhee (Ward 27 Manager)	dominique.mcghee@tgh.nhs.uk	
Carolyn Beswick (CDS co-ordinator)	carolyn.beswick@tgh.nhs.uk	
Kay Smith (CDS co-ordinator)	kay.smith@tgh.nhs.uk	
Grace Glynn (Community Midwifery Manager)	Grace.glynn@tgh.nhs.uk	
Kath Nagler (Perinatal Mental Health Midwife)	Katharine.nagler@tgh.nhs.uk	
Amanda Jeffery's (Saving Babies Lives Specialist Midwife)	Amanda.jefferys@tgh.nhs.uk	
Leanne Ingle (Practice Retention Midwife)	Leanne.Ingle@tgh.nhs.uk	
Jaqueline Spence (Core Midwife ANC)	Jacqueline.spence@tgh.nhs.uk	
Sharon Camkin (Governance & Safety Midwife)	Sharon.camkin@tgh.nhs.uk	
Specialist Midwives & Clerical Support		
Rebecca Bates	Screening Midwife	0161 922 6170
Michelle Kingsley	Advanced Screening MSW	0161 922 4363
Sarah Broadbent	Named Midwife for Safeguarding	0161 922 6196
Lorraine Wilkinson	Diabetes Lead Midwife	0161 922 4891
Cathy Lorne	Fetal Surveillance Midwife	0161 922 4951
Kath Nagler	Perinatal Mental Health Lead Midwife	0161 922 6096
Joanne Dixon	Maternity Governance Midwife	0161 922 6174
Kyle Palmer	Risk, Governance and SBL Admin	0161 922 6127
Aimee Vale	Lead Bereavement Midwife	
Jackie Brocklehurst	Parent Education Midwife	0161 922 4921

Amanda Jeffery's	CTG Champion/SBL Midwife	
Priscilla Poole	Fetal Safety Lead	
Kate Dinan	Midwife sonographer	
Kate Meredith	Vaccination Lead Midwife	kate.meredith@tgh.nhs.uk

Willow Team (Enhance Midwifery Service)		
Office		0161 922 4002/6141
Amanda Hadley	Young Parents Midwife	0161 922 6152 - M:07879433544
Faye Ramsden	Enhanced Midwife	M: 07775712494
Elaine Constantine	Enhanced Midwife	M: 07747664041
Victoria Kenney	Enhanced Midwife	M: 07467004451
Karen Wood	Enhanced Midwife	M: 07557481249
Kirsty Hymers	Enhanced Midwife	M: 07748626561

Infant Feeding Team		
Fiona Munroe-Muotune	Infant Feeding Lead	Fiona.Munro@tgh.nhs.uk
Hayley Coulson	Frenulotomy Midwife	Hayley.Coulson@tgh.nhs.uk (6180)

Tobacco Advisory Service		
Office		0161 922 5989
Jo Durose / Jenny Lowry	Lead Tobacco Advisory Midwife	jo.durose@tgh.nhs.uk
Rupeah Khan	Tobacco Advisory Service	

Bleep System / Numbers

Dial 73, wait for prompt to enter 4 digit bleep number, followed by prompt to enter the 4 digit ward/extension number. You can then end the call.

- Manager of the Day (MOD) 1104
- Obstetric Middle grade 1789
- Obstetric Junior grade 1790
- Gynaecology Junior grade 1748 (1790 and 1748 bleeps are combined during the night)
- On call anaesthetist 1010
- Theatre staff 2028
- Neonatal Middle grade 1595
- Neonatal Junior grade 1594
- Emergency 2222

The Consultant obstetrician can be contacted on their mobile telephone via switchboard. Please familiarise yourself with using the bleep systems as there may be instances that you are asked to assist.

ID Badge

Your ID Badge should be collected prior to you commencing your placement. Please arrange a suitable time and date to meet with the Practice Development Midwife, who will complete the relevant form to enable you to attend the drop in session held by Security.

Security ID Badge Drop in Sessions (Security is Located at the back exit Charlesworth Building)

Monday 9am – 2pm

Thursday 9am - 2pm

Smartcards

Please contact the Practice Development Midwife and provide the following details:

- NI Number
- Date of Birth
- Mobile Number
- Email Address

A request will be raised for your smartcard. Once this is done you will be provided with an email from the trust on how to collect and access your smartcard. You will also be required to attend a training session on the systems we use. It is important that attendance at the training session is upheld.

Accessing the Trust Intranet Site (TIS)

The Trust Intranet can be accessed by clicking on the Microsoft Edge icon on any Trust PC. This site will allow you to access other Trust IT sites and provides lots of information including: -

- General information about the Trust
- Clinical Guidance
- Policies & Procedures
- Patient Information Leaflets
- News & Updates

Policies & Guidelines

All policies and guidelines are available via the trust intranet homepage, using the top right hand menu to select “Documents”. You can search ‘all documents’ or use the menu on the right to select “Obs & Gynae”. Guidelines are listed alphabetically, or you can search using key words or by document name.

It is recommended that if a guideline is used in a woman’s care e.g. Gestational Diabetes, a copy of the guideline should be printed off and inserted into her notes.

Procedure of reporting sickness and absence

All sickness absence must be reported via the **Manager of the Day** bleep. Dial the hospital switch number 0161 922 6000 and ask switch to bleep **1104**, if you are to report sickness out of normal working hours then please contact and speak to the Labour Ward Coordinator 0161 922 4047/4048. You must inform the bleep holder of the nature of your sickness and the expected period of absence. You will also need to ensure that you contact your university to advise of your absence.

Car parking

If wish to obtain a car parking pass, a form will need to be collected from the car parking office in the Hartshead South Building (near Costa), this will need to be countersigned by the Practice Development Midwife. Please arrange a suitable time to meet for this to be completed.

Incident Reporting

All clinical incidents are reported online via TIS. Incident reporting is not a way of making a complaint, blaming staff, or making sure the senior managers know how we feel. It is a key tool for improving patient care and helps us to learn from the things that have gone wrong or near misses. The incident report forms can be found on the TIS homepage on the left hand side menu. An incident number will be generated for documentation in the case notes. If you are unsure as to the severity of an incident, please ask a senior member of staff to assist you. Please ask a senior member of staff to help support you in completing incidents. Incidents report should be completed immediately following an event.

Uniform Policy

The hospital has a Uniform Policy which you will find on TIS.

In brief:

- You will be expected to wear a clean Trust-issued uniform. The hospital operates a ‘bare below the elbows’ policy to reduce the risk of infection.
- Your ID badge should be worn at all times.
- Long hair must be tied back and off the collar.

- Jewellery permitted is a plain wedding band and small stud earrings. Necklaces, rings with stones, hoop earrings and wrist watches are **NOT** permitted.
- Nail varnish, false nails and excessive make up are **NOT** permitted.
- Suitable footwear, i.e. flat, black shoes, black crocs.
- Plain, dark coat (especially in community settings)
- Mobile phones should be switched off, unless on meal break

Please note: You may be asked to remove items that do not adhere to uniform policy, and in some instances, you may be asked to leave the shift if the uniform policy is not upheld.

Mobile Phones: Please ensure that whilst on shift that mobile phones are not used, in certain circumstance usage of mobile phones can be discussed with you practice supervisor or assessor, for example emergency situations.

Orientation

An orientation to individual clinical areas will be provided to you on commencement of your placements. In order to ensure you feel comfortable within your clinical surroundings, it would also be beneficial for you to spend some individual time identifying and locating specific stock and equipment you may require to fulfil your role as a learner in the care you provide.

Alternatively, you may be asked to support the wards Housekeeper or Maternity Support Workers whilst they perform general duties such as cleaning, checking equipment and restocking rooms. This is a vital part of your midwifery learning, for you to understand how individual roles help toward ensure efficient and effect team working.

Infection prevention and control

We must keep our hospital environment, community services, staff, patients, friends and family safe by ensuring and maintaining high standards and adhering [guidance](#) from public health England:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/new-government-recommendations-for-england-nhs-hospital-trusts-and-private-hospital-providers>

This is for your protection and the protection of our staff, patients, and other learners.

Infection prevention and control standards are essential to ensure that people who use our services receive safe and effective care. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone.

It is as important as ever to:

- Maintain good hand hygiene (Wash your hands frequently)
- Adhere to trust policy/guidelines regarding PPE – (Use a face covering)
- Maintain social distancing.

You will be given guidance on your local induction in your learning environment about PPE. You can visit our COVID-19 resource page on TIS homepage (intranet) for more information.

Timesheets

Please ensure that all timesheets are completed by the midwife you are working alongside at the end of each shift. This will help ensure your hours are logged in a timely manner, and any discrepancies can be rectified immediately. It is not acceptable to ask you P/A or other staff members to complete your timesheets retrospectively.

Documentation

Any documentation you complete during your training **MUST** be countersigned by the midwife you are working alongside during your placement.

Practice Assessors & Practice Supervisors

You will be allocated a Practice Assessor (P/A) at the start of your placement. This person will be your PA for the remainder of the year. Please ensure you contact them as soon as possible and identify when you are required to meet with them to discuss any progression points etc. It is your responsibility to ensure that scheduled meetings are planned in advance to ensure appropriate timing of your documentation being completed.

Practice Supervisors (P/S) will be allocated during each clinical placement to support you in building your knowledge and skills and obtaining your proficiencies. Although we endeavour to place you with your named P/S there may be occasions where you may work with different supervisors. We would advise you obtain written feedback from the supervisors you work with to support with completion of assessments with your P/A.

Midwifery Team.

During your placement you may be allocated to work alongside Assistant Practitioners and maternity support workers. Everyone in the maternity department plays a vital role in ensuring high standards of care are provided to your patients, we therefore feel this is a great opportunity for you to gain insight into how different roles integrate as part of the wider workforce.

Expectations from Learners

If you are uncertain or not confident in undertaking a specific task then please discuss this with your supervisor in practice who can offer additional support around this specific skill. This is your own individual learner opportunity, do not be afraid to ask if there is something you wish to attend or witness, you will be accommodated wherever possible.

Proficiencies

Please ensure that proficiencies are completed and signed whilst on shift, it is not acceptable to ask midwives to complete proficiencies a number of months following the time you worked with them. It is also the responsibility of the learner to ensure that they have a clear oversight on how many proficiencies they have completed and are required to complete to ensure progression through the course.

Off Duty

Your off duty where possible will be provided to you at least 2 weeks before you commence your placement. If you have any special request for days off, these need to be forwarded to the learner links asap, these will then be looked at and where possible will be honoured. If you have a special working pattern you require this will need to be agreed via the university who will then communicate this directly to use.

We want to ensure that you gain exposure to learning opportunities where possible. You may be asked to work weekend and nights as part of your off duty. Once the off duty has been completed, we ask that you avoid changing shifts at this stage, in exceptional circumstances changes may be looked at. It is not acceptable to swap shifts between yourself and other learners on placement.

Learner Support

Your P/A or P/S will act as a support guide for any problems or issues you may encounter. Should you need to discuss your placement you can contact the Learner Link (LEEL) directly for further advice. Please be mindful that learner links for clinical areas work shift patterns etc. therefore may take a number of days to reply to any emails that you send, however they will endeavor to respond at the earliest opportunity. If you require an urgent response, then please contact the PEF Team / Practice Development Midwife who may be able to offer support.

CDS / ABC – Jade Flowers – Jade.Flowers@tgh.nhs.uk

Ward 27 – Isabelle Ormond – Isabelle.Ormond@tgh.nhs.uk

ANC – Siobhan Berry – Siobhan.Berry@tgh.nhs.uk

Triage – Maria Jones – Maria.Jones@tgh.nhs.uk

Community – Leanne Baines – Leanne.Baines@tgh.nhs.uk

Additional Training.

We run a number of in-house training courses that you are more than welcome to attend. If you wish to attend any of the following, please email Jenny Lowry, Practice Education Lead.

PROMPT:

1 day training course that focuses on the importance of teamwork in the management of midwifery emergencies. Courses run each month from September to July.

CTG & Saving Babies Lives:

1 ½ day training course. Providing detailed information on CTG & Fetal Monitoring, how to interpret CTG and when to escalate concerns. Saving Babies Lives training on all elements that is identified under the Saving Babies Lives Umbrella.

Neonatal Life Support:

4.5 hours training course, focusing on the identification of hypoxia, and the management of neonatal life support.

Bereavement Training:

4 hours training session, focusing on how to provide holistic care to parents who have or are experiencing bereavement during their pregnancy. Details on compassionate care and which documentation is required to be completed.

Maternity Update Day:

1 day training course, updates from various specialists on services, review of incidents and management of care, reviewing holistic approach to care.

Central Delivery Suite Team

Manager:

Shift co-ordinators	Core midwives	
Emma Connelly	Sam Linsley	
Carolyn Beswick	Hannah James	
Kay Smith	Ayman Ajmal	
Kerry Jackson	Lucy Bean	
Danielle Howden (Mat Leave)	Julie Cox	
Ellie Ruding (Mat Leave)	Amy Barrow (Mat Leave)	
Natalie Clutterbuck	Lisa Brown	
Ashleigh Croft	Tracey Leicester	
Jacqueline Blair	Allanda Stevenson	
	Jade Flowers	
	Sophie-Leigh Olliver	
	Katie Turner	
Core Midwifery Support Workers		
Karen Mountney	Ward clerks	Housekeepers
Gaynor McManamon	Jane Clegg	Nurun Begum
Jo Hallsworth	Parvineen Mistry	Sam Child

Shift Patterns

Day: 07.00 – 19.30 with 30-minute break

Night: 19.00 – 07.30 with 30-minute break

Environment Layout

CDS consists of:

- 5 Assessment/Recovery Rooms (known as “first stage rooms”)
- 5 Birth Rooms
- Harebell Suite (bereavement)
- Theatre

Philosophy of Care

Care during labour should aim to achieve the best physical, emotional, and psychological outcome for mother and baby. All women in labour should be treated with dignity and respect and should be in control of and involved in what is happening to them. In order to facilitate this, healthcare professionals and other caregivers should establish a rapport with the woman, asking about her wants and expectations for labour, being aware of the importance of tone and demeanour, and of the words they use.

All women in labour should receive supportive one to one care, and once in established labour should not be left alone except for short periods or at her request. Women in your care should be encouraged to have birth partners of their choice available with them (maximum two birth partners), to provide additional support and encouragement.

Women and their families should always be treated with dignity, kindness, and respect. Women should have the opportunity to make informed choices about their care and assisted to formulate a plan of care

which meets the needs of mother and baby. Women should also be provided sufficient opportunity to ask questions in relation to their care.

As well as caring for low-risk women in labour you will also be expected to care for women who have a or are experiencing complications. Your supervisor is there to ensure that adequate support is provided to you during every learning opportunity and will guide you accordingly to build your knowledge and skills.

Daily Activities

For safeguarding and security, access to CDS is via the door buzzer. It is the responsibility of all staff to answer this buzzer and ensure those entering/leaving the ward are permitted to do so.

Shift handover is held at the Midwives' Station and starts promptly at the beginning of each shift.

Staffing usually comprises 5 midwives (1 coordinator, 1 core member and 3 rotational midwives) and 1 MSW during the day shift; and 6 midwives with 1 MSW on the night shift.

Break times are not allocated and should be agreed between yourself and the Shift Co-ordinator dependent on clinical activity. Staff are provided with a break room on CDS and have access to/use of facilities including kettle/hot water, toaster, microwave and fridge.

Staff changing room is opposite Theatre, and has the provision of lockers, toilets and shower facilities.

Telephone Calls

All patient calls and advice must be recorded on Euroking – please ask for support with this if required.

For reference, useful contact numbers can be found on the wall-mounted file near the windows and important bleep numbers are listed above the computer/printer near the Ward Board.

Inductions

Cervical Ripening Balloon/ ARM Induction of Labour is commenced on CDS and there is a diary for these, located in the drawers under the computer (near the Ward Board). Patients are asked to telephone CDS on the morning of their IOL to discuss with Shift Co-ordinator an appropriate time to attend. All other IOL are commenced on Ward 27 and transferred to CDS when appropriate.

Fresh Eyes

Where a woman is having continuous EFM in active labour a second practitioner trained in CTG interpretation should review the trace hourly and the CTG should be countersigned. A Tameside Hospital NHS Foundation Trust CTG Sticker is completed and signed by both midwives and is placed in the labour records. Fresh eyes is performed every 30 minutes in the 2nd stage of labour.

Documentation

Antenatal assessments and admissions will be completed on the green admission sheet. All observations must also be documented on a MEWS chart. Anyone attending CDS should be inputted onto Lorenzo as a walk-in; inpatients must be admitted and a VTE risk assessment completed.

At handover of care in labour or at point of escalation, SBAR stickers should be completed and placed on the notes.

Labour and birth information must be inputted onto Euroking, with postnatal VTE assessment and baby admission completed on Lorenzo. Maternal and Neonatal Summary sheets must be completed prior to transfer from CDS.

Optimal Cord Clamping

It is now Trust policy to delay cord clamping for at least 1 minute, wherever possible, as it supports neurological development by increasing haemoglobin and iron stores for up to 6 months.

Infant feeding

Supporting the initiation of breastfeeding

All mothers should be encouraged to hold their babies in skin-to skin contact as soon as possible after delivery in an unhurried environment, regardless of their intended feeding method. Skin contact should last for at least one hour or until after the first breast feed (whichever is sooner).

Skin to skin contact should never be interrupted at staff's instigation to carry out routine procedures. If skin-to skin contact is interrupted for clinical reasons it should be re-instigated as soon as mother and baby are able.

All women should be encouraged to offer the first breast-feed when mother and baby is ready. Help must be available from a midwife if needed.

All breastfeeding mothers should be offered further help with breastfeeding within 6 hours of delivery. A midwife should be available to assist a mother, if necessary, at all breastfeeds during her hospital stay.

Mothers should be supported however they choose to feed their baby. Mothers who do not choose to breastfeed are advised that formula milk is no longer provided, and they should have been advised to bring in the ready-made starter packs.

All bottle-feeding mothers should be encouraged to feed their babies in skin to skin and informed about responsive feeding

UNICEF Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give Newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practise rooming-in - that is, allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants

Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

Handover of care when transferring women and their babies from CDS to Ward 27

The antenatal handheld records and intrapartum notes must be filed in the main hospital notes.

Once on the postnatal ward, the midwife should use the SBAR sheet to give a verbal handover of care to the allocated Ward 27 midwife and document on the back page of the labour records the date, time and staff member continuing care.

Postnatal documentation/MEWs/prescription chart should be filed accordingly in the blue folders, and if a NIPE is outstanding this should be listed on the board near the Ward Board.

Guidelines for Identification of the Newborn

The responsible midwife must complete (handwritten), check and apply two identity bands before the baby is removed from the birth room/theatre.

One band is applied to each ankle. Each identity band should contain the following details, confirmed by consulting the mother's records and by consulting the parent/parents of the baby:

- Forename and surname of the mother
- Gender of baby
- Date of birth
- Time of birth

Harebell Suite

The Harebell Suite is a bereavement suite situated at the entrance of CDS where we care for families who have suffered a fetal loss, stillbirth, early neonatal death, or those who choose to have a compassionate induction of labour (termination) due to fetal abnormalities.

Paperwork in relation to fetal loss is kept in the Harebell Office which is situated next door to the Harebell Suite. Toni Singleton is our Bereavement Lead Midwife.

Ward 27 Team

Manager: Dominique McGhee

Core midwives	Ward clerks
Sharon Aldous	Nila Mistry
Gemma Abel	Sue Broadbent
Helen Roberts	Paige Talbot
Kath Jackson	
Megan Aldous	Housekeeper
Shaira Fakir	Carolyn Perritt
Ijeoma Maduekwe	
Victoria Shelmerdine	Core Midwifery Support Workers
Abigail Thompson (Mat Leave)	Karen Carmody
	Jade Oliver
Enhanced Recovery Midwife	Joanna Kwasniewski
Alysha Reilly (Mat Leave)	Hollie Chadwick
Jess Maden	
NIPE midwife	
Emma Ellison	

Shift Patterns

Day: 07.00 – 19.30 with 30-minute break

Night: 19.00 – 07.30 with 30-minute break

Ward 27 is an Antenatal and Postnatal ward.

All babies, apart from those admitted to NICU (Neonatal Intensive Care Unit) will remain at the mother's bedside. At no time are they to be separated unless clinically indicated. We also care for the category of neonates who require *transitional care*.

Shift handover is held promptly at the start of each shift, in the room at the midwives' station.

A coordinator is allocated on every shift who will allocate and monitor the workload amongst staff.

Philosophy of Care

Ward 27 provides a holistic, non-judgmental care for women and their families in conjunction with other members of the multi-disciplinary team. The midwife's aim is to maintain high standards of care and to pursue excellence in the application of her duties. She is responsible for her own professional development and must adhere to research-based practice.

Continuity of care and carer is followed whenever possible and consistent advice offered. The environment should be managed to meet the individual needs of the woman and her family; treating them with respect and dignity.

The midwives support the women and their families' in adapting to the physiological, emotional and psychosocial changes that occur during pregnancy and the postnatal period and at the same time facilitate new parents in developing the necessary parenting skills; encompassing the families different cultural and religious beliefs.

We are committed to:

- Achieving UNICEF UK Baby Friendly Initiative.
- Promoting an environment in which the women, their families and all staff feel safe.
- Providing a supportive teaching environment to all learners, that is conducive to and promotes questions.

Our principles:

- We must provide competent, purposeful management resulting in actions that are effective, just and ethical.
- Our first address is to our clients to satisfy their needs, we must provide consistent, high quality care, with information that is prompt, accurate and clear.
- We are responsible for our care and must act to ensure that the care given is safe, effective and fulfills client needs.
- We must provide for all aspects of equal opportunity to our staff.
- Everyone must be considered as individuals, encouraged to make suggestions for improvement and be free to make complaints.
- We must support and encourage all staff wishing to develop their role.
- As we initiate and adapt to new research-based practice, training must be on going in order to accommodate change.
- We must encourage ideas and innovation and pursue constant improvement in all aspects of care.

Daily Activities

For safeguarding and security, access to Ward 27 is via the door buzzer. It is the responsibility of all staff to answer this buzzer and ensure those entering/leaving the ward are permitted to do so.

Visiting Times:

- Birth Partners and Patients' own children – 10:00 – 20:00
- Grandparents – 12:00 – 16:00

Meal times are (approx.):

- Breakfast - 08:15
- Lunch - 12:00
- Dinner - 17:00

A restaurant for visitors and staff is available and accessed via the link corridor outside the ward.

Confidentiality

Confidentiality is of paramount importance. Information is not to be given over the phone without permission from the mother. Notes should not be left on display or within easy access to patients and visitors. On admission to the ward a blue folder will be commenced with the relevant documentation for admission. These can be taken into the patient space for timely documentation but must not be left unattended. When documentation is completed, please return the folder to the shelf in the back office. Handover sheets should not be left in general view and should not contain sensitive information other than basic admission details.

Admissions

Staff on CDS, ANC or Triage will telephone to advise that a patient is to be transferred to the ward. Beds must be reserved on the electronic board, please ask for assistance if you are unsure where a bed should be allocated.

Before a patient arrives:

- Turn back a bed and place a fresh jug of water/glass on bedside locker. Provide a bed pan for measuring the first void of urine.
- If the baby is transferring with the mother put baby bowl, spare sheets and blankets in cot cupboard. If baby is on NICU, remove the cot to a storage area prior to arrival.

On arrival of postnatal women:

- Welcome the mother to the ward and assist to the bedside. Receive handover report from CDS staff, then with informed consent:

Mother

- Assess lochia and examine sutures if applicable.
- Offer refreshments.
- Inform partner of visiting times/rules.
- Once the mother is mobile orientate to ward (Toilets/Bathrooms)
- Establish any cultural/spiritual needs and arrange for interpreter/spiritual mentor as required.
- Arrange for any special dietary needs to be met (inform kitchen as early as possible).
- Provide the call bell and encourage use for any additional needs.

Baby

- Ensure the baby is warm and pink, check the temperature.
- Check cord clamped and not bleeding.
- Ensure name bands and cot card are in situ with correct and appropriate information (see: Guidelines for Identification of the Newborn).
- Establish how baby is to be fed, whether baby has fed prior to transfer and if baby has passed urine and/or meconium.
- Complete relevant paperwork/admission checklists (ensuring countersigning by P/A or P/A)

Once satisfied that all is well with mother and baby, complete patient name board at bedside and input admission on to the inpatient electronic board. The board must be updated in a timely manner in order for an accurate representation of current patients. If NIPE has not been performed prior to admission, please write baby's name on the whiteboard in back office.

Medicine Rounds

Each midwife takes ownership of the administration of medications for their allocated patients. Medications such as pain killers will be offered at regular intervals and also provided on request.

Policy documents and guidelines are available on the intranet site for you to consult. There are specific situations as to when a learner is and is not permitted to provide medications under supervision. This has been provided at the end of this welcome pack.

General Duties

Assist the mother to the toilet if required. Document the volume of the first void on the postnatal admission sheet.

A daily examination is carried out on all mothers and babies. Your P/A or P/S will guide you through the process and illustrate how to use this time as an opportunity for promoting health and parent craft skills. All findings from daily examinations are recorded in the patient's handheld maternity notes.

Infant Feeding

Early skin to skin contact between mother and baby should be encouraged at the earliest opportunity whether breast or bottle feeding.

Tameside Hospital strongly promotes breast feeding and is working towards UNICEF UK Baby Friendly Accreditation. Mothers who wish to breastfeed must be assisted as soon as possible. Any breastfeeding mothers who decide to top up with Formula must be given the 'Off to the best start' leaflet and support offered. If a decision to still give formula is made an audit form must be completed which a member of staff can support you with.

Mothers should be supported however they choose to feed their baby. Mothers who do not choose to breastfeed are advised that formula milk is not provided and are advised to bring in the ready-made starter packs of formula. Formula milk is not to be stored in the ward fridge.

Expressed breast milk can be stored within the allocated fridge within the kitchen but must be labelled with patient identifier information as well as the date and time the breast milk was expressed. Patient Identity checks must be completed when taking the breast milk back to the mother to ensure the correct milk is received.

Bathing

Babies are not bathed within the first 24 hours of life, to prevent a reduction in their core temperature.

Guidelines for Identification of the Newborn

General Principles

The midwife conducting the delivery is responsible for ensuring that two identity bands are prepared where possible prior to the delivery and that these are applied to the baby as soon as possible following the delivery.

The identity bands must be applied before the baby is removed from the delivery room and their application must be witnessed by the parent/parents.

One band is applied to each ankle. Each identity band should contain the following details, confirmed by consulting the mother's records and by consulting the parent/parents of the baby:

- Forename and surname of the mother
- Mother's hospital number
- Sex of child
- Date of Birth
- Time of Birth

On transfer to the Postnatal Ward the identity bands should be checked immediately by the receiving midwife in the presence of the parent/parents.

Thereafter identity bands should be checked at least once daily.

In case of one identity band becoming detached a new identity band must be made out with the same details as outlined in the general principles and obtained from the mother's records. This new identity band checked with the parent is then applied in place of the detached one.

In the case of both identity bands becoming detached a member of staff should stay with the baby until the identity bands have been replaced.

IDENTITY BANDS MUST NOT BE REMOVED BEFORE THE BABY LEAVES THE HOSPITAL

Preparation of Bed Area on Discharge:

This task is the responsibility of all staff not just the MSW or Housekeeper – ALL learner midwives must be shown how to undertake this task

- Wearing your P.P.E (apron and gloves) strip and clean the bed, mattress, bed rails and cot
- Empty all bed linen from the cot
- Place the dirty linen in the correct white linen bag (Orange laundry bag for KAM bed and BILLI bed linen)
- Remove and clean all equipment (drip stands, CTG Machines etc) and return to the designated storage area, update the "I am clean stickers"
- Clear the area of any pots and empty the bins.
- Integrity check the mattress after each patient use (unzip and check foam interior and mattress cover) for both the bed and cot and wipe down.
- Wipe the locker, file holder, light, hand sanitizer (replace if empty), call bell and surrounding area.
- Remake the bed.

Discharge to Community Care

These are local guidelines and are subject to change

Routine daily examination of mother and baby confirms fitness for discharge. Please see the following criteria:

- Baby feeding well by chosen method and mother confident with that method.
- Baby examined by Paediatrician or appropriately qualified midwife (NIPE).
- Mother discharged by obstetrician if required.
- Any social circumstances considered and dealt with or referred.
- Antenatal women must be discharged by their consultant team with appropriate follow up and ANC appointments as necessary.

Paperwork

- Complete discharge tick sheet in both the mother and baby hand held notes.
- Complete Euroking questionnaire which will provide all printed sheets for distribution to the relevant agencies. Your P/A or P/S will instruct you.
- There will be other documents and reports which should be filed in the appropriate places.
- Babies have their own notes which must have at least one entry per shift. In any cases of intervention with baby a Critical Care Pathway needs to be completed via Lorenzo.
- Mothers are given their handheld notes to take home. Once the mother is discharged from midwifery care between 10 and 28 days the community midwife returns the notes to the hospital for inclusion in the case notes.

All paperwork comprises legal documentation and should be dated, signed and countersigned.

Discharge information and advice should be given verbally as there are few “handouts” or booklets available.

Much of the required information is listed on the back page of the handheld notes and should be dated and signed and countersigned when imparted to the mother.

Antenatal Clinic Team

Manager: Andrea Plumbley

Core midwives	Midwifery Support Workers
Jackie Spence	Lesley Boardman
Karen Coupar	Denise Saw
Deb Wellings	
Jane Holt	
	Ward clerk
	Jenny Booth

Working Hours

Typically, 8.30-18.00 or 09.00-17.00 with 30-minute break

The clinic day is split into two sessions

- Morning 09:00-13:00
- Afternoon 13:30-17:00 – Although these times become flexible depending on workload.

Each clinic session has a named consultant. Where possible, women are seen within their named consultants' clinic.

- Monday AM – Dr Hall; Young Persons
- Monday PM – Dr Veeravalli; Mental Health specialist clinic.
- Tuesday AM – Dr Anim-Somuah; General Obstetrics Clinic
- Tuesday PM – Dr Uku (AU); Substance Abuse
- Wednesday AM – Dr Krishnamurthy; Diabetes clinic
- Wednesday PM – Dr Lowri Gwyn Wallace; High BMI
- Thursday AM – Dr Mahmood; Twin
- Thursday PM – Dr Akbar; Pre-Term Birth
- Friday AM – Dr Ameh; General Obstetrics Clinic
- Friday PM – MLC; Midwife led and Anti-D clinic

Clinic is made up of 6 examination rooms, one quiet room and 3 ultrasound rooms. There is a kitchen/staff room with a fridge, microwave and kettle.

Philosophy of Care

On clinic you will have an opportunity to work with a wide range of the MDT. This will give you the opportunity to be involved in discussions and decision making involved in both low risk and complex antenatal care.

You will get the opportunity to develop your basic midwifery skills alongside experiencing specialist care, and so the experience you will have here will be invaluable.

You will be supernumerary and closely supervised by your practice supervisor, however we pride ourselves on welcoming our learners to become part of the team, so please don't hesitate to ask questions and get involved.

Triage & Antenatal Assessment Unit Team

Manager: Andrea Plumbley

Core midwives	Assessment Midwives
Charlotte Harding	Netta Lord
Anne Haggerty	Kate Firth
Becky Owen	
Victoria Bolton	
Melissa Bradford	Core Midwifery Support Workers
Tanya Beaumont	Chris Holt
Maria Jones	Emma Dolan
Joanne Hughes	Heather Lloyd
Lorna Pallister	Chelsie Minshall
Iqra Shazad	Lyndsey Ramsden
Joanne Chorlton	
Hanna Bevan-Shaw	
Sophie Caulfield	

Shift Times

Triage staff – 07:00 – 19:30

Assessments staff – 09:00 – 17:00

Philosophy of Care

The Triage and assessments team provide care to those experiencing complications and deviations from the norm, and provide appropriate assessment, care and referral.

Triage accept and review referrals as required; Assessments review, on an appointment schedule, those who already have an agreed plan of care.

Triage

Women are referred to Triage if they are experiencing antenatal complications from 16 weeks gestation onwards. Women are referred from ANC, community midwives, ABC, A&E and their GP. Women can also self-refer if they have concerns about themselves or the pregnancy. Postnatal complications directly related to pregnancy conditions/birth/postpartum maternal health are also accepted.

All phone calls must be documented on Euroking – please ask for support with this if required – and paper documentation of attendance/assessment is completed on the green Antenatal Admission sheet and MEWS chart.

Common reasons for referral to Triage:

- Raised blood pressure, or symptoms such as severe headaches or visual disturbances
- PV bleeding/Antepartum Haemorrhage (APH)
- Reduced fetal movements (RFM)
- Concerns regarding fetal growth (symphysis fundal height measurement)
- ? Labour
- Severe itching
- LSCS wound/perineal suture concerns

- Very heavy postnatal bleeding/ Clots passed

Once the woman has been assessed she may be sent home if all is well, or she may be:

- Admitted to Ward 27 for further assessment and observation
- Admitted to Ward 27 for induction of labour (IOL)
- Admitted to Central Delivery Suite (CDS) or Acorn Birth Centre (ABC) for care in labour
- Admitted to CDS for close observation and treatment/emergency delivery
- Referred to Antenatal Assessment Unit for further assessment/monitoring
- Referred to GP or another department

Antenatal Assessment Unit

Antenatal Assessment Unit offers women with antenatal complications planned appointments to be assessed and monitored where a medical care plan is already in place.

Common reasons why women are seen on assessments:

- Repeat CTGs for RFM
- Blood tests
- BP profiles
- Ferinject (IV iron preparation)
- Obstetric cholestasis

Acorn Birth Centre Team

Manager:

Core midwives	Core Midwifery Support Workers
Katie Fielding	Tracy Hopkins
Jo Johnson	
Emma Batty	
Zuhur Sharif	

Shift Times

- Day Shift – 07:00 - 19:30
- Night Shift – 19:30 – 07:30

The Acorn Birth Centre environment

This is a co-located Birth Centre, consisting of 2 birth rooms with pools, 1 postnatal room and one clinic room. Antenatal and Postnatal community midwife clinics are also held on the ABC, as well as a Post-Dates aromatherapy clinic.

The birth rooms provide facilities for birth aids, a pull-out bed, and active birth equipment. Ambient lighting and sound system facilities are available also. Each room has an ensuite shower/toilet.

Entonox is available and opioids can be administered but if an epidural is requested then care must be transferred to labour ward.

Please familiarise yourself with the environment and location of emergency equipment including resuscitation trolley and resuscitaire.

All rooms should be stocked and checked daily using the checklists provided.

Philosophy of Care

Care provided on the ABC is to support women who have been assessed as low risk throughout their pregnancy to successfully birth in a home from home environment. Minimal medical intervention will be adhered to. Further analgesia can be administered but if an epidural is requested then her care must be transferred to labour ward.

On occasions we do experience some women wishing to birth outside of guidelines for the ABC, should this scenario present itself the maternity team tries to endeavour to support a women's choice by undertaking a thorough risk assessment.

Most low-risk women having had a normal vaginal birth with no complications should be given the option of going home straight from the ABC. The baby must have fed well, and the mother have passed urine before transfer home. All discharge information must be given to the women including all relevant contact numbers.

Care in labour and the immediate postnatal period

Please familiarise yourself with the Acorn Birth Centre Operational Guideline and the Guideline for Use of Water in Labour.

Community Midwifery

Manager	Birch team (Hyde)
Grace Glynn	Sarah Cohen
	Amy Buckley
Cherry team (Ashton)	Becca Clarke
Harriet Gibson	Jayne Crutchley
Caroline Towell	Amanda Hadley
Panashe Mapara	Chantelle Mercer
Blossom team (Glossop)	Willow team (Denton and Droylsden)
Shaunna Parkinson (Mat Leave)	Adele Murray
Tarryn Kaculi	Nicola Burrows
Donna Rennison	Emma Thompson
	Carol Johnson
Oak team (Dukinfield, Mossley & Stalybridge)	Assistant Practitioners
Molly Gardner	Margaret Valentine
Gemma Heeley	
Natalie Mills	Ward Clerk
Katie Rathod	Sue Broster
Jenny McGlynn	Mina Yip

Hours of work

Monday to Friday: 08:00am - 18:00pm

Community midwives also cover an on-call service for the provision of homebirths.

Please familiarise yourself with the homebirth bags and their contents and the Homebirth guideline.

Working Day

The team caseloads are managed from a central electronic diary which is organised by the community teams and the community clerk. The visits are allocated each morning, and the Midwives run their own clinics.

The Community Midwives provide:

- Postnatal care in the home environment
- Antenatal care at clinics based in the hospital and community hubs
- Midwifery care at homebirths
- 1-2-1 parent education and advice, support and pregnancy information.

The role of the Midwife is wide-ranging and diverse. A large proportion of the work undertaken is in relation to the challenges of the Public Health Agenda which includes:

- Teenage pregnancy
- Smoking cessation
- Reduction in obesity
- Vulnerable families
- Safeguarding adults and children
- Drug and substance misuse
- Asylum seekers
- Breast feeding

A multi-disciplinary team, including (but not limited to) Midwives, Health Visitors, Social Workers and the Police provides the additional support that these people require. All our Learners are expected to participate and contribute within the multi-disciplinary team.

Medication Administration

Below is guidance you are required to adhere to as a learner midwife in relation to medicine administration and management. If you require any further information regarding the details below then please discuss with your P/A or P/S during your clinical placement.

Controlled Drugs

- Learner Midwives can administer controlled drugs that are **prescribed by a doctor** under direct supervision of a midwife
- Learner Midwives cannot administer controlled drugs prescribed by a midwife under midwives' exemptions
- Controlled drugs can be second checked by a learner midwife once they have shown competence

IV Medications

- Learner Midwives cannot be a second checker for IV medications. This must be a Registered Midwife/Nurse/Doctor
- Learner Midwives cannot administer IV medication. This means learner midwives cannot connect the IV fluid to the cannula and are not allowed to operate the pump to administer/increase/decrease dose
- Learner Midwives cannot operate the infusion pumps as they do not receive training to use these until qualification
- Learner Midwives can run prescribed IV fluids (without additives) through the giving set under direct supervision
- Learner Midwives can discontinue IV infusions and de-cannulate

Epidurals

- Learner Midwives cannot administer Epidurals
- Learner Midwives cannot be a second checker for IV Epidurals

Prostaglandins

- Learner Midwives cannot administer any products which initiate the onset of labour.

Anti-D

- Learner Midwives cannot administer Anti-D (Anti-D is a blood product)
- Learner Midwives can be fully involved in preparing anti D and discussing possible side effects with women under supervision

Blood Transfusions

- Learner Midwives must not administer a blood transfusion
- Learner Midwives must not act as a second checker for IV blood products

Vaccinations

- Learner Midwives cannot administer vaccinations.

Vitamin K

- Learner Midwives can administer IM Vitamin K to the neonate under direct supervision

Other Medication

- Under direct supervision of a midwife, learner midwives can administer medicines on the midwife exceptions list – except controlled drugs (stated above)
- Learner Midwives can administer medications prescribed by a medical practitioner on a valid prescription - except IV and epidurals (stated above)
- A Learner Midwife **must not** administer medications independently. Medication needs to be administered under direct and constant supervision (The learner midwife must be witnessed both visual and auditory giving medication)

Other Information

- The learner midwife must never hold the drug keys. Drug keys must be held by a Registered Professional. This is in line with trust policy
- The registered midwife that delegates the procedure of care to the learner midwife and is accountable for the appropriateness of this delegation and must ensure the learner midwife receives the necessary training and be responsible for ensuring the learner midwives knowledge to enable achievement of their competencies
- **The registered midwife delegating the procedure of administering and checking medication to a learner midwife will remain responsible and accountable for the correct administration of the medication**
- A learner Midwife may decline a task if they either lack required knowledge or do not feel confident to do so
- Learner Midwives must have knowledge and understanding of the Trust Medicines Policy. Please direct the learner Midwives on TIS to the policy and check that they have read the policy. This will also be sent to them via email
- Learner Midwives must ensure they have a sound up to date knowledge of the common indications, actions, side effects and normal dosages of medicines that they administer. The practice assessor/supervisor will help to direct the learner midwife to find information relating to medicines. Medicines must not be administered unless all of these details are known

For further information see the Prescribing and Administration of Medicines Policy – specifically page 16 and 17

Spoke Placements

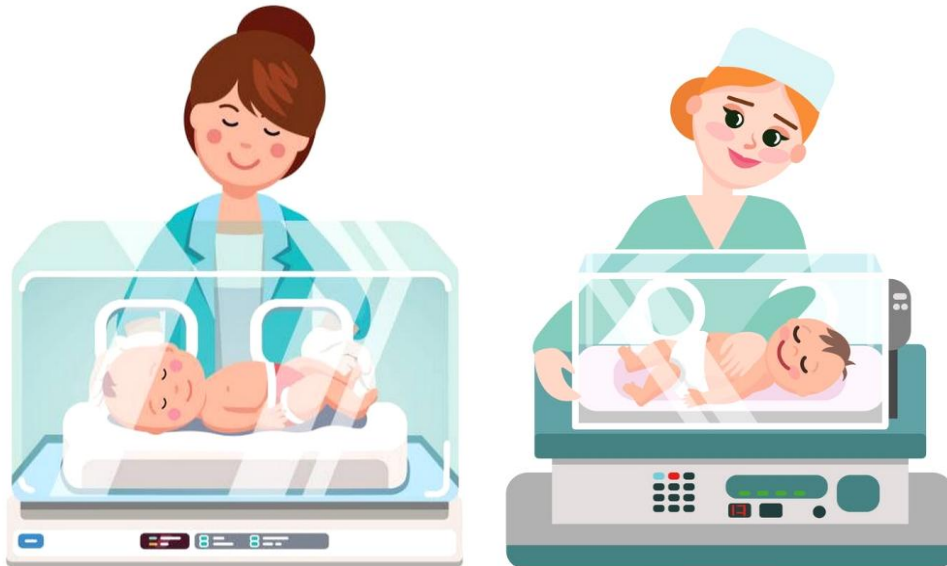
To further enhance your learning, Tameside Maternity have a number of specialist midwives that learner midwives are welcomed to access and arrange a spoke placement.

Spoke	Why?	Year appropriate	Contact
Well woman clinic or EPAU	To gain experience in pregnancy loss / termination of pregnancy and the decision making surrounding this sensitive topic.	Years 2 & 3	0161 922 4190 Jennifer.rothwell@tgh.nhs.uk
Theatre	To gain experience of anaesthetic nursing and scrub nursing.	Year 2 & 3	CDS
Shadowing shift co-ordinator	To gain experience in leadership, prioritising workload, delegating tasks and 'the bigger picture' on the labour ward.	Year 3	CDS
Shadowing support worker	To gain understanding of their role, how it impacts the role of a midwife and enhances team working skills.	Years 1, 2 & 3	CDS
Screening midwife	To gain understanding of the screening pathway, how it impacts women, their families and gain insight into decision making / reasons for medical management of termination.	Years 1, 2 & 3	Rebecca.Bates@tgh.nhs.uk 0161 922 6170
Mortuary	To gain experience in the care of patients following death, especially care of babies following stillbirth or neonatal death. This may help the process of explanation and support of women who experience this.	Year 3	0161 922 6059 Andrew.armstrong@tgh.nhs.uk
Pathology / biochemistry / haematology / transfusion Lab	To gain understanding of what happens to specimens once they are obtained and sent to the lab	Years 1, 2 & 3	
Bereavement (Harebell Suite)	To gain experience in caring for women/families suffering from bereavement.	Year 3	Katie.Turner@tgh.nhs.uk

Enhanced Midwifery Team & Perinatal Mental Health Midwife	To gain experience in caring for women who are vulnerable / experiencing complexities socially or suffering from mental health disorders throughout the childbearing continuum.	Years 1, 2 & 3	0161 922 4002 Kath.Nagler@tgh.nhs.uk
Shadowing medical staff	To gain experience in the roles and responsibilities of obstetricians and anaesthetists.	Years 1, 2 & 3	CDS
Smoking cessation	To gain experience in caring for women who are trying to give up smoking during pregnancy, what services they are offered and how they are carried out.	Years 1, 2 & 3	Ann-Marie.O'Hara@tgh.nhs.uk
Diabetic clinic	To gain experience in the care of women suffering from diabetes in pregnancy and the policies and procedures in place to ensure the safety of these women and their babies through good glycaemic control.	Years 2 & 3	Wendy.bannister@tgh.nhs.uk
Maternity ultrasound department	To gain experience in the roles and responsibilities of a sonographer, why we provide the service and the criteria for serial scanning.	Years 1, 2 & 3	0161 922 6153 Cathy.lorne@tgh.nhs.uk (lead midwifery sonographer)
PROMPT study day	To gain experience in the management of obstetric emergencies. Transferring theory to practice and the importance of communication and team working.	Years 2 & 3	Jenny.lowry@tgh.nhs.uk
Parent Education	To gain experience in providing information and support to parents preparing for the birth of their baby.	Years 1, 2 & 3	Jac.brocklehurst@tgh.nhs.uk
Midwifery Led Care Team	For learner midwives who may not be allocated a full placement on MLC a spoke with the team would provide a comparison between high risk and low risk care for women throughout pregnancy and birth.	Years 1, 2 & 3	Allanda.stevenson@tgh.nhs.uk

Elective caesarean sections	For planned theatre experience	Years 2&3	Jessica.Maden@tgh.nhs.uk
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NICU



Welcome to Tameside Neonatal Intensive Care Unit. We hope that you enjoy the time that you spend with us and that it is a valuable, learning experience. Feel free to ask as many questions as you want, anytime.

Your Practice Assessor will be:

Your Practice Supervisor will be:

Contacts

Unit Manager, Donna Kennedy-Marriott

Clinical educator Rachel Robertson

- Office is located directly outside the NICU main entrance.
- Telephone, 0161 922 6189 /6188
- PEF Team PEFTeam@tgh.nhs.uk

Working Hours:

7am till 7.30pm (day shift) 7pm till 7.30 am (night shift)

Welcome

This pack has been developed to give you an overview of the environment in which you will be practicing, the Newborn Intensive Care Unit and to direct you regarding the learning opportunities on the unit.

We are a level 2 unit with 13 cots. Four of these are designated for either intensive or high dependency babies. We look after babies born over 27 weeks gestation. Babies over 35 weeks gestation and with a birth weight over 2kg are cared for on the transitional part of the postnatal ward unless more complex care is necessary.

Medical Staff

- Consultant co-lead – Dr Datta
- Consultant co-lead – Dr Purves

Other NICU Consultants

- Dr Levy
- Dr Birch
- Dr Armitage
- Dr Tatnall
- Dr Date
- Dr Whitfield
- Dr Block
- Dr Haider
- Dr Dhorajiwala

Specialist Doctors

- Dr Obichukwu
- Dr Rajesh
- Dr Gamage
- Dr Taneja
- Dr Obikwu

Clerical staff

- Kerry Fish
- Mona Bennett

Housekeeper

- Tracey Welsh

Domestic

- Mary Thomasson

Breaks

Breaks are to be taken when convenient to workload. The Sister in Charge should be informed of you leaving the unit.

Valuables

Within the staff room, there is a locker that is allocated specifically for learners. We advise you to place all valuables in there. Mobile phones are not to be used around the unit.

Health and Safety

Upon your commencement of your placement, we strongly advise you to read the Trust Health and Safety policy including Infection Control, Manual Handling and Fire.

Off Duty

If you require a change to your off duty, please discuss this with your mentor, due to staffing levels and unit activity we aim to have just 1 student on per shift in order to maximise your learning opportunities.

Considerations and Responsibilities

- Please wear your ID badge at all times.
- Inform the unit if you are going to be late.

- Endeavour to be on time for the shift.
- Inform us in time if you are going to be sick and inform the University as per policy.
- Discuss any problems regarding your learning environment as they arise with your Assessor/Supervisor.

Below are suggestions of learning that can be acquired during this placement, you can use this as a guide alongside your mentors. This list is not mandatory nor is in exhaustive.

Learning opportunity	Achieved
Develop a knowledge of admission criteria	
Attend delivery suite	
Set up an incubator for admission	
Awareness of discharge readiness	
Knowledge of neonatal resuscitation	
Able to complete daily cot side checks	
Maintains confidentiality	
Participate in ward round	
Calculate fluid requirements	
Identify feeding methods and the indications for these	
Discuss feed choice options and the indications for which milk	
Identify feeding cues	
Discuss benefits of breast milk	
Identify signs of feed intolerance	
Prepare equipment for NG insertion and discuss technique	
Prepare NG feed and observe administration	
Discuss options for IV nutrition and the indications for these	
Demonstrate an ability to correctly read a drip and assess VIP score	
Familiarise self with the feeding policy	
Demonstrate a knowledge of normal physiological observations. HR BP RR SaO2 TEMP	

COLOUR	
Discuss common respiratory conditions experienced by preterm babies. RDS TTN CLD	
Discuss respiratory support options and the indications for these. Nasal cannula O2 Opti flow NCPAP Ventilation	
Identify the 4 ways babies lose heat	
Discuss the implications of heat loss for a preterm baby	
Familiarise self with the 4 pillars of Ficare	
Discuss signs of infection	
Prepare equipment for IV antibiotic preparation	
Calculate IV antibiotics	
Identify signs of jaundice	
Demonstrate a knowledge of physiological and pathological jaundice	
Prepare equipment for phototherapy treatment	
Under direct supervision plot SBR result	
Research common neonatal drugs and understand their use: Abidec Sytron Folic Acid Vitamin K Caffeine Calvive Phosphate Benzypenicillin Gentamicin Curosurf	

Discuss the importance of skin care for preterm babies	
Demonstrate adherence to the infection control policy	
Maintain professionalism and confidentiality at all times	

Spoke opportunities – please discuss these with your mentor/clinical educator if you would like to complete.

- Tongue tie clinic
- Elective caesarean
- Home start
- Hearing screeners

Common abbreviations

- APH
- EmLSCS
- CTG
- CGA
- BW
- IUGR
- PET
- PPH
- AEDF
- SROM/PROM

Any problems during your placement please speak to your mentor, the ward manager or the clinical educator.