T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting the Midwifery Team

Assignment 1 – Case study stimulus materials

Assignment brief insert

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Summer 2023
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Case study stimulus materials

Contents

Item A: online resources

Preeclampsia Foundation
www.preeclampsia.org

NHS Pregnancy complications: high blood pressure (hypertension) and pregnancy (2021)
www.nhs.uk/pregnancy/related-conditions/complications/high-blood-pressure

NICE Hypertension in pregnancy: diagnosis and management (2019)
www.nice.org.uk/guidance/ng133/resources/hypertension-in-pregnancy-diagnosis-and-management-pdf-66141717671365

NHS Pre-eclampsia (2021)
www.nhs.uk/conditions/pre-eclampsia/

UNICEF UK Baby Friendly Initiative
www.unicef.org.uk/babyfriendly/

NHS After the birth: early days (2022)
www.nhs.uk/pregnancy/labour-and-birth/after-the-birth/early-days/

NHS Start for Life: pregnancy
www.nhs.uk/start4life/pregnancy/

MIND Types of mental health problems (2020)
www.mind.org.uk/information-support/types-of-mental-health-problems/postnatal-depression-and-perinatal-mental-health/about-maternal-mental-health-problems/

Item B: extract from antenatal notes – handheld notes

Progress Sheet	
Date and time	
22/6/2020 10:25	P Thomas (RM) Physiological measurements have been undertaken. Advised Jenny that will repeat blood pressure (BP) and arrange for further review due to the observations and symptoms present. Headache/feeling unwell. Jenny understands but is quite anxious now. BP: 130/70mmHg P: 90 Sats: 98% Temp: 37 ° Proteinuria: +3 Symptoms remain. P Thomas
10:30	Called triage. Jenny for transfer for obstetric review as currently in antenatal clinic and cannot do further observations. Transferred to triage. P Thomas

Item C: extract from Raised Blood Pressure Care Bundle

Patient Identification Label Jenny Brown	Raised Blood Pressure Care Bundle Triage

Date +time of admission	22/06/2020 10.45am
EDD	01/08/2020
Gestation	36 +5
Parity Prev. deliveries	PO
BMI	33
Number of USS Placenta location Date of last USS Are scans normal?	X3 Not low Normal

Maternal Observations			
Date, Time and sign Recorded on MEOWS	22/06/2020 11.00am D.....		
Temperature	37		°C
Pulse	80		Bpm
Saturations	98		%
Respirations	18		
Blood Pressure	150/98		
Urine	Protein (3+)		
VTE complete O	Topaz	Jasmine	HB/MLU
Change in psychological/social needs? Y (N)			

Presenting History If BP >160/110(+/ protein urea +/- symptoms) – bleep Obstetric					
Headache? Pain score /10	7/10	Onset and duration of headache?		Yesterday evening @ 8pm	
Where is the pain?	Frontal/temporal/occipital/parietal/eye	Visual disturbance?		Slightly blurry	
Oedema?	Hands + feet	Associated vomiting?		no	
Abdominal Pain?		Maternal perception of fetal movements?		Fetal movements felt	
Act = palpation + auscultate with pinard prior to CTG	Fundal height (plot on SFH chart)	√	Soft/tender		
	Lie	Length clinxxx	Presentation	Cephalic	
	Engagement	3 /5 palp	Position	RoA	
	Fetal heart	140 bpm			
SROM? Colour?	NAD	Previous PIH/PET			Y (N)
PV bleeding?	No	Hypertension / booking Booking 110/40 mmHg			Y (N)
Antenatal problems?	Recurrent UTIs – had antibiotics				
Medical History?	none				
Allergies?	none	Smoker?		Yes	
Medication?	Previous antibiotics	Alcohol/drugs?		No	
SERIAL BP PROFILE (15MINS) ON MEWS AND FBC, U+E'S, LFTS, URINE PCR					
Signature		Status			
Print name		Date			

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

Name: Jenny Brown Unit No:			ME(O)WS Modified Early Obstetric Warning System For Maternity use only				
1 light grey - discuss with midwife			1 dark grey / 2 light greys - escalate to obstetrician and co-ordinator				
	Date	22/6/20					
	Time	1025					
Resp (●)	>30						
	21-30						
	10-20						
	<10						
Saturations	96-100%	98					
	<95%						
O2 Cons							
Temp°C (●)	39						
	38						
	37	●					
	36						
	35						
Maternal heart rate/pulse P (●)	170						
	160						
	150						
	140						
	130						
	120						
	110						
	100						
	90	●					
	80						
	70						
	60						
	50						
	40						

Booking BP ---------- Systolic blood pressure SBP (V)	200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50						
Diastolic blood pressure DBP (^)	130 120 110 100 90 80 70 60 50 40						
Passed	Y or N						
Urine	> 100ml in 4 hours						
	< 100ml in 4 hours						
Proteinuria	2+	+3					
	<2						
Lochia	normal						
	heavy/fresh/offensive						
Amniotic fluid	clear/Pink						
	green						
Neuro response (√)	alert						
	voice						
	pain/unresponsive						
Pain score	0-1						
	2-3						
Looks unwell	yes (√)						
	no (√)						
Total light grey scores		1					
Total dark grey scores		0					
Initials		PT					

Physiological parameters	Normal values	Light grey alert	Dark grey alert
Respirator rate	10-20 breaths per minute	21-30 breaths per minute	<10 or >30 breaths per minute
Oxygen Saturation	96 – 100%		<95%
Temperature	36.0-37.4°C	35-36 or 37.5-38°C	<35 or >38°C
Systolic blood pressure	100-139 mmHg	140-180 or 90-100 mmHg	>180 or <90 mmHg
Diastolic blood pressure	50-89 mmHg	90-100 mmHg	>100mmHg or <50mmHg
Heart rate	50-99 beaths per minute	100-120 or 40-50 beats per minute	<120 or >40 beats per minute
Neurological response	Alert	Voice	Unresponsive or pain

Item E: personalised birth plan

Personalised birth preferences

A birth plan supports you (and your birth partner/s) to make informed decisions about your care in labour. Sharing your preferences with your care providers enables them to personalise the care they give you.

1. I am aware of my three choices of birth setting (home, birth centre and labour ward) and have had a discussion with my midwife/doctor about which option is recommended for me. I would prefer to give birth...

- At home
- ✓ in a birth centre
- in a labour ward
- I am not sure/I would like to find out more

Certain options might be recommended for you based on your personal health and pregnancy.

My thoughts, feelings and questions:

I wish to have my birth in the birth centre, to have a home from home environment and less intervention.

2. My birth partner(s) will be...

It is recommended that no more than two people act as your birth partner in labour at any one time.

My husband is going to be my birth partner and maybe my mum.

3. Student midwives/doctors may be working with the team when I have my baby...

- ☐ I am happy for a student to be present during my labour/birth
- ☐ I prefer that no students are present during my labour/birth
- ✓ I prefer to wait and see
- ☐ I am not sure/I would like to find out more

Students work closely alongside their named midwife mentor and will provide you with care and support under supervision, with your consent.

My thoughts, feelings and questions:

I have not really thought about having anyone else in the room but open to the idea if necessary.

4. I have additional requirements...

- ☐ I will need help to translate into my language
- ☐ I have allergies and/or special dietary requirements
- ☐ I have religious beliefs and customs that I would like to be observed
- ✓ I/my partner have additional needs
- ☐ If you have any special requirements, please tell your maternity team as early as possible.

My thoughts, feelings and questions:

I would like my partner to hold the baby first.

5. I have had a discussion with my midwife/doctor about how I would like to give birth, my thoughts and feelings are...

The majority of women will have a vaginal birth, however for some a caesarean birth may be recommended.

My thoughts, feelings and questions:

I would rather aim for a vaginal delivery if possible and not keen on a caesarean but if in an emergency, open to advice.

6. In some circumstances, your midwife or doctor may recommend starting your labour artificially, instead of waiting for it to start naturally (this is known as induction of labour)...

- ✓ I am aware of why an induction might be recommended
- I am not sure/I would like to find out more

If you go 10 or more days past your due date, you have certain medical conditions, or your doctor is concerned about the health of your baby you may be offered an induction of labour. This will be planned carefully with your midwife/doctor.

My thoughts, feelings and questions:

I am aware but would like to see if I go into labour by myself and have less intervention, if it's advised will like to have options.

7. During labour and birth I would consider the following coping strategies/pain relief...

- ✓ ☐ I prefer to avoid all pain relief
- ✓ ☐ self-hypnosis/hypnobirthing
- ✓ ☐ Aromatherapy/homeopathy/reflexology
- ✓ ☐ water (bath or birthing pool)
- ✓ ☐ TENS machine (transcutaneous electrical nerve stimulation)
- ✓ ☐ gas and air (entonox)
- ✓ ☐ pethidine/diamorphine/meptid (opioid injection)
- ☐ epidural
- ☐ I prefer to wait and see
- ☐ I am not sure/would like to find out more

Your options for pain relief will depend on where you plan to give birth. Discuss with your midwife and ask what options are available to you at your local maternity unit.

My thoughts, feelings and questions:

I would like to have a birth that is as natural as possible and only have intervention if necessary. I may change my mind but would like to be offered suggestions to aid my decision.

8. During labour and birth I would consider...

- ✓ Massage
- ✓ Walking/standing
- ✓ different upright positions such as all fours/squatting/kneeling
- ✓ a birthing ball
- ✓ bean bags, birth stools and birth couches if available
- ✓ a birthing pool
- ✓ a bed, for rest – propped up with pillows or whilst lying on my side
- ✓ music to be played (which I will provide)
- ✓ the lights dimmed
- my birth partner taking photographs/filming
- I prefer to wait and see
- I am not sure/I would like to find out more

Your circumstances in labour may influence what choices are available to you. Please discuss this with your midwife at 34-40 weeks.

My thoughts, feelings and questions:

I want to be able to try different ways to aid comfort but will take advice.

9. During labour and birth, it is recommended that your baby's heartbeat is monitored...

- ✓ I prefer to have intermittent fetal heart rate monitoring with a handheld device
- ☐ I prefer to have continuous fetal heart rate monitoring using a CTG machine
- ☐ if I need continuous monitoring, I would like to be mobile and use wireless monitoring if available
- ☐ I prefer to wait and see
- ☐ I am not sure/I would like to find out more

You can learn more about fetal monitoring by reading the content on labour and birth, either in the app or in your maternity booklet.

My thoughts, feelings and questions:

I would like to move around as much as possible and have interruptions but will be advised on the best practice.

10. During labour, your midwife and/or doctor may recommend vaginal examinations to assess the progress of your labour...

- ✓ I am aware of why vaginal examinations are part of routine care
- I prefer to avoid vaginal examinations if possible
- I prefer to wait and see
- I am not sure/I would like to find out more

Vaginal examinations are a routine part of assessing labour progress and will not be undertaken without your consent.

My thoughts, feelings and questions:

I understand that I will need to have an assessment and I am open to advice.

11. In some circumstances, your midwife or doctor may recommend interventions to assist with your labour...

- ☑ I am aware of why assistance/intervention might be recommended
- ☐ I am not sure/I would like to find out more

Interventions may be recommended if your labour slows down, or if there are concerns with you or your baby's health.

My thoughts, feelings and questions:

I am not really keen on interventions but if there is an emergency, I would like to be given information at the time.

12. In some circumstances, your maternity team may recommend an assisted or caesarean birth...

- ☑ I understand why an assisted birth might be recommended
- ☐ I am not sure/I would like to find out more

An assisted or caesarean birth may be recommended if it is thought to be the safest way for your baby to be born. Your doctor will discuss this with you and ask for your consent before any procedure is undertaken.

My thoughts, feelings and questions:

Happy to have a conversation about this at the time and advice if needed in any way

13. In some circumstances, your midwife or doctor may recommend a cut to the perineum to facilitate birth (episiotomy)...

- I understand why an episiotomy might be recommended
- ✓ I prefer to avoid an episiotomy
- I am not sure/I would like to find out more

An episiotomy may be recommended for an assisted birth or if your midwife/ doctor is concerned that your baby needs to be born quickly. Your midwife/doctor will always ask for your consent.

My thoughts, feelings and questions:

I would prefer not to but in the event of emergency will take advice.

14. After your baby is born, your placenta will be expelled (this is known as the third stage of labour). There are two ways this can happen...

- ☑ I would like to have a natural (physiological) third stage, the cord is left intact, and I push the placenta out myself
- ☐ I would like to have an active third stage, where the cord is cut after a few minutes and I receive an injection of oxytocin, the midwife/doctor delivers my placenta
- ☐ I prefer to wait and see
- ☐ I am not sure/I would like to find out more
- ☑ I/my birth partner would like to cut the umbilical cord
- ☐ I prefer the midwife/doctor to cut the umbilical cord

Your midwife or doctor may recommend an active third stage due to your personal circumstance and will discuss this with you at the time of birth.

My thoughts, feelings and questions:

I would like to try the natural method but if any concerns would like advice. My husband would like to cut the cord.

15. Skin-to-skin contact with your baby immediately after birth is recommended for all...

- ☑ I understand why skin-to-skin contact is recommended
- ☐ I would like immediate skin-to-skin contact
- ☐ I prefer to wait and see
- ☐ I am not sure/I would like to find out more

As long as you and your baby are both well, skin-to-skin can be done following any type of birth. Your partner can also have skin-to-skin contact with your baby.

My thoughts, feelings and questions:

I would like to have skin to skin but I would like my husband to hold the baby first. Is it possible that my husband can do skin to skin?

16. I am aware that I will be provided with support to feed my baby, my thoughts around feeding are...

During pregnancy you will have a chance to discuss infant feeding, this will include information about the value of breastfeeding. A midwife will help you to get feeding off to a good start as soon as your baby shows cues that he/she is ready to feed.

My thoughts, feelings and questions:

I would like to breastfeed, but I am not sure, and would like to wait and see

17. After my baby is born, he or she will be offered Vitamin K...

- ☑ I would like my baby to have Vitamin K by injection
- ☐ I would like my baby to have Vitamin K by oral drops
- ☐ I do not want my baby to have Vitamin K
- ☐ I am not sure/I would like to find out more

Vitamin K is a supplement that is recommended for all babies that prevents a rare condition known as Vitamin K Deficiency Bleeding (VKDB). It has no known side effects.

My thoughts, feelings and questions:

I would like my baby to have the injection and I am aware of the reason for offering vitamin K.

NCFE materials adapted from National Health Service North West London (2018) *Personal Care Plan*. Available at: https://www.nwlondonccg.nhs.uk/application/files/6915/8402/5117/nw_london_personal_care_plan_booklet_0.pdf (Accessed:10 August 2021)

Item F: fluid chart

Suggested Intake			**Age**	**Sex**	**Hospital Number**
ORAL Free **Type of fluid**	**24 HOUR FLUID CHART**		34	F	W2545890
Amount ……**ml/hr**			**Forename** Jenny		**Surname** Brown

FLUID INTAKE								**FLUID OUTPUT**			
Intravenous			**Oral**		**Intravenous**		**Other**	**Urine**	**Gastric**	**other**	**Remarks**
Time	**Type of fluid**	**ml**	**fluid**	**ml**		**ml**	**ml**	**ml**	**ml**	**ml**	
09:00			water	100	PlasmaLyte	1000		150			
10:00			water	150							
11:00			tea	100							
12:00			water	200	PlasmaLyte	1000		600			
13:00			coffee	150				50			
14:00											
15:00											

Item G: SBAR handover from anaesthetic recovery to postnatal ward

S	**Situation** • Patient moving from *delivery* to *postnatal* • Reason for admission/transfer • What's happening now • Last VE/mode of delivery • Concerns	Postcare: induction of labour for raised blood pressure 1.30pm forceps delivery
B	**Background** • Parity • Gestation • Blood group • Current medications/allergies • Past medical and obstetric history • Social history • Relevant investigations and results	P1 - 36 +5 - pre-term O Positive Nil allergies Recurrent UTI's
A	**Assessment** • Observations-MEWS/BEWS score • Pain score • Fluid balance chart, catheter present, urine volume and time • VTE score • CTG/FHR • PV loss/liquor/uterus/EBL • Method of feeding, BF/AF/MIX • Swabs/needles count correct	Episiotomy Epidural catheter removed Teds stockings blood loss 500mls breast feeding
R	**Recommendation** • Plan • Actions requested or recommended • When is review required?	R/V: Blood pressure/bloods Early mobilisation following removal of catheter post epidural Monitor fluid in/out 4 hourly obs

Item H: extract from postnatal care plan

DATE OF DELIVERY: 22/06/2020

NAME: Jenny Brown

TIME OF DELIVERY: 1:30pm

HOSPITAL NUMBER: W2545890

TYPE OF DELIVERY: Forceps

PARITY: P1

BLOOD GROUP: A/B/AB/O O

RHESUS: Positive/Negative Positive

DELIVERY SUMMARY

Induction Labour for moderate hypertension

P1 Forceps Delivery Male Infant on 22/06/2020

PERINEUM: Episiotomy

EBL: 500mls

Weight: 2860g

Breastfeeding

INSTRUCTION FOR POSTNATAL CARE: ACTION PLAN

For community visit days 1, 3, 5, 7, 10 – due to history of induction for raised BP – home with antihypertensive medication; for alternative day BP check for up to 2 weeks and follow-up by GP on discharge from midwife. If BP falls above 140/90mmHg, consideration for obstetric team review. If BP falls below 130/80mmHg, treatment should be reduced. Hb 90g/l on discharge.

SUMMARY AND PLAN OF CARE

Postnatal checklist. Complete handover to community care management. Follow-up appointments made, NIPE check complete, NAD, NBS test at day 5. Breastfeeding initiated and care plan complete. Medication on discharge, ferrous sulphate tablets, antihypertensive tablets.

DAY 1

Midwife visit at 12:15pm. Observations – temperature: 36.8°C, pulse: 98bpm, BP: 146/90mmHg, no symptoms reported, uterus: well-contracted, lochia: heavy.

Breasts: heavy and full, experiencing some difficulty latching on baby today. Perineum: clean. Comments: feels tight and finds it difficult to sit. Has not opened her bowels yet, passing urine no concerns.

Action: demonstrated different position to hold baby and aid comfort when breastfeeding. Suggested to hand-express to aid reducing fullness of breast and then attempt latching on. Demonstration, leaflets signposted and will review next visit. Taking her medication and no further concerns noted.

DAY 3

Action: take medication now and discuss with Jenny. Day 3 – milk coming in, why breasts feel full; can also be associated with feeling tearful with mood changes as hormones fluctuating following birth. Discussed the 'baby blues' which occurs within the first weeks and normally last for a few days. Advised to go through her postnatal reflections and document her feelings and will discuss further. Advised to continue to hand-express a little of breast milk to help with latching on; she has obtained a breast pump and will use also. Advised to monitor mood and try to rest between feeds. Signposting to NHS UK website for breastfeeding tips and will call tomorrow for follow-up support. Advised will ask maternity support worker (MSW) to check BP tomorrow during visit.

DAY 4

MSW visit at 1:30pm. Midwife delegated MSW to support breastfeeding.

Jenny has been up most of night. Baby very unsettled, feeding constantly. Jenny currently experiencing a headache – no other symptoms. Observations – BP: 154/90mmHg, P94 T37.6.

Observed Jenny feeding and note baby not latching on, sucking on tip of nipple noted sore and red. Using video resource assisted to aid better positioning and explain how to check if baby latched on.

Action: contact midwife and got further advice as BP still high today; plan midwife will call Jenny and triage over phone and will repeat BP today. Breastfeeding review at next visit, advised if any concerns further to call for additional support; telephone numbers given.

Action: midwife due to discuss on phone, arrived at home to do BP check at 4:00pm. BP: 142/80mmHg.

DAY 5

Check that Jenny has taken her medication. Reports that she has not done so yet. Feels tired today and has reported that she has been tearful. Breastfeeding but comments painful throughout feeds. Feels full and very uncomfortable. Taking regular pain relief medication. Perineum: discomfort reducing, bowels opened and passing urine well.

Midwife visit at 11:00am. Observations – BP: 146/88mmHg, P76 T36.8, no symptoms reported, uterus: well-contracted, lochia: moderate and reducing.

Jenny appears well but comments that she still feels extremely tired. Breastfeeding coming on and baby is settled. Discussed with Jenny screening tests for baby and weight check. All information understood. Baby NBS taken and baby weighed. Weight loss noted within 10% – reassured Jenny that it is normal for some babies to lose weight. Follow-up conversation to explore Jenny's occasional low mood and tiredness. She is supported well at home with mother and husband but has mentioned that she feels the delivery was a traumatic experience and would like to discuss the birth further.

Action: advised to continue taking ferrous sulphate and discussed healthy diet rich in iron, and foods to avoid when talking tablets. Referral made to Professional Midwifery Advocate (PMA) to review her notes and discuss and reflect with Jenny. Support association information given for women who have had pre-eclampsia as resource. BP still in the higher parameters; advised to rest when possible and take medication at regular time. If BP persistently high, referral to GP for review of medication. Will follow up at next visit in 2 days; aware to call if any concerns.

DAY 7

Midwife visit at 2:00pm. Observations – BP: 140/80mmHg, P78 T37, uterus: contracted, lochia: changing minimal.

Jenny is coping well and feels she is getting into a routine and managing well. Her mood has improved today, and an appointment has been made to see PMA next week. Baby is settled, no concerns noted. Breastfeeding is going well.

Action for review: BP now stabilising. If it remains in the lower range, GP may reduce the dose of medication for hypertension. No concerns noted. Explained next visit day 10; if well and no issues, for discharge to GP.

DAY 10

Midwife visit: review for discharge to GP.

Document information

Owner: Head of Assessment Design