Midwifery Led Unit (MLU)
North Tyneside General Hospital.

Portfolio of learning opportunities.
Menu of learning opportunities on the MLU.

- Admission of women in labour
- Recognition of signs of labour
- Use of unit policy regarding the care of women with spontaneous rupture of membranes (SROM) pre & full term
- Enhance interpersonal/ communication skills
- Care of low risk women/family during labour & postnatally
- Assist with the birth of baby
- Physiological/ active management of the third stage of labour
- Examination of placenta including anatomy & physiology
- Documentation & record keeping, use of computer in notification of births
- Analgesia in labour non-pharmacological & pharmacological methods
- Use of pinnard/ Electronic fetal monitoring
- Perineal repair
- Resuscitation of the newborn
• Care of the newborn until discharge
• Promotion of supportive relationships / Skin to skin contact
• Care of women with reduced fetal movements
• Discharge of women from MLU
• Post natal discharge / 6 hour discharge
• In house training- obstetric emergencies/ fire drills
PHILOSOPHY OF CARE

THE PHILOSOPHY OF CARE AT NORTH TyNEside MIDWIFERY LED UNIT IS TO PROVIDE MIDWIFERY CARE TO LOW RISK WOMEN IN COMFORTABLE HOMELY SURROUNDINGS.

THE CARE IS BASED ON PREGNANCY AND BIRTH BEING A NATURAL PROCESS.

WE ENCOURAGE WOMEN TO HAVE THE FREEDOM TO MAINTAIN CONTROL OF THEIR OWN BIRTH EXPERIENCE. THIS IS SUPPORTED BY MIDWIVES ON A ONE TO ONE BASIS IN A RELAXED, FRIENDLY AND SUPPORTIVE ENVIRONMENT THAT FACILITATES THE TRANSITION TO PARENTHOOD.
NORTH TYNESIDE GENERAL HOSPITAL.

MIDWIFERY LED UNIT (MLU).

Welcome to the MLU at North Tyneside General we are located on the right hand side of the end maternity corridor when entering by the main maternity entrance. We can be contacted via our direct maternity line 0191 2932545 during the day you need to ask for MLU as calls go through antenatal clinic alternatively go through the main switch board 0191 2596660 ext 4660.

We welcome student midwives at various stages in their training and hope you will find the experience enjoyable.

Our maternity unit is part a district general hospital that serves a large catchment area of diverse population. The unit has been midwifery led unit since August 2007 and we predict a delivery rate of approximately 600 births per year.

You will be allocated a Named Mentor and possibly an Associate prior to commencing your placement. Your off duty will mirror theirs. It may be helpful to visit and meet with your mentor before you start your allocation.

We are committed to ensuring that you are supported in your learning during your placement. Staff will endeavour to afford learning opportunities wherever possible to maximise your experience.

- Your mentor(s) will be identified prior to your arrival.
- In partnership with your mentor your learning needs will be identified. A learning contract will be developed. This needs to be realistic, achievable, and time specific wherever possible.
- Opportunities will be made to ensure the learning can be achieved
- Documented evidence will be required, the use of a reflective diary is a good example
- We have a multidisciplinary approach to working on MLU and operate on a patient allocation basis; the following overview of the staff working on the department may be of some help to you.

G Shale 2007
Modern matron
Senior Midwife – responsibility for the MLU.

Grade 7 Midwives (sisters)
Senior Midwives,
Co-ordinate staff
Educational Support
Sometimes mentors

Practice Support Midwives
Senior Midwives
Support midwives in clinical practice
Practice educators
Help with skill acquisition

Midwife Practitioners
Variation of expertise
Work clinically – often on a rotational basis to other units
Mentors and Preceptors.

Midwives on Preceptorship programme
Newly qualified and new-to-post midwives undertaking a structured, supportive learning experience on their first allocation to MLU.

Healthcare Assistants
Work as part of the multidisciplinary team in caring for women on MLU
Maintain the preparation of rooms for women.

Ward Clerks
Deal with administration, Good information resources.

Shift Patterns and Requesting Off Duty

Long Shift: 08:00 to 20:30
Early Shift: 08:00 to 16:30
Late Shift: 12 MD to 20:30
Half day: 08:00 to 13:30
Night Shift: 20:15 to 08:15

Should you have any requests or preferences regarding off duty and also set study days please negotiate this with your mentor. We do endeavour to be flexible but you must work at least 50% of your clinical hours with your named mentor.
MLU

Learning Opportunities

During your allocation to MLU it is anticipated that alongside your mentor(s), your experience includes the following:

- Caring for a woman in normal labour & postnatally
- Communicating effectively with the woman and her partner(s) during their stay
- Can undertake and document correctly the clinical observations of:
  - Blood pressure
  - Pulse
  - Temperature
  - Respirations
  - Abdominal Palpation
  - Fetal Heart with a pinnards and sonicaid
- Participate in documenting clinical information on a partograph
- Caring for a woman receiving analgesia
  - Water immersion
  - TENS
  - Entonox
  - Ambulation/ Support/ Optimal positioning e.g.: birthing ball/ febromed equipment
  - Pethidine/ diamorphine
- A woman undergoing diagnostic fetal monitoring
- Can prepare an intravenous infusion prior to its use
- Interpret a CTG utilising the NICE Guideline
- Witness/participate in assisting a woman to give birth
- Actively/physiological manage the third stage of labour
- Follow universal procedures
- Caring for women postnatally / giving advice & support with chosen method of feeding.
- Maintaining accurate cotemporaneous documentation
MLU
Learning Opportunities

Neonate

During your allocation to MLU it is anticipated that alongside your mentor(s) your experience includes the following:

- Resuscitation at birth
- Understanding the benefits of skin to skin contact
- Initial examination of the newborn
- Care of a low birth weight baby according to unit policy
- Breastfeeding
- Artificial feeding
- Labelling of the baby
- Notification of birth on computer
- Importance of documentation
- Routine postnatal care & transferring a woman and baby home
- Transferring a baby to SCBU

Other Personnel

It can be arranged for you to work alongside the following to help acquire further insight and understanding of women/ baby’s diverse care

- Paediatric staff/ SCBU staff
- Hearing screeners
- Physiotherapists
KEY ELEMENTS
INTERPERSONAL SKILLS

<table>
<thead>
<tr>
<th>LEARNING OPPORTUNITIES</th>
<th>RESOURCE/ RELEVANT PERSONEL/ DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Use of the telephone:</strong></td>
<td></td>
</tr>
<tr>
<td>Answering and making calls</td>
<td>Qualified staff/ Health Care Assistants</td>
</tr>
<tr>
<td>Emergency calls (crash bleep, fire etc)</td>
<td>(HCA’s)</td>
</tr>
<tr>
<td><strong>Use of the computer to:</strong></td>
<td></td>
</tr>
<tr>
<td>Obtain investigation results</td>
<td>Qualified Staff/ Health Care Assistants</td>
</tr>
<tr>
<td>Register Births</td>
<td>Medical staff</td>
</tr>
<tr>
<td>E mail access</td>
<td></td>
</tr>
<tr>
<td>Intranet access</td>
<td></td>
</tr>
<tr>
<td>Obtain unit policies and procedures</td>
<td></td>
</tr>
<tr>
<td>Internet access</td>
<td></td>
</tr>
<tr>
<td><strong>Talking to:</strong></td>
<td></td>
</tr>
<tr>
<td>Patients</td>
<td>Grade 7 Midwife/ Coordinator</td>
</tr>
<tr>
<td>Relatives</td>
<td>Midwives and HCA’s, paediatricians</td>
</tr>
<tr>
<td>Other members of multi disciplinary team and making appropriate referrals</td>
<td>Specialist Midwives, Social Worker,</td>
</tr>
<tr>
<td></td>
<td>Physiotherapist</td>
</tr>
<tr>
<td><strong>Other opportunities to develop interpersonal skills</strong></td>
<td></td>
</tr>
<tr>
<td>Midwives handover</td>
<td>MLU Coordinator, Midwives</td>
</tr>
<tr>
<td>Ward round</td>
<td>MLU Coordinator, Midwives, Modern matron,</td>
</tr>
<tr>
<td>Risk Management Meetings</td>
<td>MLU coordinator, Midwives, midwives,</td>
</tr>
<tr>
<td>Facilitating investigations-blood tests, USS</td>
<td></td>
</tr>
<tr>
<td>LEARNING OPPORTUNITIES</td>
<td>RESOURCE/ RELEVANT PERSONEL/ DEPARTMENT</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Obtaining consent for examinations and procedures</td>
<td>Midwives,</td>
</tr>
<tr>
<td>Transfer of women and babies</td>
<td>Woman, Relatives, MLU Midwives, SCBU staff, Other Hospitals, Ambulance control/ Crew.</td>
</tr>
<tr>
<td>Team working</td>
<td>Observation of roles within the team</td>
</tr>
</tbody>
</table>
**KEY ELEMENT**

**CLINICAL SKILLS – CARING FOR WOMEN IN LABOUR**

<table>
<thead>
<tr>
<th>LEARNING OPPORTUNITIES</th>
<th>RESOURCE/ RELEVANT PERSONEL/ DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSESSMENT OF WELL BEING OF MOTHER AND FETUS:</strong></td>
<td></td>
</tr>
<tr>
<td>Recording, understanding and interpretation of maternal vital signs: Blood Pressure, Pulse, Temperature, Respirations, Fluid Balance, Bladder Care (including catheterisation), Positioning and Pressure Area Care</td>
<td>MLU coordinator, Midwives</td>
</tr>
<tr>
<td>Assessment of labour progress including:</td>
<td>MLU coordinator, Midwives</td>
</tr>
<tr>
<td>Uterine action</td>
<td></td>
</tr>
<tr>
<td>Abdominal palpation</td>
<td></td>
</tr>
<tr>
<td>Vaginal Examination (VE)</td>
<td></td>
</tr>
<tr>
<td>Behavioural observation</td>
<td></td>
</tr>
<tr>
<td>Monitoring and interpretation of fetal heart rate and rationale for choice of method:</td>
<td></td>
</tr>
<tr>
<td>Intermittent auscultation: Pinnards/sonicaid</td>
<td>MLU coordinator, Midwives</td>
</tr>
<tr>
<td>Continuous cardiotocography (CTG) utilising NICE Guidelines to interpret</td>
<td></td>
</tr>
<tr>
<td><strong>Artificial Rupture of Membranes (ARM):</strong></td>
<td>Midwives</td>
</tr>
<tr>
<td>Rationale</td>
<td></td>
</tr>
<tr>
<td>Safe procedure</td>
<td></td>
</tr>
<tr>
<td>Features of amniotic fluid (also in SROM)</td>
<td></td>
</tr>
<tr>
<td><strong>Completion of partograph</strong></td>
<td>Midwives, Pharmacist, Infection Control Team, NMC, Intranet</td>
</tr>
<tr>
<td>Need for accurate and contemporaneous record</td>
<td></td>
</tr>
</tbody>
</table>
**PAIN RELIEF:**

**Safe Administration:**
- Legal Statute
- Professional Standards
- Local Policy
- Routes of administration
- Adverse Reactions

**Non pharmacological methods:**
- Positioning
- Mobilisation
- Water Immersion
- TENS
- Reflexology/ aromatherapy/ massage

**Pharmacological methods**
- Inhalation: - Entonox
- Oral
- IM: e.g.: - pethidine

**Meeting women’s needs:**
- Ascertaining wishes
- Discussion of pharmacological and non-pharmacological methods

**SECOND STAGE OF LABOUR AND DELIVERY:**

**Assessment of onset:**
- Appropriate method

**Preparation of environment:**
- Safety
- Equipment
- Parents wishes

**Delivery:**
- Positioning
- Mode of delivery: Spontaneous
- Vaginal (normal):
- Support and guidance to mother and partner

Midwives, Medical staff, Anaesthetist and anaesthetic staff, pharmacist

Midwives, Midwives, HCA’s, Policies, Parents

Midwives, Unit policy, Research,
<table>
<thead>
<tr>
<th><strong>THIRD STAGE OF LABOUR:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparation of mother:</strong></td>
<td>Provision of information and choice of appropriate method with an understanding of physiology:</td>
</tr>
<tr>
<td><strong>Active management v</strong></td>
<td>Physiological third stage</td>
</tr>
<tr>
<td><strong>Physiological Management:</strong></td>
<td>Physiology of placental separation, preparation of mother, signs of separation, management (no oxytocic, no cord clamping)</td>
</tr>
<tr>
<td><strong>Active Management:</strong></td>
<td>Choice and safe administration of oxytocic Controlled Cord Traction (CCT) Determining blood loss and its significance Assessment of consistency and position of uterus following expulsion of placenta and membranes and recognition and management of deviations from normal</td>
</tr>
<tr>
<td><strong>Assessment of genital tract trauma:</strong></td>
<td>Physiology, grading of trauma, rationale for episiotomy, infiltration with local anaesthetic and technique of episiotomy, women’s choice provision of evidence based advice regarding comfort and healing, repair according to research, recognising when medical assistance is required</td>
</tr>
</tbody>
</table>

Midwives

Midwives, Unit Policy, British National Formulary (BNF),

MLU coordinator, Midwives, Unit policy, Research

MLU coordinator, Midwives, Paediatricians, SCBU staff, Unit policy

G Shale 2007
| CARE OF NEWBORN: |
|------------------|-----------------|
| **Assessment of newborn:** | Midwives, research, unit policy |
| Assessment of condition at birth and appropriate action, use of APGAR | |
| Share information with family | |
| Recognise failure to establish respirations | |
| Preparation of resuscitation equipment | |
| Appropriate request for paediatric assistance | |
| Care of airways | |
| Administration of oxygen | |
| Initiation of resuscitation procedures | |
| Care of family | |
| **Care following assessment:** | |
| Maintenance of optimum temperature | |
| Initial interaction/ skin to skin contact | |
| Initiation of feeding | |
| Identification of newborn | |
| Administer vitamin K as per unit policy. | |
**CLINICAL SKILLS – CARING FOR WOMEN & BABY IN THE POSTPARTUM PERIOD**

<table>
<thead>
<tr>
<th>LEARNING OPPORTUNITIES</th>
<th>RESOURCE/RELEVANT PERSONNEL/DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recording, understanding &amp; interpretation of maternal vital signs; BP, Pulse, Temperature, respirations. Fluid balance, bladder care, positioning &amp; pressure area care. Routine postnatal examination; fundal ht, lochia etc.</strong></td>
<td>MLU coordinator &amp; midwives unit policy / guidelines.</td>
</tr>
<tr>
<td><strong>Assessment of the neonate;</strong> Full in-depth examination of the newborn. Initiate hearing screening process.</td>
<td>MLU coordinator &amp; midwives, hearing screeners, paediatricians, ANNP.</td>
</tr>
<tr>
<td><strong>Breastfeeding;</strong> Provide information breastfeeding support groups. Opportunity to explain the benefits of skin to skin contact to mother &amp; family.</td>
<td>MLU coordinator, midwives, research evidence, unit guidelines/ policy.</td>
</tr>
<tr>
<td>Demonstrate knowledge of breast physiology to enable accurate sharing of information. Give assistance with correct positioning &amp; attachment to enhance the establishment &amp; maintenance of breastfeeding.</td>
<td></td>
</tr>
<tr>
<td>Recognise problems &amp; give appropriate advice.</td>
<td></td>
</tr>
<tr>
<td><strong>Artificial feeding;</strong> Demonstrate &amp; provide information re; The method of making up formula feeds according to WHO guidelines. Accurate sterilisation of feeding equipment. Correct feeding &amp; winding techniques. Recognising problems &amp; give appropriate advice. Become familiar with referral pathways according to unit policy/ guidelines.</td>
<td>MLU coordinator, midwives, paediatricians, ANNP, SCBU staff, unit policy/ guidelines.</td>
</tr>
</tbody>
</table>
**Parenting skills.**
Demonstrate :-
Bathing a baby.
Nappy changing.

Information re:-
Prevention of cot death.
Security.
Handling baby.
General baby care.
Normal infant behaviours.
Recognition of an ill baby.
Nutrition.
Jaundice & treatment of.

Offer appropriate support & assistance.

**Transferring a baby to SCBU.**
Discuss reason for transferring baby to SCBU.
Provide parents with appropriate support & assistance.
Liaise with paediatricians/ SCBU staff giving parents the opportunity to resolve any issues or questions.

**Transferring mother & baby home.**
Give information re:-
Contraception
Birth notification
6 week PN check
PN smear
Community M/W visits
Contact details & numbers.

MLU coordinator, Midwives, information leaflets, unit policy/guidelines.

MLU coordinator, midwives, paediatricians, SCBU staff

MLU coordinator & midwives.