PROFILE OF
LEARNING
OPPORTUNITIES
Antenatal Clinic
Fetal Medicine
Ultrasound

Updated February 2010
By Anna Stabler Matron
Andrena Turley Sister
Review Date February 2012
Welcome

Welcome to the Antenatal Clinic, Fetal Medicine and Ultrasound department located on the 2nd Floor of the Leazes Wing at the Royal Victoria Infirmary. We can be contacted by calling 0191 2825849. We welcome students in their second year of their training and by special arrangement at other times.

We are an extremely busy regional referral unit and have clinics running every day both in the morning and in the afternoon. The Antenatal clinics are themed; consultant led and in addition some clinics have specialist midwives working in them. The Fetal Medicine department operates every week day and takes referrals from around the Northern Region. The Ultrasound department operates every week day and currently have 5 scan rooms running concurrently.

We are committed to ensuring that you are supported during your visit to our area. All staff will endeavour to afford learning opportunities wherever possible to maximise your experience.

- Your programme of activity will be provided prior to your arrival.
- Opportunities will be made to ensure that learning can be achieved.
- The use of a reflective diary is recommended whilst you are allocated with us, in order to evidence your learning experience.

Shift Patterns

In the ANC / FMU / Ultrasound
Staff work Either:
8.00-4.00
8.30-4.30
8.45-4.45
9.00-5.00
9.30-5.30
10.00-6.00
11-7.00

Should you have any requests during your time with us please contact Sr Andrena Turley on 0191 2829924

Uniform and Appearance

All staff should wear their uniform as provided. Hair should be tied back off the collar, staff should be bare below the elbows, and are only permitted one pair of small stud earrings, and a plain wedding ring. Please be aware students will be requested to adhere to this strictly.
Students should also be displaying their Trust ID badge.
Midwifery, Nursing, Medical and Administration Staff Responsibilities

Antenatal Clinic / Fetal Medicine and Ultrasound Matron
Senior Midwife – responsibility for all above areas

Band 7 Midwives
Senior Midwives,  
Co-ordinate staff  
Educational Support  
Sometimes mentors

Specialist Midwives
Senior Midwives who have extended their clinical expertise  
Support midwives in clinical practice  
Practice educators  
Help with skill acquisition

Midwife Practitioners
Variation of expertise  
Work clinically – some on a rotational basis to other wards and departments  
Mentors and Preceptors

Healthcare Assistants
Work as part of the multidisciplinary team in caring for women in the Antenatal Clinic  
Maintain the preparation of rooms for women

Medical Staff
Obstetric: Consultants, Specialist Registrars (SpR) and Senior House officers (SHO)  
Neonatal/ Paediatric: Consultants, SpR’s and SHO’s, Anaesthetists, Physicians

Other Health Care Professionals
Sonographers  
Dieticians  
Diabetes specialist nurse  
Research Midwives

Ward Clerks
Deal with administration, Good information resources

Learning Opportunities
During your allocation to this area it is anticipated that along side your mentor your experience should include the following:
Planning the management of High Risk Pregnancy for women attending the Antenatal clinic

Observation of ultrasound scans

Observation of procedures in Fetal Medicine for example an Amniocentesis

You will be expected to undertake and correctly document the clinical observations of:

- Blood Pressure
- Weight, Height, BMI
- Urinalysis
- Abdominal Palpation
- Venepuncture
- Accessing pathology results and correctly documenting them.
LEARNING ZONES

Areas of learning

- Antenatal Clinic
- Ultrasound
- Fetal Medicine

Specialist Midwives

- Drugs and Alcohol Midwife
- Haemoglobinopathy Screening Coordinator
- Antenatal Screening Coordinator
- Multiple Birth Midwife
- Antenatal Education Midwife
- Teenage Pregnancy Midwife
- Counselling Midwife
- Midwife Sonographers
Specialist Antenatal Clinic

Women with low risk pregnancies are cared for in the community by the Community Midwife (CMW). CMWs are the experts in delivering antenatal care to women without health/pregnancy complications, providing comprehensive care.

Those pregnant women with a previous or current pregnancy complication, a pre-existing medical condition or an identified risk factor should be referred to the specialist antenatal clinic.

During their first visit to the antenatal clinic a management plan will be implemented to make sure the appropriate care is provided for the pregnant woman to ensure the safe delivery of mother and baby at the optimum time by the preferred route.

The clinics are now themed to provide an expert opinion for managing the pregnancy by both the lead/specialist midwife and obstetric team. This will provide continuity of care and carer empowering the pregnant woman and her family to make an informed choice in the decision making process that often occurs during pregnancy and delivery management.
## GUIDELINES FOR REFERRAL TO RVI ANTENATAL CLINIC

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Speciality</th>
<th>Referral Criteria</th>
<th>Gestation for Review</th>
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</thead>
</table>
| **MONDAY AM P Moran** | Substance Misuse / Mental Health clinic | **Substance Misuse**  
- Active drug or alcohol problems whether in treatment or not  
- Partner with drug or alcohol problems  
**Mental Health**  
- Current mental health problem on treatment  
- Past significant mental health problem eg previous psychosis, bipolar disease, schizophrenia, depression requiring treatment  
- Phobias / Anxiety states | ASAP following booking 12weeks |
| **MONDAY PM A Loughney** | Obstetric Haematology / Neurology clinic | **Obstetric Haematology**  
- Previous or current history of thrombosis  
- Any platelet disorder  
- Congenital bleeding disorders  
- Any other haematological disorder  
- Family history of thrombosis  
- Haemoglobinopathy  
- Refractory anaemia  
- Family history of bleeding disorders  
- Jehovah's Witness refusing transfusion | Pregnancy confirmation 12 weeks 12 weeks |
| **TUESDAY AM E Michael** | Sexual Health/Musculoskeletal clinic Previous spinal surgery | **Sexual Health**  
- Refer to Link Midwife for advice/counselling re sexual health  
- Known to be HIV positive  
- HIV positive on routine A/N screening  
- Known to be Hep B positive  
- Hep B positive on routine A/N screening  
- Recurrent STI in pregnancy  
**Musculoskeletal**  
- Maternal congenital anomaly eg scoliosis  
- Previous back surgery  
- Musculoskeletal problems that cannot be managed conservatively or by GP | As required 12 weeks On confirmation 12 weeks On confirmation As required 12 weeks As required |
<table>
<thead>
<tr>
<th>Clinic</th>
<th>Speciality</th>
<th>Referral Criteria</th>
<th>Gestation for Review</th>
</tr>
</thead>
</table>
| TUESDAY PM | Multiple Pregnancy/Previous Preterm delivery/ 2nd Trimester Loss clinic | **Multiple Pregnancy**  
- Confirmed multiple pregnancies  
**Previous Preterm delivery/2nd Trimester Loss**  
- Previous preterm labour < 34 weeks  
- Previous 2nd trimester loss  
- Cone biopsy (not single routine loop biopsy)  
- Pregnant women requiring anaesthetic assessment  
- High BMI | 12 weeks  
12 weeks  
12 weeks |
| TUESDAY PM | Anaesthetic Clinic | |
| WEDNESDAY AM | Learning/Physical Disabilities Pre conception Medical problems | **Severe Physical Disability**  
- Existing medical problems e.g.  
- Malignant disease, severe asthma  
- Thyroid disease  
- Previous Obstetric Cholestasis  
- Booking diastolic BP > 90mmHg | As soon as pregnancy is confirmed  
24 weeks  
ASAP following CMW booking |
| WEDNESDAY PM | Pre conception clinic/Medical problems | As above Wednesday AM clinic | As soon as pregnancy is confirmed |
| THURSDAY AM | Obstetric Medical Clinic (Diabetes, endocrine renal) | **Diabetes**  
- Renal Diseases  
- Complex Hypertension  
- Unstable thyroid disease | As soon as pregnancy is confirmed |
| THURSDAY PM | Placentation clinic | **Placentation pathology**  
- Previous pre-eclampsia/eclampsia  
Women needing elective delivery before 37wks because of proteinuric hypertension on either fetal or maternal grounds  
Women with previous proteinuric hypertension needing high dependency care on DS after delivery  
- Previous SGA< 5th centile  
- Confirmed abruption resulting in delivery< 37wks  
**Pregnancy loss in any previous pregnancy**  
- Previous stillbirth or late fetal loss (24 weeks) if no suspicion of placental weakness  
- Women experiencing a neonatal or infant death from birth to six months | 10-14 weeks |
<table>
<thead>
<tr>
<th><strong>Teenage Pregnancy Advisors</strong></th>
<th><strong>Teenage Pregnancy (Under 18 years)</strong></th>
<th><strong>Access to advisors following dating/anomaly scan</strong></th>
<th><strong>20weeks</strong></th>
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</table>

### FMU

<table>
<thead>
<tr>
<th><strong>MONDAY ALL DAY S.Macphail</strong></th>
<th><strong>Obstetric/ genetic clinic (FMU)</strong></th>
<th><strong>Previous genetic fetal anomaly, or family history</strong></th>
<th><strong>As soon as pregnancy is confirmed</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TUESDAY Midwife sonographer</strong></td>
<td><strong>Cervical scans</strong></td>
<td><strong>Previous pre term labour</strong></td>
<td><strong>Dependant on history</strong></td>
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<td><strong>History of cone biopsy</strong></td>
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<td><strong>Previous second trimester loss</strong></td>
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<tr>
<td><strong>THURSDAY Dr Abu-Harb</strong></td>
<td><strong>Fetal Echo</strong></td>
<td><strong>Structural cardiac anomaly in either parent</strong></td>
<td><strong>16-23wks</strong></td>
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<td><strong>Fetal arrhythmia</strong></td>
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<td><strong>Known diabetics</strong></td>
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<tr>
<td><strong>THURSDAY P.Moran</strong></td>
<td><strong>Current Echo clinic (FMU)</strong></td>
<td><strong>Previous or currently suspected fetal cardiac anomalies</strong></td>
<td><strong>Following 20 week scan</strong></td>
</tr>
<tr>
<td><strong>FRIDAY AM Midwife Sonographer</strong></td>
<td><strong>Twins pregnancies from Northern region</strong></td>
<td><strong>All confirmed twin pregnancies</strong></td>
<td><strong>11-13wks</strong></td>
</tr>
<tr>
<td><strong>MON - FRI</strong></td>
<td><strong>FMU</strong></td>
<td><strong>Woman with confirmed toxoplasmosis. CMV, parvovirus. Suspected current or previous confirmed fetal anomaly.</strong></td>
<td><strong>As soon as confirmed</strong></td>
</tr>
<tr>
<td><strong>MON - FRI</strong></td>
<td><strong>FMU</strong></td>
<td><strong>Women needing an invasive procedure</strong></td>
<td><strong>11 weeks CVB &gt;15weeks amnio</strong></td>
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<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Dr Moran’s Antenatal clinic with substance misuse midwife</td>
<td>Miss Michael’s Antenatal clinic with lead midwife for sexual health</td>
<td>Dr Sturgiss Fetal Medicine List</td>
<td>Dr Waugh’s Obstetric Medical clinic with lead midwife</td>
<td>Teenage pregnancy clinic with specialist midwife including scanning</td>
</tr>
<tr>
<td>PM</td>
<td>Ultrasound Department with sonographer</td>
<td>Dr Loughney’s Antenatal Clinic with multiple pregnancy midwife</td>
<td>Dr Sturgiss Fetal Medicine List</td>
<td>Ultrasound Department with sonographer</td>
<td>Ultrasound Department with sonographer</td>
</tr>
</tbody>
</table>

- For information regarding bereavement counselling midwife telephone 29724
- For information regarding screening issues telephone 29547
- For information regarding specialist antenatal clinic contact senior midwife 29924

To enhance your learning opportunities it would be prudent to check the FMU diary to establish whether there are any interesting cases expected during your allocation so that you can negotiate observing.
Role of Antenatal Screening Co-ordinator

- Coordination and management of current and implementation of new antenatal screening programmes in the clinical setting. The current antenatal screening programmes are: Down's syndrome and Fetal Anomaly, Infectious Diseases (HIV, HepB, Rubella, Syphilis), Haemoglobinopathies (Sickle cell and Thalassaemia).

- Provide specialist advice for parents receiving positive results from the screening programmes and for professionals involved in providing pre-test information or when involved in giving positive results.

- Maintain close links with laboratories (MSS, Haematology, microbiology), health protection unit and New Croft House health advisors, community midwives, midwifery management, consultant clinical leads, Fetal medicine unit, antenatal clinic and obstetric ultrasound, SCBU and post natal wards.

- Maintain communication links with the regional network of Local Coordinators and the Regional team / National Screening Committee programme leads.

- Provide mandatory training on a rolling programme to include an overview and updates on all programmes and as part of new staff induction package.

- Provide targeted training for changes to programmes.

- Facilitate links with and training for Newborn bloodspot screening programme.

- Audit antenatal screening programmes as per national and local standards – develop processes and contribute to an annual report for antenatal screening.

- A member of antenatal screening management group.
The Role Of The Bereavement Counsellor

For a number of years there was a recognised clinical need for a bereavement counsellor within the Women’s Service Directorate. Professor Lind who was the head of Fetal Medicine in Newcastle had the first opportunity to develop this role when he retired from clinical practice. The bereavement service took 2 years to establish and has been expanding since 1996. I gained insight into the bereavement service by means of a placement whilst working towards my Diploma in Counselling, where I was required to counsel 100 clients and undergo monthly supervision.

My qualifications are Registered Nurse/Midwife and Diploma in Counselling. Although a midwifery qualification is not necessarily a requirement to be a counsellor I feel it is an advantage to have these skills and experience whilst working with bereaved families. I am a member of the British Association of Counselling and Psychotherapy, and British Infertility Counselling Association. I attend monthly supervision with an independent supervisor of counselling and at present I am completing an Advanced Diploma of Bereavement Counselling.

The service was initially offered to those families who had experienced a stillbirth, neonatal death or a termination of pregnancy for a fetal abnormality on delivery suite at the RVI. Through natural expansion there are now 6 main areas of referral:

- Fetal Medicine
- Delivery Suite
- Special Care Nursery
- Gynaecology
- Department of Reproductive Medicine
- General Practitioners

At present my counselling time is Wednesday morning, all day Thursday and Friday. This time is divided into counselling, lecturing on bereavement issues, audit/computer work, supervision, attendance on various support groups, networking and producing leaflets on bereavement issues.

The most important life skill to enhance this vocation is achieving empathy with the parents and family who are involved with the death of a baby. Being able to communicate effectively and working within a supportive team is also an advantage. Maintaining a sense of humour and having outside interests is essential whilst working within a sometimes stressful environment. All these can only be gained through experience and time.
Teenage Pregnancy Midwife

Kim Donaldson - 07879414668
Justina Fanson - 07747635996
Teenage Pregnancy Support Team - 01912616565

Kim and Justina work as a job share and cover 4-5 days of the week and can be contacted on the numbers above. Our aim is to reduce the incidence of repeat teenage pregnancies and offer support to pregnant teenagers.

Pregnant teenagers still have either their Community Midwife or Consultant as their lead Professional.

Kim offers one to one parenthood and both will be offering a monthly session with the dates provided in this folder.

Justina will offer a home visit to advise and provide contraception at any time throughout the pregnancy or afterwards.

One of the Teenage Pregnancy Midwives attends Ashlyn’s school on a weekly basis and support the girls who are pregnant and post natal. A programme of antenatal education and one to one sessions is also undertaken.

On a Friday we aim to see as many young women from within the Newcastle area who are under eighteen and offer the above services when they attend for their scan (please see article re scan clinic). We also link with connections and they can offer young parents advice re training and job opportunities.

Kim and Justina work with the Teenage Pregnancy Support Team who can offer help and advice re:

Benefits, Housing, Counselling, Being a Parent Course and Interpersonal skills course.

Our young dad’s worker will offer similar advice to the young father and we help with the young dad’s group as well as the “Being a Parent Course”.
Role of the Midwife Sonographer

Aims

- Expert knowledge base (dual qualifications)
- Integration of midwifery and ultrasound skills using a holistic approach to enhance quality of care
- Communication skills
- Developed clinical and interpretative skills necessary for competent clinical / diagnostic practice
- Understanding of problems in the context of pregnancy and delivery
- Ability to provide full screening package
- Continuity of care upon referral to fetal medicine

Combined Test Screening

Discuss with parents the benefits and limitations of screening

This is a screening test performed in two parts. Both parts must be completed for a result to be given.

- **The first part** is an early ultrasound scan, dating by CRL and measurement of nuchal translucency
- **The second part** is a blood test taken after the scan where the levels of two substances in the blood are measured
  When combined these will give a risk for down’s syndrome (T21)
  A risk 1:150 is the cut off for increased risk ie risk 1: 160 screens negative and 1:149 screens positive

  Screen negative - discharge
  Screen positive - counsel regarding invasive testing (Chorionic Villus Biopsy / Amniocentesis) Refer to fetal medicine, offer continuity of care

This combined test will detect 90% of babies with down’s syndrome
Currently there is no screening test which will detect 100%
20 week anomaly scan

Non invasive, visual, safe assessment of fetal wellbeing
Perform ultrasound scan providing clear explanation to parents, ensure appropriate follow up
If anomaly suspected, provide clear explanation and referral to fetal medicine, offer continuity of care and support

Fetal wellbeing

Fetal growth, Amniotic fluid volume, UAPI doppler. Communicate findings to parents
Appraisal of high risk pregnancies using clinical, laboratory and ultrasound assessment
Appropriate referral to consultant care if high risk
Liaison with health care professionals as required
Maternal Serum Screening

This would be the test offered if the gestation was too advanced for combined testing. Discuss with parents the benefits and limitations of screening.
Gestational age 15 - 20 weeks
Take maternal bloods with consent
Screen positive arrange fetal medicine appointment, offer continuity of care.
Screen negative discharge

Extension of Midwife Sonographers role

External Cephalic Version (ECV) - Transabdominal manipulation of a breech fetus into cephalic presentation
  Fetal Echocardiography
  Cervical Screening
  23 week Uterine Artery Doppler
  3D / 4D Fetal Imaging
**Sexual Health**

Pregnant women who have a current or past sexual health issue should be referred to Miss Michael’s Antenatal Clinic. Those that should be referred are women that have or have had genital herpes, syphilis, HIV, hepatitis B, gonorrhoea or other sexually transmitted infections. It is not necessary to review women who have had chlamydia as long as they have had appropriate treatment and partner notification.

A management plan will be discussed to ensure the pregnancy is monitored appropriately to ensure the safe delivery of mother and baby.

It may be necessary to refer the pregnant woman to the Genito Urinary Medicine (GUM) clinic for assessment treatment and partner notification.

**Obstetric medical clinic**

Pregnant women with diabetes should be referred to see the multidisciplinary team that work within the Antenatal clinic Thursday morning at pregnancy confirmation. The team that will be involved in planning the pregnancy management include the midwife, diabetes specialist nurse, sonographer, dietician, physician and the obstetrician.

The aim of the pregnancy management plan is to maintain safe maternal blood glucose levels (HbA1c below 6.1%) therefore reducing the risks of miscarriage, congenital malformation, fetal macrosomia and birth trauma. Also to ensure that if there is a change in the pregnant woman’s condition that it is detected and acted on immediately to prevent any deterioration in the woman’s well-being.

Women with other conditions may also be assessed within this clinic and include those with unstable thyroid disease, brittle asthma, hyperemesis gravidarum.

Andrena Turley  
Senior Midwife Antenatal Clinic  
0191 2829924
Role of the Midwife for Multiples

Post is 22 ½ hours per week as the service require.

Service improvements and innovation continue to evolve; these encourage and promote continuity and consistency of care, advice and support. Targeted, specific information empowers expectant parents, facilitates realistic expectations and optimises parental psychological outcome.

Care for uncomplicated multiples is provided following guidelines specific to Dichorionic and Monochorionic twins.
A care plan is available for triplets but they are mostly seen in FMU.

**Tuesday:** Multiple Pregnancy Clinic. Running a midwife led clinic from 9:30 – 17:00 with consultant support after 13:30
Wednesday: Breastfeeding workshop, visits to the wards & SCBU & Admin
Thursday: Parenting sessions, visits women on the ward and SCBU & Admin
Saturday: 3 monthly postnatal reunion at Twin Farms

- Provision of antenatal care and education to couples expecting more than one baby. Including tour of the unit, SCBU and visit of parents with twins
- Facilitation realistic preparation for birth and parenting and aim to meet the needs of the father as well as the mother.
- Provide written information to parents as soon as multiples are diagnosed and at appropriate stages during their care.
- Provide breastfeeding workshops specific to the needs of multiples and support women to succeed.
- Fostering the establishment of support for families during their hospital stay.
- Advice colleagues in the skills and knowledge necessary to implement the multiple pregnancy guidelines.
- Form links with twin groups in the North East to encourage families to support each other.
- Serve on the RMSO Steering Committee working on guidelines for care of all multiples in the North East of England.

Sandra Bosman
Midwife for Multiples
Sandra.bosman@nuth.nhs.uk
0191 2829526
North East Regional Specialist Counsellors for Haemoglobinopathies

Two regional specialist practitioners for haemoglobinopathies working as a job share are now in post providing support for the antenatal and newborn screening programmes.

Main role: to develop and lead on the coordination of a comprehensive service for the follow up of newborns detected as having a carrier or affected status from the newborn screening programme and provide specialist support for the antenatal screening programme to all maternity units in the North East region.

Lindy Defoe

lindy.defoe@stees.nhs.uk

Based at:
The James Cook Hospital, Middlesbrough

Contact: Lindy Defoe

The James Cook University Hospital
Marton Road
Middlesbrough
Cleveland
TS4 3BW

Telephone: 01642 282802

Brigid Keane

brigid.keane@nuth.nhs.uk

Based at:
Fetal Medicine Unit, RVI, Newcastle

Contact: Brigid Keane

Fetal Medicine unit
2nd floor Leazes Wing
Royal Victoria Infirmary
Newcastle upon Tyne
NE1 4LP

Telephone: 0191 2825837 / 0191 282 9477 (direct)
Parent Education Department

Parent Education Co-ordinator (Madeline Findlay)

It is the role of the Parent Education Co-ordinator to oversee all information and education provided for women who access maternity services at the RVI. Within the Parent Education department many courses are available which complement those on offer in the community setting. She is responsible for developing the content of all courses and facilitating the delivery of sessions. It is also the role of the Parent Education Co-ordinator to develop the maternity services pages within the Trust website. Currently the website provides a wide range of information for women to access, including information about the services available to them and the care they may receive during their pregnancy, labour and birth. She is also responsible for any written information given to women, reviewing and updating currently used information and producing new written information.

Parent Education Midwife (Catherine Lawson Gray)

The Parent Education Midwife is responsible for teaching the majority of the parent education sessions on offer at the RVI, although other rotational midwives are also involved in the delivery of some sessions. These courses include breastfeeding workshops, using water for labour and birth, early pregnancy and elective caesarean section sessions. She also is available for one to one sessions for women with pregnancy complications.

Parent Education Secretary (Janet Turnbull)

The Parent Education Secretary is responsible for taking all bookings for parent education sessions.

Contact details-

Parent Education Co-ordinator  madeline.findlay@nuth.nhs.uk
                                 Ext 20409

Parent Education Midwife  catherine.lawson-gray@nuth.nhs.uk
                          Ext 20409

Parent Education Bookings  parent.education@nuth.nhs.uk
                          Ext 24555
Haematology

Pregnant women with haematological issues or concerns in pregnancy will be referred to the combined clinic with Dr Loughney (Obstetrician) and Dr Hanley (Haematologist). Referrals are made via the community and directly from haematology. Depending on the reason for referral attendance may be at any stage in pregnancy and the lead midwife can offer advice to ensure timely referral.

Women who attend the clinic have been identified or may be at risk of blood disorders. These may include a family history, previous or current thrombosis. Platelet disorders, family history or a current congenital bleeding disorder. Women refusing blood products such as Jehovah Witness. Anaemia not responding to treatment within the community setting. Haemoglobinopathy, and any other haematology disorders.

During attendance at the clinic an individualised management plan for the pregnancy and the postnatal period will be discussed and implemented to ensure the pregnancy is monitored effectively. In certain circumstances medication may be commenced in the pregnancy, such as tinzaparin. Explanations and advice are given to provide support for these women with complex pregnancies.

It may be necessary to refer women to other departments or specialised laboratory services depending on the specific haematological need, such as Maternity Assessment Unit for venofer or Fetal Medicine Unit for prenatal diagnosis for Haemoglobinopathy.

Sarah Fellows
Lead midwife
VBAC (Vaginal birth after caesarean)

Women who have had a previous delivery by caesarean section or who are requesting caesarean section for non medical reasons in the absence of any other issues are referred to Dr Ayuk.

These women are usually seen initially following their anomaly scan unless indicated sooner. A discussion regarding choices for delivery and written information are given. A plan will be formulated for further visits dependant on mode of delivery chosen. Further discussion with medical staff may be required if obstetric or medical complications in current or previous pregnancy are highlighted.

Those undecided regarding mode of delivery or requesting caesarean section will attend at 36 weeks gestation for further discussion or to book the date of delivery. A post dates review may be required for those women who are requesting vaginal birth who have not yet delivered to establish a plan for either induction of labour or caesarean section at 42 weeks gestation.

Information and advice given regarding pre operative clinic and parent education class are discussed and offer of referral to Birth Reflections service is undertaken if applicable.

Sarah Fellows
Lead Midwife
Role of the drug and alcohol midwife.

We are responsible for co-ordinating care for pregnant women who use drugs and alcohol.
We respond to the individual needs of women who need support to stop, or to stabilise their drug use. These plans of care are flexible and often non-standardised in order to get the best outcome for mother and baby.
We aim to engage positively with the women and their families to minimise the harm caused by drug and alcohol use.
We deliver targeted parent education to reduce anxiety and empower the clients in caring for their babies.

We also advise and support other midwives in caring for this client group.
We are a link between the hospital, community and external agencies.
We work in a clinical capacity in the antenatal clinic and out in the community setting.
We provide education and training to a range of workers in caring for this group of women and the public health and social care issues they face.
We are responsible for putting together guidelines and pathways of care for this client group.

Pregnancy Loss clinic

Women who have experienced previous pregnancy loss or neonatal death are referred to the specialist clinic to see the lead midwife and Consultant working within it.
This consultation allows for events leading to the demise to be established and for debriefing to take place. Individualised plans of care are implemented including surveillance during the pregnancy, mode and timing of delivery and involvement of external agencies such as SANDS or CONI.

Lead midwife in Pregnancy Loss clinic / SGA clinic.

Safeguarding Children

Caroline Ruddick is the lead midwife for safeguarding children and family planning. She can be contacted by dect phone on 29759.
Within the medical case notes safeguarding/complex social issues are highlighted within the red file pocket. This information is regularly updated by the community midwife or by social care.
All health professionals have a responsibility to act by sharing information on identified safeguarding/domestic abuse issues. Caroline, Janice Clark Named
Nurse for paediatrics or the Directorate management team can be contacted for advice or support. Student Midwives are encouraged to attend/participate in meetings/case reviews in conjunction with their mentors as part of the learning process. Supervision/debriefing of cases is encouraged and Caroline can be accessed for individual students as required. The guidelines for safeguarding children can be accessed via the intranet.
Health Care Professional Students Outcomes visiting Specialist Midwives

Specialist Midwife:

**Date of Visit:**

During the allocated time spent with the Specialist midwife, the student will discuss the objectives that they would like to achieve.

**What do you expect from the day** *(please complete before attending)*:

Furthermore, at the end of the placement visit the student will:

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<thead>
<tr>
<th>Outcome</th>
<th>Understanding</th>
<th>Discussion</th>
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<tbody>
<tr>
<td>Understand the role and function of the Specialist Midwife</td>
<td>♦ The how they work as part of the multidisciplinary Team</td>
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<td></td>
<td>♦ Involvement of other health care professionals in service delivery</td>
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<td>Have an appreciation of the philosophy of the Specialist service</td>
<td>♦ Patient referral criteria</td>
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<td>♦ Understanding of individual health benefits delivered by the specialist Midwife</td>
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<td>Reflect upon their own practice within the Speciality</td>
<td>♦ How would you apply what you have learned during your placement to your everyday practice</td>
<td></td>
</tr>
<tr>
<td>Have an understanding of linking theory with practice</td>
<td>♦ Using evidence based practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>♦ Application of clinical guidelines to drive practice forward</td>
<td></td>
</tr>
</tbody>
</table>

**Discussion Points** | **Comments**

**Name of student:**

**Name of Specialist Midwife:**

**Signature of student:**

**Signature of Specialist Midwife:**
Student Learning Zone

Evaluation Form

Within the antenatal department we would welcome any feedback about your learning experience. This will enable us to enhance future learning opportunities.

Did you manage to achieve all your identified learning opportunities. Yes / NO

What have you enjoyed most during you placement, and why?

What did you least enjoy in your placement, and Why?

How could we improve your learning opportunities?

All comments are valued and confidentiality will be maintained.
Contact Numbers for Mentor and Student Support

Practice Placement Facilitator

Suzanne Medows
Based at Peacock Hall
RVI Tel: 0191 28 24209

Lead Mentor

Fiona Noble
Based on Delivery Suite
RVI Tel: 0191 28 25719

Mentors in ANC

Andrena Turley Tel: 0191 28 29924
Anna Stabler Tel: 0191 28 21611

Please remember that the Lead Mentor works in clinical practice most of the week. The Lead mentor may therefore not be available at all times. During Your time in Clinic if you have any issues please feel free to talk to SR Andrena Turley or Matron Anna Stabler.
INTRODUCTION

Following recent discussions within the Trust about the level of support and mentorship offered to students undertaking their final placement (Internship), it has been suggested that ‘Best Practice’ guidelines are established. This will ensure appropriate and consistent support for students and mentors throughout the organisation, at this key stage of nurse training.

This coincides with the publication by the Nursing and Midwifery Council (2006) of the ‘Standards to support learning and assessment in practice’ which makes their expectations explicit regarding the role of the mentor in assessing fitness to practice. Whilst the NMC standards must be in place by September 2007, the Trust wishes to establish these best practice guidelines as an interim measure and in preparation for full implementation.

“Mentors, practice teachers and teachers who sign-off all, or part, of a programme leading to registration are accountable to the Council for their decision that the students are fit for practice and that they have the necessary knowledge, skills and competence to take on the role of registered nurse, midwife or specialist community public health nurse. Registration provides a licence to practice and is the prime means of protecting the public.”

NMC 2006

PRINCIPLES TO CONSIDER

1. No student undertaking Internship, should be supported by an inexperienced mentor.
2. An experienced mentor is considered to be a registered nurse with at least three years post registration experience and at least two years experience of active mentorship.
3. Due to the length of the placement (21 weeks), it is essential for students to have the support of two named mentors, one of whom should be experienced.
4. The experienced mentor should be the primary mentor for the student and must sign all three interviews with the student (initial, intermediate and final) as well as any additional documentation such as an action plan.
5. The co-mentor must also sign all three interviews to demonstrate their agreement with the comments, action plans and grade awarded.
6. All students have a Guidance Facilitator with whom mentors should discuss any issues of concern.
7. The Practice Placement Facilitators are available to provide advice and support to mentors at any stage of a student's placement.
8. From September 2007 there will be a requirement for students on Internship and their mentors to have protected time of one hour per week, wherever possible, within existing capacity. Whilst this is not formally acknowledged at present it is considered good practice to initiate this as soon as possible.

IN CONCLUSION

The primary focus for this guidance is to ensure that students have the correct level of support in both learning opportunities and assessment in practice during their final placement. This will help to ensure the goal of the NMC which is to protect the public by ensuring that nurses and midwives provide high standards of care to their patients and clients.
Uniform Standard
Nursing, Midwifery & Allied Health Professionals

General Dress/Appearance/Uniform Standards – Nursing, Midwifery & all AHP Staff

Table 1 below sets out the uniform and appearance standard for nurses, midwives and allied health professionals. It is recognised that there may be exceptions to this standard (e.g. on cultural or personal grounds). However, these exemptions must be discussed and agreed individually with the Nursing and Patient Services Director.

Table 1

<table>
<thead>
<tr>
<th>ITEM</th>
<th>STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uniform</td>
<td><strong>Female:</strong> Uniform dress or uniform tunic and trousers appropriate to designation. <strong>Male:</strong> White tunics with epaulettes in accordance with role and trousers as above.</td>
</tr>
<tr>
<td>Shoes</td>
<td>Black leather walking shoe with rubber non-slip heel and rubber soles to help minimise noise. (Maximum heel height one inch). Trust issue where appropriate.</td>
</tr>
<tr>
<td>Nails</td>
<td>Nails should be clean and short. Nail polish or nail extensions must not be worn.</td>
</tr>
<tr>
<td>Hair</td>
<td>Hair must be neat, tidy and worn off the collar. Hair longer than shoulder length must be secured away from the face.</td>
</tr>
<tr>
<td>Make-Up</td>
<td>Make-up must be of natural appearance. Strong perfume should be avoided.</td>
</tr>
<tr>
<td>Jewellery</td>
<td>With the exception of one plain wedding ring and one pair of ear studs, no visible jewellery such as chains, earrings, bracelets or other rings can be worn. Wristwatches are not to be worn in a clinical area.</td>
</tr>
<tr>
<td>Cardigans</td>
<td>Nursing &amp; Midwifery - black only. Others as indicated in Appendices. These should <strong>never</strong> be worn when involved in clinical patient contact. Additionally, they should <strong>not be worn</strong> in the clinical environment unless in exceptional circumstances.</td>
</tr>
<tr>
<td>Tights/stockings/Socks</td>
<td>Plain, dark coloured socks must be worn with trousers. Tights to be worn with uniform dress and must be either black or neutral colour.</td>
</tr>
<tr>
<td>Coats</td>
<td>Where necessary, a plain dark coloured coat must be worn over the uniform as in 6.5.</td>
</tr>
<tr>
<td>Underwear</td>
<td>T-shirts etc. worn underneath uniforms must not be visible.</td>
</tr>
</tbody>
</table>
Specific Uniform Standards – Nursing & Midwifery Staff

Table 2 below shows the uniform standard that is in use in the majority of clinical areas throughout the Trust. Some variations have been agreed in certain areas and managers must ensure that the relevant employees in these areas are aware of the uniform standard.

<table>
<thead>
<tr>
<th>DESIGNATION</th>
<th>UNIFORM COLOUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deputy Director – Nursing &amp; Patient Services/Head of Nursing</td>
<td>Blue tunic/dress, navy trousers*</td>
</tr>
<tr>
<td>Nurse Consultant (Specialty)</td>
<td>Purple tunic, navy trousers*</td>
</tr>
<tr>
<td>Matron (Directorate or Specialty)</td>
<td>Female: Lilac dress/tunic, navy trousers and navy jacket. Male: White tunic with lilac epaulettes, navy trousers.</td>
</tr>
<tr>
<td>Senior Sister (Band 7)</td>
<td>Navy blue dress/tunic, navy trousers.</td>
</tr>
<tr>
<td>Sister/Charge Nurse where designated as deputy to Senior Sister. (Band 6)</td>
<td>Navy blue dress/tunic, navy trousers*</td>
</tr>
<tr>
<td>Sister ITU/Theatres/Delivery Suite (Band 6/7)</td>
<td>Navy blue scrubs</td>
</tr>
<tr>
<td>Nurse Specialist (Band 6/7/8a)</td>
<td>Royal blue dress/tunic, navy blue trousers*</td>
</tr>
<tr>
<td>Nurse Practitioner (Band 6/7)</td>
<td>Royal blue dress/tunic, navy blue trousers*</td>
</tr>
<tr>
<td>Senior Midwife (Band 7)</td>
<td>Navy blue dress/tunic, navy blue trousers*</td>
</tr>
<tr>
<td>Infection Prevention and Control Nursing Team</td>
<td>Red dress/tunic with navy trim</td>
</tr>
<tr>
<td>Midwife (Band 5/6)</td>
<td>Lavender stripe tunic/dress, navy blue trousers</td>
</tr>
<tr>
<td>Senior Research Nurse/Midwife (Band 7)</td>
<td>Burgundy tunic/dress, navy blue trousers.</td>
</tr>
<tr>
<td>Research Nurse/Midwife (Band 6)</td>
<td>Burgundy tunic/dress, navy blue trousers.</td>
</tr>
<tr>
<td>Research Nurse/Midwife (Band 5)</td>
<td>Pale blue stripe dress/tunic, burgundy epaulettes, navy trousers.</td>
</tr>
<tr>
<td>Senior Staff Nurse - where not designated as deputy to Senior Sister. (Band 6)</td>
<td>Pale blue stripe dress/tunic, navy trousers</td>
</tr>
<tr>
<td>Staff Nurse (Band 5)</td>
<td>Pale blue stripe dress/tunic, navy trousers*</td>
</tr>
</tbody>
</table>
This programme is a guide to assessors to aid the integration of pre-registration students into the working environment. It is good practice to have the document completed within the first 2 days of the placement.

<table>
<thead>
<tr>
<th>ORIENTATION CHECK LIST</th>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shown around the working environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduced to staff members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduced to clients/patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Off duty organised</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedure for reporting sick</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss dress code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Given POLO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TO BE SHOWN  *(Tick as appropriate)*

- Health and Safety File
- Hospital Policies to include:
  - Dignity & Respect at Work
  - Lone Worker (where applicable)
  - Control of Infection
- Care Plan and Relevant Documentation
- Risk Assessment File
- Royal Marsden Handbook (where applicable)
- Emergency Exits
- Fire Drill
- Fire Extinguishers
- Restaurant
- Parking