



Graduate Diploma of Midwifery
Midwifery Practice Experience
Record

Student Name:

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Introduction

ANMAC Midwife Accreditation Standards

The Australian Nursing and Midwifery Accreditation Council (ANMAC Standard 3)¹ require midwifery students to complete a minimum number of supervised midwifery practice experiences:

Continuity of care experiences

- a) Experience in woman-centred care as part of continuity of care experiences. The student is supported to:
 - i establish, maintain and conclude a professional relationship while experiencing continuity with individual women through pregnancy, labour and birth, and the postnatal period, regardless of model of care;
 - ii provide midwifery care within a professional practice setting and under the supervision of a midwife—in collaborative practice arrangements supervision by other relevant registered practitioners (for example, medical officer qualified in obstetrics, child health nurse or physiotherapist) may be appropriate;
 - iii engage with a minimum of **10** women—engagement involves attending four antenatal visits, two postnatal visits and, for the majority of women, the labour and birth;
 - iv maintain a record of each engagement incorporating regular reflection and review by the education or health service provider.

Antenatal care

- b) Attendance at **100** antenatal episodes of care. This may include women the student is following as part of their continuity of care experiences.

Labour and birth care

- c) Under the supervision of a midwife, act as the primary accoucheur for **30** women who experience a spontaneous vaginal birth, which may include women the student has engaged with as part of their continuity of care experiences. This also involves:
 - i providing direct and active care in the first stage of labour, where possible,
 - ii managing the third stage of labour, including the student providing care as appropriate if a manual removal of the placenta is required,
 - iii facilitating initial mother and baby interaction, including promotion of skin-to-skin contact and breastfeeding in accordance with the mother's wishes or situation,
 - iv assessment and monitoring of the mother's and baby's adaptation for the first hour post-birth including, where appropriate, consultation, referral and clinical handover.
- d) Provide direct and active care to an additional **10** women throughout the first stage of labour and, where possible, during birth—regardless of mode.

Complex care

- e) Experience in caring for **40** women with complex needs across pregnancy, labour, birth or the postnatal period. This may include women the student has engaged with as part of their continuity of care experiences.

Postnatal care

- f) Attendance at **100 postnatal episodes** of care with women and, where possible, their babies. This may include women the student has engaged with as part of their continuity of care experiences.
- g) Experiences in supporting women to feed their babies and in promoting breastfeeding in accordance with best-practice principles advocated by the Baby Friendly Health Initiative.

¹ ANMAC Midwife Accreditation Standards 2021

- h) Experiences in women's health and sexual health.
- i) Experiences in assessing the mother and baby at four to six weeks postpartum in the practice setting where possible; otherwise by use of simulation.

Neonatal care

- j) Experience in undertaking **20** full examinations of a newborn infant.
- k) Experiences in care of the neonate with special care needs.

How to use the midwifery practice experience record

This document provides evidence of MPEs and clinical skills assessment tools (CSAT's).

Documenting MPEs

- Print or purchase this document and document your MPE details whilst in the placement setting.
- Include brief but relevant details and context about the woman/baby e.g., gestation, parity, postnatal day, etc Please see exemplars included at the start of each section.
- Include brief information about the care you provided. Choose one aspect to focus on e.g., Antenatal: '36 weeks gestation, baby breech on palpation = referred for ultrasound scan and follow up appt. next week'. You can use "I" statements.
- If the MPE is with one of your CONNECT women, document the Continuity of Care (CoC) number in the left hand 'Number' column in brackets. e.g., (CoC #1)
- Do not include identifiable information about women or babies e.g., names or dates of birth, etc.
- The midwife / registered health professional who supervised your care of the woman/baby must sign and date the MPE record and complete the signature log.
- Keep a backup copy in case you lose your record (scan or photocopy). See the examples provided in your course on Canvas.
- Please ensure that any additional MPE's are clearly numbered. Ensure your writing is legible.

Assessment

You will be required to submit evidence of progress towards completing your MPEs in assessment tasks in each midwifery course. Please refer to course outlines for criteria regarding specific progress requirements for assessment. Please draw a line in red pen at the completion of each clinical course eg MID700 so each clinical course experiences can be marked discretely.

See student guide in SONIA Online for how to upload your MPE portfolio to SONIA Online checks.

Antenatal Care

Antenatal Care

Attendance at 100 antenatal episodes of care. This may include women the student is following as part of their continuity of care experiences.

Example: MW appt, 36+2/40 G1P0. I performed an abdo palp: SFH 37cm, cep presentation LOA, 4/5 palp FHR with doppler 143bpm, I undertook maternal obs BP 120/73 P80bpm. I discussed Fetal movements-nil concerns I also discussed Safer Baby Bundle. The mw discussed further reducing tobacco use as woman reduced to 3 cigarettes per day. Follow up in 2/52 unless concerned.

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
1			
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Antenatal Care

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Antenatal Care

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Antenatal Care

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Antenatal Care

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Antenatal Care

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Antenatal Care

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Antenatal Care

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Antenatal Care

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Antenatal Care

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Antenatal Care

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Antenatal Care

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Antenatal Care

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
108			
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Antenatal Care

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
117			
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Antenatal Care

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
126			
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Antenatal Care

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Antenatal Care

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
144			
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Antenatal Care

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Labour and Birth Care

Labour and birth care – primary accoucheur

Under the supervision of a midwife, act as the primary *accoucheur* for **30 women** who experience a spontaneous vaginal birth, which may include women the student has engaged with as part of their continuity of care experiences. This also involves:

- i providing **direct and active care in the first stage of labour**, where possible.
- ii **managing the third stage of labour**, including the student providing care as appropriate if a manual removal of the placenta is required.
- iii facilitating **initial mother and baby interaction**, including promotion of skin-to-skin contact and breastfeeding in accordance with the mother's wishes or situation.
- iv **assessment and monitoring of the mother's and baby's adaptation for the first hour** post-birth including, where appropriate, consultation, referral and clinical handover.

No. (CoC no.)	Date	Information about the woman/baby (gestation, parity and if spont/IOL) and care provided. Include details of labour care, birth (including EBL, baby apgars), third stage management (active/physio Mx) and initial mother and baby interaction and immediate postpartum care provided in the first hour.	MW signature and date
(CoC1)	01/01/25	<p>EXAMPLE: G2P1 39+3/40 Spontaneous labour, I arrived when woman was Contracting 3:10, was using Entonox for analgesia. I assisted with position changes and robozo as per the woman's birth plan. Entered birth pool at 6cm (I did VE after mw), FHHR auscultated as per guidelines with doppler. Quickly progressed to SVWB at 2234, male infant Apgars 8 and 9. Assisted woman out of bath and administered oxytocin IM for modified active 3rd stage, placenta & membranes delivered by CCT- both complete. EBL- 250mls, small grazes to labia suturing not required.</p> <p>I undertook obs on woman and baby, both WNL, I assisted with initial breastfeed 40 minutes after skin-to-skin contact and administered Vit K and Hep B with consent from woman. I observed mw undertake full neonatal examination and I assisted with weight and HC. I handed care handed over to MIPU midwife supervised by birthsuite mw.</p>	<p><i>G. Smith</i> MW 01/01/25</p>

Labour and Birth Care

Labour and birth care – primary accoucheur

No. (CoC no.)	Date	Information about the woman/baby and care provided. Include details of labour care, birth, third stage management and initial mother and baby interaction and immediate postpartum care provided in the first hour.	MW signature and date
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Labour and Birth Care

Labour and birth care – primary accoucheur

No. (CoC no.)	Date	Information about the woman/baby and care provided. Include details of labour care, birth, third stage management and initial mother and baby interaction and immediate postpartum care provided in the first hour.	MW signature and date
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Labour and Birth Care

Labour and birth care – primary accoucheur

No. (CoC no.)	Date	Information about the woman/baby and care provided. Include details of labour care, birth, third stage management and initial mother and baby interaction and immediate postpartum care provided in the first hour.	MW signature and date
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Labour and Birth Care

Labour and birth care – primary accoucheur

No. (CoC no.)	Date	Information about the woman/baby and care provided. Include details of labour care, birth, third stage management and initial mother and baby interaction and immediate postpartum care provided in the first hour.	MW signature and date
13			
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Labour and Birth Care

Labour and birth care – primary accoucheur

No. (CoC no.)	Date	Information about the woman/baby and care provided. Include details of labour care, birth, third stage management and initial mother and baby interaction and immediate postpartum care provided in the first hour.	MW signature and date
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Labour and Birth Care

Labour and birth care – primary accoucheur

No. (CoC no.)	Date	Information about the woman/baby and care provided. Include details of labour care, birth, third stage management and initial mother and baby interaction and immediate postpartum care provided in the first hour.	MW signature and date
21			
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Labour and Birth Care

Labour and birth care – primary accoucheur

No. (CoC no.)	Date	Information about the woman/baby and care provided. Include details of labour care, birth, third stage management and initial mother and baby interaction and immediate postpartum care provided in the first hour.	MW signature and date
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Labour and Birth Care

Labour and birth care – primary accoucheur (additional)

No. (CoC no.)	Date	Information about the woman/baby and care provided. Include details of labour care, birth, third stage management and initial mother and baby interaction and immediate postpartum care provided in the first hour.	MW signature and date
29			
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Labour and Birth Care

Labour and birth care – additional direct and active care

Provide direct and active care to an additional 10 women throughout the first stage of labour and, where possible, during birth—regardless of mode.

Example: G1P0 41/40 IOL for post-dates, woman has oxytocin IVT running, cont 3:10 and was 5cm dilated when I commenced shift. I undertook all maternal obs and palpated conts and documented CTG interpretation. MW collaborated with OB's as CTG was abnormal, discussed options with woman. Oxytocin IVT reduced and Drs will review in collaboration with MW. Care handed over to PM MW as my shift finished.

No. (CoC no.)	Date	Information about the woman/baby and care provided.	MW signature and date
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Labour and Birth Care

Labour and birth care – additional direct and active care

No. (CoC no.)	Date	Information about the woman/baby and care provided.	MW signature and date
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Complex Care

Complex Care

Experience in caring for 40 women with complex needs across pregnancy, labour, birth or the postnatal period. This may include women the student has engaged with as part of their continuity of care experiences.

You can use the ACM guidelines for consultation & referral for guidance on levels of complex care.

Example: Obstetric appt G2P1 28+2/40 woman has history of a previous LSCS in last pregnancy and is planning a VBAC, Dr shared information about risks and benefits for VBAC. I undertook abdo palp, SFH 29cm, FHHR 137bpm, maternal obs WNL. To continue with mw appts and review with Dr at 36/40

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Complex Care

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Complex Care

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Complex Care

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Complex Care

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Complex Care

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Postnatal

Postnatal Care

Attendance at 100 postnatal episodes of care with women and, where possible, their babies. This may include women the student has engaged with as part of their continuity of care experiences.

Example: G2P2 Day 0 post EL LSCS PN ward. I undertook maternal obs- WNL, IDC in situ, I emptied bag, clear urine. I checked IVC is patent and checked wound dressing was clean and dry. I gave analgesia with supervision. I assisted with a post op sponge and I undertook baby obs (WNL) and assisted her to latch baby to the breast and shared information on how often baby ay feed in the first 24 hours.

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Postnatal

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Postnatal

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Postnatal

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Postnatal

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Postnatal

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Postnatal

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Postnatal

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Postnatal

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Postnatal

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Postnatal

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Postnatal

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Postnatal

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Postnatal

Postnatal care – breastfeeding

Experiences in supporting women to feed their babies and in promoting breastfeeding in accordance with best-practice principles advocated by the Baby Friendly Health Initiative.

Example: Day 2 post SVB, woman G1P1 had GDM and is establishing BF, baby had initial tops ups of EBM. I shared information about optimal positioning and attachment using doll and breast models. Assisted woman to latch baby in football hold position and observed feed.

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Postnatal

Postnatal care – breastfeeding additional

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Postnatal

Postnatal care – women’s health and sexual health

Experiences in women’s health and sexual health.

Example: Day 1 post SVB G1P1, PN ward. As part of the discharge process I observed the midwife share information on resumption of intercourse due to 2 degree tear. Discussed planned method of contraception and shared options suitable for breastfeeding. Woman is considering mirena OUD and will visit GP to arrange this.

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Postnatal

Postnatal care – four to six weeks postpartum

Experiences in assessing the mother and baby at four to six weeks postpartum in the practice setting where possible; otherwise by use of simulation. This should include care of the mother and not just baby.

Example: MGP Appointment at home 5 wks postpartum post SVB. G2P2. I undertook maternal obs, mw discussed perinatal mental health and recommended referral to GP. Breastfeeding well, breasts full but soft post feed. Inspected perineum, clean and dry and healing. I palpated abdomen, uterus felt just above pelvis. Baby wt 4335g, BF frequently, stools yellow, I undertook full neonatal examination (see entry #3).

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Neonatal Care

Neonatal care – examination of a newborn

Experience in undertaking **20** full examinations of a newborn infant.

Example: I undertook examination with supervision from midwife. Day 0 male infant 2 hours post birth by forceps, wt 3675g, HC 35cm, L 52cm, top to toe examination, noted small forceps mark to right cheek. Skin intact and well perfused. Nothing abnormal noted, baby has Passed urine and meconium, has had initial breastfeed. I administered Vit K and Hep B with consent

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Neonatal

Neonatal care – examination of a newborn

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Neonatal

Neonatal care – examination of a newborn

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
18			
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Neonatal

Neonatal care – neonate with special needs

Experiences in care of the neonate with special care needs.

Example: SCN- Female infant D4 born by EM.CS@ 32/40 due to mother's PET. I assisted with neonatal cares such as nappy changes and skin integrity checks. I assisted the mother with Expressing EBM and a NGT feed and an attempt at the breast. I took Baby obs (WNL).

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Observational experiences



This section should **only be used** for observational experiences such as intrapartum care during home births or episodes at a facility that is not your PMU and only allows for observational attendance. Please use standard MPE entries where applicable.

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Observational

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
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Observational

No. (CoC no.)	Date	Information about the woman/baby and care provided	MW signature and date
18			
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Continuity of Care Experiences

Experience in woman-centred care as part of continuity of care experiences (CoCE).

The student is supported to:

- i establish, maintain and conclude a professional relationship while experiencing continuity with individual women through pregnancy, labour and birth, and the postnatal period, regardless of model of care;
- ii provide midwifery care within a professional practice setting and under the supervision of a midwife—in collaborative practice arrangements supervision by other relevant registered practitioners (for example, medical officer qualified in obstetrics, child health nurse or physiotherapist) may be appropriate;
- iii engage with a minimum of 10 women—engagement involves attending four antenatal visits, two postnatal visits and, for the majority of women, the labour and birth;
- iv maintain a record of each engagement incorporating regular reflection and review by the education or health service provider.

NOTE: Please refer to UniSC CONNECT guidelines and resources for further information.

CoCE Reflection instructions

Please see details in your Canvas course for information regarding Connect reflection assessment criteria.

Continuity of care experience: 1

MPE records relating to this continuity of care experience can be found in the following locations:

Midwifery Practice Experience Section	MPE Number/s
<i>Required</i>	
Antenatal experiences (min 4)	
Postnatal care (min 2)	
Did you attend the birth? Yes No (Please circle)	
<i>Required for minimum of 6 out of 10 CoC experiences</i>	
Labour and birth: primary accoucheur	
Labour and birth: additional and direct care	
Observational	
<i>Additional</i>	
Complex care	
Postnatal care: breastfeeding	
Postnatal care: women's health and sexual health	
Postnatal care: 4-6 weeks	
Neonatal care: examination of the newborn	
Neonatal care: neonate with special needs	

Notes:

Continuity of Care Experiences

Continuity of care experience: 2

MPE records relating to this continuity of care experience can be found in the following locations:

Midwifery Practice Experience Section	MPE Number/s
<i>Required</i>	
Antenatal experiences (min 4)	
Postnatal care (min 2)	
Did you attend the birth? Yes No (Please circle)	
<i>Required for minimum of 6 out of 10 CoC experiences</i>	
Labour and birth: primary accoucheur	
Labour and birth: additional and direct care	
Observational	
<i>Additional</i>	
Complex care	
Postnatal care: breastfeeding	
Postnatal care: women's health and sexual health	
Postnatal care: 4-6 weeks	
Neonatal care: examination of the newborn	
Neonatal care: neonate with special needs	

Notes:

Continuity of Care Experiences

Continuity of care experience: 3

MPE records relating to this continuity of care experience can be found in the following locations:

Midwifery Practice Experience Section	MPE Number/s
<i>Required</i>	
Antenatal experiences (min 4)	
Postnatal care (min 2)	
Did you attend the birth? Yes No (Please circle)	
<i>Required for minimum of 6 out of 10 CoC experiences</i>	
Labour and birth: primary accoucheur	
Labour and birth: additional and direct care	
Observational	
<i>Additional</i>	
Complex care	
Postnatal care: breastfeeding	
Postnatal care: women's health and sexual health	
Postnatal care: 4-6 weeks	
Neonatal care: examination of the newborn	
Neonatal care: neonate with special needs	

Notes:

Continuity of Care Experiences

Continuity of Care Experiences

Continuity of care experience: 4

MPE records relating to this continuity of care experience can be found in the following locations:

Midwifery Practice Experience Section	MPE Number/s
<i>Required</i>	
Antenatal experiences (min 4)	
Postnatal care (min 2)	
Did you attend the birth? Yes No (Please circle)	
<i>Required for minimum of 6 out of 10 CoC experiences</i>	
Labour and birth: primary accoucheur	
Labour and birth: additional and direct care	
Observational	
<i>Additional</i>	
Complex care	
Postnatal care: breastfeeding	
Postnatal care: women's health and sexual health	
Postnatal care: 4-6 weeks	
Neonatal care: examination of the newborn	
Neonatal care: neonate with special needs	

Notes:

Continuity of Care Experiences

Continuity of care experience: 5

MPE records relating to this continuity of care experience can be found in the following locations:

Midwifery Practice Experience Section	MPE Number/s
<i>Required</i>	
Antenatal experiences (min 4)	
Postnatal care (min 2)	
Did you attend the birth? Yes No (Please circle)	
<i>Required for minimum of 6 out of 10 CoC experiences</i>	
Labour and birth: primary accoucheur	
Labour and birth: additional and direct care	
Observational	
<i>Additional</i>	
Complex care	
Postnatal care: breastfeeding	
Postnatal care: women's health and sexual health	
Postnatal care: 4-6 weeks	
Neonatal care: examination of the newborn	
Neonatal care: neonate with special needs	

Notes:

Continuity of Care Experiences

Continuity of care experience: 6

MPE records relating to this continuity of care experience can be found in the following locations:

Midwifery Practice Experience Section	MPE Number/s
<i>Required</i>	
Antenatal experiences (min 4)	
Postnatal care (min 2)	
Did you attend the birth? Yes No (Please circle)	
<i>Required for minimum of 6 out of 10 CoC experiences</i>	
Labour and birth: primary accoucheur	
Labour and birth: additional and direct care	
Observational	
<i>Additional</i>	
Complex care	
Postnatal care: breastfeeding	
Postnatal care: women's health and sexual health	
Postnatal care: 4-6 weeks	
Neonatal care: examination of the newborn	
Neonatal care: neonate with special needs	

Notes:

Continuity of Care Experiences

Continuity of care experience: 7

MPE records relating to this continuity of care experience can be found in the following locations:

Midwifery Practice Experience Section	MPE Number/s
<i>Required</i>	
Antenatal experiences (min 4)	
Postnatal care (min 2)	
Did you attend the birth? Yes No (Please circle)	
<i>Required for minimum of 6 out of 10 CoC experiences</i>	
Labour and birth: primary accoucheur	
Labour and birth: additional and direct care	
Observational	
<i>Additional</i>	
Complex care	
Postnatal care: breastfeeding	
Postnatal care: women's health and sexual health	
Postnatal care: 4-6 weeks	
Neonatal care: examination of the newborn	
Neonatal care: neonate with special needs	

Notes:

Continuity of Care Experiences

Continuity of care experience: 8

MPE records relating to this continuity of care experience can be found in the following locations:

Midwifery Practice Experience Section	MPE Number/s
<i>Required</i>	
Antenatal experiences (min 4)	
Postnatal care (min 2)	
Did you attend the birth? Yes No (Please circle)	
<i>Required for minimum of 6 out of 10 CoC experiences</i>	
Labour and birth: primary accoucheur	
Labour and birth: additional and direct care	
Observational	
<i>Additional</i>	
Complex care	
Postnatal care: breastfeeding	
Postnatal care: women's health and sexual health	
Postnatal care: 4-6 weeks	
Neonatal care: examination of the newborn	
Neonatal care: neonate with special needs	

Notes:

Continuity of Care Experiences

Continuity of care experience: 9

MPE records relating to this continuity of care experience can be found in the following locations:

Midwifery Practice Experience Section	MPE Number/s
<i>Required</i>	
Antenatal experiences (min 4)	
Postnatal care (min 2)	
Did you attend the birth? Yes No (Please circle)	
<i>Required for minimum of 6 out of 10 CoC experiences</i>	
Labour and birth: primary accoucheur	
Labour and birth: additional and direct care	
Observational	
<i>Additional</i>	
Complex care	
Postnatal care: breastfeeding	
Postnatal care: women's health and sexual health	
Postnatal care: 4-6 weeks	
Neonatal care: examination of the newborn	
Neonatal care: neonate with special needs	

Notes:

Continuity of Care Experiences

Continuity of Care Experiences

Continuity of care experience: 10

MPE records relating to this continuity of care experience can be found in the following locations:

Midwifery Practice Experience Section	MPE Number/s
<i>Required</i>	
Antenatal experiences (min 4)	
Postnatal care (min 2)	
Did you attend the birth? Yes No (Please circle)	
<i>Required for minimum of 6 out of 10 CoC experiences</i>	
Labour and birth: primary accoucheur	
Labour and birth: additional and direct care	
Observational	
<i>Additional</i>	
Complex care	
Postnatal care: breastfeeding	
Postnatal care: women's health and sexual health	
Postnatal care: 4-6 weeks	
Neonatal care: examination of the newborn	
Neonatal care: neonate with special needs	

Notes:

Continuity of Care Experiences

Continuity of care experience: 11

MPE records relating to this continuity of care experience can be found in the following locations:

Midwifery Practice Experience Section	MPE Number/s
<i>Required</i>	
Antenatal experiences (min 4)	
Postnatal care (min 2)	
Did you attend the birth? Yes No (Please circle)	
<i>Required for minimum of 6 out of 10 CoC experiences</i>	
Labour and birth: primary accoucheur	
Labour and birth: additional and direct care	
Observational	
<i>Additional</i>	
Complex care	
Postnatal care: breastfeeding	
Postnatal care: women's health and sexual health	
Postnatal care: 4-6 weeks	
Neonatal care: examination of the newborn	
Neonatal care: neonate with special needs	

Notes:

Continuity of Care Experiences

Continuity of care experience: 12

MPE records relating to this continuity of care experience can be found in the following locations:

Midwifery Practice Experience Section	MPE Number/s
<i>Required</i>	
Antenatal experiences (min 4)	
Postnatal care (min 2)	
Did you attend the birth? Yes No (Please circle)	
<i>Required for minimum of 6 out of 10 CoC experiences</i>	
Labour and birth: primary accoucheur	
Labour and birth: additional and direct care	
Observational	
<i>Additional</i>	
Complex care	
Postnatal care: breastfeeding	
Postnatal care: women's health and sexual health	
Postnatal care: 4-6 weeks	
Neonatal care: examination of the newborn	
Neonatal care: neonate with special needs	

Notes:

Continuity of Care Experiences

Clinical Skill Assessment Tools

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Background

These guidelines are intended to assist midwives' and student midwives to make accurate assessments of a student's competency to practise midwifery. The original standardised clinical assessment tool (CAT) was developed in 2009 to have a standard clinical tool for midwifery students across all Victorian Universities. They were developed following extensive consultation and evaluation by Victorian midwifery academics, maternity managers, clinical teachers, clinicians, students and other key stakeholders from the Victorian Department of Human Services and the Nurses Board of Victoria. After their development the CAT were piloted at two sites for a three-month period at the end of 2009.

All Victorian universities and a variety of other universities from across Australia use the CAT with individual variation based on specific university needs and requirements. UniSC has adopted the term CSAT (clinical skill assessment tool). The skills are assessed in combination with the NMBA competencies. It is important that all components, or boxes, within each of the learning tools are filled in for the learning tool to be deemed complete. The student should demonstrate the listed elements of the skill in the context of the individual woman / newborn that they are caring for.

Who can assess students?

It is anticipated that the student approaches a clinical midwife to perform the assessment. It is an advantage if the student has worked with the midwife before, as the midwife has a better opportunity to gain an understanding of the student's attitudes and behaviours, however this may not always be possible.

When to assess?

The student is the best judge of when they are ready to be assessed. Students may perform the skill several times before feeling comfortable to be assessed. The timing of assessment should be individualised as no rule fits all students or all courses.

The skill should be assessed in a 'real life' situation.

What if the student does not successfully complete the assessment?

In a situation where a student receives an unacceptable grading (fail) the assessor should contact the clinical facilitator, if available and measures should be taken to contact the midwifery academic at UniSC. Opportunities may be provided for the student to attempt the learning tool at another time. It is important that the learning tool is kept in the student's practicing portfolio and be available for University staff and assessors in the future.

What if the assessor has concerns about a student?

If the assessor does not feel that the student is ready to undertake an assessment, they should communicate this to the student prior to attempting to complete the learning tool. It may be that with more time the student will then be ready to complete the learning tool (CSAT). If assessors have concerns about the progress or standard of a student, they should contact the midwifery academic at UniSC.

Student record of completed skills

Clinical Skill Assessment Tool (CSAT)	Date Completed
1. Abdominal examination	
2. Antenatal CTG	
3. Assessing and supporting breastfeeding	
4. Care of the woman following a Caesarean Section	
5. Gastric Tube Insertion	
6. Intrapartum CTG	
7. Oral medication administration	
8. Primary accoucheur	
9. Vaginal examination	

CSAT 1: Abdominal Examination

Graduate Diploma of Midwifery

Section 1: Student Details – (Student to complete Sections 1 and 2)

Student name:	Student Number:	Date:

Course Code and Name:

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Section 2: Woman's Details

Woman's details:					
CoCE: Yes / No		Relevant maternity/medical/obstetric history:			
EDB:	Gestation:				
Gravida:	Parity:				
Woman's Physical and Psychosocial Health:					
Abdominal Palpation: (if > 32 weeks Gestation)					
Inspection: Shape of Uterus:			Scars/markings/other:		
Fundal Height:	Lie:	Presentation:		Position:	
Engagement:	Liquor Volume:	FHR:	Doppler:	Pinard:	CTG:
Significance of Findings:					
Consultation/ Referral Required?		Yes		No	
Plan for ongoing Antenatal Care:					

Section 3: Abdominal assessment (assessor to complete sections 3 and 4)

To be assessed as competent, the student must earn a PASS against each criterion below.

Criteria	Descriptors and standards	Pass	Fail
Maintains woman centred effective communication throughout.	1.1; 2.2; 2.7; 4.1; 4.3; 6.2		
Throughout the assessment the student demonstrates the following:	<ul style="list-style-type: none"> Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice Practises cultural safety Supports the choices of the woman, ensuring informed consent Develops plans for midwifery practice Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2		
Checks gestation as per agreed due date. Checks history for contraindications to abdominal examination.	1.3; 4.1; 4.2; 4.3; 5.1		
Ensures woman's comfort and safety before during and after examination. Discusses aorto-caval compression and outlines appropriate management.	1.3; 3.6		
Performs an abdominal examination which includes:	<p>Inspection Assesses size and shape of the abdomen, general skin integrity, and notes any scars or skin changes</p> <p>Palpation Estimates fundal height from the top of the fundus to symphysis pubis Assesses liquor volume Identifies lie, presentation, position and station of presenting part of the fetus as appropriate for gestation</p> <p>Auscultation Determines rate and rhythm of fetal heart and ensures it differs from the maternal heart rate Checks history of fetal movements, discusses normal fetal movements with the woman</p> 1.2; 1.3; 3.1; 3.2; 3.3; 3.5; 3.6; 3.7; 4.2; 4.3; 5.1; 5.4; 7.1		
Communicates findings with the woman	2.2; 4.1; 5.2		
Refers to other members of the health care team in consultation with the	2.7; 3.1; 3.2; 3.5; 6.3; 6.4		

woman as needed per the national midwifery guidelines for consultation and referral.			
Documents who care legibly and appropriately.	3.2; 3.5; 3.6; 5.4		
Overall grade: Must achieve a for a PASS grade in all criteria		Pass	Fail

Section 4: Assessors Comments

Assessor's name and position (Print): Assessor's signature:

Date:

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CSAT 2: Antenatal CTG

Graduate Diploma in Midwifery

Section 1: Student Details – (Student to complete sections 1 and 2)

Student name:	Student Number:	Date:

Course Code and Name:

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Section 2: Woman's Details – Initial Palpation

Woman's details:					
CoCE: Yes / No		Relevant maternity/medical/obstetric history:			
EDB:	Gestation:				
Gravida:	Parity:				
Woman's Physical and Psychosocial Health:					
Abdominal Palpation: (if > 32 weeks Gestation)					
Inspection: Shape of uterus:			Scars/markings/other:		
Fundal Height:	Lie:	Presentation:		Position:	
Engagement:	Liquor volume:	FHR:	Doppler:	Pinard:	CTG:
Significance of findings:					
Consultation/ Referral required?		Yes		No	
Plan for ongoing care:					

Section 3: Performance Criteria (assessor to complete sections 3 and 4)

To be assessed as competent, the student must earn a PASS against each criterion below.

Criteria	Descriptors and standards	Pass	Fail
Maintains woman centred effective communication throughout.	1.1; 2.2; 2.7; 4.1; 4.3; 6.2		
Throughout the assessment the student demonstrates the following:	<ul style="list-style-type: none"> Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice Practises cultural safety Supports the choices of the woman, ensuring informed consent Develops plans for midwifery practice Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2		
Ensures woman's comfort and appropriate positioning throughout. Performs abdominal examination to assesses fetal position.	1.1; 1.5; 2.1; 2.3; 3.4; 4.1; 5.2		
Ensures CTG machine is accurately reflecting current time and date. Ensure CTG is labelled with unique identifier, clinical picture including rationale for CTG.	3.2; 3.3; 3.5; 4.2		
Applies equipment appropriately to ensure the optimum rerecording of fetal heart and uterine activity also:	Determines and differentiates maternal pulse to exclude possibility of accidental recording of maternal heart rate as fetal heart rate through continuous recording of the maternal heart rate whilst fetal heart rate is being recorded 3.2; 3.3; 3.6; 3.7; 4.2; 4.3; 5.1		
Describes the characteristics of a normal intrapartum trace. Assesses CTG per current RANZCOG fetal surveillance guideline, including:	<ul style="list-style-type: none"> Baseline fetal heart rate Variability Accelerations Decelerations Uterine activity 1.2; 3.1; 3.2; 3.3;		
Recognises and appropriately manages abnormal features requiring urgent management (if present). Identifies when fetal scalp electrode is indicated.	3.5; 3.6; 3.7; 5.1; 6.3		
Discusses findings with the Woman. Provides the opportunity for questions.	1.3; 2.2; 4.1; 5.1; 5.2		
Refers to other members of the health care team in consultation with the woman as needed, per the	2.7; 3.1; 3.2; 3.5; 6.3; 6.4		

National Midwifery Guidelines for Consultation and Referral (ACM, 2014).			
Documents all care legibly and appropriately.	3.2; 3.5; 3.6; 5.4		
Overall grade: Must achieve a PASS grade in all criteria		Pass	Fail

Section 4: Assessors Comments

Assessor's name and position (Print): Assessor's signature:

Date:

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CSAT 3: Assessing and Supporting Breastfeeding

Graduate Diploma in Midwifery

Section 1: Student Details – (Student to complete section 1)

Student name:	Student Number:	Date:

Course Code and Name:

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Section 2: Performance Criteria (assessor to complete sections 2 and 3)

To be assessed as competent, the student must earn a PASS against each criterion below.

Criteria	Descriptors and standards	Pass	Fail
Maintains woman centred effective communication throughout.	1.1; 2.2; 2.7; 4.1; 4.3; 6.2		
Throughout the assessment the student demonstrates the following:	<ul style="list-style-type: none"> Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice Practises cultural safety Supports the choices of the woman, ensuring informed consent Develops plans for midwifery practice Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2		
Acknowledges woman's prior knowledge and experience. Is able to identify the breastfeeding challenges and explores possible causes, for example:	<ul style="list-style-type: none"> Nipple pain/trauma Engorgement Over or under supply Baby not attaching / latch issues Discusses possible solutions with the woman 1.1; 1.3; 2.2		
Ensures woman is physically comfortable, provides analgesia, ice or heat packs as needed. Ensures optimal positioning of the woman. Promotes skin to skin contact to encourage breastfeeding behaviours.	3.2; 5.2; 6.2		
With permission observes a breastfeed. Employs a hands off technique for guiding the breastfeed.	1.2; 1.6; 1.7; 2.2; 3.2; 3.3; 3.4 4.1; 4.2; 4.3; 5.2; 6.2; 7.1		

Encourages the woman to talk about how the breastfeed feels rather than how it looks.			
Correctly identifies where intervention may be required e.g.:	<ul style="list-style-type: none"> • Skin to skin contact encouraged • Alteration of positioning and attachment e.g.: laidback position to facilitate baby-led attachment • Manual breast expression via hand and/or pump • Offering baby expressed breast milk via cup feed or other appropriate method • Use of nipple shield • Supplementary feeds • Provides clear guidance to the woman regarding the intervention <p>1.1; 1.3; 2.1; 2.2; 2.3; 3.2; 3.3; 3.4; 4.1; 4.3; 5.1; 6.2; 6.4; 7.1; 7.2</p>		
Develops a plan of care in collaboration with the woman	1.1; 2.1; 2.2; 4.1; 5.1; 5.2; 5.3; 5.4; 6.2; 6.4; 7.1; 7.2		
Expressing and storing breast milk including:	<ul style="list-style-type: none"> • Collects equipment – ensures cleanliness • Demonstrates hand expression • Correctly demonstrates or discusses the use of electric pumps • Identifies possible barriers to let-down reflex • Demonstrates knowledge of recommended frequency of expressing to maximise supply • Labels and stores the expressed milk with name, date and time of expression <p>1.2; 3.2; 3.3; 3.4; 3.7; 5.3</p>		
Correctly prepares and safely administers a breast milk substitute if required	2.1; 3.3; 3.6		
Refers woman to ongoing breastfeeding supports - hospital and community based e.g. ABA	3.5; 5.2; 6.3		
Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014).	2.7; 3.1; 3.2; 3.5; 6.3; 6.4		
Documents all care legibly and appropriately.	3.2; 3.5; 3.6; 5.4		
	Overall grade: Must achieve a PASS grade in all criteria	Pass	Fail

Section 3: Assessors Comments

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Assessor's name and position (Print): Assessor's signature:

Date:

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CSAT 4: Care of the woman following a Caesarean Section

Graduate Diploma in Midwifery

Section 1: Student Details – (Student to complete Sections 1)

Student name:	Student Number:	Date:

Course Code and Name:

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Section 2: Performance Criteria

To be assessed as competent, the student must earn a PASS against each criterion below.

Criteria	Descriptors and standards	Pass	Fail
Maintains woman centred effective communication throughout.	1.1; 2.2; 2.7; 4.1; 4.3; 6.2		
Throughout the assessment the student demonstrates the following:	<ul style="list-style-type: none"> Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice Practises cultural safety Supports the choices of the woman, ensuring informed consent Develops plans for midwifery practice Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2		
Reviews history including indication for caesarean section.	1.1; 3.6; 4.1; 4.2; 5.1		
Ensures the woman's comfort and provides analgesia as required.	1.1; 1.2; 1.3; 3.3; 5.2		
Performs physical assessment of the woman's wellbeing, including assessing:	<ul style="list-style-type: none"> Routine post anaesthetic observations Abdominal wound Vaginal loss +/- gentle fundal assessment Urinary output, and maintains accurate fluid balance documentation Limbs for colour, warmth, sensation, movement, oedema, pain or varicosities Sensory and motor function post spinal/combined anaesthetic 1.1; 1.2; 1.3; 2.1; 2.2; 2.8; 3.1; 3.2; 3.3; 3.6; 3.7; 4.1; 4.2; 4.3; 4.4; 5.1; 5.2; 5.3; 5.4; 6.2; 6.3; 6.4; 7.1; 7.2		

Maintains IV access and infusion if applicable. Maintains drain tubes and notes drainage volume if applicable.	3.2; 3.3		
Assists woman with hygiene needs and personal care.	1.1; 2.2; 3.3		
Assists the woman with care of her baby including support with choice of feeding.	1.1; 2.2; 3.3		
Provides post caesarean section education and promotes self-care by explaining:	<ul style="list-style-type: none"> Expected normal recovery regarding; ambulation, diet, wound and output Possible complications following caesarean birth The available resources and where to seek assistance when needed 1.1; 1.3; 2.1; 2.2; 4.1; 5.2; 5.3; 6.2		
Recognises early deviations from normal in both the woman and baby. Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014).	2.7; 3.1; 3.2; 3.5; 6.3; 6.4; 7.3		
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4		
Overall grade: Must achieve a PASS grade in all criteria		Pass	Fail

Section 3: Assessors Comments

Assessor's name and position (Print): Assessor's signature:

Date:

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CSAT 5: Gastric Tube Insertion

Graduate Diploma in Midwifery

Section 1: Student Details – (Student to complete Sections 1)

Student name:	Student Number:	Date:

Course Code and Name:

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Section 2: Performance Criteria

To be assessed as competent, the student must earn a PASS against each criterion below

Criteria	Descriptors and standards	Pass	Fail
Maintains woman centred effective communication throughout.	1.1; 2.2; 2.7; 4.1; 4.3; 6.2		
Throughout the assessment the student demonstrates the following:	<ul style="list-style-type: none"> Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice Practises cultural safety Supports the choices of the woman, ensuring informed consent Develops plans for midwifery practice Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2		
Reviews baby's history, checks management plan / Verifies baby's identity.	1.1; 1.3; 3.2; 4.2; 4.4		
Prepares and checks equipment.	3.7; 5.3		
Prepares the baby including:	<ul style="list-style-type: none"> Monitors vital signs prior to commencing Correctly positions baby safely Ensures baby remains warm 1.3; 3.1; 3.2; 4.2		
Tube insertion, including:	<ul style="list-style-type: none"> Always maintains a non-touch technique Measures and marks the length of tube correctly Gently inserts tube to measured mark Observes neonate for signs of complications during insertion Ensures tube is correctly positioned and securely taped (in the case of an indwelling tube) Confirms correct positioning of tube as per local guideline Discusses trouble shooting when confirming tube position Observes for indicators of tube dislodgement 		

	3.1; 3.2; 3.3; 3.5; 3.7; 4.2; 4.3; 5.1; 5.2; 5.4		
Administering the feed, including:	<ul style="list-style-type: none"> • Ensures correct type of feed • Ensures correct temperature and volume of milk • Observes for complications during feed • Appropriately and safely regulates the flow of milk • Safely ends the feed • Leaves the baby comfortably positioned • Encourage parental involvement with tube feeding as per local guideline 3.1; 3.2; 3.3; 3.7; 4.2; 4.3; 5.1; 5.4		
States rationale for enteral/tube feeding / Discusses actual and potential problems which may arise during the procedure and outlines appropriate management.	3.2; 3.3; 3.7; 5.2; 5.4; 6.3		
Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014).	2.7; 3.1; 3.2; 3.5; 6.3; 6.4; 7.3		
Documents all care legibly and appropriately.	3.2; 3.5; 3.6; 5.4		
Overall grade: Must achieve a PASS grade in all criteria		Pass	Fail

Section 3: Assessors Comments

Assessor's name and position (Print): Assessor's signature:

Date:

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CSAT 6: Intrapartum CTG

Graduate Diploma in Midwifery

Section 1: Student Details – (Student to complete Sections 1)

Student name:	Student Number:	Date:

Course Code and Name:

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Section 2: Performance Criteria

To be assessed as competent, the student must earn a PASS against each criterion below.

Criteria	Descriptors and standards	Pass	Fail
Maintains woman centred effective communication throughout.	1.1; 2.2; 2.7; 4.1; 4.3; 6.2		
Throughout the assessment the student demonstrates the following:	<ul style="list-style-type: none"> Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice Practises cultural safety Supports the choices of the woman, ensuring informed consent Develops plans for midwifery practice Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2		
Ensures woman's comfort and appropriate positioning throughout. Performs abdominal examination to assesses fetal position.	1.1; 1.5; 2.1; 2.3; 3.4; 4.1; 5.2		
Ensures CTG machine is accurately reflecting current time and date. Ensure CTG is labelled with unique identifier, clinical picture including rationale for CTG.	3.2; 3.3; 3.5; 4.2		
Applies equipment appropriately to ensure the optimum rerecording of fetal heart and uterine activity also:	Determines and differentiates maternal pulse to exclude possibility of accidental recording of maternal heart rate as fetal heart rate through continuous recording of the maternal heart rate whilst fetal heart rate is being recorded 3.2; 3.3; 3.6; 3.7; 4.2; 4.3; 5.1		
Describes the characteristics of a normal	<ul style="list-style-type: none"> Baseline fetal heart rate Variability 		

intrapartum trace. Assesses CTG per current RANZCOG fetal surveillance guideline, including:	<ul style="list-style-type: none"> • Accelerations • Decelerations • Uterine activity 1.2; 3.1; 3.2; 3.3;		
Recognises and appropriately manages abnormal features requiring urgent management (if present). Identifies when fetal scalp electrode is indicated.	3.5; 3.6; 3.7; 5.1; 6.3		
Discusses findings with the Woman. Provides the opportunity for questions.	1.3; 2.2; 4.1; 5.1; 5.2		
Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014).	2.7; 3.1; 3.2; 3.5; 6.3; 6.4		
Documents all care legibly and appropriately.	3.2; 3.5; 3.6; 5.4		
	Overall grade: Must achieve a PASS grade in all criteria	Pass	Fail

Section 3: Assessors Comments

Assessor's name and position (Print): Assessor's signature:

Date:

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CSAT 7: Oral medication administration

Graduate Diploma of Midwifery

Section 1: Student Details – (Student to complete Section 1)

Student name:	Student Number:	Date:

Course Code and Name:

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Section 2: Performance Criteria

To be assessed as competent, the student must earn a PASS against each criterion below.

	Descriptors and NMBA standards	Pass	Fail
Maintains woman centred effective communication throughout.	1.1; 2.2; 2.7; 4.1; 4.3; 6.2		
Throughout the assessment the student demonstrates the following:	<ul style="list-style-type: none"> Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice Practises cultural safety Supports the choices of the woman, ensuring informed consent Develops plans for midwifery practice Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2		
Performs the '5 moments of hand hygiene' throughout.	1.6, 3.2, 6.2		
Identifies indication, discusses implications, possible side effects and ensures informed consent gained.	<ul style="list-style-type: none"> Check's the woman's history Reviews a relevant medication resource Gains informed consent (verbal) 1.4, 3.1, 3.2, 3.3, 4.1, 5.1, 5.3, 7.1, 7.2, 10.1		
Organises equipment and records, verifies the validity of the medication order, checks for allergies.	<ul style="list-style-type: none"> Medicine cup Drinking water Medication chart 1.2, 1.4, 2.2, 5.2, 5.3		
Prepares the medication and administers it in accordance with local policy and NSQHS, demonstrating	Checks with supervising midwife, including: <ol style="list-style-type: none"> Right person – check woman's identity band, verbal check (name and DOB), check UR number, name and DOB match the woman's details on the medication chart 		

the five (5) 'rights' of medication administration, including:	2. Right drug 3. Right dose - including correct calculation 4. Right route 5. Right time/frequency 1.2, 1.3, 2.1, 2.2, 5.2, 5.3, 5.5		
Completes at least three (3) checks.	<ul style="list-style-type: none"> • First check - when preparing medication, and checks expiry date of medication • Second check - prior to administering • Third check – at the bedside prior to administration, and checks for allergies 		
Adheres to standard precautions and utilises aseptic non-touch technique when dispensing medication.	1.2, 1.3, 2.1, 2.2, 5.2, 5.3, 5.5		
Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014).	2.7; 3.1; 3.2; 3.5; 6.3; 6.4		
Documents all care legibly and appropriately.	3.2; 3.5; 3.6; 5.4		
Overall grade: Must achieve a PASS grade in all criteria		Pass	Fail

Section 3: Assessors' Comments

Assessor's name and position (Print): **Assessor's signature:** **Date:**

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CSAT 8: Primary Accoucheur

Graduate Diploma in Midwifery

Section 1: Student Details – (Student to complete section 1)

Student name:	Student Number:	Date:

Course Code and Name:

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Section 2: Performance Criteria (assessor to complete sections 2 and 3)

To be assessed as competent, the student must earn a PASS against each criterion below.

Criteria	Descriptors and standards	Pass	Fail
Maintains woman centred effective communication throughout.	1.1; 2.2; 2.7; 4.1; 4.3; 6.2		
Throughout the assessment the student demonstrates the following:	<ul style="list-style-type: none"> Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice Practises cultural safety Supports the choices of the woman, ensuring informed consent Develops plans for midwifery practice Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2		
Creates an environment which facilitates comfort for the woman and support person(s) and supports the progression of labour. Offers appropriate explanations including communicating any findings and encourages the woman to ask questions to assist with informed consent for all care and procedures.	1.1; 1.2; 1.3; 2.1; 2.2; 2.7; 3.2; 3.3; 3.6; 4.1; 4.2; 4.3; 5.1; 5.2; 6.2		
Assesses and monitors the progress of labour by:	<ul style="list-style-type: none"> Assessing the frequency, duration and strength of uterine contractions Assessing the descent of the presenting part, abdominally and/or vaginally Assessing vaginal discharge (show, blood, and/or rupture of the membranes – describes liquor accurately and implications of findings) Performs vaginal examination if indicated Observes woman for changes in behaviour 1.3; 3.3; 4.1; 4.2; 4.3; 4.4		



Supports and assesses maternal wellbeing:	<ul style="list-style-type: none"> Performs routine maternal observations as per guidelines and as required by the woman's clinical circumstances Supports woman's choices to work with her pain in labour Assists with position changes and comfort Provides advice about nutritional needs and fluid intake Encourages frequent bladder emptying Provides verbal guidance, encouragement and support <p>1.1; 2.1; 2.2; 3.6; 4.1; 4.2; 4.3; 4.4; 5.2; 5.3; 5.4; 6.2; 7.1</p>		
Assesses fetal wellbeing:	<ul style="list-style-type: none"> Auscultates fetal heart rate (FHR) and notes deviations from normal Differentiates FHR from maternal heart rate Performs CTG as appropriate <p>3.2; 3.3; 3.5; 4.3</p>		
Recognises and describes the signs of second stage. Anticipates and prepares to assist with birth.	3.3; 3.6		
Supports the normal mechanisms of birth, in the woman's chosen position. Under the supervision of a midwife the student:	<ul style="list-style-type: none"> Acts as the primary birth attendant for a woman experiencing a spontaneous vaginal birth Adopts a hands-on or hands-poised approach as required <p>2.1; 2.2; 3.3; 3.6</p>		
Describes the principles of active and physiological management of third stage. Under the supervision of a midwife also:	<ul style="list-style-type: none"> Manages the birth of placenta and membranes and ensures haemostasis, including estimation of blood loss <p>2.1; 2.2; 3.2; 3.3; 3.6</p>		
Monitors mother and baby's adaptation in the first hour post birth. Under the supervision of a midwife the student:	<ul style="list-style-type: none"> Performs immediate post birth observations for both mother and baby 		
Performs thorough inspection of the genital tract to identify any injury and describes appropriately. Consults and refers with midwife and/or medical staff for repair as appropriate.	2.1; 2.2; 3.2; 3.3; 3.5; 3.6; 6.3		
Ensures woman's comfort and facilitates interaction with her baby. Promotes skin to skin contact and encourages early breastfeeding (if appropriate).	1.1; 2.1; 2.2; 3.4; 4.1; 5.2		
Thoroughly checks to ensure placenta and membranes are complete. Identifies characteristics of a normal and healthy placenta and recognises deviations from normal.	2.1; 2.2; 3.2; 3.3; 3.6; 6.3		
Recognises deviations from normal (in both woman and baby). Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery	2.7; 3.1; 3.2; 3.5; 6.3; 6.4		

Guidelines for Consultation and Referral (ACM, 2014).			
Documents all care legibly and appropriately.	3.2; 3.5; 3.6; 5.4		
Overall grade: Must achieve a PASS grade in all criteria		Pass	Fail

Section 3: Assessors Comments

Assessor's name and position (Print): Assessor's signature:

Date:

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CSAT 9: Vaginal Examination

Graduate Diploma in Midwifery

Section 1: Student Details – (Student to complete sections 1 and 2)

Student name:	Student Number:	Date:

Course Code and Name:

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Section 2: Woman's Details – Initial Palpation

Woman's details:					
CoCE: Yes / No		Relevant maternity/medical/obstetric history:			
EDB:	Gestation:				
Gravida:	Parity:				
Woman's Physical and Psychosocial Health:					
Abdominal Palpation: (if > 32 weeks Gestation)					
Inspection: Shape of uterus:			Scars/markings/other:		
Fundal Height:		Lie:	Presentation:		Position:
Engagement:	Liquor volume:	FHR:	Doppler:	Pinard:	CTG:
Significance of findings:					
Consultation/ Referral required?		Yes		No	
Plan for ongoing care:					

Section 3: Performance criteria (assessor to complete sections 3 and 4)

To be assessed as competent, the student must earn a PASS against each criterion below.

Criteria	Descriptors and standards	Pass	Fail
Maintains woman centred effective communication throughout.	1.1; 2.2; 2.7; 4.1; 4.3; 6.2		
Throughout the assessment the student demonstrates the following:	<ul style="list-style-type: none"> • Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice • Practises cultural safety • Supports the choices of the woman, ensuring informed consent • Develops plans for midwifery practice • Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2		
Identifies ways to support women with complex needs who may find examination very challenging, including women who have experienced sexual assault.	1.1; 4.1; 5.2		
Ensures woman's comfort and safety before during and after examination.	Creates an environment which facilitates comfort for the woman and support person(s). Ensures comfort and safety throughout the procedure.		
Identifies indications for performing a vaginal examination. Verbalises contraindications to performing a vaginal examination.	3.2; 5.2; 6.2		
Ensures woman has an empty bladder. Performs abdominal examination prior to vaginal examination.	1.3; 1.7; 3.2; 3.3; 4.2		
Prepares equipment. Positions woman appropriately, considers aorto-caval compression and outlines appropriate management.	1.3; 3.3; 3.7; 4.1; 4.2		
Vaginal examination	<ul style="list-style-type: none"> • Washes hands, wears appropriate gloves • Encourages woman to relax, using breathing techniques • Inspects external genitalia • Gently inserts fingers into vagina • Identifies the following where possible, given stage of labour, including: <ul style="list-style-type: none"> - Presenting part (breech or cephalic), note presence/degree of moulding and/or caput - Application (of presenting part to the cervix) - Position (sutures and fontanelles) 		

	<ul style="list-style-type: none"> - Cervix: position, dilatation, consistency and length (effacement) - Membranes /liquor (intact or ruptured) - Station: level of presenting part in relation to ischial spines • Assesses pelvic outlet: tone of vaginal muscles and pelvic floor and moisture <p>1.3; 3.2; 3.3; 3.4; 4.2; 5.1</p>		
After the examination:	<ul style="list-style-type: none"> • Assists the woman into a position of comfort • Auscultates fetal heart rate and differentiates from maternal heart rate • Communicates findings and discusses implications with the woman <p>4.2; 4.3; 5.1; 5.2</p>		
Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.7; 3.1; 3.2; 3.5; 6.3; 6.4		
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4		
	Overall grade: Must achieve a PASS grade in all criteria	Pass	Fail

Section 4: Assessors Comments

Assessor's name and position (Print): Assessor's signature:

Date:

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