



**Lancashire and South Cumbria**  
Health and Care Partnership

**Maternity and Newborn Alliance**



# Midwifery Preceptorship

Name .....

Trust .....

Start Date .....

Agreed duration .....

Date of completion .....



**East Lancashire Hospitals**  
NHS Trust  
A University Teaching Trust



**University Hospitals of Morecambe Bay**  
NHS Foundation Trust



**Lancashire Teaching Hospitals**  
NHS Foundation Trust



**Blackpool Teaching Hospitals**  
NHS Foundation Trust

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# Welcome Statement

## Welcome!

Congratulations on your new Midwifery post within our Local Maternity System (LMS) – Lancashire and South Cumbria (L&SC). We hope you enjoy working as a valued member of our team!

This preceptorship pack is to be completed by newly qualified band 5 Midwives as an agreed gateway to band 6. It has been designed in collaboration with the four trusts and two universities within the footprint, building on valuable feedback to build an equitable, high quality preceptorship pack for use across the LMS.

Please maintain confidentiality throughout this pack, in accordance with the NMC Code and legislation.



## Purpose of Preceptorship

To qualify as a Midwife, you have completed your training and have been signed off as competent.

The overall aim of preceptorship is to develop a competent and self-confident accountable practitioner, who is able to deliver the high quality care we aim provide within our LMS. It is designed to do this by supporting your transition from student to Midwife – it is not an extension to your Midwifery training. Preceptorship is not about teaching you how to be a Midwife... it is about providing you with the correct resources and support to develop as a professional.

### Preceptorship is not:

- Mentorship
- Clinical supervision
- A replacement for mandatory training
- A further period of supervision/training
- A substitute for performance management

You are encouraged to take responsibility for your own learning, development and experiences. Utilise this time to highlight your own strengths and identify areas for further development. It is your responsibility to identify your own learning needs and build upon these.

Whilst development of clinical skills are important, it is also imperative that you continue your development of other professional attributes such as; professional development, effective and sensitive communication, positive behavior traits and leadership skills.

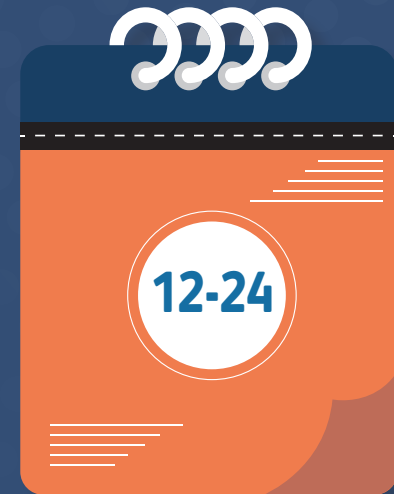
Utilising this preceptorship package effectively will also support you with preparation for your Midwifery Revalidation – this includes your written reflections.

## Duration of Preceptorship

The duration of your preceptorship will be agreed with your local Midwifery Preceptorship Lead. As a minimum, you will be required to complete 12 months of preceptorship – but no longer than 24 months. When agreeing this, a number of factors should be considered by yourself and your local Midwifery Preceptorship Lead. This includes (but not exhaustive); your previous healthcare experience, your confidence, contracted hours and your own perception of preceptorship.

**Remember! This is not a competition or a race.**

Regardless of your agreed timescale, this period will pass very quickly. Please be sure to review your preceptorship package on a regular basis. This will help you keep track of any outstanding requirements.



# Learning Opportunities

Here is a list of all the possible learning opportunities throughout Midwifery. Take full advantage of this list as a tool to identify any areas you wish to enhance your knowledge and skills.

## General

- Undertaking risk assessments
- Research
- Documentation
- Bereavement care
- Fluid balance
- Discharge processes
- Handover of care – such as SBAR
- Structured communication
- Referral processes
- Raising and escalating concerns
- Baby Friendly Care
- Screening
- Venous Thromboembolism (VTE) assessments
- Pain management
- Admission processes
- Medicines management
- Continuity of Carer
- Incident reporting
- Venepuncture
- Individualised care planning
- Care plans – development and implementation of
- Equipment/routine checks
- Smoking cessation advice
- Telephone assessment
- Interpretation of results

## Antenatal

- Oral Glucose Tolerance Tests (OGTTs)
- Routine scans
- Preparing for and running clinics
- Speculum examinations
- Prematurity predictor swabs
- Assessment for ruptured membranes
- Management of preterm ruptured membranes
- Management of prolonged rupture of membranes
- Fetal abnormalities
- CTG interpretation (including computerised)
- Reduced fetal movements
- Hyperemesis
- Routine antenatal checks
- Booking appointment
- Discussions regarding place of birth
- Antenatal conversations around infant feeding
- Vaccinations in pregnancy
- Outpatient management of hypertensive disorders
- Fetal growth surveillance
- Management of fetal growth concerns
- Antenatal classes
- Steroid administration and pathways
- Placenta praevia
- Vasa praevia
- Following up non attenders
- Early pregnancy assessment unit
- Obstetric cholestasis
- Vaginal examinations
- Induction of labour
- Aromatherapy service
- Preparation and assessment for home birth
- Membrane sweeps
- Antenatal colostrum harvesting

## Intrapartum

- Low risk intrapartum care
- Vaginal examinations
- Epidural
- Remifentanyl
- Intrapartum analgesia
- High risk care
- Suturing
- Pre-eclampsia
- FCTG interpretation
- Preterm birth
- Multiple birth
- Waterbirth
- Active birth
- Home birth
- Episiotomy
- Operative vaginal birth (ventouse/forceps)
- Caesarean section (elective or emergency)
- Artificial Rupture of Membranes (ARM)
- Interpretation of blood gas results
- Induction of labour
- Augmentation of labour
- Intermittent auscultation
- Fetal blood sampling
- Third stage management
- Oxytocin infusion regime for induction
- Detection of 3rd and 4th degree tears
- Latent labour

## Postnatal

- Detection and management of tongue tie
- Neonatal bloods
- Infant feeding support
- Weight loss calculation
- Weight loss management
- Post-operative care
- Care following post partum haemorrhage (PPH)
- Bladder care
- Skin to skin contact
- Newborn and Infant Physical Examination (NIPE)
- Newborn Blood Spot Test (NB BST)
- Medications & vaccinations
- Recognition of jaundice and management
- Phototherapy
- Thermoregulation
- Supporting parents of babies on neonatal unit
- Blood transfusion
- Nasogastric tube Feeding
- Neonatal blood glucose monitoring
- Neonatal hypoglycemia
- Babies who are reluctant to feed
- Storage and expression of breast milk

## Enhanced Maternal Care

- Outpatient management
- Insulin preparation & administration
- Sepsis and the septic bundle
- Recognition, escalation and care of of the deteriorating patient
- Hypoglycaemia
- Hyperglycaemia
- Mental health
- Substance misuse
- Sliding scale after steroid administration
- Sliding scale prior to elective caesarean
- Sliding scale during labour
- Magnesium Sulphate Infusion
- Bereavement care
- Safeguarding
- Domestic abuse

## Emergencies

- Resuscitation
- Shoulder dystocia
- Breech presentation
- Antepartum haemorrhage
- Postpartum haemorrhage
- Placental abruption
- Maternal collapse
- Emergency documentation
- Eclampsia
- Cord prolapse
- Neonatal resuscitation
- Fetal bradycardia
- Emergency transfers
- Calling for help
- Uterine inversion



## Support Available

All Midwives will remember their first day in blue. The transition from student to autonomous practitioner can be a stressful time. With this in mind, accompanying this preceptorship package there is a wide variety of support available to you.

It is really important that you utilise the support available from those around you. There is a number of colleagues you can approach/contact should you find yourself needing additional support. These include:

- Fellow Preceptees
- Your Preceptor(s)
- Other Midwifery colleagues
- Maternity Support Workers
- The Midwifery Preceptorship Lead / Practice Development Midwives
- Your line manager(s)
- Professional Midwifery Advocate

You can approach any of these colleagues in confidence and should be encouraged to do so if required.

**Remember! We can only arrange further support for you if we know this is required and any potential barriers you are facing.**

There may also be additional support available within each individual trust. Please speak with your Midwifery Preceptorship Lead for more information about what else is available at a local level.

## Supporting the wellbeing of yourself & others

As Midwives, we are great at caring for the wellbeing of people accessing our services, but it is also really important to remember to look after ourselves and each other.

With regard to supporting your own wellbeing there is a wide variety of self-help measures. These range from usual day to day activities, to additional tools to utilise. Examples of self-help include:

- Regular exercise
- Eating a well balanced diet
- Spending time outdoors
- Ensuring you get enough sleep
- Mindfulness
- Relaxation
- Talking to others –including friends, family and colleagues

Regardless of your current circumstances and experience, we all encounter challenging times in our life. It is okay to not be okay, but it is important to recognise when something is not quite right and to seek any support/help you need. This may be through speaking with those who are closest to you or it may be through seeking professional advice.

In addition to services and facilitates at a local level, a number of national organisations and charities offer support. These include:



### NHS

The NHS website offers a wide variety of information, including ways of improving your mental wellbeing and overcoming stress.

[www.nhs.uk](http://www.nhs.uk)



### The Royal College of Midwives

Accompanying their 'Caring for You' campaign, the RCM offers a wide range of resources and signposting for all midwives.

[www.rcm.org.uk](http://www.rcm.org.uk)  
0300 303 0444



### MIND

A mental health charity, providing advice and support to anybody experiencing a mental health problem.

[www.mind.org.uk](http://www.mind.org.uk)  
0300 123 3393

Some of these (and other) organisations offer courses to further equip you to support the wellbeing of others. This may be something you wish to independently explore.

# Preceptorship Commitment

Once you have commenced in post, the Midwifery Preceptorship Lead will assign a Preceptor to you. It is recommended that you continue to utilise the support of this individual throughout the duration of your preceptorship. We do recognise however that there will be times when a new Preceptor will be required (such as maternity leave, sickness etc.). Should you find yourself in this position, please liaise with your local Midwifery Preceptorship Lead.

Below are two commitments. These are to be signed by you (the Preceptee) and your Preceptor(s) to demonstrate your commitments to this programme.

**Preceptee:** I agree and commit to participation in this Preceptorship Programme. I understand that I must meet all requirements for my Preceptorship to be signed off as complete.

## I agree and accept responsibility for;

- Adhering to codes of professional practice
- Maintaining compliance of essential training
- Committing time to my Preceptorship
- Cooperating with my Preceptor(s) and the Midwifery Preceptorship Lead, arranging regular meetings at intervals specified in this document
- Acknowledging my own skills and knowledge level, taking responsibility for my own learning and development
- Seeking relevant information I require
- Seeking support in a timely manner
- Participating in team meetings
- Becoming (and remaining) familiar with this preceptorship document
- Liaising with the Midwifery Preceptorship Lead when appointment of a new Preceptor is required
- Providing feedback to enable preceptorship to develop further

Signed	Date
--------	------

**Preceptor:** I commit to the delivery of responsibilities within my role as Preceptor. I understand that in supporting newly qualified Midwives, this role includes:

- Maintaining awareness of preceptorship – the programme, documentation and requirements
- Supporting with the transition into the role of an accountable professional
- Commitment of time to complete relevant discussions and documentation – virtually or in person
- Supporting identification of important learning opportunities
- Provision of honest and constructive feedback, reinforcing with positive comments
- Seeking guidance & support from the Midwifery Preceptorship Lead should any concerns arise

Preceptor Name	Preceptor Signature	Date



## Preceptor Meetings

You should meet with your Preceptor every 3 months. This meeting should be protected time and does not need to be done during a clinical shift – you could meet via teams or meet up for lunch. Ultimately from these meetings, you will get out what you put in. They can be a fantastic support mechanism if used effectively.

### Before meeting your Preceptor...

Complete the SWOT analysis. This will support your discussion and you will feel more prepared for your meeting. Opposite are some examples of things you could consider when completing a SWOT analysis. Some elements may also fall within multiple boxes.

### During your meeting with your Preceptor...

- Review your SWOT analysis and discuss any key elements. Seek your Preceptor's guidance on areas required, utilising their knowledge and experience.
- Discuss the previous 3 months of Preceptorship, reflecting on any positive and negative experiences.
- Also discuss any identified areas for service improvement. Is there scope drive this within the service?

### At the end of your meeting with your Preceptor...

Set 2 objectives to be completed over the next 3 months (to be reviewed at your next meeting). They do not need to be long term or big objectives. Example objectives include; attending a 1 day course, developing a clinical skill or writing a reflection.

It is important to remain mindful that when agreeing your objectives, these should be SMART.

- Specific
- Measurable
- Achievable
- Relevant
- Time bound

## Strengths

What are you good at?

Knowledge  
Skills  
Attributes  
Experience

S

## Weaknesses

What areas could you improve on?

Knowledge  
Skills  
Attributes  
Experience

W

## Opportunities

What might help you?

Training – essential or additional  
Certain clinical experiences  
Positive trends within Midwifery  
Elements of personal & professional development

O

## Threats

What might get in the way?

Competition  
Certain weaknesses  
Challenging trends within Midwifery  
Personal & institutional barriers

T



# Meeting 1 - Beginning of Preceptorship

Date: \_\_\_\_\_

SWOT Analysis	
Strengths	Weaknesses
Opportunities	Threats

Discussion
<b>SWOT</b> Analysis reviewed & discussed <input type="checkbox"/>
Positive previous experiences _____
Challenging previous experiences _____

## Key objectives for next meeting

1.1	_____
1.2	_____

Agreed date for next meeting:	_____
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Preceptee Signature	_____	Preceptor Signature	_____
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# Meeting 2 - 3 Months

Date: \_\_\_\_\_

SWOT Analysis	
Strengths	Weaknesses
Opportunities	Threats

Discussion
<b>SWOT</b> Analysis reviewed & discussed <input type="checkbox"/>
<u>Positive experiences</u>
<u>Challenging experiences</u>
<u>Identified areas for service improvement?</u>

## Review previous objectives

1.1	
1.2	

## Key objectives for next meeting

2.1	
2.2	

Agreed date for next meeting: \_\_\_\_\_

Preceptee Signature	Preceptor Signature
---------------------	---------------------

# Meeting 3 - 6 Months

Date: \_\_\_\_\_

SWOT Analysis	
Strengths	Weaknesses
Opportunities	Threats

Discussion
<b>SWOT</b> Analysis reviewed & discussed <input type="checkbox"/>
<u>Positive experiences</u>
<u>Challenging experiences</u>
<u>Identified areas for service improvement?</u>

## Review previous objectives

2.1	
2.2	

## Key objectives for next meeting

3.1	
3.2	

Agreed date for next meeting: \_\_\_\_\_

Preceptee Signature	_____	Preceptor Signature	_____
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# Meeting 4 - 9 Months

Date: \_\_\_\_\_

SWOT Analysis	
Strengths	Weaknesses
Opportunities	Threats

Discussion
<b>SWOT</b> Analysis reviewed & discussed <input type="checkbox"/>
<u>Positive experiences</u>
<u>Challenging experiences</u>
<u>Identified areas for service improvement?</u>

## Review previous objectives

3.1	
3.2	

## Key objectives for next meeting

4.1	
4.2	

Agreed date for next meeting: \_\_\_\_\_

Preceptee Signature	Preceptor Signature
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# Meeting 5 - 12 Months

Date: \_\_\_\_\_

SWOT Analysis	
Strengths	Weaknesses
Opportunities	Threats

Discussion
<b>SWOT</b> Analysis reviewed & discussed <input type="checkbox"/>
<u>Positive experiences</u>
<u>Challenging experiences</u>
<u>Identified areas for service improvement?</u>

## Review previous objectives

4.1	
4.2	

## Key objectives for next meeting

5.1	
5.2	

Agreed date for next meeting: \_\_\_\_\_

Preceptee Signature	Preceptor Signature
---------------------	---------------------

# Meeting 6 - 15 Months

Date: \_\_\_\_\_

SWOT Analysis	
Strengths	Weaknesses
Opportunities	Threats

Discussion
<b>SWOT</b> Analysis reviewed & discussed <input type="checkbox"/>
<u>Positive experiences</u>
<u>Challenging experiences</u>
<u>Identified areas for service improvement?</u>

## Review previous objectives

5.1	
5.2	

## Key objectives for next meeting

6.1	
6.2	

Agreed date for next meeting: \_\_\_\_\_

Preceptee Signature	Preceptor Signature
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# Meeting 7 - 18 Months

Date: \_\_\_\_\_

SWOT Analysis	
Strengths	Weaknesses
Opportunities	Threats

Discussion
<b>SWOT</b> Analysis reviewed & discussed <input type="checkbox"/>
<u>Positive experiences</u>
<u>Challenging experiences</u>
<u>Identified areas for service improvement?</u>

## Review previous objectives

6.1	
6.2	

## Key objectives for next meeting

7.1	
7.2	

Agreed date for next meeting: \_\_\_\_\_

Preceptee Signature	Preceptor Signature
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# Meeting 8 - 21 Months

Date: \_\_\_\_\_

SWOT Analysis	
Strengths	Weaknesses
Opportunities	Threats

Discussion
<b>SWOT</b> Analysis reviewed & discussed <input type="checkbox"/>
<u>Positive experiences</u>
<u>Challenging experiences</u>
<u>Identified areas for service improvement?</u>

## Review previous objectives

7.1	
7.2	

## Key objectives for next meeting

8.1	
8.2	

Agreed date for next meeting: \_\_\_\_\_

Preceptee Signature	Preceptor Signature
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# Written Reflections

As you will remember from your training, reflective practice is essential to a Midwifery role – with written reflections also being a requirement for revalidation.

As part of your preceptorship, you are required to write a minimum of 3 reflections. The aim of these is to demonstrate learning and development. With this in mind, these reflections do not need to be at an academic level and do not require references – though it is entirely up to you! These reflections from your preceptorship can subsequently be used for your revalidation.

Here is a list of examples for situations which you may wish to reflect upon – though you can choose your own subject too!

- Care for high risk patient
- Human factors
- Supporting development of others
- Shift leading/management skills
- Obstetric emergency
- Care planning
- Facilitating informed choice
- Escalation

## Reflection 1

Date: \_\_\_\_\_

Topic		
<p>1. What was the nature of the CPD activity and/or practice related feedback and/or event or experience in your practice?</p>	<p>2. What did you learn from the CPD activity and/or practice related feedback and/or event or experience in your practice?</p>	
<p>3. How did you change or improve your practice as a result?</p>	<p>4. How is this relevant to the code?</p> <p>Select one or more themes &amp; elaborate</p> <p>Prioritise people <input type="checkbox"/> Practice effectively <input type="checkbox"/></p> <p>Preserve safety <input type="checkbox"/> Promote professionalism &amp; trust <input type="checkbox"/></p>	

# Reflection 2

Date: \_\_\_\_\_

Topic \_\_\_\_\_

1. What was the nature of the CPD activity and/or practice related feedback and/or event or experience in your practice?

3. How did you change or improve your practice as a result?

2. What did you learn from the CPD activity and/or practice related feedback and/or event or experience in your practice?

4. How is this relevant to the code?

Select one or more themes & elaborate

Prioritise people  Practice effectively

Preserve safety  Promote professionalism & trust

# Reflection 3

Date: \_\_\_\_\_

Topic

1. What was the nature of the CPD activity and/or practice related feedback and/or event or experience in your practice?

2. What did you learn from the CPD activity and/or practice related feedback and/or event or experience in your practice?

3. How did you change or improve your practice as a result?

4. How is this relevant to the code?

Select one or more themes & elaborate

Prioritise people  Practice effectively

Preserve safety  Promote professionalism & trust

# Governance/Risk

There are a number of elements to governance and risk management within healthcare. Incident reporting is an essential tool for this. It helps identification of themes and trends, in turn supporting the development and improvement of service provision.

Each trust has an incident reporting trigger list - this specifies which specific incidents must be reported. You will also find other situations in practice which may not be on the list but is important to report.

Please locate and read an up to date version of your local trigger list. List 4 triggers which you previously would not have thought to report.

1		3	
2		4	

As a minimum requirement for this Preceptorship Pack, you are required to submit 5 incident reports. Please record these in the table below.

Date (MM/YY)	Trigger/Summary
<b>EXAMPLE</b>	PPH – Patient had normal birth but progressed to 2litre PPH. Called for help, obstetric team attended. Patient transferred to theatre for EUA.

Within each trust, there will be regular meetings to discuss risks, guidelines and service improvement ideas. Examples of these include; labour ward forums, divisional meetings,

audit review meetings, and risk management. Each trust has different titles – ie. Audit etc. Please liaise with the local Midwifery Preceptorship Lead for a list of local level meetings within your trust.

As part of your Midwifery preceptorship, you are required to attend a minimum of 2 of these meetings. Please use the table below to document your attendance.

Date (MM/YY)	Meeting	2 key points of interest from the meeting
<b>EXAMPLE</b>	Labour Ward Forum	<ul style="list-style-type: none"> <li>• New analgesia being introduced to labour ward</li> <li>• New FCTG machines being introduced</li> </ul>

Daily checks are an essential part of the delivery of a safe service. Successful completion of checks ensures that all emergency equipment is available if required. They can also be a really useful way to familiarise yourself with equipment – both the location/storage

of and the packaging. Whilst there is not an essential element for this with regard to your preceptorship, you are encouraged to ensure this becomes part of your daily working routine.

## Leadership/Management

Being a leader is an essential part to the role of a Midwife - both in terms of leading the care of service users and leading the workforce.

Within your preceptorship, it is important that you gain valuable leadership/managerial experience to support your progression to band 6 midwife. With this in mind, you are required to evidence a minimum of 3 occasions where you have gained this experience. Examples of such experience include; being shift leader or bed manager.

Other experiences for those working in Continuity of Carer teams include; off duty development and workload allocation.

*Please note – you are not expected to undertake these roles independently at this stage and are likely to require some support. The main aim of this element is to ensure you gain some valuable experience.*

Please use the table below to document your leadership/managerial experience.

Date (MM/YY)	Area	Summary
<b>EXAMPLE</b>	Antenatal Ward	Attended regular unit safety huddles throughout the shift and allocated new admissions.

# Supporting the development of others

Midwives have an important role with regard to the development of others. One area for this is supporting the learning and development of students and junior colleagues. As a Midwife, you will be allocated to work with a variety of students – such as Midwifery, Medical and Nursing.

Regardless of the training they are undertaking, all students have learning outcomes which they need to meet during their training. As part of your role in supporting them,

it is important to understand their learning needs for each area – usually established at the beginning of each shift. There may be circumstances where you will need to work directly with students but there are other circumstances where utilising coaching models will be particularly effective.

You are required to provide a minimum of 4 examples of support provided to others during your preceptorship. Please use the table below to record this.

Please use the table below to provide 4 examples of support provided to others.

Date (MM/YY)	Summary
<b>EXAMPLE</b>	Allocated to work with medical student. Discussed learning outcomes at beginning of shift. Cared for patient undergoing induction of labour and facilitated normal birth. Clinical skills facilitated, including cannulation and catheterisation.

You are also required to complete the Practice Assessor training to enable you to assess student midwives. This is to be arranged via your local Practice Development Midwife.

<b>Date completed</b>	
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## Clinical Skills

To complete your Midwifery training, you will have been signed off as competent in a wide range of clinical skills. For this reason, there is little requirement by way of skill competency assessments within this Preceptorship Pack. You are however, required

to complete your trust-specific competency package for the clinical skills listed below. Please document the date of completion of each competency below. Ensure you retain your evidence for your own portfolio but also in preparation for your band 6 review.

Skill	Evidence	Date completed
Peripheral cannulation	Completed competency document OR Evidence of completion during Midwifery training	
Intravenous medicines administration	Completed competency document	
Perineal suturing	Completed competency document	

## Final Requirements

As highlighted previously within this Preceptorship Pack, you must complete all of the requirements for your Preceptorship to be signed off as complete.

Here is a list of the minimum requirements for completion of this pack;

- Compliant with all maternity essential training
- A signed Preceptorship Commitment – by yourself and your Preceptor(s).
- Documented Preceptor meetings – at regular intervals as specified earlier in this pack and with meaningful content.
- 3 written reflections.
- Location and reading of local trigger list, listing 4 triggers you would have previously not thought to report.
- Summary of 5 incident reports you have submitted.
- Evidence of having attended 2 local level service meetings.
- 3 occasions where you've undertaken a leadership role.
- 4 examples of supporting students.
- Completion of your Practice Assessor training.

# Contributors

With thanks to the project group,  
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