

# End-point assessment plan for Midwife (2019 NMC standards) non-integrated Degree apprenticeship standard

Apprenticeship standard number	Apprenticeship standard level	Integrated end-point assessment
ST0948	6	Non-integrated

## Contents

Introduction and overview .....	2
EPA summary table .....	4
Length of end-point assessment period .....	5
Order of assessment methods .....	5
Gateway .....	6
Assessment methods .....	7
Reasonable adjustments .....	12
Grading.....	13
Overall EPA grading .....	16
Re-sits and re-takes.....	16
Roles and responsibilities .....	17
Internal Quality Assurance (IQA) .....	19
Affordability.....	20
Professional body recognition .....	20
Mapping of knowledge, skills and behaviours (KSBs) .....	21

## Introduction and overview

Registered midwives are subject to statutory regulation by the Nursing and Midwifery Council (NMC). The NMC sets the standards of proficiency required for entry to the professional register and these are in effect the occupational standards for registered midwives. The NMC also has the statutory duty to set requirements of programmes necessary to support the achievement of the apprenticeship occupational standard. The End-point Assessment assesses whether students have also passed the apprenticeship, and is based on the same professional knowledge, skills and behaviours as the occupational standards.

This document sets out the requirements for end-point assessment (EPA) for the Midwife (2019 NMC standards) non-integrated degree apprenticeship standard. It is for end-point assessment organisations (EPAOs) who need to know how EPA for this apprenticeship must operate. It will also be of interest to Midwife apprentices, their employers and training providers.

Full time apprentices will typically spend 48 months on-programme (before the gateway) working towards the occupational standard. Midwife apprentices are supernumerary for the duration of their apprenticeship.

The EPA period should only start, and the EPA be arranged, once the employer is satisfied that the apprentice is deemed to be consistently working at or above the level set out in the occupational standard, all of the pre-requisite gateway requirements for EPA have been met and can be evidenced to an EPAO.

It is expected that the gateway will be reached after the completion of the final Degree module and before the training provider's examination board. Where the EPAO is an NMC approved education institution they are permitted to manage the assessment process for their own apprentices in compliance with the EPA Plan. Where the EPAO is not an NMC approved education institution they will work with the NMC approved education institution to facilitate the EPA.

As a gateway requirement and prior to taking the EPA, apprentices must achieve all approved qualifications mandated in the Midwife (2019 NMC standards) occupational standard.

These are:

- Degree in Midwifery or L7 Midwifery qualification from a training provider whose programmes are approved by the Nursing and Midwifery Council
- Provide an electronic copy of their Midwifery Ongoing Record of Achievement (MORA) (previously known as the practice assessment document) and accompanying portfolio of evidence
- For level 3 apprenticeships and above apprentices without English and mathematics at level 2 must achieve level 2 prior to taking their EPA. Usually this will be an entry requirement to the Midwife apprenticeship.

The EPA must be completed within an EPA period lasting typically 3 month(s), after the EPA gateway.

The EPA consists of 2 discrete assessment methods.

The individual assessment methods will have the following grades:

### **Assessment method 1: Professional Discussion A**

- Fail
- Pass

**Assessment method 2: Professional Discussion B**

- Fail
- Pass

Performance in the EPA will determine the overall apprenticeship standard grade of:

- Fail
- Pass

## EPA summary table

<b>On-programme</b> (typically 48 months)	<p>Training to develop the occupation standard's knowledge, skills and behaviours (KSBs).</p> <p>Compile Midwifery Ongoing Record of Achievement (MORA) and portfolio of evidence.</p>
<b>End-point assessment gateway</b>	<ul style="list-style-type: none"> <li>• Employer is satisfied the apprentice is consistently working at, or above, the level of the occupational standard.</li> <li>• English and mathematics Level 2 (usually this will be an entry requirement to the Midwife apprenticeship).</li> <li>• Degree in Midwifery or L7 Midwifery qualification from a training provider whose programmes are approved by the Nursing and Midwifery Council</li> <li>• Provide an electronic copy of their Midwifery Ongoing Record of Achievement (MORA) (previously known as the practice assessment document) and accompanying portfolio of evidence</li> </ul>
<b>End-point assessment</b> (which will typically take 3 months)	<p>Assessment method 1: Professional Discussion A</p> <p>With the following grades:</p> <ul style="list-style-type: none"> <li>· Fail</li> <li>· Pass</li> </ul> <p>Assessment method 2: Professional Discussion B</p> <p>With the following grades:</p> <ul style="list-style-type: none"> <li>· Fail</li> <li>· Pass</li> </ul> <p>Overall grading:</p> <ul style="list-style-type: none"> <li>· Fail</li> <li>· Pass</li> </ul>
<b>Professional recognition</b>	<p>Aligns to registration with:</p> <p>The Nursing and Midwifery Council</p>

## Length of end-point assessment period

The EPA will be completed within an EPA period lasting typically of 3 month(s), beginning when the apprentice has passed the EPA gateway.

## Order of assessment methods

The assessment methods can be delivered in any order.

## Gateway

The EPA period should only start once the employer is satisfied that the apprentice is consistently working at or above the level set out in the occupational standard, that is to say they are deemed to have achieved occupational competence. In making this decision, the employer will be advised by the Academic Assessor that the apprentice has achieved occupational competence in order for the decision to be made.

In addition to the employer's confirmation that the apprentice is working at or above the level in the occupational standard, the apprentice must have completed the following gateway requirements prior to beginning EPA:

- English and mathematics at level 2 (usually this will be an entry requirement to the Midwife apprenticeship)  
For those with an education, health and care plan or a legacy statement the apprenticeships English and mathematics minimum requirement is Entry Level 3 and British Sign Language qualification are an alternative to English qualifications for whom this is their primary language.

Apprentices must complete all elements of the following approved qualifications as mandated in the occupational standard:

- Degree in Midwifery or L7 Midwifery qualification from a training provider whose programmes are approved by the Nursing and Midwifery Council

The MORA and accompanying portfolio will be submitted at gateway and provided electronically and will be used as a source of evidence for both professional discussions.

### The MORA and accompanying portfolio

The apprentice will have mapped the KSBs to be assessed by each professional discussion to the evidence within their MORA and accompanying portfolio, ensuring that every KSB has been mapped. The MORA and accompanying portfolio will contain at least two examples of evidence against each of the following areas:

- Orientation to practice areas
- Antenatal Care
- Intrapartum Care
- Postnatal Care
- Neonatal Care
- Promoting Excellence
- Appraisal
- Personal and Professional development

For Professional Discussion A:

- no specific additional requirements

For Professional Discussion B:

- no specific additional requirements

## Assessment methods

Apprentices will undertake two assessments each being a professional discussion. While the method for each assessment is the same they are treated as separate assessments. Each assessment will test the apprentice's knowledge, skills and behaviours (KSBs) against the 6 key domains for midwives as outlined in the 2019 Standards of Proficiency for Midwives. These are:

1. Being an accountable, autonomous, professional midwife
2. Safe and effective midwifery care: promoting and providing continuity of care and carer
3. Universal care for all women and newborn infants
4. Additional care for women and newborn infants with complications
5. Promoting excellence: the midwife as colleague, scholar and leader
6. The midwife as skilled practitioner

The apprentice will meet the KSBs assigned to the domains.

Each professional discussion will be undertaken by the Independent Assessor.

The Independent Assessor is responsible for the final grade given for the End-Point Assessment.

The end-point assessment organisation will arrange for the professional discussions to take place, in consultation with the employer and in agreement with the NMC approved education institution, where this is not the EPAO, in order to ensure the EPA takes place at the time specified in this EPA plan. The two professional discussions must allow for an in-depth discussion that allows for a meaningful sample of KSBs across the domains to be explored and gives the apprentice the opportunity to present evidence that clearly demonstrates competence against the occupational standard.

The two discussions combined should be between 80 – 140 minutes in duration, but long enough to ensure the domains are adequately assessed. The independent assessor may extend one or both by 10%, if necessary, to allow the apprentice to complete their final answer. Each professional discussion will not be split, other than to allow comfort breaks if necessary. A break is permitted between professional discussions.

### Rationale

The rationale for the assessment methods is:

A professional discussion is not simply a question and answer session but a meaningful, in-depth two-way dialogue between the apprentice and the assessors. It allows the apprentice to use standardised questions and scenarios as a starting point to explore their own practice and experiences with the assessors to show how they demonstrate the occupation's KSBs and that they are occupationally competent. A professional discussion is a well-recognised method of checking knowledge, skills and behaviours and is widely used within the health sector.

## Delivery

Before each assessment, apprentices must be provided with both written and verbal instructions on the assessment.

EPAOs will ensure an appropriate controlled environment is provided for the assessment and that the environment can facilitate the EPA. The apprentice will provide an electronic copy of their Midwifery Ongoing Record of Achievement (MORA) (previously known as the practice assessment document) and accompanying portfolio of evidence at gateway. The MORA is used to record learning and assessment that takes place on-programme throughout the apprenticeship and the apprentice will bring it with them on the day of the assessment. Appropriate consideration should be given to patient confidentiality, when using the MORA. The apprentice may draw on the contents of their MORA to underpin their professional discussions, selecting items on the day to inform and enhance the discussion.

The independent assessor will not assess the MORA and accompanying portfolio itself but will review the contents prior to the professional discussions to help them to select the questions.



## Assessment method 1: Professional Discussion A

### Overview

Professional Discussion A will assess the KSBs related to domains 1, 2, and 5 of the NMC Standards of Proficiency for Midwives.

The domains are:

1. **Domain 1 - Being an accountable, autonomous, professional midwife**
2. **Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer**
3. **Domain 5 - Promoting excellence: the midwife as colleague, scholar and leader**

The Independent Assessor will ask a minimum of 12 questions, at least two against each domain. The independent assessor can use follow-up questions as required to clarify the answers given by the apprentice. For each domain, at least one question will be scenario-based and at least one will be competency-based. For the remaining 6 questions the independent assessor can choose to use either competency-based or scenario-based questions and these may cut across more than one domain or focus on a single domain as required. Scenarios must be 200 to 250 words.

An example of a scenario-based question could be:

Alima Begum is Para 2. Classified low risk at booking. She has had an uneventful pregnancy. On Monday 28<sup>th</sup> October, at 10:00 hours Alima is now 38 weeks gestation presented with regular contractions. Her observations were: BP = 160/100. P= 88. Temp= 36.6. Respiration: 18.

**EPA - Fundus = Dates the Lie= Longitudinal-Presentation=Cephalic-Position ROL**

**EPV Os - 4cms dilated Cervix fully effaced. Presenting part -1 to spines Intact membranes. FHR = 144BPM Regular**

**At 12.00** She was now contracting 1:3 palpating 45-50 seconds FHR 130BPM regular and requesting Entonox, continues to mobilise.

**At 13.00** She asked to use the Birthing pool for pain management; now contracting 1:2-3 FHR 130bpm Regular / BP 125/66.P84.T.36.5.RESP 19.

**AT 14: 30** In the pool; she spontaneously ruptured her membranes with thin insignificant Meconium. She consented to labour out of the pool and continues contracting 1:2 now palpating >60.FHR 130bpm.Having urges to push.

**At 14.45** Now out of the pool and voluntary pushing. FHR 122 bpm. Mat P 88bpm. Temp 36.8

**At 14.55** Vertex advancing slowly. FHR 110 BPM

**At 15.00** Head born with signs of turtling

**At 15:02** No further advancement of head

- **Identify the Emergency from the above scenario?**
- **How will you safely manage this emergency?**
- **What are your professional responsibilities following this Emergency?**

The independent assessor will be looking for evidence-based practice (eg GAP, FRM, Raised BP, Dawes Redman) appropriate escalation (eg SBAR tool) and patient-centred compassionate communication.

The examples in this plan are just for illustrative purposes, it is for the EPAO to develop a suitable bank of competency-based questions and scenario-based questions to be used during professional discussion A.

The EPAO will provide a bank of questions and scenarios that independent assessors will use. The independent assessor can ask follow-up questions that will help them determine that the KSBs have been demonstrated.

## Assessment Method 2: Professional Discussion B

### Overview

Professional Discussion B will assess the KSBs related to domain 3, 4 and 6 of the NMC Standards of Proficiency for Midwives.

1. **Domain 3: Universal care for all women and newborn infants**
2. **Domain 4 - Additional care for women and newborn infants with complications**
3. **Domain 6 - The midwife as skilled practitioner**

The Independent Assessor will ask a minimum of 12 questions, at least two against each domain. The independent assessor can use follow-up questions as required to clarify the answers given by the apprentice. For each domain, at least one question will be scenario-based and at least one will be competency-based. For the remaining 6 questions the independent assessor can choose to use either competency-based or scenario-based questions and these may cut across more than one domain or focus on a single domain as required.

Scenarios must be 200 to 250 words. An example scenario-based question could be:

Marjorie Pratt is a Gravida 2 Para 1 woman. She is currently 34 weeks pregnant. She attended Triage 2 weeks ago with history of feeling unwell. She was seen by the doctor and advised to rest with no further investigations, was discharged home. She attended Triage again accompanied by her husband and her 2-year-old. At this current admission she reports history of feeling unwell and general malaise. She reports history Ruptured membranes for over 24 hours; clear liquor noted on inspection on her pad which she informs you she has changed three time today.

Her baseline observations were: Temperature: 38.6, Heart Rate: 132. Respiration 21bpm. Oxygen saturation 95% on air. Urinalysis showed 3 +++ of Leucocytes. Fetal Heart Rate: 166bpm. Observations plotted on MEOWS indicated 2 Red Flags for SEPSIS.

Escalated to Obstetric Registrar and Delivery Suite Coordinator in view to transfer to Delivery for this mother to be cared for in the right place by the right team.

Delivery Suite Co-ordinator informed you that there are currently no beds; but a bed will be available within the next 15 minutes.

- **How will you safely manage this emergency using SEPSIS 6?**
- **How will transfer care safely to another Midwife using SBAR?**

The independent assessor will be looking for a concise, clear action plan that takes in to account how the apprentice will explain their concerns to Marjorie and her husband, how they will escalate their concerns in line with safeguarding policy and procedure and the steps they will put in place to safeguard Marjorie, her baby and her two-year old.

The examples in this plan are just for illustrative purposes, it is for the EPAO to develop a suitable bank of competency-based questions and scenarios-based questions to be used during professional discussion B.

The EPAO will provide a bank of questions and scenarios that independent assessors will use. The independent assessor can ask follow-up questions that will help them determine that the KSBs have been demonstrated.

## Questions and resources development

EPAOs will produce specifications to outline in detail how the professional discussions will operate, what they will cover and what should be looked for and how evidence will be recorded. It is recommended that this be done in consultation with representative employers. EPAOs should put measures and procedures in place to maintain the security and confidentiality of the parts of their specifications that could unfairly advantage apprentices if employers are consulted. Specifications must be standardised by the EPAO. EPAOs must also develop a 'bank' of competency-based questions and scenario-based questions of sufficient size to prevent predictability and review them regularly (and at least once a year) to ensure they, and the specifications they contain, are fit for purpose. The specifications must be varied yet allow the assessment of all the relevant domains. EPAOs will produce guidance for apprentices to explain how the professional discussions will operate.

In the case of re-takes/re-sits the apprentice should be presented with different questions and scenarios.

EPAOs will provide marking and grading materials for independent assessors to use during the assessment.

Independent assessors must be developed and trained by the EPAO in the conduct of professional discussion and reaching consistent judgement.

## Venue

The professional discussions should take place in a quiet room, free from distractions and influence.

The professional discussions can take place in any of the following:

- employer's premises
- a suitable venue selected by the EPAO (for example a training provider's premises)

## Reasonable adjustments

The EPAO must have in place clear and fair arrangements for making reasonable adjustments for this apprenticeship standard. This should include how an apprentice qualifies for reasonable adjustment and what reasonable adjustments will be made. The adjustments must maintain the validity, reliability and integrity of the assessment methods outlined in this end-point assessment plan.

## Weighting of assessment methods

All assessment methods are weighted equally in their contribution to the overall EPA grade.

# Grading

## Assessment method 1: Professional Discussion A

Professional Discussion A will assess the KSBs related to domains 1, 2, and 5 of the NMC Standards of Proficiency for Midwives.

The domains are:

1. Domain 1 - Being an accountable, autonomous, professional midwife
2. Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer
3. Domain 5 - Promoting excellence: the midwife as colleague, scholar and leader

KSBs	Fail	Pass
<b>K1 K2 K3 K5 K8 K9 K10 K11 K12 K13 K22 K23 K24 K25 K26 K27 K28 K57 K58 K59 K60 K61 K62 K63 K64 K65 K66 K67 K68 K69 K70 K71</b>  <b>S1 S2 S3 S5 S6 S7 S8 S9 S10 S11 S12 S22 S23 S24 S25 S26 S27 S28 S59 S60 S61 S62 S63 S64 S65 S66 S67 S68 S69 S70 S71 S72</b>  <b>B3 B5</b>	Does not meet the pass criteria	<p>The apprentice:</p> <ol style="list-style-type: none"> <li>1. Acts in the best interests of women and babies, putting them first and providing midwifery care that is person-centred, safe and compassionate in accordance with The Code: Professional standards of practice and behaviour for midwives at all times and uses knowledge and experience to make evidence based decisions and solve problems within their scope of practice, reporting and escalating concerns and safeguarding issues as appropriate. (K1, K2, K3, K25, S1, S2, S5, B3)</li> <li>2. Acts as an ambassador for the profession, upholding public trust through developing strategies for safely managing stressful and challenging situations and paying attention to own health and well-being. (K5, S3, S6)</li> <li>3. Provides continuity of care and midwifery carer whilst maintaining the rights, dignity and autonomy of others whilst delivering responsive, non-discriminatory universal midwifery care appropriately within the health and social care system, supporting women's needs and preferences. (K8, K9, K10, K11, K12, S7, S8, S9, S10)</li> <li>4. Communicates effectively, compassionately and in culturally sensitive and person-centred ways with the woman, her baby and family, building trust and enabling informed discussions and decisions through providing evidence-based information and liaising with the interdisciplinary team, acting as advocate where necessary, and being accountable for keeping accurate and up to date records and maintaining confidentiality. (K13, K64, K66, K67, K68, K69, K70, K71, S11, S12, S65, S66, S67, S68, S69, S70, S71, S72)</li> <li>5. Demonstrates continual reflection on their practice and keeps abreast of new and emerging developments in midwifery, health and care, analysing and critically evaluating data and reports. (K57, K58, K61, K65, S59, S60, S62)</li> <li>6. Provides leadership and acts a role model for evidence based, compassionate and safe midwifery care ensuring that care they lead,</li> </ol>

		<p>provide and delegate is person-centred and of a consistently high standard. (K59, S61, S64, B5)</p> <ol style="list-style-type: none"> <li>7. Explains how they have acknowledged human and environmental factors and strength-based approaches when working with a range of colleagues. (K60)</li> <li>8. Delegates effectively describing how they manage conflict or concerns, escalating and reporting appropriately. (K63)</li> <li>9. Makes a key contribution to the continuous monitoring and quality improvement of care and treatment in order to enhance health outcomes and people's experience of midwifery care sharing feedback and learning from positive and adverse outcomes and experiences. (K62, S63)</li> <li>10. Is actively involved in the promotion of public health, community development and global health agendas, and in the reduction of health inequalities including through supporting women and families to access and interpret national and local information and networks recognising how external influences may impact on an individual's attitude. (K22, K23, K24, K26, K27, K28, S22, S23, S24, S25, S26, S27, S28)</li> </ol>
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## Assessment method 2: Professional Discussion B

Professional Discussion B will assess the KSBs related to domains 3, 4, and 6 of the NMC Standards of Proficiency for Midwives.

The domains are:

1. Domain 3: Universal care for all women and newborn infants
2. Domain 4 - Additional care for women and newborn infants with complications
3. Domain 6 - The midwife as skilled practitioner

KSBs	Fail	Pass
<b>K4 K6 K7 K14 K15 K16 K17 K18 K19 K20 K21 K29 K30 K31 K32 K33 K34 K35 K36 K37 K38 K39 K40 K41 K42 K43 K44 K45 K46 K47 K48 K49 K50 K51 K52 K53 K54 K55 K56</b>  <b>S4 S13 S14 S15 S16 S17 S18 S19 S20 S21 S29 S30 S31 S32 S33 S34 S35 S36 S37 S38 S39 S40 S41 S42 S43 S44 S45 S46 S47 S48 S49 S50 S51 S52 S53 S54 S55 S56 S57 S58</b>  <b>B1 B2 B4 B6</b>	Does not meet the pass criteria	<p>The apprentice:</p> <ol style="list-style-type: none"> <li>1. Provides universal care to women, fetuses and babies that is dignified, safe, kind, compassionate and person-centred in line with The Code: Professional standards of practice and behaviour for midwives .(K14, K15, K16, K17, S13, S14, S15, S16, S17, S18, B1, B2, B6)</li> <li>2. Uses their knowledge, data and reports and experience to make evidence-based decisions about women and babies' care in routine, complex and challenging situations (K4, K6, K7, S4, B4)</li> <li>3. Undertakes and uses information obtained during assessments and screening programmes in pregnancy, during labour, at birth and in the postnatal period for the woman, fetus and newborn infant to identify the priorities and requirements for person-centred and evidence-based midwifery interventions and support, recognising the diversity of individual circumstances and the woman's own expertise of any pre-existing conditions. (K20, K21, K32, K39, S19, S20, S21, S29, S30, S31, S32, S38, S39, S40, S41)</li> <li>4. Safely manage all stages of labour and birth in line with women's preferences where feasible, optimising normal physiological processes and anticipating and preventing complications where possible. (K18, K19, K29, K30, K31, K36, K37, K38, S35, S36, S37)</li> <li>5. Supports and enables women to care for their newborn infants safely whilst respecting her needs, views, preferences, and decisions. (K33, K34, K35, S33, S34)</li> <li>6. Manages medicines listed in the midwives' exemptions and other legislation safely and appropriately, recognising and responding to adverse or abnormal reactions. (K46, K47, K48, K49, K50, K51, K52, S48, S49, S50, S51, S52, S53)</li> <li>7. Assesses and manages risks to safety or experience, taking appropriate action to address complications and additional care needs. (K40, K41, K42, K43, K44, K45, S43, S44, S45, S46)</li> <li>8. Prioritises and advocates for the needs of women, babies and their families, even where women and infants have to be cared for separately, with support from other services and the multi-disciplinary team, putting the best interests, needs and</li> </ol>

		<p>preferences of women and babies first and developing person-centred plans. (K53, K54, S42, S47, S54, S55, S56, S57)</p> <p>9. Provides compassionate and dignified midwifery care for women, partners and families experiencing perinatal loss or maternal death in collaboration with the multi-disciplinary team. (K55, K56, S58)</p>
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## Overall EPA grading

All EPA methods must be passed for the EPA to be passed overall.

Apprentices must gain a pass in both assessment methods to gain a pass overall.

Grades from individual assessment methods should be combined in the following way to determine the grade of the EPA as a whole:

Assessment method 1: Professional Discussion A	Assessment method 2: Professional Discussion B	Overall grading
Fail	Any grade	Fail
Any grade	Fail	Fail
Pass	Pass	Pass

## Re-sits and re-takes

Apprentices who fail one or more assessment method will be offered the opportunity to take a re-sit or a re-take. A re-sit does not require further learning, whereas a re-take does.

Apprentices should have a supportive action plan to prepare for the re-sit or a re-take. The apprentice's employer will need to agree that either a re-sit or re-take is an appropriate course of action.

An apprentice who fails an assessment method, and therefore the EPA in the first instance, will be required to re-sit or re-take any failed assessment methods only.

The timescales for a resit/retake is agreed between the employer and EPAO. A resit is typically taken within 2 months of the EPA outcome notification. The timescale for a retake is dependent on how much re-training is required and is typically taken within 6 months of the EPA outcome notification. All assessment methods must be taken within a 12 month period, otherwise the entire EPA will need to be resat/retaken.

Where any assessment method has to be re-sat or re-taken, the apprentice will be awarded a maximum EPA grade of pass.



## Roles and responsibilities

Role	Responsibility
Apprentice	<p>As a minimum, apprentices should:</p> <ul style="list-style-type: none"> <li>• complete the constituent parts of the programme successfully</li> <li>• meet all gateway requirements when advised by the employer</li> <li>• understand the purpose and importance of EPA and undertake EPA</li> </ul>
Employer	<p>As a minimum, employers should:</p> <ul style="list-style-type: none"> <li>• select the EPAO</li> <li>• support the apprentice to achieve the KSBs outlined in the occupational standard to their best ability</li> <li>• determine when the apprentice is working at or above the level of occupational competence outlined in the occupational standard and is ready for EPA, taking account of the advice of the Academic Assessor</li> <li>• confirm all EPA gateway requirements have been met</li> <li>• confirm arrangements with EPAO for the EPA (who, when, where) in a timely manner</li> <li>• ensure the apprentice is well prepared for the EPA</li> </ul>
EPAO	<p>As a minimum EPAOs should:</p> <ul style="list-style-type: none"> <li>• work with the training provider (if the EPAO is not itself the apprentice's NMC approved education institution)</li> <li>• understand the occupational role</li> <li>• appoint an independent assessor to deliver the EPA</li> <li>• provide training and CPD to the independent assessors they employ to undertake the EPA</li> <li>• provide adequate information, advice and guidance documentation to enable apprentices, employers and providers to prepare for the EPA</li> <li>• deliver the end-point assessment outlined in this EPA plan in a timely manner after gateway</li> <li>• prepare and provide all required material and resources required for delivery of the EPA in-line with best practices</li> <li>• use appropriate assessment recording documentation to ensure a clear and auditable mechanism for providing assessment decision feedback to the apprentice and other stakeholders</li> <li>• maintain robust internal quality assurance (IQA) procedures and processes, and conducts these on a regular basis</li> <li>• conform to the requirements of the nominated external quality assurance body</li> <li>• organise standardisation events and activities in accordance with this plan's IQA section</li> </ul>

	<ul style="list-style-type: none"> <li>• provide training to the Academic and Practice Assessors necessary for them to understand and apply the requirements of the apprenticeship and the End Point Assessment process</li> <li>• organise and conduct moderation of independent assessors' marking in accordance with this EPA plan</li> <li>• have, and operate, an appeals process</li> <li>• arrange for certification</li> </ul>
Independent assessor	<p>As a minimum, an Independent assessor should:</p> <ul style="list-style-type: none"> <li>• understand the occupational standard and EPA plan</li> <li>• deliver the end-point assessment in-line with the EPA plan</li> <li>• comply to the IQA requirements of the EPAO</li> <li>• be independent of the apprentice, or with staff from the employing organisation or education provider who are involved in delivering the apprenticeship</li> <li>• have had training from their EPAO in terms of good assessment practice, operating the assessment tools and grading</li> <li>• have the capability to assess the apprentice at this level</li> <li>• attend the required number of EPAO's standardisation and training events per year (as defined in the IQA section)</li> </ul>
Programme Practice Assessor	<p>As a minimum, the Practice Assessor should:</p> <ul style="list-style-type: none"> <li>• understand the occupational standard and EPA plan</li> <li>• meet the NMC requirements for Practice assessors of registered midwives as set out in "Standards for student supervision and assessment" (NMC, 2018)</li> <li>• participate in end-point assessment in-line with the EPA plan</li> <li>• undertake any training or reading provided by the EPAO necessary for them to understand and apply the requirements of the apprenticeship and the End Point Assessment process</li> </ul>
Programme Academic Assessor	<p>As a minimum, the Academic Assessor should:</p> <ul style="list-style-type: none"> <li>• understand the occupational standard and EPA plan</li> <li>• meet the NMC requirements for Academic assessors of registered midwives as set out in "Standards for student supervision and assessment" (NMC, 2018)</li> <li>• participate in the end-point assessment in-line with the EPA plan</li> <li>• undertake any training or reading provided by the EPAO necessary for them to understand and apply the requirements of the apprenticeship and the End Point Assessment process</li> </ul>
Training provider	<p>As a minimum, the training provider should:</p> <ul style="list-style-type: none"> <li>• work with the employer to ensure that the apprentice is given the opportunities to develop the KSBs outlined in the occupational standard and monitor their progress during the on-programme period</li> <li>• advise the employer, upon request, on the apprentice's readiness for EPA prior to the gateway</li> <li>• provide the Academic and Practice Assessor for the EPA</li> </ul>

	<ul style="list-style-type: none"> <li>independent assessors must be independent of the apprentice and their employer(s). Where the training provider is the EPAO (ie HEI) there must be procedures in place to mitigate any conflict of interest which will be monitored by EQA activity</li> </ul>
NMC approved education institution	<p>As a minimum, the training provider should:</p> <ul style="list-style-type: none"> <li>work with the employer to ensure that the apprentice is given the opportunities to develop the KSBs outlined in the occupational standard and monitor their progress during the on-programme period</li> <li>advise the employer, upon request, on the apprentice's readiness for EPA prior to the gateway</li> <li>coordinate with the EPAO where the EPAO is not the apprentice's NMC approved education institution</li> <li>provide the Academic and Practice Assessor</li> </ul>

## Internal Quality Assurance (IQA)

Internal quality assurance refers to the requirements that EPA organisations must have in place to ensure consistent (reliable) and accurate (valid) assessment decisions. EPA organisations for this EPA must:

- appoint independent assessors who are:
  - Midwives who are registered with the Nursing and Midwifery Council
  - competent to deliver the end-point assessment
  - the independent assessor must additionally have current knowledge of the Nursing and Midwifery Council:
    - Standards of proficiency for midwives
    - Standards framework for nursing and midwifery education
    - Standards for student supervision and assessment
    - Standards for pre-registration midwifery programmes
- provide training for independent assessors in terms of good assessment practice, operating the assessment tools and grading
- provide training or reading for the Academic and Practice Assessors necessary for them to understand and apply the requirements of the apprenticeship and the End Point Assessment process
- have robust quality assurance systems and procedures that support fair, reliable and consistent assessment across the organisation and over time
- operate induction training and standardisation events for independent assessors when they begin working for the EPAO on this apprenticeship standard and before they deliver an updated assessment method for the first time
- ensure independent assessors attend standardisation events on an ongoing basis and at least once per year

## Affordability

Affordability of the EPA will be aided by using at least some of the following practice:

- using an employer's premises where possible
- completing both professional discussions on the same day where possible

## Professional body recognition

This apprenticeship is based on the Nursing and Midwifery Council's standards of proficiency and education programme standards. This means that apprentices who successfully complete the qualification will be eligible to apply for registration with the NMC.

# Mapping of knowledge, skills and behaviours (KSBs)

## Assessment method 1: Professional Discussion A

Knowledge
<b>K1:</b> Relevant legal, regulatory, and governance requirements, policies, and ethical frameworks including any mandatory reporting duties and differentiations between the devolved legislatures of the United Kingdom
<b>K2:</b> The continuum of care, the importance of safeguarding, the human rights of women and newborn infants, women's sexual and reproductive rights including how and when to raise concerns
<b>K3:</b> The scope of their own role including the extent and limits of own competence, ways to manage stress and resourcefulness and the importance of maintaining safe and effective practice irrespective of the situation
<b>K5:</b> The professional responsibility to maintain the level of personal health, fitness, and wellbeing required to meet the needs of women, newborn infants and families for psychological and physical care
<b>K8:</b> The importance of continuity of care and carer and the impact it has on women, newborn infants and their families
<b>K9:</b> The importance of being compassionate and acting in a non-discriminatory manner that respects diversity and upholds the rights, dignity and autonomy of others
<b>K10:</b> The health and social care system, the principles of sustainable healthcare, the different ways of organising care, the range of settings for maternity care, the roles of different professions, teams and agencies and the impact these have on women, newborn infants, partners and families
<b>K11:</b> The importance of universal midwifery care including ways of identifying and reaching out to women who may find it difficult to access services, and how to adapt care provision to meet their needs
<b>K12:</b> The physical, psychological, social, cultural, and spiritual context in which women and their families live and how it informs their needs and preferences
<b>K13:</b> The need to work with other professionals, agencies, and communities including the importance of woman-centred care plans and the need for accurate and timely records
<b>K22:</b> The woman's everyday life and the importance of promoting public health, encouraging prevention, supporting well-being across the life course and sharing information about care appropriately
<b>K23:</b> The range of factors affecting women, newborn infants, partners, and families and the impact these factors may have, their determinants and ways to mitigate health and social care inequalities and mental health issues
<b>K24:</b> Historical and social developments and trends, cultural and media influences on public and professional understanding and how these may impact individual attitudes
<b>K25:</b> How to recognise safeguarding issues and the risks to public protection and quality of care including how to escalate concerns in line with local/national guidelines

<b>K26:</b> The importance of human milk and breastfeeding to public health and well-being, and protect, promote and enable breastfeeding with the woman, her partner and family
<b>K27:</b> The importance of promoting, supporting, and protecting breastfeeding in all settings and the issues, dilemmas, and difficulties that women face when feeding their newborn infant including newborn infants receiving neonatal care
<b>K28:</b> How to support and provide parent education and preparation for parenthood to individuals and groups, offering advice relating to areas such as immunisation, infant feeding (both breast and formula) food safety, weight management, exercise, sexual and reproductive health
<b>K57:</b> The importance of keeping up to date, reflection, ongoing professional and personal development and incorporating changes to own practice and behaviour including performing delegated duties
<b>K58:</b> The importance of midwives' awareness of and contribution to the knowledge base for practice and policy such as through research, audit and service evaluation, engagement and consultation
<b>K59:</b> Why inter-disciplinary, multi-disciplinary team and multi-agency working and learning matters, acknowledging the leadership role of the midwife
<b>K60:</b> The principles of human factors, environmental factors, and strength-based approaches when working with colleagues
<b>K61:</b> Ways to manage vulnerability in self and others including reflection, seeking support, strength-based approaches and compassionate self-care
<b>K62:</b> The importance of developing effective improvement strategies for quality, safety and change, and sharing feedback and learning from positive and adverse outcomes and experiences
<b>K63:</b> The importance of delegation protocols and managing, escalating and reporting on concerns and de-escalating conflict
<b>K64:</b> A range of communication methods and media including the need for confidentiality and application of information governance
<b>K65:</b> The application of up to date, relevant and accurate information
<b>K66:</b> The importance of providing culturally sensitive and person-centred care and information across the continuum of care for all women, their partners and families to make informed decisions and the importance of accurate record keeping
<b>K67:</b> The importance of enabling women, their partners and families to make informed decisions
<b>K68:</b> The importance of engaging effectively with others to build trust and develop a relationship including ways to manage difficult conversations about potentially sensitive issues and decisions
<b>K69:</b> The importance of record keeping via a range of methods and its implications for communication
<b>K70:</b> When and how to advocate for women and newborn infants who are vulnerable due to physical, psychological, social, cultural, or spiritual circumstances
<b>K71:</b> Ways to advocate for women when their decisions are outside of clinical guidance enabling and advocating for their human rights, views, preferences and decisions

## Skills

<b>S1</b> Act in accordance with relevant legal, regulatory, and governance requirements, policies, and ethical frameworks to provide universal midwifery care
<b>S2</b> Act in the best interests of women and newborn infants at all times across the continuum of care, promoting and enabling safe physical, psychological, social, cultural, and spiritual care
<b>S3</b> Apply the resourcefulness, and flexibility needed to work as an accountable, autonomous and professional midwife in all situations including stressful and difficult ones by developing strategies that contribute to safe and effective practice
<b>S5</b> Apply the principles of compassionate care, courage, integrity, transparency, and the professional duty of candour, recognising, reporting any situations, behaviours, or errors and escalating concerns
<b>S6</b> Act as an ambassador, uphold public trust and promote confidence in midwifery and health and care services
<b>S7</b> Be accountable and autonomous in providing midwifery care and support across the continuum of care
<b>S8</b> Provide and promote non-discriminatory, respectful, compassionate, and kind universal care that takes into account any need for adjustments
<b>S9</b> Provide continuity of carer across the continuum of care for women and newborn infants with and without complications and additional care needs
<b>S10</b> Inform, support, and assist in meeting women's needs and preferences
<b>S11</b> Coordinate care within the wider inter-disciplinary, multi-disciplinary and multi-agency teams, arranging a seamless transfer of care and promoting continuity of care and carer
<b>S12</b> Inform and update inter-disciplinary, multi-disciplinary and multi-agency colleagues about changes in care needs and care planning, updating records accordingly
<b>S22</b> Share information on public health, health promotion and protection with women, empowering them to make decisions, and facilitating access to resources and services
<b>S23</b> Assess, interpret, record, and offer tailored information and access to resources or community-based services for women and families that promote their physical, mental, social health and wellbeing
<b>S24</b> Share information and access to resources and services for women and families in regard to violence, abuse, poverty homelessness, refugees, victims of trafficking and safeguarding, acting appropriately and raising concerns as required
<b>S25</b> Share information with women and families about national and local information and networks that are available to support women in the continuation of breastfeeding
<b>S26</b> Share information with women and families about national and local information and networks that are available to support women in safe and responsive formula feeding where appropriate
<b>S27</b> Provide parent education that is informed by current evidence on public health promotion strategies and best practice
<b>S28</b> Work with other professionals, agencies, and communities to promote, support and protect breastfeeding, including neonatal ward and other settings encouraging skin to skin / kangaroo care, enabling the newborn to receive human milk if needed.
<b>S59</b> Be a reflective practitioner, committed to developing as a midwife, taking personal responsibility for ongoing learning and development and for engaging in education and professional development opportunities and the feelings around positive and negative feedback

<b>S60</b> Keep up to date by identifying, critically analysing, and interpreting research evidence and local, national, and international data and reports
<b>S61</b> Provide leadership and role modelling including the ability to guide, support, motivate, collaborate and share learning with and refer to inter-disciplinary, multi-disciplinary and multi-agency colleagues appropriately
<b>S62</b> Recognise and respond to signs of personal and professional vulnerability in themselves or their colleagues and take action to minimise risks
<b>S63</b> Work with inter-disciplinary, multi-disciplinary and multi-agency colleagues, advocacy groups and stakeholders to promote and develop quality or safety improvements and manage change
<b>S64</b> Provide safe team management when supervising, supporting, teaching and delegating midwifery care
<b>S65</b> Use appropriate and responsive communication with women, newborn infants, partners, families and colleagues, respecting confidentiality
<b>S66</b> Access oral, written and digital information including published evidence, data and reports to inform conversations with women, partners, and families
<b>S67</b> Conduct person-centred, sensitive and compassionate conversations with women, their partners and families on women's and children's health across the life continuum of care
<b>S68</b> Involve the woman and her partner and family in discussions and decisions about her care and the care of the newborn infant, always respecting the woman's preferences and decisions about who to involve and the extent of involvement and communication
<b>S69</b> Use evidence-based approaches to build person-centred relationships with women, their partners and families that respect and enable their needs, views, preferences, and decisions
<b>S70</b> Maintain consistent, complete, clear, accurate, secure, and timely records and responsibly share data within teams and between agencies
<b>S71</b> Act as an advocate to ensure that care continues to focus on the needs, views, preferences and decisions of women, and the needs of newborn infants
<b>S72</b> Develop and maintain relationships with colleagues from the inter-disciplinary, multi-disciplinary and multi-agency team

### Behaviours

- |  |
|--|
| <b>B3</b> Have the courage to speak up and challenge appropriately |
| <b>B5</b> Display leadership qualities                             |



## Assessment method 2: Professional Discussion B

Knowledge
<b>K4:</b> The rationale that influences their own judgements and decisions, recognising, reflecting on and addressing any personal and external factors that may unduly influence their own decision-making in routine, complex, and challenging situations
<b>K6:</b> How to critically analyse and interpret research evidence, local, national, and international data and reports and how they inform decision making and best practice
<b>K7:</b> When and how to challenge and escalate concerns and de-escalate situations, taking account of the views and decisions made by others
<b>K14:</b> The importance of universal care for all women, fetuses and newborn infants, the impact it has on them, the different ways to provide care that is appropriate to each woman and ways to avoid and reduce trauma where possible
<b>K15:</b> The importance of informed consent, the woman's right to decline consent and ways to offer appropriate care and support in those instances
<b>K16:</b> Women's relationships, individual family circumstances and how it may impact on decisions about her care and the care of the newborn infant
<b>K17:</b> The importance of privacy, dignity, safety and wellbeing including ways to provide a welcoming environment for the woman, partner/birth companion, and family, and to create the conditions needed for the birth and subsequent care to be as gentle as possible for the newborn infant
<b>K18:</b> The principles of infection prevention and control, communicable disease surveillance, and antimicrobial resistance and stewardship
<b>K19:</b> Anatomy, physiology, genetics, genomics, epigenetics and psychology and how it informs the assessment, planning and provision of care for the woman and newborn infant
<b>K20:</b> The measures, tests and checks needed to provide safe and effective care to women including transfer of care
<b>K21:</b> Changes to psychological, behavioural, and cognitive factors during pregnancy, labour, birth and the postnatal period, infant feeding and relationship building, the transition to parenthood and positive family attachment
<b>K29:</b> The importance of basing care on individual women's needs, views, preferences, and decisions, and working to strengthen women's own ability to care for themselves and their newborn infant
<b>K30:</b> The psychological, behavioural, and cognitive factors that affect adolescents, adults and newborn infants and the changes that take place during the childbirth continuum
<b>K31:</b> The importance of planning care that is responsive and reflects the preferences and needs of the individual woman, fetus and newborn infant
<b>K32:</b> National screening and diagnostic tests for women, fetuses and newborn infants and associated ethical dilemmas
<b>K33:</b> The importance of and ways to encourage reciprocity between the woman, her partner and the newborn infant and their ability to respond to cues for closeness, love, comfort and feeding
<b>K34:</b> The physiology and psychology of lactation

<b>K35:</b> The implications of the different types of infant feeding including formula feeding and their impact on health
<b>K36:</b> Normal physiological processes at each stage of pregnancy, labour and birth, common symptoms and problems and ways to anticipate and deal with them
<b>K37:</b> How factors in the care environment can impact on normal physiological processes and how the midwife can work to promote and protect an active, positive and safe environment
<b>K38:</b> Normal labour and evidence-based ways to safely conduct a birth whilst acknowledging the woman's individual circumstances and preferences
<b>K39:</b> The immediate and ongoing assessments that need to be made upon the woman and newborn infant at and after birth, including ways to interpret the findings and take appropriate actions on findings including working in collaboration with the neonatal team.
<b>K40:</b> When additional care or support is needed and how to consult and make referrals for additional care or support needs when necessary for conditions such as female genital mutilation, urinary incontinence, surrogacy or adoption and caesarean section.
<b>K41:</b> The range of medical and surgical interventions relevant to pregnancy and the childbearing continuum
<b>K42:</b> Data on local, national, and international prevalence and risk to develop knowledge and awareness of complications and additional care needs that may affect women, newborn infants, and families
<b>K43:</b> Pre-existing, current and emerging complications and additional care needs that affect the woman or her newborn infant, including their potential impact on the woman's health and wellbeing, and the ability to recognise and provide any care, support or referral that may be required as a result of any such complications or needs such as working in collaboration with the neonatal team when carrying out transitional care.
<b>K44:</b> Current best practice for managing complications and additional care needs of women, newborn infants, partners and families including those that may relate to physical, psychological, social, cultural, and spiritual factors
<b>K45:</b> The escalation policy within your own organisation including when and who to refer to for routine and emergency situations
<b>K46:</b> A midwife's professional accountability for working in partnership with women to ensure the safe administration of medicines
<b>K47:</b> Pharmacology and the principles of safe and effective administration of medication
<b>K48:</b> Evidence-based techniques for pain management including comfort measures, non-pharmacological and pharmacological methods
<b>K49:</b> The various procedural routes under which medicines can be prescribed, supplied, dispensed, administered, stored and disposed of and the laws, policies, regulations and guidance that underpin them
<b>K50:</b> Normal, adverse and abnormal reactions to medications, the impact of these and ways to manage symptoms and escalate concerns as required
<b>K51:</b> The impact of medicines on the woman, the fetus, newborn infant, in breast milk and on the breastfed infant
<b>K52:</b> Ways to safely administer medicines and intravenous fluids, transfusion of blood and blood products including in an emergency

<b>K53:</b> How to identify and work in collaboration with relevant services, multi-professional and multi-agency teams to provide continuity of care and carer
<b>K54:</b> The importance for women and newborn infants of being considered together in all settings to enable contact, skin-to-skin/kangaroo care, reciprocity and appropriate feeding, supporting women who are separated from their newborn infants and enabling contact with the newborn infant to maximise the time they can spend together
<b>K55:</b> Palliative, post mortem and post-discharge services required for women and/or families experiencing pregnancy loss, neonatal or maternal death, bereavement, perinatal loss or maternal death with support with lactation suppression, post mortem examination, registration of death and funeral arrangements
<b>K56:</b> Trauma and its impact on physical and mental health and well-being

Skills
<b>S4</b> Apply evidence-based practice to decision making
<b>S13</b> Care for and support the woman, fetus and newborn infant across the continuum of care ensuring safety and well-being, optimising the normal processes of reproduction and early life, avoiding and reducing trauma where possible
<b>S14</b> Seek informed consent from the woman for herself and/or her partner in relation to the newborn infant
<b>S15</b> Involve women in assessment, planning and evaluating their own care and that of their newborn infant, promoting her confidence in her own body, health and well-being
<b>S16</b> Assess the environment to maximise safety, privacy, dignity, optimising normal physiological processes and well-being
<b>S17</b> Apply infection prevention and control procedures, following local and national policies and protocols
<b>S18</b> Engage women, partners, and families in understanding and applying principles of infection control and antimicrobial stewardship
<b>S19</b> Undertake appropriate examinations and assessments to provide care for women and newborn infants, using technological aids where appropriate
<b>S20</b> Implement appropriate responses and decisions including responding to deviations from normal physiological processes and choice of place of birth
<b>S21</b> Assess, promote, and encourage the development of the mother-newborn infant relationship, and opportunities for attachment, contact, interaction, mental wellbeing and relationship building between the women, newborn infant, partner and family
<b>S29</b> Involve the woman in the assessment, planning and evaluation of their own care, promoting health and well-being, recognising the diversity of individual circumstances and the woman's own expertise of any pre-existing conditions including mental health issues, learning and physical disabilities
<b>S30</b> Conduct holistic assessments of physical, psychological, social, cultural, and spiritual health and well-being of the woman and the newborn infant across the continuum of care, involving her partner and family as appropriate
<b>S31</b> Plan and provide individualised, culturally sensitive evidence-based care
<b>S32</b> Offer and conduct screening programmes, interpret, and record findings in pregnancy, during labour, at birth and in the postnatal period for the woman, fetus and newborn infant including mental health, behaviour, emotional needs and those in the criminal justice system
<b>S33</b> Observe, assess, and promote the woman's, and partner's response to the newborn infant and ability to respond to cues for closeness, love, comfort and feeding
<b>S34</b> Assess, observe and provide support on all aspects of infant feeding including formula feeding
<b>S35</b> Implement care that optimises normal physiological processes across the continuum of care, manages common symptoms and problems, anticipates and prevents complications
<b>S36</b> Use evidence-informed physiological and active techniques as appropriate to safely manage all stages of labour and birth, encouraging mobility and optimal positions

<b>S37</b> Guide and support the woman as she gives birth, using evidence-based approaches to safely conduct the birth, and seeking to avoid and reduce trauma where possible, while responding to the woman's own preferences
<b>S38</b> Conduct an immediate assessment of the newborn infant at birth and after birth, interpreting, recording and acting appropriately on findings including working with the working in collaboration with the neonatal team
<b>S39</b> Conduct a full systematic physical examination of the newborn infant in line with local and national evidence-based protocols
<b>S40</b> Conduct ongoing assessments of the health and well-being of the newborn infant, involving the mother and partner as appropriate, providing relevant explanations as required
<b>S41</b> Assess interpret and record the health and well-being of the woman postnatally
<b>S42</b> Involve the inter-disciplinary, multi-disciplinary and multi-agency team where appropriate, consulting and making referrals for additional care or support needs as required for conditions such as female genital mutilation incontinences, surrogacy or adoption and caesarean section
<b>S43</b> Provide midwifery care for women and newborn infants before, during, and after medical and surgical interventions such as epidural analgesia, anesthesia, fetal blood sampling, instrumental births, caesarean section and haemorrhage.
<b>S44</b> Recognise complications and additional care needs such as fertility, fetal development, adaptation to life, the newborn infant, very early child development, feeding, the transition to parenthood and positive family attachment
<b>S45</b> Recognise and provide care, support or referral that may be required as a result of any pre-existing, current and emerging complications or care needs such as working in collaboration with the neonatal team when carrying out transitional care
<b>S46</b> Use evidence and best practice approaches to manage emergency situations and respond to signs of compromise and/or deterioration in the woman, fetus, and newborn infant to make clinical decisions based on the findings and act on those decisions
<b>S47</b> Consult with, seek help from, and refer to other health and social care professionals both in routine and emergency situations
<b>S48</b> Use the principles of safe remote prescribing and directions to administer medicines including accurate drug calculations, safe storage, transportation and disposal of medicinal products.
<b>S49</b> Safely supply and administer medicines listed in the midwives' exemptions and other relevant legislation
<b>S50</b> Work in partnership with the woman and multi-disciplinary team to assess, plan and provide care and support in regard to her experience of and response to pain and her need for pain management
<b>S51</b> Administer injections using intramuscular, subcutaneous, intradermal and intravenous routes and manage equipment required to administer drugs safely
<b>S52</b> Recognise and respond to adverse or abnormal reactions to medications
<b>S53</b> Recognise the impact of medicines in breastmilk and support the woman to continue to responsively feed her newborn infant and/or to express breastmilk
<b>S54</b> Collaborate effectively with multi-disciplinary teams and work in partnership with women to assess, provide care and support when emergency situations or clinical complications arise to ensure the safe administration of medicines

<b>S55</b> Work collaboratively with women and the inter-disciplinary, multi-disciplinary or multi-agency team to plan and implement midwifery care for women and newborn infants requiring other services, and support women to access these as needed
<b>S56</b> Ensure that the needs of women and newborn infants are considered together as a priority in all settings, encouraging immediate skin-to-skin contact at birth, even when women and infants have to be cared for separately, supporting women who are separated from their newborn infants and enabling contact with the newborn infant to maximise the time they can spend together
<b>S57</b> Plan and implement midwifery care for women and/or partners and families following traumatic experiences, conveying respect, compassion and sensitivity when supporting women, their partners and families who are emotionally vulnerable, distressed and/or experiencing mental health issues
<b>S58:</b> Plan and implement compassionate, respectful, empathetic, dignified midwifery care for women and/or partners and families experiencing perinatal loss or maternal death miscarriage, bereavement, perinatal loss or maternal death with support with lactation suppression, postmortem examination, registration of death and funeral arrangements.

Behaviours
<b>B1</b> Treat people with dignity and respect
<b>B2</b> Be caring and compassionate
<b>B4</b> Be competent, reliable and committed
<b>B6</b> Act in accordance with the Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates