

NURSING+
MIDWIFERY

Registered Undergraduate Student of Midwifery (RUSOM) Program

Clinical Workbook



Western Health

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Our Vision

Together, caring for the West - our patients, staff, community and environment

Our Values

Compassion - Consistently acting with empathy and integrity

Accountability- Taking responsibility for our decisions and actions

Respect- Respect for the rights, beliefs and choice of every individual

Excellence - Inspiring and motivating, innovation and achievement

Safety- Prioritising safety as an essential part of everyday practice

Our Purpose

Working collaboratively to provide quality health and well-being services for the people of the West.

Welcome to Western Health's RUSOM Program

The Registered Undergraduate Student of Midwifery (RUSOM) works as part of the health care team, assisting Registered Midwives to provide delegated aspects of patient care. Elements of direct and indirect patient care will be delegated in accordance with the professional judgment of the supervising registered midwife and in accordance with the level of achieved educational preparation and assessed competence of the individual RUSOM.

RUSOMs are enrolled at a University to undertake undergraduate midwifery studies, registered with AHPRA as a student midwife, and who at commencement of their employment have successfully completed at least twelve months of the Bachelor of Midwifery Degree (EBA Clause 106.1 current EA).

RUSOMs undertake activities that have been delegated and supervised by a registered midwife in accordance with the NMBA Registered midwife standards for practice (2016) and Delegation and Supervision Framework for Nursing and Midwifery (DHS, 2020). <https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD19%2f29157&dbid=AP&chksu m=9LiUkdFvM5AJeKlaJZd1A%3d%3d>

Registered midwives can only delegate aspects of care to a RUSOM which are consistent with the educational preparation, skill level and assessed competencies of the RUSOM. RUSOMs are not to be given sole allocation of patients.

As a RUSOM you will be supported in your development to become a resilient, reflective, valued member of staff. You will provide a high quality of care to our patients and will be supported by the clinical expertise of the registered midwives, educators, colleagues, mentors, and a structured program.

The purpose of this workbook is to provide you with the information and guidance you require to maximise your learning opportunities during your RUSOM employment.

Staff at Western Health look forward to working with you during your RUSOM journey.

Again, may we welcome you to Western Health, and wish you every success in your RUSOM journey.

Sincerely,

General Information

Aim

The aim of this program is to work as part of the health care team, assisting Registered Midwives to provide delegated aspects of care. Elements of direct and indirect care will be delegated in accordance with the professional judgment of the supervising registered midwife and in accordance with the level of achieved educational preparation and assessed competence of the individual RUSOM.

About Western Health

Western Health manages four acute public hospitals: Sunshine Hospital (including Joan Kirner Women's and Children's), Footscray Hospital, Williamstown Hospital and Bacchus Marsh. We also operate Sunbury Day Hospital, Hazledean Transition Care in Williamstown, Melton Hospital, Melton Health and Community Services, Bacchus Marsh Community Health Centre, Caroline Springs Community Health Centre and Grant Lodge Residential Aged Care in Bacchus Marsh.

About the Ward

Maternity wards will be managed by a Midwife Unit Manager. The Midwife Unit Manager (MUM) works Monday to Friday. Alternatively when the MUM is not on the ward the Associate Midwife Unit Manager (AMUM) is responsible. The AMUM is in-charge of the shift when the MUM is not on the floor. Wards may be staffed with Clinical Midwife Specialists, Educators, and supportive care staff. There are other staff that contribute to the running of the ward like ward clerks and Patient Service Attendants (PSAs).

Team Based Model of Care

Team-based models are models of care that ensures that elements of care are delegated depending on education preparation, skills and experience.

Team based model of care is also referred to as a team midwifery. The team model ensures we have the right people, with the right skills, in the right place, at the right time caring for our patients, women, babies, and community safely. Every role is essential within the team to ensure comprehensive and safe care is delivered.

[Team Based Models of Care](#)

RUSON/RUSOM Debrief Sessions

Facilitated by Hannah Sharrock (Director of Nursing and Midwifery), these sessions will be run monthly from 1430hrs- 1515hrs (usually on a Tuesday).

Room/Zoom link to be advised closer to the date.

Debrief is an opportunity to discuss, reflect, and learn from our experiences. It is a time to consider how things are going, identify what is going well, and consider areas we need support. By reflecting on, and recognising the knowledge, skills, and attitudes used in our experiences, we are able to better develop personal awareness and insight into our practice as RUSOMs. It can also help us better identify and manage stress.

People & Numbers to Know

Professional Practice Manager

Hannah Sharrock Professional Practice Development & Improvement Manager

Mobile: 0422 697 972 | **Email:** hannah.sharrock@wh.org.au

Pronoun: She/her

Education and Learning

Each ward has local Clinical Nurse Educators and Clinical Support Nurses – **Please refer to the details on the Education**

Below is a list of key contacts you will need during your time at Western Health.

Area	Contact
Western Health Internal Emergency	2222 OR 9055 2222 if using a mobile
Pay Office	9342 8925 / PayHelp@ssg.org.au
People & Culture	8345 6689 / peopleservicesoperations@wh.org.au
WeLearn	Welearn@wh.org.au
IT Services	03 8345 6777

Security

Sunshine 0432 758 929

Sunshine Carpark 0452 432 698 (6pm to 12am)

Request a Security Escort Sunshine/JKWC

- Email patrick@stateguard.com.au to set up an account with StateGuard
- Include: First & last name, mobile number, and email address
- Download the StateGuard A.S.S.I.S.T app
- Request a Security Escort using the app – available between 5pm and Midnight, seven days a week.

Code of Conduct

The Western Health Code of Conduct can be accessed on the Intranet (Current Version June 2021).

Confidentiality

As a RUSOM at Western Health you will have access to confidential information of various kinds, including information about patients, women and babies, other Western Health personnel or business matters. It is your obligation as a Western Health employee to maintain confidentiality. This obligation extends beyond your employment at Western Health.

It is a criminal offence for Western Health employees to disclose patient information in breach of section 141 of the Health Services Act 1988 or sections 140 and 141 of the Mental Health Act 2014.

Social Media Use

The full Social Media – Access, Utilisation and Obligations policy can be accessed on the Western Health Intranet.

- It is not acceptable to spend time using social media that is not work related unless it occurs in your own time (for example during meal breaks) or at times acceptable to your line manager. This includes accessing social media via personal devices.
- All Western Health employees are personally responsible for content published in their personal capacity on any form of social media platform and if acknowledging association with Western Health in any online posts, must comply with the following obligations:
 - Only discuss or disclose publicly available information.
 - Ensure all content published is accurate and not misleading and complies with all relevant organisational policies, procedures and government legislation.
 - Behave politely and respectfully.
 - Not post or respond to material that is offensive or obscene.
 - Adhere to terms of use and regulations governing behaviour that apply to a social media platform or website.
 - Include a disclaimer advising that their opinions are their own and ensure it is clear they are not commenting on behalf of Western Health.
 - Ensure that they make it clear that any comments relating to Victorian government activities are not official, and that they are speaking only on behalf of themselves. Those comments should not bring the reputation or name of the Health Service into disrepute.

- Personnel must not:
 - Imply that they are authorised to speak as a representative or spokesperson of Western Health or the government, nor give the impression the views expressed are those of the health service or government.
 - Use the identity or likeness of other personnel associated with Western Health.
 - Use their Western Health email address or any organisational or Victorian Government logos that may give the impression of official support or endorsement of their personal comments.
 - Use or disclose any confidential or secure information obtained in their capacity as an employee.
 - Comment or post any material that might otherwise cause damage to the health service's reputation or bring it into disrepute.
 - Compose posts that are inappropriate, false or disparaging towards other personnel, patients or visitors to Western Health.
 - Include information about another person obtained through work or from which such person could be identified, without their written consent.
 - Make patient information available on social media unless express written consent has been obtained from the patient.
 - Publish or report on conversations or information that is deemed confidential or classified or deals with matters that are internal in nature.
 - Engage in any behaviour that may be considered to be a form of cyber bullying or harassment.

Sick Leave

If you're feeling unwell or experiencing COVID symptoms, stay home and let us know. If you're on a morning shift, let us know as soon as possible. If you're on a late or night shift, please call at least 2 hours before your shift.

Who to contact:

Working on the ward

Call Ward Midwife Unit Manager (MUM) between 08:00 am -16:30/AMUM/Midwife in Charge 16:30 -08:00 am. Personal Leave certificates and Leave forms are to be provided to the MUM.

Uniform

The Western Health RUSOM uniform is scrubs. Whilst Western Health specific Scrubs are not compulsory you can purchase at www.westernhealthuniforms.com.au

University uniforms are not an acceptable alternative.

Your name badge and ID must be worn at all times. If you lose this, please contact your ward Midwife Unit Manager for a replacement.

Rosters

A roster is the shifts each employee is working. Shift times are generally as follows but may vary depending on the area you are allocated to:

AM- 07:00-15:30

PM- 13:00- 21:30

ND- 21:00- 07:30

The roster is typically published 8 weeks in advance. Roster and Leave requests should be provided prior to the roster being published. Western Health has a Leave policy that is comprehensive and available on the intranet, OP-EP3 Taking and Managing Leave Procedure.

INFORMATION TECHNOLOGY SYSTEMS - Okta-SSO

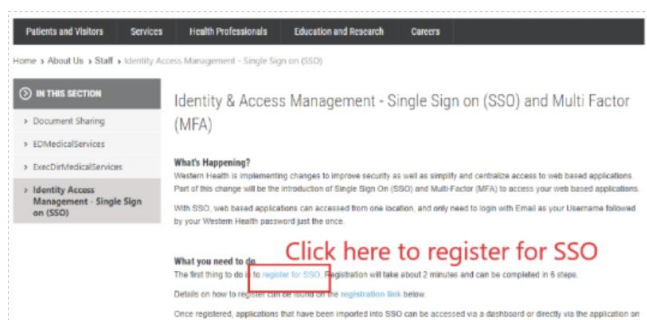
At Western Health, we use a number of different software and systems that are all connected through the Okta-SSO portal. You will need access this portal, as first priority.

Please keep in mind that you will need to have been issued your employee number and hospital email address to register for Okta- SSO systems.

To register please visit:

<https://www.westernhealth.org.au/AboutUs/staff/SSO/Pages/default.aspx>

Through the Okta-SSO portal you will be able to access many of Western Health's other systems e.g. WeLearn and RosterOn

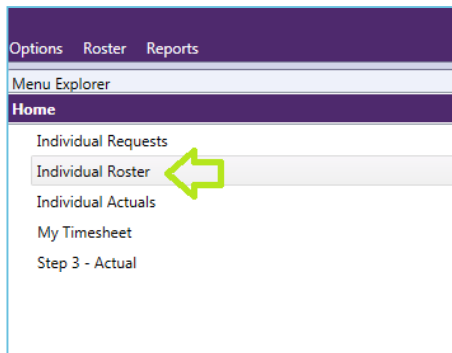


The screenshot shows the Okta-SSO portal registration page. The page title is "Identity & Access Management - Single Sign on (SSO) and Multi Factor (MFA)". The page content includes a "What's Happening?" section explaining the implementation of SSO and MFA, and a "What you need to do" section with a prominent red button that says "Click here to register for SSO". The page also mentions that registration will take about 2 minutes and can be completed in 5 steps.

View Your Roster

1. Log In

2.

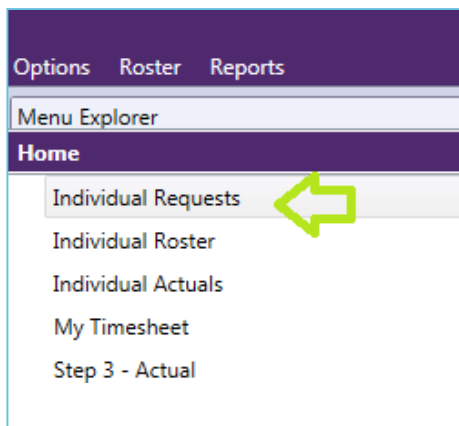


Requests

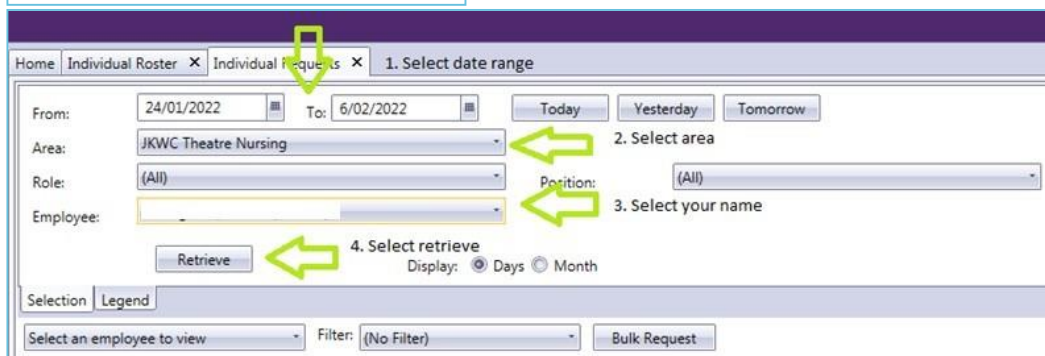
Depending how far in advance the roster has been released, you can make requests on RosterOn or send them directly to your Midwifery Unit Manager. If the rosters have been closed, please contact your MUM.

You can make requests for shifts and days off:

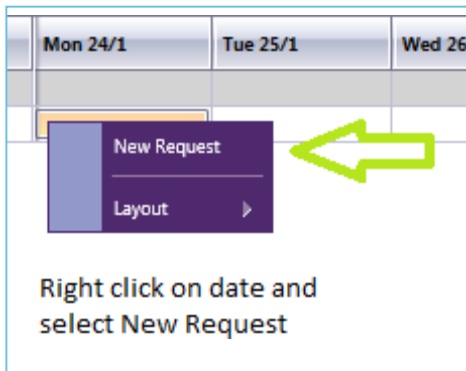
1.



2.



3.



4. Here you can request a particular shift, or a day

Type
 Shift Leave Available Unavailable

Details

Date: Mon 24/01/2022

Priority: 3

Employee:

Area: JKWC Theatre Nursing

Role: Anaes / PACU

Shift: [Please select a value...]

Shift Times

Start: 00:00 Hours: 0.00 Break: 23.98

Finish: 23:59 Hide Finish Time

Reason:

To select Leave

- Select "Leave"
- Proceed to leave in details box and click on arrow. Type of leave available is displayed.
- Click on leave required
- Select "Save & Close".

To note if Unavailable (e.g. Day Off)

- Select "Unavailable"
- Identify the time you are unavailable (if applicable)
- Select "Save & Close"

To request a Shift

- Select “Shift”
- Proceed to details box and click cursor on arrow Shift types will appear. Click cursor on desired shift.
- If you wish to provide a reason for request you may do so by clicking on reason line and typing in information. Only you and the roster monitor are able to view this.
- Select “Save & Close”.

Log On via Web (External)

1. Select “Staff” at the bottom of Western Health Internet Front Page.
2. Select “RosterOn”.

WeLearn



WeLearn is the platform used at Western Health to complete Mandatory training and competencies. WeLearn also has other developmental packages that you can optionally choose to enroll in.

NMWU runs a specific portal on WeLearn for our RUSON and RUSOM. We use this portal to tell you about any learning opportunities, RUSON and RUSOM specific announcements and discussions. Please let us know if you are unable to access this portal:

[RUSON/M Community of Practice Hub](#)

There is also a NMWU Orientation Package that will reiterate information regarding working as a RUSON/M at:




[Registered Undergraduate Student of Nursing and Midwifery \(RUSON &M\) Orientation Package](#)

For queries regarding WeLearn, email welearn@wh.org.au

For queries re specific courses or issues completing competency content, contact specific course contact, available on Welearn in ‘About This Course’- ‘Course Contact’.

Mandatory Training

This section consists of the Western Health mandatory competencies which you will need to achieve. WeLearn is the Western Health online learning portal.

Mandatory Training	Description	Completed Date	Educator Signature
 Fire & Emergency Procedures	When: Orientation & Annually Where: WeLearn		
 Manual Handling	When: Orientation & Annually Where: WeLearn		
 Occupational Violence & Aggression (OVA) (Online)	When: Orientation & Annually Where: WeLearn Face to face on commencement		

Core RUSOM Competencies

This section consists of the core competencies RUSONs require to complete.

Core Training	Description	Completed Date	Educator Signature
 RUSON/RUSOM Orientation	When: On Commencement Where: WeLearn		
 New Staff Orientation	When: On Commencement Where: WeLearn		
 Standard and Transmission Based Precautions	When: On Commencement Where: WeLearn		
 Hand Hygiene	When: On Commencement Where: WeLearn (via Hand Hygiene Australia Website)		
 Back 4 Life	When: On Commencement Where: WeLearn		
 Breast Feeding BFHI	When: On Commencement & 3yrly Where: WeLearn		
EMR for Nurses/Midwives	When: On Commencement Where: WeLearn		
Vulnerable Children	When: Orientation Where: DHHS website		

Reflective Practice

An important part of striving to improve your nursing/midwifery practice is reflection. Reflection helps us to identify where we need to improve and then make a plan for improvement. At the end of each shift you should ask yourself the following 2 questions:

1. What did I do well today?
2. What could I have improved on today?

These are questions that you ask yourself and it is important that you get into the habit of asking yourself these questions every day. It is in this way that you will be constantly improving your practice and developing as a registered midwife.

Further Reflection

If you are involved in a critical incident or a big clinical event you should reflect utilising the Gibbs model of reflection (<https://my.cumbria.ac.uk/media/MyCumbria/Documents/ReflectiveCycleGibbs.pdf>). You can talk to your educator about this. It is important to reflect on critical incidents to help make sense of them and to constantly improve practice.



Where can I go for Help?

Clinical support can be provided not only by the educators and Clinical Support Midwife and Clinical Resource Reponse Midwife, but also by the ward staff, in charge midwives and managers.

If you are having difficulty in the initial transition period, discuss this with colleagues on the ward, MUM or ward educator.

Ask your MUM or AMUM where you can locate important phone numbers on the ward.

You may want to speak with family and friends.

If you find that you are still having difficulty with the transition or with any other aspect of the role or any other issues:

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) is a specialty provider of a broad range of psychological services. It is a free program, available to all Western Health employees.

Western Health are partnered with Caraniche, who are happy to work with you to help get you back on track and discuss any concerns or issues that you may be going through. They specialise in providing workplace wellbeing solutions that are focused on making people the priority. Their focus is supporting their clients and helping them build a better future.

T: 1800 099 444 (Available 24 hours a day & 7 days a week)

E: work@caraniche.com.au

<http://makeabooking.caraniche.com.au/>

You can also making an online booking (email and web bookings are responded to during business hours only)

OTHER INFORMATION

Incident Reporting

The RiskMan safety information system tracks and reports all adverse incidents that occur in the workplace. Ideally, you will commence their RiskMan report as soon as possible after the incident and before going home. There may be instances where you are unable to do this due to injury, RiskMan after a near miss or incident, you must send the report to the manager of the ward or unit where the incident occurred.

Pay Slips

RUSON employees are paid through the organisations rostering system “Roster-On”. You will be paid in accordance with the information that is recorded on the system so it is important that you check your individual roster to ensure the shift details are correct for the pay fortnight.

Any corrections to your rostered shifts should be directed to the in-charge of the ward in which you are working.

Pay queries can be directed to the Pay Office on 9342 8040 or email PayHelp@ssg.org.au in the first instance.

Please arrange to have your payslip emailed to your WH email address fortnightly. Email your request to payslips@ssg.org.au ; include your employee number and your WH email address.

Changing your contact details

If your contact details change, please update your profile in HeWS and complete the change of details form (found on People & Culture intranet site) and forward to peopleservicesoperations@wh.org.au.

Ward Information

Joan Kirner Women and Children's

Ward	Speciality	Contact
Women's Clinic	Women's Clinic	9055 2100 MUM- 9055 0556
Birth Suite	Labour & Delivery	In Charge- 9055 3036 MUM- 9055 3035
MAC	Maternal Assessment Clinic	In Charge- 9055 3146 MUM- 9055 3145
Ward 7	Women's Ward	Midwife In Charge- 9055 3081 MUM- 9055 3080
Ward 8	Women's Ward	Midwife In Charge- 9055 3093 MUM- 9055 3092

Ward Based Orientation Checklist

Please find the following on the ward and make note of the location.

FIND....	LOCATION
Midwife in Charge station	
Handover room	
Patient/Women histories	
Staff tea room	
Reception	
Store room	
Staff toilets	
Visitor kitchen	
Linen trolley	
Emergency exits	
Fire alarms	
Fire extinguishers	
PPE	
Resuscitation trolley	
MUM's office	
Ward phone numbers	
Duress and Emergency Alarms	

RUSOM Core Activities

Activities can be delegated in accordance with the professional judgement of the supervising Registered Midwife, in accordance with the level of achieved educational preparation and assessed competence of the individual RUSOM. A RUSOM scope of practice document can be located on the nursing and midwifery intranet page. The scope of practice document contains activities that a RUSOM may be delegated by a Registered Midwife if the RUSOM is assessed as competent.

<https://westerly.wh.org.au/nursing-midwifery/workforce/ruson-m-program/>

Competency Tool (reflects the scope of practice)

Duties or activities that are in the RUSOM scope of practice document are required to be signed off from a senior Registered Midwife as “Independent” prior to the RUSOM undertaking the activity without direct supervision. The activity or duty can be signed off on the first attempt.

Supervised: The RUSOM completes the core activity with full supervision and requires assistance from the Registered Midwife.

Assisted: The RUSOM completes the core activity with some minimal assistance from the Registered Midwife.

Independent/Competent: The RUSOM completes the core activity without requiring any assistance from the Registered Midwife and is assessed as competent

Please keep a log of the duties or activities within the scope of practice document that have been assessed by an experienced Registered Midwife.

	Skills	Supervised	Assisted	Independent
	Example -	Midwife Name (initial) Date	Midwife Name (initial) Date	Midwife Name (initial) Date
Hygiene	Assist with personal hygiene of woman			
	Assist with caesarean section/ perineal wound hygiene			
	Assist with dressing and undressing			
	Removal of make-up and nail polish for procedures			
	Hand-hygiene			
	Pre-operative site preparation (with surgical clippers only)			
	Assist with baby bathing and hygiene needs			
Toilet-ing	Change soiled bedding / under pads			
	Assist with changing of maternity pads			
	Provide, record and empty urinal pans			

	Skills	Supervised	Assisted	Independent
	for women on fluid balance charts			
	Empty and record urinary catheter bag drainage			
	Document and report lochia and elimination amounts to Registered Midwife			
	Assist nappy changing of baby			
Mobility	Assist with transfers, sitting women out of bed/on toilet/commode			
	Assist women to change position in bed			
	Provide pressure area care			
	Assist with mobilizing women			
	Assist in the use of manual handling hoists/aids			
	Transport for discharge			
	Assist with infant care and settling			

	Skills	Supervised	Assisted	Independent
Nutrition	Assist patients with menu selection where appropriate			
	Undertake safe meal set up, cut up food, adjusting table and opening packages if required			
	Assist with feeding patients (exclusion: high risk patients with feeding difficulties, parenteral or enteral nutrition)			
	Provide water/refilling water jugs or making drinks for patient (exclusion: patients with fluid restrictions, dysphagia, modified diet/fluids or nil orally)			
Environment	Ensure falls prevention strategies for mothers are in place – call bell, phone, bedside table in reach, bed lowered, trip hazards removed as per current Safe sleeping guidelines			
	Maintain safe and tidy ward environment			
	Placing flowers in vases, water changes for flowers/vases			
	Making beds and cots			

	Assist safe infant sleeping practices as per current Safe sleeping guidelines			
Documentation	Complete fluid balance chart: Oral input and urine output, report to Registered Midwife			
	Complete infant feeding chart and report to registered midwife			
	Complete infant output chart and report to registered midwife			
	Complete baby weight, document and report to Registered Midwife			
	Assist in the documentation of valuables			
	Complete incident reporting as per local hospital policy			
Maintenance	Restock supplies and equipment – photocopying patient brochures, restock dressing/IV trolleys (not emergency) and bedside supplies			
	Cleaning and putting away equipment between use i.e. Clinell wipes, infusion pumps, obs machines, thermometers, commodes			
	Calibration of glucometer			
Other	Packing and unpacking patient belongings			
	Run simple errands within the hospital grounds – e.g. borrow and return ECG from other ward areas if requested by supervising RN			
	Measurement and initial fitting of anti-embolic stockings, reporting to midwife once complete			

MATERNAL AND NEONATAL OBSERVATIONS

SECTION A:	EMPLOYEE DETAILS		
SURNAME:		FIRST NAME:	
PHONE:		EMPLOYEE NO:	
CLASSIFICATION:		DEPARTMENT/WARD:	

SECTION B:	TRAINING VERIFICATION
Date attended course:	N/A

SECTION C:	WESTERN HEALTH POLICY/PROCEDURE
<p>Refer to: Care of Neonates in Maternity Services Current version: June 2021. Next review date: June 2023</p> <p>Recognition of Risk and Initial Management of Early Onset Neonatal Sepsis Current version: August 2019. Next review date: August 2022</p> <p>Recognition and Management of the Deteriorating Adult Patient (inclusive of Pregnant or Early Post-Partum Women) Current version: December 2021. Next review date: December 2023.</p>	

SECTION D:	OBJECTIVE
<p>The RUSOM must demonstrate the procedures below to be deemed competent to undertake appropriate care, assessment and management of maternal and neonatal observations.</p>	

SECTION E:	ASSESSMENT OF CRITERIA	
One Supervised		sign
1.	Observations	
	<p><u>Maternal:</u></p> <ul style="list-style-type: none"> • Correct selection and use of equipment • User can identify where to locate and interpret any modifications made by Obstetric or anaesthetic team • User can appropriately plot observation findings on chart 	

SECTION E:		ASSESSMENT OF CRITERIA	
One Supervised			sign
	<ul style="list-style-type: none"> User is aware of and able to utilise the colour coded system for the purposes of identifying means of escalation. Correct labelling of chart 		
	<u>Neonatal:</u> <ul style="list-style-type: none"> Correct selection and use of equipment User can identify where to locate and interpret any modifications made by a Paediatric team User can understand and evaluate neonate risk factors using Newborn risk assessment table User can appropriately plot observation findings on chart User is aware of and able to utilise the colour coded system for the purposes of identifying means of escalation. Correct labelling of chart 		
2.	CRITICAL THINKING		
	<ol style="list-style-type: none"> Identifying abnormal Early escalation Escalation processes: contacting midwife, UCR, MET, Code Remaining with the patient until assistance arrives Clinical judgement- if concerns and observations normal still important to escalate 		
3.	Documentation		
	-Demonstrate ability to correctly plot and display maternal observations on the MORC chart -Demonstrate ability to correctly plot and display neonatal observations on the VICTOR chart		

SECTION F:	NAME OF SUPERVISOR	SIGNATURE	DATE
Supervision/reviewed by:			
Successfully completed	YES NO		

SECTION G:

EMPLOYEE'S SIGNATURE

Signed:

Date:

Comments:

.....

.....

.....

.....

NEWBORN CARES – Bathing, Eye & Umbilical Care

SECTION A:	EMPLOYEE DETAILS		
SURNAME:		FIRST NAME:	
PHONE:		EMPLOYEE NO:	
CLASSIFICATION:		DEPARTMENT/WARD:	

SECTION B:	OBJECTIVE
<p>The RUSOM must demonstrate the procedures below to be deemed proficient in performing Newborn Cares including Bathing, Eye and Umbilical Stump care.</p>	

SECTION C:	ASSESSMENT OF CRITERIA			
Two must be supervised by a qualified assessor			1st	2nd
1.	CONSIDERATIONS AND CONSENT			
	Consideration for contraindications (e.g. recent top-up feed, isolette care, phototherapy treatment, IV treatment)			
	Explains to the carer/parent the rationale for bathing, eye and umbi care and gains consent to demonstrate cares			
2.	PREPARATION OF EQUIPMENT			
	Assembles required equipment with newborns carer observing preparation of <ul style="list-style-type: none"> • Bath • Towels • Face washers • Cotton balls • Normal Saline 0.9% ampule • Clean Nappy • Change of clothes • Lotions or nappy cream if carer requests and provides 			
	Consideration of the environment <ul style="list-style-type: none"> • Ensure the environment is warm, quiet and calm • If utilising the bathing room, pre-warm the heat lamp • Soft, gentle music can assist the newborns relaxation 			

SECTION C:		ASSESSMENT OF CRITERIA	
Two must be supervised by a qualified assessor		1st	2nd
	Preparation of the bath <ul style="list-style-type: none"> • Fill the bath with enough warm water to allow the newborn to float • Test the bath water temperature with the inside of wrist or elbow • Add bath wash or bath oil on carers request 		
	Performs hand hygiene (HH) using Alcohol based hand rub (ABHR)		
3.	PROCEDURE		
	Safely transport the newborn to the bathing area		
	Place the newborn on change table <ul style="list-style-type: none"> • Educate parents on change table safety and supervision 		
	Use the cotton balls soaked in normal saline to wipe each eye from the inside to the outside, dispose of cotton ball after one wipe to reduce contamination		
	Remove newborns clothes and nappy, clean nappy area if soiled		
	Wrap the newborn in a clean towel and using the football hold, gently wash the newborns head over the bath with a wet face washer. Gently pat dry the newborns head		
	Place the newborn on the change table and unwrap. Hold the newborn securely across the back of shoulders, securing the newborns arm with your thumb and forefinger, ensuring the head is well supported and immerse the newborn in the warm bath		
	Complete a top to toe wash from face to nappy area		
	Consider a wet face washer on the newborns tummy to maintain warmth and security		
	Remove baby from bath onto clean towel on change area		
	Wrap the newborn in a towel and dry the newborn slowly and thoroughly <ul style="list-style-type: none"> • Ensure creases are well dried • Ensure cord stump is thoroughly pat dry, consider cotton ball and saline cleanse to insertion of cord if moist or oozing 		
	Use tummy time to apply lotions		
	Complete nappy change with nappy cream <ul style="list-style-type: none"> • Ensure cord is not secured within nappy 		
	Dress baby appropriately		
	Performs hand hygiene (HH) using Alcohol based hand rub (ABHR)		

SECTION C:		ASSESSMENT OF CRITERIA	
Two must be supervised by a qualified assessor		1st	2nd
	Inform ANUM/primary midwife of any concerns whilst attending to cares		
	Dispose of used linen in skips, tidy and clinnel wipe area		
4.	CARER EDUCATION		
	<ul style="list-style-type: none"> • Frequency of bathing 		
	<ul style="list-style-type: none"> • Utilising pH neutral, unscented products for sensitive skin 		
	<ul style="list-style-type: none"> • Tummy time and baby massage for developmental care 		

SECTION D:		NAME OF SUPERVISOR	SIGNATURE	DATE
1st	Supervision			
2nd	Supervision			
Competency Achieved		<input type="checkbox"/> YES <input type="checkbox"/> NO		

SECTION E:	EMPLOYEE'S SIGNATURE
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Date:	



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FORMULA PREPARATION

SECTION A:	EMPLOYEE DETAILS		
SURNAME:		FIRST NAME:	
PHONE:		EMPLOYEE NO:	
CLASSIFICATION:		DEPARTMENT/WARD:	

SECTION B:	WESTERN HEALTH POLICY/PROCEDURE
Refer to: Late Preterm or Low Birth Weight Neonates on the Women's Wards (Children's Services DP-CC4)	

SECTION C:	OBJECTIVE
The RUSOM must demonstrate the procedures below to be deemed proficient in formula preparation.	

SECTION D:	ASSESSMENT OF CRITERIA		
Two must be supervised by a qualified assessor		1st	2nd
1.	CONSENT		
	Written consent gained by parent/s or carer		
	RUSOM understands reasoning why formula is being given to the baby (e.g. parental choice, medical reasons)		
2.	PREPARATION OF ENVIRONMENT		
	Collects correct equipment (e.g. single use bottle, sterilised teat)		
	Cleans and disinfects a surface on which to prepare a feed		
	Washes hands with soap and water		
3.	PREPARING THE FORMULA		
	Empties any water in kettle. Refills kettle with fresh safe tap water.		

SECTION D:		ASSESSMENT OF CRITERIA	
Two must be supervised by a qualified assessor		1st	2nd
	Boils safe tap water. If using an automatic kettle, waits until the kettle comes to complete boil.		
	Reads the instructions on the formula's packaging to find out how much water and how much powder required, and is able to verbalise importance of concentration to supervisor.		
	Safely pours the correct amount of boiled water into a single use feeding bottle. The RUSOM is aware to not leave boiled water for longer than 30 minutes.		
	Adds the correct amount of formula powder to the water in the bottle.		
	Places lid and sterilised teat onto the single use bottle, without contaminating the teat.		
	Mixes the formula thoroughly by gently shaking or swirling the bottle.		
	Immediately cools to feeding temperature by holding the bottle under cold running tap water, or by placing in a container of cold water.		
	Correctly tests the temperature of the formula by dripping a little onto the inside of the wrist. (e.g. should feel lukewarm, not hot. If it still feels hot, cools some more before feeding).		
	Feeds the infant – see learning tool for ‘feeding via bottle’		
	Throws away any feed that has not been consumed within one hour.		
4.	RESOURCES		
	Aware of appropriate resources to provide parent/s, carers and / or guardians (e.g. WHO, raising child network website)		
	Aware of appropriate community resources (e.g. MCH hotline, GP, Emergency Department)		
	Documents all care legibly and appropriately in baby feeding chart		

SECTION E:		NAME OF SUPERVISOR	SIGNATURE	DATE
1st	Supervision			
2nd	Supervision			

Competency Achieved	<input type="checkbox"/> YES <input type="checkbox"/> NO		
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SECTION F:	EMPLOYEE'S SIGNATURE		
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FEEDING A BABY VIA BOTTLE

SECTION A:	EMPLOYEE DETAILS		
SURNAME:		FIRST NAME:	
PHONE:		EMPLOYEE NO:	
CLASSIFICATION:		DEPARTMENT/WARD:	

SECTION B:	WESTERN HEALTH POLICY/PROCEDURE
<p>Refer to: Late Preterm or Low Birth Weight Neonates on the Women's Wards (Children's Services DP-CC4) and Ensuring Optimal Breastfeeding Support for Pregnant Women and New Mothers (Women's Services DP-CC4).</p>	

SECTION C:	OBJECTIVE
<p>The RUSOM must demonstrate the procedures below to be deemed proficient in feeding a baby via bottle.</p>	

SECTION D:	ASSESSMENT OF CRITERIA		
Two must be supervised by a qualified assessor		1st	2nd
1.	CONSIDERATIONS AND CONSENT		
	Maintains woman centred, effective communication throughout		
	Verbal consent gained by parent/s or carer for RUSOM to feed the baby		
	Supports the choices of the parent/s or carer ensuring informed consent		
	Considerations for feeding via syringe, cup or bottle: <ul style="list-style-type: none"> • Maternal choice • Separated for a period of time (e.g. medical or obstetric emergency reasons, NBS admission) • Nipple pain / trauma • Engorgement • Over or under supply • Attachment issues 		

SECTION D:		ASSESSMENT OF CRITERIA	
Two must be supervised by a qualified assessor		1st	2nd
	<ul style="list-style-type: none"> Baby refusing to breastfeed Baby has minor cleft of lip and/or palate Poor breastfeeding history 		
2.	PREPARATION OF ENVIRONMENT AND EQUIPMENT		
	<p>RUSOM reviews the history of the baby:</p> <ul style="list-style-type: none"> Previous feeds (e.g. breastfed, expressed breastmilk or formula) Previous methods of feeding used (e.g. syringe, cup or bottle) Paediatric input and documentation on EMR Gestation Birth weight and / or current weight Any birth trauma Consideration of a complex neonate 		
	Collects correct equipment – bottle etc		
	Checks baby identification labels		
	If giving EBM, checks milk identification with parent/carer/midwife		
	Performs hand hygiene (HH) using Alcohol based hand rub (ABHR) as per 'The 5 moments'		
	Swaddles baby appropriately in cot		
3.	FEEDING A BABY VIA BOTTLE		
	Ensures the baby is fully awake, calm and alert		
	Encourages skin to skin with a parent if appropriate – parent to cradle baby		
	Correctly prepares formula – as per the 'Formula Preparation' Learning tool		
	Makes self-comfortable, with supported chair and table in reach		
	Cradles baby on a slight incline		
	Places teat to baby's lips and awaits for baby to respond by opening mouth		
	Keeps teat full of milk		
	Halfway through the feed, gently removes bottle from baby's mouth and offers to burp		
	Reoffers the remainder of the feed and correctly burps once feed complete		

SECTION D:		ASSESSMENT OF CRITERIA	
Two must be supervised by a qualified assessor		1st	2nd
	Safely places baby into cot as per safe sleeping recommendations		
	Documents feed on feeding chart		
4.	RESOURCES		
	Aware of appropriate resources to provide parent/s, carers and / or guardians (e.g. ABA, WHO, raising child network website)		
	Aware of appropriate community resources (e.g. MCH hotline, GP, Emergency Department)		
	Aware of Lactation Service available at Western Health, JKWC		

SECTION E:		NAME OF SUPERVISOR	SIGNATURE	DATE
1st	Supervision			
2nd	Supervision			
Competency Achieved		<input type="checkbox"/> YES <input type="checkbox"/> NO		

SECTION F:	EMPLOYEE'S SIGNATURE
Signed:	Date:
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FEEDING A BABY VIA CUP

SECTION A:	EMPLOYEE DETAILS		
SURNAME:		FIRST NAME:	
PHONE:		EMPLOYEE NO:	
CLASSIFICATION:		DEPARTMENT/WARD:	

SECTION B:	WESTERN HEALTH POLICY/PROCEDURE
<p>Refer to: Late Preterm or Low Birth Weight Neonates on the Women's Wards (Children's Services DP-CC4) and Ensuring Optimal Breastfeeding Support for Pregnant Women and New Mothers (Women's Services DP-CC4).</p>	

SECTION C:	OBJECTIVE
<p>The RUSOM must demonstrate the procedures below to be deemed proficient in feeding a baby via cup.</p>	

SECTION D:	ASSESSMENT OF CRITERIA		
Two must be supervised by a qualified assessor		1st	2nd
1.	CONSIDERATIONS AND CONSENT		
	Maintains woman centred, effective communication throughout		
	Verbal consent gained by parent/s or carer for RUSOM to feed the baby		
	Supports the choices of the parent/s or carer, ensuring informed consent		
	Considerations for feeding via syringe, cup or bottle: <ul style="list-style-type: none"> • Maternal choice • Separated for a period of time (e.g. medical or obstetric emergency reasons, NBS admission) • Nipple pain / trauma • Engorgement • Over or under supply • Attachment issues 		

SECTION D:		ASSESSMENT OF CRITERIA	
Two must be supervised by a qualified assessor		1st	2nd
	<ul style="list-style-type: none"> • Baby refusing to breastfeed • Baby has minor cleft of lip and/or palate • Poor breastfeeding history 		
2.	PREPARATION OF ENVIRONMENT AND EQUIPMENT		
	<p>RUSOM reviews the history of the baby:</p> <ul style="list-style-type: none"> • Previous feeds (e.g. breastfed, expressed breastmilk or formula) • Previous methods of feeding used (e.g. syringe, cup or bottle) • Paediatric input and documentation on EMR • Gestation • Birth weight and / or current weight • Any birth trauma • Consideration of a complex neonate 		
	Collects correct equipment – medicine cup		
	Checks baby identification labels		
	If giving EBM, checks milk identifications with parent/midwife		
	Performs hand hygiene (HH) using Alcohol based hand rub (ABHR) as per ‘The 5 moments’		
3.	FEEDING A BABY VIA CUP		
	Ensures the baby is fully awake, calm and alert		
	Creates a comfortable environment with a well-supported chair and table in reach		
	Pours small amount of milk (half-fill) into medicine cup		
	Places baby on lap. Holds the baby in an upright position, with one hand supporting her/his shoulders and neck. Baby swaddled/arms secured		
	Holds the cup just touching the baby's mouth. It should reach the corners of her/his mouth and rest lightly on her/his bottom lip		
	Allows baby to take tiny sips, to encourage drinking.		
	<p>The RUSOM is aware of the following:</p> <ul style="list-style-type: none"> • Do not pour the milk into baby's mouth • Keep the cup in a tilted position • Allow the process to be baby-led • Do not take the cup away when the baby pauses, unless baby pulls away 		

SECTION D:		ASSESSMENT OF CRITERIA		
Two must be supervised by a qualified assessor		1st	2nd	
	Correctly burps the baby for comfort			
	Safely places baby into cot as per safe sleeping recommendations			
4.	RESOURCES			
	Aware of appropriate resources to provide parent/s, carers and / or guardians (e.g. ABA, WHO, raising child network website)			
	Aware of appropriate community resources (e.g. MCH hotline, GP, Emergency Department)			
	Aware of Lactation Service available at Western Health, JKWC			
	Documents all care legibly and appropriately in baby feeding chart			
SECTION E:		NAME OF SUPERVISOR	SIGNATURE	DATE
1st	Supervision			
2nd	Supervision			
Competency Achieved		<input type="checkbox"/> YES <input type="checkbox"/> NO		

SECTION F:	EMPLOYEE'S SIGNATURE
Signed:	Date:
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FEEDING A BABY VIA SYRINGE

SECTION A:	EMPLOYEE DETAILS		
SURNAME:		FIRST NAME:	
PHONE:		EMPLOYEE NO:	
CLASSIFICATION:		DEPARTMENT/WARD:	

SECTION B:	WESTERN HEALTH POLICY/PROCEDURE
<p>Refer to: Late Preterm or Low Birth Weight Neonates on the Women's Wards (Children's Services DP-CC4) and Ensuring Optimal Breastfeeding Support for Pregnant Women and New Mothers (Women's Services DP-CC4).</p>	

SECTION C:	OBJECTIVE
<p>The RUSOM must demonstrate the procedures below to be deemed proficient in feeding a baby via oral syringe.</p>	

SECTION D:	ASSESSMENT OF CRITERIA		
Two must be supervised by a qualified assessor		1st	2nd
1.	CONSIDERATIONS AND CONSENT		
	Maintains woman centred, effective communication throughout		
	Verbal consent gained by parent/s or carer for RUSOM to feed the baby		
	Supports the choices of the parent/s or carer ensuring informed consent		
	Considerations for feeding via syringe, cup or bottle: <ul style="list-style-type: none"> • Maternal choice • Separated for a period of time (e.g. medical or obstetric emergency reasons, NBS admission) • Nipple pain / trauma • Engorgement • Over or under supply • Attachment issues 		

SECTION D:		ASSESSMENT OF CRITERIA	
Two must be supervised by a qualified assessor		1st	2nd
	<ul style="list-style-type: none"> Baby refusing to breastfeed Baby has minor cleft of lip and/or palate Poor breastfeeding history 		
2.	PREPARATION OF ENVIRONMENT AND EQUIPMENT		
	RUSOM reviews the history of the baby: <ul style="list-style-type: none"> Previous feeds (e.g. breastfed, expressed breastmilk or formula) Previous methods of feeding used (e.g. syringe, cup or bottle) Paediatric input and documentation on EMR Gestation Birth weight and / or current weight Any birth trauma Consideration of a complex neonate 		
	Collects correct equipment - oral feeding syringe		
	Checks baby identification label with parent/midwife		
	If giving EBM, checks milk identification with parent/midwife		
	Performs hand hygiene (HH) using Alcohol based hand rub (ABHR) as per 'The 5 moments'		
3.	FEEDING A BABY VIA SYRINGE		
	Ensures the baby is fully awake, calm and alert		
	Encourages skin to skin with a parent if appropriate – parent to cradle baby		
	Dons gloves appropriately		
	Appropriately warms EBM/Formula and tests temperature		
	Uses sterilised oral feeding syringe and draws up the breastmilk or formula into syringe		
	Uses clean gloved finger and places into baby's mouth and waits for sucking reflex to occur		
	Gentle places syringe into the side cheek of baby's mouth and slowly plunges feed		
	Allows baby to swallow, before administering more milk		
	Correctly burps the baby for comfort		
	Safely places baby into cot as per safe sleeping recommendations		

SECTION D:		ASSESSMENT OF CRITERIA	
Two must be supervised by a qualified assessor		1st	2nd
	Documents feed in baby feeding chart		
4.	RESOURCES		
	Aware of appropriate resources to provide parent/s, carers and / or guardians (e.g. ABA, WHO, raising child network website)		
	Aware of appropriate community resources (e.g. MCH hotline, GP, Emergency Department)		
	Aware of Lactation Service available at Western Health, JKWC		

SECTION E:		NAME OF SUPERVISOR	SIGNATURE	DATE
1st	Supervision			
2nd	Supervision			
Competency Achieved		<input type="checkbox"/> YES <input type="checkbox"/> NO		

SECTION F:	EMPLOYEE'S SIGNATURE
Signed:	Date:
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FACILITATING EXPRESSING

SECTION A:	EMPLOYEE DETAILS		
SURNAME:		FIRST NAME:	
PHONE:		EMPLOYEE NO:	
CLASSIFICATION:		DEPARTMENT/WARD:	

SECTION B:	WESTERN HEALTH POLICY/PROCEDURE
Refer to: Ensuring Optimal Breastfeeding Support for Pregnant Women and New Mothers Women's Services DP-CC4	

SECTION C:	OBJECTIVE
The RUSOM must demonstrate the procedures below to be deemed proficient in facilitating expressing	

SECTION D:	ASSESSMENT OF CRITERIA		
Two must be supervised by a qualified assessor		1st	2nd
1.	CONSIDERATIONS AND CONSENT		
	Consideration for contraindications (maternal medications, maternal drug use, maternal disease)		
	Explains to the carer/parent the rationale for expressing and gains consent to assist the mother		
	Maintains woman centred, effective communication throughout		
	Throughout the process, the RUSOM demonstrates; <ul style="list-style-type: none"> • Practicing ethically, with respect for dignity, privacy, confidentiality, equity and justice • Practices cultural safety • Supports the choices of the woman, ensuring informed consent 		
	Consider maternal breastfeeding/expressing history		

SECTION D:		ASSESSMENT OF CRITERIA	
Two must be supervised by a qualified assessor		1st	2nd
	<ul style="list-style-type: none"> Acknowledge prior knowledge and experience of the woman using sensitive questioning Discuss the benefits of exclusive breastfeeding Discuss the benefits and rationale of expressing Discuss adequate nutrition and hydration of the mother 		
	Demonstrates sound understanding of the 10 steps to successful breastfeeding - BFHI		
	Consideration of the environment <ul style="list-style-type: none"> Ensure the environment is warm, quiet and calm Ensure the mother is resting comfortably, with sufficient pillows, and if necessary request the RM provide analgesia Consider a foot stool if sitting on a chair Maintain the woman's privacy, e.g. draw curtains Assist with settling the newborn 		
3.	PREPARATION OF EQUIPMENT		
	Performs hand hygiene (HH) using Alcohol based hand rub (ABHR)		
	Assembles required equipment, demonstrating the setup of pump to the mother <ul style="list-style-type: none"> Sterile oral syringes (1ml, 3ml, 5ml) and plastic medicine cup Breast pump Pump kit with appropriate flange Sterile bottles or storage containers Patient labels and pen 		
	Preparation of the breast pump equipment <ul style="list-style-type: none"> Connect the pump kit to the pump Connect the sterile bottles/containers to the pump kit 		
4.	PROCEDURE- HAND EXPRESSING		
	Performs hand hygiene (HH) using Alcohol based hand rub (ABHR)		
	Demonstrate hand expression from one breast ensuring comfort for the woman Commence breast massage to encourage flow		
	Encourage the woman to attempt hand expression with assistance, assess technique		
	Collect expressed breast milk with appropriate size syringe or medicine cup, encourage partner support to collect expressed milk, if present		

SECTION D:		ASSESSMENT OF CRITERIA	
Two must be supervised by a qualified assessor		1st	2nd
	Continue hand expression for no longer than 10-15 minutes each breast, as per the woman's comfort		
	Store expressed milk as per the ABA guide		
	If the woman is requesting the newborn be fed the expressed milk, please refer to the "Feeding a Baby via Syringe" Learning Tool		
5.	PROCEDURE- BREAST PUMP		
	Performs hand hygiene (HH) using Alcohol based hand rub (ABHR)		
	Roll flange onto each breast to ensure adequate seal, ensure mother is comfortably holding each flange securely		
	Turn breast pump on <ul style="list-style-type: none"> • ensure accurate setting as per pump and milk supply • take note of commencement time • ensure woman's comfort levels whilst slowly increase suction/cycle 		
	Continue expressing for no longer than 15 minutes		
	Demonstrate cleaning of breast pump kit <ul style="list-style-type: none"> • Wash hands well with soap and water, dry them on a clean cloth or paper towel • Take apart the pump kit and rinse in cold water to remove milk • Rinse well in hot water • Drain kit upside-down on clean paper towel or a cloth towel and cover to air dry • Store the dry kit in a new plastic bag or paper towel until next use 		
	Performs hand hygiene (HH) using Alcohol based hand rub (ABHR)		
	Store expressed milk as per the ABA guide		
	If the woman is requesting the newborn be fed the expressed milk, please refer to the "Feeding a Baby via Syringe/Bottle/Cup" Learning Tool		
6.	RESOURCES		
	Aware of Lactation Service available at Western Health, JKWC		
	Educates parents about appropriate storage of EBM		

SECTION E:		NAME OF SUPERVISOR	SIGNATURE	DATE
1st	Supervision			
2nd	Supervision			
Competency Achieved		<input type="checkbox"/> YES <input type="checkbox"/> NO		

SECTION F:	EMPLOYEE'S SIGNATURE
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FACILITATING BREASTFEEDING

SECTION A:	EMPLOYEE DETAILS		
SURNAME:		FIRST NAME:	
PHONE:		EMPLOYEE NO:	
CLASSIFICATION:		DEPARTMENT/WARD:	

SECTION B:	WESTERN HEALTH POLICY/PROCEDURE
<p>Refer to: Ensuring Optimal Breastfeeding Support for Pregnant Women and New Mothers</p> <p>Procedure Code: Women's Services DP-CC4</p>	

SECTION C:	OBJECTIVE
<p>The RUSOM must demonstrate the procedures below to be deemed proficient in facilitating breastfeeding</p>	

SECTION D:	ASSESSMENT OF CRITERIA		
Two must be supervised by a qualified assessor		1st	2nd
1.	CONSIDERATIONS AND CONSENT		
	Consideration for contraindications (maternal medications, maternal drug use, maternal disease)		
	Gain consent to assist the mother		
	Maintain woman centred, effective communication throughout		
	Throughout the process, the RUSOM demonstrates; <ul style="list-style-type: none"> • Practicing ethically, with respect for dignity, privacy, confidentiality, equity and justice • Practices cultural safety • Supports the choices of the woman, ensuring informed consent 		
	Consider maternal breastfeeding history		

SECTION D:		ASSESSMENT OF CRITERIA	
Two must be supervised by a qualified assessor		1st	2nd
	<ul style="list-style-type: none"> • Acknowledge prior knowledge and experience of the woman using sensitive questioning • Discuss the benefits of exclusive breastfeeding • Discuss adequate nutrition and hydration of the mother 		
	Demonstrates sound understanding of the 10 steps to successful breastfeeding - BFHI		
	Consideration of the environment <ul style="list-style-type: none"> • Ensure the environment is warm, quiet and calm • Ensure the mother is resting comfortably, with sufficient pillows, and if necessary request the RM provide analgesia • Consider a foot stool if sitting on a chair • Maintain the woman's privacy, e.g. draw curtains • Assist with settling the newborn 		
2.	PROCEDURE		
	Facilitate open discussion of breastfeeding expectations or concerns – flat nipples, large breast tissue etc		
	Assist the woman to sit/lie comfortably with baby in arms		
	Encourage skin to skin		
	Employ a hands off technique for guiding the breastfeed		
	Educate the mother on cues the newborn is ready to feed		
	Facilitate positioning of baby chest to chest with nose to nipple, in a position of choice by the mother – cross cradle, football, side lying etc		
	Advise supporting the breast from underneath with fingers well back from the areola		
	Attachment <ul style="list-style-type: none"> • Encourage the mother to touch the baby's lips to the nipple to encourage mouth opening • Encourage a wide open mouth – tongue down • Advise the mother to attach the baby to the breast continuing to support the breast until the baby has a deep rhythmical suck and swallow • Discuss checking for signs of optimal attachment 		
	Advise the woman to talk about how the breastfeed feels rather than how it looks Explain how to safely and painlessly detach baby from the breast		
	Discuss signs of a well fed baby		

SECTION D:		ASSESSMENT OF CRITERIA	
Two must be supervised by a qualified assessor		1st	2nd
	Discuss the main principles of breast and nipple care e.g. checking for trauma		
	Recognise complications of breastfeeding and discuss with the midwife to make appropriate referrals		
	Discuss frequency and normal newborn feeding behaviours– supply and demand principle		
	Safely assists the mother to place baby in the cot as per SIDS guidelines if the feed is complete		
	Document feed in baby feeding chart		
3.	RESOURCES		
	Lactation Consultant Service at WH		
	Australian Breastfeeding Association and Maternal Child Health Nurse Hotline		
	Council lactation services		

SECTION E:		NAME OF SUPERVISOR	SIGNATURE	DATE
1st	Supervision			
2nd	Supervision			
Competency Achieved		<input type="checkbox"/> YES <input type="checkbox"/> NO		

SECTION F:	EMPLOYEE'S SIGNATURE
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Frequently Asked Questions (FAQs)

1. Can I go and see my CoC woman during my RUSOM shift?

No. When you are on your RUSOM shift you are a member of the team. You may choose to go and visit your CoC on your break, but not during your working hours. If your CoC goes into labour you would need to follow procedure and cancel your RUSOM shift. However, it would not be appropriate to leave your RUSOM shift mid-way through.

2. Can I get any of my mCAT's signed off during my RUSOM shifts?

No. When you are on your RUSOM shifts you must not complete any student requirements including hours or CAT's.

3. Can I perform tasks outside of the 'task list' whilst being supervised by a midwife?

No. You are employed as a RUSOM and therefore must not complete tasks outside of your scope of practice as a RUSOM. Your time as a RUSOM is not meant for learning or practicing skills.

4. How do I call in sick/cancel a shift?

You need to call the in charge of the area you are rostered to:

MAC in charge is: 90553146

Birthing in charge is: 90553036

Level 7 in charge is: 90553081

Level 8 in charge is: 90553093

ANC Clinic: Monday is: 90553016

Tuesday is: 90553015

Wednesday is: 90553014

Thursday is: 90553017

5. Can I use colleagues I've worked with as a RUSOM as a reference for graduate applications?

Most organisations require a reference from student placement experience. You can use your RUSOM experience as a workplace reference (like you would any employer) but not for your primary reference or clinical placement reference.

Difficult Conversations

During your time as a RUSOM you may need to have some difficult conversations with colleagues or families. This may arise when you are asked to do tasks that are out of your scope. Here are some examples of what you can say.

When asked to perform observations or apply a CTG:

'I'm really sorry but that is out of my scope as a RUSOM and not on the list of designated tasks. Can I do something else for you instead?'

When asked by parents to quickly check baby's temperature:

'I'm really sorry but as a RUSOM I can't do that for you. I will let your midwife know you would like baby's temperature checked'.

When asked by a parent – 'are you a student or a midwife?'

'I am a student midwife about to start my final year of training and have been employed by Western Health to assist the midwives'.

When asked by parents regarding visiting

"Can I have a second visitor/ can my partner stay longer..."

'I can't authorise or make these decisions I will get your midwife to discuss it with you'.

If a patient discloses they are unhappy with their midwife or with care provided:

'I'm sorry to hear you have experienced this, with your permission I will let the midwife in charge know and she/he will discuss further.'

Why can't my daughter come and visit me?

The rules for visitors change all the time because of the COVID response, let me check with another midwife to make sure we are giving you the most accurate information'.

Performance Review and Development Appraisals

MUM or delegate to complete appraisals

Interim Appraisal

Due: 3 months into program

- This can be completed by either the MUM or delegate.
- Prior to the due date, contact the MUM to make a time to complete your appraisal. Otherwise the MUM may identify a delegate who you have worked closely with and ask them if they would be comfortable completing your appraisal.

Summative Appraisal

Due: 6 months into program

- This can be completed by either the MUM or delegate.
- Prior to the due date, contact the MUM to make a time to complete your appraisal. Otherwise the MUM may identify a delegate who you have worked closely with and ask them if they would be comfortable completing your appraisal.

You are responsible for keeping the hard copy of your Appraisals.

Yearly Appraisal

Due: after first year of employment and then yearly thereafter.

As a Western Health Employee you are required to complete a yearly Professional Development Plan with your NUM on a yearly basis.

Please see the following page for access to the PDP form.



<https://westerly.wh.org.au/nursing-midwifery/wp-content/uploads/2023/05/Nursing-Midwifery-PDP-template.docx>

