

# Student Midwife *Welcome Pack*



Queen Elizabeth University Maternity Unit  
Princess Royal Maternity Unit  
Royal Alexandra Maternity Unit

Vale of Leven CMU  
Inverclyde CMU  
Royal Alexandra CMU

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# Welcome!

**Welcome** to NHS Greater Glasgow and Clyde (NHSGGC)! GGC is the largest NHS organisation in Scotland and one of the largest in the UK. GGC has three large maternity units and three community midwifery units across our sites, and we look forward to welcoming you as a student.

## Our Culture and Values

“It is key that we are all committed to the core NHS values of: Care and Compassion – Dignity and Respect – Openness, Honesty, Responsibility, Quality and Teamwork – and we use these values to guide us in all that we do.

NHS Greater Glasgow and Clyde is a great organisation with a huge pool of terrific talent. We are committed to equality and diversity – to a zero tolerance toward racism, sexism and homophobia.

We have access to some of the finest facilities and resources in the country, but it is the values and attitudes we demonstrate as individuals that make the biggest difference to our patients and their families.”

*Jane Grant, Chief Executive, NHS Greater Glasgow and Clyde*

This guide has been collated by a UWS Midwifery Student alongside the GGC Team and hopes to provide you with everything you would need and want to know during your placements within GGC.

At NHS Greater Glasgow and Clyde, our purpose is: **“To protect and improve population health and wellbeing while providing a safe, accessible, affordable, integrated, person centred and high quality health service”**



## Geographical Area, Hospitals and Services



NHSGGC covers an area with a population of 1.3 million people, serving East Dunbartonshire, East Renfrewshire, Glasgow City, Inverclyde, Renfrewshire and West Dunbartonshire. There are five maternity sites, including the Queen Elizabeth Maternity Unit in Govan, Royal Alexandra Maternity Unit and CMU in Paisley, Princess Royal Maternity Unit in Glasgow city centre, Inverclyde Community Maternity Unit in Greenock and Vale of Leven Maternity Unit in Alexandria. Each year there are just under 13,000 babies welcomed into the world across GGC.

In 2017, the Scottish Government launched “The Best Start” document to ensure women and their families are offered a truly family-centred, safe and compassionate approach to their care, recognising their unique circumstances and preferences.

The maternity team across GGC are progressing with work to increase continuity of carer antenatally and postnatal and ensuring that women have a choice of place of birth across the board, as well as progressing other key recommendations of Best Start, including improvements to bereavement care, the establishment of person-centred visiting and embedding learning from adverse events.

## Person-Centred Visiting



With the highest healthcare quality and safety standards, NHSGGC puts women, birthing people and their families at the centre of their maternity care. It is important that women make decisions about their pregnancy journey and how they want to give birth so that it is memorable for all the right reasons.

The following table show which options are available for place of birth.

<b>Consultant-led Unit</b>	Queen Elizabeth	Princess Royal	Royal Alexandra
<b>Community Midwifery Unit (CMU)</b>	Royal Alexandra	Vale of Leven	Inverclyde
<b>Alongside Midwifery Unit (AMU)</b>	Queen Elizabeth	Princess Royal	
<b>Homebirth</b>	All areas		



## Fetal Medicine Unit

In rare cases, a baby may be diagnosed with fetal anomalies and infections during pregnancy. Better outcomes are sometimes possible if the baby receives treatment in the womb. The aim is to ensure a successful pregnancy and a healthy baby at birth.

Based in the Ian Donald Fetal Medicine Unit at Queen Elizabeth University Hospital is the Interventional Fetal Therapy Service, serving families within GGC and other areas in the West of Scotland. Many mothers have their care transferred to this unit for specialised needs, where they can be provided treatment for various conditions that affect unborn babies.

Most fetal therapies require direct, invasive access to the fetus and placenta. Experts use advanced technical skills and equipment in a setting that minimises the risk of procedure-related problems.

### Document Key



Intrapartum  
Care



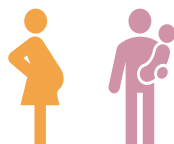
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Antenatal  
Care



Postnatal Care

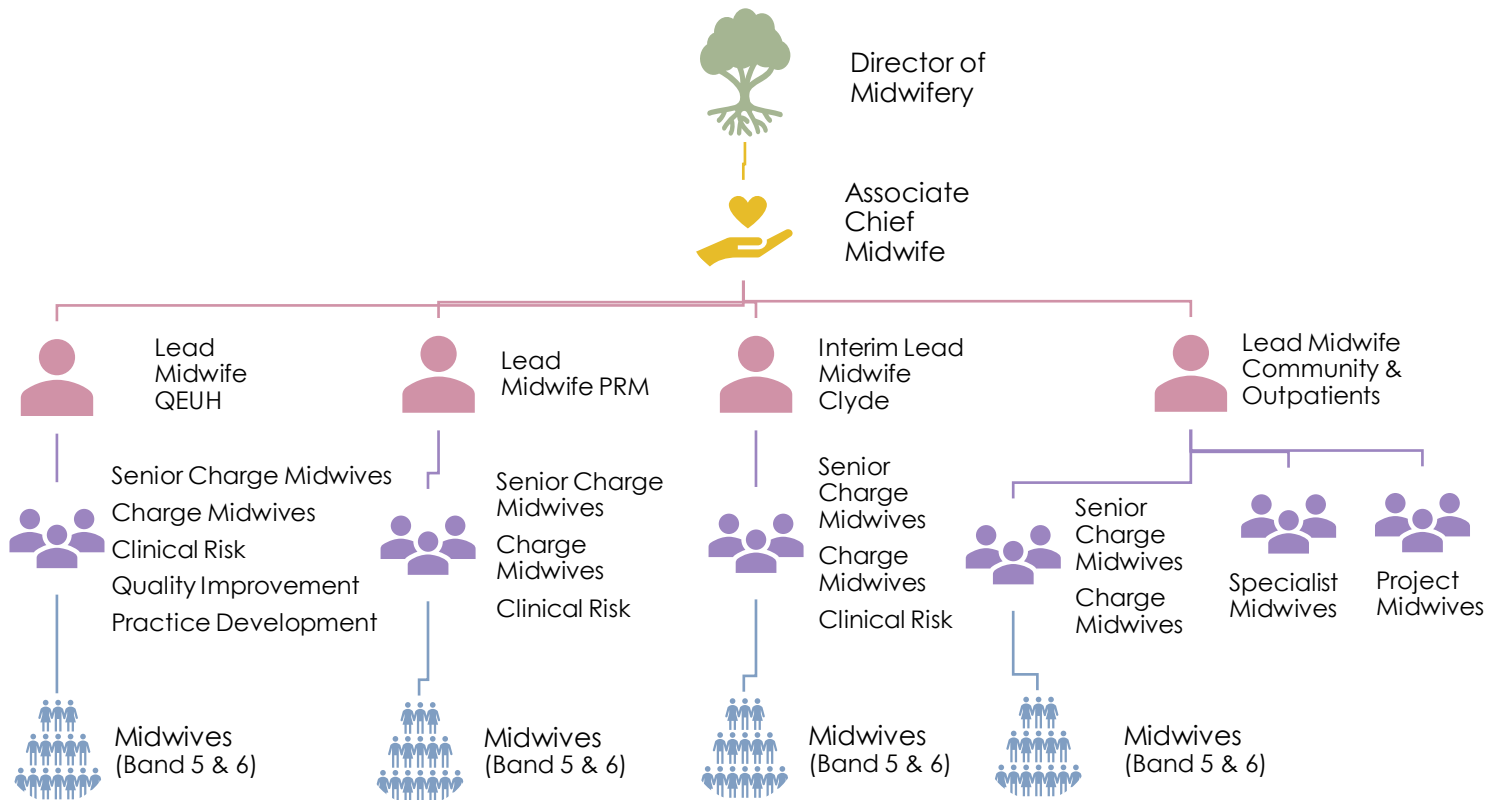


Antenatal and  
Postnatal Care



Neonatal Care

# Maternity Family Tree



## Senior Midwifery Leadership Team

Director of Midwifery	Mary Ross-Davie
Associate Chief Midwife	Mairi McDermid
Lead Midwife QEUH	Gaynor Bird
Lead Midwife PRM	Tracy Orr
Interim Lead Midwife Clyde	Laura Flynn
Lead Midwife Community & Outpatients	Elaine Drennan

## Senior Obstetric Team

Name	Base	Speciality
Alan Mathers	GGC	Chief of Medicine - Women and Children
Jane Richmond	GGC	Clinical Director-Obstetrics
Vanessa MacKay	GGC	Clinical Director-Gynaecology
Laurie Anderson	QEUH	Lead Obstetrician
Victoria Flanagan	RAH	Lead Obstetrician
Dawn Kernaghan/ Marcus McMillan	PRM	Lead Obstetrician

## NMC Practice Supervisor, Practice Assessor and Academic Assessor



### Roles and responsibilities

Every student **MUST** have a Practice Supervisor, Practice Assessor and Academic Assessor whilst on placement



Practice Supervisor

Role models for safe and effective practice in line with their code of conduct

Support and supervise students, providing feedback on their progress towards and achievement of, proficiencies and skills

Have current knowledge and experience of the area in which they are providing support, supervision and feedback, and receive ongoing support to participate in the practice learning of students

Contribute to the student's record of achievement by periodically recording relevant observations on the conduct, proficiency and achievement of the students they are supervising

Contribute to student assessments to inform decisions for progression

Have sufficient opportunities to engage with practice assessors and academic assessors to share relevant observations on the conduct, proficiency and achievement of the students they are supervising,

Appropriately raise/respond to student conduct and competence concerns and are supported in doing so

Will not simultaneously be the practice supervisor and practice assessor for the same student



Practice Assessor

Conduct assessments, confirm student achievement of proficiencies and programme outcomes for practice learning

Inform their assessment decisions by feedback sought and received from practice supervisors

Make and record objective, evidence-based assessments on conduct, proficiency and achievement, drawing on student records, direct observations, student self reflection, and other sources

Maintain current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing

Periodically observe the student across environments in order to inform decisions for assessment and progression

Communicate/collaborate with academic assessors at scheduled relevant points in programme structure for student progression

Will not simultaneously be the practice assessor and practice supervisor for the same student

For students on NMC approved prescribing programmes support learning in line with the NMC Standards for prescribing programmes (NMC 2018b:9)



Academic Assessor

Collate and confirm student achievement of proficiencies and programme outcomes in the academic environment for each part of the programme

Make and record objective, evidence-based decisions on conduct, proficiency and achievement and recommendations for progression, drawing on student records and other sources

Maintain current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing and confirming

Have an understanding of the student's learning and achievement in practice

Communicate and collaborate with practice assessors at scheduled relevant points in programme structure and student progression

If you have any queries about the roles of Practice Supervisor, Practice Assessor and Academic Assessor, these can be answered by the PEF/CHEF for your area.

Email: [Practiceeducation@ggc.scot.nhs.uk](mailto:Practiceeducation@ggc.scot.nhs.uk) and your email will be redirected to the PEF/CHEF for your area.

If you have any queries about the NMC Realising Professionalism — Standards for Education and Training — Part 2: Standards for Student Supervision and Assessment, the Standards can be found [here](#) or by accessing the NMC website.

## Practice Education Facilitators

The principal aims of the PEF role are to:

- Enhance the [Quality Management of the Practice Learning Environment \(QMPLE\)](#) through signposting and supporting adherence to the [NES Quality Standards of Practice Learning \(QSPL\)](#) and educational audit
- Identify and support the development of new PLEs, increasing capacity to support nursing and midwifery students effectively.
- Following the [NMC \(2018\) Standards for Student Supervision and Assessment](#), support the development of new and experienced practice supervisors and assessors and those in broader practice education support roles.
- Contribute to and enhance the quality of the practice learning experience through encouragement, evaluation, feedback and collaboration with practice placement providers, university staff, students and service users and families.
- Provide support, educational input and development activities for staff and students within practice learning environments and contribute to developing pre-registration and post-registration education programmes - reflecting the needs of the future nursing/midwifery workforce.
- As a registered nurse, midwife or health care support worker, evidence of continuing professional development is required. The PEF helps facilitate this for new staff by signposting them to learning and development resources available locally and nationally, such as [Flying Start](#).
- Collaborate on various work streams to enhance the quality of the practice learning experience and positively contribute to the future nursing/midwifery workforce (e.g., development of a student resource to support digitally enhanced placements).

Contacts	Site	Email
Jim Christie	IRH, VOL	<a href="mailto:Jim.christie@ggc.scot.nhs.uk">Jim.christie@ggc.scot.nhs.uk</a>
Julie Smith	QEUH, RAH	<a href="mailto:Julie.smith@ggc.scot.nhs.uk">Julie.smith@ggc.scot.nhs.uk</a>
Zita McNaught	PRM	<a href="mailto:zita.mcnaught@ggc.scot.nhs.uk">zita.mcnaught@ggc.scot.nhs.uk</a>
Elaine Quigley	PRM	<a href="mailto:elaine.quigley@ggc.scot.nhs.uk">elaine.quigley@ggc.scot.nhs.uk</a>

## Universal Policies

### Uniforms – who is who?



All staff are required to wear a uniform.

In **Labour Ward**, wear scrub tops and bottoms, which will be available in staff changing rooms.

In **Wards/Clinical** areas, you must wear your UWS navy trousers and grey tunic uniform.

Wear comfortable shoes which ideally can be easily cleaned.

**Student ID and 'Hello my name is' badge should always be worn. No lanyards!**

Jewellery should not be worn with the exception of a plain wedding band; in clinical areas, you should be 'bare below the elbow'.

Hair should be tidy and tied/pinned up off the neckline and face. Makeup should be kept to a minimum—no false eyelashes, nails or facial piercings. Facial hair should be kept tidy.

The complete uniform policy can be found at the link below.

[Staff and Students Uniform Policy](#)

## Language

The Re:Birth project report on shared language has been published by the Royal College of Midwives (RCM), outlining guidance to support midwives, allied health professionals and women to develop shared language for pregnancy, labour and birth.



**Acknowledge** – If the woman has had a previous birth, acknowledge this as a birth (independently of the mode of birth) or if this is her first time. It should also be recognised if she has had a previous loss.

**Ask** – How does the woman describe the birth she would like to have or has had? Listen to her previous experiences.

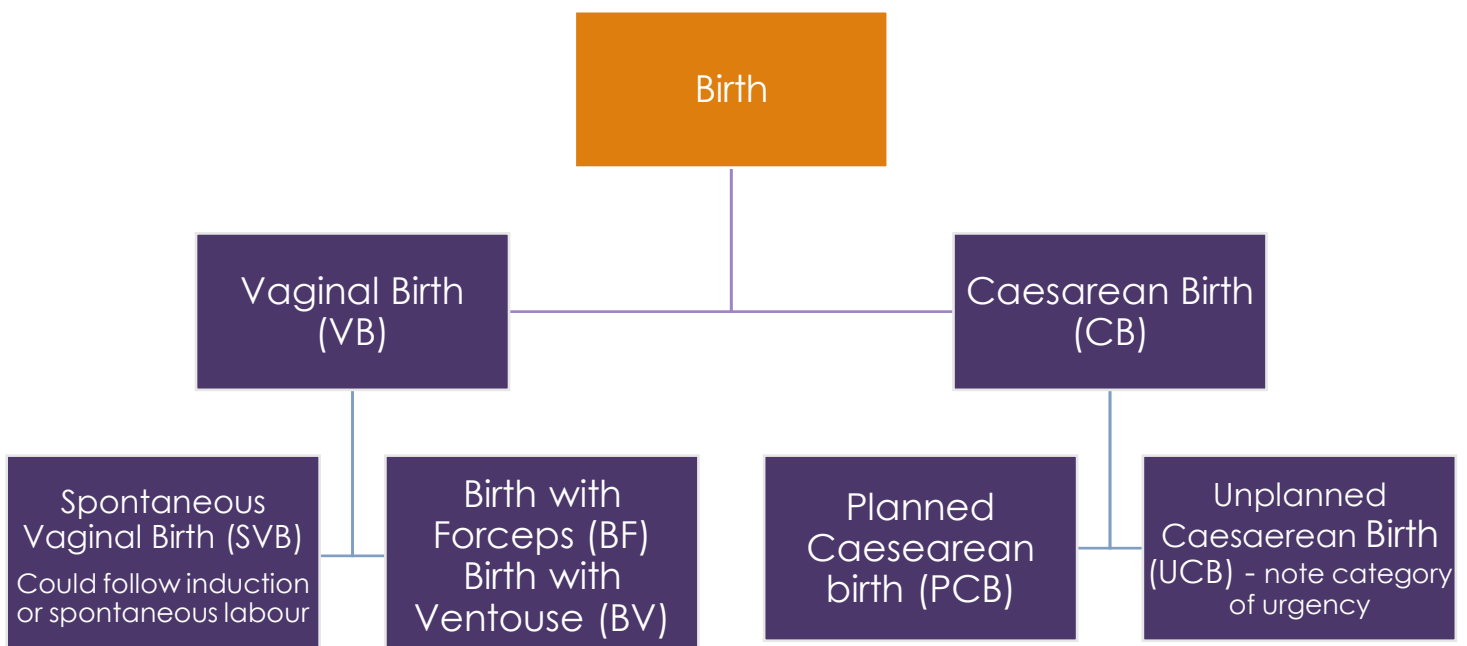
**Affirm** – Check the language used in her notes to describe any previous birth. Is it described accurately in her view? Are there any other terms she wishes to describe her experience?

**Avoid** – Try to avoid making assumptions about her choices. Don't make your own interpretation of what you think her experience may have been or use terminology on her.

**Annotate** – Record the woman's description of her experience of giving birth as accurately as possible, including her preferences and the terminology she uses.

[https://www.rcm.org.uk/media/6234/re\\_birth\\_summary\\_.pdf](https://www.rcm.org.uk/media/6234/re_birth_summary_.pdf)

Recommended terminology to be used in GGC and in your MPAD.



## Confidentiality and Social Media

The main principle of this policy is that conduct online should meet the high standards of behaviour expected of employees or students representing NHSGGC.

“As a nurse, midwife or nursing associate, you owe a duty of confidentiality to all those who are receiving care.” (The NMC Code, paragraph 5)

It is unacceptable for nurses, midwives or nursing associates to discuss matters related to the people in their care outside clinical settings. If you refer to your work or study on social media, you must demonstrate respect and professionalism towards all women or service users by respecting their right to privacy and confidentiality. They could be identified regardless of whether you believe there is a risk.

This is particularly pertinent when considering sharing pictures of yourself in placement areas in uniform. It is strongly advised not to post photos of yourself with babies, regardless of the parent's approval at the time.

If you have concerns about anything that has happened in placement, social media is not the place to share this information. Reporting advice and support will follow in this document.

Social Media guidance can be found at:

[NHSGGC](#)

[NMC](#)

[UWS](#)

## Smoking



NHS Greater Glasgow and Clyde is committed to providing a safe and healthy environment for all staff, patients and visitors.

Smoking is banned on NHS Greater Glasgow and Clyde property, including all buildings, all vehicles and grounds. Staff and students must not smoke when on duty, including during rest breaks and on NHS GGC property or grounds. This also applies whilst on duty in premises or grounds not owned or controlled by NHS GGC. This is because you represent the organisation and its policy on tackling smoking, and it is important not to expose others to second-hand smoke.

<https://www.nhsggc.org.uk/media/234139/nhsggc-smokefree-policy-2021-01.pdf>

## Sickness Absence/Reporting

If unable to attend your shift due to illness or personal reasons, please contact the ward area before your shift commences and inform them that you will not be able to attend and, if possible, give an estimated time of absence. Please ensure you note who you have informed for your MPAD.

You **must also** inform UWS by completing the form at the following link:

### [ABSENCE FORM](#)

- Absence from Day 1 – Day 3 – completion of form, no certificate required.
- Absence from Day 4 – Day 7 – completion of form, self-certificate required.
- Absence from Day 8 onwards – completion of form, medical (GP) certificate required.

Certificates should be emailed to Practice Learning at: [Practicelearning@uws.ac.uk](mailto:Practicelearning@uws.ac.uk)



## Computer Access

### NHSGGC Student IT Access

You will need an active NHSGGC login to access the eHealth systems required to complete your practice Learning Experiences.

It is your **responsibility** to remember these details and ensure your account remains active throughout your university programme.

#### What you need to do first

1. NHSGGC will provide a username and temporary password via your university.
2. Log in to an NHSGGC computer as soon as possible.
3. Change your password (You must ensure you remember this password)
  - Passwords are case-sensitive.
  - They must be a minimum of 8 characters.
  - Must have at least one uppercase letter and at least one number
4. Accept NHSGGC Terms and Conditions & Select and answer a security question

<http://spapps.staffnet.ggc.scot.nhs.uk/MyAccount/AcceptConditions.aspx>

5. Complete the additional five security questions in the pop-up box that will appear the first time you log in. Without these, you will be unable to reset your password if required in the future.

**If you do not accept T&Cs and set up a security question within 28 days of your first login, your account will be deactivated.**

#### Important things to remember -

Keep your account active by logging in via an NHSGGC computer a minimum of once every 60 days (this includes [NHSGGC library](#) computers)

Failure to maintain an active account will result in it being deleted, and the IT department may be unable to issue you with another.

If you have any IT issues, you need to email: [itservicedesk.nhss-ggc@atos.net](mailto:itservicedesk.nhss-ggc@atos.net) from your student email address, with **Student Login issue** as the title, and provide the following:

Name:

XGGC Account ID:

Student Matriculation Number: B00\*\*\*\*\*

Contact Number (if a mobile number is provided, the new password can be sent as a text):

**You MUST ensure you have read the following:**

- [FairWarning \(scot.nhs.uk\)](https://www.scot.nhs.uk/fairwarning/)
- [Data Protection Act 2018 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2018/12/data-protection-act-2018)
- [NHSGGC Data Breach Policy](#)
- [Computer Misuse Act 1990 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1990/16/computer-misuse-act-1990)
- [Acceptable Use Policy \(scot.nhs.uk\)](https://www.scot.nhs.uk/acceptable-use-policy/)

AND FINALLY...

- Don't allow anyone to use your NHSGGC login details for any account.
- Don't look at any clinical information unless the woman or baby is in your care.
- Don't look up your clinical information anywhere, at any time.
- Don't send sensitive information by unsecured email.

Guides for the use of Computer Systems can be accessed on Aula

- [NHSGGC IT Guide](#)
- [HEPMA Access](#)
- [BadgerNet Teaching Session](#)
- [BadgerNet Navigation Booklet](#)

Note: Even if you have Badger Access for another Health Board, you need a new, GGC Specific login – **this will be arranged via the student co-ordinator for your area.**

BadgerNet Support – [ggc.digitalmidwives@ggc.scot.nhs.uk](mailto:ggc.digitalmidwives@ggc.scot.nhs.uk)

## Right Decisions App



Health Improvement Scotland host a range of toolkits applicable to Maternity Services including 'NHSGGC Maternity & Gynaecology Guidelines' and the 'Scottish National Midwifery Formulary' for healthcare staff to use in combination with their professional judgement.

Download on [Apple](#)

Download on [Android](#)

## Before you go

Before attending placement, ensure you have completed your pre-practice learning in your MPAD. Also, it is wise to look through the Domains and mark which domains you want to achieve during placement. This will help inform your initial conversation about placement expectations with your practice supervisor.

Read The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates (<https://www.nmc.org.uk/standards/code>).

Reflect on your learning in university so far and read up about the types of conditions and basic anatomy and physiology you may come across on placement. Also, have a good knowledge and understanding of normal observations; you will be assisted with skills, but you will be expected to know the parameters of normality.

With the exception of RAH and QEUH labour ward, who will contact you, make contact your placement area 3 weeks in advance to obtain your student off-duty. You may wish to confirm working hours and discuss off-duty requests with the Student Coordinators at this time.

## What to do when you arrive at your placement area

On your first day in a new placement area, you should be supported to orientate yourself to the placement setting and learn the location of equipment and facilities:

- Fire alarms, fire extinguishers and fire exits (the local fire procedures should be explained to you as part of this).
- The resuscitation policy should be discussed with you, and equipment for emergency resuscitation of the woman and baby should be explained; make sure you are aware of the location of the following (if this is relevant to your placement area):
  - Adult emergency trolley (crash trolley)
  - Oxygen and suction equipment
  - Emergency trolley (umbilical cord prolapse/eclamptic fit/sepsis pathway etc.)
  - Neonatal resuscitaire
  - Neonatal emergency trolley

- The procedures for how to summon help in the event of an emergency (including how to make a '2222' emergency call) should be explained to you; make sure you listen to the difference in the sound of the standard call bell and the emergency call bell while you are on placement.
- The procedure for locating local policies should be explained, including: - Health and safety - Incident reporting procedures - Infection control - Handling of messages and enquiries - Clinical guidelines.
- The shift times, mealtimes and sickness or absence reporting policies. If you are unsure of these, please ask the person you are working with during your orientation to the placement area.
- The sources of support available to you and how to contact individuals should be explained. If you are unsure how to contact your Practice Assessor or the Student Coordinators for your placement area, please contact the Practice Education Team.
- The procedure for raising concerns should be explained to you. Please contact the Practice Education Team if you are unsure about this but wish to discuss a concern.

During your first week in the placement setting, the following should be discussed or demonstrated:

- Moving and handling equipment in the clinical area has been explained and demonstrated.
- The medical devices used in the clinical area (e.g., syringe drivers, infusion pumps or CTG monitors) have been explained and demonstrated.
- Information governance requirements have been explained to you.
- The local policy for supplying, administering, destroying or surrendering controlled drugs has been explained.
- The policy regarding safeguarding has been explained.

If any of the above is not actively discussed with you, or if you remain unsure despite discussion or demonstration, please ask your Practice Assessor or Practice Supervisor to review the above points. They can also signpost you to additional information sources to support your learning and development.

## Paging system

### Dial 8888

1. You will be informed on the phone  
"Please enter user number, followed by the # key."
2. Dial pager number required, then the # key  
"Please enter message followed by the # key."
3. Dial extension number you are paging from (extension number should be written on the phone) followed by the # key  
"Your message has been accepted. Goodbye!"
4. Await a return call.

## EMERGENCY Procedures 'Crash Page'

If you are asked to "crash call."

### Dial 2222

Ask for **Adult Resuscitation Team** (for non-obstetric calls or cardiac arrest within obstetrics)

Ask for **Neonatal Team** to \*RAH Maternity Labour Ward - Room XX

- This will get you the neonatal Registrar, Fy2, ANNP and staff nurse.

Ask for the **Obstetric Team** to \*RAH Maternity Labour Ward - Room XX

- This will get you the obstetric team, anaesthetic team and maternity page holder.

Ask for **Major Haemorrhage Protocol** \*RAH Maternity Labour Ward or \*RAH Maternity Theatre XX. Give an Extension number.

- This will activate Transfusion to call and discuss what trauma packs are required. The person making the call must know the woman's information, condition, blood loss, and what the doctor requests, i.e., trauma pack A or B, group-specific or x-matched blood, and how many units. The porters are activated to collect specimens and blood products.

In the event of a major obstetric haemorrhage, request both the Major Haemorrhage Team and Obstetric Emergency Team.

\* State hospital location, e.g., QEUH

NOTE – Inverclyde and Vale of Leven only have a Resuscitation Team for 2222 calls.

## Risk Management

Risk Management is a process for reducing the chance of harm to women, birthing people, staff or visitors within NHSGGC. It protects assets, minimises financial losses, improves the safety and quality of healthcare, and improves the safety and welfare of healthcare staff.

### Who is Responsible for Risk Management?

The Chief Executive is responsible for risk management; however, they delegate this responsibility to Clinical Governance, the Clinical Risk Team, and Clinical Risk Midwives. Ultimately, everyone is accountable for managing risk - we all do it daily.

What do you need to do when you are on clinical placement?

- Report actual or near-miss incidents using the incident reporting form (see below)
- Follow policies and procedures on risk and incidents
- Attend mandatory training days
- Only use equipment if you are competent and confident to do so
- Maintain clear, accurate and contemporaneous record-keeping at all times. Datix is the system for recording incidents and risks. There is a separate complaints process for women if they require it.

You have a legal responsibility not to endanger yourselves, your colleagues or others by individual acts or omissions. You are required to comply with the requirements of any policy or procedure issued to minimise the risk of disease or injury.

If you are involved in any incident (directly or indirectly), you and your Practice Supervisor OR Practice Assessor must contact the Practice Education Team via email as soon as possible – any incident that a student is involved in must be logged and reported to the university within three days. The Practice Education Team can discuss the incident with you – they will offer support, signpost you to additional support networks, and help you complete a Datix report if indicated.

If, during the investigation into the incident that you have reported (or been involved in), you may be contacted and asked to provide a written statement. If this is the case, please inform the Practice Education Team immediately. They will tell your

Academic Assessor and Personal Tutor so that appropriate support can be arranged to assist you in writing a formal recollection of events.

If an incident occurs, writing a personal reflection of the journey at the time may be helpful. Local risk meetings are held in each hospital regularly; these can be accessed via the clinical risk midwife. Students are more than welcome to join, and the clinical risk midwives are always willing to help if you feel unsure.

Royal Alexandra Hospital – [Gillian.burdge@ggc.scot.nhs.uk](mailto:Gillian.burdge@ggc.scot.nhs.uk)

Queen Elizabeth University Hospital – [Marjorie.robertson@ggc.scot.nhs.uk](mailto:Marjorie.robertson@ggc.scot.nhs.uk)

Princess Royal Maternity – [Jacqueline.hill3@ggc.scot.nhs.uk](mailto:Jacqueline.hill3@ggc.scot.nhs.uk)

## Civility Saves Lives



Everything we do for the women we care for requires teamwork. It may come as no surprise that good teams perform better, leading to better outcomes. We often think about what makes a good team; clear roles, effective communication, and a shared vision or goal come to mind quickly.

### What is incivility?

Incivility can be anything ranging from rude or unsociable speech or behaviour. Importantly, it is as interpreted by the recipient.

There are many examples:

Shouting at someone, swearing, aggression (not necessarily towards someone), belittling someone, sending emails in meetings, talking over others, being difficult over the phone, rolling eyes or tutting at someone. The list goes on!

When someone is rude to us, it reduces our bandwidth and ability to juggle multiple tasks and conscious thoughts effectively. For example, on a good day, we can actively juggle 6-8 things, like remembering to pick up the shopping on the way home or the important birthday next week.

But this also includes tasks for the women we serve, like chasing the blood results, ordering investigations, and being able to consider differential diagnoses. Therefore, rudeness reduces our ability to do our jobs until we can only focus on them. They are actively making us worse.

When we condone rudeness in our teams, we accept poorer outcomes for the women and babies we care for.

NHSGGC are actively working to broaden awareness and application of the Civility Saves Lives (CSL) approach.

For further information, please see the links below.

<https://civilitysaveslives.com>

<https://www.nhsggc.scot/downloads/civility-saves-lives-starter-pack-presentation/>



## Princess Royal Maternity Unit



16 Alexandra Parade, Glasgow, G31 2ER

The Princess Royal Maternity Unit is a base for one of the three maternity units across Greater Glasgow and Clyde and currently assists in approximately 5000 deliveries per year. It has five clinical floors and provides state-of-the-art equipment for mothers and babies, with the added benefit of clinical services, including Adult Intensive Care on the same site.

### PLACEMENT AREAS

The Princess Royal Maternity Unit is adjacent to Glasgow Royal Infirmary on Alexandra Parade. The unit has a central access door at the front of the building at Alexandra Parade, which is open between 0700-2100. For access out of hours, please use the Wishart Street Emergency entrance; you will be required to use a buzzer entry system, so have your ID available.

The unit has multiple departments.

- Antenatal Clinic/Daycare
- Early Pregnancy Assessment Unit
- One Antenatal Ward and one Planned Caesarean Birth (PCB) Antenatal Ward
- Two Postnatal Wards
- Labour Ward
- Alongside Maternity Unit
- 3 Obstetric Theatres
- Ultrasound Department
- Gynaecology Wards
- Gynaecology Theatres
- Neonatal unit accommodating neonates from any gestation and with a variety of complexities.

### Labour Ward



Labour Ward is situated on the third floor and is well signposted. Access is gained only by ID pass. Otherwise, you are required to request access via the intercom system which can only be authorised by labour staff via video surveillance. Please have your student ID available to display.

Labour Ward consists of

- Eight CLU (Consultant Led Unit) birth rooms.
- Two Alongside Midwifery-Led Pool rooms.
- The Butterfly Suite. Two purpose-built rooms for bereaved women and their families during pregnancy loss.
- 3 Theatres. The planned caesarean birth list occurs in one of the theatres Monday – Friday.
- 2-bed High Dependency Unit (HDU)
- 4-bed Recovery Bay.

In addition to birthing rooms, there are three obstetric theatres, a 4-bed recovery area and a 2-bed high dependency area. The Neonatal Unit is situated on level 4 of the same building and has immediate access to assistance if required.

All rooms have an ensuite bath with enough space for water immersion pain relief, which can be used with wireless telemetry.

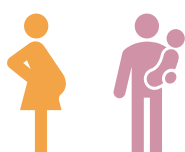
The midwifery team are supported in caring for women by a team of medical staff, anaesthetists, operating department practitioners, and maternity support staff. Each person is a valued team member, and students are welcomed into that team during the placements and encouraged to develop their knowledge and skills working alongside the team.

### Alongside Maternity Unit (AMU)



Harris and Skye are the two newly developed midwifery-led birthing rooms situated within labour ward. Each room has a state-of-the-art birthing pool and a range of non-medical equipment to assist women with an upright birth, supported by midwives. The environment is comparable to GGC's community maternity birthing suites. The AMU provides a choice of birthplace as identified in the Best Start guidelines. Because of their proximity to the Consultant-led Unit, it provides a safe space for women who are at higher risk but want a midwifery-led birth.

### Maternity Assessment Unit (MAU)



24-hour maternity assessment service for all women and birthing people requiring advice or assessment from 17 weeks until six weeks postpartum. Maternity assessment is on the 2nd Floor.

This is usually the first point of contact for women in all stages of labour. Maternity assessment has a telephone referral system, usually self-referred; however, occasionally, community midwife or GP referred.

### Obstetric Theatre



A team of midwives work alongside Labour Ward to ensure maternal choice/medical need for a planned caesarean birth is available five days a week. The planned caesarean theatre can have five women a day, with all levels of complexity and acuity.

### Ward 68 – Postnatal Ward



Ward 68 is a 16-bedded postnatal ward situated on the 3<sup>rd</sup> floor of the maternity unit, catering to both mothers without risk factors and mothers and babies with complex care needs. Discharge can vary between 6 hours and more than 24 hours.

### Ward 71 – Antenatal Ward



Ward 71 is a small ward on the maternity unit's 6<sup>th</sup> floor, providing pre-op care to women attending for a planned caesarean birth.

### Ward 72 – Antenatal Ward



Ward 72 is a 19- Bedded ward on the 6<sup>th</sup> floor of the maternity unit providing antenatal care. It provides care for all women requiring 24-hour care at any time during their pregnancy.

### Ward 73 – Postnatal Ward



Ward 73 is a 23-bedded postnatal ward on the 6<sup>th</sup> floor of the maternity unit, catering to both mothers without risk factors and mothers and babies with complex care needs. Discharge can vary between 6 hours and more than 24 hours.

## Daycare



An antenatal clinic which is open Monday to Friday, 0900-1600, primarily for women attending appointments for hypertension, Glucose Tolerance Tests (GTT) and scan reviews.



## Early Pregnancy Assessment Unit (EPAU)



The Early Pregnancy Assessment Unit provides care to women under 17 weeks gestation. They facilitate early scans, pregnancy tests and support women with pregnancy-related problems under 17 weeks. Open Monday to Friday, 0830-1630, and a Glasgow-wide service 0830-1630 on Sundays.

## Neonatal Unit



The neonatal intensive care unit is situated on Level 4. It has the capacity to care for babies born as early as 24 weeks gestation, in addition to bigger babies that require care.

It is made up of multiple areas across one level, including:

- Intensive Care
- High Dependency
- Special Care
- Rooming in Suite

Intensive care and High Dependency have the space for 14 babies, with four additional isolation rooms. The Special Care Baby Unit has eight special care cots for babies who require extra support and care after birth. The Rooming-in Suite is ideal for parents to come into the unit and stay with their baby while waiting on discharge home. These rooms allow mothers to stay with their babies to establish parenting skills and breastfeeding before discharge and reduce the need for separation if the baby requires a short-term observation or treatment.

## PRACTICALITIES

### Refreshments and Breaks

The unit has an on-site canteen area, 'Mabel's' and a coffee shop in the main entrance hall at Alexandra Parade, which is open during daytime hours. There are also vending machines at the entrance; however, bringing food with you on shift to store in staff areas is advisable. Students are offered a fifteen-minute break followed by two 30-minute meal/rest breaks on shift. Each ward has staff/kitchen areas to store and eat meals during breaks. Remember that your placement hours for your MPAD are inclusive of break times.

### Shift Patterns

Shifts are worked in a rotation of days, nights and weekends. Your shift pattern will be organised by the midwife in charge. Requests for specific days off should be made as essential requests only and are limited. Any issues with shift patterns must be highlighted as soon as possible so they can be addressed.

### Parking

Parking at the PRM can be difficult during the day; however, there are good bus transport links, and if you arrive before 0700, there is usually space in the multi-storey car park at Castle Street.

### Changing facilities

Students must not travel to the hospital in uniform. There are changing facilities within each ward area; however, students have no formal locker storage. Considering this, keep your belongings compact and avoid bringing valuables.

### Student Co-ordinator

CM – [Pauline.boyle2@ggc.scot.nhs.uk](mailto:Pauline.boyle2@ggc.scot.nhs.uk)

## Princess Royal Maternity Contact List

Area	External	Internal	Page
Antenatal Clinic	0141 201 3418	13418	
	0141 201 3422	13422	
Blood Bank		29606	
		29603	
Community Midwives	0141 242 9812	29812	
	0141 242 9813	29813	
Day Care (0900-1700)	0141 201 3456	13456	
	0141 201 3458	13457	
		13458	
Directorate Office: Kathleen McGrath	0141 201 3334		
Directorate Office: Fiona McManus	0141 201 3335	13335	
EPAS < 17 weeks pregnant	0141 201 3447	13448	
	0141 201 3448	13447	
Gynaecology Registrar			12216
Haematology		29607	
		29602	
Labour Ward		13302	
	0141 201 3302	29814	
	0141 242 9814	85501	
		13303 (Clerk)	
Labour Ward Anaesthetist			12205 (Cons)
			12266 (Reg)
Labour Ward HDU	0141 242 9818	29818	
Labour Ward Recovery	0141 201 5494	65494	
Level 3 Tea Room	0141 242 9815	29815	
Library (New Lister)	0141 201 5867	65867	
MAU	0141 201 3452	13452	
	0141 201 3453	13453	
	0141 201 3454	13454	
Neonatal ICU	0141 211 6356	56356	
Obstetric Consultant			10056
Obstetric Consultant 1 <sup>st</sup> On Call			10054
Obstetric Consultant 2 <sup>nd</sup> On Call			10053
Perinatal Advisory Service	0845 603 8113		
Pharmacy	0141 201 3515	13515	
Porters			12206
Registrar Room Ward 71	0141 242 9786	29786	

	0141 242 9787	29787	
SCBU	0141 211 5247	25247	
	0141 211 5369	25369	
SNIPS office	0141 201 3494	13494	
Theatre 1	0141 201 3311	13311	
	0141 242 9827	29827	
Theatre 2	0141 201 3322	13322	
Theatre 3		21011	
Ultrasound	0141 201 3500	13500	
Ward 56A - Gynaecology		13371	
	0141 201 3372	13372	
	0141 451 5556	85556	
Ward 56B - Gynaecology		13363	
	0141 201 3363	13364	
	0141 210 3364	85556	
Ward 56 Doctors Room	0141 201 3366	13366	
	0141 201 3367	13367	
Ward 68 - Postnatal	0141 232 4369	64369	
	0141 232 4370	64370	
Ward 71 - Planned Caesarean	0141 201 3545	13545	
Ward 72	0141 201 3550	13550	
	0141 201 3551	13551	
Ward 73	0141 201 3547	13547	
	0141 201 3549	13549	

PRM Quick Page	#
Consultant on Call	10054
LW Registrar	10055
LW FY2	17523
Paediatric Registrar	12200
Paediatric FY2	12201
Anaesthetist on Call	12205
Anaesthetic Nurse	13663

## Queen Elizabeth Maternity Unit



1345 Govan Road, Glasgow, G51 4TF

The Queen Elizabeth University Hospital is a base for one of the three maternity units across Greater Glasgow and Clyde and currently assists in approximately 6000 births per year.

### PLACEMENT AREAS

The Queen Elizabeth Maternity Unit is situated separately from the main hospital building - conjoined by a link bridge for access when required. The unit has two main access doors, one at the front of the building and an emergency ambulance/night access to the rear. The main entrance is accessible from 0630-2030. The night access is via intercom video surveillance in Labour Ward.

The unit has multiple departments.

- Antenatal Clinic
- Fetal Medicine Unit
- Ultrasound Scanning Department
- Gynaecology Day Ward
- Two Gynaecology Theatres
- Two Postnatal Wards
- One Antenatal Ward
- Labour Ward
- Alongside Maternity Unit
- Two Obstetric Theatres
- A Neonatal Unit with two levels, the largest in GGC, accommodating neonates of all gestations and complexities.

### Labour Ward (Ward 44)



Labour Ward is situated at the end of the ground floor corridor and is well signposted. Access is gained only by ID pass; otherwise, you are required to request access via the intercom system which can only be authorised by labour staff via video surveillance. Please have your student ID available to display.



Labour Ward consists of 10 fully equipped rooms and the new AMU (Alongside Maternity Unit), which comprises of two rooms equipped with birthing pools and other birthing aids for midwifery-led labour care.

There are two allocated rooms for those experiencing pregnancy loss at any stage, situated within labour ward.

Queen Elizabeth is a base for fetal medicine within GGC and other areas in Scotland, with many mothers having to have their care transferred for specialised needs. The unit is equipped with three treatment rooms, scanning facilities, counselling facilities and separate waiting areas.

In addition to birthing rooms, there are two obstetric theatres, a 5-bed recovery area, a 3-bed observation area and a 2-bed high dependency area. The Neonatal Unit is situated directly above Labour Ward and has immediate access to assistance if required.

The midwifery team are supported in caring for women and birthing people by medical staff, anaesthetists, operating department practitioners, and maternity support staff. Each person is a valued team member, and students are welcomed into that team during the placements and encouraged to develop their knowledge and skills working alongside the team.

### **Alongside Maternity Unit (AMU)**



Lavender and Jasmine are the two newly developed midwifery-led birthing rooms within the labour ward. Each room has a state-of-the-art birthing pool and a range of non-medical equipment to assist women with an upright birth, supported by midwives. The environment is comparable to GGC's community maternity birthing suites. The AMU provides an alternative choice of birthplace as identified in the Best Start guidelines. Because of their proximity to the consultant-led unit, it provides a safe space for women who are at higher risk but want a midwifery-led birth.

## Obstetric Theatre



A team of midwives work alongside Labour Ward to ensure maternal choice and medical need for a planned caesarean birth is available five days a week. The planned caesarean theatre can provide a service for up to five women a day, with all levels of complexity and acuity.

## Ward 47 – Postnatal Ward



Ward 47 is a 19-bedded postnatal ward on the 2nd floor of the maternity building, catering to mothers and babies with complex needs following delivery requiring closer observation. Inpatient stay tends to be more than 24 hours.

## Ward 48 – Antenatal Ward



Ward 48 is an 18 bedded ward on the 2<sup>nd</sup> floor of the maternity building, providing 24-hour care for all antenatal women at any time they require during their pregnancy.

## Ward 50 – Postnatal Ward



Ward 50 is a 20 bedded postnatal ward situated on the 3<sup>rd</sup> floor of the maternity unit, providing care for mothers without risk factors and is suitable mainly for discharge home between 6-24 hours after birth. This is not exclusive; high-risk mothers will be cared for if needed.

## Maternity Assessment Unit (MAU)



24-hour triage service for all women requiring advice or assessment mainly from 17 weeks gestation until six weeks postpartum.

This is usually the first point of contact for women in all stages of labour. There is a 6-bed ward with one side room. MAU has a telephone referral system, usually self-referred; however, occasionally referred by a community midwife or GP. The triage system used is the Birmingham Symptom Specific Obstetrics Triage System (BSOTS) which colour codes categories of urgency. More information on this can be found here <https://bmcpregnancychildbirth.biomedcentral.com/counter/pdf/10.1186/s12884-017-1503-5.pdf>

## Daycare



An antenatal clinic which is open Monday to Friday, 0830-1630, primarily for women attending appointments for hypertension, Glucose Tolerance Tests (GTT) and scan reviews, however due to fetal medicine unit being on site, women with more complexities are often seen too.

## Early Pregnancy Assessment Suite (EPAS)



The Early Pregnancy Assessment Suite provides care to women under 17 weeks gestation. They facilitate early scans, pregnancy tests and support women with pregnancy-related problems under 17 weeks. Open Monday to Friday, 0830-1630, and a Glasgow-wide service 0830-1630 on Saturdays.

## Neonatal Unit



The neonatal intensive care unit has the capacity for 34 medical and surgical intensive care/high-dependency cots.

The Special Care Baby Unit has 26 special care cots for babies who require extra support and care after birth and four mother and baby rooms with ensuite facilities for babies who are relatively well. These rooms allow mothers to stay with their babies to establish parenting skills and breastfeeding before discharge and reduce the need for separation if the baby requires a short-term observation or treatment.

## PRACTICALITIES

### Refreshments and Breaks

The unit does not have a canteen area but an RVS at the main entrance, which is open during daytime hours. Students can access other forms of refreshment from the main hospital, which has a staff canteen and shops for purchasing food; however, it is advisable to bring food with you on shift and store in staff areas. There is a staff tuck shop in Labour ward with snacks and drinks. Students are entitled to two 30-minute meal/rest breaks on shift; a third break may be possible depending on workload. Each ward has staff/kitchen areas to store and eat meals during breaks. Remember that your placement hours for your MPAD are inclusive of break times.

### Shift Patterns

Shifts are worked in a rotation of days, nights and weekends. Your shift pattern will be organised by the midwife in charge. Requests for specific days off should be made as essential requests only and are limited. Any issues with shift patterns must be highlighted as soon as possible so they can be addressed.

### Parking

Parking at the QEUH during the day can be difficult due to the volume of staff and attendees at the site. Car Park 4 is for non-permit-holding staff members (and students) and generally has spaces for shift workers before 0715 hours. Other car parks on-site only allow a 4-hour parking window Monday-Friday 0800-1630. A paid parking site on Govan Road costs £5 a day, but this can only be paid in cash.

### Changing facilities

Students must not travel to the hospital in uniform. There are changing facilities in the area leading to the lifts and within each ward area; however, students have no formal locker storage. Considering this, keep your belongings compact and avoid bringing valuables.

### Student Co-ordinator

CM – [Aileen.Morgan@ggc.nhs.scot.uk](mailto:Aileen.Morgan@ggc.nhs.scot.uk)

## Queen Elizabeth University Hospital Contact List

Area	External	Internal	Page
Antenatal Clinic	0141 201 2226	62226	
Antenatal Clinic Drs Room	0141 201 2306		
AN Ward FY2/ST junior	Mobile no. given daily.		
Biochemistry	0141 354 9060	89060	17684 (OOH)
Blood Bank		89104	17270
CEPOD Anaesthetist	0141 452 3466	83466 (Reg 83463)	
CEPOD Coordinator	0141 452 3469	83469	
Day Care	0141 201 2274 0141 201 4362	62274 <b>MWs</b> 64362 <b>Booking</b> <b>appts</b>	
Duty Radiologist		83571	
Emergency Paediatrics		62262	17550
EPAS		62331	
Gen Surgery Receiving Reg 1 on-call – held 24/7		82315	
Gen surgery Reg 2 on call (Theatre)		85792 (0800-2030)	
General Surgery Consultant on call		85793 85794 Switchboard for OOH	
Gynaecology Consultant			17332
Gynaecology Day Ward	0141 201 7642		67642
Gynaecology FY2/ST on call			17066
Gynaecology Pre-Assessment	0141 201 2286		62286
Gynaecology Registrar			17519
Gynaecology Theatre Sister/Coordinator	0141 201 2247		62247
Haematology		89097 <b>Lab</b> 89074 <b>Clinical advice</b>	17604
Labour Ward	0141 201 2292 0141 232 4317	62292 64317	
Labour Ward Staff Direct Line		62294	
Labour Ward Anaesthetist			17307 (Cons) 17272 (Reg)
Labour Ward Recovery	0141 232 4313	64313	

Maternity Ultrasound		62275	
MAU	0141 232 4363	64363	
	0141 232 4377	64377	
MAU Staff Direct Line	0141 201 2345	62345	
MAU 2 <sup>nd</sup> On Reg			17560
Obstetric Consultant			17222
Obstetric FY2/St Junior			17523
Obstetric Registrar			17111
Perinatal Advisory Service	0845 603 8113		
Porters			17241
Ward 47 - Postnatal	0141 201 2268	62268	
		62304	
Ward 48 - Antenatal	0141 201 2269 0141 201 2267	62269	
		62267	
Ward 49 - Gynaecology	0141 201 2282 0141 201 7644	62282	
		62269	
		67625	
		62249 – emergency	
Ward 50 - Postnatal	0141 232 4369 0141 232 4370	64369	
		64370	

QEUH Quick Page	#
Consultant	17222
LW Registrar	17111
LW FY2	17523
Paediatric Registrar	17550
Anaesthetist on Call	17307
Anaesthetic Nurse	62261

## Royal Alexandra Maternity Unit



Corsebar Road, Castlehead, Paisley, PA2 9PN

The Royal Alexandra Maternity Unit is a base for one of the three maternity units across Greater Glasgow and Clyde and currently assists in approximately 3500 deliveries per year.

### PLACEMENT AREAS

The Royal Alexandra Maternity Unit is situated separately from the main hospital building. The unit has one main access door at the front of the building, which is accessible from 0700-2200. The night access is via intercom video surveillance.

The unit has multiple departments.

- Antenatal Clinic
- Day Care
- Early Pregnancy Assessment Unit
- One large mixed Antenatal/Postnatal Ward
- Labour Ward
- Triage
- 2 Obstetric Theatres
- Community Maternity Unit
- Ultrasound Department
- Gynaecology Ward
- Neonatal unit accommodating neonates from 28 weeks gestation and a variety of complexities.

### Labour Ward



Labour Ward is situated on the first floor and is well signposted. Access is gained by door code which will be provided before placement. Otherwise, you are required to request access via the intercom system which can only be authorised by labour ward staff via video surveillance. Please have your student ID available to display.

Labour Ward consists of

- 9 CLU (Consultant Led Unit) birth rooms. One is purpose-built for bereaved women and their families during pregnancy loss.
- 3 Maternity Triage Rooms.

- 2 Theatres; A and B. The planned caesarean birth list takes place in Theatre A Monday – Friday.
- 4-bed Recovery Bay.

The Neonatal Unit is situated on the same floor and has immediate access to assistance if required.

Each birthing room, although consultant-led, has access to projector lighting with Bluetooth connection for music, LED candles, birth affirmation posters and other birthing aids to enhance the ability of women and birthing people to feel more comfortable in their birthing space. All rooms have an ensuite bath with enough space for water immersion pain relief, which can be used with wireless telemetry.

The midwifery team are supported in caring for women by medical staff, anaesthetists, operating department practitioners, and maternity support staff. Each person is a valued team member, and students are welcomed into that team during the placements and encouraged to develop their knowledge and skills working alongside the team.

## Triage



24-hour triage service for all women requiring advice or assessment from all pregnant women until six weeks postpartum. Triage is attached to Labour Ward.

This is usually the first point of contact for women in all stages of labour, unless they are booked to birth in the CMU. Triage has a telephone referral system, usually self-referred; however, they are occasionally referred by community midwives or GP.

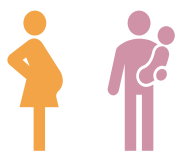
## Obstetric Theatre



A team of midwives work alongside Labour Ward to ensure maternal choice/medical need for a planned caesarean birth is available five days a week. The planned caesarean theatre can have 3 women a day, with all levels of complexity and acuity.



## Ward 31



Ward 31 is a 32 Bedded ward on the 2nd floor of the maternity unit providing antenatal and postnatal care.

It provides care for all antenatal women requiring 24-hour care at any time during their pregnancy, alongside postnatal care for mothers and babies with varying degrees of risk.

## Daycare



An antenatal clinic which is open Monday to Friday, 0900-1700, primarily for women attending appointments for Hypertension, Glucose Tolerance Tests (GTT) and scan reviews.

## Early Pregnancy Assessment Suite (EPAS)



Open Monday to Friday, 0900-1700, referrals taken for any bleeding before 20 weeks gestation. Women are given ultrasounds scans at the Early Pregnancy Assessment Unit, have blood taken, pregnancy tests, and are provided early pregnancy and loss support.

## Neonatal Unit



The neonatal intensive care unit has the capacity for ten medical intensive care/high-dependency cots. There are a further two single rooms.

The Special Care Baby Unit has six special care cots for babies requiring extra support and care after birth and one family room with ensuite facilities for babies preparing to go home. This room allows mothers to stay with their baby to establish parenting skills and breastfeeding before discharge and reduce the need for separation if the baby requires a short-term observation or treatment.

## PRACTICALITIES

### Refreshments and Breaks

The unit does not have a canteen area but has an RVS in the main hospital, which is open during daytime hours. Labour Ward has a tuck shop with snacks and juice, which can be paid for by cash or bank transfer, and there are vending machines at the building entrance; however, bringing food with you on shift and storing it in staff areas is advisable. Students are offered a fifteen-minute break if possible, and two 30-minute meal/rest breaks on shift. Each ward has staff/kitchen areas to store and eat meals during breaks. Remember that your placement hours for your MPAD are inclusive of break times.

### Shift Patterns

Shifts are worked in a rotation of days, nights and weekends. Your shift pattern will be organised by the midwife in charge. Requests for specific days off should be made as essential requests only and are limited. Any issues with shift patterns must be highlighted as soon as possible so they can be addressed.

### Parking

Parking at the RAH can be busy; however, there is usually space in the non-permit holder's staff car park, situated at the mortuary entrance – this can be accessed by passing the main road entrance and taking the next left going south on Corsebar Road.

### Changing facilities

Students must not travel to the hospital in uniform. There are changing facilities within each ward area; however, students have no formal locker storage. Considering this, keep your belongings compact and avoid bringing valuables.

### Student Co-ordinator

CM – [Gillian.Williamson@ggc.scot.nhs.uk](mailto:Gillian.Williamson@ggc.scot.nhs.uk)

## RAH & Clyde Hospitals Contact List

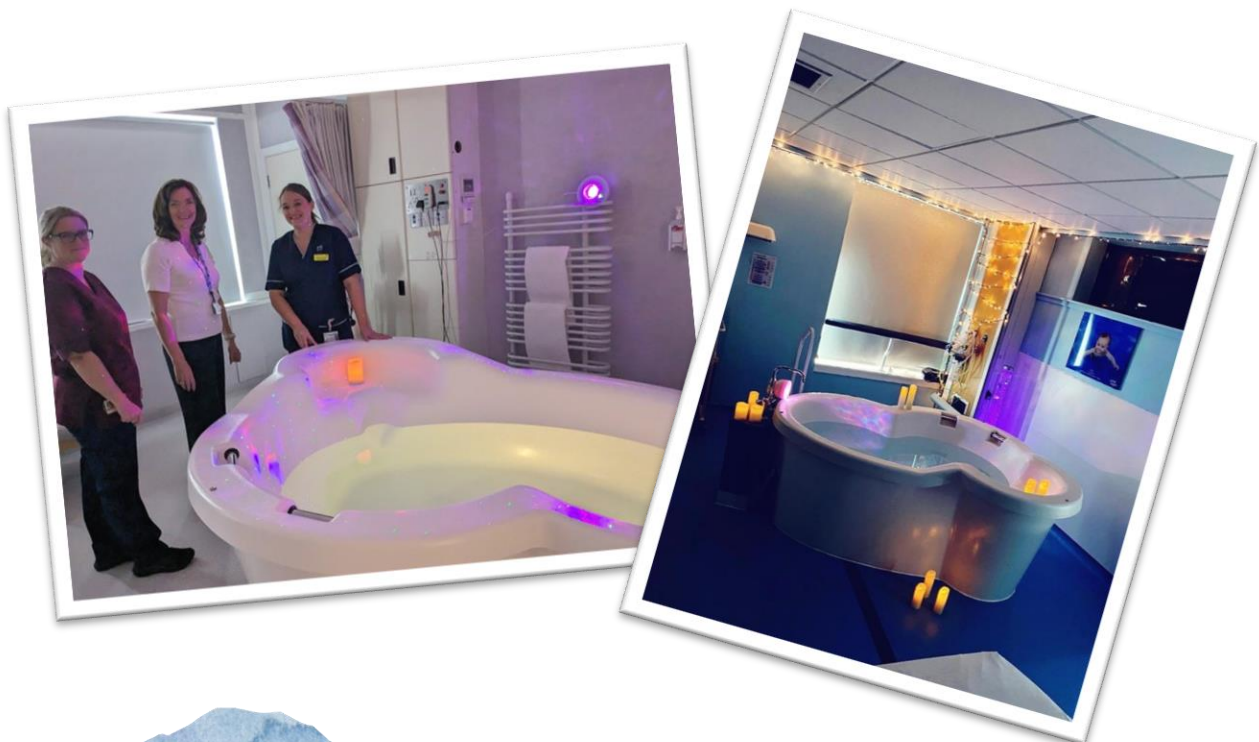
Area	External	Internal	Page
A&E Reception	0141 314 6165	06195	
A&E Nurses Station		07068	
Anaesthetic Dept		06609	
Antenatal Clinic		07161	
Biochemistry		06157	56357
Biochemistry for Advantage & Analyser		06656	
Blood Transfusion Lab		06159	
CMU IRH Day	01475 633 777		
CMU IRH On-Call (for low-risk birth calls only)	07929847664 07929847666		
CMU RAH	0141 314 7033	07033	
CMU RAH Team Room	0141 314 7371	07371	
CMU RAH Duty Room	0141 314 7289	07289	
CMU VOL 1 <sup>st</sup> on-call midwife	07917052055		
CMU VOL 2 <sup>nd</sup> on-call midwife	07917041032		
CSSD (Maggie)		06684	
Day Care Unit		06724	
Day Surgery		07030	
Domestic Supervisor		06142	56479 56116 after 8pm
ECG Cardiology Technician		06806	
EPAU	0141 314 6953	06953	
Estates		07043	
Haematology		06158	
Hearing Screeners		07492	
Infection Control		07133	
Interpreter	0800 496 1508		
Kitchen		06108	
Labour Ward	0141 314 6743	06743 07269	
Labour Ward Duty Room	0141 314 6259	06259	
Labour Ward Tea Bar	0141 314 6241	06241	
Labour Ward Anaesthetist	Page		
Labour Ward Recovery	0141 314 7141	07141	
Labs Reception	0141 314 6157	06157	
Library IRH	01475 504402	04402	
Library RAH	0141 314 7178	07178	

Main Hospital Page holder			56005
Maternity Page holder			56297
Maternity Reception		06686	
Maternity Ultrasound		06748 06697 <b>Office</b>	
Medical Physics		06637	
Microbiology	0141 201 8551		
Mortuary		06648	56363
Obstetric Consultant	Switchboard		
Obstetric Registrar	Page		
Pain Sister			56285
Perinatal Advisory Service	0845 603 8113		
Pharmacy	0141 314 6146	06146 <b>Office</b> 07070 <b>Helpline</b>	
Physiotherapy		06765	
Porters		06695 06214 <b>A&amp;E</b>	56012
Porter Supervisor			56010
RAH ITU	0141 314 7069	07069	
RAH HDU		07025	
RAH CCU	0141 314 7012	07012	
SCBU	0141 314 7035	07035	
SCBU Dr's Room	0141 314 9743	09743	
SCBU ITU	0141 314 7334	07334	
SNIPS RAH		06199	
Social Work Priority Number	0141 305 6920		
Theatre A	0141 314 6010	06010 06694	
Theatre B	0141 314 6011	06011	
Tissue Viability Trak Referral	0141 314 4253		
Triage	0141 314 6741	06067 06741	
Ward 31A Antenatal/Postnatal	0141 314 7031	07031	
Ward 31A Duty Room	0141 314 7330	07330	
Ward 31B – Antenatal/Postnatal	0141 314 9588	09588	
Ward 31B Duty Room	0141 314 9784	09784	
Ward 32 - Gynaecology	0141 314 7032	07032 07205	
X-Ray		06800	

RAH Quick Page	#
Consultant on Call	56193
LW Registrar	56014
LW FY2	56015
Paediatric Registrar	56017
Paediatric FY2	56018
ANNP	56547
Anaesthetist on Call	56233
Anaesthetic Nurse	56023

## Clyde Community Maternity Units (CMUs)

All Clyde CMUs have mood lighting and sound systems to provide women and their birthing companions the opportunity to listen to music of their own choice. Each has a range of aids available, including TENS machines, birthing balls, peanut balls, and CUB chairs. Women are supported to use movement, water, alternative therapies and minimal intervention whilst providing low-risk monitoring throughout their labour.



## Royal Alexandra CMU



Corsebar Road, Castlehead, Paisley, PA2 9PN

Royal Alexandra Community Maternity Unit is situated on the 3<sup>rd</sup> Floor of the Maternity Building. Access is via the door to the left out of the lift/stairs to the birthing suite and the entrance to the right for the community teams. It offers three birthing rooms for midwife-led care on the third floor of the maternity building. These include the Sapphire Room, which features a birthing pool and ensuite facilities and the Emerald and Ruby rooms, which offer large corner baths for use in labour. A fourth room is available as a birthing room but is currently used as an outpatient room for balloon induction. The unit has a dedicated postnatal bay, so women don't need to be transferred to a postnatal ward.

Mobilisation for an active and upright birth is encouraged. In the birthing suite, person-centred intrapartum care is available to lower-risk women and birthing people from triage to discharge to the Community. CMU midwives work closely with colleagues in triage, labour ward, daycare and the neonatal unit for those women who may need some of their care to be transferred to their services.

### Community Teams

In Community, the aim is to provide continuity of care to high and low-risk women in antenatal and postnatal outpatient settings. Some midwives are trained in alternative therapies; however, all women can be supported using hypnobirthing techniques and aromatherapy, alongside routine antenatal education and breastfeeding classes. The community team also cover any home birth on calls. The teams are led by two Senior Charge Midwives (SCMs). Community midwives hold weekly antenatal clinics in health centres in the areas linked to their team and carry out postnatal visits in the women's homes.

<b>Blue Team</b>	Paisley, Neilston and Barrhead
<b>Orange Team</b>	Paisley
<b>Silver Team</b>	Paisley, Linwood, Erskine and Bishopton
<b>Purple Team</b>	Johnstone, Elderslie, Kilbarchan, Lochwinnoch Houston and Bridge of Weir
<b>Red Team</b>	Renfrew and Paisley

### Shift Patterns

#### Community shifts:

Monday-Sunday 0900-1700

When you are on for Community, you should wear your uniform, ID badge and name badge. A staff brief is held in the community team room at 0900, Monday to Friday.

#### Birthing suite shifts:

Monday-Sunday

Early 0745-1545

Late 1400-2200

Night 2145-0800

When on for the birthing suite, you should change into scrubs in the changing room on the ground floor or within the birthing suite. You should also wear your name badge and ID badge. Please ensure you arrive with enough time to change and report to the duty room in the birthing suite/labour ward for handover.

Staff will work two-thirds of their time case-holding in Community and a third of their time in the birthing suite. Students will follow a similar pattern whilst on placement. At RAH CMU, there is a high percentage of waterbirths, and the community midwives also offer homebirth services, which students can opt to attend if agreed with the woman and her family.

SCMs – [Nicola.fry@ggc.scot.nhs.uk](mailto:Nicola.fry@ggc.scot.nhs.uk)

[Kirsty.maclean@ggc.scot.nhs.uk](mailto:Kirsty.maclean@ggc.scot.nhs.uk)

## Inverclyde Royal Hospital CMU



Larkfield Road, Greenock, PA16 0XN

Located on Floor F (for Fun!) in Inverclyde Royal Hospital is Inverclyde Maternity Unit. The unit contains the Acorn Birthing suite, which provides a “home from home” environment for women with uncomplicated pregnancies. The large birthing suite has a state-of-the-art birthing pool and ensuite facilities. Mobilisation for an active and upright birth is encouraged. Due to the intimate nature of this birthing unit, multiple birth supporters can be accommodated, as can visiting for family members. The average stay after the birth is 4-6 hours; however, more extended stays are available in a single postnatal room.

### Unit Facilities

In the birthing suite, person-centred intrapartum care is available to lower-risk women from triage to discharge to Community. Inverclyde CMU has the advantage of having daycare, outpatient clinics, EPAS and scanning facilities within the unit, meaning that most of the care is provided in one place; women and their families can be given a tour of the birthing suite when attending any of their appointments. Antenatal education is also facilitated within the unit, so there are excellent opportunities to build a trusting relationship with staff.

### Community Team

In Community, the aim is to provide continuity of care to high and low-risk women in antenatal and postnatal outpatient settings. Alternative therapies such as hypnobirthing and aromatherapy are provided, alongside antenatal education and breastfeeding classes. The community team cover any home birth on-calls. Inverclyde is leading the Best Start continuity of carer initiative, meaning that each community midwife will have their own caseload based on a postcode system.

### Shift Patterns

Community shifts:

Monday-Sunday 0800-2000



On your first week in placement, you are asked to attend Monday to Friday, 9-5, and the SCM will arrange a suitable working pattern for you after that. If you wish to be on call for a home birth, this can be organised in agreement with the woman and her family. You will get lots of opportunities in this placement area to develop your practical skills, including manual blood pressures, venepuncture, abdominal palpation, postnatal mum and baby checks, and using a Pinard stethoscope.

### **Practicalities**

Car parking is available in the main car park outside the hospital or the overflow car park on the opposite side of the main road. The hospital has an excellent staff canteen which is very affordable; however, there are also kitchen facilities with a microwave if you want to bring food. Students must not travel to the hospital in uniform. There are changing facilities within the unit; however, there is no formal student locker storage. Considering this, keep your belongings compact and avoid bringing valuables.

SCM - [clare.monaghan@ggc.scot.nhs.uk](mailto:clare.monaghan@ggc.scot.nhs.uk)

## Vale of Leven CMU



Community Maternity Unit, Vale of Leven District General Hospital, Main Street, Alexandria, G83 0UA

The Vale of Leven Community Maternity Unit is located at the Vale of Leven Hospital. The unit contains three comfortable birthing rooms, including one with a state-of-the-art pool, which provides a “home from home” environment for women with uncomplicated pregnancies. Mobilisation for an active and upright birth is encouraged with soft matting, birthing balls and a birthing couch available as aids. Due to the intimate nature of this birthing unit, birth supporters can be accommodated, as can visiting for family members. The average stay after the birth is 4-6 hours; however, more extended stays are available in a single postnatal room.

### Unit Facilities

In the birthing suite, person-centred intrapartum care is available to lower-risk women and birthing people from triage to discharge to Community. Vale of Leven CMU has the advantage of having daycare, outpatient clinics, EPAS and scanning facilities within the unit, meaning that most of the care is provided in one place; women and their families can be given a tour of the birthing suite when attending any of their appointments. Antenatal education is also facilitated within the unit, so there are excellent opportunities to build a trusting relationship with staff.

### Community Team

In Community, the aim is to provide continuity of care to high and low-risk women in antenatal and postnatal outpatient settings. Some midwives are trained in alternative therapies; however, all women can be supported using hypnobirthing techniques and aromatherapy, alongside routine antenatal education and breastfeeding classes. Postnatal visits are routinely carried out in the morning and divided into Helensburgh and Dumbarton/Vale of Leven areas. The community team cover any unit or home birth on-calls. Antenatal clinics are conducted in the afternoons at the CMU and Victoria Integrated Care Centre in Helensburgh.

### Shift Patterns

Community shifts:

Monday-Sunday	0900-1700	0800-1600	0800-2000
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On your first week in placement, you are asked to attend Monday to Friday, 9-5, and the SCM will arrange a suitable working pattern for you after that. If you wish to be on call for a home birth, this can be arranged in agreement with the woman and her family. You will get lots of opportunities in this placement area to develop your practical skills, including manual blood pressures, venepuncture, abdominal palpation, postnatal mum and baby checks, and using a Pinard stethoscope.

### **Practicalities**

Car parking is available in the main car park outside the hospital. The hospital has a staff canteen; however, there are also kitchen facilities with a microwave if you want to bring food. Students must not travel to the hospital in uniform. There are changing facilities within the unit; however, there is no formal student locker storage. Considering this, keep your belongings compact and avoid bringing valuables.

SCM – [Kerrie.Montgomery@ggc.scot.nhs.uk](mailto:Kerrie.Montgomery@ggc.scot.nhs.uk)

## Glasgow Community Teams

Glasgow community teams are split into three locations, North, South and West. As steps towards achieving the Best Start goal of continuity of carer are being made, work is ongoing to develop a caseload-holding model of care across GGC.

Outpatient antenatal clinics for glucose tolerance tests, scan reviews, hypertension, diabetes and other consultant-led care pathways are held at Princess Royal Maternity and Queen Elizabeth Maternity hospitals for women across Glasgow. Community teams provide antenatal care and education in clinic settings and postnatal care at home for women from diverse backgrounds.

### North

Depending on the team, the North Community Midwives are based at the Princess Royal Maternity Hospital or Stobhill Community Hub.



New Stobhill Hospital, 133 Balornock Rd, Glasgow G21 3UW

#### Team A

Stobhill, Gorbals, Bishopbriggs, Springburn, Kirkintilloch

#### Team B

Easterhouse, Baillieston and Bridgeton

The community teams provide a service to women seven days a week, from 0815-1615. They also have an element of on-call to support the homebirth team. Antenatal clinics occur within local health centres, and women are postnatally cared for in their homes.

If you are assigned a community placement in Glasgow North, contact the SCM as soon as possible to find out which team you will work with, and a plan will be created for you. Usually, you will work from Monday to Friday from 0815-1615 for the first week, and your working pattern will be decided with your supervisor after that. There are opportunities to work with midwives who specialise in specific elements of care, so if there is something that you are particularly interested in, make sure you make the SCM aware at the first contact, as this could determine learning opportunities for you during your placement.

SCMs - [Aileen.o'keefe@ggc.scot.nhs.uk](mailto:Aileen.o'keefe@ggc.scot.nhs.uk)  
[Allison.campbell@ggc.scot.nhs.uk](mailto:Allison.campbell@ggc.scot.nhs.uk)

## South

Depending on the team, the South Community Midwives are based at the Queen Elizabeth Hospital or New Victoria Hospital.



New Victoria Hospital, 55 Grange Rd, Glasgow G42 9LL

### Blue Team

Shawlands, Thornliebank, Giffnock

### Green Team

Govanhill, Croftfoot, Kings Park, Muirend

### Pink Team

Clarkston, Netherlee, Eaglesham, Newton Mearns

### Yellow Team

Hillington, Penilee, Crookston, Pollock

### Orange Team

Govan, Pollockshields, Paisley Road West

The community teams provide a service to women seven days a week, from 0830-1630. They also have an element of on-call to support the homebirth team. All booking appointments occur at the community hub in New Victoria Hospital; however, local clinics take place for subsequent antenatal care.

If you are assigned a community placement in Glasgow South, contact the SCM as soon as possible to find out which team you will work with, and a plan will be created for you. Usually, you will work from Monday to Friday, 0830-1630, for the first week, and after that, your working pattern will be decided with your supervisor. There are opportunities to work with midwives who specialise in specific elements of care, so if there is something that you are particularly interested in, make sure you make the SCM aware at the first contact, as this could determine learning opportunities for you during your placement.

SCMs - [Sandra.taylor3@ggc.scot.nhs.uk](mailto:Sandra.taylor3@ggc.scot.nhs.uk)  
[Lesley.binnebesel@ggc.scot.nhs.uk](mailto:Lesley.binnebesel@ggc.scot.nhs.uk)

## West

The West Community Midwives are based at West Maternity Care Centre (WMCC).



West Glasgow Ambulatory Care Hospital, Dalnair Street, Yorkhill, Glasgow, G3 8SJ

### Daisy Team

Finnieston, Lambhill, Summerston, Partick and Kelvinside

### Lily Team

Maryhill, Cowcaddens, Parkhouse, Possilpark

### Thistle Team

Clydebank and Old Kilpatrick

### Rose Team

Knightswood, Yoker, Scotstoun

### Poppy Team

Bearsden, Milngavie, Blairdardie, Drumchapel

The community teams provide a service to women seven days a week, from 0830-1630. They also have an element of on-call to support the homebirth team. Antenatal clinics take place in local community health centres; however, there are GTT-specific clinics at New Victoria and WMCC.

If you are assigned a community placement in Glasgow West, contact the SCM as soon as possible to find out which team you will be working with, and a plan will be created for you. Usually, you will work from Monday to Friday, 0830-1630, for the first week, and your working pattern will be decided with your supervisor after that. There are opportunities to work with midwives who specialise in specific elements of care, so if there is something that you are particularly interested in, make sure you make the SCM aware at the first contact, as this could determine learning opportunities for you during your placement.

SCMs - [Erin.crome@ggc.scot.nhs.uk](mailto:Erin.crome@ggc.scot.nhs.uk)  
[Heather.yuill2@ggc.scot.nhs.uk](mailto:Heather.yuill2@ggc.scot.nhs.uk)

## Specialist Roles

There is a vast range of specialist midwife roles across NHS GGC, most of whom are led by the Lead Midwife for Community and Outpatients. Specialist midwife roles are band seven postings.

### Bereavement Midwives

The [National Bereavement Care Pathways](#) (NBCP) has produced excellent guidance to improve the care of bereaved families, for example, the Standards for bereavement care outline key care aspects. This includes having a midwife who leads bereavement care. There are currently two bereavement midwives on short secondments, with plans underway for a full-time bereavement post.

Bereavement midwives provide training events and updates on how best to support families; the training explores effective communication, supporting informed choice and offering appropriate advice.

The bereavement midwife will also work with families to explore how the service can be planned to meet their needs, such as designing bereavement suites or accessing services at home.

Contact – QE – [Rhona.hendry@ggc.scot.nhs.uk](mailto:Rhona.hendry@ggc.scot.nhs.uk)

PRM – [Lynsey.canavan@ggc.scot.nhs.uk](mailto:Lynsey.canavan@ggc.scot.nhs.uk)

### Blossom Team

Blossom Team are a GGC-wide team based in RAH, QEUH, New Victoria, PRM, Vale of Leven, Inverclyde and West. There are four team midwives in Clyde and eight midwives with one SCM in Glasgow. The team are moving to a case-holding model across all sites.

Core Function:

- To work closely with women and their families to plan, support and coordinate their care based on their individual needs, the needs of their baby and the parent-infant relationship.
- Developing and maintaining high standards of care for women and their families experiencing vulnerabilities in pregnancy and the postnatal period.

Blossom midwives manage, develop and lead care for pregnant, new mothers and babies in this defined group.

- They are responsible for ensuring that relevant pathways, policies and processes for women with, or at risk of, vulnerabilities are developed, implemented and audited; this involves working with various relevant professionals, services and agencies.

Blossom midwives also support colleagues by coordinating and being responsible for providing specialist midwifery care to high-risk women in partnership with the multi-agency team.

### Contact Details

Renfrewshire/East Renfrewshire [SNIPS-RAH@ggc.scot.nhs.uk](mailto:SNIPS-RAH@ggc.scot.nhs.uk)

West Dunbartonshire/Helensburgh [SNIPSVOL@ggc.scot.nhs.uk](mailto:SNIPSVOL@ggc.scot.nhs.uk)

Inverclyde [SNIPS-IRH@ggc.scot.nhs.uk](mailto:SNIPS-IRH@ggc.scot.nhs.uk)

Clydebank/Glasgow [SNIPSGlasgow@ggc.scot.nhs.uk](mailto:SNIPSGlasgow@ggc.scot.nhs.uk)

### Diabetes Specialist Midwives

There is a rise in the number of women who have diabetes and become pregnant, as well as those who develop gestational diabetes mellitus (GDM). There are three specialist diabetes midwives in GGC, one at each primary maternity site. Their key role is to manage, develop and maintain high standards of care for women and their families who experience diabetes during pregnancy by providing care in the antenatal and postnatal periods. They have a significant public health role, promoting healthy weight management for women with a BMI greater than 30 and a positive Glucose Tolerance Test. The diabetes midwives link with the obstetric and endocrinology medical teams to ensure the best possible care for diabetic mothers.

Contact – QE - [Jill.smith@ggc.scot.nhs.uk](mailto:Jill.smith@ggc.scot.nhs.uk)

PRM – [Abbie.swan@ggc.scot.nhs.uk](mailto:Abbie.swan@ggc.scot.nhs.uk)

Clyde - [Nicola.mclachlan@ggc.scot.nhs.uk](mailto:Nicola.mclachlan@ggc.scot.nhs.uk)



## Digital Midwives

Currently, one full-time and two part-time digital midwives cover the whole of GGC. They primarily have responsibility for BadgerNet, which includes training, communicating changes with staff, working as a liaison between the provider, IT department and clinical staff and working at a national level to ensure continuity of information and compliance with current guidelines and priorities. They also work alongside project groups to provide digital support across the service. In conjunction with the Practice Development Team, they train midwifery and medical staff at all levels.

Contact - [ggc.digitalmidwives@ggc.scot.nhs.uk](mailto:ggc.digitalmidwives@ggc.scot.nhs.uk)

## Homebirth Team

The Glasgow Homebirth Team are case-holding midwives who provide a service to anyone in Glasgow who plans to have their baby at home. Women and birthing people are encouraged to decide about a place of birth at the booking appointment to ensure the best continuity of care for women and their families. The homebirth midwives will then be responsible for all of that woman's antenatal and postnatal care, including intrapartum care in the women's home.

Contact – [Caroline.kane@ggc.scot.nhs.uk](mailto:Caroline.kane@ggc.scot.nhs.uk)

## Infant Feeding Team

The infant feeding team support women in postnatal wards and facilitate 'troubleshooting' breastfeeding clinics. They also contact women when they arrive home, offering support and gathering data about the women's experiences throughout pregnancy to conduct audits. Their role is also to support midwives with education in infant feeding support. They have bases in the Royal Alexandra Maternity in Paisley and Queen Elizabeth and Princess Royal Maternity hospitals in Glasgow.

SCM - [Clare.govan@ggc.scot.nhs.uk](mailto:Clare.govan@ggc.scot.nhs.uk)

## Maternity and Neonatal Psychological Interventions (MNPI) Team

NHSGGC Maternity and Neonatal Psychological Interventions (MNPI) team help women and birthing people with mental health problems related to pregnancy or giving birth, which can be treated with talking therapies. Treatments might include anxiety management, cognitive behaviour therapy and a range of other types of talking treatments. It comprises three Perinatal Mental Health Midwives that also help parents if their baby has additional problems and needs to spend time in the hospital after birth.

Contact – [Lynn.komolafe@ggc.scot.nhs.uk](mailto:Lynn.komolafe@ggc.scot.nhs.uk)

## Practice Development Midwives

Two full-time Practice Development midwives provide continuous professional development training to midwives across NHSGGC, supported by a third PD midwife on secondment as the number of projects they support increases. As well as delivering mandatory training set by



the government, they also support the rollout of guidelines and help GGC to achieve other goals set by outside bodies. The role also includes creating evidence-based learning and continuously disseminating this information through in-person and online training throughout the year.

Contact – [Claire.rowan@ggc.scot.nhs.uk](mailto:Claire.rowan@ggc.scot.nhs.uk)  
[Lisa.milner-smith@ggc.scot.nhs.uk](mailto:Lisa.milner-smith@ggc.scot.nhs.uk)  
[Heather.gilchrist@ggc.scot.nhs.uk](mailto:Heather.gilchrist@ggc.scot.nhs.uk)

## Project Midwives

Alongside Maternity Units (AMUs) – Queen Elizabeth and Princess Royal

**Best Start.**  
in Greater Glasgow and Clyde

“Promoting and supporting uninterrupted physiological birth.”

Each site above has a project midwife leading the development of midwifery-led AMUs. This is a response to the Best Start aims, which identify that women should have the choice of where they wish to birth; Queen Elizabeth Maternity and Princess Royal Maternity had not previously been able to provide this service effectively. Both have

two dedicated rooms within their respective labour wards, each with birthing pools and equipment to support upright birthing. Their role includes developing guidelines, procuring equipment and delivering staff training whilst working clinically to support birthing women and assisting women with risk factors who wish to utilise the AMU to create individualised birth plans to support their wishes.

Contact – QE - [Karen.taylor7@ggc.scot.nhs.uk](mailto:Karen.taylor7@ggc.scot.nhs.uk)

PRM - [Nicola.obrien@ggc.scot.nhs.uk](mailto:Nicola.obrien@ggc.scot.nhs.uk)

### Continuity of Carer

The Best Start Project Midwife role for Continuity of Carer (CoC) was created in response to the renewed focus on achieving the national Best Start goals, focusing on developing CoC across NHS GGC. Evidence shows that outcomes for both mothers and babies are improved when they receive continuity of midwifery carer. CoC will see women building trusting relationships with their midwife and receiving care tailored to their individual needs and circumstances. The vision is that all women will have CoC from a primary midwife regardless of their obstetric, medical or social history. Midwives will deliver the entire continuum of care, with consultant support where required, with most midwives working in a CoC model. In GGC, this will start with improving CoC in the antenatal and postnatal period. Achieving this involves a significant restructuring of the current model of care. The Best Start Project Midwife is working with a range of colleagues across GGC to develop and support the changes necessary to implement this model. Antenatal Care Pathways have been created to support midwives in providing care to all women. Work is ongoing to review how women access the maternity service plans are in place to move towards an electronic referral platform associated with BadgerNet called Single Point of Access (SPA). This process will enable women to access the maternity service earlier and facilitate the allocation of booking appointments to the correct primary midwife.

Contact – [Laura.paterson4@ggc.scot.nhs.uk](mailto:Laura.paterson4@ggc.scot.nhs.uk)

### Quality Improvement Midwife

The quality improvement midwife has a work plan directed by the Director of Midwifery and Associate Chief Midwife, informed by the Scottish Patient Safety Programme (SPSP). Their role includes delivering training on quality improvement

methodology (Scottish Improvement Foundation Skills), facilitating, and supporting quality improvement projects. Students and newly qualified midwives are encouraged to join one of the three local quality improvement groups at each of the primary maternity sites, where they can participate with a multidisciplinary team to identify areas for improvement, be given guidance with implementing improvements and share learning. To be included in these meetings, please use the contact details below. If you have a general query about a quality improvement project or training or require specific information from the midwife, please state in the subject bar 'For the Attention of the Quality Improvement Midwife.'

Contact – [obsynimpgroup@ggc.scot.nhs.uk](mailto:obsynimpgroup@ggc.scot.nhs.uk)

## Research Midwives

NHSGGC has several research midwives based at the Glasgow Clinical Research Facility.

Glasgow Clinical Research Facility (GCRF) is a clinical environment caring for participants in clinical research studies. They are an NHS department with bases at various NHSGGC locations, including QEUH, Glasgow Royal Infirmary, Gartnavel, and RAH in Paisley.

They conduct research with NHSGGC staff and work closely with academic institutions and commercial agencies. The research includes:

- Drug Trials
- Genetic Research
- Surgical Procedures
- New medical devices
- Observational studies

The role of the Clinical Research Midwife is primarily about the care of research participants. This includes providing and coordinating clinical care, ensuring participant safety throughout the study and their ongoing participation through informed consent. The role also involves implementing the protocol and ensuring the integrity of it throughout the study, accuracy in collecting and recording study data, and maintaining the study visit schedule according to the study's timeframe. The Clinical Research Facility facilitates studies ranging from investigational medicines

and devices to genetic and biobank studies, which provides the Clinical Research Midwives not only have the opportunity to work on a variety of studies but also work in a wide range of disease areas. The current studies which involve maternity are focused on pre-eclampsia.

Contact - [Glasgow.crf@ggc.scot.nhs.uk](mailto:Glasgow.crf@ggc.scot.nhs.uk)

## Support systems

### Clinical Supervision

Restorative clinical supervision has the intention of support and development. It provides a regular process of facilitated reflection on practice in a safe space to promote high-quality care. The benefits include supporting self-care and well-being, enhancing morale and working relationships, allows the opportunity to strengthen self-awareness and self-development.

Short animation developed by NHS Education for Scotland (NES)

[Nursing and Midwifery Practice Education Team - Clinical Supervision Animation on Vimeo](#)

[NES Position Statement - Clinical Supervision: Nursing & Midwifery Workforce \(Scotland\)](#)

### Preparation programme for new clinical supervisors

Developed and delivered in partnership with NES, it is a programme to develop skills in restorative clinical supervision where staff are supported to explore professional challenges, concerns and successes in a reflective way promoting their resilience, learning and professional values.

The training is delivered as a blended learning programme requiring the completion of Units 1 to 4 of the digital resource on TURAS, and the accompanying workshops have additional resources, participatory discussion and skill practice. Unit 1 is suitable for supervisors and supervisees.

[Clinical Supervision Unit 1: Fundamentals of supervision.](#)

### How do midwives participate in clinical supervision?

Karen Taylor is the Clinical Supervision link for GGC and NES.

She has worked to develop a team method of restorative clinical supervision, building up a team of 24 clinical supervisors and counting, ranging from Band 6 up to Band 8, who are all keen to support their colleagues.

The team method involves midwives being able to choose a supervisor with whom they have a good working relationship and feel comfortable sharing concerns and successes. Each supervisor has around 10-15 midwives to support; the expectation is to meet with them about 6-8 weekly. Each session does not need to be lengthy if they are regular and will depend on what the midwife wants to discuss. All conversations are midwife-led – the supervisor has no agenda other than to listen and provide support.

Case studies of events the midwife has been involved in will be discussed using an SBAR format to help with reflective practice; it is a safe and supportive environment where the midwife and supervisor will work together to achieve the best outcomes for the midwives; these reflections can also be used in revalidation. Additional training needs may be identified, which will be shared with the practice development team to give advice about online modules or facilitate additional training. Meetings are arranged in protected time, and supervisors are willing to conduct meetings outside work hours if that is more suitable.



Restorative Clinical Supervision IS – a safe place to talk, a place for learning, supportive, about being heard, and self-driven by participants.

Restorative Clinical Supervision IS NOT – an assessment, an appraisal, a dumping ground for gossip, judgemental or punitive.

This model is comparable with the supervision model at university with personal tutors. All newly qualified midwives will be able to choose a clinical supervisor in the same way mentioned above during induction.

## Peer Supporters

Peer supporters are members of NHS staff, at any level, who have chosen to undertake additional training to support colleagues. Their role is to give a confidential, safe space for conversations with colleagues who are struggling with situations which are unrelated to work but are having an impact on their emotions at work. It can help to provide a space to make sense of their recent experiences, which can give them a sense of control and help them feel capable of managing difficult situations. It is a supportive and flexible response, acknowledging and understanding that stress and experiencing struggles are normal.

This is essentially a psychological first-aid model which aims to reinforce basic coping strategies. Peer supporters are not there to fix problems or act as a counselling service but to listen and signpost colleagues to the right services if required.



Look for Peer Supporters wearing identifiable lanyards or badges with the Peer Support logo.

To speak to a Peer Supporter, for general enquires to find out more about Peer Support, please email; [peer.support@ggc.scot.nhs.uk](mailto:peer.support@ggc.scot.nhs.uk)

## RCM List of Charities to Support Mental Well-being

<b><u>Anxiety UK</u></b>	providing support with anxiety conditions
<b><u>Bipolar UK</u></b>	helping people living with bipolar disorder
<b><u>Black Minds Matter UK</u></b>	ensuring black people in the UK have access to mental health support
<b><u>Cruse Bereavement Care</u></b>	offering bereavement care
<b><u>Imkaan</u></b>	addressing well-being of black and minority ethnic women and girls
<b><u>Laura Hyde Foundation</u></b>	supporting all medical and emergency services personnel with a mental health network
<b><u>Maya Centre</u></b>	counselling for women experiencing mental health issues and traumatic experiences
<b><u>Men's health guidance</u></b>	created to support men and those who identify as men in the workplace
<b><u>Mental Health Foundation</u></b>	information and support for anyone with mental well-being problems or learning difficulties
<b><u>Mind</u></b>	promotes views and needs of people with mental well-being problems
<b><u>Muslim Women's Network UK</u></b>	giving Muslim women support and a voice in the UK
<b><u>No Panic</u></b>	offering support for sufferers of panic attacks and OCD
<b><u>National Domestic Abuse Helpline</u></b>	helping those affected by domestic abuse
<b><u>OCD Action</u></b>	supports people with obsessive-compulsive disorder
<b><u>PAPYRUS</u></b>	young suicide prevention society
<b><u>Refuge</u></b>	support for women who experience domestic violence and abuse
<b><u>Rehab 4 Addiction</u></b>	a UK-based addiction and mental health helpline.



**Rethink Mental Illness**

support and advice for people living with mental illness

**Samaritans**

support for people experiencing feelings of distress or despair

**Savera UK**

supporting black and minority ethnic communities in the UK

**The Black, African and Asian Therapy Network**

offering therapists of black, African, South Asian and Caribbean descent

**Women's Aid**

supporting women experiencing domestic abuse and violence

**Young Women's Trust**

advice and support for women and girls 16 to 30

**Mind**

Improving your mental health when you are at work can feel like a challenge, especially if you work in a busy or stressful environment. But the [5 ways to well-being](#) provides some simple steps you can do daily.

**Clementine App**

Members of the Royal College of Midwives - Don't forget to download your year's free subscription to the ClementineApp! This App helps reduce stress and anxiety.

Download today: <https://rcm.clementineapp.com/>



**UWS Student Out of Hours Helpline**

If you require emotional support between 5pm and 9am on weekdays or 24-hours over the weekend, UWS students can call 0800 028 3766 to speak to a counsellor.

Counselling appointments are available Mon – Fri, 9am to 5pm by contacting The Hub.

0800 028 3766

UWS

## Who to contact when you have concerns?

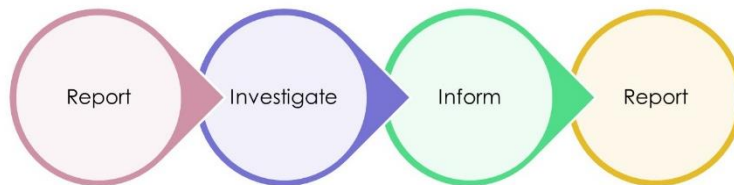
Social media and QMPLE are not the platforms to raise concerns!

You have a professional responsibility to:

- Report and raise concerns about poor practice immediately to your nominated practice supervisor/assessor / senior midwife (if able) or academic assessor (NMC, 2019e).
- Keep a clear, written record of your concern and any steps you took to deal with the matter, including to whom you raised the problem and on what date, remembering to protect the identity of people in their care.

Where women and their babies are put at risk through the non-reporting of poor care, there may be consequences for you, such as a referral to a university Fitness for Practice panel.

There are four stages to reporting concerns:



Action	To Whom
<b>Report</b> As soon as possible or within 48 hours of concern	Practice supervisor/practice assessor or Senior member of staff on duty
	Academic assessor
	Escalation Within four days Senior Charge Midwife (SCM) or Practice Education Facilitator (PEF) University Practice Learning Lead (PLL)
Communication	University Practice Learning Lead (PLL) and Practice Education Lead (PEL)
<b>Investigate</b>	PEL will determine what action to take. This should include a view on whether the practice placement remains appropriate for students and whether it is reasonable for the reporting student (you) to remain there.
	Communication Academic assessor will: <ul style="list-style-type: none"> <li>▪ Keep you informed</li> <li>▪ Support you in writing a statement</li> <li>▪ Ensure the statement is submitted to university PLL within two weeks</li> </ul>
<b>Inform</b>	PEL to make sure that you and academic staff are kept informed of progress in the investigation
<b>Report</b>	PEL to report back to the university PLL on the status or conclusion of the investigation
	Communication University PLL will cascade this information to the student.



## Students with additional needs

Reasonable adjustments may have to be made to facilitate a student with a disability to achieve proficiency. The NMC state that Universities and practice learning partners must ensure that all students “have their diverse needs respected and taken into account across all learning environments, with support and adjustments provided following equalities and human rights legislation and good practice” (NMC 2018c p9).

[UWS Students Disability Service](#) offers advice, guidance and appropriate support to all students with a disability or specific learning difficulty (such as dyslexia).

**Student  
Services**



**Disability Support**

**You are responsible for informing the practice supervisor/assessor of any reasonable adjustment you may require to allow them to put a plan in place without delay.**

The student identifies needs requiring support; this should be anticipatory - this could be to the senior charge midwife, practice supervisor or practice assessor at a preplacement visit or call in the initial placement meeting (MPAD section 1.7).

The practice education team supports the learning environment and explores and assists in implementing reasonable adjustments for students who identify they have additional needs.

It is NOT expected that educational standards should be lowered to accommodate students. One of the criteria for determining whether an adjustment is reasonable is the maintenance of course standards in both academic and clinical practice.

### Maintenance of Educational Standards

- Identify and implement reasonable adjustments when students have identified that they have a particular learning need.
- Adjustment can be deemed reasonable when:
- Both academic and clinical practice standards are maintained.
- Other individuals are not significantly disadvantaged.
- They are practical.
- The institution's resources can meet them.
- Reasonable adjustments should be anticipatory.
- Pre-placement visits are organised where necessary.
- Fair assessment.

## Library Network

The following table provides information about the most relevant libraries to midwifery placements; however, additional libraries can be found across other GGC sites. You can find a link to them [here](#). At the moment, the library at QEUH is not open.

Hospital	Location	Contact
Glasgow Royal Infirmary	New Lister Building (1 <sup>st</sup> floor)	library.GRI@ggc.scot.nhs.uk
Royal Alexandra Hospital	Education corridor in the main building	library.rah@ggc.scot.nhs.uk
Inverclyde Royal Hospital	Education Centre, next to Inverclyde Royal Hospital	library.irh@ggc.scot.nhs.uk
Gartnavel General Hospital	Administration corridor on the ground floor of the main hospital building	library.ggh@ggc.scot.nhs.uk
New Stobhill Hospital	Level 3 of the New Stobhill Hospital	Stobhill.Library@ggc.scot.nhs.uk
New Victoria Hospital	Level 2 in the Conference and Education / Staff Facilities corridor	library.vic@ggc.scot.nhs.uk
Vale of Leven (unstaffed)	Postgraduate Education Centre - 1st Floor of the Community Maternity Building	library.rah@ggc.scot.nhs.uk
West Glasgow ACH (unstaffed)	Ground floor of WGACH in Bute Corridor	library.ggh@ggc.scot.nhs.uk

NHSGGC libraries provide you access to books, study space and NHS computers. This is useful to keep your computer access up to date. The libraries all operate on different schedules; therefore, it is advised to contact them before attending.

The [Knowledge Network](#) provides access for NHS Scotland staff and UWS students to thousands of print and online resources, including books and eBooks; journals and e-journals; databases and evidence summaries; and many other resources. You can access this using your OpenAthens Account details. If you have forgotten your sign-in information – input your university email address and click 'forgot password'.

# Travel and Accommodation

## Pre-authorisation Form Links

YOU MUST COMPLETE A PRE-AUTHORISATION FORM FOR ACCOMMODATION AND MILEAGE **BEFORE** YOUR PLACEMENT STARTS

### Mileage

[https://apiv2.uws.ula.edu.au/file/download/?objectName=6ed5f9cdd618cc756744d4d95a70f310mileage\\_authorisation\\_request\\_form.doc&name=Mileage%20Authorisation%20Request%20Form.doc](https://apiv2.uws.ula.edu.au/file/download/?objectName=6ed5f9cdd618cc756744d4d95a70f310mileage_authorisation_request_form.doc&name=Mileage%20Authorisation%20Request%20Form.doc)

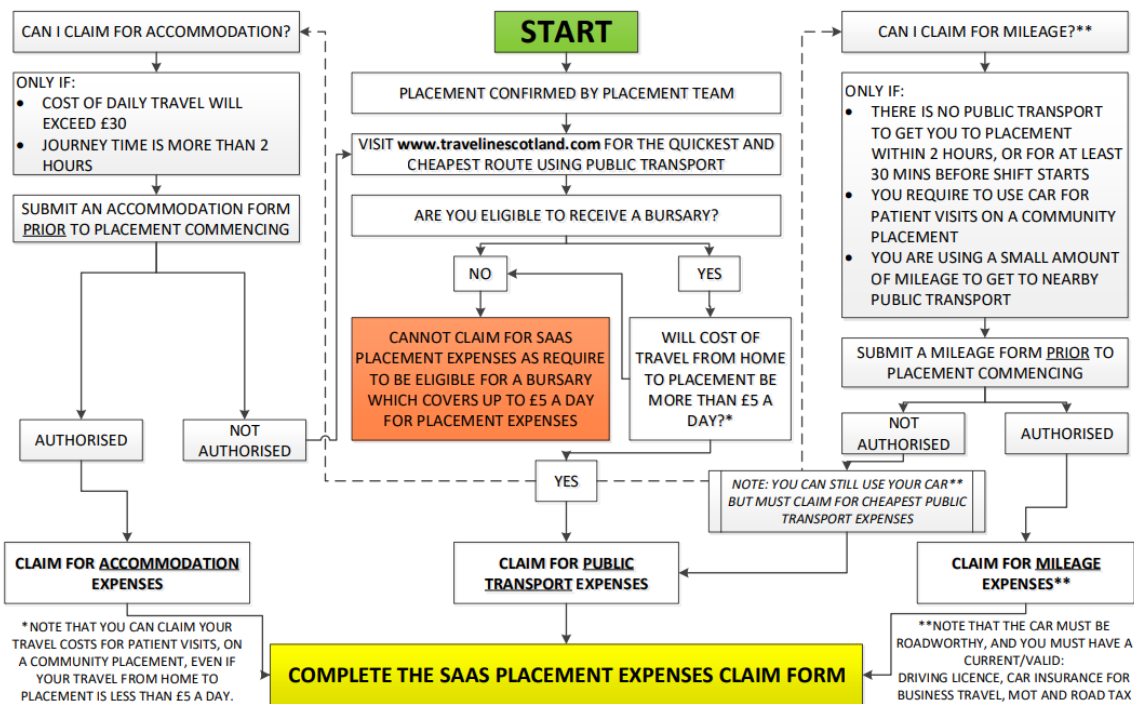
### Accommodation

[https://apiv2.uws.ula.edu.au/file/download/?objectName=46b1c049a086330c7a1c80f16383e861accommodation\\_request\\_form.doc&name=Accommodation%20Request%20Form.doc](https://apiv2.uws.ula.edu.au/file/download/?objectName=46b1c049a086330c7a1c80f16383e861accommodation_request_form.doc&name=Accommodation%20Request%20Form.doc)

Accommodation costs are covered fully by SAAS; however, you must ensure you get the cheapest accommodation possible. SAAS will give you 50% of accommodation costs up-front if you wish. If you stay permanently at your placement, you can only claim your first and last journey home.

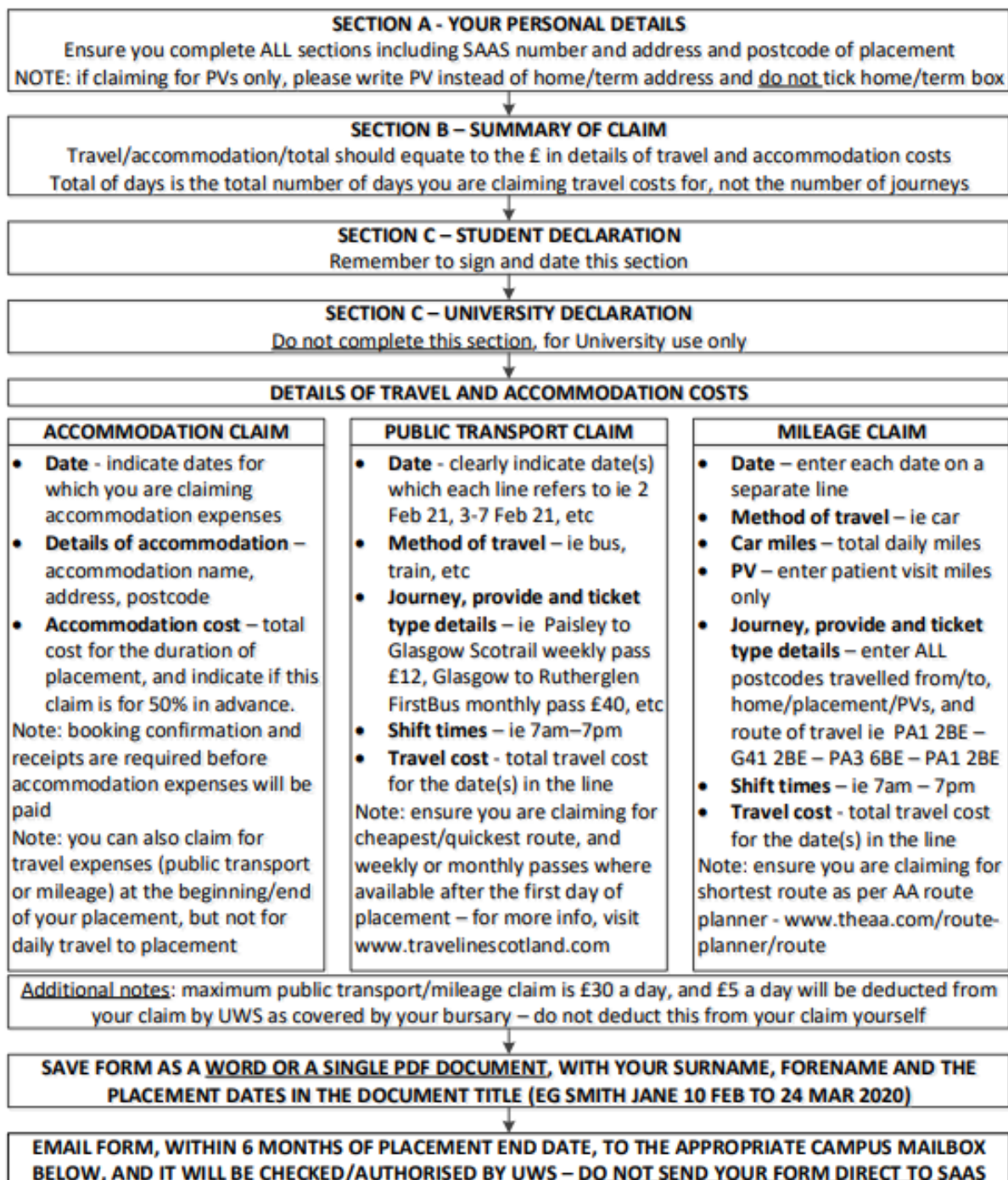
Pre-authorisation for travel by car is required if public transport is not an option for travelling to and from your placement area. Travel costs by car are calculated using the AA Route Planner from your home postcode to the hospital postcode.

**SAAS PLACEMENT EXPENSES FLOW CHART FOR PARAMEDIC, NURSING & MIDWIFERY STUDENTS – PAGE 1 OF 2**



## SAAS PLACEMENT EXPENSES FLOW CHART FOR PARAMEDIC, NURSING & MIDWIFERY STUDENTS – PAGE 2 OF 2

### HOW TO COMPLETE THE SAAS PLACEMENT EXPENSES CLAIM FORM



**ANY QUERIES ?** Ayr - [HLSayppexpenses@uws.ac.uk](mailto:HLSayppexpenses@uws.ac.uk)  
 Email campus Dumfries - [HLSdfppexpenses@uws.ac.uk](mailto:HLSdfppexpenses@uws.ac.uk)  
 mailbox: Lanarkshire - [HLSlkppexpenses@uws.ac.uk](mailto:HLSlkppexpenses@uws.ac.uk)  
 Paisley - [HLSpappexpenses@uws.ac.uk](mailto:HLSpappexpenses@uws.ac.uk)

**GO TO SAAS.GOV.UK FOR THE MOST UP TO DATE FORM TO COMPLETE, AND FOR FURTHER INFORMATION ON CLAIMING EXPENSES**

## Peer Advice

"Before starting ensure your MPAD is ready to go by filling in the correct pages for placement (it's helpful to use tabs on your pages)."

"Take a drive to your placement area before your first day so you can find where to park and how long it takes to get there without feeling stressed!"

"Always ask questions, you're not expected to know everything!"

**"Be brave! Take every opportunity to learn new skills. The staff you are working with want you to succeed and will help you develop."**

"It can be nerve-wracking going to a new place and meeting new people you will be working with – be friendly and open to new things and you will be ok!"

"Always put your mental and physical health first. It is important to find an outlet to look after your wellbeing."

"Surround yourself with people who support you."

**"It's normal to feel 'in the way'. It's a busy environment and there might be staff shortages, but you are ALWAYS wanted".**

**"Don't attempt anything you're not sure about – always ask for help. This is absolutely not a sign of weakness."**

"Don't shy away from gaining new experiences. You will learn from your mistakes and practise makes perfect!"

"Don't take criticism personally, instead take it constructively and use it to improve your practice."

"It's OK to be emotional. It can be overwhelming at times, and you might encounter challenging situations but don't let it get you down."

**Have fun and make the most of every second of your experience!**

**"Don't be afraid to ask to get your MPAD signed off!"**

Remember spare underwear!

"Debrief after a hard shift with your practice supervisor or personal tutor. You matter!"