**Example Statement**

**Name: xxxxxxxxxxx**

**Job title: Midwife Band 6**

**Professional address: 22, Midwives Terrace, Birmingham BM22 4XF.**

**Subject of statement:** Unexpected admision to neonatal unit

I am employed by The Made up Teaching Hospitals NHS Foundation Trust. I qualified as midwife in April 2004. My previous experience includes 8 years working as rotational midwife in all aspects of maternity providing antenatal, intrapartum and postnatal care.

I have worked in my current job for 4years 4moths and in outpatient department for 2years and 3months.

This statement is based on personal recollection and review of records.

I have been involved in the care of Patient XX on date 2nd of January 2016.

My last involvement in her care was on 2nd of January 2016.

I am responding to a request for a written statement.

The area where I worked on 2nd of January was Maternity Assessment. I can’t remember exactly if on 3rd January I was working as from my record of duty I supposed to be to support shortage of staff, but I think that In the end I didn’t need to and by decision of manager. However I really can’t remember that day.

I asked manager to find admission book, so I can check my writing at admissions to confirm area of work, but she can’t find this book at this moment.

The unit has 4 beds, where we provide care to women who are pregnant and suffers for diffrent types of pregnancy conditions- like raised blood pressure, pre-eclampsja, obstetric cholestasis, small baby for gestational age, complicated pregnancies with diabetes, twins, preterm rupture of membranes, rupture of membranes at term pregnancy, patients with pragnancy at risk of pre-term birth, also clients with reduced baby movements.

Admissions to Maternity Assessment are planned- for women who we provided care before and planned next appointment and unplanned - for women, who are referred urgently by Maternity Care Unit, community midwife, GP, or self referred on the day of referral.

My shift starts at 7am and finish at 7pm including 30 min lunch break.

I recall that we were very busy due to holidays- and heavy flow of the patients.

My duty during my shift include: Admitting patient to the PAS computer system, checking general well being - Blood pressure, pulse, oxygen level, urineanalisis, abdomal palpation including measuring abdomen, checking baby position, collecting medical history,

establishing if client is low risk pregnancy and have care provided just by midwife or consultant led care and her care is provided by multidyscyplinary team, checking if there is any cause for concern, providing care to unborn baby by monitoring heart rate - intermittent auscultation or cardiotocogram ( 30-60 min monitoring - depends from gestation, establishing if client had scans for baby, requesting scans, collecting, labeling the blood tests, urine samples, swabs. Chasing tests sent few day before, assessing if client needs doctor review and if so asking doctors in Antenatal Clinic or on call doctors for review. Planning care for patient and referring to special agencies : Fetal assessment unit, Fetal medicine Unit, Diabetic team, Prenatal mental health team, community midwives, physiotherapy department. Cleaning and changing beds, cleaning medical equipment, ordering pharmacy stock.

In the mine time of the all above I pick up phone calls from Triage with referrals, from community midwives- with requests to chase their blood tests for obstetric cholestasis including all patient’s details, also requests with questions regarding guidelines and advise regarding plan of care for their patients, phone calls from patients with questions regarding their own plan of care, blood results, rebooked appointments if they can’t reach reception, patients who call to say their are late, or requested scan but for some reason didn’t received appointment, questions about antenatal classes and their availability etc. Also in the mine time on Monday we seen patients with Twins pregnancies, who needed monitoring, Tuesday we seen patients from Preterm clinic for intramuscular injections, on Wednesday diabetic patients, who needed monitoring.

On 2nd January 2016 I was working possibly with student midwife on Maternity Assessment, who name I can’t remember and one or two other midwives.

On 2nd of January 2016 I admitted to Antenatal Day Unit patient xx, who was referred by community midwife with history of decreased fetal movements for over week. This was her first attendance in to Maternity Assessment/ hospital with decreased fetal movements.

Patient was 27 years old, in her first pregnancy and thirty nine and three days pregnant. She was speaking communicative English and didn’t required interpreter.

From her history I knew that she was late booked in her pregnancy, as did not attend antenatal care from beginning of the pregnancy but so far all tests and scans she had performed were normal. She had raised Body Mas Index of 32. Otherwise a part of being booked late didn’t have any other risk factors.

At initial assessment in community on that day the baby was in good position- cephalic- head down, engaged in pelvis 3 parts of the head. We didn’t need to measure abdomen as community midwife did it on the same day. From community notes we gathered that client measured symphisis pubic size slightly less than few weeks ago and It has been referred by growth scan.

At admission time xx was feeling well, didn’t report any concerning symptoms or problems. Her observation was normal with blood pressure 128/83, pulse 94, temperature 36.6.

( All within normal limits).

Previous scan she had at thirty two weeks and five days was normal with estimated fetal weigh of 2076 grams and normal amount of amniotic fluid around the baby, also normal blood flow in placenta.

After initial assessment cardiotocogram was commenced to monitor fetal hart rate.

Due to very busy unit and fact I was engaged with other patients client remained on fetal monitoring for full hour. Monitoring was discontinued then as was totally normal and very reassuring. On CTG monitoring we seen plenty of fetal movements. Findings from monitoring were explained to XX.

After Fetal monitoring client was not reassured with result of it.

By our trust guidelines if client is over 37 weeks pregnant and attend with decreased fetal movements, we offer membrane sweep, which is mechanical/ manual way of cervix massage, which suppose to introduce natural labour.

In order to perform this examination we need to know if baby is in good position - head down. Because we were not sure from abdomen palpation which way baby was one of my colleagues checked with ultrasound and confirmed it was cephalic.

As per guidelines after 39 weeks of gestation but before 40 weeks of gestation client needed doctor review to make plan of care.

We don’t have doctor, who works permanently in Maternity Assessment, therefore in those situations we ask doctor, who works in Antenatal Clinic to review patient.

I asked Doctor Spaniel for review. I can’t remember if she seen patient face to face or just reviewed her case based on patient handover story and made plan of care.

Doctor Spaniel agreed to offer patient Induction of Labour, which is artificial way of bringing labour sooner.

I was convinced that patient will agree to induction of labour - as per our advice- therefore started write in notes „IOL” and wanted to call antenatal ward to book day for it, but then thought to double check with patient if she is actually happy for me to do so.

When explained to xx what Induction of labour is and how the process look, and how long it can last she said that she doesn’t want me to book it yet and she would like to think about it. In that case I offered her an appointment for next day at 1pm as per our guidelines about reduced fetal movements, which states that clients, who are not reassured with fetal monitoring should be offered an appointment next day to perform monitoring for reassurance. In that case I asked if she can let me know tomorrow what is her decision regarding induction of labour.

I offered her vaginal examination as per guidelines but found cervix being posterior to the back, long 4 cm, thick and cx os closed so was unable to perform membrane stretch and sweep. Baby heart rate was listen post examination and was 145bpm. There was no evidence of amniotic fluid or any unusual discharge.

Patient received an appointment next day 3rd of January 2016 at 1pm and before discharge I strongly advised client to come back to hospital if reduced fetal movements happen again.

That was last time I seen xx.

I can’t remember next day and any contact with this patient again.

I can remember that both days were very busy in Unit but I am unable to remember all patients I have seen during those shifts.

This statement is true to the best of my knowledge and belief, based on the information available to me at this time.

**Name: xxxxxxxxxxx**

**Job title: Midwife**

**Signature:**

**Date: 22 July 2016**