

# Water immersion for labour and birth

Record of observation of care or supervised provision of care

**About this template:** This template enables care providers to record whether a midwife observed care or was supervised providing care for a woman utilising water immersion during labour and/or birth.

**Instruction:** This template is to be completed by the midwife seeking to record experiences of observing or providing care for women utilising water immersion for labour and/or birth.

Metro North Health recommends recording a minimum of one episode of 'observation of care' and one episode of 'supervised provision of care' of water immersion for labour and birth prior to completion of the Clinical Skills Assessment Tool (CSAT) unless Recognition of Prior Learning has been granted.

Midwife's name

Episode of water immersion in labour and birth		Episode type	Reflection on care	Signatures	
<input type="checkbox"/> Actual ▶ URN: <input type="text"/>	<input type="checkbox"/> Observed <input type="checkbox"/> Provided			Midwife's name	
<input type="checkbox"/> Simulated ▶ Give details about simulation: (if simulation is in a workshop, write 'WILB Workshop') <input type="text"/>				Signature	
				Date	
				Supervisor's name	
				Signature	
				Date	
Episode of water immersion in labour and birth		Episode type	Reflection on care	Signatures	
<input type="checkbox"/> Actual ▶ URN: <input type="text"/>	<input type="checkbox"/> Observed <input type="checkbox"/> Provided			Midwife's name	
<input type="checkbox"/> Simulated ▶ Give details about simulation: (if simulation is in a workshop, write 'WILB Workshop') <input type="text"/>				Signature	
				Date	
				Supervisor's name	
				Signature	
				Date	

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Midwife's name					
Episode of water immersion in labour and birth		Episode type	Reflection on care	Signatures	
<input type="checkbox"/> Actual ▶ URN: <input type="text"/>	<input type="checkbox"/> Simulated ▶ Give details about simulation: <i>(if simulation is in a workshop, write 'WILB Workshop')</i> <input type="text"/>	<input type="checkbox"/> Observed <input type="checkbox"/> Provided		Midwife's name	
				Signature	✍
				Date	
				Supervisor's name	
				Signature	✍
				Date	
Episode of water immersion in labour and birth		Episode type	Reflection on care	Signatures	
<input type="checkbox"/> Actual ▶ URN: <input type="text"/>	<input type="checkbox"/> Simulated ▶ Give details about simulation: <i>(if simulation is in a workshop, write 'WILB Workshop')</i> <input type="text"/>	<input type="checkbox"/> Observed <input type="checkbox"/> Provided		Midwife's name	
				Signature	✍
				Date	
				Supervisor's name	
				Signature	✍
				Date	