Next Generation Higher National Unit Specification

Perinatal Practice: Foundation Skills (SCQF level 7)

Unit code: JNDL 47

SCQF level: 7 (16 SCQF credit points)

Valid from: August 2026

This unit specification provides detailed information about the unit to ensure consistent and transparent assessment year on year. It is for lecturers and assessors, and contains all the mandatory information you need to deliver and assess the unit.

Published: June 2026 (version 1.0)

Contents

Unit purpose

This unit provides learners with a strong foundation in the essential knowledge, skills and values required to deliver safe, effective, and person-centred care during the perinatal period. It introduces core clinical competencies, communication strategies, and professional behaviours that underpin high-quality care for women and individuals, infants and families. Learners engage with topics such as:

- structured history taking
- risk assessment
- infection prevention and control
- neonatal assessment
- wound care
- feeding support
- the use of digital tools in perinatal settings

The unit also supports the development of key meta-skills, including self-management, social intelligence, and innovation, alongside literacies in communication, numeracy, and digital practice. Learners apply these skills through simulation, role-play, and reflective activities, preparing them for real-world care environments.

Entry to the unit is at your centre's discretion. However, learners should have effective communication and interpersonal skills. We recommend learners have one or more of the following:

- prior study at SCQF level 6
- relevant experience in health, social care, or early years settings

This unit is a mandatory component of the perinatal pathway in the HNC Healthcare Practice framework, but it may also be studied independently for continuing professional development (CPD). Completion of the unit supports progression to further study in health, midwifery, nursing, or related disciplines. It enhances employability in roles with a perinatal focus, such as maternity support worker, healthcare assistant, or early years practitioner.

Unit outcomes

Learners who complete this unit can:

1. plan, assess, and implement care during the perinatal period
2. apply safe and effective care practices in real life or simulated clinical scenarios
3. calculate numerical data relevant to care practice and medicine management

Evidence requirements

Learners must provide knowledge evidence for these outcomes. This can be oral or written (or a combination of both) and captured in a range of media. It can be produced over a period of time and requires authentication. We recommend that you apply a holistic assessment approach to learners' evidence. They must demonstrate a broad understanding of the unit topics and concepts through understanding and application, and evidence learning across the knowledge and skills for each outcome. Where learners are not able to achieve the identified skills through a practice placement, those skills may be simulated in a clinical skills setting.

Outcomes 1 and 2

To successfully achieve the outcomes, learners must:

- participate in structured history taking and identify risk factors
- complete and interpret care plans and assessment documentation, for example obstetric early warning score (OEWS) charts
- apply situation, background, assessment, recommendation (SBAR) communication in simulated scenarios
- demonstrate culturally sensitive communication and inclusive care planning
- apply infection prevention and control measures, including hand hygiene
- demonstrate understanding of informed consent and informed decision making
- use digital tools in simulated perinatal care settings
- use appropriate interpersonal skills when carrying out a range of the following skills:

- maintain a safe clinical environment
- demonstrate adult resuscitation, first aid, and basic life support
- measure and record adult physiological observations
- demonstrate care that optimises wound healing and skin integrity
- assist with personal hygiene and comfort care, maintaining dignity
- apply aseptic non-touch techniques and perform catheter care

- explain the procedure for assessing the neonate's initial adaptation to extra-uterine life, including appearance, heart rate, response, tone and respirations:

  - obtain wound and urine samples safely
  - carry out procedure for urinalysis
  - safely remove a peripheral venous catheter
  - apply biomechanics in simulated birth scenarios
  - explain lactation physiology and how to support effective milk transfer
  - use/describe hands-off techniques to support latching
  - identify, use, and clean lactation equipment
  - assist with medically-indicated supplementation
  - demonstrate techniques for responsive, paced bottle feeding
  - handle, store, and label expressed human milk safely
  - facilitate skin-to-skin care and assist with breastfeeding or chestfeeding positioning
  - discuss procedure for accurately weighing a neonate and record measurements

Outcome 3

You can assess this outcome through placement experience and/or an assessment paper with questions. To successfully achieve the outcome, learners must:

- accurately record and interpret clinical observations
- recognise a normal value
- recognise deviation from a norm in relation to two procedures
- identify factors that can affect the reliability of results

- plot and interpret a graph
- demonstrate numerical skills required for accurate calculations, including:
    - addition
    - subtraction
    - multiplication
    - division
    - percentages
    - decimals
    - unit conversion
- demonstrate understanding of pharmacokinetics and pharmacodynamics
- identify correct absorption and distribution of drugs
- be observed and assessed as competent by an appropriate assessor or practitioner
- complete proficiencies of promoting professionalism and being an accountable professional

Knowledge and skills

Knowledge	Skills
Outcome 1 Learners should understand: • the principles of comprehensive history-taking and risk assessment, including use of OEWS charts • assessment documentation, care planning, and the SBAR communication framework • models of perinatal care (for example midwife-led, obstetric-led, continuity of care) • principles of cultural competence, the impact of race and ethnicity on care outcomes, and inclusive practice • infection prevention and control principles, including local protocols and hand hygiene • legal and ethical considerations in informed consent and informed decision-making • how digital tools are used in perinatal care settings (for example electronic records, digital monitoring)	**Outcome 1** Learners can: • contribute to structured history taking and identifying risk factors • contribute to completing and interpreting care plans and assessment documentation • apply SBAR in simulated communication scenarios • demonstrate culturally sensitive communication and care planning • perform effective hand hygiene and apply infection control measures • recognise the importance of escalating care based on risk assessments
Outcome 2 Learners should understand: • clinical environment hygiene, including bed making and waste management • principles of adult resuscitation, first aid, and basic life support • techniques for physiological monitoring, including temperature, pulse, respiration, oxygen saturations and blood pressure in adults • procedures for care that optimise wound healing and skin integrity	**Outcome 2** Learners can: • demonstrate maintenance of clinical environment hygiene, including bed preparation and waste management procedures • demonstrate principles of adult resuscitation, first aid, and basic life support, using simulation equipment and scenarios

Knowledge	Skills
Outcome 2 (continued) Learners should understand: • techniques for assisting with personal hygiene and comfort care • techniques for obtaining wound and urine specimens • the procedure for urinalysis • aseptic techniques, including non-touch technique and catheter care • the procedure for assessing the neonate's initial adaptation to extra-uterine life, including appearance, heart rate, response, tone and respirations • safe practice for the removal of a peripheral venous catheter • principles of biomechanics for birth • lactation physiology and effective milk transfer • practitioner hands-off techniques for supporting latching, managing supply, and milk expression • use and handling of lactation equipment (for example pumps, feeding devices, nipple shields) • options for supporting medically indicated supplementation — donor milk and infant formula • techniques for responsive, paced bottle feeding • handling and storage of human milk • how to support skin-to-skin care and positioning of the breastfeeding and chestfeeding dyad • procedures for accurately weighing the neonate • the principles of professionalism and accountability	**Outcome 2 (continued)** Learners can: • accurately measure and record physiological observations, including temperature, pulse, respiration, oxygen saturations, and blood pressure • demonstrate techniques for optimising wound healing and skin integrity • assist with personal hygiene and comfort care, maintaining dignity and respect • demonstrate safe practice when carrying out urinalysis • apply aseptic non-touch technique and demonstrate catheter care • explain the procedure for assessing the neonate's initial adaptation to extra-uterine life, including appearance, heart rate, response, tone and respirations • demonstrate techniques for obtaining wound and urine samples • demonstrate safe removal of a peripheral venous catheter • apply principles of biomechanics in simulated birth scenarios, to support safe and effective positioning and movement • explain lactation physiology and demonstrate support for effective milk transfer • use/describe hands-off techniques in to support latching, manage milk supply, and assist with milk expression • identify, use, and clean lactation equipment (for example pumps, feeding devices, nipple shields)

Knowledge	Skills
	Outcome 2 (continued) Learners can: • support medically indicated supplementation using donor milk or infant formula in line with guidance • demonstrate techniques for responsive, paced bottle feeding • demonstrate safe handling, storage, and labelling of expressed human milk • facilitate skin-to-skin care and assist with positioning of the breastfeeding and chestfeeding dyad • accurately weigh a neonate and record measurements using appropriate training equipment • apply principles of professionalism and accountability

Knowledge	Skills
Outcome 3 Learners should understand: • physiological measurement values and their normal ranges • the use of the body mass index • fluid balance • the use of World Health Organisation (WHO) growth charts, including gestational age adjustments • methods for recording results (numerically, graphically, accurately) • interpretation of clinical data, including recognition of normal and abnormal values • factors affecting data reliability (for example environment, technique, equipment) • the principles of medicine administration, including pharmacodynamics and pharmacokinetics • mathematical concepts: addition, subtraction, multiplication, division, percentages, decimals, conversions of units	**Outcome 3** Learners can: • accurately record and interpret clinical data • plot and interpret growth charts and fluid balance charts • identify errors or anomalies in clinical measurements • perform drug calculations and conversions (for example mg to mcg) • apply numeracy skills in simulated medicine administration scenarios • recognise and respond to deviations from normal values

Meta-skills

You must give learners opportunities to develop their meta-skills throughout this unit. We have suggested how to incorporate the most relevant ones into the unit content, but you may find other opportunities.

Self-management

This includes focusing, integrity, adapting and initiative. The most relevant are:

- focusing:
    - researching, evaluating, and applying understanding through ongoing formative assessment and reflective practice
- integrity:
    - exploring personal values, ethics, and professional responsibilities
    - aligning actions with person-centred care principles
- adapting:
    - engaging in critical reflection
    - adapting thinking and practice in response to new ideas, research, and practical experience in simulated and real-world settings
- initiative:
    - independently researching and collaborating with peers and professionals, to foster enthusiasm, curiosity, and shared learning

Social intelligence

This includes communicating, feeling, collaborating and leading. The most relevant are:

- communicating:
    - collaborative working
    - sharing perspectives
    - engaging in both verbal and non-verbal interactions in learning and care environments
- feeling:
    - building empathy and emotional awareness through personal reflection, relationship-building, and the delivery of inclusive, respectful care
- collaborating:
    - working towards shared goals in simulated practice and group learning activities

Innovation

This includes curiosity, creativity, sense-making and critical thinking. The most relevant are:

- curiosity:
    - exploring the relationship between theory and practice through observation, questioning, and research
- creativity:
    - applying flexible thinking and problem-solving to adapt care approaches to meet individual needs, particularly in complex or changing perinatal scenarios

- sense-making:
    - developing holistic thinking through integrating research, clinical guidelines, and reflective practice, to support safe, effective decision-making
- critical thinking:
    - analysing research, interpreting clinical data and making informed decisions in line with evidence-based practice and professional judgement

Literacies

This unit provides opportunities to develop the following literacies.

- academic writing and referencing
- using domain specific language
- understanding evidence-based literature

Numeracy

Learners develop numeracy skills by:

- understanding and interpreting physiological measurement values and their normal ranges
- accurately recording and interpreting clinical data
- performing drug calculations and unit conversions (for example mg to mcg)
- applying mathematical concepts such as addition, subtraction, multiplication, division, percentages, decimals, and unit conversions, in clinical contexts
- interpreting research statistics and clinical data
- managing time-sensitive tasks such as medication administration and monitoring observations

Communication

Learners develop communication skills by:

- participating in spoken question-and-answer sessions, and small and large group discussions
- receiving and responding appropriately to verbal and non-verbal communication in the learning and care practice environments
- creating and responding to written and digital communications in the learning and care practice environments
- completing written assignments and accurately referencing sources of information
- collaborating with others in the practice setting

Digital

Learners develop digital skills by:

- using digital platforms to access information to support learning and understanding
- using a PC or other devices to develop coherent portfolio and project work
- using digital platforms to engage with and collaborate with professionals and carers in the sector
- completing risk assessments using digital communication

Learning for Sustainability

Throughout this unit, you should encourage learners to develop their skills, knowledge and understanding of sustainability.

This includes:

- a general understanding of social, economic and environmental sustainability
- a general understanding of the United Nations Sustainable Development Goals (SDGs)
- a deeper understanding of subject-specific sustainability
- the confidence to apply the skills, knowledge, understanding and values they develop in the next stage of their life

Learners explore how sustainability principles apply to perinatal care and the wider healthcare system. You should encourage them to reflect on how inclusive, equitable, and person-centred care contributes to long-term health and wellbeing for women and individuals, infants and families, and communities.

The most relevant SDGs for this unit are:

- Goal 3: Good Health and Wellbeing:
    - Learners examine strategies to reduce maternal and perinatal mortality, prevent avoidable deaths of newborns and children under five, and promote mental health and wellbeing. The unit also explores the importance of universal access to sexual and reproductive healthcare, including family planning, education, and integration into national health strategies. Learners consider how equitable access to quality, affordable healthcare services and medicines supports sustainable health systems.
- Goal 10: Reduced Inequalities
    - The unit promotes understanding of how to reduce health inequalities by empowering women and individuals, and communities, promoting social and economic inclusion, and delivering culturally sensitive care. Learners reflect on how discriminatory practices, unequal access to care, and systemic barriers

can be challenged through inclusive, rights-based approaches to perinatal care.

Sustainability is embedded through:

- promoting health equity and inclusive care planning
- encouraging digital documentation and communication to reduce environmental impact
- supporting lifelong learning and reflective practice to improve care quality and resilience
- understanding the global context of health, including safe migration, access to care, and the role of healthcare professionals in addressing global health risks

Engaging with these themes prepares learners to contribute to a more sustainable, just, and effective healthcare system — locally and globally.

Delivery of unit

You can deliver this 2-credit unit as a stand-alone unit for CPD. When you deliver the unit as part of a qualification, you can integrate teaching, learning and assessment within the units.

Learners relate their learning to their practice placement. You should deliver the unit in 80 hours. This is challenging for both learners and tutors. You should use a variety of teaching methods to stimulate and promote independent learning in addition to taught hours.

Learners put theory into practice in a non-threatening simulated environment. We recommend that you link theory in this unit to theory in other units in the qualification. You can make links to values and principles, health and safety policy, and the therapeutic relationship.

The notional design length of the unit is 80 hours. We suggest the following distribution of time, including assessment:

Outcome 1 — Plan, assess, and implement care during the perinatal period (30 hours)

Outcome 2 — Apply safe and effective care practices in real life or simulated clinical scenarios (40 hours)

Outcome 3 — Calculate numerical data relevant to care practice and medicine management (10 hours)

Additional guidance

The guidance in this section is not mandatory.

Content and context for this unit

You should teach and assess outcomes in an integrated manner to ensure that learners demonstrate a holistic approach to care. You can deliver this unit as part of HNC Healthcare Practice or as a stand-alone unit.

Learners should examine current local and national policy, best practice statements, codes of conduct and national guidelines relating to all topics in the unit.

It is essential to highlight throughout the unit that learners must always operate within the boundaries of their scope of practice and, during placement, should only carry out tasks when supervised or supported by registered practitioners.

Plan, assess, and implement care during the perinatal period (outcome 1)

You should deliver outcome 1 through classroom-based teaching, supported by demonstration and discussion. Introduce learners to a range of perinatal care models, documentation tools, and communication frameworks. You should use simulation and role-play to reinforce understanding of history taking, risk assessment, and care planning. Learners should gather relevant medical, obstetric, and social history, to understand the process of assessing risk and promoting normality. They should:

- demonstrate the ability to document findings and develop care plans based on assessment
- use the SBAR framework to communicate effectively in simulated clinical handovers
- show awareness of cultural needs and adapt care plans to support inclusivity
- follow standard precautions and demonstrate correct handwashing techniques

- identify when to escalate concerns, using tools such as obstetric early warning scoring systems
- explore digital tools used in perinatal care
- reflect on the legal and ethical principles underpinning informed consent and informed decision-making

Throughout all activities, learners should demonstrate professionalism, including the ability to work in a respectful, inclusive, and anti-discriminatory manner. This includes maintaining confidentiality, promoting dignity, and recognising the importance of the therapeutic relationship. You should introduce them to relevant organisational policies and encourage them to reflect on their role in safe and effective care planning.

Apply safe and effective care practices in real life or simulated clinical scenarios (outcome 2)

You should teach this outcome through practical sessions in a simulated care environment. Learners should have access to a range of clinical equipment and be supported to develop confidence in performing procedures through demonstration, peer practice, and structured simulation. You should use role-play and scenario-based learning to reinforce safe practice, communication, and decision making. You can invite guest speakers or expert practitioners to provide insight into current evidence-based practice.

Where learners have access to clinical placements, they are able to demonstrate a variety of clinical skills within the practice placement. The specific skills assessed will vary depending on whether the placement is in a perinatal care environment or a general healthcare setting.

We expect learners to demonstrate professionalism, sensitivity, and compassion when performing simulated care tasks. They should apply infection prevention and control principles, maintain hygiene standards, and uphold the dignity of simulated patients. You should encourage learners to reflect on their scope of practice and seek supervision when needed.

Maintenance of a safe clinical environment

Learners simulate preparing a clean, safe, and welcoming care environment that reflects professional standards in perinatal settings. This includes bedmaking techniques appropriate for different care scenarios — such as antenatal, postnatal, or recovery care — with attention to infection control, comfort, and dignity. Learners also practise waste management procedures, including the correct segregation and disposal of clinical and non-clinical waste, in line with infection prevention protocols. Learners can engage in environmental cleaning routines, such as wiping down surfaces, managing linen, and ensuring equipment is clean and ready for use. Reinforce the use of personal protective equipment (PPE) and hand hygiene, to reduce the risk of cross-contamination. Learners should identify environmental risk factors, such as clutter, spills, or improperly stored equipment, and understand how these impact safety and care quality.

Perform adult resuscitation, first aid, and basic life support

Learners practise emergency response procedures in a simulated environment using mannequins and training equipment, following Resuscitation Council UK adult basic life support (BLS) guidelines, including danger, response, airway, breathing and circulation (DRABC):

- assessing safety
- checking responsiveness and breathing
- calling for help
- delivering high-quality chest compressions (100 to 120 per minute, 5 to 6 cm depth) with rescue breaths in a 30:2 ratio
- incorporating automated external defibrillator (AED) use, with emphasis on early defibrillation and minimal interruptions

First aid scenarios cover both in-hospital and out-of-hospital emergencies, such as choking, bleeding, burns, and shock. Introduce learners to safe resuscitation practices for pregnant women and individuals, including left lateral tilt and modified compressions. Emphasise teamwork, communication, and personal safety throughout.

Accurately measure and record observations

Learners use training equipment to measure and document the following physiological observations in a simulated setting:

- temperature
- pulse
- respiration
- oxygen saturations
- blood pressure

Deliver care that optimises wound healing and skin integrity

Learners demonstrate the delivery of safe, evidence-based care that promotes wound healing and maintains skin integrity in women and individuals during the perinatal period, including care for surgical wounds (for example caesarean section), perineal trauma, and skin protection for those with reduced mobility or sensory impairment, such as following epidural administration. Learners assess wounds using recognised frameworks and respond to complications such as infection, delayed healing, or pressure damage. Learners should consider factors that compromise skin integrity, including moisture, friction, poor nutrition, underlying health conditions, and immobility. They should promote hygiene, comfort, and dignity throughout care. Simulation and case-based learning reinforce aseptic technique, infection prevention, accurate documentation, and effective communication with women and birthing people, while encouraging collaborative practice with multidisciplinary teams to support recovery and wellbeing.

Assisting with optimising personal hygiene and comfort

Learners practise delivering personal hygiene and comfort care in simulated environments using mannequins or peer role-play. This includes tasks such as washing, oral care, grooming, and toileting, with a strong emphasis on maintaining the individual’s dignity, privacy, and autonomy. Introduce learners to managing common sources of discomfort in the perinatal period, including pain, breast and chest tenderness, perineal or wound discomfort, and trapped wind, adapting care to

promote relief and wellbeing. Respectful communication, consent-seeking, and individualised care-planning are central to practice, with scenarios reflecting diverse care settings, cultural considerations, and varying levels of mobility or support needs. Reinforce the importance of empathy, professionalism, safeguarding, and holistic comfort care throughout.

Aseptic non-touch technique and catheter care

Learners apply aseptic non-touch technique principles while performing catheter care using simulation models. This includes hand hygiene, using sterile gloves, and ensuring that only sterile equipment contacts key parts of the system. Learners follow infection prevention protocols to clean, secure, and monitor urinary catheters, identifying signs of infection or complications. The simulation reinforces the importance of maintaining a sterile field, minimising contamination risks, and following local policies and procedures.

Neonatal initial assessment

Learners gain an understanding of the structured initial assessments of the newborn using mannequins, models, or video-based case scenarios, following recognised clinical guidelines. This includes evaluating appearance, pulse, grimace, activity and respiration (APGAR) scores to assess the neonate's immediate adaptation to extra-uterine life. Learners must be made aware that this assessment is only carried out by registered midwives and that they can describe or observe, but not participate in this assessment. Learners gain knowledge in the assessment of:

- vital signs
- body systems
- reflexes
- behaviour
- movement
- neurological tone
- posture
- the ability to suck, swallow, and breathe during the first feed

Learners should be aware that, wherever possible, assessments should be conducted with the mother, birthing person, or carer present, and should not interrupt skin-to-skin contact, which is prioritised as part of early bonding and physiological stability. You should teach learners to recognise deviations from expected norms, such as signs of respiratory distress, jaundice, or abnormal reflexes, and escalate concerns promptly and appropriately. Explore the distinction between the initial assessment and the full newborn and infant physical examination (NIPE), along with the potential need for neonatal life support (NLS) where respiration is not established. Place emphasis on accurate observation, timely documentation, respectful communication, and following local and national evidence-based protocols. You should also emphasise the limitations of learners' roles here, and teach them how and when to escalate concerns.

Obtaining clinical specimens

Learners practise safe and hygienic collection of clinical specimens, including wound swabs and midstream urine samples. They carry out procedures in accordance with infection control protocols, ensuring sample integrity and accurate labelling. Introduce learners to the rationale for each type of sample, appropriate use of PPE, and correct documentation and transport procedures. Scenarios reflect both routine and urgent sample collection in clinical settings.

Urinalysis

Learners perform urinalysis using simulated specimens or dipstick testing kits in a controlled environment, following standard infection prevention and control procedures. This includes the correct collection, handling, and testing of urine samples, with attention to maintaining sample integrity and patient dignity. You should teach learners to interpret urinalysis results accurately — identifying indicators such as protein, glucose, ketones, leukocytes, and blood — and to understand their clinical relevance in the perinatal context, including the early detection of conditions such as urinary tract infections, pre-eclampsia, or gestational diabetes. Emphasise clear documentation, timely escalation of abnormal findings, and effective communication with the individual, ensuring consent and comfort

throughout the procedure. Scenarios can also explore the importance of repeat testing, midstream sample collection, and multidisciplinary collaboration in managing abnormal results.

Removal of a peripheral venous catheter

Learners demonstrate the safe removal of peripheral venous (IV) catheters using simulation arms or models. This includes preparing the site, removing the cannula with minimal discomfort to the patient, and applying appropriate post-removal care, such as dressing and site inspection. You should teach learners to recognise and respond to potential complications, such as bleeding, phlebitis, or infiltration. The simulation reinforces adherence to infection control procedures, accurate documentation, and patient communication.

Principles of biomechanics in birth

Learners apply biomechanical principles to support positioning and movement during labour and birth using mannequins and peers. This includes promoting optimal foetal positioning, reducing discomfort, and facilitating physiological birth. Learners practise using upright, forward, and open positions, and are introduced to tools such as birthing balls and sifting. Scenarios highlight the importance of individualised care, informed choice, and minimising unnecessary interventions.

Lactation physiology and effective milk transfer

Learners explain the hormonal and anatomical processes involved in lactation, including the roles of prolactin and oxytocin, milk production, and let-down reflex. Using models and role-play, learners demonstrate how to support effective milk transfer through correct positioning, attachment, and responsive feeding.

Signs of effective milk transfer during breastfeeding or chestfeeding can be observed through a combination of infant behaviour, physical responses, and feeding outcomes. You should introduce learners to the United Nations International Children’s Emergency Fund (UNICEF) UK Baby Friendly Initiative checklist. A baby who is feeding well will typically begin a feed calm and alert, then become relaxed

and drowsy as the feed progresses. Rhythmic sucking with visible jaw movements extending to the ear and audible swallows — often described as soft ‘ka’ or ‘kuh’ sounds — are common, especially after the initial let-down. Pauses between sucking bursts are normal and indicate that the infant is processing milk intake. There should be no signs of distress, such as fussiness, pulling away, or arching. The nipple should appear rounded and not pinched or misshapen after feeding, and the chest or breast might feel softer, indicating milk removal. Feeding should be comfortable, with no ongoing pain or nipple damage. From day five onwards, the infant should produce at least six to eight wet nappies and two to three yellow, seedy stools per day, with steady weight gain after the initial postnatal loss. Effective feeding typically occurs 8 to12 times in 24 hours, including overnight, and lasts between 5 and 40 minutes depending on the infant’s age and efficiency. You should place emphasis on recognising signs of effective feeding and supporting confidence.

Hands-off techniques, managing milk supply and assisting with milk expression

Learners demonstrate non-invasive, hands-off techniques to support breastfeeding and chestfeeding using models and simulation. This includes guiding women and individuals to achieve a deep latch, encouraging skin-to-skin contact, and supporting hand expression or pump use without physically intervening. The approach promotes autonomy, consent, and respectful care, in line with Baby Friendly Initiative (BFI) standards.

Lactation equipment

Learners identify and handle a range of lactation equipment, including manual and electric breast pumps, nipple shields, and feeding devices. In simulation, learners can practise assembling, using, and cleaning equipment according to manufacturer guidelines and infection control procedures. Introduce learners to the clinical indications for each device and teach them how to support parents in their safe and effective use.

Medically-indicated supplementation using donor milk or infant formula

Learners role-play scenarios involving medically-indicated supplementation using donor human milk or infant formula. This includes following clinical guidelines, obtaining informed consent, and supporting responsive feeding practices. Introduce learners to cup feeding, syringe feeding, and paced bottle-feeding techniques, with emphasis on protecting the breastfeeding and chestfeeding relationship where applicable. Inform learners of the potential risks associated with introducing cow's milk-based formula to breastfed or chestfed infants. Evidence suggests that even a single exposure to cow's milk formula in the first few days of life may increase the risk of developing cow's milk protein allergy (CMPA), particularly in infants with a family history of allergies. CMPA is one of the most common food allergies in infancy and can present with a range of symptoms including gastrointestinal distress, skin reactions, respiratory issues and, in severe cases, anaphylaxis. To mitigate this risk, learners should support and prioritise human milk wherever possible. When supplementation is medically necessary, donor human milk is the preferred alternative. For further learning, learners can explore the use of hypoallergenic infant formula options such as extensively hydrolysed formulas (EHF) or amino acid formulas (AAF), which are recommended for infants with suspected or confirmed CMPA. Learners can also explore the signs of allergic reactions and understand when to escalate concerns or refer to specialist services. This approach ensures that supplementation is safe, evidence-based, and aligned with best practice guidance from NHS and NICE.

Responsive, paced bottle feeding

Learners practise responsive, paced bottle-feeding techniques. They do this using infant mannequins in simulated environments, promoting a feeding approach that supports infant cues, comfort, and physiological regulation. Learners demonstrate the importance of recognising and responding to early feeding cues, holding the infant in an upright, close-contact position, and pacing the feed to allow pauses for breathing, swallowing, and interaction. Teach learners to avoid overfeeding, respect the infant's ability to self-regulate intake, and support bonding through eye contact and gentle communication. Emphasise safe preparation and handling of formula or

expressed milk, hygiene practices, and the importance of involving parents or carers in feeding routines. Scenarios also explore adaptations for infants with additional needs, and reinforce the importance of promoting responsive parenting, attachment, and infant wellbeing.

Safe handling, storage and labelling of expressed human milk

Learners simulate the safe handling, storage, and labelling of expressed human milk using training materials. This includes following hygiene protocols, understanding storage timeframes for room temperature, refrigeration, and freezing, and ensuring accurate labelling with date, time, and identification. Introduce learners to procedures for thawing and warming milk safely.

Skin-to-skin and positioning of the breastfeeding and chestfeeding dyad

Learners practise facilitating skin-to-skin contact and supporting the positioning of the breastfeeding and chestfeeding dyad using infant mannequins or dolls. This includes recognising early feeding cues, supporting biological nurturing positions, and ensuring comfort and safety for both parent and infant. Scenarios reinforce the importance of early initiation of feeding and uninterrupted skin-to-skin care.

Neonatal weighing

Learners use neonatal scales to weigh mannequins accurately and record measurements in line with clinical documentation standards. This includes preparing the equipment, ensuring infant safety, interpreting weight in the context of growth patterns, and understanding the implications of weight loss or gain in the neonatal period. Introduce learners to centile charts and documentation protocols.

Calculate numerical data relevant to care practice and medicine management (outcome 3)

You should deliver this outcome through a combination of classroom teaching and practical numeracy workshops. Introduce learners to clinical charts, measurement

tools, and principles of medicine administration. They should practise interpreting data, plotting charts, and performing calculations in simulated scenarios. They should use interactive exercises and case studies to reinforce understanding of normal and abnormal values, as well as the factors that affect data reliability.

Learners must demonstrate accuracy and attention to detail when recording and interpreting clinical data. They should apply mathematical concepts to calculate dosages and conversions, and recognise when to escalate concerns based on clinical findings. You should emphasise professionalism, safety, and adherence to organisational policies throughout.

Provide case study materials with associated charts. Learners work in groups to evaluate individual client conditions and report their findings. You should teach interpreting observation charts and performing calculations in the context of healthcare. It’s essential that learners can recognise and understand normal values, as well as know the limitations of their role and when — and to whom — to report findings.

Learners should be familiar with units of measurement used in healthcare and understand the importance of performing simple conversions. For example, they may be asked to convert grams to milligrams to micrograms or convert decimals to percentages. Calculations should relate to real-world healthcare scenarios, such as calculating body mass index (BMI) or determining the rate of intravenous fluid administration. Learners should also be aware of the factors that can affect the accuracy of results.

Awareness of medication administration

Learners should gain knowledge of European and national legislation related to medication administration, including professional standards and local policies. Topics can include medication storage, record keeping, and the importance of working within one’s scope of competence. You should include a foundational understanding of pharmacokinetics, covering the following areas:

- Absorption: learners should understand that a drug must be absorbed into the body before it can exert an effect. The route of administration, such as oral, intramuscular, or intravenous, significantly influences absorption, including the concept of first-pass metabolism.
- Distribution: learners should be aware of the four main factors affecting drug distribution: (1) blood flow and uptake into tissues and organs, (2) solubility of the drug, (3) extent of plasma protein binding, and (4) storage sites within the body.
- Metabolism: this refers to the biotransformation of the parent drug compound, primarily in the liver (hepatic metabolism), into metabolites.
- Excretion: learners should understand that drugs are eliminated from the body after exerting their effects. Key principles include renal elimination, clearance, and secretion into bile for faecal elimination.

You should discuss the preparation of different drug formulations, including enteric-coated tablets, capsules, liquid preparations, patches, sublingual forms, and topical applications such as creams and ointments.

Resources

There is a variety of media resources that you can use to support your delivery of the unit. Learners' experiences in their practice placements can enhance their learning and application.

The following resources may be useful:

- Brown, A. (2022) *The Compassion Code: Power, Perseverance and Passion in Lactation Support*, TR Books
- Carpenter, J. and Hunter, L. (2025) *The Anatomy and Physiology Textbook for Midwives*, Routledge eBooks: Routledge. Available from: https://doi.org/10.4324/9781003227571 [accessed February 2026]
- Johnson, R. and Taylor, W. (2023) *Skills for Midwifery Practice*, 5th edition, Chatswood, NSW: Elsevier Australia
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Approaches to delivery

We recommend that, if you deliver the unit as a stand-alone unit, you assess the outcomes holistically. If you deliver it as part of the qualification, we recommend integration with the remaining units. You can integrate teaching, learning and assessment across units.

You can deliver the unit through:

- lectures
- group work
- practical classroom activities
- visiting speakers
- visits to appropriate practice settings

You should support learners to carry out autonomous learning and independent research, and use tutorials and group exercises to consolidate learning.

Approaches to assessment

Evidence can be generated using different types of assessment. The following are suggestions only. There may be other methods that would be more suitable to learners.

Learners should include and reference the following in their assessments:

- accurate terminology
- national and local screening programmes
- relevant Scottish and UK legislation
- professional codes of practice
- National Health Service (NHS) and public health guidance

Outcomes 1 and 2

You should use an integrated assessment in the form of observation for recording evidence of the learner's clinical ability. A supervisor or assessor observes learners carrying out the identified skills. At this stage in learners' development, practice is judged as sufficient to pass the outcomes when they demonstrate skills under direct supervision.

Learners provide evidence of:

- using appropriate interpersonal skills when carrying out practical techniques, promoting safe practice that complies with current policies and procedures
- identifying the appropriate equipment and demonstrating the correct procedure for the practical technique and competencies
- observation by a qualified supervisor and assessor

Evidence can be compiled in the form of checklists, completed recording sheets and reflective accounts. You should record learners' responses to oral questioning in an observation document, as evidence of their knowledge and understanding.

Outcome 3

You should provide formative assessment opportunities that help learners gain confidence in their ability to perform calculations.

You could use a closed-book summative assessment of multiple-choice or short-answer questions that meet the evidence requirements. This assessment may be completed online, and learners can use calculators.

Learners must achieve 80% (to maintain professional standard) to pass. Assessments should vary from year to year, and alternative assessments should be available.

Equality and inclusion

This unit is designed to be as fair and as accessible as possible with no unnecessary barriers to learning or assessment.

You must consider the needs of individual learners when planning learning experiences, selecting assessment methods or considering alternative evidence.

Guidance on assessment arrangements for disabled learners and those with additional support needs is available on the assessment arrangements web page.

Information for learners

Perinatal Practice: Foundation Skills (SCQF level 7)

This information explains:

- what the unit is about
- what you should know or be able to do before you start
- what you need to do during the unit
- opportunities for further learning and employment

Unit information

This unit is mandatory in the perinatal pathway of Higher National Certificate (HNC) Healthcare Practice. It is delivered over 80 hours.

The unit develops your knowledge, understanding, and practical skills in providing safe, effective, and compassionate care during the perinatal period. You explore how to assess, plan, and implement care for women and individuals, infants and families, with a strong focus on communication, clinical skills, cultural sensitivity, and evidence-based practice. You also learn how to interpret clinical data, apply numeracy in healthcare settings, and use digital tools to support care delivery.

Entry to the unit is at your centre's discretion. You should, however, have effective communication and interpersonal skills. Experience in care is not essential for entry to this qualification, but it may be beneficial.

Throughout the unit, you:

- take part in simulated clinical scenarios using mannequins, models, and digital tools
- practise a wide range of perinatal care skills, including neonatal assessment, wound care, catheter care, and feeding support

- learn how to take structured histories, complete care plans, and communicate effectively using frameworks like situation, background, assessment, recommendation (SBAR)
- develop your numeracy skills through interpreting clinical data, plotting growth charts, and performing drug calculations
- engage in reflective practice, group discussions, and written assignments to deepen your understanding
- use digital platforms to access learning materials, complete documentation, and collaborate with others

The teaching, learning and assessment of the unit takes place in educational and simulated or clinical care settings. Learning activities, and completing the unit in a practice setting, provides you with invaluable opportunities to develop and apply your knowledge, skills and understanding, and meet the evidence requirements.

You are assessed through a combination of practical observation, written or oral evidence, and simulated tasks. Your learning is supported by tutors, peers, and digital resources. You must submit your assessments by the agreed deadlines and maintain a portfolio of evidence that demonstrates your understanding and application of the unit content. You submit a statement that confirms that your submissions are all your own work, and your centre uses plagiarism detection software to ensure the authenticity of your work.

You should include and reference the following in your assessments:

- accurate terminology
- national and local screening programmes
- relevant Scottish and UK legislation
- professional codes of practice
- National Health Service (NHS) and public health guidance

The unit supports progression to further study in midwifery, nursing, and other health-related degree programmes. You should investigate your chosen university's entry criteria.

The unit provides valuable knowledge and skills for those working in perinatal care, neonatal support, or wider healthcare roles. Successfully completing the unit helps you meet key educational components required for eligibility to sit the international board-certified lactation consultant (IBCLC) examination, and contributes significantly toward fulfilling the IBCLC's educational prerequisites for prospective learners.

Meta-skills

Throughout this unit, you develop meta-skills that are useful for the healthcare sector.

Meta-skills are transferable behaviours and abilities that help you adapt and succeed in life, study and work. There are three categories of meta-skills: self-management, social intelligence and innovation.

Self-management

This meta-skill includes:

- focusing:
    - researching
    - evaluating understanding on an ongoing basis through formative assessment
- integrity:
    - discussing own values, ethics and personal development
- adapting:
    - critical reflection
    - accommodating new ideas through research and practical experience
- initiative:
    - independently researching

- collaborating with other professionals to share enthusiasm and knowledge

Social intelligence

This meta-skill includes:

- feeling:
  - discussing own values and personal development
  - showing empathy
  - demonstrating personal reflection
  - building relationships
- communicating:
  - collaborative working,
  - sharing ideas and perspectives
- collaborating:
  - teamworking
  - working towards shared goals within practice

Innovation

This meta-skill includes:

- curiosity:
  - researching and observing, to understand the link between theory and practice
- sense-making:
  - holistic thinking
  - researching
  - evaluating understanding

- critical thinking:
    - analysing research
    - making informed decisions

Learning for Sustainability

Throughout this unit, you develop skills, knowledge and understanding of sustainability.

You learn about social, economic and environmental sustainability principles and how they relate to the healthcare sector. You also develop an understanding of the United Nations Sustainable Development Goals (SDGs), with particular focus on:

- Goal 3: Good Health and Wellbeing:
    - You learn about strategies to reduce maternal and neonatal mortality, prevent avoidable deaths of newborns and children under five, and promote mental health and wellbeing. The unit also highlights the importance of universal access to sexual and reproductive healthcare, family planning, and education, as well as the integration of reproductive health into national policies and programmes.
- Goal 10: Reduced Inequalities:
    - You examine how inclusive, culturally-sensitive care can reduce inequalities in health outcomes. This includes promoting the social, economic, and political inclusion of all individuals, eliminating discriminatory practices, and ensuring equal access to quality care, regardless of background, ethnicity, or socioeconomic status.

Sustainability is embedded in your learning through:

- ethical and inclusive care planning
- use of digital tools to reduce paper waste and improve efficiency
- understanding the impact of healthcare practices on environmental resources

- promoting health equity and access to care for all women and individuals, infants and families

By engaging with these themes, you can contribute to a more sustainable, equitable, and resilient healthcare system, supporting both current and future generations.

Administrative information

Published: June 2026 (version 1.0)

Superclass: PA

History of changes

Version	Description of change	Date

Please check our website to ensure you are using the most up-to-date version of this unit.