CliniVerba

OET HQ BY DR. NASIR

OET SPEAKING SUB-TEST

MIDWIFERY

Free Sample · Cards 1–2 of 6 · (Roleplayer + Candidate)

2026 EDITION FREE SAMPLE

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Free sample

Cards 1–2 of 6 · full set at cliniverba.com

CARD	SCENARIO / SETTING	WHAT IT TESTS
No. 1	Antenatal Clinic – reluctance about the glucose tolerance test (26 weeks)	Exploring hesitation; explaining gestational diabetes and why screening is routine; describing the OGTT; what happens if positive; gaining agreement.
No. 2	Postnatal Ward – painful breastfeeding, worried about milk supply (day 4)	Feeding history and observing a feed; positioning and attachment; normal newborn feeding patterns; practical strategies; emotional support and follow-up.

How to use these cards

- Each role play lasts about **5 minutes**, with **3 minutes** of preparation time first. The candidate reads only the **Candidate Card**; the interlocutor (teacher/partner) uses the **Roleplayer Card** and plays the woman.
- The candidate is the **midwife** at all times. The clinical information needed is given on the Candidate Card in brackets (e.g., …) – the candidate only has to communicate it clearly, in the right order, with empathy.
- Cover all the TASK points, but let the woman's concerns lead the conversation: open the interaction, listen, acknowledge feelings, explain in plain language (avoid jargon), check understanding, and close by agreeing a clear plan.
- Assessment criteria to practise: **Intelligibility, Fluency, Appropriateness of language, Resources of grammar and expression**, and the clinical communication criteria (**relationship building, understanding the patient's perspective, providing structure, information gathering, information giving**).

ROLEPLAYER CARD NO. 1 — MIDWIFERY

SETTING	Antenatal Clinic
WOMAN	You are 31 years old and 26 weeks pregnant with your first baby. Your pregnancy has been healthy and you feel well. At your last visit, the midwife arranged for you to have a glucose tolerance test (a screening test for diabetes in pregnancy). You have come back to discuss the test. You are reluctant – you feel fine, you eat reasonably well, and no one in your family has diabetes. You also dislike needles, and the idea of fasting and drinking a sugary drink puts you off.
TASK	• Explain that you feel well and do not understand why you need the test, as there is no diabetes in your family. • Ask what gestational diabetes is and whether it will harm the baby. • Express your dislike of the fasting and the sugary drink. Ask if there is any other way to check. • Ask what would happen if the test came back positive – would you need insulin injections? • Reluctantly agree to have the test once your concerns are addressed.

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CANDIDATE CARD NO. 1 — MIDWIFERY

SETTING	Antenatal Clinic
MIDWIFE	This 31-year-old woman is 26 weeks pregnant with her first baby. The pregnancy has been uncomplicated. At her last visit you arranged an oral glucose tolerance test (OGTT) to screen for gestational diabetes, which is routinely offered at this stage. The woman has returned and is hesitant about having the test.
TASK	• Find out the reasons for the woman's hesitation about the test. • Explain what gestational diabetes is (e.g., raised blood sugar that develops in pregnancy and usually resolves after birth). • Explain why screening is offered routinely, even when the woman feels well and has no family history (e.g., it often has no symptoms; family history is only one risk factor). • Reassure the woman about the test procedure (e.g., a fasting sample, a sweet drink, then further samples; brief discomfort only). • Explain that if diabetes is found, it is usually managed first with diet and activity, and that monitoring protects both mother and baby. Insulin is only needed in some cases. • Encourage the woman to proceed with the test and answer her remaining questions.

ROLEPLAYER CARD NO. 2 — MIDWIFERY

SETTING: Postnatal Ward

WOMAN

You gave birth to your first baby four days ago. You are trying to breastfeed, but your nipples have become sore and cracked, and feeds are painful. The baby seems unsettled and feeds very often, and you are worried you are not making enough milk. You are exhausted and are starting to think you should switch to formula. You feel as though you are failing at breastfeeding.

TASK

- Describe your problems: sore, cracked nipples, painful feeds, and a baby who feeds very frequently.
- Say that you are worried you do not have enough milk because the baby is never satisfied.
- Tell the midwife you are thinking about giving up and using formula.
- Express that you feel like you are failing as a mother.
- Agree to try the midwife's suggestions, but ask for reassurance that things will improve.

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CANDIDATE CARD NO. 2 — MIDWIFERY

SETTING: Postnatal Ward

MIDWIFE

This woman gave birth to her first baby four days ago. She is breastfeeding but has developed sore, cracked nipples and finds feeds painful. The baby is feeding frequently and she is anxious that her milk supply is inadequate. She is tired and is considering switching to formula. On observation, the difficulty appears to be related to positioning and attachment rather than supply.

TASK

- Ask about the woman's feeding experience and observe a feed (positioning and attachment).
- Reassure the woman that sore nipples are usually caused by attachment that can be corrected, not by anything she is doing wrong.
- Explain that frequent feeding and an unsettled baby in the early days are normal and not necessarily a sign of low supply (e.g., small stomach, cluster feeding, supply responds to demand).
- Offer practical strategies (e.g., improving latch, varying positions, nipple care, expressing if needed).
- Acknowledge the woman's feelings and reassure her that needing support is common and does not mean she is failing.
- Encourage her to continue and offer follow-up support (e.g., lactation consultant, breastfeeding service) before any decision about formula.

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