



Curriculum Checklist of Essential Competencies

Revised 2014



1 | COMPETENCY IN SOCIAL, EPIDEMIOLOGIC AND CULTURAL CONTEXT OF MATERNAL AND NEWBORN CARE

Midwives have the requisite knowledge and skills from obstetrics, neonatology, the social sciences, public health, and ethics that form the basis of high quality, culturally relevant, appropriate care for women, newborns, and childbearing families.

The midwife has the knowledge and/or understanding of:

- 1.1 the community and social determinants of health (e.g., income, literacy and education, water supply and sanitation, housing, environmental hazards, food security, disease patterns, common threats to health)
- 1.2 principles of community-based primary care using health promotion and disease prevention and control strategies
- 1.3 direct and indirect causes of maternal and neonatal mortality and morbidity and strategies for reducing them
- 1.4 methodology for conducting maternal death review and near miss audits
- 1.5 principles of epidemiology, community diagnosis (including water and sanitation), and how to use these in care provision
- 1.6 methods of infection prevention and control, appropriate to the service being provided
- 1.7 principles of research, evidenced-based practice, critical interpretation of professional literature, and the interpretation of vital statistics and research findings
- 1.8 indicators of quality health care services
- 1.9 principles of health education
- 1.10 national and local health services and infrastructures supporting the continuum of care (organization and referral systems), how to access needed resources for midwifery care
- 1.11 relevant national or local programs or initiatives (provision of services or knowledge of how to assist community members to access services, such as immunization and prevention or treatment of health conditions prevalent in the country or locality)
- 1.12 the concept of alarm (preparedness), the protocol for referral to higher health facility levels, and appropriate communication during transport [emergency care]
- 1.13 the legal and regulatory framework governing reproductive health for women of all ages, including laws, policies, protocols and professional guidelines

- 1.14 policies, protocols, laws and regulations related to therapeutic abortion (TAB) care services
- 1.15 human rights and their effects on health of individuals, including but not limited to: health disparities, domestic partner violence, and female genital mutilation [cutting]
- 1.16 advocacy and empowerment strategies for women
- 1.17 the history of childbirth practices and the midwifery profession
- 1.18 unique healthcare needs of women from distinct ethnic or cultural backgrounds, or a variety of family structures and sexual orientations
- 1.19 culturally sensitive care
- 1.20 traditional and modern health practices (beneficial, neutral and harmful)
- 1.21 benefits and risks of available birth settings
- 1.22 strategies for advocating with women for a variety of safe birth settings
- 1.23 the purpose and role of national and local midwifery organizations

Professional Behaviors. The midwife:

- 1.24 is responsible and accountable for clinical decisions and actions
- 1.25 acts consistently in accordance with professional ethics, values, and human rights as defined by national and local professional midwifery organizations
- 1.26 acts consistently in accordance with standards of practice as defined by national and local professional midwifery organizations
- 1.27 maintains and updates knowledge and skills, in order to remain current in practice
- 1.28 uses standard/universal precautions, infection prevention and control strategies, and clean technique
- 1.29 behaves in a courteous, non-judgmental, non-discriminatory, and culturally appropriate manner with all clients
- 1.30 is respectful of individuals and of their culture and customs, regardless of socioeconomic status, race, ethnic origin, sexual orientation, gender, physical ability, cognitive ability, or religious belief
- 1.31 maintains the confidentiality of all information shared by the woman; communicates essential information among other health providers or family members only with explicit permission from the woman and in situations of compelling need
- 1.32 uses shared decision-making in partnership with women and their families; enables and supports them in making informed choices about their health, including the need or

desire for referral or transfer to other health care providers or facilities for continued care when health care needs exceed the abilities of the midwife provider and their right to refuse testing or intervention

- 1.33 works collaboratively with other health care workers to improve the delivery of services to women and families
- 1.34 follows appropriate protocol and etiquette for transport or transfer of care of the mother or newborn from home or birth center to the hospital during pregnancy, in labor, or postpartum
- 1.35 provides opportunity for client feedback

The midwife has the skill and/or ability to:

- 1.36 engage in health education discussions with and for women and their families
- 1.37 use appropriate communication and listening skills across all domains of competency
- 1.38 assemble, use, and maintain equipment and supplies appropriate to setting of practice
- 1.39 document and interpret relevant findings for services provided across all domains of competency, including what was done and what needs follow-up according to current best practices
- 1.40 comply with all local regulations for birth and death registration, mandatory reporting for physical abuse, and infectious disease reporting
- 1.41 take a leadership role in the practice arena based on professional beliefs and values
- 1.42 assume administration and management tasks and activities, including but not limited to:
 - a. compliance with privacy and protected health information regulations (i.e. HIPAA compliance)
 - b. compliance with workplace safety regulations (i.e. OSHA compliance)

Additional Skills (Not Required). The midwife may:

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- 1.43 assume administration and management tasks and activities, including but not limited to:
 - a. quality control
 - b. human resource management
 - c. third party billing
 - d. business practices appropriate for level of health facility and midwifery scope of practice

1.44 take a leadership role in policy arenas

2 | COMPETENCY IN PRE-PREGNANCY CARE AND FAMILY PLANNING

Midwives provide high quality, culturally sensitive health education and services to all in the community in order to promote healthy family life, planned pregnancies, and positive parenting.

The midwife has the knowledge and/or understanding of:

- 2.1 growth and development related to sexuality, sexual development, and sexual activity
- 2.2 female and male anatomy and physiology related to conception and reproduction
- 2.3 cultural norms and practices surrounding sexuality, sexual practices, marriage and childbearing
- 2.4 components of a health history, family history, and relevant genetic history
- 2.5 physical examination content and investigative laboratory studies that evaluate potential for a healthy pregnancy
- 2.6 health education content targeted to sexual and reproductive health (e.g., sexually transmitted infections; HIV; newborn and child health)
- 2.7 basic principles of pharmacokinetics of family planning drugs and agents
- 2.8 natural family planning methods
- 2.9 all currently available methods of family planning, including medical eligibility criteria and appropriate timeframes for method use
- 2.10 methods and strategies for guiding women and/or couples needing to make decisions about methods of family planning
- 2.11 signs and symptoms of urinary tract infection and sexually transmitted infections commonly occurring in the community/country
- 2.12 indicators of common acute and chronic disease conditions specific to a geographic area of the world that present risks to a pregnant woman and the fetus (e.g., HIV; TB; malaria) and referral process for further testing and treatment including post-exposure preventive treatment
- 2.13 indicators and methods for advising and referral of dysfunctional interpersonal relationships, including sexual problems, gender-based violence, emotional abuse and physical neglect

- 2.14 principles of screening methods for cervical cancer, (e.g., Pap test; colposcopy) and interpretation of test results.

The midwife has the skill and/or ability to:

- 2.15 take a comprehensive health and obstetric, gynecologic and reproductive health history
- 2.16 engage the woman and her family in preconception counseling, based on the individual situation, needs and interests
- 2.17 perform a physical examination, including clinical breast examination, focused on the presenting condition of the woman
- 2.18 order and/or perform and interpret laboratory tests used in providing well woman care including, but not limited to: CBC, thyroid function tests, urinalysis, chemistry panels
- 2.19 request and/or perform and interpret selected screening tests including, but not limited to: screening for HIV, STIs, and PAP tests
- 2.20 provide collaborative care, support and referral for treatment for the HIV positive woman and HIV counseling and testing for women who do not know their status (however authorized to do so in the jurisdiction of practice)
- 2.21 dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) locally available and culturally acceptable methods of family planning
- 2.22 advise women about management of side effects and problems with use of family planning methods
- 2.23 take and order cervical cytology (Pap) test
- 2.24 use the microscope to perform simple screening tests including, but not limited to: amniotic fluid ferning, candida, trichomonas, and bacterial vaginosis.

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- 2.25 insert and remove intrauterine contraceptive devices
- 2.26 insert and remove contraceptive implants
- 2.27 perform acetic acid visualization of the cervix and interpret the need for referral and treatment

- 2.28 perform colposcopy for cervical cancer screening and interpret the need for referral and treatment
- 2.29 dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) emergency contraception medications, in accord with local policies, protocols, law or regulation
- 2.30 provide commonly available methods of barrier, steroidal, mechanical, and chemical methods of family planning

3 | COMPETENCY IN PROVISION OF CARE DURING PREGNANCY

Midwives provide high quality antenatal care to maximize health during pregnancy and that includes early detection and treatment or referral of selected complications.

The midwife has the knowledge and/or understanding of:

- 3.1 anatomy and physiology of the human body
- 3.2 the biology of human reproduction, the menstrual cycle, and the process of conception
- 3.3 the growth and development of the unborn baby
- 3.4 signs and symptoms of pregnancy
- 3.5 examinations and tests for confirmation of pregnancy
- 3.6 signs and symptoms and methods for diagnosis of an ectopic pregnancy
- 3.7 principles of dating pregnancy by menstrual history, size of uterus, fundal growth patterns, and use of ultrasound
- 3.8 components of a health history and focused physical examination for antenatal visits
- 3.9 manifestations of various degrees of female genital mutilation (cutting) and their potential effects on women's health, including the birth process
- 3.10 factors involved in decisions relating to unintended or mistimed pregnancies
- 3.11 all currently available methods of therapeutic abortion (TAB) and their medical eligibility criteria
- 3.12 pharmacotherapeutic basics of drugs recommended for use in medical abortion
- 3.13 principles of uterine evacuation via manual vacuum aspiration (MVA)

- 3.14 normal findings [results] of basic screening laboratory tests including, but not limited to:
 - a. routine pregnancy bloodwork
 - b. urine dipstick
 - c. fetal screening (i.e. genetic testing, biophysical profile, 1st and 2nd trimester screen, NST, U/S)
 - d. glucose tolerance screen
 - e. pre-eclampsia screening tests
 - f. GBS vaginal/rectal culture
- 3.15 normal progression of pregnancy: body changes, common discomforts, expected fundal growth patterns, weight gain
- 3.16 implications of deviation from expected fundal growth patterns, including intrauterine growth retardation/restriction, oligo- and polyhydramnios, multiple fetuses
- 3.17 fetal risk factors requiring transfer of women to higher levels of care prior to labor and birth
- 3.18 normal psychological changes in pregnancy, indicators of psychosocial stress, and impact of pregnancy on the woman and the family
- 3.19 safe, locally available non-pharmacological methods for the relief of common discomforts of pregnancy
- 3.20 how to determine fetal well-being during pregnancy including fetal heart rate and activity patterns, amniocentesis and ultrasound technology
- 3.21 components of a healthy diet and the nutritional requirements of the pregnant woman and fetus, including the appropriate use of vitamin and mineral supplements
- 3.22 health education needs in pregnancy (e.g., information about relief of common discomforts, hygiene, sexuality, work inside and outside the home)
- 3.23 basic principles of pharmacokinetics of drugs prescribed, dispensed or furnished to women during pregnancy
- 3.24 effects of prescribed medications, ultrasound, street drugs, traditional medicines, and over-the-counter drugs on pregnancy and the fetus
- 3.25 effects of smoking, alcohol abuse and illicit drug use on the pregnant woman and fetus
- 3.26 effects of environmental exposures, food-borne illnesses, or certain activities on the pregnant woman and fetus, (e.g., heavy metals, listeriosis, pesticides, food additives, saunas, toxoplasmosis)
- 3.27 the essential elements of birth planning (preparation for labor and birth, emergency preparedness)
- 3.28 the physical preparation for labor
- 3.29 the components of preparation of the home/family for the newborn

- 3.30 signs and symptoms of the onset of labor (including women's perceptions and symptoms)
- 3.31 techniques for increasing relaxation and pain relief measures available for labor
- 3.32 signs, symptoms and potential effects of conditions that are life- threatening to the pregnant woman and/or her fetus, including but not limited to:
 - a. pre-eclampsia/eclampsia
 - b. vaginal bleeding
 - c. premature labor
 - d. Rh isoimmunisation
 - e. syphilis
- 3.33 means and methods of advising about care, treatment and support for the HIV positive pregnant woman including measures to prevent maternal-to-child transmission (PMTCT) (including feeding options)
- 3.34 signs, symptoms and indications for referral of selected complications and conditions of pregnancy that affect either mother or fetus, including but not limited to:
 - a. anemia
 - b. asthma
 - c. HIV infection
 - d. thyroid disorders
 - e. diabetes
 - f. cardiac conditions
 - g. malpresentations/abnormal lie
 - h. placental disorders
 - i. pre-term labor
 - j. post-dates pregnancy
 - k. hydatidiform mole
- 3.35 the prenatal methods for encouraging optimal positioning at term, including external manual version.
- 3.36 the physiology of lactation and methods to prepare women for breastfeeding

The midwife has the skill and/or ability to:

- 3.37 take an initial history and perform ongoing history each antenatal visit
- 3.38 perform a complete physical examination and explain findings to the woman
- 3.39 take and assess maternal vital signs including temperature, blood pressure, pulse
- 3.40 draw blood and collect urine and vaginal culture specimens for laboratory testing
- 3.41 assess maternal nutrition and its relationship to fetal growth; give appropriate advice on nutritional requirements of pregnancy and how to achieve them
- 3.42 perform a complete abdominal assessment including measuring fundal height, lie, position, and presentation

- 3.43 assess fetal growth using manual measurements
- 3.44 evaluate fetal growth, placental location, and amniotic fluid volume by using manual measurements or techniques and by referring for ultrasound visualization and measurement
- 3.45 listen to the fetal heart rate, palpate the uterus for fetal activity, and interpret findings
- 3.46 monitor fetal heart rate with Doppler
- 3.47 perform a pelvic examination, including sizing the uterus, if indicated and when appropriate during the course of pregnancy
- 3.48 perform clinical pelvimetry [evaluation of bony pelvis] to determine the adequacy of the bony structures
- 3.49 calculate the estimated date of birth and assess gestational period through query about LMP, bimanual examination, and/or urine pregnancy testing.
- 3.50 provide health education to adolescents, women and families about normal pregnancy progression, danger signs and symptoms, and when and how to contact the midwife
- 3.51 teach and/or demonstrate measures to decrease common discomforts of pregnancy
- 3.52 provide guidance and basic preparation for labor, birth, and parenting
- 3.53 provide education regarding avoidance of potentially harmful environmental exposures, food-borne illnesses, or activities
- 3.54 identify variations during the course of the pregnancy and institute appropriate first-line independent or collaborative management based upon evidence-based guidelines, local standards and available resources for:
 - a. low and or inadequate maternal nutrition, including eating disorders and pica
 - b. anemia
 - c. ectopic pregnancy
 - d. hyperemesis
 - e. genital herpes
 - f. inadequate or excessive uterine growth, including suspected oligo- or polyhydramnios, molar pregnancy
 - g. gestational diabetes
 - h. insufficient cervix
 - i. elevated blood pressure, proteinuria, presence of significant edema, severe frontal headaches, visual changes, epigastric pain associated with elevated blood pressure
 - j. vaginal bleeding (with or without cramping)
 - k. multiple gestation, abnormal lie/mal-presentation at term
 - l. intrauterine fetal death
 - m. rupture of membranes prior to term
 - n. post term pregnancy
 - o. exposure to or contraction of infectious disease (e.g. HIV, Hep B & C, Varicella, Rubella, cytomegalovirus)
 - p. GBS positive vaginal rectal culture

- q. Toxoplasmosis
 - r. Depression
- 3.55 identify deviations from normal during the course of pregnancy and initiate the referral process for conditions that require higher levels of intervention
- 3.56 inform women who are considering therapeutic abortion about available services for those keeping the pregnancy and for those proceeding with abortion, methods for obtaining therapeutic abortion, and to support women in their choice
- 3.57 dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) selected, life-saving drugs (e.g., antibiotics, anticonvulsants, antimalarials, antihypertensives, antiretrovirals) to women in need because of a presenting condition
- 3.58 provide individualized care according to the needs and desires of each woman

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- 3.59 measures for prevention and control of malaria in pregnancy, according to country disease pattern, including intermittent preventive treatment (IPT) and promotion of insecticide treated bed nets (ITN)
- 3.60 pharmacologic basis of de-worming in pregnancy (if relevant to the country of practice)
- 3.61 perform external version of the fetus presenting breech or transverse

4 | COMPETENCY IN PROVISION OF CARE DURING LABOR AND BIRTH

Midwives provide high quality, culturally sensitive care during labor, conduct a clean and safe birth and handle selected emergency situations to maximize the health of women and their newborns.

The midwife has the knowledge and/or understanding of:

- 4.1 physiology of first, second and third stages of labor
- 4.2 anatomy of fetal skull, critical diameters and landmarks
- 4.3 psychological and cultural aspects of labor and birth
- 4.4 indicators of the latent phase and the onset of active labor
- 4.5 indications for stimulation of the onset of labor, and augmentation of uterine contractility
- 4.6 normal progression of labor
- 4.7 how to use the partograph (i.e., complete the record; interpret information to determine timely and appropriate labor management)
- 4.8 measures to assess fetal well-being in labor
- 4.9 measures to assess maternal well-being in labor
- 4.10 process of fetal passage [descent] through the pelvis during labor and birth; mechanisms of labor in various fetal presentations and positions
- 4.11 comfort measures in first and second stages of labor (e.g., family presence/assistance, positioning for labor and birth, hydration, emotional support, non-pharmacological methods of pain relief)
- 4.12 pharmacological measures for management and control of labor pain, including the relative risks, disadvantages, safety of specific methods of pain management, and their effect on the normal physiology of labor
- 4.13 signs and symptoms of complications in labor, including but not limited to:
 - a. bleeding
 - b. labor arrest or dysfunction
 - c. malpresentation
 - d. eclampsia
 - e. maternal distress
 - f. fetal distress

- g. infection
- h. prolapsed cord

- 4.14 the benefits, risks, criteria for risk assessment, and midwifery management of vaginal birth after a cesarean

- 4.15 indicators, risk factors, special needs and prenatal management of the pregnant woman with a multiple gestation

- 4.16 principles of prevention of pelvic floor damage and perineal tears

- 4.17 indications for performing an episiotomy

- 4.18 principles of expectant (physiologic) management of the 3rd stage of labor

- 4.19 principles of active management of 3rd stage of labor

- 4.20 principles underpinning the technique for repair of perineal tears and episiotomy

- 4.21 indicators of need for emergency management, referral or transfer for obstetric emergencies, including but not limited to: cord prolapse, shoulder dystocia, placental abruption, uterine rupture, uterine bleeding, retained placenta

- 4.22 indicators of need for operative deliveries, vacuum extraction, use of forceps, including but not limited to fetal distress and cephalo-pelvic disproportion

- 4.23 Indicators of need for and appropriate administration of the following pharmacologic agents: lidocaine/xylocaine for suturing, oxygen, methergine, Pitocin for postpartum hemorrhage, rhogam, vitamin K, antibiotics for group B strep prophylaxis, IV fluids, newborn eye prophylaxis

The midwife has the skill and/or ability to:

- 4.24 take a specific history and maternal vital signs in labor

- 4.25 perform a focused physical examination in labor

- 4.26 perform a complete abdominal assessment for fetal position and descent

- 4.27 time and assess the effectiveness of uterine contractions

- 4.28 perform a complete and accurate pelvic examination for dilatation, effacement, descent, presenting part, position, status of membranes, and adequacy of pelvis for birth of baby vaginally

- 4.29 monitor and chart progress of labor

- 4.30 provide physical and psychological support for woman and family and promote normal birth, including encouragement of adequate rest and sleep
- 4.31 facilitate the presence of a support person during labor and birth
- 4.32 provide adequate hydration, nutrition and non-pharmacological comfort measures during labor and birth
- 4.33 provide for bladder care including performance of urinary catheterization when indicated
- 4.34 promptly identify abnormal labor patterns or progress and initiate appropriate and timely intervention and/or referral, including but not limited to: OP position, asyclitism, pendulous abdomen, maternal exhaustion/ dehydration)
- 4.35 stimulate or augment uterine contractility, using non-pharmacologic agents
- 4.36 administer local anaesthetic to the perineum when episiotomy is anticipated or perineal repair is required
- 4.37 perform an episiotomy if needed
- 4.38 perform appropriate hand maneuvers for a vertex birth
- 4.39 perform appropriate hand maneuvers for face and breech deliveries
- 4.40 manage the birth of multiples
- 4.41 Recognize the various severities of meconium stained amniotic fluid and perform suctioning of the airway as appropriate
- 4.42 clamp and cut the cord
- 4.43 institute immediate, life-saving interventions in obstetrical emergencies to save the life of the fetus while requesting medical attention and/or awaiting transfer, including but not limited to:
 - a. prolapsed cord
 - b. placental abruption
 - c. uterine rupture
 - d. malpresentation
 - e. shoulder dystocia
 - f. fetal distress
- 4.44 manage a nuchal cord or arm at birth
- 4.45 support expectant (physiologic) management of the 3rd stage of labor
- 4.46 assess the need for, and conduct, active management of the third stage of labor, following the most current evidence-based protocol
- 4.47 inspect the placenta and membranes for completeness
- 4.48 perform fundal massage to stimulate postpartum uterine contraction and uterine tone

- 4.49 provide a safe environment for mother and infant to promote attachment (bonding)
- 4.50 estimate and record maternal blood loss
- 4.51 inspect the vagina and cervix for lacerations
- 4.52 repair an episiotomy if needed
- 4.53 repair 1st and 2nd degree perineal or vaginal lacerations
- 4.54 manage postpartum bleeding and hemorrhage, using appropriate techniques and uterotonic agents as indicated
- 4.55 dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) selected, life-saving drugs, including antibiotics and antihemorrhagics, to women in need because of a presenting condition
- 4.56 perform manual removal of placenta
- 4.57 perform internal and external bimanual compression of the uterus to control hemorrhage
- 4.58 perform aortic compression
- 4.59 identify and manage shock
- 4.60 insert intravenous line and administer fluids, draw blood for laboratory testing
- 4.61 arrange for and undertake timely referral and transfer of women with serious complications to a higher level health facility, taking appropriate drugs and equipment and arranging for a companion care giver on the journey, in order to continue giving emergency care as required
- 4.62 perform adult cardio-pulmonary resuscitation

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- 4.63 identify and repair cervical lacerations

5 | COMPETENCY IN PROVISION OF CARE FOR WOMEN DURING THE POSTPARTUM PERIOD

Midwives provide comprehensive, high quality, culturally sensitive postpartum care for women.

The midwife has the knowledge and/or understanding of:

- 5.1 physical and emotional changes that occur following childbirth, including the normal process of involution
- 5.2 the normal process of involution and physical and emotional healing following SAB or TAB
- 5.3 signs and symptoms of sub-involution and/or incomplete SAB or TAB (e.g., persistent uterine bleeding)
- 5.4 signs and symptoms of SAB or TAB complications and life threatening conditions (e.g., persistent vaginal bleeding, infection)
- 5.5 physiology and process of lactation and common variations including engorgement, lack of milk supply, etc.
- 5.6 the importance of immediate/early/exclusive breastfeeding for mother and child
- 5.7 maternal nutrition, rest, activity and physiological needs (e.g., bowel and bladder) in the immediate postpartum period
- 5.8 principles of parent-infant bonding and attachment (e.g., how to promote positive relationships)
- 5.9 indicators of subinvolution (e.g., persistent uterine bleeding, infection)
- 5.10 indicators of maternal breastfeeding problems or complications, including mastitis
- 5.11 signs and symptoms of life threatening conditions that may first arise during the postpartum period, including but not limited to:
 - a. persistent vaginal bleeding
 - b. endometritis/sepsis
 - c. postpartum pre-eclampsia and eclampsia
 - d. embolism
- 5.12 signs and symptoms of selected complications in the postnatal period including but not limited to:

- a. persistent anemia
 - b. hematoma
 - c. depression and other postpartum emotional disorders
 - d. thrombophlebitis
 - e. incontinence of feces or urine, cystocele/rectocele
 - f. urinary retention
 - g. obstetric fistula
- 5.13 the unique postpartum course of recovery and care needs for the woman who gave birth by cesarean.
- 5.14 principles of interpersonal communication with and support for women and/or their families who are bereaved such as maternal death, stillbirth, pregnancy loss, neonatal death, congenital abnormalities, transport
- 5.15 approaches and strategies for providing special support for adolescents, victims of gender- based violence (including rape)
- 5.16 principles of manual vacuum aspiration of the uterine cavity to remove retained products of conception
- 5.17 principles of prevention of maternal to child transmission of HIV, tuberculosis, hepatitis B and C in the postpartum period
- 5.18 methods of family planning appropriate for use in the immediate postpartum, post SAB and post TAB periods, including but not limited to progestin-only oral contraceptives
- 5.19 care, information and support that is needed during and after SAB or TAB (physical and psychological) and services available in the community
- 5.20 community-based postpartum services available to the woman and her family, and how they can be accessed

The midwife has the skill and/or ability to:

- 5.21 take a selective history, including details of pregnancy, labor and birth
- 5.22 perform a focused physical examination of the mother
- 5.23 provide information and support for women and/or their families who are bereaved (maternal death, stillbirth, pregnancy loss, neonatal death, congenital abnormalities)
- 5.24 assess for uterine involution and healing of lacerations and/or repairs and educate on ways to promote healing
- 5.25 provide postpartum care for the mother who gave birth by cesarean
- 5.26 initiate and support uninterrupted [immediate and exclusive]breastfeeding
- 5.27 teach mothers how to express breast milk, and how to handle and store expressed breast milk

- 5.28 educate mother on care of self and infant after childbirth including signs and symptoms of impending complications, and community- based resources
- 5.29 educate a woman and her family on sexuality and family planning following childbirth
- 5.30 provide appropriate and timely first-line treatment for any complications detected during the postpartum examination (e.g., anemia, hematoma, maternal infection), and refer for further management as necessary
- 5.31 provide emergency treatment of late post-partum hemorrhage, and refer if necessary
- 5.32 provide education and guidance on exercise in the postpartum period, including Kegel exercises and abdominal muscle strengthening
- 5.33 educate and advise women (and family members, when appropriate), on sexuality and family planning post SAB and TAB
- 5.34 assess for uterine involution following a SAB or TAB; treat or refer as appropriate
- 5.35 educate mother on care of herself following a SAB or TAB, including rest and nutrition and how to identify complications such as hemorrhage

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- 5.36 provide family planning services concurrently as an integral component of postpartum care

6 | COMPETENCY IN POSTNATAL CARE OF THE NEWBORN

Midwives provide high quality, comprehensive care for the essentially healthy infant from birth to two months of age.

The midwife has the knowledge and/or understanding of:

- 6.1 elements of assessment of the immediate and subsequent condition of newborn (e.g., APGAR scoring system for breathing, heart rate, reflexes, muscle tone and color)
- 6.2 principles of newborn adaptation to extrauterine life (e.g., physiologic changes that occur in pulmonary and cardiac systems)
- 6.3 basic needs of newborn: established breathing, warmth, nutrition, attachment (bonding)
- 6.4 advantages of various methods of newborn warming, including skin- to-skin contact
- 6.5 methods and means of assessing the gestational age of a newborn
- 6.6 characteristics of low birth weight infants and their special needs
- 6.7 characteristics of healthy newborn (appearance and behaviors)
- 6.8 normal growth and development of the preterm infant
- 6.9 normal newborn and infant growth and development
- 6.10 selected variations in the normal newborn (e.g., caput, molding, mongolian spots)
- 6.11 elements of health promotion and prevention of disease in newborns and infants (HIV, Hepatitis B & C), including essential elements of daily care (e.g., cord care, nutritional needs, patterns of elimination, care of the uncircumcised penis)
- 6.12 immunization needs, risks and benefits from infancy through young childhood
- 6.13 traditional or cultural practices related to the newborn
- 6.14 principles of infant nutrition, feeding cues, and infant feeding options for babies (including those born to HIV positive mothers)
- 6.15 signs, symptoms, and indications for referral or transfer, for selected newborn complications, including but not limited to:
 - a. respiratory distress
 - b. meconium aspiration syndrome
 - c. hypoxia
 - d. jaundice
 - e. hematoma

- f. adverse molding of the fetal skull
- g. cerebral irritation (seizures)
- h. non-accidental injuries
- i. hemangioma
- j. hypoglycemia
- k. hypothermia
- l. hyperthermia
- m. dehydration
- n. infection
- o. congenital syphilis
- p. alcohol and drug withdrawal
- q. thrush
- r. colic
- s. birth anomalies
- t. failure to thrive
- u. vitamin K deficiency bleeding
- v. polycythemia

The midwife has the skill and/or ability to:

- 6.16 provide immediate care to the newborn, including drying, warming, ensuring that breathing is established, and cord clamping and cutting when pulsing ceases
- 6.17 assess the immediate condition of the newborn (e.g., APGAR scoring; other method for assessing breathing and heart rate)
- 6.18 promote and maintain normal newborn body temperature through covering (e.g. blanket; cap), environmental control, and promotion of skin- to-skin contact
- 6.19 begin emergency measures for:
 - a. respiratory distress (e.g. newborn resuscitation; suctioning in case of obstruction)
 - b. hypothermia
 - c. hypoglycemia
- 6.20 give appropriate care to the low birth weight baby, and arrange for referral if potentially serious complications arise, or very low birth weight
- 6.21 perform a routine full-body newborn exam and refer for medical care with any abnormal findings
- 6.22 perform a gestational age assessment
- 6.23 provide routine care of the newborn, in accord with local guidelines and protocols including:
 - a. birth registration
 - b. administration of Vitamin K
 - c. screening tests

- d. eye prophylaxis
 - e. Identification
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- 6.24 position infant to initiate breast feeding as soon as possible (within one hour) after birth and support exclusive breastfeeding
 - 6.25 recognize indications of need, stabilize, and transfer the at-risk newborn to emergency care facility
 - 6.26 educate parents about danger signs in the newborn and when to bring infant for care
 - 6.27 educate parents about normal growth and development of the infant and young child, and how to provide for day-to-day needs of the normal child
 - 6.28 assist parents to access community resources available to the family
 - 6.29 support parents during grieving process for loss of pregnancy, stillbirth, congenital birth defects or neonatal death
 - 6.30 support parents during transport/transfer of newborn or during times of separation from infant (e.g., NICU admission)
 - 6.31 support and educate parents who have given birth to multiple babies (e.g., twins, triplets) about special needs and community resources
 - 6.32 provide well-baby care up for a minimum of 6 weeks of age.