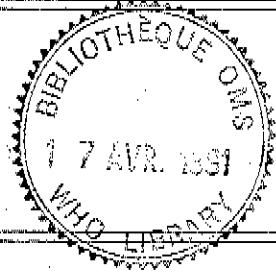


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MIDWIFERY EDUCATION

ACTION FOR SAFE MOTHERHOOD

REPORT OF A COLLABORATIVE
PRE-CONGRESS WORKSHOP

KOBE, JAPAN
5-6 OCTOBER, 1990



WORLD HEALTH ORGANIZATION



INTERNATIONAL CONFEDERATION
OF MIDWIVES



UNITED NATIONS CHILDREN'S FUND

WORLD HEALTH ORGANIZATION
MATERNAL AND CHILD HEALTH & FAMILY PLANNING
DIVISION OF FAMILY HEALTH
GENEVA, 1991



WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTE

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MIDWIFERY EDUCATION - ACTION FOR SAFE MOTHERHOOD

**REPORT OF A
COLLABORATIVE PRE-CONGRESS WORKSHOP**

SECTION I

**STATEMENT OF THE ICM/WHO/UNICEF PRE-CONGRESS WORKSHOP
ON MIDWIFERY EDUCATION - ACTION FOR SAFE MOTHERHOOD,
5-6 OCTOBER 1990, KOBE, JAPAN**

SECTION II

**REPORT OF A COLLABORATIVE ICM/WHO/UNICEF PRE-CONGRESS
WORKSHOP MIDWIFERY EDUCATION - ACTION FOR SAFE MOTHERHOOD,
5-6 OCTOBER 1990, KOBE, JAPAN**

SECTION III

EDUCATIONAL FRAMEWORK

- 1. Postpartum Haemorrhage**
- 2. Obstructed Labour**
- 3. Eclampsia**
- 4. Puerperal Sepsis**
- 5. Abortion**

ACKNOWLEDGEMENTS

We would like to thank the President of the ICM Congress, Mrs Sumiko Machara, the President of the Japanese Nursing Association, Mrs Yukiko Asita and the President of the Japanese Midwives Association, Mrs Takako Ito, for arranging the excellent facilities for the Pre-Congress Workshop and to the Chairperson of the Japanese Nursing Association, Professor Chieko Nohno for her untiring support and infinite care before and during the workshop.

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Preparatory work for the educational framework was done by an ICM/WHO collaborative team; the late Mrs Marie Goubran, Miss Joan Bentley, Mrs Valerie Tickner and Dr Barbara Kwast constituted the team. The team wish to thank The Royal College of Midwives for the facilities provided for these meetings.

Special thanks are due to Mrs Valerie Tickner, Director of Education of the Royal College of Midwives, for writing the report of the ICM/WHO/UNICEF Pre-Congress Workshop and finalising the educational framework from the contributions of the participants. Gratitude is expressed to Miss Joan Bentley for her untiring and skilled assistance and pedagogic insights for the preparation of the workshop and the educational methodology.

Tribute is paid to the late Executive Secretary of the ICM, Mrs Marie Goubran, for her invaluable contribution to the preparations of this Pre-Congress Workshop which she could not attend due to severe illness.

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SECTION I

STATEMENT OF THE ICM/WHO/UNICEF PRE-CONGRESS WORKSHOP ON MIDWIFERY EDUCATION - ACTION FOR SAFE MOTHERHOOD 5-6 OCTOBER 1990, KOBE, JAPAN

The participants of the ICM/WHO/UNICEF Workshop

Recalling:

- The action statement arising from the ICM/WHO/UNICEF Pre-Congress Workshop, The Hague, 21-22 August 1987 on Women's Health and the Midwife - A Global Perspective, WHO/MCH/87.5.
- The World Health Assembly Resolution 40.27 on Maternal Health and Safe Motherhood.
- The World Health Assembly Resolution 42.27 on Strengthening Nursing and Midwifery in support of Strategies for Health for All.

Welcoming:

- The commitment of more than 70 Heads of States or governments to safe motherhood, in particular to the halving of maternal mortality by the year 2000, as reflected in the World Declaration and Plan of Action on the Survival, Development and Protection of children adopted at the World Summit of Children held on 29-30 September 1990 at the UN Headquarters in New York.

Recognizing:

- That half a million women die as a result of pregnancy and childbirth each year of which 99% occur in developing countries.
- That midwifery is in crisis because there are insufficient numbers of midwives to support the primary level and provide essential lifesaving skills pertinent to achieving the goal of reducing maternal mortality by 50% in the next decade.

- That currently many midwives do not receive adequate midwifery education to provide reproductive health care as a competent, confident, independent and interdependent practitioner for families and communities.
- The need for national, regional and international support to strengthen human resource development for midwifery in order to alleviate the severe shortages and the inadequate utilization of fully-trained midwives.

Believing:

- That the strengthening of midwifery education by adapting and using the educational framework relative to the five major causes of maternal mortality formulated at the Pre-Congress Workshop, would effectively equip midwives to improve maternity care at all levels of the health service thus reducing maternal and perinatal mortality and morbidity with its sequelae for mothers, children and families.

Appealing:

- To ICM, WHO and UNICEF in collaboration with governmental, non-governmental and professional organizations to encourage countries to implement the following RECOMMENDATIONS:

1. That the recommendations of this workshop be disseminated and their implementation advocated as widely as possible.
2. That the goal towards achieving safe motherhood be strengthened through midwifery education and maternal and child health programmes in the next decade.
3. That by the end of 1991, national steering committees be formed which will undertake the following:
 - identify needs for continuing education for practising midwives;
 - review the training and practice of midwives in supervisory positions;
 - review in depth the training of midwife teachers;
 - set-up curriculum planning groups to revise midwifery education programmes;

- develop and implement continuing education programmes and improve teacher training.
4. That midwifery education programmes be recognised as separate from general nurse education and be reviewed to improve midwifery practice by giving priority to:
- Providing a community based education which is founded on the identified needs and perceptions of the community and the community's perception of the midwife. Such a programme to include the development of community attachment as an essential component and incorporating teaching methodologies outlined in the new educational framework produced by the workshop.
 - Developing the ability of the practising midwife to evaluate her own practice, establish a community profile in order to plan appropriate preventive service and investigate maternal deaths.
 - Enhancing clinical skills with special emphasis on prevention and emergency management of obstructed labour, eclampsia, haemorrhage, sepsis and abortion. These skills must include:
 - administration of intravenous infusion, including appropriate fluids for blood loss replacement;
 - administration of intramuscular and intravenous antibiotics;
 - emergency treatment of severe pre-eclampsia and eclampsia, to include sedation in severe cases;
 - use of the partograph (partogram);
 - vacuum extraction, low forceps delivery;
 - perform and repair episiotomy;
 - repair of vaginal and cervical lacerations;
 - manual removal of placenta;
 - emergency evacuation of retained products of conception;

- family planning functions: prescription of oral contraceptives, insertion of IUD and Norplant.
 - Developing skills in communication, counselling, research appreciation and application, and epidemiology.
 - Developing teaching skills in order to be able to train and supervise TBAs, other community health workers, families and communities.
 - Developing management skills which will better enable the midwife to efficiently and effectively manage the maternity service in her area.
 - Acquiring the ability to provide adolescent health services and communicate effectively with adolescents regarding sex education, consequences of early marriage, too early pregnancy and dangerous abortion.
 - Acquiring the ability to educate communities in prevention of sexually transmitted diseases, AIDS and unwanted pregnancy.
 - Developing skills needed to provide prescriptive and non-prescriptive family planning services.
5. That where they do not exist Councils which include midwifery personnel, be established to advise on midwifery training and codes of practice to create and maintain acceptable standards of midwifery practice.
 6. That standard protocols be developed for treatment of emergency obstetrics for the legal protection of midwives.
 7. That each country should make provision for compulsory, regular refresher courses and continuing education for practising midwives and midwife teachers.
 8. That midwives in their community education strategies become involved and build alliances with women's and youth organisations to enhance the efforts towards safe motherhood.
 9. That WHO and other existing collaborating centres be strengthened to facilitate the sharing and dissemination of information.

10. That programmes for educational exchange and the provision of experts for curriculum development and review be initiated or strengthened.
11. That resources for midwifery education be strengthened by the provision of library facilities, teaching models and audio-visual aids, distance learning packages and support for the production of educational materials relevant to the community they serve.
12. That consideration be given to the economic welfare of midwives in order to encourage recruitment and retention, and create equity in their distribution.
13. That regional education workshops be organized and regional resource and coordinating centres for midwifery be established.

SECTION II

REPORT OF A COLLABORATIVE ICM/WHO/UNICEF PRE-CONGRESS WORKSHOP MIDWIFERY EDUCATION - ACTION FOR SAFE MOTHERHOOD 5-6 OCTOBER 1990 KOBE, JAPAN

1.

INTRODUCTION

It is difficult to imagine the enormous impact on a family and community that the death of a woman in childbirth brings. Yet there has been no significant improvement in maternal mortality in the last ten years. The fact remains that at least half a million women die each year as a result of childbirth and of those women who survive, many suffer permanent disability. The full extent of maternal mortality and morbidity is unknown; what is known is that the majority of these tragedies occur in developing countries where resources and access to trained maternal and child health care personnel are grossly inadequate.

The role of the midwife as defined by ICM/FIGO highlights the important contribution a midwife can make towards safe motherhood, (Section II, 12).

The challenge facing the participants attending the Second ICM/WHO/UNICEF Pre-Congress Workshop prior to the 22nd Congress of the International Confederation of Midwives in Kobe, Japan 1990 was to consider ways in which midwives might be prepared through education to be competent and confident to cope with the realities of practice and to meet the needs of childbearing women, particularly in the community, in order to help reduce maternal mortality and morbidity.

The first Pre-Congress Workshop for midwives had been held prior to the 21st International Confederation of Midwives (ICM) Triennial congress in The Hague in 1987. It was a collaborative venture between ICM/WHO and UNICEF and its purpose was to discuss the contribution midwives could make to safe motherhood initiatives.

The report of The Hague Pre-Congress Workshop - Women's Health : A Global Perspective, highlights the key actions which need to be taken in order to advance initiatives towards the reduction of maternal mortality and morbidity. Some initiatives were already being stimulated locally, nationally and globally. The challenge was to push forward these existing initiatives and create new ways of reducing maternal mortality, particularly in the developing countries of the world.

The outcome of The Hague workshop was an action statement in which midwives from all over the world committed themselves to specific action. ^(1, 2) Working within existing professional and national resources and health plans, midwives agreed to make a positive contribution to changes leading to a reduction in maternal mortality and morbidity.

The Action Statement expresses the belief that to make an effective contribution to safe motherhood, major changes are required in:-

- the content and methods of education for midwives in basic, post-basic and continuing education programmes
- the concept of a midwife and her/his role and function in society and in health services

- the deployment of midwives and the facilities and support that will be required to carry out their new role effectively
- the midwife's capacity to collect, analyse, interpret and use information for service improvement.

Following the adoption, of this Action Statement by the ICM Congress, two sub-regional workshops have been held in West Africa at the request of West African Midwives, desirous of taking action to complement the proposed changes nationally. ICM in collaboration with WHO and with strong support of UNICEF and FIGO and financial help from the Rockefeller Foundation assembled national working groups of midwives, obstetricians and health planners, who working as national teams, drew up implementation plans for action by midwives to improve maternal care. Five countries participated in the Ghana (anglophone) workshop in early 1989 (Ghana, Liberia, Nigeria, Sierra Leone and The Gambia, and eight countries in the Burkina Faso (Francophone) workshop in January 1990 (Benin, Burkina Faso, Guinea Conakry, Mali, Mauretania, Niger, Senegal and Togo).^(3, 4)

Progress reports from the first workshops were formally presented to the 22nd ICM Congress in Kobe, Japan 1990.

Recognizing that at present, about 58% of the 133.1 million births each year globally are attended by trained health workers, a further collaborative ICM/WHO/ UNICEF Pre-Congress Workshop was planned to precede the 22nd ICM Congress in Japan. The topic addressed was Midwifery Education - Action for Safe Motherhood. The initiative was supported by ICM, WHO, UNICEF, UNFPA, World Bank, Carnegie Corporation, Mothercare, Project/John Snow Inc., the Japanese Nursing Association and other Governmental and Non-Governmental Organizations.

This Pre-Congress Workshop was held in Kobe, Japan 5-6 October 1990 during the two days immediately prior to the 22nd International Congress of Midwives. The forty participants came from nineteen countries including those whose maternal mortality is reported as being among the highest. Miss Helga Schweitzer (Germany) ICM Deputy Director of the Board agreed to chair the workshop; Mrs Edna Ismail (WHO Technical Officer MCH/FHE for the East Mediterranean Region) and Dr Margaret Marshall (USA) agreed to be joint rapporteurs (For a full list of participants, see Section II, 12).

2. PURPOSE AND PROCESS OF THE WORKSHOP

2.1 The Purpose

The purpose of the workshop was to provide a forum in which midwives from countries where maternal mortality is unacceptably high could discuss and exchange ideas about ways in which safe motherhood might be achieved through education.

The specific challenge to the participants was to determine the changes needed in basic, post-basic and continuing education of midwives to prepare them for changes in practice at all levels of the maternity service.

One important facet of the workshop was the development of a basic midwifery education framework which includes community based experience in order that the maternal health services within the existing primary health care systems might be enhanced. Another was that the gap between community maternity care, mostly provided by TBA's and first referral level midwives, be closed. This first referral midwife must be fully-trained and competent to save the lives of women referred to her from the community.

The focus of all the educational developments discussed in the workshop was concentrated on reducing five major causes of maternal mortality, namely: postpartum haemorrhage, obstructed labour, puerperal sepsis, eclampsia and abortion.

2.2 The Process

Each participant was provided with background information related to the five major causes of maternal mortality. ^(5, 6, 7, 8) Other supporting material included a paper on Midwifery Education - Action for Safe Motherhood (B.E. Kwast) ⁽⁹⁾ and the 'skeleton' of an educational framework through which the participants would work.

The workshop began with the showing of the WHO video film entitled "Why did Mrs X die?". The film set the scene for the participants to reflect on the factors which influence and contribute to maternal death. ⁽¹⁰⁾

Participants were then allocated to five international groups comprising representatives from each of the WHO Regions (Section II, 13) in order to consider the educational changes required to deal more effectively with one of the five major causes of maternal mortality.

Each group was to consider one cause of maternal mortality:

- Group 1 = Postpartum haemorrhage
- Group 2 = Obstructed labour
- Group 3 = Eclampsia
- Group 4 = Puerperal sepsis
- Group 5 = Abortion

and to identify the education required by the midwife who provides direct patient care and who heads a team of other maternity care providers with more limited knowledge and skills including traditional birth attendants (TBA's) in the community she/he serves.

Groups were also to consider educational requirements for midwives in managerial/administrative posts, acting in support of direct care providers. Finally consideration was to be given to changes required in the preparation of midwife teachers and the management and methodology of teaching to ensure that all midwives are equipped with the knowledge, skills and resources to carry out their expanded roles.

2.3 The Objectives of the Workshop

Overall Objective

To have developed a plan to change midwifery education at all levels of the health service, to enable midwives to change practice and take competent action directly through individual/community care and indirectly through teaching, administrative/managerial action, to reduce maternal mortality. This in turn should result in a significant reduction of perinatal mortality and childhood morbidity in the country in which they work.

Specific Objectives

These were that at the end of the workshop, participants would have:

1. Identified the clinical skills, knowledge and attitudes required by the midwife taking direct action to save life related to the five major causes of maternal mortality
2. Described the supportive skills needed when performing her new role. These will include skills in analysis, teaching, administration, management and communication, affecting a change in midwifery practice
3. Described the educational methodology needed to allow midwives at all levels of the health service to acquire the skills described using the products of (1) and (2) above

4. Prepared a plan for the implementation of the educational methodology relative to basic, post-basic and continuing education
5. Prepared recommendations for action to promote midwifery education for safe motherhood which after adoption by the Pre-Congress Workshop will be presented to the ICM Council. Upon approval, it will be presented to the 22nd ICM International Congress of Midwives.

In order to complete the objectives set within the two day workshop, the work was divided into 7 sessions. Each session began with a brief explanation and a worksheet outlining the task to be achieved by the participants.

3. INFORMATION DISSEMINATION

Session 1

3.1 Opening - Plenary

At the end of this session participants should have:

- i) understood the objectives of the workshop
- ii) become familiar with the workshop programme and background information.

The welcome address was made by Mrs Chleko Nohno, Chairperson of the Midwives Division of the Japanese Nursing Association.

The work began with introductions by ICM, WHO and UNICEF each re-emphasising their commitment to supporting the necessity for change and development of midwifery education if the goal for the reduction of maternal mortality by 50% in a decade is to be achieved.

The participants then introduced themselves, the objectives of the workshop were presented and the programme explained. Following the nomination and identification of the Chairperson and rapporteurs, a background paper was presented by Dr Barbara E. Kwast, Midwife, Scientist, Maternal and Child Health, WHO.

3.2 Background Papers

Background papers were prepared to sensitize participants to existing problems in midwifery education and practice and the need for change in order to achieve a reduction in maternal and perinatal mortality and morbidity.

Two of the workshop facilitators, Mrs Stella M Mpanda from Tanzania and Dr Dinguadee Sungkhobal from Thailand, had been asked to prepare background papers but time constraint made it impossible for these to be presented formally. The papers are available from WHO/MCH, Geneva. Abstracts of these papers are contained in Section II, 15.

3.2.1 Introducing Confident Midwives: Midwifery Education - Action for Safe Motherhood Summary of background paper by Barbara E. Kwast and Joan Bentley

This paper highlighted the key issues which needed to be addressed by the workshop participants in order to produce an educational framework which would assist the preparation of midwives, better equipping them to reduce maternal mortality. The focus of the workshop was on the safe motherhood initiative, intending to reduce by 50% the half a million women dying from pregnancy related causes each year, 99% of which are in developing countries and another estimated 7-8 million women suffering maternity related disabilities each year.

There was a need to clearly understand the crucial role of the midwife as an independent and interdependent highly skilled practitioner incorporating her administrative, managerial and educational functions requiring critical thinking and leadership qualities. In addition to the ICM/FIGO definition of a midwife and its implications for basic, post-basic and inservice education, reference was made to the description of the role and functions of the midwife as defined by a WHO Task Force on Human Resource Development for Safe Motherhood. ⁽¹¹⁾ (Section II, 11).

The commitment to the Safe Motherhood Initiative by midwives from all over the world following the first Pre-Congress Workshop in the Hague in 1987 was reiterated in the paper and the purpose of the second Pre-Congress Workshop was to consider educational change necessary in order to allow for the urgent introduction of confident and competent midwives into the community where most maternal deaths occur.

The present constraint included the shortage of midwives, particularly in Africa and Asia where midwife:population ratios may be as low as 1 to 300,000 giving 1 midwife for every 15,000 births, where maternal mortality is between 400 and 600 per 100,000 live births and institutional deliveries comprise only about 8% of the total. Added to this is the maldistribution of midwives, with the majority working in towns where only 20% of the population reside and the minority in the countryside where 80% of the population reside and most of the problems exist. The difficult living and working conditions of midwives in rural areas further exacerbated the problem, causing hospital postings to be preferred.

Economic problems were related to illiteracy, food production and distribution, the status of women, unemployment, population growth and drought and the effect of these factors on general health and particularly on reproductive health for which the midwife is mainly responsible.

Problems related to training were manifold and these were discussed in some detail. An unfortunate sequence of events relative to community level workers appeared to occur. Educational entry requirements were raised as schooling became more available in rural areas; auxiliary training was then improved and often lengthened; thus the gap between professional and auxiliary practice was narrowed and governments found it cheaper to employ the latter. Auxiliary nurse-midwives received no support or supervision in outlying areas and moved to town hospitals, but there was no reciprocal move of fully-trained midwives into the community. The need for yet another cadre of health worker who would stay in the villages was thus created and these, along with TBA's who were rarely supervised, provided the majority of care.

The inappropriateness of midwifery training in many developing countries received due attention. The fact that outdated curricula were frequently copied or adapted from developed countries where the needs and situations were vastly different, ill equipped the midwife in the developing world. Workshop participants were reminded of a statement of the WHO Expert Committee on midwifery training in 1955 which emphasised the need to set up a programme resulting in the evolution from the use of TBA and auxiliary attendant to that of midwife whose training should be broadened in order to meet the needs of prenatal, perinatal and postnatal care. Otherwise increasing the personnel would not provide better protection of child-bearing women.

The serious shortage of midwife teachers was accentuated by the reluctance of institutions in developed countries to take overseas candidates and where this did occur, the inappropriateness of training did not assist teachers to develop programmes in their own countries based on realistic needs. Thus, inadequate midwifery training was perpetuated. It was considered that the presence of a supervisor or preceptor in a clinical/community learning situation was the only way to achieve/practice competency and confidence and prepare midwifery students to undertake a more extended role, meeting the actual needs of the community. The need for continuing education was emphasised as a necessity for any professional and there should be systemised continuing education in maternal health and family planning.

Midwifery education for safe motherhood needed to prepare midwives to make an impact on the present unacceptable levels of maternal mortality. The five major causes were cited: haemorrhage, obstructed labour, sepsis, eclampsia and abortion. The many facets of maternal mortality included social, political, educational, managerial and clinical aspects. There was a need for midwives to be able to act independently at all levels.

The content of midwifery courses had to include the provision of essential obstetric functions. Some of the technical skills practised by midwives in different countries were discussed with reference to the definitions of the midwife mentioned above. The need for the midwife to be able to cope with referrals and to perform the essential obstetric functions designed by the WHO working group was underlined as was the necessity for such skills ⁽¹²⁾ to be acquired through demonstration and supervised practice by an expert and by practice in the field.

Additionally there is a training need to ensure the provision of psychological support, counselling and education appropriate to the society, and for leadership in matters of safe motherhood including the areas of administration, management and research.

The acquisition of the required range of skills would be better facilitated if countries allowed for flexibility and an innovative approach in midwifery education and a framework of competencies adopted with a shift from the present predominantly institutional setting to that of the community. This formed the rationale for the structure of an educational framework relative to the five major causes of maternal mortality which was the task of the Second Pre-Congress Workshop.

About 58 per cent of the world's 133.1 million births annually are not attended by a trained person. ⁽¹³⁾ This unavailability of the fully-trained midwife meant that she must acquire essential leadership functions in the maternal health team and shift the focal point of midwifery services out into the community. To facilitate this, the present system of midwifery education needs to be changed.

Community diagnosis must be an essential skill of the midwife. Epidemiological skills are fundamental to providing a meaningful community service, as are knowledge of traditional belief systems, community organisation and an ability to design and implement a control mechanism to monitor the incidence of complications. The midwife needs to be able to communicate with community leaders and women's organisations if she is going to be able to bring about intersectoral and interdisciplinary co-operation.

Teaching and managerial skills were essential and fundamental to these, as were interpersonal and communication skills and an ability to assess the learning needs of others. It was considered that much improvement in health service management might be generated through team strategies which included improved supervision, strengthened and simplified recording and reporting procedures and improved patient referral systems. New problems would have implications for midwifery education, the increase in adolescent pregnancies and the AIDS pandemic were but two examples of changing needs of societies.

Implications for further education were considerable and the need to replace the hierarchical structure and overemphasis on didactic methods, replacing this with community based education and teachers who were expert practitioners was essential. Programmes for continuing education needed attention and should be based on identified needs and be subject to evaluation.

Consideration was given to the need for training resources and support and reference made to the organisations involved, namely: ICM, WHO, UNICEF, UNFPA, UNDP, FIGO, IAMENEH, IPPF and other Governmental and Non-Governmental Organizations.

The paper concluded with the acknowledgement of the serious problems, but the confidence that they were not insurmountable. The workshop participants were given the incentive to grasp the opportunity to draft the educational framework which could benefit midwifery education for decades to come. With the acceptance and implementation of such a framework, there was the prospect of not only the advance of the midwifery profession but also the positive impact on the health of millions of women.

4. **PROBLEM IDENTIFICATION IN MIDWIFERY EDUCATION**
(Group Work and Plenary Session)

Session 2

The **purpose** for this session was to have:-

- i) completed an analysis of problems in midwifery education relative to one of the causes of maternal mortality
- ii) prepared a written worksheet.

Each group chose a leader/chairperson for all sessions whose main task was to draw together key issues from the discussion for the rapporteur. The rapporteur's role was to present the work of the group at the plenary session.

Background papers were provided giving information on each cause of maternal death. Participants also used information from the film, "Why did Mrs X die?" and from their own midwifery knowledge and experience. Groups began by brainstorming ideas about what they believed to be the essential components a student needs to know and do in order to prevent maternal death.

The Groups were to focus on the education required to equip a qualified midwife to practice independently of hospital/medical services (i.e., where there is NO DOCTOR AVAILABLE) and where the midwife is responsible for the maternal health of the population and the competence of midwifery personnel at health centres and at community level, who are responsible for specific maternal health activities under her guidance.

Participants in each group were to consider the theoretical and practical content currently taught in the midwifery training programmes known to them in the light of the following:-

- 4.1 Community
- 4.2 Prevention
- 4.3 Treatment
- 4.4 Follow-up.

The groups were to identify whether the theoretical and practical aspects of the training programme were satisfactory or in need of attention. The problem identification is contained in the completed education frameworks for the five causes of maternal mortality in Section III of this report.

An example of the way in which Group III worked with eclampsia is as follows:-

a) **Participants read the information provided on this subject:-**

Summary of the background paper on Eclampsia and Pre-Eclampsia available to group participants

The value of early diagnosis and management of pre-eclampsia was highlighted in that the dangerous sequelae of eclampsia can almost always be averted. Post-mortem audit has revealed that inadequate antenatal monitoring of blood pressure (B/P) and urine occurred frequently, yet hypertensive disease of pregnancy ranks as the third major cause of maternal mortality, in non-industrialized countries, accounting for 11% of all deaths. Several studies were cited which demonstrated the magnitude of the problem and considered facts often associated with eclampsia. Almost half of the cases in an epidemiological study in Thailand occurred antenatally. A study in Zaria, northern Nigeria showed the death rate to be almost 14 times greater in women who had not received antenatal care and that most women were not aware of the value of routine antenatal care. The need to recognise critical levels of B/P in order to avoid normotensive eclampsia, the ability to make a differential diagnosis from other endemic conditions such as cerebral malaria and severe anaemia along with the need for adequate equipment, referral systems and hospital beds set the scene for the group to consider available factors in deaths from this cause.

The task set for the group was to develop an educational framework addressing these issues under the following sections:

4.1 **Community**

- **What does the student need to know about the beliefs and taboos of the people/community in relation to eclampsia?**
- **What are the communities perceptions/beliefs about:**
 - the midwife and other health service personnel
 - women's health including antenatal care and delivery care
 - eclampsia
 - traditional practitioners?

This group thought that it was vital to understand the perceptions/beliefs/taboo within different communities. Examples illustrating a community's belief may be that an eclamptic fit was seen as the result of unfaithfulness, wrongdoing or possession by evil spirits. Eclampsia therefore may not be seen by the community as a preventable physical condition. Other important factors such as the status of women in the community and customs in relation to early marriage were considered by the group to be significant in relation to planning health care within a community.

4.2 **Prevention**

- **What should the student know in order to do, teach, lead key people within the community to prevent maternal death?**

Prevention of eclampsia and maternal death is dependent on:

- awareness of magnitude of the problem
- management
 - of care
 - of materials
 - of personnel
- detection of high risk cases and negotiation of care with family/care providers.

The group recognized that early identification of women with a history of pre-eclampsia or showing early signs of oedema, high blood pressure, headaches or proteinuria was related to the organization, education and willingness of the community to be actively involved in a prevention service. The group also recognized that the midwife had a major role to play in influencing the community leaders to cooperate in preventing eclampsia and in educating TBAs and other health workers to identify women at risk.

4.3 **Treatment**

- **What should the student know, be able to do in order to save life?**

The treatment for eclampsia for example must be immediate and accurate requiring competence in:

- detecting and treating women at risk of eclampsia
- managing an eclamptic fit
- prevention of further fits and delivery (birth) of baby.

The group participants concluded that not only the midwife should be competent and skilful but that the health care personnel in the community should be educated and involved in treating this serious condition.

Midwives should be able: to make a differential diagnosis of eclampsia and other causes of fits and comatose conditions like cerebral malaria; prescribe the use of drugs, monitor renal function and complications in labour and plan for referral. These were all necessary skills to treat the condition of eclampsia.

4.4 Follow-up

- **What should the student know, be able to do in order to initiate and ensure appropriate follow-up care?**

Important aspects of follow-up care include:-

- feedback to
 - family
 - authorities - i.e., supervisor etc
 - care providers at other levels
- future prevention, including the need for the cooperation of families
- planning, and identification of women at risk.

Health education, family planning and counselling were considered to be key issues in follow-up care. In a case of eclampsia, subsequent monitoring of blood pressure, renal function and general health is also important. Communication with the family, community and health care personnel is necessary if support for a woman following an eclamptic fit is to be provided and maintained.

Finally, an investigation or enquiry for known cause of death should be done in order to prevent maternal deaths in future. Such investigations should be conducted with knowledge, skill and sensitivity.

Plenary Session

A number of common factors emerged from the group presentations at the plenary session.

Firstly, it was strikingly evident that all the groups reported that current basic midwifery training programmes required attention as the breadth and depth of knowledge and practice in relation to all five maternal mortalities were inadequate.

It was obvious that there was a serious lack of education in the community and that communication skills and knowledge of the essential life saving obstetric skills had been neglected.

This problem identification exercise revealed the need for educational programmes to include practical experience as well as theory if lives are to be saved.

Figure 1

ECLAMPSIA

OBJECTIVES	SUB-OBJECTIVES	RELATED UNDERSTANDING
<p>1 Community The midwife is able to:</p> <p>1.1 - Identify beliefs, traditional practices in relation to: antenatal care symptoms associated with eclampsia such as oedema, high blood pressure, headaches, blurred vision, fits early marriage and status of women in community transfer of women to health care services use of midwifery personnel and facilities (ie. TBAs, HC, etc)</p>	<p>1.1 - Plan community visits - Identify community leaders and sources of information - Define information required - Prioritize and identify methods of collecting/recording information - Analyze data collected - Identify ways of disseminating the information collected</p>	<p>1.1 - Understanding of social organization of community - Structure and activities of community - Communication skills - Interviewing skills - Cause and effect of pre-eclampsia . untreated . treated / long term, short term - Attitude to community - High risk criteria, - Research and numerical skills - Interpretive skills</p>
<p>2 Prevention The midwife is able to:</p> <p>2.1 - Identify pregnant women at high risk of eclampsia</p>	<p>2.1 - Organise and carry out examination of all pregnant women - Obtain and record full obstetric history - Measure and record: . blood pressure . urinalysis - evidence of protein . examine for oedema . question about headaches - Diagnose high risk women - Use a 'high risk' register</p>	<p>2.1 - Knowledge and practice of antenatal care - Social organisation, structure and activities of community - Record keeping and importance of accuracy - Knowledge of pre-eclampsia and eclampsia - Compiling a 'risk' register - Differential diagnosis</p>
<p>3 Treatment The midwife is able to:</p> <p>3.1 - Care for a woman in an eclamptic fit</p>	<p>3.1 - Give first aid treatment to control fit . prescribe and administer drugs, sedatives and anti-convulsants . prevent asphyxia . prevent injury . administer intravenous fluids - Monitor woman's condition . Check B/P . Number of fits . respiration/pulse . fluid intake/output - Transfer woman to appropriate care centre in good time for further management - Provide information to the family</p>	<p>3.1 - Differential diagnosis of fits - Knowledge of immediate and long term care of eclamptics - Knowledge of drugs and appropriate records - Understand complications of eclampsia and dangers of delayed treatment</p>
<p>4 Follow-up The midwife is able to:</p> <p>4.1 - Plan and implement follow-up care for post-eclamptic woman</p>	<p>4.1 - Plan regular sessions to monitor progress of woman in postnatal period and identify deviations from normal - Plan sessions to communicate effectively with woman and her family and community about continued care, family spacing and planning - Plan sessions to ensure TBAs and other health workers to carry out care plan and follow-up other women at risk</p>	<p>4.1 - Knowledge, attitude and practice (KAP) of normal physiological changes after delivery - Family planning methods and family health, knowledge and teaching skills - Principles of supervision and management - Knowledge of community beliefs and practices - Understanding the value and skills in report/record writing</p>

5.3 Description of Related Understanding

Once the objectives were set, the related understanding was addressed by the group. (See also Figure 1). For example, the related understanding to achieve the set objectives for eclampsia was as follows:-

5.3.1 Community

The midwife will need to understand the social organization, structure and activities of the community. Counselling, communication and interviewing skills knowledge of the causes and effect of pre-eclampsia and eclampsia and the criteria for high risk are also necessary. Knowledge of epidemiology, numerical skills and interpretive skills are also required by the midwife.

5.3.2 Prevention

Knowledge of the purpose, principles and practice of antenatal care.

Knowledge of the principles and practice of organizing a community health team involving management supervision and administration and an accepting attitude towards women, their families and the community. Understanding of pre-eclampsia, eclampsia, the development, treatment and side effects, knowledge of family planning and teaching skills to communicate effective health measures. Knowledge, value and use of a "risk" register.

5.3.3 Treatment

Understanding of differential diagnosis of fits, knowledge of immediate and long term care of eclampsia, knowledge of drugs and appropriate records, understanding the complications of pre-eclampsia and eclampsia and the dangers of delayed treatment and care.

5.3.4 Follow-up

Knowledge, attitude and practice (KAP) of physical and psychological changes after delivery. Family planning methods; family understanding; teaching skills; principles of supervision and management; knowledge of community beliefs and practice. The value of accurate and up to date recording and reporting and skills in record keeping must also be included.

Plenary Session

Most groups had written more than one objective in each section with accompanying sub-objectives and related understanding. During the plenary session, each group was invited to present only one of the objectives to work through the process. It was apparent from the group rapporteurs that the discussions had ranged across a wide spectrum of knowledge and opinions on each topic. Clearly the exercise had provided means of focusing on the essential elements of need in addressing each cause of death and the knowledge required by midwife to meet that need. Although equal weighting was given to each section of the framework, it was prevention that received greatest attention. The importance of antenatal care, prevention of anaemia, use of partographs, health education and family planning was highlighted in all groups.

6. **IDENTIFICATION OF SKILLS, TEACHING METHODS,
PLACE OF TEACHING/PRACTICE AND EVALUATION
(Group Work)**

Session 4

6.1 **Outline**

The purpose of this session was to specify the skills required to fulfil the objectives stated in Session 3. Appropriate teaching methods were also to be identified as were the areas where teaching and learning may best take place. Finally, the groups were to determine the type of evaluation or assessment best suited to ensure that desired knowledge and skills had been acquired.

The materials used for this session included:-

- the product of Session 3 (objective setting)
- the prepared format for the completed educational framework of Session 4.

The tasks were to:

- i) Define and list the various skills related to each objective as described in Session 3
- ii) Discuss and select appropriate teaching methods related to the defined skills
- iii) Select the appropriate place for initial teaching and subsequent practice
- iv) Consider how skill attainment can best be evaluated.

6.2 **Identification of Skills, Teaching Methods and Evaluation**

The process specifies the skills/competencies based on the objectives and sub-objectives set out in Session 3. They are defined for the sections relative to community, prevention, treatment and follow-up.

The outline for the educational framework was presented to the groups for completion.

The results using the work done by the Group dealing with ECLAMPSIA are shown in Figure 2.

Figure 2

ECLAMPSIA

SKILL/COMPETENCE	TEACHING METHOD	WHERE TO TEACH				EVALUATION/ASSESSMENT
		CLASS	HOSP	HC	COMM	
<p>1. Community <u>The midwife will:-</u></p> <p>1.1</p> <ul style="list-style-type: none"> - Visit community and identify sources of information, select key personnel for interview - Develop a plan - Develop a questionnaire - Collect and record information - Analyse information - Discuss outcome and solution with community leaders and health care staff (TBA's etc) 	<p><u>Could include:-</u></p> <p>Demonstration practice visits Role play Read examples Examples & Practice Supervised practice Field practice</p>	<p>x</p> <p>x</p> <p>x</p> <p>x</p>	<p>x</p>	<p>x</p> <p>x</p> <p>x</p>	<p>x</p> <p>x</p> <p>x</p>	<p><u>Could include:-</u></p> <p>Performance review Assess prepared plan Assess question Assess result Observe practice Interview staff and community</p>
<p>2. Prevention <u>The midwife will:-</u></p> <p>2.1</p> <ul style="list-style-type: none"> - Create list of criteria to identify women at risk - Help community and health care workers to use screening criteria - Explain to women to get co-operation and perform physical examination:- <ul style="list-style-type: none"> - palpate abdomen - take and record B/P - test urine record findings - check for oedema - Record findings from history taking and physical examination 	<p>Example & practice Supervised practice & experience Role play/ demonstration & Practical experience Examples & practice</p>	<p>x</p> <p>x</p> <p>x</p> <p>x</p>	<p>x</p> <p>x</p> <p>x</p> <p>x</p>	<p>x</p> <p>x</p> <p>x</p> <p>x</p>	<p>x</p> <p>x</p> <p>x</p> <p>x</p>	<p>Written & practical exam Observation of practice Observation Observe practice</p>
<p>3. Treatment <u>The midwife will:-</u></p> <p>3.1</p> <ul style="list-style-type: none"> - Select, measure dose and administer appropriate sedatives, anti-convulsant drugs and/or IV infusions - protect woman from injury - prevent asphyxia - provide continuous care and supervision by <ul style="list-style-type: none"> - recording vital signs - rating general condition - fluid balance chart - record critical events - arrange referral as appropriate - Communicate/inform family and communicate 	<p>Background reading demonstration/ practice Prep. of material Use models Role play and supervised practice Examples & practice Practice Field practice Role play</p>	<p>x</p> <p>x</p> <p>x</p> <p>x</p> <p>x</p> <p>x</p> <p>x</p> <p>x</p>	<p>x</p> <p>x</p> <p>x</p> <p>x</p> <p>x</p> <p>x</p> <p>x</p>	<p>x</p> <p>x</p> <p>x</p> <p>x</p> <p>x</p> <p>x</p> <p>x</p>	<p>x</p> <p>x</p> <p>x</p> <p>x</p> <p>x</p> <p>x</p> <p>x</p>	<p>Theory and practical examination, supervised practice Case presentation Assess charts & observation of practice Assess records Supervised practice</p>
<p>4. Follow-up <u>The midwife will:-</u></p> <p>4.1</p> <ul style="list-style-type: none"> - Make a plan for the immediate and longterm care of mother and baby - Continue monitoring the condition of the mother, BP, urinalysis, oedema. - Ensure maximum co-operation from staff and community in carrying out plan. - Counselling/teaching about family planning and provide methods and service delivery - Organise team of enquiry/discussion review of case notes and records 	<p>Sample records Practical experience Role play and practice Field practice Role play and practice Case study Field practice under supervision</p>	<p>x</p> <p>x</p> <p>x</p> <p>x</p> <p>x</p> <p>x</p>	<p>x</p> <p>x</p> <p>x</p> <p>x</p> <p>x</p> <p>x</p>	<p>x</p> <p>x</p> <p>x</p> <p>x</p> <p>x</p> <p>x</p>	<p>x</p> <p>x</p> <p>x</p> <p>x</p> <p>x</p> <p>x</p>	<p>Assess records Observation Observe practice Observe & interview Presentation to peer group Presentation Supervised practice</p>

Feedback from the group participants revealed some interesting and imaginative methods of teaching and learning, and was an obvious shift in the group reports from conventional learning in the classroom to the reality of community based education through practice. The value of both formative and summative assessments and records of achievement was endorsed. Discussion also centred around the value of using case notes as a teaching method. All groups confirmed the need for education to improve the skills and competence necessary to conduct an enquiry following a maternal death. It is vital that sufficient midwife teachers are educated and updated in modern methods of education and practice if any impact is to be made in reducing the appalling maternal mortality rates.

7. **CRITICAL INPUT AND REDRAFT** (Plenary Session)

Session 5

This session provided opportunity for each group to present a completed education framework for criticism and discussion. As a result, participants became familiar with the methodology prepared by each group whilst at the same time, able to critically review the content of their own contribution. A number of important midwifery education and practice issues emerged during this discussion that challenged the participants to think about how they might influence changes in practice and education in their own localities.

Midwives were challenged to think about how they might influence the whole community to create an environment which is supportive of women. Also to consider ways in which education can support and enhance the status of women.

It will be vital in future to develop education in midwifery which have really addressed the issue of what a midwife should be able to know and do in order to save life. The length and content of basic and teacher education in midwifery should equip the midwife to function effectively in a particular role.

The midwifery service has been demoralised. Though TBAs have been trained in many countries, since there is a severe shortage of midwives to save life between the TBA's crisis and the distant obstetrician and hospital service, maternal mortality remains virtually unchanged. Midwives must be adequately trained to fulfill this middle role. It is also vital that a sufficient number of skilled midwives with rural experience train as midwife teachers to link practical experience to modern education methodology, if future midwives are to be capable of having a major impact on reducing the present unacceptably high maternal death rates at this mid-point between the village and the hospital.

All agreed that there had to be a change in educational methods to achieve appropriate life saving skills in practice. The early recognition of complications in pregnancy and labour and the identification of high risk groups were highlighted as vital skills to be acquired by the midwife. Examples were given of many practical skills to be learned in order to prevent each mortality e.g.,

- use of partographs in labour
- skilled physical examination of pregnant women
- differential diagnosis in all the mortalities
- selection, administration and effect of drugs
- health education and prevention
- leadership and communication skills in order to gain maximum co-operation from community and health care personnel.

Working participants agreed that "introducing confident midwives" was a theme they wish to implement into their own spheres of practice.

8. **STRATEGY FOR THE IMPLEMENTATION OF EDUCATION METHODOLOGY**
(Plenary Session)

Session 6

The discussion on the strategy for implementation of the educational methodology (short term and long term) was relative to:-

1. basic education for midwives - initial preparatory course
2. post-basic education - the preparation of midwife teachers, service administrators and supervisors
3. continuing education - the maintaining and upgrading of skills of midwifery personnel in the services.

The educational methodology for safe motherhood was considered at international, regional and national level.

The group began by acknowledging the problems of implementing an educational framework -the following issues emerged from the discussion:-

- * There is a lack of adequately trained teachers
- * Teachers have had no or little rural experience and therefore do not understand the problems
- * Midwife teachers need to prepare new learning materials and share some of the teaching with non-midwives, who require guidance to do the jobs required
- * Midwife teachers need to prepare a wide range of evaluation methods to make sure that learners have achieved competence to practice
- * Clinical teachers are needed for all midwives working in rural areas to accept a teaching role not only for TBA's and midwife auxiliaries but also for student midwives
- * Residences and extra funds are required to enable students and teachers to practice and learn in rural areas
- * Concerns were raised about the potential extra workload of community health staff including service managers and teachers if changes are to be made towards providing a more rural-based education programme
- * There may be resentment by hospitals having to share resources in staff and material more widely
- * Emergency "kits" need to be prepared and available with standing orders for their use
- * Laws will not allow midwives in some areas to practice as described, and therefore change is needed in laws and regulations
- * There are inadequate provisions for midwives taking on expanded roles, especially in remote rural areas
- * Maintaining professional confidence and competence and retraining existing midwife teachers and midwifery supervisors poses a major problem - where and how new skills can be acquired through continuing/post-basic education and training, was one of the key issues facing the group.

Having exposed some of the major problems and concerns that exist at present, the participants worked on plans and goals to achieve solutions to the problems.

The workshop participants believed that:

- All National training programmes should be reviewed and changes made to the curricula in order to improve midwifery practice and reduce maternal and perinatal mortality and morbidity.
- In order to prepare midwives to practice competently and confidently in the community and in hospital, training programmes should be developed separately and not integrated into general nursing programmes. Present practice of allocating a period of time in general nurse training to maternal and child health is of value to all nurses and the national health services. The product of such training however, is not a midwife capable of dealing with the situations described and expected to affect maternal health and reduce maternal mortality.
- The following subjects and opportunities for practice should be included in revised basic and continuing education curricula:-
 - community profiles
 - the enhancement of knowledge and skills in teaching, management, administration, epidemiology, communication and counselling
 - the acquisition of skills in emergency care particularly in relation to haemorrhage, eclampsia, obstructed labour, puerperal sepsis and abortion
 - the opportunity to learn how to train and supervise TBA's and other health care personnel involved in maternal health programmes
 - the acquisition of knowledge and skills in health education particularly in relation to the provision of adolescent health services, sex education, the consequences of early marriage and pregnancy and the dangers of abortion
 - education in the provision of prescriptive and non-prescriptive family planning services
 - education for prevention in communities of STD, AIDS, unwanted pregnancy.
- All education programmes should provide opportunity for learning to take place in the community.
- Regional education centres for basic and continuing education of midwife teachers should be established as a matter of urgency.
- Adequate resources such as libraries, audio/visual aids should be provided in all training centres.
- Each country should be encouraged to develop a standard protocol for the treatment of emergency obstetric conditions and provide legal protection for midwives.
- Provision should be made for refresher courses and continuing education programmes for practising midwives and midwife teachers.

Finally, the participants believed that Governments should be encouraged to fully recognise the role of the midwife and acknowledge the impact on the reduction of maternal mortality and morbidity by a well-educated midwife.

Participants believed that improved salaries, conditions of service especially in rural areas together with opportunities for career development would strengthen the maternity services and save lives.

9.

CONCLUSIONS
(Groups & Plenary Session)

Session 7

In this final session, three groups formulated recommendations for the promotion of midwifery education for Safe Motherhood, nationally, regionally and globally. These were discussed in plenary, amended and accepted by all participants.

It was decided that the recommendations should be presented as an ICM/WHO/UNICEF Joint Statement from the participants of the collaborative Pre-Congress Workshop.

The recommendations were received by the Council of the ICM and presented to the final meeting of the ICM Congress on 12 October 1990.

The Statement with the recommendations appears in Section I of this report.

10.

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11. **THE DEFINITION OF A MIDWIFE
ADOPTED BY THE INTERNATIONAL CONFEDERATION OF MIDWIVES AND
INTERNATIONAL FEDERATION OF GYNAECOLOGISTS AND OBSTETRICIANS,
IN 1972 AND 1973 RESPECTIVELY, FOLLOWING AMENDMENT OF THE
DEFINITION FORMULATED BY THE
WORLD HEALTH ORGANIZATION.**

"A MIDWIFE IS A PERSON, WHO, HAVING BEEN REGULARLY ADMITTED TO A MIDWIFERY EDUCATIONAL PROGRAMME, DULY RECOGNISED IN THE COUNTRY IN WHICH IT IS LOCATED, HAS SUCCESSFULLY COMPLETED THE PRESCRIBED COURSE OF STUDIES IN MIDWIFERY AND HAS ACQUIRED THE REQUISITE QUALIFICATIONS TO BE REGISTERED AND/OR LEGALLY LICENSED TO PRACTISE MIDWIFERY.

SHE MUST BE ABLE TO GIVE THE NECESSARY SUPERVISION, CARE AND ADVICE TO WOMEN DURING PREGNANCY, LABOUR AND POSTPARTUM PERIOD, TO CONDUCT DELIVERIES ON HER OWN RESPONSIBILITY AND TO CARE FOR THE NEWBORN AND THE INFANT. THIS CARE INCLUDES PREVENTATIVE MEASURES, THE DETECTION OF ABNORMAL CONDITIONS IN MOTHER AND CHILD, THE PROCUREMENT OF MEDICAL ASSISTANCE AND THE EXECUTION OF EMERGENCY MEASURES IN THE ABSENCE OF MEDICAL HELP. SHE HAS AN IMPORTANT TASK IN HEALTH COUNSELLING AND EDUCATION, NOT ONLY FOR THE PATIENTS, BUT ALSO WITHIN THE FAMILY AND THE COMMUNITY. THE WORK SHOULD INVOLVE ANTENATAL EDUCATION AND PREPARATION FOR PARENTHOOD AND EXTENDS TO CERTAIN AREAS OF GYNAECOLOGY, FAMILY PLANNING AND CHILD CARE. SHE MAY PRACTISE IN HOSPITALS, CLINICS, HEALTH UNITS, DOMICILIARY CONDITIONS OR IN ANY OTHER SERVICE."

**A WHO TASK FORCE MEETING HELD IN GENEVA, 2-4 APRIL 1990, ON HUMAN
RESOURCE DEVELOPMENT FOR MATERNAL HEALTH AND SAFE
MOTHERHOOD DEFINED THE ROLE OF THE MIDWIFE AND THE CONTENT OF
MIDWIFERY AS FOLLOWS:-**

The midwife is a person who

- by her/his training has the competence and skills to provide reproductive care as an independent and interdependent practitioner in the maternity care team
- by regulatory mechanisms is entitled and protected to practise in the spheres defined by the content of midwifery.

Content of Midwifery

This content can be tailored to fit other cadres of health care personnel who will be used in certain countries to carry out midwifery functions. It includes:

Provision of care of high technical competence:

- antenatal,
- labour and delivery,
- postnatal,
- family planning,
- newborn,
- infant.

Provision of the following essential obstetric functions:

- repair of vaginal and cervical lacerations.
- perform and repair of episiotomy.
- vacuum extraction.
- administration of intravenous fluids, blood.
- emergency evacuation of uterus.
- manual removal of placenta.
- emergency treatment of severe pre-eclampsia, eclampsia.
- administration of IM and IV antibiotics
- family planning functions - prescription of oral contraceptives, insertion of IUCDs and Norplant.

Provision of social and psychological support, counselling and education to clients, families and communities, based on norms and values appropriate to the society.

Provision of leadership in matters of safe motherhood including areas of:

- administration.
- management.
- leadership.
- research.

12.

LIST OF PARTICIPANTS

Bhutan

Mrs Kinley Doma
Community Health Team
Thimpu

Mrs Diki Wanamo
Royal Institute of Health and Science
M.C.H. Clinic
Thimpu

Canada

Ms Lee Saxell
Midwives Association of B.C.
23rd I.C.M. Planning Committee
2043 Ferndale Street
Vancouver, B.C. V5L 1Y2

China

Dr Li Weimin
Department of OB/GYN
The Second Hospital
West China University of Medical Science
Rin Min Road 3# Section
Chewgdu Sichuan

Ethiopia

Mrs Teberh Kebreab
Director of Midwifery School
c/o P O Box 5595
Addis Ababa

Mrs Etalem Gebremedhin
Midwifery Tutor
Addis Ababa Midwifery School
P O Box 1234
Addis Ababa

Fiji

Mrs Eleanor Lesuma
Matron, Maternity Unit
C.W.M. Hospital
Suva

Ghana

Mrs Grace-Gabriella Agbasi
Midwifery Tutor
Midwifery Training School
Korle-Bu, Accra

Ghana (cont.)

Ms Henrietta Owusu
President, Ghana Register of Midwives
Association
P O Box 147, Accra

India

Dr A Bharadwaj
Ministry of Health & Family Welfare
Nirman Bhavan
New Delhi

Dr Padma Shukla
Chief Medical Officer
Bara Banki
Utter Pradesh

Ms Gayatri Giri
Midwifery Educator & TBA
SEWA (Rural) JHAG ADIA
Gunarat

Mrs Anupuma Rao Singh
State Programme Officer
Kothi No. 2 Srirampura
Housing Society Exten.
RAJ Bhavan Road
Civil Lines
Jaipur - 302006

Indonesia

Mrs Janne Annas
Indonesian Midwives Association
JL Johar Baru V/13
Jakarta

Mrs M Noertjaja
Director of Midwifery
Programme Development
J1 Hang Jebat III Blok F3
Keba Yoran Baru
Jakarta

Jamaica

Mrs G Omphroy-Spencer
c/o Jamaica Midwives Association
Victoria Jubilee Hospital
Kingston

Nigeria

Mrs Victoria Abodunrin
Ministry of Health
Nursing Division
P.M.B. 1386
Ilorin
Kwara State

Mrs Grace E Delano
Fertility Research Unit
Programme Coordinator
Department of OB/GY
College of Medicine
University College Hospital,
Ibadan

Mrs A O Payne
Chief Nursing Officer
Federal Ministry of Health
Nursing Division
Federal Secretariat
Ikoyi
Lagos

Pakistan

Lt. Col. Mrs S M Shah
Registrar
Pakistan Nursing Council
National Institute of Health
Islamabad

Philippines

Alice Sanz de la Genta
President
Integrated Midwives Association
of the Philippines
Corner Pinaglabanan & Ejercito St
San Juan, Metro Manila

Sierra Leone

Mrs Gloria Betts
National Midwifery School
P.C.M. Hospital
Fouram Bay Road
Freetown

Sudan

Dr Awatif Bashir
Head of Department of Medical &
Pediatric Nursing
Khartoum Nursing College
Khartoum

Tanzania

Mrs Stella M Mpanda
Principal
School of Nurse Teachers
P O Box 65004
Dar-es-Salaam

Thailand

Dr Duangvadee Sungkhobol
Faculty of Nursing
Prince of Songkla University
Hat Yas, Sowgkla 90112

United Kingdom

Mrs Gaynor Maclean
Midwifery Educator
West Glamorgan College of Nursing &
Midwifery
Morrison Hospital
Swansea
Wales

Mrs Valerie Tickner
Director of Education
Royal College of Midwives
15 Mansfield Street
London, W1M 0BE

USA

Mrs Angela Kamara
Assistant Clinical Professor
Faculty of Medicine, Columbia University
Center for Population and Family Health
60 Haven Avenue 8-3
New York, NY 10032

Dr Margaret Marshall
Project Coordinator,
Special Projects Section
American College of Nurse-Midwives
1522 K. Street N.W.
Suite 1000
Washington, D.C. 20005

Dr Lisa Paine
Director, Nurse-Midwifery Services
Department of OB/GYN
Houck 228
Johns Hopkins Hospital
600 North Wolfe St
Baltimore
Maryland 21205

USA (cont.)

Dr Joyce Thompson, CNM (Observer)
Professor & Director Nurse-Midwifery
University of Pennsylvania
School of Nursing
Philadelphia, PA 19104-6096

Vietnam

Mrs Pham Thie Hanh
Thua Thien
Hue Middle Level Medical School
Hue City

ICM

Mrs Marie Goubran (Unable to attend)
International Confederation of Midwives
Executive Secretary
10 Barley Mow Passage
Chiswick, London, W4 4PH

Ms Chieko Nohno
Midwives Division
Japanese Nursing Association
8-2, 5-chome, Jingumae
Shibuya-ku,
Tokyo, Japan

Miss Helga Schweitzer
ICM Board of Management
Representative for Europe
Staatliche Hebammenschule
Universitat-Frauenklinik
D-7400 Tubingen 1
Germany

WHO Secretariat

Mrs Edna Ismail
Technical Officer MCH/FHE
WHO Regional Office for the East
Mediterranean

P O Box 1517
Alexandria - 21511

Dr Barbara E Kwast
Scientist
Maternal & Child Health
World Health Organization
1211 Geneva 27
Switzerland

Dr A Petros-Bavarzian (Unable to attend)
Director
Division of Family Health
World Health Organization
1211 Geneva 27
Switzerland

UNICEF

Mrs Yuriko Yasukawa
Programme Officer, UNICEF
Shin Aoyama Building Nishikan
22nd Floor
1-1, Minami-Aoyama 1-chome
Minato-ku
Tokyo, Japan

IAMENEH

Dr Koichi Sanada
Director of Japanese Association for
Maternal Welfare
c/o Ichigaya Sadohara-cho
Shinjuku-ku
Tokyo, Japan

ICN

Dr Hiroko Minami
Professor
St Luke's College of Nursing
10-1, Akashi-cho
Chuo ku
Tokyo, Japan

FIGO

Represented by Dr Vivian Wong of The
World Bank

The World Bank

Dr Vivian Wong
Public Health Specialist
Population & Human Resources
Department
The World Bank
1818 H Street NW
Washington, DC 20433, USA

IPA

- Unable to attend

IPPF

- Unable to attend

ICW

- Unable to attend

13. LIST OF GROUP MEMBERS INCLUDING CHAIRPERSON AND RAPORTEURS

Chairperson of the Workshop: Miss Helga Schweitzer

Rapporteurs of plenary sessions: Mrs Edna Ismail
Dr Margaret Marshall

WORKING GROUPS

GROUP I - Postpartum Haemorrhage

Mrs Angela Kamara (facilitator)

Ms Gayatri Giri	India
Dr Margaret Marshall	USA
Miss Helga Schweitzer	ICM, Germany
Mrs Diki Wanamo	Bhutan
Dr Li Weimin	China
Dr Vivian Wong	The World Bank, USA/FIGO
Dr Hiroko Minami	ICN, Japan

GROUP II - Obstructed Labour

Mrs Valerie Tickner (facilitator)

Mrs Grace-Gabriella Agbasi	Ghana
Dr Awatif Bashir	Khartoum
Mrs Gloria Betts	Sierra Leone
Mrs Etalem Gebremedhin	Ethiopia
Mrs Pham Thie Hanh	Vietnam
Mrs Edna Ismail	WHO, EMRO
Dr Joyce Thompson	USA (Observer)

GROUP III - Eclampsia

Ms Gaynor Maclean (facilitator)

Mrs Janne Annas	Indonesia
Alice Sanz de la Gente	Philippines
Mrs Eleanor Lesuma	Fiji
Mrs Stella M Mpanda	Tanzania
Mrs Henrietta Owusu	Ghana
Mrs A O Payne	Nigeria
Dr Padma Shukla	India
Mrs Yoriko Yasukawa	UNICEF, Japan

GROUP IV

Puerperal Sepsis

Dr Duanguadee Sungkhobol (facilitator)

Mrs Victoria Abodunrin	Nigeria
Mrs Kinley Doma	Bhutan
Mrs M Noertjaja	Indonesia
Dr Koichi Sanada	IAMENEH, Japan
Ms Lee Saxell	Canada
Mrs Anupuma Rao Singh	India

GROUP V

Abortion

Dr Barbara E. Kwast (facilitator)

Dr A Bharadwaj	India
Mrs Teberh Kebreab	Ethiopia
Ms Chieko Nohno	Japan
Mrs G Omphroy-Spencer	Jamaica
Dr Lisa Paine	USA
Lt. Col. Mrs S M Shah	Pakistan
Mrs Grace E. Delano	Nigeria

14.

A G E N D A

PRE-CONGRESS WORKSHOP, KOBE, JAPAN

5-6 OCTOBER 1990

Thursday evening, 4 October 1990

- 20.00 hrs - Welcome and Introductions
- 20.30 hrs - Video film - setting the scene
"Why did Mrs X die?"
- From 21.00 hrs - Reception

Friday, 5 October 1991

SESSION 1

09.00 hrs - 09.30 hrs

Opening

- Chairperson: Mrs Chieko Nohno, Midwives Section Japanese Nursing Association
- Opening address by Mrs Chieko Nohno
- Address by Ms Helga Schweitzer, Deputy Director, ICM Board of Management
- Address by Dr Barbara E. Kwast, Maternal and Child Health, World Health Organization, Geneva
- Address by Mrs Yoriko Yasukawa, Programme Officer, UNICEF, Tokyo
- Introduction of Participants
- Objectives of the Workshop - Ms Helga Schweitzer, ICM
- Nomination of Chairperson and Rapporteurs

09.30 hrs - 10.00 hrs

- Presentation of background paper
- Introducing Confident Midwives: Midwifery Education - Action for Safe Motherhood, Dr Barbara E. Kwast, MCH/WHO

10.00 hrs - 10.30 hrs

TEA BREAK

10.30 hrs - 11.40 hrs

SESSION 2

- Problem Analysis of Midwifery Education (groups)
- Presentation in Plenary (2 groups)
- Intergroup Discussion

12.05 hrs - 13.00 hrs

LUNCH

13.00 hrs - 13.30 hrs

- Presentation in Plenary (3 groups)
- Intergroup Discussion

13.30 hrs - 15.30 hrs	SESSION 3
	- Objective setting with sub-objectives and related understanding.
15.30 hrs - 15.45 hrs	TEA BREAK
15.45 hrs - 16.15 hrs	- Plenary
	- 5 mins presentation/group and 5 minutes discussion
16.15 hrs 17.30 hrs	SESSION 4
	- Skill Identification
	- Teaching Methods
	- Place of Teaching/Practice
	- Evaluation
 <u>Saturday, 6 October 1990</u>	
08.30 hrs - 09.30 hrs	SESSION 4 continued
09.30 hrs - 10.30 hrs	SESSION 5
	- Critical Input and Redraft
	15 mins presentation/group x 3 groups
	- 15 minutes general discussion
10.30 hrs - 10.45 hrs	TEA BREAK
10.45 hrs - 11.30 hrs	SESSION 5 continued
	- 15 minutes presentation/group x 2 groups
	- 15 minutes general discussion
12.30 hrs - 13.30 hrs	LUNCH
13.30 hrs - 14.30 hrs	SESSION 6
	- Strategy for Implementation of the Educational Framework for Safe Motherhood (Plenary)
14.30 hrs - 15.30 hrs	SESSION 7
	- Recommendations for Midwifery Education for Safe Motherhood (3 groups)
15.30 hrs - 15.45 hrs	TEA BREAK
15.45 hrs - 16.30 hrs	- Presentation in Plenary
16.30 hrs - 17.00 hrs	- Redraft in Plenary
17.00 hrs - 18.00 hrs	- Adoption of Recommendations by Participants of ICM/WHO/UNICEF Pre-Congress Workshop
18.00 hrs	CLOSURE OF WORKSHOP

15.

ABSTRACTS OF BACKGROUND PAPERS

Two background papers which were prepared for the Pre-Congress Workshop but were not presented due to time constraints are available upon request from Maternal and Child Health, World Health Organization, Geneva. These are abridged as follows:

15.1 Midwifery Education for Safe Motherhood: Thailand's Experience: Dr Duangvadee Sungkhobol

This paper presents the need for midwifery education in Thailand in the light of the prevailing state of maternal and child health in the 1980's; the current state of midwifery education in Thailand and the educational objectives of nurse-midwife training related to Safe Motherhood.

The pressing need for an effective maternal and child health service was indicated by the high maternal and perinatal mortality rates in the 1970's. Even though the maternal mortality had declined remarkably from 226.1 per 100,000 live births in 1970 to 41.4 in 1985, it was still considered high compared to some other countries in the region such as Japan and Singapore, which were 15.8 and 4.7 in 1985 respectively. A review of maternal mortality revealed that abortion, haemorrhage, toxemia of pregnancy and complications of the puerperium were the major causes of deaths. Furthermore, maternal mortality was higher in the rural areas. Infant mortality rates were 2-3 times greater in the rural areas when compared to those in urban areas. Rural health services were inadequate and there had been an increasing public demand for improved health services in the rural areas since approximately 80% of the Thai population resided in those areas.

One of the greatest obstacles to the provision of adequate health care in the rural areas was shortage and maldistribution of qualified health personnel. This was exacerbated by poor quality of care. Several Thai communities adhered to traditional customs and beliefs and made use of traditional birth attendants which needed training. The Royal Thai Government expanded its health services to cover all major groups of constituencies throughout the country. It had to increase the number of well-prepared health personnel to work in small communities and understaffed hospitals and health centres. Since 1978, there has been a remarkable increase in the training of nurses and midwives as nursing and midwifery were the major components of the health services and the improvement of health services in the country.

Historically, nursing and midwifery educational programmes were separate in Thailand. There were two levels of midwifery education. One was 18 months basic midwifery training for high school graduates, and the other was a 6 months duration (post-basic nursing programme) for registered professional nurses who had an associate degree in nursing or equivalent and/or a bachelor degree in nursing or equivalent. The first were licensed as second-class practitioners of midwifery and the latter were eligible to be licensed as first-class.

When Thailand expanded its health care services nationwide, the roles and functions of midwives also has to be expanded. With the adoption of "Health for All by 2000 through Primary Health Care", the roles and functions were further enlarged. Midwifery education alone was not enough to prepare midwives to work in rural areas. There was a demand to improve midwifery education in order to facilitate the career of midwives. Therefore, midwifery was amalgamated into nursing educational programmes. At present, Thailand offers a basic and post-basic nursing programme which includes midwifery. The 4-year basic nursing course leads to a first-class practitioner in nursing and midwifery, and the 2-year training leads to a certificate or technical nurse which is eligible to be licensed as the second-class practitioners in nursing and midwifery. A 2-year continued education programme leading to a bachelor's degree is designed for upgrading of technical nurses to be licensed as first-class practitioners. The post-basic nursing programme is also described. The Faculty of Public Health, Department of Public Health - Nursing, Mahidol University, offers a doctoral degree in public health nursing since 1983.

It is the responsibility of the nursing schools to produce nursing and midwifery personnel to serve in the national health care delivery system and to meet the broad spectrum of national health needs. Educational objectives related to safe motherhood include, among others, the nurse-midwives' ability to work with the health team to provide care for clients and their families; to be able to function as change agents to improve the community health status and the effectiveness of the organization where they work; to be able to teach and supervise TBAs and other health workers; to be able to conduct research and to be able to be a self-directed learner to advance their competencies.

15.2 **Midwifery Education in Africa and, in particular, in Tanzania: Mrs Stella M. Mpanda**

This paper presents a situation analysis of maternal mortality in the African Region and, in particular, in Tanzania, as well as health policy in relation to maternal health and the available maternal health services. Midwifery education in Tanzania is described; the problems with this education are outlined and recommendations regarding safe motherhood are made.

Maternal mortality in Africa is as high as 700-800 per 100,000 live births. Rates in Northern and Southern Africa are a little lower than in Western, Central and Eastern Africa. Overall in Africa, however, high maternal mortality rates are compounded by high fertility - an average of 8 live births per woman and hence probably at least 10 pregnancies per woman is not uncommon. The risk of dying as a result of a given pregnancy in the richest developed countries is at least 100 fold smaller than the same risk in the poorest countries in Africa. This situation is true in Tanzania. Although most of the studies carried out in the country are hospital-based, maternal mortality in four regions was 370/100,000 between 1983-1984. Causes of maternal deaths are the same as in other developing countries. Important contributing factors are lack of blood for transfusion, late arrival at health institutions and poor performance by the health institutions.

In most African countries, the overall objective of health policy aims at improving well-being of all the citizens, with a focus on those most at risk, and to encourage the health system to be more responsive to the needs of the people. Despite the concern shown by many African countries towards improving health of women in Africa, maternal mortality is on the increase. Health policy measures need to address the problem of teenage pregnancies and abortion. They should also cover aspects for family planning with a view to eliminating men's control over their wives' fertility. Initiatives are underway in most of the African countries to review laws which relate to women's status in African society.

In a significant number of developing countries and, in particular in Africa, especially in the rural areas, the percentage of women receiving prenatal care by a trained attendant exceeds the percentage receiving skilled intrapartum care. This relates in part to the geographic inaccessibility.

Traditionally in most African countries, the care of women in childbirth was the function of the older married women in the community. The training of nurses in Tanzania started in the 1930's after the community accepted the idea of young women to be trained as midwives. The different types of midwifery education in Tanzania are as follows:-

Level I - equal to state registered midwives: midwifery training is of one academic year integrated into the basic nursing programme (4 years total).

Level II - midwifery training of one academic year after basic nursing training. Midwifery training as part of a course in specialities like public health nursing. Training of maternal and child health aides (MCHAs) who are prepared to function in the rural areas as midwives under the supervision of a registered midwife.

The only difference between the Level I and the Level II midwife is in the areas of work. The Level II midwives are expected to work in regional and district hospitals and health centres. However, there is a problem of maldistribution as many Level II midwives are working in consultant hospitals, where for the majority, the Level I midwife is expected to be posted.

The MCHAs are health personnel trained in maternal and child health and intended to serve in the rural areas. However, because of a migration of these young women from rural to urban areas, the rural areas are left without trained personnel.

The author lists the subjects which are included in the three levels of midwifery training. All midwifery training programmes in Tanzania are governed by statutory law called the Tanganyika Nurses and Midwives Registration Ordinance. All midwifery training is hospital based and subject-oriented. Problems with midwifery education include lack of community diagnosis and participation strategies; insufficient learning of management process, research methodologies and principles of teaching and learning; laws guiding midwifery practice do not allow midwives to carry out life-saving functions. These deficiencies form the basis for the recommendations for change in midwifery education in Tanzania.

SECTION III

POSTPARTUM HAEMORRHAGE

SESSION 2 - PROBLEM IDENTIFICATION

SESSION 3 - OBJECTIVE SETTING

COMPONENTS	THEORY		PRACTICE		OBJECTIVES	SUB-OBJECTIVES
	Satisfactory	Needs Attention	Satisfactory	Needs Attention		
<p>1 Community</p> <ul style="list-style-type: none"> - Communities' knowledge, attitudes, practice, beliefs and culture about blood and bleeding - Communities' knowledge, attitudes, practice in relation to TBAs, health workers, traditional practitioners and postpartum haemorrhage - Communities' perception of midwife - understanding of previous PPH experiences/communities/patient - Antenatal care/general health, the communities' perspectives of anaemia, nutrition - Communities' perspectives/beliefs regarding long labour/pollution of childbirth - Community diagnosis of magnitude and causes - Referral and support systems - Explanation of emergency evacuation potential 		<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>		<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>Community</p> <p>The midwife is able to:</p> <p>1.1 - Identify knowledge, attitudes, practice and beliefs relative to: bleeding during childbirth antenatal care women at risk of PPH transfer/evacuation of PPH emergency Use of health care personnel/facilities, TBAs, H. post staff, H. centre, hospital, midwifery services</p> <p>1.2 - Collect and use detailed mortality and morbidity data related to PPH in the district</p>	<p>1.1 - Draw up plan to visit community</p> <ul style="list-style-type: none"> - Identify sources and methods for collecting information - Define information required - Collect and analyse information <p>1.2 - Establish reporting system</p> <ul style="list-style-type: none"> - Develop and use death enquiry format - Develop record-keeping skills in midwifery personnel - Interpret data
<p>2 Prevention</p> <ul style="list-style-type: none"> - Identification of high risk women - Education of community regarding high risk factors (PPH), antenatal care, dietary advice (to include elderly women and family), treat anaemia - Training of TBAs in good management of pregnancy and labour - Prevent prolonged labour - Active management of third stage of labour - Suturing of tears - Differential diagnosis - Episiotomy correct procedure - Availability and correct storage of oxytocic and other drugs - Community and health care worker diagnosis of magnitude of death from PPH 	<p>X</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>2 Prevention</p> <p>The midwife is able to:</p> <p>2.1 - Identify pregnant women at high risk of PPH and plan care during pregnancy</p> <p>2.2 - Manage third stage labour safely and teach safe management procedures to all midwifery personnel</p>	<p>2.1 - Define criteria of high risk</p> <ul style="list-style-type: none"> - Collect information about high risk - Teach high risk criteria to all health personnel - Develop plan, monitoring visits to all midwifery personnel/review care planned - Plan home visits to discuss Safe delivery/contingency plan - Monitor progress of labour, early recognition of abnormalities <p>2.2 - Use oxytocics prophylactically</p> <ul style="list-style-type: none"> - Prevent prolonged first and second stage of labour using records appropriately - Perform episiotomy correctly and at appropriate time - Observe third stage practice of other midwifery personnel and correct as appropriate 	

POSTPARTUM HAEMORRHAGE

SESSION 4 - IDENTIFICATION OF SKILLS/TEACHING METHODS/EVALUATION

RELATED UNDERSTANDING	SKILL/COMPETENCE	TEACHING METHOD	WHERE TO TEACH				EVALUATION/ASSESSMENT	
			CLASSROOM	HOSPITAL	HEALTH CENTRE	COMMUNITY		
1.1 - Community life, social patterns and organisation - Traditional beliefs of community - Patterns of and utilization of resources and patterns of health care, private practices and public services - Review, interview and communication techniques - Causes of PPH - High risk women	1.1 - Develop a plan - Conduct a community based study - Identify method for collecting and interpreting information - Formulate and execute plan of action - Communicate findings to staff and community - Supervision and evaluation	Example/practice		X	X	X	Assessment of plan Observation visits	
		Reading	X					
		Practice/demonstration	X			X		
		Project/fieldwork	X		X	X		
		Example/practice	X	X	X	X	Interview staff in community	
1.2 - Importance of use of records - Causes of PPH - Knowledge of coverage of maternity care	1.2 - Retrieve and use official reports and records accurately - Use report forms as basis for staff training - Complete and analyse death enquiry forms - Recognize high risk factors from evidence	Example/practice		X	X	X	Clinic observation	
		Practice record keeping	X	X	X	X		
		Comparative study of case records/reports	X					
		History taking	X	X	X	X		
		Case presentations	X				Monitoring and peer criticism	
2.1 - High risk factors, parameters of normal, when to refer - Causes and treatment of anaemic - Causes of PPH - History taking - Community structure and belief system - Principles of care planning - Anatomy and physiology of reproductive organs in relation to labour and delivery - Management of labour	2.1 - Identify high risk women - Record on chart women at risk of PPH - Demonstrate completion and use of records to other personnel - Check records with staff during visits - Encourage discussion and feedback - Make schedule for supervision visits on regular basis - Work with staff to plan care and treatment - Identify together place for safest delivery - Monitor records to identify de/outlets	Recommended reading	X				Observation	
		Demonstration		X	X	X		
		Clinical practice			X	X		
		Clinical teaching practice		X	X	X		
		Case studies/field work	X		X	X		
		Supervised practice		X	X	X		
		Supervised practice		X	X	X		
		Seminars on treatment	X		X	X		
		Field practice			X	X		
		Practice		X	X	X		
		Demonstration and practice + reading	X	X	X	X	Test questions	
2.2 - Physiology of labour - Placental separation and expulsion - Oxytocic drugs, dosage, use, action - Anatomy of pelvic floor - Traditional practices in third stage of labour	2.2 - Prepare and administers oxytocics correctly - Recognise signs of placental separation - Use correct approach to delivery of placenta - Assess blood loss - Record vital signs and assesses need for further care - Detect early signs of prolonged first and second stage by use of partographs - Time episiotomy correctly - Demonstrate/monitor practice of approved third stage management to midwifery personnel	Observation/supervision	X	X	X	X	Observation Discussion of performance Presented case studies Written assessment Practical assessment Practical assessment	
		Supervised practice		X	X	X		
		Observation of skills		X	X	X		
		Supervised practice		X	X	X		
		Community midwife attachment			X	X		
		Demonstration in delivery unit		X	X	X		
		Supervised practice		X	X	X		

POSTPARTUM HAEMORRHAGE

SESSION 2 - PROBLEM IDENTIFICATION

SESSION 3 - OBJECTIVE SETTING

COMPONENTS	THEORY		PRACTICE		OBJECTIVES	SUB-OBJECTIVES
	Satisfactory	Needs Attention	Satisfactory	Needs Attention		
<p>3 Treatment</p> <ul style="list-style-type: none"> - Active management of third stage of labour and administration of oxytocic drugs - Manual compression of uterus - Manual removal of placenta - IV fluids/blood replacement/rehydration - Treat shock - Treat sepsis - Reports/relations with tertiary care unit 		X		X	<p>3 Treatment</p> <p>The midwife is able to:</p> <p>3.1 - Manage PPH in home, health centre or hospital</p>	<p>3.1 - Diagnose PPH correctly</p> <ul style="list-style-type: none"> - Select, administer and monitor effect of oxytocin - Assess patient's condition - Initiate and monitor IV fluids and blood transfusion - Evacuate uterus: controlled cord traction manual removal of placenta and/or products - Manual compression of atonic uterus - Organise and manage supplies, equipment, IV/IM drugs and blood replacement - Refer patients to tertiary services - Prevent further complications by appropriate use of antibiotics - Examine vagina, cervix and suture lacerations
<p>4 Follow-up</p> <ul style="list-style-type: none"> - Family planning and birth spacing - Nutritional advice - Anaemia control - Pre-planned care for next pregnancy - Family and community counselling - Information to family/patient re events of this pregnancy/labour, preparations that must be remembered - Feedback family referral - Record keeping - Investigations/enquiry of known deaths 		X		X	<p>4 Follow-up</p> <p>The midwife is able to:</p> <p>4.1 - Plan, implement and evaluate programme of care for post PPH mother</p> <p>4.2 - Investigate events leading to maternal death from PPH and make appropriate changes</p>	<p>4.1 - Prepare postnatal care plan</p> <ul style="list-style-type: none"> - Monitor Hb and treat anaemia - Ensure mother/family is aware of past event, present care and future needs - Help family make decisions about child spacing - Provide family planning service - Monitor for sepsis <p>4.2 - Collect information from community and midwifery personnel concerned</p> <ul style="list-style-type: none"> - Visit concerned family - Conduct enquiry - Report findings and changes in practice made - Evaluate new performance

POSTPARTUM HAEMORRHAGE

SESSION 4 – IDENTIFICATION OF SKILLS/TEACHING METHODS/EVALUATION

RELATED UNDERSTANDING	SKILL/COMPETENCE	TEACHING METHOD	WHERE TO TEACH				EVALUATION/ASSESSMENT
			CLASSROOM	HOSPITAL	HEALTH CENTRE	COMMUNITY	
<p>3.1 - Management of third stage of labour</p> <ul style="list-style-type: none"> - Physiology of third stage - Drugs used in labour and their pharmacological reactions - Anatomy of placenta - Complete examination process of patient - Criteria for referral - Antibiotic selection, dosage, administration, effect 	<p>3.1 Treatment</p> <ul style="list-style-type: none"> - Massage fundus of uterus - Administer oxytocics IM/IV - Empty bladder - Set up IV infusion <p>Placenta in situ:</p> <ul style="list-style-type: none"> - Attempt controlled traction - Perform vaginal examination - Carry out manual removal of placenta - Repeat oxytocics - Massage uterus - Start antibiotic therapy <p>Placenta out:</p> <ul style="list-style-type: none"> - Repeat antibiotics - Massage fundus - Bi-manual compression of uterus - if haemorrhage not controlled - Monitor patient's vital signs - Organise blood transfusion - Arrange transfer to referral centre 	<p>Community midwife attachment</p> <p>Lecture</p> <p>Reading</p> <p>Observation of practitioner skills</p> <p>Clinical practice</p> <p>Clinical practice</p> <p>Clinical practice</p> <p>Supervised practice</p> <p>Peer discussion of case presentation</p>	<p>X</p> <p>X</p> <p></p> <p></p> <p>X</p> <p></p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p></p> <p></p> <p></p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p></p> <p></p> <p></p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>Observation assessment</p> <p>Written and practical tests</p> <p>Use of flow chart for treatment PPH WHO/MCH 90.7 pages 14/16</p> <p>Written and practical tests</p> <p>Observe practice</p> <p>Observe practice</p> <p>Observe practice</p> <p>Case presentation</p>	
<p>4.1 - Sequelae of anaemia</p> <ul style="list-style-type: none"> - Dietary and non-dietary iron - Communities' beliefs/practice re family planning - Methods of family planning - Referral to specialised services - Communication skills/human skills - Physiological changes post partum 	<p>4.1 - Examine mother and record findings</p> <ul style="list-style-type: none"> - Identify anaemia, signs of infection, abnormal bleeding - Prescribe drugs/medicines - Teach use of drugs/medicine to mother/family - Communication skills in respect of review of events, future pregnancy/delivery, family planning methods and follow-up 	<p>Record keeping</p> <p>Community midwife attachment</p> <p>Clinical demonstration and practice</p> <p>Recommended reading</p> <p>Teaching practice</p> <p>Role play</p>	<p></p> <p></p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p></p> <p></p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p></p> <p></p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>Assess records</p> <p>Observe practice</p> <p>Observe practice</p> <p>Written/oral test</p> <p>Assess teaching</p> <p>Assess questionnaires</p> <p>Prepared plan</p> <p>Observe practice</p> <p>Role play</p> <p>Peer assessment/practice</p> <p>Observe practice</p>	
<p>4.2 - Communication skills</p> <ul style="list-style-type: none"> - Use of knowledge of community's beliefs/practices in preparing questions - Theory of human interaction - Report writing skills/knowledge - Teaching of midwifery personnel 	<ul style="list-style-type: none"> - Design questionnaires - Team management - Plan family visits - Interview skills with family, TBAs care providers - Record findings - Discuss findings with community/family health personnel - List changes in practice - Plan changes in practice - Evaluate teaching and plans 	<p>Demonstration and discussion, role play</p> <p>Supervised experience</p> <p>Practical experience and peer review</p> <p>Supervised practice</p> <p>Case study/peer review</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p></p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p></p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>Assess questionnaires</p> <p>Prepared plan</p> <p>Observe practice</p> <p>Role play</p> <p>Peer assessment/practice</p> <p>Observe practice</p>	

OBSTRUCTED LABOUR

SESSION 2 – PROBLEM IDENTIFICATION

SESSION 3 – OBJECTIVE SETTING

COMPONENTS	THEORY		PRACTICE		OBJECTIVES	SUB-OBJECTIVES
	Satisfactory	Needs Attention	Satisfactory	Needs Attention		
<p>1 Community</p> <ul style="list-style-type: none"> - Community perceptions/beliefs, practices about health, food, age at marriage, parity, circumcision, prolonged labour = unfairness - Traditional healers, rituals, evil spirits - Role of midwife, plus knowledge and understanding of other health care workers eg. TBAs - Community diagnosis of mother referred for delay in labour/ruptured uterus - Community resources and role of leaders, acceptance of midwife - TBAs and other health care workers' knowledge/ understanding of risk factors, delay in labour, time of referral 		X		X	<p>Community The midwife is able to:</p> <p>1.1 - Identify community beliefs, practices, knowledge and attitudes related to: childbearing early marriage length of labour complications of circumcision transfer in labour use of health care personnel facilities in labour TBA/H, Post/H, Centre/Hospital</p> <p>1.2 - Identify high risk women in community through collection of statistics - Admitted/referred for prolonged/ obstructed labour</p>	<p>1.1 - Plan community visits - Define information required - Identify sources of information - Collect and analyse data - Use data collected</p> <p>1.2 - Establish reporting system - Develop record keeping skills in midwifery personnel - Interpret collected data - Provide feedback to midwifery personnel</p>
<p>2 Prevention</p> <ul style="list-style-type: none"> - Health education and prevention, educate village leaders, TBAs and other health workers about: . harmful childbirth practices . recognition of risk factors eg. stature, age etc. . recognition of signs of obstructed labour, use of partograph - Establish and teach criteria for transport to hospital/health centre - Emergency transport planned in advance - Antenatal care - encourage women at high risk to live closer to hospital/health centre BEFORE labour starts - Education/availability of family planning (including secondary school children). Family planning for spacing, prevention, too early/often pregnancies - Encourage formation of "Safe Motherhood Committee" - Support for provision of community resources eg. transport etc. 		X		X	<p>2 Prevention The midwife is able to:</p> <p>2.1 - Identify pregnant women at risk of obstructed labour and institute care during pregnancy</p> <p>2.2 - Plan, implement and evaluate health education for prevention/early referral of mother in obstructed labour a) women of reproductive age, families/community leaders b) TBAs and influential women's groups</p> <p>2.3 - Use partograph and interpret recordings</p>	<p>2.1 - Establish and use risk criteria - Teach/supervise use of criteria to TBAs/midwifery personnel - Plan with family referral in late pregnancy closer to place selected for delivery - Institute plan for detecting defaulters and monitor its execution</p> <p>2.2 - Use collected data to identify learning needs - Identify people to contribute/help in health education of community - Create programme and inform involved teachers/learners - Develop/use evaluation criteria</p> <p>2.3 - Perform accurate assessment of: cervical dilatation descent of presenting part uterine contractions pelvic capacity Record findings accurately Recognize early signs of obstructed labour Communicate reasons for referral</p>

OBSTRUCTED LABOUR

SESSION 4 - IDENTIFICATION OF SKILLS/TEACHING METHODS/EVALUATION

RELATED UNDERSTANDING	SKILL/COMPETENCE	TEACHING METHOD	WHERE TO TEACH				EVALUATION/ASSESSMENT
			CLASSROOM	HOSPITAL	HEALTH CENTRE	COMMUNITY	
1.1 - Sociology/social organisation - Structure and function of community - Review techniques - Communication/interview skills - Causes of obstructed labour - Interpretive/numeracy skills - Epidemiology - High risk patients - Attitude to community	1.1 - Planning skills; visit community select sources of information design questionnaire etc. prepare tables for analysis prepare timetable and implement plan Communicate findings to staff and community - Information, Communication and Management skills = ICM	Example/practice supervised visits supervised visits Demonstration Workshops/peer criticism Field project Example practice Role play	X	X	X	X	Observation visits/assess performance Interview staff Written and oral tests Report evaluation Visit community to assess understanding
1.2 - Numerical skills - Importance of records/reports - Causes of prolonged labour - Sequelae of prolonged/obstructed labour - Understanding of coverage of maternity care	1.2 - Keep accurate records - Store and retrieve data - Explain importance of record keeping to midwifery personnel - Prepare and present report - Prepare tables and graphs	Data sheets/peer criticism Role play and example practice Case presentations Peer criticism	X	X	X	X	Quality and accuracy of data sheets and written records
2.1 - Predisposing causes of obstructed labour - Physiology and management of normal labour - Signs and symptoms of obstructed labour - Dangers/sequelae of obst. labour - Cultural influences/social structure of community	2.1 - Planning skills to detect women at risk and defaulters - Leadership skills to communicate and demonstrate use of criteria to all midwifery personnel - Management skills to prepare and organize referral with family	Clinical demonstration and practice Lecture and role play Demonstration and practice Problem solving exercise	X	X	X	X	Observation of examination Supervision of records Assessment of performance Observation of practice Field work observation Project assessment
2.2 - Type of resources and availability - Teaching methods and teaching aids - Communication skills	2.2 - Teaching skills - Prepare teaching plan - Justify selection of subject matter and additional teachers - Prepare teaching material - Teach target groups - Create questions to determine level of understanding	Demonstration and practice Role play Presentation, Role play Field Practice Field Practice	X	X	X	X	Observation and peer review Peer review Observation of practice teaching Observation of practice teaching Check written work and analysis plus communication in field work
2.3 - Pelvic anatomy - Physiology of labour - Mechanism of labour	2.3 - Assess cervical dilatation, descent of p.part., uterine contraction, pelvic capacity - Fill in charts and partograph - Identify: slow dilatation, lack of progress of pres. part., inadequate pelvic capacity - Talk to family arrange transfer	Reading Demonstration Supervised practice Demonstration clinical practice in community	X	X	X	X	Assess charts/records observations, supervised practice

OBSTRUCTED LABOUR

SESSION 2 - PROBLEM IDENTIFICATION

SESSION 3 - OBJECTIVE SETTING

COMPONENTS	THEORY		PRACTICE		OBJECTIVES	SUB-OBJECTIVES
	Satisfactory	Needs Attention	Satisfactory	Needs Attention		
<p>3 Treatment</p> <ul style="list-style-type: none"> - Competence in assessment/diagnosis of possible and/or actual obstruction - Treatment for shock/W fluids - Pain relief, use of drugs to reduce uterine contractions prior to transfer and antibiotics - Assessment of maternal and fetal condition - use of partograph - Know about and use available treatment - decide on most appropriate treatment eg. caesarean section, symphysiotomy - Find and use appropriate transport - care during evacuation to hospital 	X	X	X	X	<p>3 Treatment</p> <p>The midwife is able to:</p> <p>3.1 - Diagnose and treat obstructed labour</p>	<p>3.1 - Take accurate general and obstetric history</p> <ul style="list-style-type: none"> - Perform physical examination: general and obstetric condition including abdominal and pelvic examination
	X	X	X	X	<p>3.2 - Plan and implement short-term care</p>	<p>3.2 - Use, record and interpret findings on partograph</p> <ul style="list-style-type: none"> - Prepare, and administer intravenous infusion - Prepare and perform catheterisation - Select and administer antibiotics - Prepare for anaesthesia - Arrange transport and refer for further treatment - Prepare and use equipment in case of transfer
<p>4 Follow-up</p> <ul style="list-style-type: none"> - Postnatal care for mother, baby, family - Family planning - Plan care for future pregnancy - Detection of complications: anaemia, sepsis, nerve palsy, fistulae, urinary incontinence - Physical and psychological care and support - Follow-up in cases of vesica-vaginal fistula - Using referred patients for TBA/midwifery personnel education - Keep records and reporting - Investigate death due to obstructed labour 	X		X	X	<p>4 Follow-up</p> <p>The midwife is able to:</p> <p>4.1 - Plan and implement follow-up care</p>	<p>4.1 - Prepare postnatal care plan appropriate to woman's needs</p> <ul style="list-style-type: none"> - Share care plan with TBA to promote collaboration and follow-up - Provide teaching and create teaching material for community personnel (using case material) - Help family make decisions about child spacing - Provide family planning service - Provide physical rehabilitation and reintegration into community - Provide social and psychological needs of woman - Interpret and use data from records to implement future plan - report regularly to next level
	X		X	X	<p>4.2 - Investigate events leading to maternal death from obstructed labour</p>	<p>4.2 - Collect information from community and midwifery personnel concerned</p> <ul style="list-style-type: none"> - Visit family concerned - Conduct enquiry - Report findings and changes in practice made as result of findings - Evaluate new performance

OBSTRUCTED LABOUR

SESSION 4 - IDENTIFICATION OF SKILLS/TEACHING METHODS/EVALUATION

RELATED UNDERSTANDING	SKILL/COMPETENCE	TEACHING METHOD	WHERE TO TEACH				EVALUATION/ASSESSMENT	
			CLASSROOM	HOSPITAL	HEALTH CENTRE	COMMUNITY		
3.1 - Knowledge of normal/abnormal labour and signs of obstructed labour/disproportion - Patient and family interviewing and communication skills	3.1 - Communication/interviewing skills Ask appropriate questions about history of present labour - Physical observation to recognise signs of obstruction: General: dehydration, shock, pain, infection Obstetric: fetal distress, caput/ moulding, cervical oedema - Record events and observations clearly and accurately - Obtain medical help	Reading: use of old case histories	X				Written tests/monitor records	
		Demonstration	X	X	X	X	Observed practice Observed practice	
3.2 - Knowledge of common complications of labour eg. dangers of infection - Shock therapy - Dangers of obstructed labour - Knowledge of and obtaining and storing drugs - Available support and/or referral facilities - Communication/cooperation with tertiary staff - Knowledge of social/cultural attitudes of family/community	3.2 - Collect IV equipment - Start IV therapy - Give antibiotics - Collect and sterilise equipment catheterisation - Pass catheter, measure and record output - Organise transport - Maintain care during transport - Symphysiotomy to save life if appropriate - communicate with the family	Case studies	X				Class discussion	
		Labour unit practice		X	X		Observed practice	
		Community midwife attachment			X	X		Observed practice/records and discussion
		Demonstration and supervised clinical practice	X		X	X		Practicals Observed practice
		Classroom/clinical practice	X	X	X	X	Demonstration of practice Demonstration of practice	
		Role play and field practice	X	X	X	X		
4.1 - Sequence of obstructed labour - short term/long term - Prevention of future emergencies - Communication and teaching skills - Knowledge and attitudes to staff development - Family planning methods - Understanding of community perceptions of obstructed labour and sequelae (WVF and RVF) - Counselling skills - Knowledge of normal physiology of involution etc. - Data collection and analysis - Communication skills	4.1 - Provided information to woman and family - supplied iron therapy - instruct on possible complications and source of treatment - Inform midwifery personnel and instigate health education - Explain methods of family planning and help family to select - Arrange follow-up - Demonstrate necessary physio-therapy/hygiene - Help woman to be accepted in community - Skills in data recording, collection, storage and interpretation	Case records	X				Assessment of Plan Peer review	
		Demonstration						
		Field practice supervised		X	X	X		Observation of practice
		Use of case notes						
		Workshops/Practice	X	X	X	X		Teaching practice assessment
		Discussion						
		Clinical practice	X	X	X	X		Written assessment and observe practice
		Clinical experience		X	X	X		Case assignment
		Role play/Practice	X			X		Observe practice
		Lecture/discussion Field practice	X	X	X	X		Observe written records and practice
4.2 - Communication skills - Use of knowledge of community beliefs and practices - Report writing skills - Teaching of midwifery personnel	4.2 - Communication skills - Design questionnaire - Make plan for family visits - Interview family members/ concerned traditional practitioner/ other care providers - Write findings - Discuss findings with community/family midwifery personnel - maternal health authorities - List changes in practice - Plan learning activities to achieve change - Carry out teaching - Evaluate results	Demonstration	X					
		Discussion	X					
		Role play	X					
		Supervised interviews				X		Assess questionnaires
		Practical experience/ Peer review	X			X		Observe practice
		Supervised interviews				X		Observe practice
		Supervised practice				X		Case presentation
		Discussion and class review	X	X	X	X		Observe work and discussion
				X	X	X	X	Observe teaching
		Case study	X	X	X	X		Discussion

ECLAMPSIA

SESSION 2 - PROBLEM IDENTIFICATION

SESSION 3 - OBJECTIVE SETTING

COMPONENTS	THEORY		PRACTICE		OBJECTIVES	SUB-OBJECTIVES
	Satisfactory	Needs Attention	Satisfactory	Needs Attention		
<p>1 Community</p> <ul style="list-style-type: none"> - communities' attitude to antenatal care - Community beliefs about 'fits', 'swellings', 'headache' etc. - Community diagnosis and magnitude of the problem - Beliefs etc. constraints to referral - Beliefs/perceptions/values about <ul style="list-style-type: none"> . early marriage . first pregnancy/baby - Traditional practices related to fits/swellings/headaches - The prevalence and the incidence of eclampsia in the community - The economic status of women in the community 		X X X X X X X X		X X X X X X X X	<p>Community</p> <p>The midwife is able to:</p> <p>1.1 - Identify beliefs, traditional practices in relation to: antenatal care symptoms associated with eclampsia such as oedema, high blood pressure, headaches, blurred vision, fits early marriage and status of women in community transfer of women to health care services use of midwifery personnel and facilities (ie. TBAs, HC, etc)</p> <p>1.2 - Make a community diagnosis indicating the magnitude of pre-eclampsia/eclampsia in the district and mortality statistics</p>	<p>1.1 - Plan community visits</p> <ul style="list-style-type: none"> - Identify community leaders and sources of information - Define information required - Prioritize and identify methods of collecting/recording information - Analyze data collected - Identify ways of disseminating the information collected <p>1.2 - Establish a reporting system</p> <ul style="list-style-type: none"> - Develop reporting skills in all midwifery personnel - Develop and use survey tools - Collect and analyze information - Provide feedback to staff
<p>2 Prevention</p> <ul style="list-style-type: none"> - Awareness of the magnitude of the problem - Training of TBAs to recognise signs of pre-eclampsia and criteria for referral - Educate community to detect signs of pre-eclampsia eg. raised B/P Proteinuria, Oedema headache - Antenatal care and records - Follow-up plan and monitoring plus action for defaulters - Health education to women and her family with pre-eclampsia - Prescription and use of sedatives/hypotensive drugs - Early referral 		X X X X X X X X		X X X X X X X X	<p>2 Prevention</p> <p>The midwife is able to:</p> <p>2.1 - Identify pregnant women at high risk of eclampsia</p> <p>2.2 - Teach midwifery personnel, TBAs and community health workers to identify mothers at high risk of eclampsia and refer to treatment centre</p> <p>2.3 - Prescribe and administer hypotensive drugs to prevent eclamptic fit</p> <p>2.4 - Develops community awareness of pre-eclampsia/eclampsia and their role in preventing eclampsia/maternal death</p>	<p>2.1 - Organise and carry out examination of all pregnant women</p> <ul style="list-style-type: none"> - Obtain and record full obstetric history - Measure and record: <ul style="list-style-type: none"> . blood pressure . urinalysis - evidence of protein . examine for oedema . question about headaches - Diagnose high risk women - Use a 'high risk' register <p>2.2 - Plan teaching sessions</p> <ul style="list-style-type: none"> - Ensure availability of high risk criteria for eclampsia in all health facilities - Monitor staff performance and record keeping, and antenatal sessions related to high risk cases - Evaluate changes in practice following teaching <p>2.3 - Identifies drugs used in treatment of pre-eclampsia</p> <ul style="list-style-type: none"> - Methods of administration - Monitoring effect of drugs - Record keeping <p>2.4 - Assess community knowledge re pre-eclampsia</p> <ul style="list-style-type: none"> - Discuss high risk criteria - Plan with community: <ul style="list-style-type: none"> . strategy for identification of high risk mother . transport to treatment centre

ECLAMPSIA

SESSION 2 - PROBLEM IDENTIFICATION

SESSION 3 - OBJECTIVE SETTING

COMPONENTS	THEORY		PRACTICE		OBJECTIVES	SUB-OBJECTIVES
	Satisfactory	Needs Attention	Satisfactory	Needs Attention		
<p>3 Treatment</p> <ul style="list-style-type: none"> - Care of woman with severe pre-eclampsia - Management/care of "fitting" woman (first aid management) - Differential diagnosis of fit - Monitoring of renal function - Complications in labour - Complications post partum 		<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>		<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>3 Treatment</p> <p>The midwife is able to:</p> <p>3.1 - Care for a woman in an eclamptic fit</p> <p>3.2 - Teach traditional birth attendants, other health workers and community on lifesaving measures</p>	<p>3.1 - Give first aid treatment to control fit</p> <ul style="list-style-type: none"> - prescribe and administer drugs, sedatives and anti-convulsants - prevent asphyxia - prevent injury - administer intravenous fluids <p>- Monitor woman's condition</p> <ul style="list-style-type: none"> - Check B/P - Number of fits - respiration/pulse - fluid intake/output <p>- Transfer woman to appropriate care centre in good time for further management</p> <ul style="list-style-type: none"> - Provide information to the family <p>3.2 - Plan sessions of teaching TBAs and community on how to manage a woman during an eclamptic fit</p>
<p>4 Follow-up</p> <ul style="list-style-type: none"> - Subsequent monitoring of woman postpartum - Health education/counselling re further pregnancies and family planning - Education of skills available in community to support follow-up (including TBAs) - Investigation, enquiry for known cause of death 		<p>X</p> <p>X</p> <p>X</p> <p>X</p>		<p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>4 Follow-up</p> <p>The midwife is able to:</p> <p>4.1 - Plan and implement follow-up care for post-eclamptic woman</p> <p>4.2 - Use investigation into maternal death from eclampsia to make changes in service/care</p>	<p>4.1 - Plan regular sessions to monitor progress of woman in postnatal period and identify deviations from normal</p> <ul style="list-style-type: none"> - Plan sessions to communicate effectively with woman and her family and community about continued care, family spacing and planning - Plan sessions to ensure TBAs and other health workers to carry out care plan and follow-up other women at risk <p>4.2 - Confidential enquiry - family, concerned staff</p> <ul style="list-style-type: none"> - Analyse findings - Disseminate information to staff and to community - Evaluate new performance

SESSION 4 - IDENTIFICATION OF SKILLS/TEACHING METHODS/EVALUATION

RELATED UNDERSTANDING	SKILL/COMPETENCE	TEACHING METHOD	WHERE TO TEACH				EVALUATION/ASSESSMENT
			CLASSROOM	HOSPITAL	HEALTH CENTRE	COMMUNITY	
3.1 - Differential diagnosis of fits - Knowledge of immediate and long term care of eclampsia - Knowledge of drugs and appropriate records - Understand complications of eclampsia and dangers of delayed treatment	3.1 - Select, measure dose and administer appropriate sedatives, anticonvulsant drugs and/or IV fluids - Protect woman from injury - prevent asphyxia - provide continuous care and supervision by: . recording vital signs . noting general condition . fluid balance monitoring - Record critical events - Arrange referral as appropriate - Communicate/inform family and community	Reading	X				Theory and practice Practical examinations Supervise practice Case presentation Assess charts and observations Supervise practice Observe practice Written oral test Observation Supervised practice
		Demonstration	X	X	X	X	
		Practice/observation		X	X	X	
		Practice/observation		X	X	X	
		Practice/observation		X	X	X	
		Role play and supervised practice	X		X	X	
				X	X	X	
		Examples and practice	X	X	X	X	
		Practice			X	X	
		Field practice				X	
3.2 - Communication skills - Teaching skills - Administration and management skills	3.2 - Knowledge of pre-eclampsia and eclampsia - Relating, teaching, communication skills	Reading	X				
		Role play	X				
		Field practice	X	X	X	X	
4.1 - Knowledge, attitude and practice (KAP) of normal physiological changes after delivery - Family planning methods and family health, knowledge and teaching skills - Principles of supervision and management - Knowledge of community beliefs and practices - Understanding the value and skills in report/record writing	4.1 - Make a plan for the immediate and long term care of mother and baby - Continue monitoring the condition of mother, B/P, urinalysis, oedema - Ensure maximum cooperation from staff and community in carrying out plan - Counselling/teaching about family planning and provide methods and service delivery - Organise team of enquiry, discussion, review of case notes and records	Example records		X	X	X	Assess records Observe practice Observe practice Observe practice Assess presentation Observe practice Assess questionnaires Observe practice Observe practice Observe practice Observe practice Assessment of case presentation
		Practical experience	X	X	X	X	
		Role play and practice		X	X	X	
		Field practice		X	X	X	
		Role play and practice	X				
		Case study		X	X	X	
		Field practice under supervision				X	
		Demonstration and discussion	X				
		Role play	X				
		Supervised interviews		X	X	X	
4.2 - Communication skills - Knowledge of community beliefs and practices - Report writing - Teaching staff/community	4.2 - Design questionnaire - Make plan for family visit - Interview family members, concerned family practitioners, other care providers - Write findings - Discuss findings with: . community/family . midwifery personnel . maternal health authorities - List changes in practice - Plan learning activities to achieve change - Carry out teaching - Evaluate results	Practice/experience		X	X	X	
		Peer review			X	X	
		Supervised interviews	X	X	X	X	
		Discussion and case review	X	X	X	X	
		Case study	X	X	X	X	

PUERPERAL SEPSIS

SESSION 2 – PROBLEM IDENTIFICATION

SESSION 3 – OBJECTIVE SETTING

COMPONENTS	THEORY		PRACTICE		OBJECTIVES	SUB-OBJECTIVES
	Satisfactory	Needs Attention	Satisfactory	Needs Attention		
<p>1 Community</p> <ul style="list-style-type: none"> - Communities' beliefs, attitudes and practice regarding childbearing and sepsis (eg. the belief that it is normal for a woman to have a fever postpartum) Identify high risk women - Make contact with TBAs and other health workers, find out needs of community - Identify bad practice and advice to community (eg. it is normal to labour 2-3 days with first delivery) - Teaching in the community: families, groups, individuals - Community decision for making referral - Community diagnosis – magnitude of problem and causes 		X		X	<p>Community The midwife is able to:</p> <p>1.1 – Identify community beliefs, attitudes and practices regarding: length of labour delivery practices eg. vaginal examination during labour fever and anaemia postnatal practices transfer of women with fever in labour/after delivery</p> <p>1.2 – Identify high risk women through collection and use of data about women admitted or referred with fever in puerperium</p>	<p>1.1 – Plan and undertake community visits – Plan and conduct simple community surveys – Identify potential sources of information and communicate effectively – Identify information required – Collect, analyze and interpret data – Identify problems and actions required (eg. health education)</p> <p>1.2 – Establish reporting system Develop record keeping skills in midwifery personnel Interpret collected data Provide feedback to midwifery personnel</p>
<p>2 Prevention</p> <ul style="list-style-type: none"> - Basic principles of asepsis and antisepsis - Selection of high risk groups - Education of TBAs, health care workers, mothers and community - Avoiding inappropriate intervention - Avoiding excessive vaginal examinations - Appropriate use of antibiotics - Knowledge of normal/abnormal labour - Diagnosis of sexually transmitted diseases - Malnutrition/anaemia/diagnosis and treatment - Prolonged labour - Utilization of health facilities and resources and educational materials for all levels 		X		X	<p>2 Prevention The midwife is able to:</p> <p>2.1 – Maintain woman in good health during pregnancy</p> <p>2.2 – Manage labour judiciously, following antiseptic and aseptic techniques</p> <p>2.3 – Educate women, TBAs, families, midwifery personnel on safe midwifery practice</p>	<p>2.1 – Identify and manage: anaemia, vaginal infections, other infections – Select women at risk of prolonged or obstructed labour</p> <p>2.2 – Practice aseptic and antiseptic techniques – Prevent prolonged/obstructed labour – Elicit early signs of genital tract infection</p> <p>2.3 – Educate women, families on safe delivery practices – Provide appropriate literature and learning materials for midwifery personnel – Manifest concern for development of midwifery personnel</p>

PUERPERAL SEPSIS

SESSION 4 - IDENTIFICATION OF SKILLS/TEACHING METHODS/EVALUATION

RELATED UNDERSTANDING	SKILL/COMPETENCE	TEACHING METHOD	WHERE TO TEACH				EVALUATION/ASSESSMENT
			CLASSROOM	HOSPITAL	HEALTH CENTRE	COMMUNITY	
1.1 - Culture and social organization of the community - Different methods of collecting data and analysis (eg. observation, interviews and focal group interviews) - Communication skills - Causes, complications, prevention of puerperal sepsis and high risk criteria - Attitude to community - Interpretive/numerical skills	1.1 - Create a plan - Formulate a questionnaire - Interviewing skills - Observation skills - Communication skills - Develop table for analysis - Interpret/report data to staff and community - Prepare timetable to implement plan of intervention	Example/practice Example practice Discussion/demonstration and practice/simulation	X				Peer assessment of plan Assess questionnaires Direct observation Observation visits Observation visits Interview staff/community to assess understanding
		Supervised visits Example/practice Field work Practice and peer criticism	X	X	X	X	
1.2 - Importance of records, causes and complications of puerperal sepsis - Diagnosis of sepsis - Understanding of coverage of maternity care	1.2 - Keep accurate records - Store and retrieve data - Explain importance of record-keeping to midwifery personnel - Prepare and present report - Prepare tables and graphs	Example/practice	X	X	X	X	Observation of quality of data sheets and written records
		Practice record keeping	X	X	X	X	
		Case presentations Peer criticism	X				
2.1 - Principles of antenatal care - Predisposing causes of puerperal sepsis - Women at risk of prolonged/obstructed labour	2.1 - Examine for and elicit signs of anaemia, vaginal infections and other infections (eg. TB, HIV) - Recognize women at risk	Recommended reading Clinical demonstration Community attachment Practical history taking	X	X	X	X	Practical and theory examination of knowledge In-service monitoring In-service monitoring
		Practical history taking	X	X	X	X	
2.2 - Types of infection - Control of infection - Principles of management of labour - Significance of prolonged rupture of membranes	2.2 - Take laboratory specimens and interpret results - Sterilize equipment - Ensure clean surroundings and aseptic techniques - Use partograph - Prepare and administer antibiotics	Practical experience		X	X	X	Observe practice
		Practical experience Practical experience		X	X	X	Observe practice Observe practice
		Demonstration and practice	X	X	X	X	Assess charts/records observations
2.3 - Community attitudes and practices - Understand self-education versus didactic techniques - Development of educational materials, and techniques of education - Value of referral centers in area	2.3 - Teaching and communication skills to explain to women/family/TBA/midwifery personnel - Use educational materials - Encourage discussion/learning and feedback of staff	Supervise practice		X	X	X	Observe practice
		Demonstration and field work Seminars		X	X	X	Observe demonstration
		Seminars	X				Review performance

PUERPERAL SEPSIS

SESSION 2 - PROBLEM IDENTIFICATION

SESSION 3 - OBJECTIVE SETTING

COMPONENTS	THEORY		PRACTICE		OBJECTIVES	SUB-OBJECTIVES
	Satisfactory	Needs Attention	Satisfactory	Needs Attention		
<p>3 Treatment</p> <ul style="list-style-type: none"> - Diagnosis - Selection, prescription, administration of appropriate drugs and monitoring of effect - treat for shock and anaemia - continued care of woman - record keeping - family counselling - diagnosis of complications - transfer for treatment of complicated cases 		X		X	<p>3 Treatment</p> <p>The midwife is able to:</p> <p>3.1 - Diagnose puerperal sepsis</p> <p>3.2 - Plan and implement short term care</p>	<p>3.1 - Identify signs and symptoms of puerperal sepsis</p> <ul style="list-style-type: none"> - Obtain background information <p>3.2 - Plan women's comfort and care</p> <ul style="list-style-type: none"> - Protect others from infection - Treat problems leading to infection - Initiate and monitor antibiotic therapy - Treat for shock, manage pyrexia, treat anaemia - Diagnose complications - Maintain records - Inform family - Recognise possibility of other sources of infection
<p>4 Follow-up</p> <ul style="list-style-type: none"> - Monitoring mother's condition - Referral to other units as necessary - Investigate causes - Supervise TBAs to follow-up - Increase health education family/community - Give appointment for postpartum check up - medical care - Family Planning - Family education about next pregnancy 		X		X	<p>4 Follow-up</p> <p>The midwife is able to:</p> <p>4.1 - Plan, implement and monitor follow up care</p> <p>4.2 - Investigate events leading to maternal death from puerperal sepsis and make appropriate changes</p>	<p>4.1 - Investigate source of puerperal infection and correct practice errors</p> <ul style="list-style-type: none"> - Plan medical follow up and conduct post partum check up - Increase family/community awareness and education/counselling - Utilize and support TBAs for monitoring and follow-up - Ensure family planning <p>4.2 - Collect information from community and midwifery personnel concerned</p> <ul style="list-style-type: none"> - Visit family concerned - Conduct enquiry - Report findings and changes in practice made as result of findings - Evaluate new performance

PUERPERAL SEPSIS

SESSION 4 - IDENTIFICATION OF SKILLS/TEACHING METHODS/EVALUATION

RELATED UNDERSTANDING	SKILL/COMPETENCE	TEACHING METHOD	WHERE TO TEACH				EVALUATION/ASSESSMENT	
			CLASSROOM	HOSPITAL	HEALTH CENTRE	COMMUNITY		
3.1 - Causes and source of infection - Definition of puerperal infection - Dangers of puerperal infection	3.1 - Make a differential diagnosis through thorough examination: general, obstetrical	Reading Clinical demonstration and practice	X	X	X		Written and practical test Direct observation and practice Make correct diagnosis and identify possible source	
3.2 - Nursing care of infected patients - Antibiotics, their use and dangers - Differential diagnosis, TB, AIDS, etc. - Complications of infection - Appropriate techniques of supportive treatment	3.2 - Develop and implement nursing care plan and evaluate care - Select, measure dose and administer IM or IV antibiotic - Isolate women with infection - Take blood/swabs for lab. - Read previous records and make current records - Regularly monitor vital signs: TPR, BP etc. - Start IV therapy as and if appropriate - Talk to women and family	Demonstration and practice		X	X		Assess nursing care plan	
		Clinical practice		X	X	X	Observe practice	
		Clinical practice		X	X	X	Clinical practice attachment	
		Clinical practice		X	X	X	Observe records, reports	
		Clinical practice		X	X	X		
		Role play and practice	X	X	X	X	Observe practice and role play	
4.1 - Investigate techniques - Potential sources/causes of infection - Differential diagnosis - Communication skills - Family planning - knowledge of practices and methods - Knowledge of community culture, resources and referral systems	4.1 - Interview concerned personnel to ascertain practices used and list findings - Communication of findings to all health care workers - Create and use teaching plan related to findings of investigation - Evaluate expected change in performance - Review aseptic techniques, methods of sterilization etc. - Discuss family planning - Start and monitor use of family planning method with mother - Meet and discuss identified community sources of infection with community leaders and groups - Report findings and action taken to authorities - Conduct postpartum examination	Preparation in class Supervised practice	X	X	X	X	Observation Review list created	
		Supervised practice		X	X	X		
		Reading	X					Assess teaching plan and educational methods and resources
		Individual/group work	X	X	X	X		Assess practice
		Supervised practice		X	X	X		Assess practice
		Practical work		X	X	X		Assess practice
		Field work		X	X	X		Review criteria for reducing infection
		Peer discussion and supervised practice	X	X	X	X		
		Supervised practice		X	X	X		Observe group skills and knowledge
		Practical		X	X	X		Evaluate report
		Supervised practice	X	X	X	X	Observe practice	
4.2 - Communication skills - Use of knowledge of community beliefs/practices in preparing questionnaire - Report writing skills - Teaching of midwifery personnel	4.2 - Design questionnaire - Make plan for family visit - Interview - family, IBA, others concerned with the case - Write findings with: . community/family . midwifery personnel . maternal health authorities - List changes in practice - Plan learning activities to achieve change - Carry out teaching - Evaluate results	Demonstration	X				Assess questionnaires	
		Role play	X					
		Supervised interview		X	X	X		Observe practice
		Practical experience		X	X	X		Observe practice
		Peer review	X					
		Supervised discussion		X	X	X		
		Class review	X					Case presentation
		Case studies	X					
		Practice		X	X	X		

ABORTION

SESSION 2 – PROBLEM IDENTIFICATION

SESSION 3 – OBJECTIVE SETTING

COMPONENTS	THEORY		PRACTICE		OBJECTIVES	SUB-OBJECTIVES
	Satisfactory	Needs Attention	Satisfactory	Needs Attention		
<p>1 Community</p> <ul style="list-style-type: none"> - Communities beliefs/attitudes about reproductive health - Adolescent knowledge/beliefs about sexuality and taboos - Desired family size and family planning needs - Attitudes and practice to unwanted/unplanned pregnancy - Communities knowledge of related laws - TBAs knowledge, beliefs and attitudes to reproductive health and family planning - Community/religious/healers attitudes to reproduction, health and family planning - Adolescent reproductive health needs - Community diagnosis of how many women are at risk of unwanted pregnancy and illegal abortion - Communities attitude to midwife 		X		X	<p>Community The midwife is able to:</p> <p>1.1 – Identify the needs and perceptions of the community for family planning</p> <p>1.2 – Identify adolescent reproductive health needs and perceptions</p>	<p>1.1 – Find out number of women at risk of unwanted pregnancy and unsafe abortion</p> <ul style="list-style-type: none"> - Identify social needs and reasons for desired family size with leaders/groups in the community - Identify attitudes toward family planning methods (traditional, modern) - Establish practices relative to unplanned pregnancies <p>1.2 – Find out community perceptions on reproductive health including traditional healers/religious leaders</p> <ul style="list-style-type: none"> - Listen, observe, show respect to adolescents - Gain confidence of adolescents by encouraging questions and answers - Select appropriate methods of communication - Provide information on sexual and health behaviour - Teach self-referral and participation in health education programmes
<p>2 Prevention</p> <ul style="list-style-type: none"> - Using knowledge of community to provide sex/health education, discussions - Identify and counsel high risk groups - Initiate regular interaction with leaders and involved people, TBAs, healers etc. - Provision, organisation, and management of family planning services at <ul style="list-style-type: none"> . clinical level . community based - Skills with methods of family planning - Evaluation of service 		X		X	<p>2 Prevention The midwife is able to:</p> <p>2.1 – Organise and provide and evaluate family planning service</p> <p>2.2 – Identify problems and provide support to women with unwanted pregnancy</p>	<p>2.1 – Provide counselling on health benefits and methods of family planning</p> <ul style="list-style-type: none"> - Select appropriate methods for those warranting family planning at all levels of the health service - Motivate, train and assess other health staff to provide counselling and methods re. FP - Ensure high quality service - Organise community-based distribution <p>2.2 – Recognise risk factors of unwanted pregnancy</p> <ul style="list-style-type: none"> - Identify social needs and support mechanisms - Plan pregnancy care and delivery - Provide counselling relative to social problems

SESSION 4 - IDENTIFICATION OF SKILLS/TEACHING METHODS/EVALUATION

RELATED UNDERSTANDING	SKILL/COMPETENCE	TEACHING METHOD	WHERE TO TEACH				EVALUATION/ASSESSMENT
			CLASSROOM	HOSPITAL	HEALTH CENTRE	COMMUNITY	
1.1 - Knowledge of risk factors associated with undesired pregnancy - Understanding the use and limitations of family planning methods (traditional, modern) - Knowledge of family planning organisation and service points - Understanding of cultural fears and beliefs - Knowledge of magnitude of illicit abortion and abortion laws	1.1 - Plan visit to community - Assess family planning need - Collect statistics on abortion - Find sources of data on distribution of pregnant women - Calculate proportion of women at high risk of abortion/undesired pregnancy - Construct questions - Apply survey methods - Conduct interview	Clinical practice Community attachment Use of hospital/MOH records Visit to central statistical office Required reading Demonstration Field work Role play/practice		X		X	Observed interview/skills Case report Assess data sheets and analysis Written/verbal test Assess communication skills Observed interviewing skills Observed communication Assess content of plan Observe teaching sessions Observed communication
				X		X	
				X		X	
				X	X	X	
				X	X	X	
				X		X	
				X		X	
				X		X	
				X		X	
				X		X	
				X		X	
				X		X	
2.1 - Health workers attitudes to sexuality and family planning - Knowledge of community beliefs and practice of family planning - TBAs beliefs and practice of family planning - Methods of family planning - Knowledge of what constitutes high risk for women of unwanted pregnancy and illicit abortion	2.1 - Organise and manage a family planning service - Explain/teach health benefits and methods of FP especially to high risk women - Counsel women/family to select appropriate method - Provide and teach use of FP method and arrange follow-up - Teach other health staff importance of FP methods - Maintaining records - Ensure adequate supplies	Discussion and practice in field Recommended reading Role play Clinical experience Clinical experience Clinical experience Community attachment Practice Field work	X		X	X	Observe practice Written/oral assessment Observe practice Observe practice Observe practice Observe practice Assess records Inventory of supplies
			X				
			X				
				X	X	X	
				X	X	X	
				X	X	X	
					X	X	
				X	X	X	
				X	X	X	
				X			
				X			
				X			
2.2 - Social and psychological consequence of unwanted pregnancy - Mortality and morbidity as consequence of illicit abortion - Abortion practices - Abortion laws	2.2 - Detect risk factors - Select women for referral to medical officer, social services - Manage pregnancy - Encourage questions and discussion (communication) - Explain/teach about risk of induced abortion as required	Recommended reading Practical case study and experience Supervised experience Supervised experience Supervise teaching/interviews	X				Case identification and clinical record Discussion and assessment of cases Case presentation and practice Assess communication in practice
			X	X	X	X	
			X	X	X	X	
			X	X	X	X	
			X	X	X	X	
			X	X	X	X	

ABORTION

SESSION 2 - PROBLEM IDENTIFICATION

SESSION 3 - OBJECTIVE SETTING

COMPONENTS	THEORY		PRACTICE		OBJECTIVES	SUB-OBJECTIVES
	Satisfactory	Needs Attention	Satisfactory	Needs Attention		
<p>3 Treatment</p> <ul style="list-style-type: none"> - Counselling/care of women with unwanted pregnancy - Referral and knowledgeable use of resources - Digital evacuation of uterus - Fluid replacement - Prescription/use of antibiotics - Prescription/use of oxytocics - General treatment for shock - General nursing care and family counselling - Check for unsuspected injuries - Check renal function - Appropriate referral 		X		X	<p>3 Treatment</p> <p>The midwife is able to:</p> <p>3.1 - Care for a woman with an inevitable abortion whether it is spontaneous or induced</p>	<p>3.1 - Take a full history</p> <ul style="list-style-type: none"> - Identify problems with present pregnancy - Initiate appropriate treatment: <ul style="list-style-type: none"> . IV fluid therapy . Antibiotic therapy . Emergency evacuation - Organize referral as appropriate - Provide emotional, psychological support - Monitor general condition and identify changes
<p>4 Follow-up</p> <ul style="list-style-type: none"> - Of all high risk women with family planning counselling - Post abortion counselling and support - Criteria for referral - Investigation at family, community level of: <ul style="list-style-type: none"> . all septic abortions . related deaths - Correct anaemia 		X		X	<p>4 Follow-up</p> <p>The midwife is able to:</p> <p>4.1 - Plan the follow-up care of a woman who has had an abortion</p> <p>4.2 - Investigate events leading to maternal death from abortion</p>	<p>4.1 - Provide physical, psychological rehabilitation</p> <ul style="list-style-type: none"> - Monitor and treat anaemia - Educate woman on dangers of post abortion bleeding - Help woman make decisions about family planning - Provide health education <p>4.2 - Find appropriate person for interview</p> <ul style="list-style-type: none"> - Gain confidence of family/friend - Maintain confidentiality of information - Identify social causes for occurrence - Demonstrate encouragement and sympathy to friends and family

ABORTION

SESSION 4 – IDENTIFICATION OF SKILLS/TEACHING METHODS/EVALUATION

RELATED UNDERSTANDING	SKILL/COMPETENCE	TEACHING METHOD	WHERE TO TEACH				EVALUATION/ASSESSMENT
			CLASSROOM	HOSPITAL	HEALTH CENTRE	COMMUNITY	
<p>3.1 - Causes of inevitable abortion</p> <ul style="list-style-type: none"> - Signs and symptoms of abortion - Understanding of social problem of abortion and fears - Dangers of haemorrhage from abortion - Complications of septic abortion - Knowledge and importance of life-saving procedures - Knowledge of social impact of loss 	<p>3.1 - Recognize signs of induced abortion</p> <ul style="list-style-type: none"> - Examine for signs of septic abortion and injury - Start IV infusion/blood replacement - Evacuate uterus in emergency - Refer woman to appropriate level (communication) - Demonstrate counselling skills - Monitor physical condition, record accurately the vital signs - Measure and record urinary output 	<p>Reading</p> <p>Clinical demonstration and practice</p> <p>Clinical practice</p> <p>Observation and clinical practice</p> <p>Field work – clinical practice</p> <p>Clinical practice</p> <p>Supervised practice</p>	X	X	X	X	<p>Written assessment</p> <p>Observe practice</p> <p>Observe practice</p> <p>Role play and practice</p> <p>Assess records</p> <p>Observe practice</p> <p>Monitor records</p>
<p>4.1 - Sequelae of abortion – physical, psychological</p> <ul style="list-style-type: none"> - Importance of counselling about prevention of future abortion - Health education 	<p>4.1 - Encourage questions and discussion on event</p> <ul style="list-style-type: none"> - Take haemoglobin count and give haematinics - Educate about importance of taking iron and folic acid and healthy diet - Advice on possible post abortion problems e.g. bleeding, fever - Educate and encourage visit to family planning clinic - Make appointment for follow-up 	<p>Demonstration + clinical practice</p> <p>Practice</p> <p>Reading and practice</p> <p>Practice</p> <p>Role play and practice</p> <p>Clinical practice</p>	X	X	X	X	<p>Observe practice</p> <p>Written question</p> <p>Observe practice</p> <p>Observe practice</p> <p>Observe practice</p>
<p>4.2 - Awareness of secrecy surrounding illicit abortion</p> <ul style="list-style-type: none"> - Uses and limitation of information collection relative to abortion - Psychological and social stigma regarding abortion - Legal problems associated with death due to abortion - Understanding reactions to situation and to the loss by friends and relatives 	<p>4.2 - Design questionnaire</p> <ul style="list-style-type: none"> - Make plan for family visit - Interview and counsel concerned <ul style="list-style-type: none"> . family members . traditional practitioner . other care providers - Write findings - Discuss findings with: <ul style="list-style-type: none"> . family . midwifery personnel . maternal health authorities 	<p>Demonstration and discussion</p> <p>Supervised interviews</p> <p>Practical experience and peer review</p> <p>Role play</p> <p>Clinical</p> <p>Practical</p>	X	X	X	X	<p>Assess plan and questionnaire</p> <p>Observe practice</p> <p>Observe practice</p> <p>Observe practice</p>

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