



# Community Midwifery Curriculum



Pakistan Nursing Council  
Islamabad

## Acknowledgment

The need for “Standardization of CMW Training” was identified by Pakistan Nursing Council (PNC) and the MNCH Programme. The assignment was commissioned by Technical Resource Facility (TRF), in collaboration with United Nations Fund for Population (UNFPA). We would like to take this opportunity to thank all those who supported this assignment.

We are grateful to the technical oversight group for their extensive support throughout the assignment. In particular, we would like to acknowledge technical guidance of Drs. Najma Lalji and Mobashir Malik, the focal persons from TRF and UNFPA respectively, and for steering the process.

We would also like to express our gratitude to the technical review group for their expert and relevant input on the substance and material of this assignment. Our special thanks to Dr. Rafat Jan, Ms. Imtiaz Kamal, Ms Farida Shah, Ms. Pushtoon and Drs. Sher Shah and Syeda Kausar Ali.

Last but not least, this assignment study could not have been possible without the active participation of those individuals who are been working in different capacities in the community midwifery programmes. These include principals of CMW schools, directors of the CMW examination boards and tutors. They were been actively engaged several times during this assignment to provide feedback and suggestions. We are thankful to all of them for consistently providing their valuable time, energy and all the necessary information.

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## Foreword

The attainment of competent and proficient female community-based midwives is primarily dependent on the provision of a high quality and robust national training programme. In order to function effectively as health professionals in meeting standards of service provision, community midwives need to conform to a professional and ethical framework. There is an ongoing need to: standardize training through consensus with stakeholders; adequately assess performance on a defined body of knowledge and provide support to deliver a standardized service.

In Pakistan the National Maternal Neonatal and Child Health (MNCH) Programme, government of Pakistan, introduced the community midwifery training programme in 2008. The initiative was supported by Pakistan Nursing Council (PNC) and development partners. As the programme evolved, the curriculum and education material were developed and training was started. All the stakeholders including PNC, MNCH and development partners were interested to improve the quality of the midwifery programme. Therefore an evaluation of the midwifery training programme was conducted in 2010 by MNCH and PNC with support from TRF. The study recommended review and standardization Community Midwifery training curriculum.

The standardization of the curriculum was started off in March 2011 with support from Technical Resource Facility (TRF) and United Nations Fund for Population (UNFPA). A consultative process was adopted in which experts from; midwifery education, Gynecology and Obstetrics, academics and health systems were involved. In addition inputs were also taken from community midwifery tutors who have firsthand experience of teaching community midwives. The current curriculum is the outcome of this process.

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## List of Abbreviations

ANC	Ante-Natal Care
APGAR	Appearance, Pulse, Grimace, Active, Respiration
AMSTL	Active Management of Third Stage of Labour
APH	Ante-Partum Haemorrhage
AIDS	Auto-Immune Deficiency Syndrome
BF	Breast Feeding
CMW	Community-based Midwives
DHD	District Health Department
DHQ	District Headquarters
FP	Family Planning
GoP	Government of Pakistan
HIV	Human Immunodeficiency Virus
IMNCI	Integrated Management of Neo-natal and Child health
IPC	Inter-Personal Communication
LBW	Low Birth Weight
LHS	Lady Health Supervisor
LHW	Lady Health Worker,
LHV	Lady Health Visitor,
MMR	Maternal Mortality Ratio
MDG	Millennium Development Goals
MNCH	Maternal Neonatal and Child Health
NNC	Neo-Natal Care
NEB	Nursing Examination Board
OBGY	Obstetrics and Gynecology
PNC	Pakistan Nursing Council

PHC	Primary Health Care
PET	Pre-Eclampsia
PPC	Post-Partum Care
PPH	Post-Partum Haemorrhage
PCC	Patient-Client Communication
SoW	Scope of Work
THQ	Taluka Headquarters
WMO	Women Medical Office

## Part I

### 1. Background

Pakistan is a developing country where morbidities during pregnancy and childbirth are the leading causes of death and disability among women during their reproductive years (20%).<sup>1</sup> The Maternal Mortality Ratio (MMR) is unacceptably high (276/100,000 live births); almost double in rural areas. The majority (66-75%) of deliveries in these areas are conducted by unskilled attendants; a probable causal factor for high MMR and morbidity burden. The subordinate social status of Pakistani women is the root cause for failing to access skilled care<sup>2</sup>, though non-availability of trained female healthcare providers<sup>3</sup> at the community level contributes significantly<sup>4</sup>.

Being signatory to Millennium Development Goals (MDG), the government of Pakistan is determined to improve the health of mothers and children directly linked with goals 4 and 5. However, shortages in the health workforce, especially in rural areas and specifically of female healthcare provider, has negative consequences for the health of mothers and children since gender norms<sup>5</sup> limit health service utilization at secondary level and above, even when essential. There is a need therefore to have a female community-based workforce in rural areas trained and skilled to provide standardized maternal and newborn care. This workforce can also be utilized to provide family planning services; key element of reproductive health which can have a significant impact on improving maternal and neonatal health status and in contributing to bringing down the current maternal and neo natal mortality rate.

Responding to this need, the Government of Pakistan (GoP) under the Maternal Neonatal and Child Health (MNCH) programme has introduced a new cadre of Community-based Midwives (CMWs) who are given training in order that they may meet the international definition of skilled birth attendants.

This new cadre of 'Community Midwife', following graduation from an 18 month training course, is expected to act as front line provider of care to women and newborns throughout

<sup>1</sup> Pakistan Demographic and Health Survey 2006-2007. National Institute of Population Studies, Islamabad, Pakistan. Columbia MA: IRD/Macro International

<sup>2</sup> Qureshi AF, A situation analysis and recommendations for Evidenced-based approached, Strategies for integrated maternal and child care in Pakistan in community setting. National Consultation on "Maternal and child health and family planning in Pakistan: Planning for the future", Islamabad. January 7-9, 2003, Background Papers

<sup>3</sup> Working Together for Health, The World Health Report 2006 NR Women's health Needs and health Policy

<sup>4</sup> Pakistan Country Gender Assessment 2005 Bridging the gender gap opportunities and challenges Washington D. C The World Bank 2005.

<sup>5</sup> NR Women's health Needs and health Policy



the country with special emphasis on Pakistan's largely rural population. The MNCH Programme target is to train 12,000 CMWs (1 for 5000-10000 population) and to deploy them within communities to provide a link between the home-based care and the secondary and tertiary levels.

## 2. Philosophy of Midwifery

Midwifery is as an art and a science that has developed over thousands of years. But over the centuries midwifery practice has undergone numerous developments and has been fine tuned according to latest advances in this particular science. Both the art and science of midwifery can be perfected only by constant and correct practice based on up to date knowledge. Therefore the modern midwife has to be equipped with up to date knowledge in order to be competent in her practice. The competent midwife herself should always be eager and ready to learn and equip herself with new developments in this old art.

Conception, pregnancy, delivery and the Puerperium are natural processes and in most cases require no external assistance but the role of the midwife is in the provision of guidance to ensure safe completion of these processes. Providing direct service and counseling to the mother and for the neonate through a continuum of care is the community midwife's primary duty. In this sense her job comprises the preventive, promotive and curative sides of maternity and new born care. Family planning is another area of her work in which the midwife plays a key role. The community midwife guides couples in matters related to family planning /birth spacing. She has knowledge of contraceptive methods that are available in the country and the capacity to supply a range of methods as appropriate. This work is particularly vital in poor, remote and conservative sections of Pakistani population where there is limited access to family planning services.

Community midwife, being deployed in a specific community, has to make independent and sound decisions concerning the provision of safe and efficient antenatal, intra natal and postnatal care to the mother and the neonate, seeking medical assistance when deviations from the normal are anticipated, suspected or diagnosed. She has to be aware of her professional boundaries as prescribed by the regulatory mechanisms governing her professional practice and must not cross these. Since professional duty of the community midwife is provision of community based care to the mother and newborn of her catchment population, she should have a good understanding of people's lives, their social and cultural attitudes and norms and values. This requires her frequent interactions with community leaders, social activists and community members.

### 3. Community Midwifery Education Programme

The CMW education program is an eighteen months midwifery course that has been designed for training rural females as midwives who can provide maternal and newborn care to women and children of their communities. Rural females meeting the CMW eligibility criteria enter into this program through formal selection process. The selection criteria are given in annex (Annexure-1: Selection Criteria).

#### 3.1 Goal of the Programme

The goal of this midwifery education course is to contribute towards improvement in the health of the mothers and children and bring reduction in maternal and neonatal mortality.

#### 3.2 Objectives of the Programme

Objectives of the programme are to:

- Prepare competent community midwives
- Integrate CMWs in Pakistan's Health Care system

#### 3.3 Curriculum

CMWs education programme is based on the Midwifery Model of Care that primarily follows the principle that pregnancy and birth are normal life events. The model is:

- Woman-centered, encompassing the needs of the mother, the baby, the woman's family and community as identified by the woman herself;
- A continuum of care which addresses women, their families, the community and health institutions; and
- 'Holistic' in terms of addressing the woman's social, emotional, physical, psychological, spiritual and cultural needs and expectations.

Midwifery nevertheless recognizes the woman's rights in decision making and choice of caregivers and place of delivery. As a result therefore, a community midwife has to become, in different times and places according to need, a healthcare provider, manager, researcher, educator and advocate, at times even a women's health politician<sup>6</sup>.

Based on this conceptual model, the CMW curriculum has been designed. Since

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<sup>6</sup> Community Midwifery Training Manual Developed by Pakistan Nursing Council, National Maternal Newborn and Child Health Program 2010

CMW is a specific and specialized cadre that has to provide safe and effective midwifery care to mothers and newborns independently in the community, in addition to knowledge, competence on essential technical skills is vital. Moreover, learning is an active process, which evolves from the acquisition of theoretical knowledge incorporated with life experiences. Keeping these factors in mind, the CMW curriculum has been divided into two major components: (1) teaching knowledge (25%); and (2) hands on practical training (75%) in demonstration labs, and the clinical and community settings.

The theoretical component covers conceptual knowledge of: current situation of mother and newborn health and its determinants, the role of midwifery within this situation; body parts and their functions, sources of infection and measures to prevent infection, drugs used in midwifery, information and its use, linkages and their significance, professional and ethical rules and frameworks. Both knowledge and practical skills are taught concerning the management of care for mothers and babies during the pre-conceptual, ante-natal, natal and post-natal period; communication and counseling; data collection and management and development of linkages with community members and leaders, and health providers within and outside public health system.

After successful completion of the training the community midwife certified by Pakistan Nursing Council (PNC) is expected to serve in the community she has been selected from. She has to perform duties as per her Scope of Work that has been drawn from an agreed set of skills and competencies for community midwives in Pakistan adapted from ICM competencies.

### 3.4 Teaching Methodologies

Learning is promoted in an environment which supports freedom of thought, independent inquiry, and open communication together with mutual exchange of ideas. It is a cognitive process that includes comprehension, application, analysis, synthesis and evaluation, however, influenced by factors such as perceptions, attitudes, motivation and values.

Being cognizant with these facts, the community midwifery educational programme has been designed by making use of a variety of teaching methodologies to promote learning and facilitate the ability to integrate concepts, principles, and values. Learners are provided with a range of theoretical, simulated and clinical learning experiences and, as learning progresses, learners are encouraged to reflect on and assess their own learning needs related to their ideas and actions associated with midwifery. Lecturers, tutors, clinical trainers and students share responsibility for the continual and systematic evaluation of

learning, the quality of learning outcomes, and the contribution of the school and hospitals to midwifery care in the communities which they serve.

Various teaching/training methodologies that will be utilized throughout the education program include; lectures, demonstrations, return demonstrations, case scenarios, role plays, simulations and hands on training. For skill training, all trainees will undergo four levels of training; observation, assisted training, performance under supervision and independent performance of procedures. The list of procedures and their minimum number that trainee is expected to do is given in annexure (Annexure-2: List and Minimum Number of Procedures).

### 3.5 CMW Educational Programme

**Concept of Midwifery Training Institution:** In the past only community midwifery schools were held responsible for the training of midwives. This in fact is contrary to the actual practice. The two major components of the CMW curriculum require specific settings: (1) Knowledge (25%) should be taught at CMW School; and (2) Skills (75%) should be imparted at hospital (DHQ/THQ) and community. Hence the midwifery school and the DHQ/THQ collectively should be considered as one training institution. In addition, to provide domiciliary midwifery experience to CMWs, each training institution must arrange 2 weeks community orientation process (Annexure-3: Community Placement).

**Operationalization of CMW Training:** The operationalization of such a training programme entails involvement of multiple stakeholders working in different institutions such as CMW School, training hospital and District Health Department (DHD). Even within the training hospital, various departments are involved for instance Obstetrics and Gynecology Department (OBGY), paediatrics, and nursing. An extensive and comprehensive planning with clear roles and responsibilities of all stakeholders working in different institutions and departments is crucial.

The proposed framework for the training in terms of stakeholders involved and resources required and activities that take place along with proposed mentors is given in annex (Annexure-4: Clinical Training).

The objective and minimum requirements of each training component are given below:

**Teaching Knowledge at CMW School: Objective and Requirements:** CMW School (Teaching/DHQ/THQ) teaching is a fundamental component of the Community Midwifery teaching/training programme. It constitutes a major (25%) proportion of the education programme. It is spread throughout the 18 month period of the course.

**Objective:** The objective of the theory teaching is to impart concepts and provide an opportunity to apply learned concepts through case scenarios, role plays and simulation exercises under close mentorship and supervision.

**Minimum Requirement of the CMW School:** The minimum requirement of the CMW School will be as per PNC standards.

**Training Skills at CMW Training Hospital: Objective and Requirements:** Hospital (Teaching/District Headquarters/Taluka Headquarters) clinical training is an integral component of the Community Midwifery teaching/training programme. It constitutes a major (75%) proportion of the education programme. It is built-in within each unit and module, and is spread throughout the 18 month period of the course.

**Objective:** The objective of the clinical training is to provide an opportunity of hands on practice to students under close mentorship and supervision.

**Minimum Requirement of the CMW institute:** The minimum requirement of the CMW training hospital will be as per PNC standards.

### 3.6 Community Midwifery Examination Rules and Policies

The midwifery examination system has to follow the rules of the provincial Nursing Examination Board (NEB). In order to be eligible to sit in the exam each student must have attended a minimum of 85 % of Interactive discussions and practical on job training respectively. This should be supported by a certificate by the head of the institution, prior to the examination. The fee for examination will be as per NEB policy.

Theory and skills must be cleared separately, the minimum passing marks required to be obtained in all subjects will be as follow:

- Written 50%
- OSCE 75%

However, passing marks for skill assessment will be increased to 75% in phased manner, over a period of five years. PNC will announce minimum passing score for skills, on yearly basis.

**Community Midwifery Examination System:** The examination system is comprised of:

**Internal Examination:** At the end of 10 weeks, there will be an internal examination to be arranged by the midwifery school. Students unsuccessful will be reexamined after 4 weeks. If unable to clear the second attempt the student will be excluded from the course.

**Nursing Examination Board (NEB):** After completion of the course, the students will appear in the NEB examination.

#### 4. Scope of Work (SoW)

Community midwife certified by PNC is expected to perform duties in the community she has been selected from as per her Scope of Work. This SoW has been drawn from an agreed set of skills and competencies developed for community midwives in Pakistan that has been adapted from International Confederation of Midwives (ICM) competencies 2010. The list of competencies developed for community midwives in Pakistan is given in annex (Annexure-5: List of Competencies for Community Midwives in Pakistan).

The major areas of her SoW are: assessment and management of pregnant women and the newborn independently during the antenatal, natal, postnatal and neonatal period; identification of danger signs of antenatal, natal, postnatal and neonatal periods and refer timely; and health promotion through education, motivation and counseling. In order to accomplish her SoW she therefore has to be a good team member of the public health team and communicator. She should provide midwifery care in line with professional ethics respecting women's right to information, health and life. For provision of quality midwifery care, she should keep her educational and professional knowledge up-to-date by actively seeking support from appropriate sources.

CMWs detailed SoW is give below:

##### Pre-Natal

- Assess nutritional status of women and give appropriate advice and treatment to women with micronutrient deficiency e.g. iron deficiency anaemia
- Describe signs of pregnancy
- Identify pregnant women in the community
- Persuade and register pregnant women to receive Ante-Natal Care (ANC).

- Manage normal pregnancy that includes managing minor discomforts and infections (Moniliasis, Trichomoniasis, Urinary Tract Infections) of pregnancy and refer to appropriate personnel/facility for immunization
- Identify danger signs of pregnancy and manage complications as per protocols that include appropriate and timely referral.
- Assess for selected acute and chronic communicable (Tuberculosis, Malaria, Hepatitis B and C, Gonorrhea, Chlamydia, Syphilis, Human Immunodeficiency Virus, Dengue) and non-communicable (hypertension, heart diseases, Diabetes Mellitus and Asthma) conditions that could put mother and baby at risk and manage these as per protocols.
- Guide and facilitate pregnant women and their families to get prepared for birth keeping in view three delays.
- Educate pregnant women regarding: care during pregnancy including guidance on diet, rest, hygiene, exercise, suitable clothing and sexual practices; breastfeeding and the importance of colostrum and initiating breast feeding as early as possible after delivery; and birth spacing

#### **Intra natal**

- Identify when a woman is in true labour
- Prepare the environment and materials to ensure clean and safe delivery following the infection prevention protocols
- Regularly monitor progression of labour by using partograph
- Provide midwifery care including physical and emotional support to the mother throughout labour and delivery
- Identify danger signs in the first, second or third stages of labour, manage complication as per protocols that includes appropriate and timely referral

#### **Post Natal**

- Provide post natal care immediately and in first 6 weeks post partum, particularly during the first 28 days.
- Help mother initiate breast feeding and manage any feeding or breast related problems.
- Identify danger signs of post-natal complications and manage these as per protocols that includes appropriate and timely referral
- Educate women regarding: self and baby care including guidance on diet, rest, hygiene, exercise, suitable clothing and sexual practices; exclusive breastfeeding and weaning; immunization of the newborn; and birth spacing
- Counsel for birth spacing and provide family planning supplies

- Register births and deaths.

### **Newborn care**

- Provide immediate care to the newborn according to the protocol
- Manage minor disorders of the newborn.
- Identify danger signs in newborn and manage these as per protocols that includes appropriate and timely referral
- Educate mothers regarding care of the newborn including clean cord care, eye care, warmth, immunization, nutrition, breast feeding, clothing and hygiene.

### **Community Based Midwifery Care**

- Assess her community using rapid assessment techniques
- Build linkages with existing health care providers, facilities, leaders and influential people of the community
- Accurately collect record, interpret and use essential information and submit reports monthly to the Lady Health Supervisor (LHS).
- Regularly interact with health providers of public health system (Lady Health Worker, Lady Health Visitor, Women Medical Officer) for rapport building and two way feedback
- Function as an effective member of health systems team to ensure continuity of care to mother and newborn
- Practice midwifery within the legal and ethical framework

### **Miscellaneous**

- Identify and manage infertility and sexually transmitted infections as per protocols that includes appropriate and timely referral
- Provide appropriate support to parents who have lost a baby
- Provide education and counseling to women on sexual health, ill effects of smoking, chewing tobacco, beetle nuts, alcohol abuse and illicit drugs and violence
- Actively seek support for improving midwifery related competencies



## 5. Introduction to the Course

Time Distribution of Topics for Midwifery Curriculum Summary

Description	Hours
Theory	612
Practical	1836
Total	2448

Topic	Theory	Practice		Total Hours	
		Skill Lab/Group Work	Hospital/Community		
Unit-1: Health, Maternal and newborn Health and CMW					
1.1	Health and health situation of mother and newborn and role of society and culture in MNCH	8	22	6	36
1.2	Safe motherhood and Pakistan's health system providing maternal and child health services	14	20	10	44
1.3	Community, Midwifery and Midwife's roles & responsibilities (linkage building, record keeping, referral)	4	8	12	24
1.4	Introduction to the course	6	0	12	18
	Sub Total	32	50	40	122
	Sub Total	32	90		122
Unit-2: Foundation					
2.1	Body parts and functions	8	38	00	46
2.2	Drugs relevant to community midwifery	6	13	6	25
2.3	Infection prevention	6	16	12	34
2.4	Individual and Community Health assessment including first aid	18	25	30	73
2.5	Community-based first level midwifery care	15	22	29	66

2.6	Information and its use	9	16	12	37
2.7	Health Education and communication (PCC & IPC)	9	16	12	37
	Sub Total	71	146	101	318
	Sub Total	71	247		318
Unit 3 Pregnancy, its complications and Ante-Natal Care (ANC)					
3.1	Human reproduction	8	22	0	30
3.2	Nutrition of women (anaemia)	8	12	10	30
3.3	Preparing for pregnancy, and Infertility	8	12	10	30
3.4	Physiological and psychological changes during pregnancy	8	12	10	30
3.5	Ante-natal care	30	20	72	122
3.6	Birth preparedness and emergency plan (Place of Delivery)	14	18	30	62
3.7	Bleeding in pregnancy	22	26	44	92
3.8	Hypertensive disorders of pregnancy	22	26	44	92
3.9	Pregnancy with infections	15	22	25	62
3.10	Pregnancy with Diabetes Mellitus	14	18	30	62
	Sub Total	150	188	275	612
		149	463		612
Unit 4 Labour and Childbirth, its Complications and Skilled Care during Labour					
4.1	Principles of care during labour and birth	18	22	33	73
4.2	Physiology and management of First Stage Of Labour	56	66	99	221
4.3	Physiology and management of Second Stage of Labour	56	66	99	221
4.4	Physiology and management of Third and Fourth stages of Labour	18	22	33	73
4.5	Prolonged and obstructed labour	18	22	33	73
4.6	Post partum hemorrhage (PPH)	18	22	33	73

	Sub Total	184	220	330	734
	Sub Total	184	550		734
Unit 5 Newborn and Infant Health (10%)					
5.1	Physiology and Requirements of Newborn	6	8	10	24
5.2	Essentials Of Newborn Care including Low Birth Weight (LBW), Hypothermia, Birth Asphyxia, Congenital Abnormalities Infections Feeding Disorders	15	18	29	62
5.3	Breast Feeding	6	8	10	24
5.4	Feeding Difficulties and Disorders	15	18	29	62
5.5	Development in the first year	6	8	10	24
5.6	Major newborn Illnesses and Community-Based Integrated Management Of Newborn (IMNCI) illnesses	13	14	22	49
	Sub Total	61	74	110	245
	Sub Total	61	184		245
Unit 6: Puerperium and Post Natal Care (PNC)					
6.1	Physiology Of Puerperium	12	14	22	48
6.2	Postnatal Care and management of post-natal complications	37	46	66	149
6.3	Birth Spacing and Post-Abortion Care	15	23	57	95
	Sub Total	64	83	145	292
	Sub Total	64	228		292
Unit 7: Preparing for Professional Practice					
7.1	Professional and Ethical Framework and Regulation and Legislation Relevant To Midwifery Practice In Pakistan	8	8	8	24
7.2	Evidence-based decision making	15	18	29	62
7.3	Quality of care	9	10	17	36

## Community Midwifery Educational Programme

	Sub-total	32	36	54	122
	Sub-total	32	90		122
	Total	612	918	789	2448
	Grand Total	612	1836		2448

## 6. Academic Calendar

Calculation of Hours for making the academic calendar:

- The 18-month program is divided into 6 Quarters; 4 weeks of annual leave and 3 weeks for exam preparation
- Each Quarter has 3 months – 12 weeks (13 weeks for the months which are of 5 weeks)
- Each week has 6 working days - Monday through Saturday
- Each working day is of 6 hours - 8am – 2pm - except for Fridays are of 4 hours - 8 am – 12 noon, hence 34 hours/ week
- Therefore each quarter are computed as follows:
  - $34 \text{ hours /week} * 12 \text{ weeks} = 408 \text{ hours / Qtr}$
  - $408 \text{ hours} * 6 \text{ Qtrs.} = 2448 \text{ hours for total program}$
- It should however be remembered that the working hours during clinical/community training will be more than 6 hours/day. The course will therefore complete earlier and the time saved will be utilized for annual leave and exam preparation.

Quarter 1			
Week 1	Week 2	Week 3	Week 4
<p>Classroom session Unit 1.1 = 8 hours</p> <p>Practice session Unit 1.1:skills lab =22 hours Unit 1.1-Visit to community = 6 hours</p>	<p>Classroom session Unit 1.2 = 14 hours</p> <p>Practice session Unit 1.2: skills lab = 20 hours</p>	<p>Classroom session Unit 1.3 = 4 hours</p> <p>Practice session Unit 1.2: Hospital/Community = 10 hours Unit 1.3: skills lab = 8 hrs. Unit 1.3: Hospital/Community = 12 hrs.</p>	<p>Classroom session Unit 1.4 = 6 hrs. Unit 2.1 = 8 hrs.</p> <p>Practice session Unit 1.4: Hospital/Community = 12 hrs. Unit 2.1: skills lab = 10 hrs.</p>
Week 5	Week 6	Week 7	Week 8
<p>Classroom session Unit 2.2 = 6 hrs</p> <p>Practice session Unit 2.1: skills lab = 28 hrs.</p>	<p>Classroom session Unit 2.3 = 6 hrs</p> <p>Practice session Unit 2.2: Skills lab Skills lab = 13 hrs. Unit 2.2: Hospital/Community =6 hrs. Unit 2.3: Skills lab Skills lab = 9 hrs.</p>	<p>Classroom session Unit 2.4 = 18 hrs</p> <p>Practice session Unit 2.3: Skills lab Skills lab = 7 hrs. Unit 2.3: Hospital/Community =12 hrs.</p>	<p>Practice session Unit 2.4: Skills lab =25 hrs. Unit 2.4: Hospital/Community =9 hrs.</p>
Week 9	Week 10	Week 11	Week 12
<p>Classroom session Unit 2.5 = 13 hrs.</p> <p>Practice session Unit 2.4: Hospital/Community =21 hrs.</p>	<p>Classroom session Unit 2.5 = 2 hrs.</p> <p>Practice session Unit 2.5: Skills lab = 22 hrs. Unit 2.5: Hospital/Community = 10 hrs.</p>	<p>Classroom session Unit 2.6= 9 hrs</p> <p>Practice session Unit 2.5: Hospital/Community = 19 hrs. Unit 2.6: Skills lab = 6 hrs.</p>	<p>Classroom session Unit 2.7 = 9 hrs. Practice session Unit 2.6: Skills lab = 10 hrs Unit 2.6: Hospital/Community = 12 hrs.</p>
Quarter 2			
Week 1	Week 2	Week 3	Week 4
<p>Classroom session Unit 3.1 = 8 hrs.</p> <p>Practice session</p>	<p>Classroom session Unit 3.2= 8 hrs.</p> <p>Practice session</p>	<p>Classroom session Unit 3.3 =8 hrs.</p> <p>Practice session</p>	<p>Classroom session Unit 3.4 =8 hrs.</p> <p>Practice session</p>

## Community Midwifery Educational Programme

Unit 2.7: Skills lab = 16 hrs. Unit 2.7: Hospital/Community = 12 hrs.	Unit 3.1: Skills lab =22 hrs.	Unit 3.2: Skills lab =12 Unit 3.2: Hospital/Community =10 hrs.	Unit 3.3: Skills lab =12 Unit 3.3: Hospital/Community =10 hrs.
Week 5	Week 6	Week 7	Week 8
Classroom session Unit 3.5 =12 hrs.  Practice session: Unit 3.4: Skills lab =12 hrs. Unit 3.4: Hospital/Community =10 hrs.	Classroom session Unit 3.5 =18 hrs.  Practice session Unit 3.5: Skills lab =20 hrs.	Practice session Unit 3.5: Hospital/Community =36 hrs.	Practice session Unit 3.5: Hospital/Community =36 hrs.
Week 9	Week 10	Week 11	Week 12
Classroom session Unit 3.6= 14 hrs.  Practice session Unit 3.6: Skills lab = 18 hrs.	Practice session Unit 3.6: Hospital/Community = 30 hrs.	Classroom session Unit 3.7 = 22 hrs.  Practice session Unit 3.7: Skills lab = 12 hrs.	Practice session Unit 3.7: Skills lab = 14 hrs. Unit 3.7: Hospital/Community = 20 hrs.
Quarter 3			
Week 1	Week 2	Week 3	Week 4
Classroom session Unit 3.8= 12 hrs. Practice session Unit 3.7: Hospital/Community = 24 hrs.	Classroom session Unit 3.8= 10 hrs.  Practice session Unit 3.8: Skills lab=26 hrs.	Practice session: Unit 3.8: Hospital/Community =34 hrs.	Classroom session Unit 3.9= 15 hrs.  Practice session: Unit 3.8: Hospital/Community =10 hrs. Unit 3.9: Skills lab=10 hrs.
Week 5	Week 6	Week 7	Week 8
Practice session: Unit 3.9: Skills lab=12 hrs. Unit 3.9: Hospital/Community =25 hrs.	Classroom session Unit 3.10= 14 hrs.	Practice session Unit 3.10: Hospital/Community =30 hrs.	Classroom session Unit 4.1= 18 hrs  Practice session

	Practice session: Unit 3.10: Skills lab=18 hrs		Unit 4.1: Skills lab=16 hrs.
Week 9	Week 10	Week 11	Week 12
Practice session Unit 4.1: Skills lab=6 hrs. Unit 4.1: Hospital/Community =28 hrs.	Classroom session Unit 4.2 =29 hrs.  Practice session Unit 4.1: Hospital/Community =5 hrs.	Classroom session Unit 4.2 =27 hrs. Practice session Unit 4.2: Skills lab=7 hrs.	Practice session Unit 4.2: Skills lab=34 hrs.
Quarter 4			
Week 1	Week 2	Week 3	Week 4
Practice session Unit 4.2: Skills lab== 25 hrs Unit 4.2: Hospital/Community =9 hrs.	Practice session: Unit 4.2: Hospital/Community =34 hrs.	Practice session Unit 4.2: Hospital/Community =34 hrs	Classroom session Unit 4.3 =12 hrs.  Practice session Unit 4.2: Hospital/Community =22 hrs.
Week 5	Week 6	Week 7	Week 8
Classroom session Unit 4.3 =34 hrs.	Classroom session Unit 4.3 =10 hrs. Practice session Unit 4.3: Skills lab== 24 hrs.	Practice session Unit 4.3: Skills lab== 34 hrs.	Practice session Unit 4.3: Skills lab= 8 hrs. Unit 4.3: Hospital/Community =26 hrs.
Week 9	Week 10	Week 11	Week 12
Practice session Unit 4.3: Hospital/Community =34 hrs.	Practice session Unit 4.3: Hospital/Community =34 hrs.	Classroom session Unit 4.4 = 18 hrs  Practice session Unit 4.3: Hospital/Community =5 hrs. Unit 4.4: Skills Lab=11 hrs.	Unit 4.4: Skills lab=11 hrs. Unit 4.4: Hospital/Community =23 hrs.
Quarter 5			
Week 1	Week 2	Week 3	Week 4
Classroom session Unit 4.5 = 18 hrs.	Practice session Unit 4.5: Skills lab =16 hrs.	Classroom session Unit 4.6 = 18 hrs.	Classroom session Unit 4.6 = 18 hrs.



Community Midwifery Educational Programme

Unit 4.4: Hospital/Community =10 hrs. Unit 4.5: Skills lab =6 hrs.	Unit 4.5: Hospital/Community =18 hrs.	Practice session Unit 4.5: Hospital/Community =15 hrs.	Practice session Unit 4.6: Skills lab=22 hrs Unit 4.6: Hospital/Community =4 hrs.
Week 5	Week 6	Week 7	Week 8
Classroom session Unit 5.1 = 6 hrs Practice session Unit 4.6: Hospital/Community =29 hrs.	Classroom session Unit 5.2 = 15 hrs Practice session Unit 5.1: Skills lab=8 hrs Unit 5.1: Hospital/Community =10 hrs.	Practice sessions Unit 5.2: Skills lab=18 hrs. Unit 5.2: Hospital/Community =16 hrs.	Classroom session Unit 5.3 = 6 hrs Practice sessions Unit 5.2: Hospital/Community =13 hrs. Unit 5.3: Skills lab= 8 hrs Unit 5.3: Hospital/Community =7 hrs.
Week 9	Week 10	Week 11	Week 12
Unit 5.4 = 15 hrs.  Practice sessions Unit 5.3: Hospital/Community =3 hrs. Unit 5.4: Skills lab=18 hrs.	Classroom session Unit 5.5 = 6 hrs Practice sessions Unit 5.4: Hospital/Community =29 hrs.	Classroom session Unit 5.6 = 13 hrs. Practice sessions Unit 5.5: Skills lab= 8 hrs Unit 5.5: Hospital/Community =10 hrs.	Practice sessions Unit 5.6: Skills lab=14 hrs Unit 5.6: Hospital/Community =22 hrs.
Quarter 6			
Week 1	Week 2	Week 3	Week 4
Classroom session Unit 6.1 = 12 hrs  Practice sessions Unit 6.1: Skills lab=14 hrs. Unit 6.1: Hospital/Community =8 hrs.	Classroom session Unit 6.2 = 20 hrs.  Practice sessions Unit 6.1: Hospital/Community =14 hrs.	Classroom session Unit 6.2 = 17 hrs.  Practice sessions Unit 6.2: Skills lab=17 hrs.	Practice sessions Unit 6.2: Skills lab=29 hrs. Unit 6.2: Hospital/Community=5 hrs.
Week 5	Week 6	Week 7	Week 8
Practice sessions Unit 6.2: Hospital/Community =34 hrs.	Classroom session Unit 6.3 = 7 hrs. Practice sessions Unit 6.2: Hospital/Community =27 hrs.	Classroom session Unit 6.3 =8 hrs. Practice sessions Unit 6.3: Skills lab=23 hrs.	Classroom session Unit 7.1 = 8 hrs. Practice sessions Unit 6.3: Hospital/Community =29

		Unit 6.3: Hospital/Community =5 hrs.	hrs.
Week 9	Week 10	Week 11	Week 12
Classroom session Unit 7.2 = 15 hrs Practice sessions Unit 6.3: Hospital/Community =23 hrs.	Practice sessions Unit 7.1: Skills lab=8 hrs Unit 7.1: Hospital/Community =8 hrs. Unit 7.2: Skills lab=18 hrs	Classroom session Unit 7.3 = 9 hrs. Practice sessions Unit 7.2: Hospital/Community =25 hrs.	Practice sessions Unit 7.2: Hospital/Community =4 hrs. Unit 7.3: Skills lab=10 hrs. Unit 7.3: Hospital/Community =17 hrs

Note: These are general guidelines however depending upon the capacity of students hours can be expanded or reduced. Holidays for seven weeks are spread over the whole 18 months duration.

**Part-II**

**Unit 1: Health, Maternal and Newborn health and Community Midwife**

**Module 1.1: Health and MNCH Situation**

Time: 08 Hours Theory, 28 Practice, Total=36 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Define health and identify socio-economic and cultural factors affecting health in different communities.	1. Manual Unit 1.2 & 2. 2. Background in curriculum 3. PDHS Pakistan 2007-08 –Key Findings (Annex 6)	Interactive Lecture Discussion	Written test
Relate society and culture to marriage, reproduction and childbearing	1. Adolescents and youth –Population Council-2001-02- Summary Table (Annex 7) 2. Manual Unit 2.1	Case Studies and discussion	Case scenarios with questions
Analyse causes of maternal and newborn mortality and morbidity using three delay model	Manual Unit 2.1	Case Studies and discussion	Case scenarios with questions
Suggest context specific strategies for reducing the three delay	Manual Unit 2.1	Case Studies and discussion	Case scenarios with questions
Field Visit to Community		Observation check list	Assessment using check list

**Part-II**

**Unit 1: Health, Maternal and Newborn health and Community Midwife**

**Module 1.2: Safe Motherhood, Pakistan's Health Systems and MNCH Services**

Time: 14 Hours Theory, 30 Practice, Total=44 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
1. Relate components of Safe Motherhood with MNCH morbidity and mortality	Manual Unit 2.2	Interactive session Discussion Group work	Written test based on case scenarios
2. List institutions and actors involved in the programs on MNCH both government and non-governmental	1. Manual Unit 6.2 2. Linkages Development(Annex 8)	Interactive session Discussion Group work	Written test
3. Analyze "PHC" (1 <sup>st</sup> and 2 <sup>nd</sup> level of care) services on the framework of Safe Motherhood	Manual Module 2.2	Discussion Group work	Assessment based on Safe Motherhood Framework
4. Assess "PHC" (1 <sup>st</sup> and 2 <sup>nd</sup> level of care) for services related to Safe Motherhood	Manual Module 2.2	Structured field visit with observation checklist to District health System" and the provincial programs	Observation using Checklist

**Part-II**

**Unit 1: Health, Maternal and Newborn health and Community Midwife**

**Module 1.3: Community, Midwifery and Midwives Roles and Responsibilities**

Time: 4 Hours Theory, 20 Practice, Total=24 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
1. Define "community"	1. Orientation module (Annex-9)	Interactive session	Written test
2. Describe the principals of midwifery process and define their own role in relation to Pakistan's health system	1. Orientation module(Annex-9) 2. Manual Unit 9.4	Interactive session	Written test
3. List the functions CMW has to perform to ensure healthy mother and baby.	1. Manual Unit 2.3 2. SoW of CMW- Curriculum	Interactive session	Written test
4. Relate timely referral to morbidity and mortality	Manual Unit 7.8	Interactive session	Written test based on case scenarios
5. List the elements of effective referral	Manual Unit 7.8	Interactive session	Written test
Refer women timely taking appropriate steps and follow up mother during pregnancy and mother and child in post-natal period	Manual Unit 7.8	Group work Simulation Clinic and community placement	Observation using checklist

**Part-II**

**Unit 1: Health, Maternal and Newborn health and Community Midwife**

**Module1.4: Introduction to the Course**

Time: 06 Hours Theory, 12 Practice, Total=18 Hours

<b>Objectives</b>	<b>Resource</b>	<b>Teaching / Learning Strategies</b>	<b>Assessment</b>
Describe what they are going to study in the midwifery course and the approach.	1. Orientation module (Annex-9) 2. Academic Calendar- Curriculum	Interactive lecture	Written test
Outline the major study skills needed during their course	Orientation module(Annex-9)	Interactive lecture Discussion	Written test
Filed Visit to hospital and community	Orientation module(Annex-9)	Structured field visit with observation checklist to Hospital and community	Observation using Checklist

**Part-II****Unit 2: Foundation****Module 2.1: Body Parts and Functions**

Time: 8 Hours Theory, 38 Practice, Total=46 Hours

<b>Objectives</b>	<b>Resource</b>	<b>Teaching / Learning Strategies</b>	<b>Assessment</b>
1. Relate the major parts of the body/organ (Anatomy) to their function (Physiology).	Body Parts and Functions (Annex-10)	Interactive Lecture Discussion Demonstration on Models in skill lab/museum	Written Test Practical Test on Models
2. Identify the major landmarks of the fetal skull, pelvis and pelvic cavity	Body Parts and Functions (Annex-10)	Interactive Lecture Discussion Demonstration on Models in skill lab/museum	Written Test or Quiz Practical Test on Models
3. Relate these landmarks of fetal skull, pelvis and pelvic cavity to the mechanisms of vaginal delivery	Body Parts and Functions (Annex-10)	Interactive Lecture Discussion Demonstration on Models in skill lab/museum	Written Test or Quiz Practical Test on Models
4. Relate female and male reproductive organs to their functions	Body Parts and Functions (Annex-10)	Interactive Lecture Discussion Demonstration on Models in skill lab/museum	Written Test or Quiz Practical Test on Models
5. Relate the hormones relevant to reproduction to their role in reproduction	Body Parts and Functions (Annex-10)	Interactive Lecture Discussion Demonstration on Models in skill lab/museum	Written Test or Quiz

**Part-II**  
**Unit 2: Foundation**

**Module 2.2: Drugs Related to Community Midwifery**

Time: 6 Hours Theory, 19 Practice, Total=25 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Recognize the importance of rational use of medicines	Drugs used in Midwifery (Annex-11)	Discussions	Written test based on case scenarios
Classify the groups of essential drugs used in midwifery in the care of mothers and newborn in Pakistan on the basis of symptoms.	Drugs used in Midwifery (Annex-11)	Discussions Group work	Written test
List the responsibilities of a midwife while prescribing and administering drugs	1. Drugs used in Midwifery (Annex-11) 2. List of supplies in Bag (Annex-12)	Discussions Group work	Written test
Describe principles of drug safety including storage, expiration dates and cold chain systems and security.	Drugs used in Midwifery (Annex-11)	Discussions Visit to pharmacy Observations of drug administration in clinical area	Written test Observation using Checklist
Recognize adverse affects of medicine and manage them and drugs contraindicated in relation to trimesters of pregnancy	Drugs used in Midwifery (Annex-11)	Discussions Visit to pharmacy Simulations	Written test Skill test- management plan
Correctly record in woman's notes, any medicines administered to her	Drugs used in Midwifery (Annex-11)	Visit to pharmacy Observations of drug administration in clinical area Visit to antenatal clinic/labour room to administration of at least 10 IM injections and TT vaccination	Skill test
Describe Effects of smoking, chewing tobacco, beetle nuts, alcohol abuse and illicit drug use on the pregnant mother and baby	Drugs used in Midwifery (Annex-11)	Interactive lecture Discussions	Written test



**Part-II**  
**Unit 2: Foundation**

**Module 2.3: Infection Prevention**

Time: 06 Hours Theory, 28 Practice, Total=34 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Relate infections to ill health	Infection Control Management Project, Volume 10: Basic Rules for Community Midwives to Prevent Infections (Annex 13)	Discussions	Written test on case scenarios
Describe sources of infection during pregnancy and birth	Infection Control Management Project, Volume 10: Basic Rules for Community (Annex 13)	Discussions Group work	Written test
List measures to prevent infection during pregnancy and birth	Infection Control Management Project, Volume 10: Basic Rules for Community (Annex 13)	Interactive Lecture Group work	Written test
Demonstrate how to wash hands	Infection Control Management Project, Volume 10: Basic Rules for Community (Annex 13)	Role play Simulation Clinic and community	Observation using checklist
Prepare the place for home delivery following steps of infection prevention	Infection Control Management Project, Volume 10: Basic Rules for Community (Annex 13)	Role play Simulation Clinic and community	Observation using checklist

**Part-II**  
**Unit 2: Foundation**

**Module 2.4: Individual and Community Health Assessment**

Time: 18 Hours Theory, 55 Practice, Total=73 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
1. Describe the need for health assessment of individuals and communities	1. Fundamentals of midwifery (Annex-14) 2. Health Assessment-Individual & Community (Annex-15)	Interactive Lecture Discussion	Written test
2. Use the rapid assessment tools	1. Fundamentals of midwifery(Annex-14) 2. Health Assessment-Individual & Community (Annex-15) 3. Linkages building (Annex-8)	Interactive Lecture Group work	Questions based on scenarios
3. Assess individual and community health using tools	1. Fundamentals of midwifery(Annex-14) 2. Health Assessment-Individual & Community (Annex-15)	Interactive Lecture Discussion Visit to Community for Community Health Assessment Exercise	1. Questions based on scenarios 2. Practical test in the field

**Part-II**  
**Unit 2: Foundation**

**Module 2.5: Community-Based First Level Midwifery Care  
Including First Aid**

Time: 15 Hours Theory, 51 Practice, Total=66 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
List steps of assessments of vital signs and components of midwifery care to women (Obstetric & gynecological )	1. Fundamentals of midwifery(Annex-14)	Interactive Lecture Discussion Group Work	Written test
Provide midwifery care to women (Obstetric & gynecological) by correctly taking and recording vitals	1. Fundamentals of midwifery(Annex-14)	Interactive Lecture Discussion Group Work	Skill assessment using Observation checklist
Describe the steps necessary for assessment and maintaining airway, breathing and circulation for a person requiring emergency care	First Aid (Annex-16)	Interactive Lecture Discussion Group Work	Written test
Manage a person requiring emergency care by correctly assessing and taking necessary steps to maintain airway, breathing and circulation	First Aid (Annex-16)	Interactive Lecture Simulation Demonstrations and Repeat Demonstrations	Questions based on scenarios Skill assessment using Observation checklist
Describe the principals of immediate care for common medical emergencies e.g bleeding, burns, fractures. choking and loss of consciousness.	First Aid (Annex-16)	Interactive Lecture Simulation Demonstrations and Repeat Demonstrations	Written test
Manage common medical emergencies e.g bleeding, burns, fractures, choking and loss of consciousness	First Aid (Annex-16)	Practice in emergency ward	Questions based on scenarios Skill assessment using Observation checklist

**Part-II**  
**Unit 2: Foundation**

**Module 2.6: Information and its Use**

Time: 9 Hours Theory, 28 Practice, Total=37 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Describe the importance of record keeping.	Fundamentals of midwifery (Annex-14)	Interactive lecture Group work	Written test
List all the CMW M & E tools	1. Fundamentals of midwifery (Annex-14) 2. Deployment guidelines-Monitoring and M & E tools (Annex 17)	Demonstration and return demonstration	Written test
Correctly fill all the CMW M & E tools	1. Fundamentals of midwifery (Annex-14) 2. Deployment guidelines-M & E tools (Annex 17)	Group work Demonstration Role play	Skill assessment using Observation checklist
Interpret findings and use information	1. Fundamentals of midwifery (Annex-14) 2. Deployment guidelines-M & E tools (Annex 17)	Group work Demonstration	Questions based on scenarios Skill assessment using Observation checklist

**Part-II**  
**Unit 2: Foundation**

**Module 2.7: Health Education and Communication**

Time: 9 Hours Theory, 28 Practice, Total=37 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Compare different communication strategies and styles for effectiveness	Orientation module (Annex-9)	Interactive lecture Group work-Simulation	Written test
Demonstrate effective listening and questioning skills	1. Orientation module (Annex-9) 2. Manual Unit 3.5	Group work-Role play	Skill assessment using Observation checklist
Describe CMW's role in health education and communication for healthy mother and baby	Manual Unit 6.4 Community Health Education On Healthy Newborn Lives	Interactive lecture Group work-Simulation	Written test
Summarize health education topics related to healthy mother and baby that the midwife would cover	Manual Unit 6.4 Community Health Education On Healthy Newborn Lives	Interactive lecture Group work-Simulation	Written test
Effectively communicate and counsel a woman on topic for healthy mother and baby	Manual Unit 3.5 Health Education, Information & Counselling in Pregnancy	Group work Role play Simulation Clinic/Community	Skill assessment using Observation checklist
List essential steps for home visiting	Home Visiting Skills (Annex-18)	Interactive lecture Group work-Simulation	Written test
Conduct a home visit	Home Visiting Skills (Annex-18)	Group work Role play Simulation Community	Skill assessment using Observation checklist

## Part-II

## Unit 3: Pregnancy, its Complications and Ante-Natal Care

## Module 3.1: Human Reproduction

Time: 08 Hours Theory, 22 Practice, Total=30 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
List the changes that occur in women at time of puberty and menopause	Manual Unit 3.1 Human reproduction	Interactive Lecture Discussion Group Work	Written test
Relate the phases of the menstrual cycle with ovulation	Manual Unit 3.1 Human reproduction	Interactive Lecture	Questions based on scenarios
Describe the process of human reproduction, conception and early development of the embryo	Manual Unit 3.1 Human reproduction	Interactive Lecture Discussion	Written test
List the main functions of placenta, membranes and umbilical cord	Manual Unit 3.1 Human reproduction	Interactive Lecture Discussion Group Work in skill lab Demonstration Visit to Labour Room	Written test
Describe the factors influencing fetal development	Manual Unit 3.1 Human reproduction	Interactive Lecture Discussion	Written test

**Part-II**

**Unit 3: Pregnancy, its Complications and Ante-Natal Care**

**Module 3.2: Nutrition of Women**

Time: 08 Hours Theory, 22 Practice, Total=30 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Relate the essential elements of a balanced diet to their use by the body.	Manual Unit 3.6 Nutrition	Interactive lecture Group work	Written test
Describe the importance of nutrition and nutritional requirements of the baby and women before, during and after pregnancy.	Manual Unit 3.6 Nutrition	Interactive Lectures Discussion Demonstration Group work Role Play	Written test based on case scenarios
Assemble a balanced diet for a woman before and during pregnancy using food models from all four food groups	Manual Unit 3.6 Nutrition	Case scenarios Simulation Role play	Skill test through observation checklists
Assess nutritional status of women before, during and after pregnancy and prepare nutritional plan using food from all four groups	Manual Unit 3.6 Nutrition	Group work Simulation Observation and practice in Antenatal Clinic / OPD	Assessment of prepared nutritional plan
Advise appropriate diet to anaemic women	Manual Unit 3.6 Nutrition	Group work Simulation Role Play Observation and practice in Antenatal Clinic / OPD	Assessment of prepared nutritional plan

**Part-II****Unit 3: Pregnancy, its Complications and Ante-Natal Care****Module 3.3: Preparedness for Pregnancy and Infertility**

Time: 08 Hours Theory, 22 Practice, Total=30 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Describe the requirements of the mother and newborn in parenthood (physical, social, emotional and economic)	Manual Units 4.5 and 5.3	Interactive lecture	Written test
Relate these parenthood requirements to the roles and responsibilities of husband and family	Manual Units 4.5 and 5.3	Group work Discussion	Written test
Describe infections (urinary tract infection and sexually transmitted) commonly occurring in the community / country and their signs and symptoms.	Manual Unit 7.3	Interactive lecture	Written test
Common acute and chronic diseases that present risks to a pregnant woman and the foetus (e.g., HIV, TB, malaria) and their signs and symptoms	Manual Unit 7.3	Interactive lecture	Written test
Summarize the health education needs of mother before, during and after pregnancy (s/s of normal pregnancy,	Manual Unit 3.5 Health Education, Information & Counselling in Pregnancy	Group work Discussion	Written test



parent craft, motherhood, family planning, nutrition, hygiene, rest and work).			
Provide health education to women about normal pregnancy, parent craft, motherhood, need for planning family, nutrition and balanced diet, sexual health, ill effects of smoking, chewing tobacco, beetle nuts, alcohol abuse and illicit drugs and violence	Manual Unit 3.5 Health Education, Information & Counselling in Pregnancy	Group work Simulation Role Play Observation and practice in Antenatal Clinic / OPD	Skill test through observation checklists
Differentiate between the two types of infertility and list their common causes	Manual Unit 5.5	Interactive lecture Discussion	Written test Questions based on case scenarios
Guide a woman in case of infertility.	Manual Unit 5.5	Case scenarios Working in Gynaecology OPD	Skill testing through observation checklists

**Part-II****Unit 3: Pregnancy, its Complications and Ante-Natal Care****Module 3.4: Physiological and Emotional Changes during Pregnancy**

Time: 08 Hours Theory, 22 Practice, Total=30 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Describe the early and late signs and symptoms of normal pregnancy including emotional effects	Manual Unit 3.2 Physiological and emotional changes during pregnancy	Interactive Lecture	Written test
Summarize examinations and tests required for confirmation of pregnancy	Manual Unit 3.2 Physiological and emotional changes during pregnancy	Interactive Lecture	Written test
Confirm pregnancy through examination and test	Manual Unit 3.2 Physiological and emotional changes during pregnancy	1. Role play 2. Working in ANC OPD	1. Questions based on case scenarios 2. Skill testing through observation checklists
Differentiate between the common discomforts (morning sickness, dyspepsia, mood changes) and the disorders of pregnancy	Manual Unit 3.2 Physiological and emotional changes during pregnancy	1. Interactive lecture 2. Discussion	1. Written test 2. Questions based on case scenarios
Describe measures to relieve common discomforts including home remedies	Manual Unit 3.2 Physiological and emotional changes during pregnancy	Interactive lecture Discussion	Written test
Manage common discomforts of pregnancy	Manual Unit 3.2 Physiological and emotional changes during pregnancy	Case scenarios Working in ANC OPD	1. Questions based on case scenarios 2. Skill testing through observation checklists
Identify danger signs that would require referral	Manual Unit 3.2 Physiological and emotional changes during pregnancy	Case scenarios Working in ANC OPD	1. Questions based on case scenarios 2. Skill testing through observation checklists
Educate mothers on normal care of self during pregnancy including rest, hygiene, nutrition and danger signs of complications	Manual Unit 3.5 Health Education, Information & Counselling in Pregnancy	Case scenarios Working in ANC OPD	Skill testing through observation checklists

**Part-II****Unit 3: Pregnancy, its Complications and Ante-Natal Care****Module 3.5: Antenatal Care (ANC)**

Time: 30 Hours Theory, 92 Practice, Total=122 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Describe the objectives of antenatal care and midwife's responsibilities in provision of antenatal care	1. Manual Unit 3.3 2. Sher Shah Page 99-128 (Annex 19)	Interactive Lectures Discussion	Written test
Summarize essential components of first and subsequent ANC visits	1. Manual Unit 3.3 2. Sher Shah Page 99-128 (Annex 19)	Interactive Lectures Discussion Demonstration Group work Role Play	Written test
Describe the importance of record keeping in ANC and explain how the history and examination findings of ANC are recorded	1. Manual Unit 3.3 2. Sher Shah Page 99-128 (Annex 19)	Interactive Lectures Discussion Demonstration Group work Role Play	Written test
Correctly take history, perform a physical examination in each ANC visit and calculate the expected date of delivery and record findings on ANC card, interpret and use information	1. Manual Unit 3.3 2. Sher Shah Page 99-128 (Annex 19)	Group work Simulation Role Play Observation and practice in Antenatal Clinic / OPD	Observation checklist to assess: History taking Abdominal Examination Calculation of EDD
Educate pregnant woman and her family about danger signs of pregnancy and appropriate steps to be taken by the family in each situation	1. Manual Unit 3.3 2. Sher Shah Page 99-128 (Annex 19)	Group work Simulation Role Play Observation and practice in Antenatal Clinic / OPD	Observation checklist to assess: History taking Abdominal Examination Record of findings

**Part-II Unit 3: Pregnancy, its Complications and Ante-Natal Care**

**Module 3.6: Birth Preparedness and Emergency Plan**

Time: 14 Hours Theory, 48 Practice, Total=62 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Relate the essential elements of a birth plan to three delays that can lead to maternal death	Manual Unit 3.4 Birth Preparedness & Emergency Plan	Interactive lectures Discussions Demonstrations Group work	Written test based on case scenarios
Compare the benefits and risks of available birth settings	Manual Unit 3.4 Birth Preparedness & Emergency Plan	Group work Role play Simulation	Written test
Assist a family to prepare an emergency birth preparedness plan	Manual Unit 3.4 Birth Preparedness & Emergency Plan	Group work Role play Simulation Antenatal clinic & community	Observation checklist to assess prepared birth plan
Educate pregnant woman and her family about danger signs that may occur during delivery and post-natal period and appropriate steps to be taken by the family in each situation	1. Manual Unit 3.3 ANC Sher Shah Page 99-128(Annex 19)	Group work Simulation Role Play Observation and practice in Antenatal Clinic / OPD	Observation using checklist

**Part-II****Unit 3: Pregnancy, its Complications and Ante-Natal Care****Module 3.7: Bleeding in Pregnancy**

Time: 22 Hours Theory, 70 Practice, Total=92 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Differentiate between the common causes of vaginal bleeding in early and late pregnancy and explain immediate actions required in each case.	1. Manual Unit 7.1 2. Sher Shah Page 129-135 (Annex 20)	Interactive Lecture Discussion	Written test
List the fetal and maternal risk factors for spontaneous abortion	Manual Unit 7.1	Interactive Lecture Discussion	Written test
Summarize the essential elements of post-abortion care including advise and counseling	1. Manual Unit 7.1 2. Sher Shah Page 129-135 (Annex 20)	Interactive Lecture Discussion Role play	Written test
Describe danger signs of abortion complications	1. Manual Unit 7.1 2. Sher Shah Page 129-135 (Annex 20)	Interactive Lecture Discussion	Written test
Correctly take history, perform physical examination and manage vaginal bleeding including abortion complications in early and late pregnancy as per protocol	1. Manual Unit 7.1 2. Sher Shah Page 129-135 (Annex 20)	Clinical and community placements	Written test based on case scenarios  Skill test using observation checklist
Provide post-abortion care including advise and counseling	1. Manual Unit 7.1 2. Sher Shah Page 129-135 (Annex 20)	Clinical and community placements	Written test based on case scenarios  Skill test using observation checklist

**Part-II**

**Unit 3: Pregnancy, its Complications and Ante-Natal Care**

**Module 3.8: Hypertensive Disorders of Pregnancy**

Time: 22 Hours Theory, 70 Practice, Total=92 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Differentiate between chronic and pregnancy-induced hypertension.	1. Manual Unit 7.2 2. Sher Shah Page 173-178 (Annex 21)	Interactive Lecture Discussion	Written test
List the risk factors for eclampsia and describe steps to reduce the risk	Manual Unit 7.2	Interactive Lecture Discussion	Written test
Summarize essential components of management of chronic and pregnancy-induced hypertension	Manual Unit 7.2	Interactive Lecture Discussion	Written test
Guide mother how to avoid the risk factors for eclampsia	Manual Unit 7.2	Discussion Role play Clinical and community placements	Written test based on case scenarios Skill test using observation checklist
Correctly take history, perform a physical examination and manage chronic and pregnancy-induced hypertension using anti convulsive and anti hypertensive drugs and refer, if needed	Manual Unit 7.2	Clinical and community placements	Written test based on case scenarios Skill test using observation checklist

**Part-II****Unit 3: Pregnancy, its Complications and Ante-Natal Care****Module 3.9: Pregnancy with Infections**

Time: 15 Hours Theory, 47 Practice, Total=62 Hours

Objectives	Resource	Teaching/Learning Strategies	Assessment
Differentiate between acute urinary and common sexually transmitted infections (Moniliasis, Trichomoniasis) during pre-natal, natal and post natal period, list their potential effect on the mother and baby and summarize essential steps of their community-based management	1.Manula Unit 7.3 2.Sher Shah Page 179-198 (Annex 22)	Interactive Lecture Discussion	Written test based on case scenarios
Recognise and manage puerperal sepsis and acute urinary and common sexually transmitted infections that can occur during pre-natal, natal and post natal	1.Manula Unit 7.3 2.Sher Shah Page 179-198 (Annex 22)	Clinical and community placements	Written test based on case scenarios  Skill test using observation checklist
Differentiate between common acute and chronic infections that present risks to a pregnant woman and the foetus (Malaria, TB, Hepatitis B and C, Gonorrhoea, Chlamydia, Syphilis, HIV, Dengue), list their potential effect on the mother and baby and summarize essential steps of their community-based management including steps to prevent /minimize mother to child transmission	1. Manual Units 7.3 (Pages 52, 55-64) & 7.7 (Pages 114-128) 2.Sher Shah Page 179-198 (Annex 22)	Interactive Lecture Discussion	Written test based on case scenarios
Recognise and manage common acute and chronic infections that present risks to a pregnant woman and the foetus (Malaria, TB, Hepatitis B and C, Gonorrhoea, Chlamydia, Syphilis, HIV, Dengue) and guide mothers to prevent mother to child transmission	1. Manual Units 7.3 (Pages 52, 55-64) 2.Sher Shah Page 179-198 (Annex 22)	Clinical and community placements	Written test based on case scenarios  Skill test using observation checklist
Provide health education to women about common acute and chronic infections in terms of prevention, risk factors and management.	1. Manual Units 7.3 (Pages 52, 55-64) & 7.7 (Pages 114-128) 2.Sher Shah Page 179-198 (Annex 22)	Group work Role play	Skill testing through observation checklist

**Part-II**

**Unit 3: Pregnancy, its Complications and Ante-Natal Care**

**Module 3.10: Pregnancy with Diabetes Mellitus**

Time: 14 Hours Theory, 48 Practice, Total=62 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Describe Diabetes Mellitus	Manual Unit 7.5	Interactive Lecture Discussion	Written test
Describe the risk factors for Diabetes Mellitus during pregnancy	Manual Unit 7.5	Interactive Lecture Discussion	Written test
Describe the effects of gestational Diabetes	Manual Unit 7.5	Interactive Lecture Discussion	Written test
Describe the tests required to diagnose Diabetes	Manual Unit 7.5	Interactive Lecture Discussion	Written test
Perform tests to diagnose Diabetes	Manual Unit 7.5	Group work Simulation Role Play Observation and practice in Antenatal Clinic / OPD/Community	Written test Observation using checklist
List the steps of ANC, intra-partum and post natal Care in gestational Diabetes	Manual Unit 7.5	Group work Simulation Role Play Observation and practice in Antenatal Clinic / OPD	Written test Observation using checklist
Give appropriate diet advise to women with diabetes about her diet	Dietary Advice and Food to be taken in Pregnancy with Diabetes Mellitus (Annex-23)	Group work Simulation Role Play Observation and practice in Antenatal Clinic / OPD	Assessment of nutritional advice by Observation using checklist



**Part-II****Unit 4: Labour and Childbirth, its Complications and Skilled Care during Labour****Module 4.1: Principles of Care during Labour and Birth**

Time: 18 Hours Theory, 55 Practice, Total=73 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Describe essential elements of management of normal labour including physical and emotional support	Manual Unit 4.1	Interactive Lecture Discussion	Written test
Relate the physical comfort measures and emotional support provided during labour to mother's and baby's wellbeing	Manual Unit 4.1	Interactive Lecture Discussion	Written test based on case scenarios
List WHO recommended medicines for pain relief during labour.	Drugs used in Midwifery (Annex-11)	Interactive Lecture Discussion	Written test
Identify potential sources of infection during labour	Manual Unit 4.1	Interactive Lecture Discussion	Written test based on case scenarios
Describe steps necessary for home-based delivery including infection prevention	Manual Unit 4.1	Interactive Lecture Discussion Demonstration	Written test
Prepare for home-based delivery taking steps to prevent infection	Manual Unit 4.1	Demonstration Clinical and Community placement	Written test based on case scenarios Skill assessment through observation checklist
List indications for episiotomy and explain its correct technique	Manual Unit 4.3	Interactive Lecture Discussion	Written test
List indications (e.g., foetal distress, cephalo-pelvic disproportion) for operative procedures such as vacuum extraction, use of forceps, symphysiotomy	Manual Unit 7.6	Interactive Lecture Discussion	Written test

**Part-II**

**Unit 4: Labour and Childbirth, its Complications and Skilled Care during Labour**

**Module 4.2: Physiology and Management of First Stage of Labour**

Time: 56 Hours Theory, 165 Practice, Total=221 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Describe the key physiological changes of the cervix and uterus during the first stage of labour	Manual Unit 4.2	Interactive Lecture Discussion	Written test
Differentiate between latent and active phases of labour on the basis of signs and symptoms	Manual Unit 4.2	Interactive Lecture Discussion	Written test based on case scenarios
Describe elements of history and examination essential to assess; the stage and condition of labour, its progression and mother's and baby's wellbeing	Manual Unit 4.2	Interactive Lecture Discussion	Written test
Take a full history of pregnancy and labour, examine correctly and record findings on partograph to assess; stage of labour, its progression and mother's and baby's wellbeing	Manual Unit 4.2	Group work Simulation Role Play Observation and practice in labour room in hospital/community	Skill test using observation checklist Partograph
Provide midwifery care during labour including physical measures (adequate hydration, nutrition, hygiene, comfort, mobility and positions of the woman's choice in labour and birth, bladder care, bladder care and non-pharmacological methods of pain relief) and emotional support such as family presence/assistance.	Manual Unit 4.2	Group work Simulation Role Play Observation and practice in labour room in hospital/community	Skill test using observation checklist

**Part-II**

Unit 4: Labour and Childbirth, its Complications and Skilled Care during Labour

**Module 4.3: Physiology and Management of Second Stage of Labour**

Time: 56 Hours Theory, 165 Practice, Total=221 Hours

Objectives	Resource e	Teaching / Learning Strategies	Assessment
Describe mechanism and signs/symptoms of second stage of labour	Manual Unit 4.3	Interactive Lecture Discussion	Written test
Describe elements of history and examination essential to assess; the stage and condition of labour, its progression and mother's and baby's wellbeing	Manual Unit 4.3	Interactive Lecture Discussion	Written test
Describe the principles of prevention of pelvic floor damage and perineal tears	Manual Unit 4.3	Interactive Lecture Discussion	Written test
Take relevant history of pregnancy and labour, examine and record on partograph to assess; stage of labour, its progression and mother's and baby's wellbeing	Manual Unit 4.3	Group work Simulation Role Play Observation and practice in labour room in hospital/community	Skill test using observation checklist Partograph
Provide midwifery care to deliver baby taking steps to prevent pelvic floor damage and perineal tears and ensuring comfort measures for mother and newborn	Manual Unit 4.3	Group work Simulation Role Play Observation and practice in labour room in hospital/community	Skill test using observation checklist

**Part-II****Unit 4: Labour and Childbirth, its Complications and Skilled Care during Labour****Module 4.4: Physiology and Management of Third Stage of Labour**

Time: 18 Hours Theory, 55 Practice, Total=73 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Relate the mechanism of uterine contraction to bleeding following delivery	Manual Unit 4.4	Interactive Lecture Discussion	Written test
Describe signs/symptoms of third stage of labour	Manual Unit 4.4	Interactive Lecture Discussion	Written test
Describe elements of history, examination and management of third stage of labour including AMSTL.	Manual Unit 4.4	Interactive Lecture Discussion	Written test
Take a full history of pregnancy and labour and examine to assess the progression of third stage including mother's and baby's wellbeing after delivery	Manual Unit 4.4	Group work Simulation Role Play Observation and practice in labour room in hospital/community	Skill test using observation checklist
Deliver placenta using AMSTL, identifying danger signs and manage appropriately that includes timely referral.	Manual Unit 4.4	Group work Simulation Role Play Observation and practice in labour room in hospital/community	Skill test using observation checklist
Examine and dispose placenta safely and provide midwifery care to mother and baby immediately and one hour after delivery	Manual Unit 4.4	Group work Simulation Role Play Observation and practice in labour room in hospital/community	Skill test using observation checklist

**Part-II**

**Unit 4: Labour and Childbirth, its Complications and Skilled Care during Labour**

**Module 4.5: Prolong and Obstructed Labour**

Time: 18 Hours Theory, 55 Practice, Total=73 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Differentiate between normal and prolong labour	Manual Unit 7.6 pages 99-102.	Interactive Lecture Discussion	Written test based on case scenarios
List the common causes of prolong labour, its risk factors and preventive measures	Manual Unit 7.6 pages 99-102.	Interactive Lecture Discussion	Written test
Relate prolong labour to the wellbeing of mother and baby	Manual Unit 7.6 pages 99-102.	Interactive Lecture Discussion	Written test based on case scenarios
Summarize danger signs of prolong latent phase, active phase and expulsive phase of labour (e.g. bleeding, labour arrest, malpresentation, eclampsia, maternal and or foetal distress, infection, prolapsed cord, shoulder dystocia, retained placenta) that require immediate referral	Manual Unit 7.6 pages 103-107	Interactive Lecture Discussion	Written test
Correctly recognize and manage prolong and obstructed labour that includes timely refer	Manual Unit 7.6 pages 103-85	Group work Simulation Role Play Observation and practice in labour room in hospital/community	Written test Case based scenario  Skill test using observation checklist

**Part-II****Unit 4: Labour and Childbirth, its Complications and Skilled Care during Labour****Module 4.6: Post-Partum Haemorrhage**

Time: 18 Hours Theory, 55 Practice, Total=73 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Differentiate between blood loss during normal labour and PPH; and the two types of PPH (primary and secondary)	Manual Unit 7.4 pages 68-69	Interactive Lecture Discussion	Written test based on case scenarios
List the common causes of each type of PPH, their risk factors, preventive measures and danger signs requiring referral	Manual Unit 7.4 pages 68-69	Interactive Lecture Discussion	Written test
Relate PPH to the wellbeing of the mother in the context where anaemia is prevalent	Manual Unit 7.4 pages 68-69	Interactive Lecture Discussion	Written test based on case scenarios
Summarize the steps that the midwife should take in case of primary and secondary PPH as per protocol	Manual Unit 7.4 pages 71-85	Interactive Lecture Discussion	Written test based on case scenarios
Explain correct technique for assessing and repairing 1 <sup>st</sup> and 2 <sup>nd</sup> degree vaginal tears and assessing and managing bleeding (packing) of 3 <sup>rd</sup> degree vaginal and cervical tears prior to referral	Manual Unit 7.4 pages 71-85	Group work Simulation Role Play	Written test
Correctly recognize and manage primary and secondary PPH as per protocol	Manual Unit 7.4 pages 71-85	Group work Simulation Role Play Observation and practice in labour room in hospital/community	Written test Case based scenario Skill test using observation checklist
Correctly assess and repair 1 <sup>st</sup> and 2 <sup>nd</sup> degree vaginal tears and assess, manage and timely refer 3 <sup>rd</sup> degree vaginal and cervical tears	Manual Unit 7.4 pages 71-85	Group work Simulation Role Play Observation and practice in labour room in hospital/community	Written test Case based scenario Skill test using observation checklist

## Part-II

## Unit 5: Newborn and Infant

## Module 5.1: Physiology and Requirements of Newborn

Time: 06 Hours Theory, 18 Practice, Total=24 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Differentiate between a normal newborn from selected variations e.g. premature, low birth weight, caput, moulding, mongolian spots, signs of infection, jaundice, and failure to thrive	1. Manual Unit 4.5 and 5.3 2. Shershah page 452-472 (Annex 24)	Interactive Lecture Discussion	Written test based on case scenarios
Summarize elements of essential newborn examination (APGAR) and care including: attachment (bonding), nutrition, warmth, umbilical cord care and clearance of airway passage. airway, prevention of infection, observation for signs of infection, jaundice, frequency and character of stools, feeding, signs of thriving and failure to thrive, prevention of hypothermia and advantages of various methods of newborn warming, including skin-to-skin contact (Kangaroo mother care)	Manual Unit 4.5 and 5.3	Interactive Lecture Discussion	Written test
List steps of appropriate care in case of low birth weight, prematurity, hypothermia, hypoglycaemia and resuscitation	Manual Unit 4.5 and 5.3	Interactive Lecture Discussion	Written test
Describe guidelines for managing common disorders of the newborn (e.g. skin rashes, physiological jaundice and minor vomiting, feeding problems) and major illnesses (e.g. diarrhea and respiratory infections).	1. Manual Unit 4.5 and 5.3 2. Shershah page 511-526 (Annex 25) 3. IMNCI guidelines (Annex 26)	Interactive Lecture Discussion	Written test
Describe danger signs in newborn such as distress, congenital anomaly, persistent jaundice, haematoma, haemangioma, adverse moulding of the foetal skull, non-accidental injuries, congenital syphilis, convulsions, persistent fever.	1. Manual Unit 5.4 2. Shershah page 511-526 (Annex 25)	Interactive Lecture Discussion	Written test
Describe importance of birth registration and record keeping.	1. Manual Unit 5.4 2. Deployment guidelines-Birth registration and record keeping. (Annex 27)	Interactive Lecture Discussion	Written test

**Part-II**

**Unit 5: Newborn and Infant**

**Module 5.2: Essentials of Newborn Care**

Time: 15 Hours Theory, 47 Practice, Total=62 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Provide immediate midwifery care to the newborn including cord clamping and cutting, drying, clearing airways, and ensuring that breathing is established and promote and maintain normal newborn body temperature through promotion of immediate skin-to-skin contact and covering (blanket, cap) and maintaining a warm environment.	Manual Unit 4.5 and 5.3	Group work Simulation Role Play Observation and practice in labour room and post-natal ward in hospital/community	Skill test using observation checklist
Provide appropriate care in case of low birth weight, prematurity, hypothermia, hypoglycaemia and resuscitate neonate, if needed	Manual Unit 4.5 and 5.3	Group work Simulation Role Play Observation and practice in labour room and post-natal ward in hospital/community	Skill test using observation checklist
Correctly conduct essential newborn examination (APGAR) immediately and one hour after birth and provide essential newborn care including: attachment (bonding), nutrition, warmth, umbilical cord care and clearance of airway passage.	Manual Unit 4.5 and 5.3	Group work Simulation Role Play Observation and practice in labour room and post-natal ward in hospital/community	Skill test using observation checklist
Differentiate between a normal newborn and selected variations e.g., low birth weight, caput, moulding, mongolian spots, signs of infection, jaundice, and failure to thrive	Manual Unit 4.5 and 5.3	Group work Simulation Role Play Observation and practice in labour room and post-natal ward in hospital/community	Written test based on case scenario Skill test using observation checklist
Manage common disorders (skin rashes, minor vomiting and feeding problems and physiological jaundice) and major illnesses (e.g. diarrhoea and respiratory infections, asphyxia) of the newborn using IMNCI guidelines.	1. Manual Unit 4.5 and 5.3 2. IMNCI guidelines (Annex 26)	Group work Simulation Role Play Observation and practice in labour room and post-natal ward in hospital/community	Skill test using observation checklist including use of Ambo bag
Recognize danger signs in newborn (congenital anomaly, injuries, convulsions, distress, persistent jaundice, haematoma, haemangioma, adverse moulding	1. Manual Unit 5.4 2. Shershah page 511-526 (Annex 25)	Group work Simulation Role Play Observation and practice in labour room and post-natal ward in	Written test based on case scenario



of the foetal skull, hypoglycaemia, hypothermia, dehydration, infection, persistent fever, congenital syphilis), provide first aid and refer timely.		hospital/community	Skill test using observation checklist
Educate parents about danger signs in the newborn and what to do in each case	1. Manual Unit 5.4 2. Shershah page 511-526 (Annex 25)	Group work Role Play Practice in labour room in and post-natal ward hospital/community	Skill test using observation checklist
Counsel and guide the parents when the newborn is suffering from common problems or the mothers suffering from malaria, TB, HIV, Dengue	Manual Unit 3.5 Health Education	Group work Role Play Practice in labour room in and post-natal ward hospital/community	Skill test using observation checklist
Guide mothers about breast feeding, immunization needs, nutritional requirements, malnutrition and its implications, feeding options, disease prevention and health promotion	Manual Unit 3.5 Health Education	Group work Simulation Role Play Observation and practice in labour room in and post-natal ward hospital/community	Skill test using observation checklist
Register births and keep records.	1. Manual Unit 5.4 2. Shershah page 385 (Annex 28)	Interactive Lecture Discussion	Written test

**Part-II****Unit 5: Newborn and Infant****Module 5.3: Breast Feeding and Lactation Management**

Time: 06 Hours Theory, 18 Practice, Total=24 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Describe the physiology and process of lactation, milk production and the let down reflex.	1. Manual Unit 5.2 2. Sher Shah page 474-492 (Annex 29)	Interactive Lecture Discussion	Written test
Relate the benefits of colostrums and exclusive breast to mother's and baby's wellbeing	1. Manual Unit 5.2 2. Sher Shah page 474-492 (Annex 29)	Interactive Lecture Discussion	Written test
Summarize steps essential to breast feed: preparation of breast, correct newborn position to initiate and continue breast feeding	1. Manual Unit 5.2 2. Sher Shah page 474-492 (Annex 29)	Interactive Lecture Discussion	Written test
Guide mothers to position infant correctly to initiate breast feeding as soon as possible after birth and support exclusive breastfeeding	1. Manual Unit 5.2 2. Sher Shah page 474-492 (Annex 29)	Group work Role Play Practice in labour room in and post-natal ward hospital/community	Skill test using observation checklist
Educate the mother about: benefits of colostrum, importance of immediate/early/exclusive breastfeeding for mother and child, appropriate weaning and the dangers of bottle feeding	1. Manual Unit 5.2 2. Sher Shah page 474-492 (Annex 29)	Group work Role Play Practice in labour room in and post-natal ward hospital/community	Skill test using observation checklist

**Part-II**  
**Unit 5: Newborn and Infant**

**Module 5.4: Feeding Difficulties and Disorders**

Time: 15 Hours Theory, 47 Practice, Total=62 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Differentiate between common feeding difficulties (premature babies) and disorders (cleft lip / cleft palate, Candidiasis, Tetanus, severe infections, respiratory distress, congenital heart defects in neonates).	1. Manual Unit 5.2 2. Sher Shah page 474-492 (Annex 29)	Interactive Lecture Discussion	Written test based on case scenarios
Summarize steps to express breast milk, and handle and store expressed breast milk correctly when needed.	1. Manual Unit 5.2 2. Sher Shah page 474-492 (Annex 29)	Interactive Lecture Discussion	Written test
Recognize and manage common feeding difficulties and disorders, and manage appropriately that includes timely referral.	1. Manual Unit 5.2 2. Sher Shah page 474-492 (Annex 29)	Group work Role Play Practice in labour room in and post-natal ward hospital/community	Skill test using observation checklist
Teach mothers how to express breast milk, and how to handle and store expressed breast milk.	1. Manual Unit 5.2 2. Sher Shah page 474-492 (Annex 29)	Group work Role Play Practice in labour room in and post-natal ward hospital/community	Skill test using observation checklist

**Part-II**

**Unit 5: Newborn and Infant**

**Module 5.5: Development in the First Year**

Time: 06 Hours Theory, 18 Practice, Total=24 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Classify milestones of child development including sensory, motor and cognitive.	Manual Unit 6.1 Pages 1-4	Interactive Lecture Discussion	Written test
Relate components of infant care (exclusive breast feeding, timely weaning, appropriate food, hygiene, immunization and importance of timely health seeking in case of common problems such as diarrhoea and ARI) to the development of the child	1. Manual Unit 6.1 Pages 7-8 2. Manual Unit 6.3 Page 19	Interactive Lecture Discussion	Written test based on case scenarios
Guide mother and her family about the importance of exclusive breast feeding, timely weaning, appropriate food, hygiene, immunization and timely health seeking in case of common problems such as diarrhoea and ARI.	1. Manual Unit 6.1 Pages 7-8 2. Manual Unit 6.3 Page 19	Group work Role Play Practice in labour room in and post-natal ward hospital/community	Skill test using observation checklist
Correctly recognize children having delayed sensory, motor and or cognitive development and malnutrition and manage as per protocol that includes timely referral.	1. Manual Unit 6.1 Pages 7-8 2. Manual Unit 6.3 Page 19	Group work Role Play Practice in labour room in and post-natal ward hospital/community	Skill test using observation checklist

**Part-II****Unit 5: Newborn and Infant****Module 5.5: Major Infant Illnesses and Integrated Management of Newborn Illnesses (IMNCI)**

Time: 13 Hours Theory, 36 Practice, Total=49 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Differentiate between major common illness (malnutrition, diarrhoea, ARI) during infancy and list their danger signs requiring referral	Manual Unit 6.3 Pages 20-25	Interactive Lecture Discussion	Written test based on case scenarios
Describe the IMNCI package and components for infants (diarrhea, ARI, Immunization, growth monitoring and nutrition)	IMNCI guidelines (Annex-26)	Interactive Lecture Discussion	Written test
Provide community-based care to infants suffering from major common illness (malnutrition, diarrhoea, ARI) using IMNCI guidelines, identify danger signs and refer timely	1. Manual Unit 6.3 Pages 20-25 2. IMNCI Charts (Annex-26)	Group work Role Play Practice in labour room in and post-natal ward hospital/community	Skill test using observation checklist
Educate and counsel families on care of newborns and infants, danger signs of infant illness and importance of timely health seeking	1. Manual Unit 6.3 Pages 20-25 2. IMNCI Charts (Annex-26)	Group work Role Play Practice in labour room in and post-natal ward hospital/community	Skill test using observation checklist

**Part-II****Unit 6: Puerperium and Post Natal care****Module 6.1: Physiological and Emotional Changes during Puerperium**

Time: 12 Hours Theory, 36 Practice, Total=48 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Describe physical and emotional changes that occur following childbirth.	Manual Unit 5.1 Physiology of Puerperium	Interactive Lecture; Discussion;	Written test
Summarize principles of parent-infant bonding/attachment and factors that promote and hinder it	Manual Unit 5.1 Physiology of Puerperium	Interactive Lecture Discussion	Written test
Differentiate between the common discomforts and disorders of Puerperium (persistent vaginal bleeding due to uterine sub-involution, fever, persistent anaemia, haematoma, embolism, postpartum pre-eclampsia and eclampsia, severe mental depression, thrombophlebitis; incontinence of faeces or urine; urinary retention, obstetric fistula)	Manual Unit 5.1 Physiological and emotional changes during post-natal period	Interactive lecture Discussion	Written test Questions based on case scenarios
Identify the measures to relieve common discomforts and list management steps of disorders of Puerperium	Manual Unit 5.1 Physiological and emotional changes during post-natal period	Interactive lecture Discussion	Questions based on case scenarios
Summarize the risk factors, complications and danger signs of disorders of Puerperium	Manual Unit 5.1 Physiological and emotional changes during post-natal period	Interactive lecture Discussion	Questions based on case scenarios
Describe the risk factors, causes, sign and symptoms, steps of community-based management of puerperal sepsis (metritis) and its potential effects on the mother	Manual Unit 7.3	Interactive Lecture Discussion	Written test

**Part-II**

## Unit 6: Puerperium and Post Natal care

## Module 6.2: Post Natal Care (PNC)

Time: 37 Hours Theory, 112 Practice, Total=149 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Describe the objectives and key elements of PNC immediately after birth and in the first 6 weeks	Manual Unit 5.4 Role of Midwife in PNC	Case scenarios Working in ANC OPD	Written test
Correctly take history, and perform a physical examination in the PNC visit to identify common discomfort or disorder of post-natal period	1. Manual Unit 5.4	Group work Simulation Role Play Observation and practice in Postnatal Clinic / OPD	Skill testing through observation checklists
Manage common discomforts of post-natal period including problems of breast feeding such as engorgement, lack of milk supply, sore nipples and fissures and mood changes and measures to relieve these	Manual Unit 5.1	Interactive lecture Discussion	Written test  Questions based on case scenarios
Manage common disorders (Mastitis, depression, sub-involution of uterus, pain/ redness in legs signs of infection, difficulty passing urine) of post-natal period that includes timely referral	Manual Unit 5.1	Case scenarios Working in ANC OPD	Questions based on case scenarios  Skill testing through observation checklists
Educate mothers on normal care of self and baby, breast feeding, immunization and birth spacing after childbirth	Manual Unit 5.1	Case scenarios Working in ANC OPD	Skill testing through observation checklists

**Part-II****Unit 6: Puerperium and Post Natal care****Module 6.3: Birth Spacing and Post-Abortion Care**

Time: 15 Hours Theory, 80 Practice, Total=95 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Classify different methods of child spacing/family planning and compare their advantages and disadvantages.	1. Manual Unit 5.5 2. Sher Shah page 399-418 (Annex 30)	Interactive lecture Discussion	Written test
List essential elements of counseling for birth spacing	1. Manual Unit 5.5 2. Sher Shah page 399-418 (Annex 30)	Interactive lecture Discussion	Written test
Educate a woman and her family (husband and mother-in-law) on the relationship between birth spacing and family health and prosperity	1. Manual Unit 5.5 2. Sher Shah page 399-418 (Annex 30)	Case scenarios Working in FP clinic	Skill testing through observation checklists
Counsel a woman for birth spacing	1. Manual Unit 5.5 2. Sher Shah page 399-418 (Annex 30)	Case scenarios Working in FP clinic	Skill testing through observation checklists
Guide and deliver modern contraceptive methods (condoms, pills, injections and IUCD)	1. Manual Unit 5.5 2. Sher Shah page 399-418 (Annex 30)	Case scenarios Working in FP clinic	Questions based on case scenarios Skill testing through observation checklists to assess delivery of condoms, pills and injections and insertion of IUCD
Manage side effects and problems with use of family planning methods	1. Manual Unit 5.5 2. Sher Shah page 399-418 (Annex 30)	Case scenarios Working in FP clinic	Skill testing through observation checklists
Relate unmet need of family planning to induced abortion	Manual Unit 5.5	Interactive lecture Discussion	Written test
Relate induced abortion to health of mother and fetus	Manual Unit 7.1	Interactive lecture Discussion	Written test
Differentiate between natural and induced	Module 7.1	Interactive lecture Discussion	Written test



abortion			
Describe boundaries of her work related to abortion-care services and steps of post-abortion care	Manual Unit 7.1	Interactive lecture Discussion	Written test
List WHO recommended drugs for use in medication abortion	Manual Unit 5.5	Interactive lecture Discussion	Written test
Describe principles of uterine evacuation via manual vacuum aspiration (MVA)	Manual Unit 7.1	Interactive lecture Discussion	Written test
Perform MVA	Manual Unit 7.1	Skill on MVA	Skill testing through observation checklists
Counsel a woman who has come for induction of abortion on consequences of induced abortion	Manual Unit 5.5	Case scenarios Working in FP clinic	Skill testing through observation checklists
Provide post-abortion care including appropriate advise and counseling	Manual Unit 7.1	Clinical and community placements	Written test based on case scenarios  Skill test using observation checklist

**Part-II**

**Unit 7: Preparing for Professional Practice**

**Module 7.1: Professional and ethical Regulation, Legislation and Framework**

Time: 08 Hours Theory, 16 Practice, Total=24 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Describe ICM code of ethics and relate this code and ICM framework to decision making	Manual Unit 9.1 page 2, 3-5	Interactive lecture Discussion	Written test Questions based on case scenarios
Provide midwifery care in accordance with set standards, professional ethics, values and human rights	Manual Unit 9.1 page 2, 3-5	Group work Role play Community/hospital	1. Questions based on case scenarios 2. Skill testing through observation checklists
Describe the rationale for regulation of midwifery in Pakistan, its mechanisms and institutions involved	1. Manual Unit 9.1 Page 10- Midwifery Regulation and its Purpose-Box 2. Shershah Page 42 (Annex 31)	Interactive lecture Discussion	Written test

**Part-II****Unit 7: Preparing for Professional Practice****Module 7.2: Evidence-Based Decision Making**

Time: 15 Hours Theory, 46 Practice, Total=62 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Classify types of routine information that CMW need to collect	1. Deployment Guidelines – Record Keeping (Annex-27) 2. M & E Tools (Annex 17)	Interactive lecture Discussion	Written test
List the tools essential for CMW practice	1. Deployment Guidelines – Record Keeping (Annex-27) 2. M & E Tools (Annex 17)	Interactive lecture Discussion	Written test
Record information in CMW tools	1. Deployment Guidelines – Record Keeping (Annex-27) 2. M & E Tools (Annex 17)	Interactive lecture Discussion	Skill test
Interpret, analyse and use client information for midwifery care	Manual Unit 9.3 Page 18-21	Group work Role play Community/hospital	1. Questions based on case scenarios 2. Skill testing through observation checklists
List elements and mechanism of monitoring and supervision	1. Deployment Guidelines – Record Keeping (Annex-27) 2. M & E Tools (Annex 17)	Interactive lecture Discussion	Written test
Obtain and incorporate supervisor's feedback	Manual Unit 9.3 Page 18-21	Group work Role play Community/hospital	1. Questions based on case scenarios 2. Skill testing through observation checklists

**Part-II**  
**Unit 7: Preparing for Professional Practice**

**Module 7.3: Quality of Care**

Time: 09 Hours Theory, 27 Practice, Total=36 Hours

Objectives	Resource	Teaching / Learning Strategies	Assessment
Describe essential elements of quality of care including compliance with standards, competency, continuum of care, use of information and monitoring and supervision	Orientation module (Annex-9)	Interactive lecture Discussion	Written test
Relate the quality in health care to competency, continuum of care, compliance with standards and use of information	Orientation module (Annex-9)	Interactive lecture Discussion	Written test Questions based on case scenarios
Relate monitoring and supervision to quality of care.	1. Manual Unit 9.3 Page 18-21 2. SoW in the curriculum	Interactive lecture Discussion	Written test Questions based on case scenarios



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**Competencies**

For Community Midwifery Educational Programme

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## Competencies

For

Community Midwifery Educational Programme

Draft 3 May 12

## Essential Competencies for Basic Midwifery Practice

The list of competencies given below has been adapted from the essential competencies for basic midwifery practice developed by the International Confederation of Midwives (ICM) 2010. The ICM is a federation of midwifery associations representing countries across the world.

The word “competencies” refers to both the statement at the beginning of each section, as well as the knowledge, skills and behaviours required of the midwife for safe practice. They answer the questions “What is a midwife expected to know?” and “What is a midwife expected to perform?” “How a midwife is expected to behave? The competencies are *evidence-based*.

The essential competencies are guidelines for the expected content of midwifery pre-service education curricula, and information for governments and other policy bodies that need to understand the contribution that midwives can make to the health care system.

The competency statements undergo continual evaluation and amendment as the evidence concerning health care and health practices emerges and evolves, and as the health care needs of mothers, babies and families change.

## Key Midwifery Concepts

There are a number of key midwifery concepts that define the unique role of midwives in promoting the health of mothers and newborns. These include:

- Partnership with women;
- Linkages with health care providers
- Respect for human rights including recognition of women as persons with full human rights;
- Advocacy for women;
- Considering pregnancy as a normal life event; and
- Focus on health promotion and disease prevention.

**International Confederation of Midwives  
Essential Competencies for Basic Midwifery Practice 2012**

**Competency in Social, Epidemiologic and Cultural Context of Maternal and Newborn Care**

**Competency # 1:** Midwives/ community midwives have the requisite knowledge and skills from obstetrics, neonatology, social sciences, public health and ethics that form the basis of high quality, culturally relevant, appropriate care for women, newborns, and childbearing families.

**Knowledge**

**Basic**

**The midwife can describe...**

1. Definition of health, and social factors affecting health (e.g. income, education, gender, status of women, nutrition including food security environment including water, sanitation, and housing)
2. Role of society and cultural in marriage, reproduction and childbearing ,
3. Maternal and newborn mortality and morbidity burden in the local context and its direct and indirect causes
4. Strategies required for reducing maternal and newborn mortality and morbidity including Safe Motherhood
5. Health systems existing in the country including public, private and alternate and the importance of linkages among health care providers
6. Principles of community-based midwifery care and the role of the CMW
7. Community-based first level midwifery care including first aid.
8. Referral mechanisms and resources required for referral (communication and transport) and its relationship to the continuum of care
9. Health (Individual and Community) assessment and its use in midwifery care
10. Essential information related to midwifery, tool required to record information and its relationship with quality of care
11. Elements of quality in health care services and relate quality in health care with compliance with standards, competency, continuum of care, use of information and monitoring and supervision



12. Scope of practice as per deployment guidelines based on the professional and ethical framework and regulation and legislation relevant to Midwifery Practice In Pakistan

### **Professional Behaviors**

#### **Basic**

#### **The midwife...**

1. Decides and acts to resolve MNCH issues within the boundaries of her scope of work
2. Provides care in accordance with set standards, professional ethics, values and human rights
3. Prevents infection
4. Behaves politely and in a culturally appropriate manner
5. Respects individuals and of their culture and customs, regardless of status, ethnic origin or religious belief
6. Maintains the confidentiality
7. Guides families in making informed choices about their health, including the need for referral
8. Works with other health care providers to improve the quality of services to women and families
9. Actively seek support for improving midwifery related competencies

### **Skills and/or Abilities**

#### **Basic**

#### **The midwife has the skill and/or ability to...**

1. Asses health (Individual and Community) and use this information in midwifery care
2. Provide community-based socio-cultural-specific first level midwifery care including first aid
3. Accurately collect, record, interpret and use essential information and submit reports monthly to the Lady Health Supervisor
4. Refer timely and help families in arranging resources required for referral (communication and transport)

5. Build linkages with existing health care providers, facilities, leaders and influential people of the community
6. Function as an effective member of health systems team to ensure continuity of care to mother and newborn
7. Practice midwifery as per her Scope of Work
8. Register and report birth and deaths



**Competency in Pre-Pregnancy Care**

**Competency # 2:** Midwives/ community midwives have the requisite knowledge and skills from obstetrics, neonatology that form the basis of high quality, culturally sensitive health education and services to all in the community in order to promote healthy family life, planned pregnancies and positive parenting.

**Knowledge**

**Basic**

**The midwife can describe...**

1. Anatomy and physiology of the human body
2. Female and male anatomy and physiology related to conception and reproduction
3. Biology of human reproduction, the menstrual cycle, and the process of conception
4. Elements of nutrition and balanced diet
5. Nutritional requirement for women of a country where anaemia is prevalent
6. Nutritional requirements of mothers during pregnancy and lactation and newborn
7. Requirements of the mother and newborn in parenthood
8. Roles and responsibilities of husband and family during pregnancy and after birth
9. Types of infertility and list their common causes
10. Drugs related to community midwifery including locally available home remedies for the relief of common discomforts of pregnancy and WHO recommended medicines for common discomforts of pregnancy
11. Methods of infection prevention and control
12. Effects of smoking, chewing tobacco, beetle nuts, alcohol abuse and illicit drug use on the pregnant mother and baby
13. Principles of health education, communication and counseling including home visiting techniques, Client Provider Communication and Inter-personal Communication
14. Priority health education topics including: nutrition, hygiene, violence, sexually health, immunization, ill effects of smoking, chewing tobacco, beetle nuts, alcohol abuse and illicit drugs, relief of common discomforts, work inside and outside the home, prevention from sexually transmitted infections, newborn and child health
15. Infections, urinary tract infection and sexually transmitted, commonly occurring in the community / country and their signs and symptoms.
16. Common acute and chronic disease that present risks to a pregnant woman and

the fetus (e.g., HIV, TB, malaria) and referral process for further testing and treatment .

17. Impact of gender-based violence, emotional abuse and physical neglect on MNCH
18. Services available for adolescents, victims of gender-based violence (including rape) domestic violence and those with mental health problems

### **Skills and/or Abilities**

#### **Basic**

#### **The midwife has the skill and/or ability to...**

1. Identify female and male reproductive organs
2. Make a balanced diet plan for pregnant and lactating mother especially in a context where anemia is prevalent
3. Guide mother and families on requirements of the mother and newborn in parenthood
4. Guide woman with infertility and make appropriate referral
5. Guide mothers on drugs that are safe during pre-natal, natal and post-natal period
6. Take measures to prevent infection prevention
7. Effectively communicate, counsel and educate using home visiting techniques, Client Provider Communication and Inter-personal Communication
8. Provide health education on: nutrition and balanced diet, hygiene, sexual health and sexuality, immunization, effects of smoking, chewing tobacco, beetle nuts, alcohol abuse, illicit drugs and violence, relief of common discomforts, work inside and outside the home, prevention from sexually transmitted infections, newborn and child health, normal pregnancy, parent craft, motherhood, planning family
9. Manage, as per protocol, infections, urinary tract infection and sexually transmitted, commonly occurring in the community / country and their signs and symptoms.
10. Guide mothers on common acute and chronic disease that present risks to a pregnant woman and the fetus (e.g., HIV, TB, malaria)
11. Provide support, physical and psychological, to mothers and adolescents who are victims of gender-based violence(including rape), domestic violence emotional abuse and physical neglect

**Competency in Provision of Care during Pregnancy**

**Competency # 3:** Midwives / community midwives provide high quality antenatal care to maximize health during pregnancy and that includes early detection and treatment or referral of selected complications.

**Knowledge**

**Basic**

**The midwife can describe...**

1. Cultural issues concerning pregnancy
2. Physiological and psychological signs and symptoms of pregnancy
3. Examinations and tests to confirm pregnancy
4. Methods to assess fetal growth and development
5. Components of a health history and focused physical examination for antenatal visits
6. Normal findings/results of basic screening laboratory tests e.g., Hb levels, urine test for sugar, protein, acetone, bacteria
7. Normal changes during pregnancy like body changes, expected fundal growth patterns, common
8. Examinations to determine baby's well-being including babies heart rate and activity patterns
9. Common discomforts and disorders of pregnancy
10. WHO recommended drugs for use during pregnancy including the relative risks, disadvantages, safety of specific methods of pain management, and their effect on the normal physiology of pregnancy
11. Essential elements of a birth plan (including benefits and risks of available birth settings)
12. Danger signs of pregnancy including signs/symptoms of: complications of pregnancy that are life-threatening to the pregnant mother and/or her baby e.g. ectopic pregnancy, pre-eclampsia/eclampsia, vaginal bleeding, premature labour, severe anaemia, malpresentations/abnormal lie, placental disorders, pre-term labour, post-dates pregnancy Rh iso-immunization, syphilis; and diseases that affect either mother or baby e.g., asthma, diabetes, cardiac conditions, TB, Malaria, Dengue
13. Common: complications during pregnancy such as bleeding and PET and their

types/causes; acute and chronic Infections having potential to affect mother and baby; and chronic diseases having potential to affect mother and baby

14. Management protocols of common: complications of pregnancy (bleeding including post abortion care, PET), acute and chronic Infections having potential to affect mother and baby; and chronic diseases having potential to affect mother and baby
15. Priority health education topics for care during normal pregnancy including rest, hygiene, nutrition and balanced diet, danger signs of pregnancy, birth, parent craft, motherhood, parenting, breast feeding, sexuality, methods to relief common discomforts of pregnancy and planning family

### **Skills and/or Abilities**

#### **Basic**

#### **The midwife has the skill and/or ability to...**

1. Confirm pregnancy through examination and test
2. Provide an initial and ongoing ANC to pregnant mothers including relevant history, abdominal, vaginal and pelvic examination
3. Calculate the estimated date of delivery
4. Assess progression of pregnancy, baby's well-being including lie, position, and presentation of the baby and maternal nutrition and give appropriate advice
5. Interpret findings/results of basic screening laboratory tests and guide mothers
6. Guide pregnant woman and her family in preparing birth plan
7. Differentiate between the common discomforts (morning sickness, dyspepsia, mood changes) and the disorders of pregnancy
8. Manage common discomforts of pregnancy using home remedies and administering WHO recommended life-saving drugs as approved at country level for use by a midwife /CMW to women in need.
9. Identify variations from normal during the course of the pregnancy and institute appropriate first-line independent or collaborative management based upon evidence-based guidelines, local standards and available resources for:
  - Low and or inadequate maternal nutrition including anemia
  - Elevated blood pressure, proteinuria, presence of significant oedema, severe frontal

- Headaches, visual changes, epigastric pain associated with elevated blood pressure
  - Vaginal bleeding
  - Intrauterine foetal death
  - Rupture of membranes prior to term
  - Inadequate or excessive uterine growth, including suspected oligo- or Polyhydramnios,
  - Premature labour
  - Placental disorders
  - Post-dates pregnancy
  - Multiple gestation, abnormal lie/malpresentation at term
  - Ectopic pregnancy
  - Rh iso-immunization
  - Molar pregnancy
  - Diseases that affect either mother or baby e.g. syphilis, asthma, diabetes, cardiac conditions, hepatitis B and C positive, HIV positive status and/or AIDS, TB, Malaria, Dengue.
10. Prescribe, dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) **selected, life-saving drugs** (e.g., antibiotics, anticonvulsants, antimalarials, antihypertensives, antiretrovirals) to women in need because of a presenting condition
11. Identify deviations from normal during the course of pregnancy and initiate the referral process for conditions that require higher levels of intervention
12. Provide health education to women and families about care during normal pregnancy including rest, hygiene, nutrition and balanced diet, danger signs of pregnancy, birth, parent craft, motherhood, parenting, breast feeding and planning family

**Competency in Provision of Care During Labour and Birth**

**Competency # 4:** Midwives / community midwives provide high quality, culturally sensitive care during labour, conduct a clean and safe birth and handle selected emergency situations to maximize the health of women and their newborns.

**Knowledge**

**Basic**

**The midwife can describe ...**

1. Cultural issues concerning labour and birth
2. Major landmarks of the fetal skull, pelvis and pelvic cavity
3. Precautions to prevent infection
4. Physiology of first, second and third stages of labour
5. Signs of the latent phase and the onset of active labour
6. Progression of normal labour
7. Measures to assess mothers and babies well-being in labour
8. Partograph and its importance in the early indication of complications
9. Essential elements of management of normal labour including physical and emotional support
10. Comfort measures in first and second stages of labour (e.g., family presence/assistance, emotional support, mobility and positions of the woman's choice in labour and birth , hydration, hygiene and bladder care, emotional support, non-pharmacological methods of pain relief)
11. Principles of physiological (natural) and active management of 3rd stage of labour management of the 3rd stage of labour
12. Principles of prevention of pelvic floor damage and perineal tears
13. Common discomforts and disorders of labour
14. WHO recommended drugs for control of labour pain including the relative risks, disadvantages, safety of specific methods of pain management, and their effect on the normal physiology of labour
15. Difference between normal and prolong labour
16. Common causes of prolong labour, its risk factors and preventive measures
17. Danger signs of prolong latent phase, active phase and expulsive phase of labour (e.g. bleeding, labour arrest, malpresentation, eclampsia, maternal distress, foetal distress, infection, prolapsed cord, shoulder dystocia, retained placenta) that require immediate referral



18. Management protocols of common complications of labour such as PPH, prolong and obstructed labour
19. Indications for performing an episiotomy and its technique
20. Reasons (e.g., foetal distress, cephalo-pelvic disproportion) for operative procedures such as vacuum extraction, use of forceps, symphysiotomy
21. Use, actions and indications for utero-tonics (e.g. oxytocin)
22. Steps of repair of episiotomy and 1<sup>st</sup> and 2<sup>nd</sup> degree perineal tears
23. Reasons and methods for examination and safe disposal of the placenta
24. Reasons and methods to assess the woman's condition immediately after birth

### **Skills and/or Abilities**

#### **Basic**

#### **The midwife has the skill and/or ability to...**

1. Identify major landmarks of the fetal skull, pelvis and pelvic cavity
2. Take a relevant history of pregnancy and labour including the review of maternal pregnancy records if available.
3. Perform a focused yet complete and accurate: physical examination including vital signs; abdominal assessment for position of the baby and descent; and pelvic (PV) examination for dilatation, descent, presenting part, status of membranes, and adequacy of pelvis for birth of baby vaginally and position if in advanced labour.
4. Assess the frequency, length and strength of uterine contractions
5. Using the partograph accurately monitor and record the progress of labour and monitor the maternal and foetal wellbeing regularly, identifying deviations from the normal and take appropriate action as per protocols
6. Provide physical and psychological support for woman and family and promote normal birth
7. Facilitate the presence of a support person during labour and birth
8. Provide adequate hydration, nutrition and non-pharmacological comfort measures during labour and birth

9. Prescribe, dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) selected, life-saving drugs (e.g. antibiotics, anticonvulsants, anti-malarial, anti-hypertensive, anti-retroviral) to women in need because of a presenting condition.
10. Administer WHO recommended drugs for control of labour pain including the relative risks, disadvantages, safety of specific methods of pain management, and their effect on the normal physiology of labour
11. Provide bladder care including performance of urinary catheterization when indicated
12. Stimulate or augment uterine contractility, using non-pharmacologic and pharmacologic agents
13. Administer local anaesthetic to the perineum when episiotomy is anticipated or perineal repair is required
14. Perform and repair episiotomy if needed
15. Perform appropriate hand maneuvers for a vertex birth
16. Perform appropriate hand maneuvers for face and breech deliveries
17. Clamp and cut the cord
18. Manage a cord around the baby's neck at birth
19. Support expectant (physiologic) management of the 3rd stage of labour
20. Conduct active management of the 3rd stage of labour
21. Administer uterotonic drug within one minute of birth of infant
22. Perform controlled cord traction
23. Perform uterine massage after delivery of placenta
24. Perform fundal massage to stimulate postpartum uterine contraction and uterine tone
25. Provide a safe environment for mother and infant to promote attachment (bonding)
26. Estimate and record maternal blood loss
27. Inspect the vagina and cervix for lacerations
28. Promptly identify and institute immediate, life-saving interventions in obstetrical emergencies (e.g. abnormal labour patterns, bleeding, labour arrest, mal-presentation, eclampsia, maternal distress, foetal distress, infection, prolapsed cord, shoulder dystocia, retained placenta, undiagnosed breech and multiple

births) to save the life of the foetus, while requesting medical attention and/or awaiting transfer

29. Manage common complications of labour such as PPH, prolong and obstructed labour and shock as per protocols

30. Assess the woman's condition immediately after birth that includes estimation and recording of maternal blood loss and inspection of the vagina and cervix for lacerations

25. Manage 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> degree lacerations as per protocol

31. Examine placenta and membranes for completeness and dispose placenta safely

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**Competency in Provision of Care for Women during the Postpartum Period**

**COMPETENCY # 5:** Midwives provide comprehensive, high quality, culturally sensitive postpartum care for women.

**Knowledge**

**Basic**

**The midwife can describe...**

1. Physical and emotional changes that occur following childbirth, including the normal process of involution
2. Physiology and process of lactation and common variations
3. Importance of immediate/early/exclusive breastfeeding for mother and baby
4. Principles of parent-infant bonding and attachment and factors that promote and hinder it (e.g., how to promote positive relationships)
5. Measures necessary to prevent infection in mother and newborn during post-natal period
6. Common problems of Puerperium: discomforts such as breast engorgement, lack of milk supply, sore nipples and fissures and mood changes; and disorders like Mastitis, puerperal sepsis (Metritis), depression.
7. Danger signs of Puerperium e.g., persistent vaginal bleeding due to uterine sub-involution, fever, persistent anaemia, haematoma, embolism, postpartum pre-eclampsia and eclampsia, severe mental depression, thrombophlebitis; incontinence of faeces or urine; urinary retention, obstetric fistula
8. Management protocols of common problems of Puerperium: discomforts such as sore nipples, fissures, mood changes; disorders like Mastitis, puerperal sepsis (Metritis), depression; and complications for example persistent vaginal bleeding due to uterine sub-involution, fever, persistent anaemia, haematoma, embolism, postpartum pre-eclampsia and eclampsia, severe mental depression, thrombophlebitis; incontinence of faeces or urine; urinary retention, obstetric fistula)
9. Principles of prevention of maternal to child transmission of infections including HIV, tuberculosis, hepatitis B and C in the post-natal period
10. Methods of family planning appropriate for use in the immediate postpartum

period (e.g., LAM, progestin-only Oral Contraceptives)

11. Community-based postpartum services available to the woman and her family, and how they can be accessed
12. Priority health education topics for care during post-natal period including self care, maternal nutrition, rest, and physiological needs e.g., bowel and bladder, personal hygiene including perineal care and care of the newborn in the immediate postpartum period
13. Principles of interpersonal communication with and support for women and/or their families who are bereaved (maternal death, stillbirth, pregnancy loss, neonatal death, congenital abnormalities)

### **Skills and/or Abilities**

#### **Basic**

#### **The midwife has the skill and/or ability to...**

1. Provide a safe environment for mother and newborn to promote attachment (bonding)
2. Support mother to initiate immediate/early/exclusive breastfeeding for mother and baby
3. Teach mothers how to express breast milk, and how to handle and store expressed breast milk
4. Take measures necessary to prevent infection in mother and newborn during post-natal period
5. Take a selective history, including details of pregnancy, labour, birth and earlier post partum period, identifying factors which will influence the care and advice
6. Perform a focused yet complete and accurate physical and local examination to identify actual and potential problems and assess for uterine involution and healing of lacerations and/or repairs
7. Recognize common problems of Puerperium: discomforts such as engorgement, lack of milk supply, sore nipples and fissures and mood changes; and disorders like Mastitis, puerperal sepsis (Metritis), depression.
8. Identify danger signs of Puerperium e.g., persistent vaginal bleeding due to uterine sub-involution, fever, persistent anaemia, haematoma, embolism,

- postpartum pre-eclampsia and eclampsia, severe mental depression, thrombophlebitis; incontinence of faeces or urine; urinary retention, obstetric fistula)
9. Manage, as per protocol, common problems of Puerperium: discomforts such as sore nipples, fissures, mood changes; disorders like Mastitis, puerperal sepsis (Metritis), depression; and complications for example persistent vaginal bleeding due to uterine sub-involution, late post-partum hemorrhage, infection, anaemia, haematoma, postpartum pre-eclampsia and eclampsia, severe mental depression, embolism, thrombophlebitis; incontinence of faeces or urine; urinary retention, obstetric fistula)
  10. Guide mothers suffering from infections including HIV, tuberculosis, hepatitis B and C how to prevent mother to child transmission in the post-natal period
  11. Counsel and provide appropriate family planning method for use in the immediate postpartum period (e.g. progestin-only Oral Contraceptives)
  12. Educate mothers and families on care of: mother such as nutrition, rest, physiological needs e.g., bowel and bladder, personal hygiene including perineal care, sexuality and family planning; and newborn such as cord care, immunization, signs and symptoms of impending newborn complications and community-based resources
  13. Provide support to women and/or their families who are bereaved because of maternal death, stillbirth, pregnancy loss, neonatal death, congenital abnormalities

**Competency in Postnatal Care of the Newborn**

**Competency # 6:** Midwives provide high quality, comprehensive care for the essentially healthy infant from birth to two months of age. Preventative care for young children (Infants)

**Knowledge**

**Basic**

**The midwife can describe .....**

1. Cultural and traditional practices related to newborn care
2. Characteristics of healthy newborn (appearance and behaviours) and of variations from normal e.g. premature, low birth weight, caput, moulding, mongolian spots, signs of infection, jaundice, and failure to thrive
3. Methods of assessing the gestational age of a newborn
4. Elements of assessment of the immediate condition of newborn (e.g., APGAR scoring system to assess breathing, heart rate, reflexes, muscle tone and colour)
5. Steps of neonatal resuscitation
6. Physiology and process of lactation and steps essential for breast feeding
7. Common feeding difficulties (premature babies) and disorders (cleft lip / cleft palate, Candidiasis, Tetanus, severe infections, respiratory distress)
8. Essential elements of daily care of newborn including: clearing airway; newborn warming by skin-to-skin contact (Kangaroo mother care); feeding; nutrition; attachment (bonding); frequency and character of stools; signs of infection, jaundice, thriving and failure to thrive; care of umbilical cord; prevention of infection and hypothermia
9. Common disorders of the newborn e.g. skin rashes, minor vomiting, feeding problems and physiological jaundice, and major illnesses diarrhoea and respiratory infections
10. Growth and development milestones of normal and preterm infants
11. Malnutrition and factors linked to it and its management as per protocol
12. Elements of health promotion and disease prevention in newborns and infants such as exclusive breast feeding, appropriate weaning, immunization, nutrition, normal growth and development milestones, impact of malnutrition, danger signs in the newborn and when to bring infant for care, prevention from mother to child

- transmission of common infections (Malaria, TB, HIV)
13. Danger signs of newborn complications (e.g. congenital anomaly, injuries, convulsions, distress, persistent jaundice, haematoma, haemangioma, adverse moulding of the foetal skull, hypoglycaemia, hypothermia, dehydration, infection, persistent fever, congenital syphilis.)
  14. Management protocols of common problems of newborn: feeding difficulties (premature babies) and disorders (cleft lip / cleft palate, Candidiasis, Tetanus, severe infections, respiratory distress); disorders of the newborn e.g. skin rashes, minor vomiting, feeding problems and physiological jaundice; major illnesses diarrhoea and respiratory infections; malnutrition and development disorders.
  15. Significance of birth registration and record keeping.

### **Skills and/or Abilities**

#### **Basic**

#### **The midwife has the skill and/or ability to...**

1. Provide immediate midwifery care to the newborn including cord clamping and cutting taking measures to prevent infection, drying, clearing airways, and ensuring that breathing is established
2. Promote and maintain normal newborn body temperature through promotion of immediate skin-to-skin contact and covering (blanket, cap) and maintaining a warm environment.
3. Assess the immediate condition of newborn using APGAR scoring system
4. Differentiate between a healthy newborn, variations from normal (e.g. premature, low birth weight, caput, moulding, mongolian spots, signs of infection, jaundice, and failure to thrive) and congenital malformations, birth injuries, bleeding from the cord, or signs of infection
5. Provide appropriate care in case of low birth weight, prematurity, hypothermia, hypoglycaemia and resuscitate neonate, if needed
6. Support mother to initiate immediate/early/exclusive breastfeeding for mother and baby
7. Guide mother to provide essential daily care to newborn including: clearing airway; newborn warming by skin-to-skin contact (Kangaroo mother care); feeding; nutrition; attachment (bonding); eye care; frequency and character of



- stools; signs of infection, jaundice, thriving and failure to thrive; care of umbilical cord; prevention of infection and hypothermia
8. Identify danger signs of newborn complications (e.g. congenital anomaly, injuries, convulsions, distress, persistent jaundice, haematoma, haemangioma, adverse moulding of the foetal skull, hypoglycaemia, hypothermia, dehydration, infection, persistent fever, congenital syphilis.) Manage, as per protocol, common problems of newborn: feeding difficulties (premature babies) and disorders (cleft lip / cleft palate, Candidiasis, Tetanus, severe infections, respiratory distress, congenital heart defects in neonates); disorders of the newborn e.g. skin rashes, minor vomiting, feeding problems and physiological jaundice; major illnesses diarrhoea and respiratory infections; malnutrition and development disorders
  9. Guide mothers, as per protocol, suffering from common infections (Malaria, TB, HIV) to take steps to prevent mother to child transmission
  10. Educate the mother and her family about elements of health promotion and disease prevention in newborns and infants such as exclusive breast feeding, appropriate weaning, immunization, nutrition, normal growth and development milestones, impact of malnutrition, danger signs in the newborn and when to bring infant for care, prevention from mother to child transmission of common infections (Malaria, TB, HIV all aspects of infant health feeding
  11. Register births and keep accurate records.

**Competency in Facilitation of Birth Spacing and Post-Abortion Care**

**Competency # 7:** Midwives provide a range of individualized, culturally sensitive abortion-related care services for women requiring or experiencing pregnancy termination or loss that are congruent with applicable laws and regulations and in accord with national protocols.

**Knowledge**

**Basic**

**The midwife can describe...**

1. Methods of child spacing and family planning (traditional and modern) and details for their effective use and their advantages and disadvantages.
2. Principals of communication and counseling about methods of family planning  
Causes of abortion in terms of natural and induced
3. Relationship between unmet need of family planning and induced abortion
4. Boundaries of her work related to abortion-care services
5. Family planning methods appropriate for use during the post-abortion period
6. Elements of post-abortion care
7. Process of involution and physical and emotional healing following abortion
8. Danger signs of incomplete and septic abortion for example persistent uterine bleeding, foul smelling discharge, fever
9. Health and legal issues related to unplanned and unwanted pregnancy

**Basic**

**The midwife has the skill and/or ability to...**

1. Advise and provide appropriate locally available and culturally acceptable methods of birth spacing and family planning including condoms, contraceptive pills, injectable and IUCD. Refer for implants and surgical methods.
2. Advise women about management of side effects and problems with use of family planning methods
3. Advise on emergency contraception medications in accord with local policies,

protocols, law or regulation if required.

4. Assess gestational period through LMP, bimanual examination and/or urine pregnancy testing
5. Assess to differentiate between natural and induced abortion
6. Manage, as per Manual Vacuum Aspiration (MVA) protocol, abortion (threatened, incomplete, spontaneous) and its complications
7. Provide post-abortion care (MVA) including family planning
8. Support (physical and emotional) women during involution and healing following abortion
9. Identify danger signs of incomplete and septic abortion for example persistent uterine bleeding, foul smelling discharge, fever, uterine involution and perforation
10. Counsel on consequences of induced termination of pregnancy
11. Provide health education to women about relationship between unmet need of family planning and induced abortion, dangers of inducing abortion and its impact on mother and fetus, sexuality, importance of birth spacing, self care including rest, nutrition and hygiene, danger signs of pregnancy

### ICM Definitions

<b>Ability:</b> The quality of being able to perform; a natural or acquired skill or talent
<b>Attitude:</b> A person's views (values and beliefs) about a thing, process or person that often leads to positive or negative reaction
<b>Behavior:</b> A person's way of relating or responding to the actions of others or to an environmental stimulus
<b>Competence:</b> The combination of knowledge, psychomotor, communication and decision-making skills that enable an individual to perform a specific task to a defined level of proficiency.
<b>Competency (midwifery):</b> A combination of knowledge, professional behaviour and specific skills that are demonstrated at a defined level of proficiency in the context of midwifery education and practice.
<b>Knowledge:</b> A fund of information that enables an individual to have confident understanding of a subject with the ability to use it for a specific purpose
<b>Skill:</b> Ability learned through education and training or acquired by experience, to perform specific actions or tasks to a specified level of measurable performance
<b>Task:</b> A specific component of a larger body of work