



Strengthening Midwifery Globally

International Confederation of Midwives’ Model Curriculum Outlines for Professional Midwifery Education

ICM Resource Packet #2 Model Midwifery Curriculum Outlines

1 Introduction

This resource packet contains a suggested outline of the organization and content for a three year direct-entry pre-service (basic) midwifery education programme and a separate suggested outline for a pre-service midwifery programme when the applicant comes with another health provider registration. The content is taken directly from the ICM Essential competencies for basic midwifery practice (2010). The rationale for the organization of content by module and by year of study is based on the following precepts:¹

- Learning is enhanced when one moves from the familiar to the unfamiliar (build upon prior knowledge and experience before introducing new knowledge, skills and behaviours (KSBs))
- Learning is enhanced when one moves from simple concepts to increasing levels of complexity² (healthy woman and newborn, then selected complications)
- Learning is retained longer when it is put to immediate use (theoretical and practical learning in the same time frame)
- Learning is enhanced by repetition (some of KSBs are intentionally repeated for emphasis, and multiple opportunities for practical experience are planned throughout the midwifery programme)



A review of each ICM competency with its KSBs also influenced the placement of specific content and practical experiences in a given year and a given module. A decision was made as to whether that specific competency and each of its KSBs was best learned in year one, two or three of the direct entry programme, and whether there was a cluster of KSBs that fit logically with other KSBs in a specific module. It has been noted³ that ICM Competency #1 and its domains of ethics, epidemiology and infection prevention; human rights; legal and regulatory frameworks; and administration and management KSBs are foundational to the six other competencies, though the content increases in complexity of knowledge and skills as the learner advances (See Sample Division of ICM Competency #1 & its KSBs in Appendix D). The authors also noted that professional behaviours are integrated and expected throughout the curriculum as are critical thinking and clinical reasoning, requiring an initial introduction to each of these areas with reinforcement throughout the curriculum.

Practical hints:

As there are many ways to design a curriculum and to organize the content within, the following practical hints are offered for consideration in designing a three year direct entry midwifery curriculum¹.

1. Review the programme mission and philosophy statements for guidance in how to organize the content based on the ICM competencies (e.g., normal to abnormal midwifery care, simple or introductory to complex midwifery care, observational experiences to autonomous practice).
2. Begin by reviewing each of the seven (7) ICM competencies and their related KSBs, affirming understanding and importance to midwifery practice in one's country.
3. Understand that all competency domains and core KSBs must be included, though some/all of additional KSBs may be needed depending on country health needs.
4. Have each midwifery teacher assign a temporary placement of each of the competencies and related KSBs by year or level throughout the three years of the programme (may use a common worksheet to record initial decisions or mark

¹ The ICM accepted a consensus decision in 2011 that the most common time length to allow the average learner time to acquire, apply and demonstrate competence in each of the seven (7) ICM competencies and their related knowledge, skills and behaviours, was three years. There are programmes that are attempting to demonstrate that the ICM competencies can be demonstrated in less than three years, but further research is needed to determine whether such graduates have reached that goal.

directly on a printed copy of the ICM competency document).

5. Discuss the temporary placement of content from step #2 above with a group of experienced midwifery teachers, exploring rationale for each placement and mindful of the programme's mission and philosophy statements.
6. Make an intentional assignment of content to a given level of the curriculum, noting rationale for placement in keeping with philosophy of teaching and learning.
7. Group together KSBs that are similar into one module/course unit and make deliberate decisions on which KSBs will be repeated for reinforcement of learning; e.g. components of health assessment in each practical area.
8. Determine how much time should/can be allocated to each module or course unit, given the weeks and hours available for the programme.
9. Determine which modules/course units fit together and can be offered in the same time frame, given the realities of available learning resources (teachers, supplies, simulation labs and/or practical sites and qualified preceptors) and the level of maturity of the learners (first, second, or third year).
10. Decide whether modules/course units that require practical experiences will have those experiences concurrently with learning theory, or whether the theory will come first (block teaching) followed by practical experience.

Eighteen-month Post-Registration Programme:

In those countries that choose to provide basic midwifery education following completion of a prior health provider programme, such as nursing, the steps outlined above can be useful as well. The major difference in approach for a post-registration midwifery programme is the need for teachers to define/distinguish the content that was learned in the prior health provider programme that contributes to midwifery competency so that it can be demonstrated (usually some form of challenge mechanism) prior to continuing with the additional midwifery KSBs. Some midwifery programmes will set pre-requisites for post-registration health providers to be completed/challenged prior to entering an 18-month pre-service midwifery program.² These pre-requisites often include basic sciences

² A second ICM decision was based on consensus that, on average, a post-registration learner will need about 18 months to be able to demonstrate all the ICM competencies. Again this time frame has not been based on formal research, and is subject to alteration if a post-registration graduate can demonstrate competency in full-scope



(pharmacology, biology, human anatomy/physiology and pathophysiology), psychology and sociology, nutrition and basic health skills.⁴ Once this list of pre-requisite competencies is completed, the midwifery teachers can follow the suggested steps above to determine which midwifery competencies with their remaining KSBs will be placed where in the 18 month programme. The curriculum outline for a suggested 18-month pre-registration midwifery programme is included in Appendix A.2.

Combined direct-entry and nurse-midwifery basic programme

A third model of pre-service midwifery education is the combination of direct-entry and post-nursing learners in the same programme. That model will not be discussed here, but one example from State University of New York Downstate Medical Center can be reviewed at http://www.downstate.edu/CHRP/midwifery/program_summary.html. In this combined programme, the direct entry, non-health professional learner is required to take three courses that the nurses do not have to take, These courses include basic health skills, integrated medical sciences I & II. All learners have completed a baccalaureate degree prior to entry into the midwifery programme and all learners take the midwifery courses together.

Organization of the Packet

There are two sections to this packet. The first section provides an overview in narrative form of the allocation of ICM competency statements 1-7 and their related knowledge, skills, and behaviours to each year³ of study in a direct entry curriculum and each six months of study in a post-registration midwifery curriculum. A brief discussion of how competencies and KSBs can be grouped within a suggested module follows. Appendix A.1 offers a

midwifery practice.

³ One of the most difficult areas to address in the ICM Education standards was the concept of time allocated to the description of the pre-service midwifery curriculum (programme) since competency-based outcomes are expected rather than number of hours spent in learning. Teachers understand that given the variety of learning styles, motivation, and resources available, it may take one learner more time to demonstrate competency than another learner. So why use years or months or weeks to describe direct-entry and post-registration pre-service midwifery programmes? The simple answer is that we do not yet have valid research evidence of how long, on average, it takes a learner to achieve all of the ICM competencies with their individual KSBs. In the absence of such evidence, the ICM relied on global consensus and expert opinion to provide the probable time frames for both types of pre-service midwifery education programmes. The important point is if a country/education programme can demonstrate that graduates have achieved the re-determined level of competency for full scope midwifery practice in less time or in designated hours of supervised midwifery practice, the ICM would consider that programme as having met the competency standard.



graphic representation of a suggested three-year direct entry curriculum and Appendix A.2. offers a graphic representation of suggested modules/instructional units for an 18-month post-registration midwifery education curriculum, recognizing that a reasoned decision has been made as to which pre-requisite content and KSBs have been demonstrated from their prior education and health provider practice. In both of the narratives, each module will have sub-units that do not appear on the graphic representations but will be discussed later in this packet.

Please note: There is no attempt in this resource packet to allocate every one of the KSBs under a specific competency statement in the suggested modules. Examples of some of the KSBs are included, but anyone organizing/evaluating an existing midwifery curriculum needs to make sure all the basic KSBs are included. Programme teachers may include the KSBs agreed as “additional” as needed, along with additional competencies needed within that particular country or region. Each of these additions need additional time allotted for them.

It is important to note that the ICM Competency statements 2-7 include midwifery care of individuals who are healthy as well as those with complications in a given practice area (e.g., antenatal). Since the narrative descriptions of module content in the sample curriculum outlines focus primarily on the separation of normal or healthy aspects of the reproduction/childbearing experiences from those complications encountered throughout the reproductive cycle, the KSBs in each competency have been separated into normal and complications. The third or highest level of curriculum content (3rd year in direct-entry and final 6 months in post-registration curricula) has the learner providing competent, autonomous midwifery care across the full scope of midwifery practice in which they care for all women regardless of normalcy or complications. The dominant or primary competency statement is reflected at the beginning of the year/level or in each module for ease of reference, knowing that some KSBs from other competencies may also be included/repeated for emphasis.

The second section of this packet includes a more detailed explanation of how a module/unit of instruction might be set up. Two sample modules (one primarily theoretical



and one with both theory and practical components) are included to demonstrate how midwifery teachers might organize the required content in the two types of pre-service midwifery curricula. Here it is important to note that the length of time spent in a given module is directly related to the quality and availability of midwifery teachers, learning resources, and practical experiences. Practicality also enters the time equation if a midwifery programme is housed within an academic setting where semesters or quarters have a defined length in weeks and/or hours spent and credit allotment. Credit allotment normally follows a 1:1 hour ratio for theoretical learning and 1:3 hours ratio for practical learning. Weeks are often used to describe the length of time in a particular module, based on the host institution's requirements along with midwifery teachers' estimation of the availability of practical learning sites for the number of students in the programme. Whatever method of describing the length of time spent in a given module, the important factor to remember is that competency demonstration is the key to success as a competent midwife. Some learners require more practical experiences to demonstrate competency while other learners require fewer practical experiences. All of these factors are taken into account when designing a midwifery education programme.



2 Section 1: Overview of Suggested Organization of Midwifery Content

Generic three-year direct entry pre-service midwifery program (Appendix A.1)

Year 01: Foundations of Midwifery [32-36 weeks; 9 modules]

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

1. **Midwifery Sciences:** Biology (embryology & human development), basic chemistry and microbiology, human anatomy and physiology, pharmacology and pharmacokinetics of common drugs used during childbearing.
2. **Basic Health Skills for Midwives:** Knowledge and skills generic to performing health assessment (history, common laboratory tests, and physical examination) of healthy women and newborns, record keeping. Review of adult cardio-pulmonary resuscitation (CPR), basic management of shock including starting intravenous lines, administering blood products, administration of oxygen, and basic first aid.
[Selected midwifery KSBs taken from Competencies 2-7]
3. **Life Cycle Nutrition:** Basic knowledge of nutritional needs for healthy women throughout their life; newborn nutritional needs including breast milk; infant nutritional needs.
[Selected KSBs taken from Competencies 2-7 with focus on healthy individuals]
4. **Introduction to Midwifery Care:** Midwifery philosophy and model of care; midwifery care process including critical thinking and clinical decisions-making; overview of scope of midwifery practice; and roles and responsibilities of the midwife.
[Also includes selected midwifery KSBs taken from Competency 2-7]



5. **Becoming a Midwife I:** Effective communication strategies, teamwork, professional and personal identity. Global health status of women and childbearing families (reproductive health), global status of professional midwifery and introduction to ICM, country perspectives and challenges for professional midwifery.
[Selected KSBs taken from Competencies 1-7.]

6. **Midwifery (MW) Care: Healthy Pregnancy:** Anatomy and physiology of reproduction, confirmation of pregnancy and weeks of gestation, monitoring growth and development of foetus, care during pregnancy, common complications of pregnancy, physiological and psychological adaptation and changes.
[Competency 3: Midwives provide high quality antenatal care to maximize health during pregnancy and that includes early detection ...of selected complications.]

7. **Midwifery (MW) Care: Healthy Labour/Birth:** Physiology of labour and birth; indicators of need for timely intervention; care and support during labour; pain relief; attendance of birth and immediate care of mother and newborn; inclusion of support persons for labouring woman; different models of birth and maternity care.
[Competency 4: Midwives provide high quality, culturally sensitive care during labour, conduct a clean and safe birth and handle selected emergency situation to maximize the health of women and their newborns.]

8. **Midwifery (MW) Care: Healthy Postpartum/Newborn/Families:** Normal physiological involution; physiology of lactation, care and support of new family, encouragement and support of exclusive breastfeeding (keeping mother, baby, family together as unit of care).
[Competency 5: Midwives provide comprehensive, high quality, culturally sensitive postpartum care for women.]
Physiological adaptation to extrauterine life, immediate care needs of the newborn, characteristics of healthy newborns with common variations, normal newborn and infant growth and development, immunization needs, elements of health promotion and disease prevention in newborns and infants; healthy family development.

[Competency 6: Midwives provide high quality, comprehensive care for the essentially healthy infant from birth to two months of age.]

9. **Well Woman Health Care:** Theory and practice related to pre-conception care; healthy family development; sexual development and sexual activity; health education targeted to sexual and reproductive health; provision of traditional and contemporary family planning methods; screening for cervical cancer.
[Healthy aspects taken from ICM Competency 2: Midwives provide high quality, culturally sensitive health education and services to all in the community in order to program healthy family life, planned pregnancies and positive parenting.]

Year 02: Midwifery Care of Common Complications of Childbearing and Newborns **[32-36 weeks; 9 modules]**

1. **Public Health for Midwives:** Definitions of health and wellness, determinants of individual health; principles of public health including health promotion and disease prevention; basic epidemiology; community assessment strategies; individual, family and community support systems including agencies that provide maternal-child health and illness services. Direct and indirect causes of maternal and neonatal morbidity and mortality in the region/country; concept of alarm and transport; cultural traditions surrounding pregnancy; safe birth settings; universal precautions; basic demography including population characteristics; adolescent reproductive health statistics; global and local principles of primary health care.
[Selected KSBs taken from Competency 1 & 2]
2. **Midwifery Ethics & Law:** Codes of moral behaviour; values, human rights, standards of practice; influence of values and beliefs on health and illness conditions; moral reasoning and ethical decision-making; legal aspects of midwifery care.
[Selected KSBs taken from Competency 1]



3. **Midwifery Teaching & Counselling:** Active listening; counselling skills specific to reproductive health; principles and practice of health education. Application of counselling skills with women experiencing psychosocial challenges during pregnancy; anticipatory guidance during reproductive years with focus on childbearing; bereavement counselling for pregnancy loss.
[Selected KSBs taken from Competencies 2-7]
4. **Becoming a Midwife II:** Advanced communication skills; interdependent team practice; professional identity; regulation of midwifery practice; core ICM documents.
[Selected KSBs taken from Competencies 1-7]
5. **Pharmacology for Midwives:** Advanced principles of pharmacology; review of basic pharmacology principles; indications, doses, routes of administration, and side effects of common drugs used for common complications of childbearing, such as magnesium sulphate; teratogenic non-prescription and street drugs, such as cocaine or ergot plants; prescribe, dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) selected, life-saving drugs
[Selected KSBs taken from Competencies 2-7]
6. **Midwifery (MW) Care: Complications Pregnancy:** Diagnosis, treatment and/or referral as indicated for complications prior to and during pregnancy, including sexually transmitted infections, urinary tract infections, common acute and chronic diseases specific to a geographic region such as malaria, tuberculosis, HIV; gender based violence; spontaneous and induced abortion; pre-eclampsia/eclampsia; preterm pregnancy; multiple foetuses; placental disorders; gestational diabetes.
[Complications and advanced KSBs from competencies 2-3; 7]
7. **Midwifery (MW) Care: Complications Labour/Birth:** Diagnosis, treatment and/or referral as indicated complications during labour and birth, including fetal distress, pre-term labour, malpresentations, cord prolapsed, shoulder dystocia, uterine bleeding, retained placenta, cephalo-pelvic disproportion, infection, premature

rupture of membranes.

[Selected KSBs from Competency 4]

8. **Midwifery (MW) Care: Complications PP/NB & Families:** Diagnosis, treatment and/or referral as indicated complications during the postpartum period and of newborns, including sub-involution, mastitis, postpartum haemorrhage, anemia, embolism, severe maternal depression; newborn jaundice, hypoglycaemia, hypothermia, premature infant, congenital abnormalities, infection, dehydration; dysfunctional family unit
[Selected KSBs from Competencies 5-6]
9. **Basic Life Saving Skills for Midwives:** Review of adult CPR; administration of selected life-saving drugs such as anticonvulsants, antibiotics, antiretroviral medications; Immediate management of shoulder dystocia, prolapsed cord, severe maternal bleeding, shock, fetal distress; active management of third stage of labour, manual removal of the placenta, uterine compression for postpartum haemorrhage
[Select KSBs extracted from all competencies.]

Year 03: Autonomous Midwifery Practice & Ongoing Professional Development **[32-36 weeks; 5 modules]**

1. **Advanced Midwifery:** Maternal death audits, legal and regulatory framework governing reproductive health for women of all areas, advocacy and empowerment strategies for women, leadership role in practice areas, beginning level administration and management tasks and activities, importance of involvement in policy development for women's health and safe motherhood.
[Selected KSBs taken primarily from Competency 1-2]
2. **Professional Issues in Midwifery:** ICM core documents relating to strengthening midwifery education and regulation; midwifery association development; the business of midwifery; history of midwifery in country and region; health policy

development and implementation; the global context of midwifery care. Basic research designs and how to critique research reports; definition of evidence-based practice and how to implement valid research outcomes in professional practice; indicators of quality health care.

[Selected KSBs from all competencies]

3. **Midwifery Care of Women with Abortion Needs:** Unintended pregnancy, medical eligibility criteria for early termination of pregnancy, laws and regulations related to abortion care services, spontaneous abortion, incomplete abortion, uterine involution and sub-involution, pregnancy loss/bereavement
[Competency 7: Midwives provide a range of individualised, culturally sensitive abortion-related services for women requiring or experiencing pregnancy termination or loss that are congruent with applicable laws and regulations and in accord with national protocols.]
4. **Being a Midwife & The Business of Midwifery:** Professional identity; criteria for licensure/regulation; plan for continuing professional development; business plans for professional midwifery practice (e.g. organizing a birth centre or maternity home); exploration of various models of midwifery care including homeopathy, water birth, acupuncture
[Selected KSBs related to professional behaviours from each competency]
5. **Autonomous Midwifery Care during the Reproductive Years:** This module uses the seven competency statements with their KSBs (application and synthesis) as the expected learning outcomes at the end of the midwifery programme. The learner provides full scope midwifery practice in a variety of settings.

Post-registration pre-service midwifery programme (Appendix A.2)

First level: Foundations of Midwifery [First 6 months; 9 modules]

1. **Introduction to Midwifery:** Global health status of women and childbearing families (reproductive health), global status of professional midwifery and introduction to ICM, country perspectives and challenges for professional midwifery; definition of roles and responsibilities of the midwife and expectations of professional status
[Selected midwifery KSBs taken from Competency 1: Midwives have the requisite knowledge and skills from obstetrics, neonatology, the social sciences, public health and ethics that form the basis of high quality, culturally relevant, appropriate care for women, newborns and childbearing families.]
2. **Midwifery Model of Care & the Care Process:** ICM core documents (philosophy and model of care) and elements of the midwifery care process (Appendix B) that requires critical thinking, reflection, and clinical judgment throughout in preparation for providing midwifery care for essentially healthy women, families and newborns
[Included in all competencies]
3. **Public Health for Midwives:** Definitions of health and wellness, determinants of individual health, principles of public health, epidemiology, and community assessment strategies; global and local principles of primary health care; individual, family and community support systems, and agencies that provide health and illness services
[Selected KSBs from Competency 1-2]
4. **Ethics for Midwives:** Codes of moral behaviour, values, human rights, standards of practice, influence of values and beliefs on health and illness, critical thinking and moral reasoning; analysis of midwifery codes of ethics.
[Selected KSBs from Competency 1 and professional behaviours from all competencies]

5. **Midwifery Standards of Practice:** Analysis of standards of midwifery practice required in legal jurisdictions of practice; professional identity; interdisciplinary teamwork
[Selected professional behaviours from all competency statements]
6. **Midwifery Communication & Counselling skills:** Active listening; counselling skills specific to reproductive health; principles and practice of health education throughout the childbearing cycle
[Selected KSBs from competencies 1-7]
7. **Health Assessment of Women:** Knowledge and skills required for taking health history and performing physical and pelvic examination of healthy non-pregnant and pregnant women; common laboratory tests used with women in their reproductive years; record keeping
[Selected KSBs from competencies 2-5; 7]
8. **Midwifery Care: Reproductive Health:** Human sexuality, child spacing and pre-conception counselling and care; methods of family planning
[Competency 2: Midwives provide high quality, culturally sensitive health education and services to all in the community in order to program healthy family life, planned pregnancies and positive parenting.]
9. **Midwifery Care: Healthy Pregnancy:** Anatomy and physiology of reproduction, confirmation of pregnancy and weeks of gestation, monitoring growth and development of foetus, care during pregnancy, common complications of pregnancy
[Competency 3: Midwives provide high quality antenatal care to maximize health during pregnancy and that includes early detection ...of selected complications.]

Level 2: Healthy & Complicated Childbearing [Second 6 months; 9 modules]



1. **Demographics of Maternal Child Health:** Direct and indirect causes of maternal and neonatal morbidity and mortality in the region/country, concept of alarm and transport, cultural traditions surrounding pregnancy, safe birth settings, universal precautions, professional ethics, partnership model of care with women and families, collaborative teamwork for women's health.
[Selected KSBs taken from Competencies 1, 2, 3]

2. **Midwifery Care: Normal Labour & Birth:** Physiology of labour and birth; indicators of need for timely intervention, care and support during labour; attendance of birth and immediate care of mother and newborn; inclusion of support persons for labouring woman.
[Competency 4: Midwives provide high quality, culturally sensitive care during labour, conduct a clean and safe birth and handle selected emergency situation to maximize the health of women and their newborns.]

3. **Midwifery Care: Abortion Related Services:** Unintended pregnancy; medical eligibility criteria for early termination of pregnancy; laws and regulations related to abortion care services; spontaneous abortion, incomplete abortion; uterine involution and sub-involution; pregnancy loss/bereavement
[Competency 7: Midwives provide a range of individualised, culturally sensitive abortion-related services for women requiring or experiencing pregnancy termination or loss that are congruent with applicable laws and regulations and in accord with national protocols.]

4. **Basic Life Saving Skills for Midwives:** Review of adult CPR; administration of selected life-saving drugs such as anticonvulsants, antibiotics, antiretroviral medications; immediate management of shoulder dystocia, prolapsed cord, severe maternal bleeding, shock, fetal distress; active management of third stage of labour; manual removal of the placenta, uterine compression for postpartum haemorrhage
[Select KSBs extracted from all competencies.]



5. **Pharmacology for Midwives:** Review of basic pharmacology principles; indications, doses, routes of administration, and side effects of common drugs used for healthy pregnancies and newborns and drugs used for common complications of childbearing, such as magnesium sulphate; teratogenic non-prescription and street drugs, such as cocaine or ergot plants; prescribe, dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) selected, life-saving drugs
[Selected KSBs taken from Competencies 2-7]

6. **Midwifery Care: Healthy Newborns:** Physiological adaptation to extrauterine life, immediate care needs of the newborn, characteristics of healthy newborns with common variations, normal newborn and infant growth and development, immunization needs, infant nutrition needs, elements of health promotion and disease prevention in newborns and infants.
[Competency 6: Midwives provide high quality, comprehensive care for the essentially healthy infant from birth to two months of age.]

7. **Midwifery Care: Healthy Postpartum:** Normal physiological involution; physiology of lactation, care and support of new family, encouragement and support of exclusive breastfeeding
[Competency 5: Midwives provide comprehensive, high quality, culturally sensitive postpartum care for women.]

8. **Professional Issues in Midwifery I:** Professional identity development; ICM core documents relating to strengthening midwifery education and regulation; history of midwifery in country and region; current issues in midwifery education and practice in the country; membership in the midwifery association.
[Selected KSBs from all competencies]

9. **Common Complications of Childbearing I:** Diagnosis, treatment and/or referral as indicated for common complications prior to and during pregnancy, during labour

and birth, the postpartum and postnatal periods.

[Complications and advanced KSBs from competencies 1-6]

Level 3: Autonomous Midwifery Practice & Ongoing Professional Development [Final six months; five modules]

1. **Advanced Midwifery:** Maternal death audits, legal and regulatory framework governing reproductive health for women of all areas, advocacy and empowerment strategies for women, leadership role in practice areas, beginning level administration and management tasks and activities, importance of involvement in policy development for women's health and safe motherhood.
[KSBs primarily from Competency 1]
2. **Professional Issues in Midwifery II:** Professional identity; criteria for licensure/regulation; plan for continuing professional development; business plans for professional midwifery practice (e.g. organizing a birth centre or maternity home); exploration of various models of midwifery care including homeopathy, water birth, acupuncture; health policy development and implementation.
[Selected KSBs related to professional behaviours in each competency]
3. **Evidence-based Midwifery Practice:** Basic research designs, how to critique research reports, definition of evidence-based practice and how to implement valid research outcomes in professional practice; indicators of quality health care
[Selected KSBs from Competencies 1-7]
4. **Midwifery Care: Complications Reproductive Years II:** Advanced diagnosis and treatment and/or referral of severe complications of childbearing, such as diabetes and cardiac disease; newborn anomalies, preterm infants, complications of induced abortion.
[Selected KSBs from competencies 2-7]

-
5. **Autonomous Midwifery Care during the Reproductive Years:** This module uses the seven competency statements with their KSBs (application and synthesis) as the expected learning outcomes at the end of the midwifery programme. The learner provides full scope midwifery practice in a variety of settings.

3 Section 2: Sample Modules

Introduction

There are many ways to package the content (ICM Competency statements and related KSBs) needed in an educational curriculum and many different terms to describe the packages. For example, the more traditional term within universities is 'course'. Others use 'instructional unit' to describe the content that is included in a specific area of study. The choice of 'module' for these ICM resource packets was deliberate and based on the self-study approach to adult learning and the required demonstration of practice competency as a beginning midwife.

A module is a self-contained unit of instruction that provides clear directions to both learner and teacher on what is to be demonstrated at the end of the unit (learning outcomes), the elements of knowledge and specific skills needed and the professional behaviours expected to successfully complete the learning outcomes. Competency in midwifery practice in all three domains of learning is evaluated by learner self-assessment and direct observation by a qualified midwifery preceptor based on the learning outcomes expected. One suggested approach to developing a module can be found in Appendix C: Module Development Worksheet.

This section of the resource packet includes an outline of two sample modules:

- **Introduction to Midwifery**
- **Midwifery Care During Healthy Pregnancies**

These modules were chosen as they represent foundational theory (Introduction to Midwifery) and how antenatal KSBs are demonstrated in practice (Midwifery Care during Healthy Pregnancies). They also illustrate how a given module may be broken down into sub-units based on like or similar content. Sub-units may exist in some or all of the



modules, depending on who will be the teacher of record (expert) and the logical grouping of content. For example, the Basic Sciences module most likely will have sub-units on biology/microbiology, general chemistry, human anatomy and physiology, pathophysiology and pharmacology with different teachers for each. Another example is that the Reproductive Health module may have sub-units such as women's health care, parent education, and family planning or the Labour and Birth module may have sub-units on labour care, care during birth and the immediate postpartum period, and common life-threatening maternal and newborn complications. However midwifery teachers decide to group content into modules and sub-units, the decisions need to be carefully thought out and in keeping with the needs of adult learners and available experts to facilitate learning of both theory and practice.

Sample Modules

It is important to note that these two sample modules include a suggested organization of content and also a broad outline of what might possibly be included along with examples of the types of learning activities and resources available. Using the ICM Essential Competencies for Basic Midwifery Practice 2010 as the primary reference point, the midwife teacher decides how to group like content and word the KSBs in language appropriate to the educational setting and country. This means there is some flexibility in use of the ICM competencies in that they can be adopted as is, adapted to the common language of the country, or added to as country needs demand. However, each of the KSBs that have been indicated as “basic” must be included in the curriculum; none can be deleted when one is preparing a fully qualified midwife in keeping with the ICM definition.



Introduction to Midwifery

Four (4) weeks⁴

Module Introduction/Description

This module is an introduction to the profession of midwifery and how midwives and midwifery care can promote the health of women and childbearing families globally. It will be divided into three sub-units: 1) factors affecting the status and health of women globally, 2) the International Confederation of Midwives, and 3) the roles and responsibilities of the professional midwife. Each sub-unit has its own learning outcomes, content list, and suggested learning activities. Once all sub-units are successfully completed, you will have met the Overall Learning Outcomes. Welcome to the exciting world of midwifery!

Overall Learning Outcomes

At the end of this module, the learner will be able to:

1. Understand the range of factors that affect the health of women globally
2. Describe the global importance of the International Confederation of Midwives
3. Discuss the roles and responsibilities of the professional midwife

Overall content taken primarily from ICM Competency #1:

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

Note to learner: It is recommended that you take time to read through the entire module first before selecting one of the sub-units to begin study. In this module it does not make any difference which of the sub-units you begin with as each is an independent area and all three are needed to complete the overall learning outcomes. If you have any questions

⁴ This module most likely would be offered during the same time frame as Public Health, Professional Ethics and Research and Evidence-Based Practice for the direct entry learner as much of the content is complementary. It would be offered at the beginning of midwifery content for the post-registration learner.



about this module, contact the teacher for clarification. You are encouraged to discuss your learning with peers, but do not depend on others to prepare the needed content. Your sharing will be richer when all have prepared ahead of time.

Sub-unit 1: Factors that affect the health of women globally

At the end of this sub-unit, the learner will be able to:

- 1.1 Identify how poverty, malnutrition, low levels of education and various forms of discrimination affect the health of women in many areas of the world
- 1.2 Discuss how denial of the basic human right for safety affects the health of women globally
- 1.3 Describe the society-maintaining and society-enhancing roles of women in the world that could lead to poor health
- 1.4 Present a plan of action to improve the health of women in the learner's country of origin

Content list

- Review of the community and social determinants of health (e.g., income, literacy and education with focus on young girls and women
- Review of basic human rights and their effect on health of women and girls if denied; e.g., domestic violence, female genital mutilation (FGM), HIV/AIDS
- Local culture and beliefs, including gender roles and status
- Indicators of quality health services

Suggested learning activities (self-study)

1. There are several websites you may wish to peruse that report on the health status of young girls and women in various countries of the world. Most notable among these are:
 - Save the Children's State of the World's Women 2011 at www.savethechildren.org/
 - Women Deliver reports on adolescents and women at www.womendeliver.org
 - UNICEF The State of the World's Children 2011 at www.unicef.org/sowc/



- United Nations' Development Program (UNDP) reports on progress toward targets of the eight Millennium Development Goals (MDGs) at <http://www.undp.org/content/undp/en/home/mdgoverview.html>
 - UNFPA has a focus on women and midwives. Browse their website for information on gender equality, reproductive health and other topics of interest. www.unfpa.org
 - World Health Organization website has excellent resources on human rights and health. www.who.ch
 - The Partnership for Maternal, Newborn and Child Health (PMNCH) also has an information website and frequent electronic communication with those supporting their advocacy efforts (you can join as individual). www.pmnch.org
2. You are encouraged to visit your local health department's centre for vital statistics to obtain the most recent report on the state of health for young girls and women, including morbidity and mortality ratios in your local area or country.
 3. If there are peers from other countries in your midwifery class, you may find it helpful to compare the health status of young girls and women by country as a group and explore possible reasons for any differences.
 4. You are encouraged to review any worksheets provided by the teacher to organize your thinking about women's health in your country,

Other learning resources available

1. Thompson, J. B. (2007). Poverty, development, and women: Why should we care? *JOGNN* 36: 6: 523-530.
2. Thompson, J.B. (2005). International policies for achieving Safe Motherhood: Women's lives in the balance. *Health Care for Women International* 26: 6, 472-483, (June-July).
3. Thompson, J.B (2004). A human rights framework for midwifery care. *Journal of Midwifery & Women's Health*, 49:3,175-181 (May/June).
4. Fill in country-specific resources here that are available to the learners.



Sub-unit 2: International Confederation of Midwives (ICM)

At the end of this sub-unit the learner will be able to:

- 2.1 Define the aims and objectives of the ICM
- 2.2 Discuss how the ICM organizational structure and priorities can strengthen midwifery in the learner's country of origin
- 2.3 Analyse the ICM core documents for relevance to the learner's country of origin
- 2.4 Identify key global challenges and opportunities for the profession of midwifery that might be addressed by the ICM
- 2.5 Create a draft ICM position statement to address a global midwifery challenge

Content List

- ICM Priorities/Aims and Objectives (Pillars)
- Organizational structure: membership, decision body, regions, headquarters
- Core documents and position statements: Definition of midwife, scope of practice, code of ethics, standards for education and regulation
- State of the World's Midwifery Report 2011
- Midwifery's global influence (Millennium Development Goals)

Suggested learning activities (self-study)

1. If you have access to the internet, browse the ICM website to locate the most up-to-date information about the Confederation. www.internationalmidwife.org
2. Another source of ICM information is the new International Journal of Childbirth that is available in both paper copy and online.
3. It is suggested that you find out whether there is a midwifery association in your country and if it is a member of the ICM. If so, visit their headquarters to see what resources they might have on international midwifery and the ICM.

Learning resources available



1. The primary source for information on the International Confederation of Midwives is their website at www.internationalmidwife.org
2. Review ICM Position Statements on education, regulation, partnership with women and families, human rights.
3. The State of the World's Midwifery Report 2011 is available on a CD from UNFPA or online at www.internationalmidwives.org
4. Thompson, J.E., Herschderfer, K., Duff, E. (2005). The midwife takes center stage in the global arena in 2005: The International Confederation of Midwives (ICM). *Journal of Midwifery & Women's Health* 50: 4, 269-271, (July/August).
5. Add other specific resources here that are available to the learner. May direct the learners to the WHO or UNFPA countries offices, if they exist in the country.

Sub-unit 3: The professional midwife

At the end of this sub-unit, the learner will be able to:

- 3.1 Compare the definition of the midwife in your country with the ICM Definition of the Midwife (2011)
- 3.2 Discuss the advantages and disadvantages of the variety of education pathways for midwifery
- 3.3 Evaluate the midwifery scope of practice in your country for its ability to meet the needs of women and childbearing families
- 3.4 Discuss the advantages and disadvantages of the variety of regulatory recognition of midwives
- 3.5 Define the core responsibilities of the midwife based on the profession's code of ethics, scope and standards of practice

Content List

- Definition of midwife and scope of midwifery practice
- Actions consistent with professional ethics, values and human rights
- Actions consistent with standards of practice
- Responsibility and accountability for clinical decisions and actions
- Maintenance of midwifery knowledge and skills in order to remain current in

practice

- Respect for individuals and of their culture and customs, regardless of status, ethnic origins or religious beliefs
- Requirements of the regulatory body for midwifery practice
- Required local reporting regulations for birth and death registration
- ICM Essential competencies for basic midwifery practice 2010
- ICM Global standards for midwifery education 2010 with Guidelines

Suggested learning activities (self-study)

1. Visit the midwifery regulatory authority in the country to learn the local definition of a midwife and scope of practice allowed. Then compare these documents with the ICM Definition of a Midwife and Scope of Practice (2011).
2. Review the variety of health professional education programmes in your country and discuss with peers the background and type of midwifery programme you are enrolled in. Is this the same pathway to professional practice as that for doctors and nurses in your country? If not, why not?
3. You may also wish to discuss why there is a need for educational standards for health professionals.
4. Explore the following questions with peers and teachers. Is midwifery a profession? Are midwives professionals? Explain reasons for responses
5. Explore whether there is a code of ethics or moral behaviour for midwives in your country. If so, compare its contents to the ICM International Code of Ethics 2008. If there is no code of ethics specific for midwives, work with your peers to begin to develop one.
6. Examine the midwifery standards of practice and begin to discuss the roles and responsibilities of midwives in your country.
7. Request the specific reporting requirements for births and deaths in your country during your visit to the local health department/Ministry vital statistics department.

Other learning resources available

1. Fullerton, J.T., Johnson, P.G., Thompson, J.B., Vivio, D. (2010). Quality considerations in midwifery pre-service education: Exemplars from Africa.



Midwifery. doi:10.1016/j.midw.2010.10.011

2. Fullerton, J.T., Gherisi, A., Johnson, P.G., Thompson, J.B. (2011). Competence and competency: Core concepts for international midwifery practice. *International Journal of Childbirth* 1:1, 4-12.
3. Fullerton, J.F., Thompson, J.E., Severino, R. (2011). The International Confederation of Midwives Essential competencies for basic midwifery practice: An updated study 2009-2010. *Midwifery* 27: 399-408. doi: 10.1016/j.midw.2011.03.005
4. Thompson, J.E., Fullerton, J.T., Sawyer, A. (2011). The International Confederation of Midwives' Global Standards for Midwifery Education (2-010) with companion guidelines. *Midwifery* 6 May 2011. Doi:10.1016/j.midw.2011.04.001
5. Country-specific references need to be added here along with any worksheets or case studies teachers have prepared for use by learners.

Overall Assessment of Learning Strategies and Timing

1. There will be two paper-pencil tests given in this module. The first will be planned for midway through the module (give specific day and time) and the second is planned at the end of the module: 50% module grade
2. Each learner will be expected to actively participate in peer and group discussions, having prepared prior to those discussions: 25% module grade
3. Each learner will submit a 5-page paper addressing the question: "How do professional midwifery and midwives promote the health of women and childbearing families in the world?" (add specific date due): 25% module grade

Overall Module Evaluation⁵

You are expected to complete the following Module Evaluation and discuss with teacher(s): Please circle the response that most closely represents your evaluation of the following parts of this module:

1. I was able to meet the following learning outcomes in time allotted:

⁵ The module evaluation can be brief or very detailed, depending on choices of the midwifery teachers.



-
- a. Understand the range of factors that affect the health of women globally
- Yes Partially No**
- b. Describe the global importance of the International Confederation of Midwives
- Yes Partially No**
- c. Discuss the roles and responsibilities of the professional midwife
- Yes Partially No**
2. The learning activities helped me to learn **Yes Partially No**
3. The group work helped me to learn **Yes Partially No**
4. The learning resources were available and helpful **Yes Partially No**
5. The teacher was an effective facilitator of my learning **Yes Partially No**
6. The teacher stimulated me to learn **Yes Partially No**
7. The teacher was fair and unbiased in assessing my learning **Yes Partially No**
8. The most helpful aspect(s) of the module was: (please explain)
9. Suggested changes in the module (Please be specific)

Name _____

Date _____

Note: It is suggested that learners sign their evaluation so that details can be discussed with the midwifery teacher. This is an important lesson in being accountable for one's critique and often eliminates unwarranted comments on those aspects of teaching and learning that cannot be changed; e.g., clothing, physical features, personalities. Likewise, any learner evaluation by a teacher needs to be openly discussed with the learner.

Midwifery Care During Healthy Pregnancies

8 weeks⁶

Module Introduction/Description

This module introduces the learner to the knowledge, skills, and professional behaviours needed to provide high quality antenatal care that maximizes health during pregnancy along with early detection of potential threats to the health of the pregnant woman or her developing foetus. This module is a continuation of your practical application of knowledge, skills and professional behaviours to the care women and families during one of the most important life events – that of pregnancy and preparing for birth. This module offers you many opportunities to work together with women and families to achieve the best outcomes of each pregnancy. Enjoy!

Overall Learning Outcomes

At the end of this module, the learner will be able to:

1. Provide high quality, evidence-based antenatal care for women seeking midwifery services
2. Conduct a series of childbirth education classes with a group of pregnant women

Overall Content taken primarily from healthy aspects of ICM competency #3: Midwives provide high quality antenatal care to maximize health during pregnancy and that includes early detection and treatment or referral of selected complications.

Note to learner: In this module, there are many KSBs related to the provision of antenatal care (sub-unit 1) and each needs to be understood prior to working with pregnant women and families to help them prepare for childbirth and parenting (Sub-unit 2). Whenever possible, you will be applying knowledge and skills to the actual care of pregnant women while you are continuing to learn the KSBs of antenatal care.

⁶ It is the midwife teachers' decision on how to sequence modules in year 02. The Healthy Pregnancy module with its practice component most likely would come after an initial 3-4 weeks of study for Demographics and Midwifery Care Process, and 8 weeks of Reproductive Health. It would be then followed by 12-16 weeks (depending on volume of practical experiences available) for a combination of Healthy Labour/Birth, Healthy Postpartum, Healthy Newborn, and Life Saving Skills. Note that the content of the latter is divided into separate modules, but the practical component should focus on keeping the mother/baby care together whenever possible.

Sub-unit 1: Components and Practice of Antenatal Care

At the end of this sub-unit, the learner will be able to:

Theoretical outcomes:

- 1.1 Understand key elements of reproductive anatomy, physiology, genetics, and biology
- 1.2 Articulate the principles for correctly dating a pregnancy
- 1.3 Identify the components of a health history and focused physical examination for each antenatal visit
- 1.4 Know the normal findings (results) of basic screening laboratory tests
- 1.5 Describe the normal progression of pregnancy for the woman and her developing foetus
- 1.6 Know the basic principles of pharmacokinetics of drugs taken by women during pregnancy and effects on woman and foetus
- 1.7 Understand comfort measures used to relieve common complaints of the pregnant woman
- 1.8 List the components of a new and repeat antenatal visit

Practical/clinical outcomes:

- 1.1 Conduct a complete antenatal visit according to the midwifery care process
- 1.2 Perform health assessment of the pregnant woman safely with minimum discomfort to the woman and obtaining accurate results
- 1.3 Perform an abdominal examination of the woman in a systematic manner using correct techniques
- 1.4 Correctly confirm pregnancy and its normal progression
- 1.5 Accurately determine normal foetal growth and development throughout pregnancy

- 1.6 Teach and/or demonstrate measures to decrease common discomforts of pregnancy
- 1.7 Identify the pregnant woman's specific concerns and/or needs during each visit and work with her to develop and implement a plan of care
- 1.8 Correctly identify common variations from normal during pregnancy and institute appropriate first line management based on evidence-based guidelines, local standards and available resources.
- 1.9 Record findings accurately and completely for each antenatal visit
- 1.10 Accurately assess the effectiveness of your midwifery care

Content list for theory and practice

- Reproductive anatomy, physiology, menstrual cycle, process of conception
- Signs and symptoms of pregnancy
- Dating pregnancy by menstrual history, size of uterus, fundal growth patterns and use of ultrasound (if available)
- Calculating expected date of birth
- Placental development, circulation, and function
- Components of health history and focused physical examination for antenatal visits
- Normal findings basic laboratory tests used in country
- Pregnancy body changes, common discomforts, normal fundal growth
- Normal psychological changes during pregnancy
- Measures to assess fetal well-being during pregnancy
- Nutritional needs of pregnant woman and developing foetus
- Safe, locally available non-pharmacological substances for relief of common discomforts of pregnancy
- Pharmacokinetics of drugs prescribed, dispensed or furnished to pregnant woman

- Effects of prescribed medications, street drugs, traditional medicines, and over-the-counter drugs on pregnant woman and foetus
- Prevention of STI and HIV infection
- Signs and symptoms and indications for immediate intervention or referral of common complications of pregnancy, including HIV infection, malaria, vaginal bleeding, pre-eclampsia, syphilis
- Indications for use of selected life-saving drugs such as antibiotics, anticonvulsants, antimalarials, antiretrovirals

Suggested learning activities (self-study)

1. Complete the required/recommended readings selected by the teacher as the best available on the topics to be learned.
2. Given the availability of a midwifery textbook, it is helpful to read those chapters related to the provision of prenatal care to understand and learn the required content.
3. Analyze selected antenatal case studies prepared by teachers based on actual situations in a small group of peers.
4. You may find it useful to review female anatomy and reproductive physiology from a medical or obstetric text, common drugs used in pregnancy in a pharmacology text, and normal laboratory test values from a laboratory manual.
5. Understanding the menstrual cycle and fertilization of the human egg may be a challenge initially. Review the programme's audio-visual aids or charts that graphically represent the interaction of hormones needed for conception.
6. If the programme has plastic models available, handling a female pelvis may help you understand the relationship of pelvic bones, where the developing uterus fits, and what effect early and late pregnancy have on associated structures such as the bladder and intestines. Group work with peers using the plastic model can also be a helpful learning strategy.



7. You may also wish to browse the World Wide Web for the most up-to-date information on prescription drugs, over-the-counter drugs, and traditional remedies.
8. Talking with women from the community (focus groups) may give you additional insight into how, when and why they use traditional remedies during pregnancy.
9. You may wish to plan some observation days early in the module to watch an experienced midwife conduct an antenatal visit, with permission of the pregnant woman, the midwife, and the practical site.
10. Follow the schedule of your practical days and hours in an assigned setting. Prepare for each site by reviewing written policies or protocols for antenatal care and request an orientation to the site and records. Plan for daily discussion of progress in learning with the midwife preceptor and identify your specific learning needs prior to each day of practical work.
11. If you are having difficulty in taking an organized history, you may wish to obtain permission to audio record the session for review afterwards.
12. Clinical laboratory practice of hand skills needed during antenatal care, such as abdominal palpation or pelvic examination, can provide good learning experiences in a safe environment.

Other learning resources available

1. Search the WHO website for the Midwifery Modules and review the Community Module. The other modules address the common causes of maternal death, such as pre-eclampsia/eclampsia, haemorrhage, obstructed labour, and infection. These will be used more in year 03 when addressing complications of childbearing.
2. Some programmes have videos of teachers providing antenatal care that can be viewed by learners as needed.
3. Audiovisual aids, PowerPoint slides, and simulation models may be available for use.
4. Worksheets, case studies, and sample questions to stimulate application of knowledge to practice and reflection on practice are helpful teacher-designed tools to facilitate learning.



Strengthening Midwifery Globally

-
5. Insert specific journal citations, preferably from the country or region that reflect current evidence-based practice during normal pregnancy.

Assessment of Learning Strategies and Timing

1. There will be three written examinations to sample test theoretical knowledge and its application to clinical cases. Each will be offered (date, time) approximately three weeks apart. (60%)
2. Learners will be expected to lead a seminar on a selected topic. (20%)
3. Participation in discovery-based learning with a small group. (20%)
4. Formative assessment of clinical care ongoing throughout module.
5. Final demonstration of competent midwifery care in practical setting by end of module. (Pass/fail)

Sub-unit 2: Health Counselling and Childbirth Education

At the end of this sub-unit of study, the learner will be able to:

- 2.1.1 Provide need-based advice and health counselling (anticipatory guidance) for a variety of pregnant women
- 2.1.2 Design a series of childbirth education sessions that includes basic preparation for labour, birth and parenting

Content List

- Measures to alleviate common discomforts of pregnancy
- Health education (hygiene, sexuality, work inside and outside home)
- Danger signs and symptoms
- Emergency preparedness
- Selection of safe site for labour and birth
- When and how to contact the midwife
- Essential elements of birth planning
- Physiology of lactation and methods to prepare women for breastfeeding
- Preparation of home and family for the newborn
- Signs and symptoms of labour onset
- Techniques for increasing relaxation and pain relief measures for labour

Suggested learning activities (self-study)

1. Begin by reading assigned readings.
2. Refer to your midwifery text to learn about health education needs of pregnant women and peruse the web for childbirth preparation classes.
3. In discussion with peers, begin to think about what anticipatory guidance throughout pregnancy is needed when and design a plan for anticipatory guidance for each trimester; e.g. first trimester: effects of early hormonal changes, nausea, urinary frequency; second trimester: nutritional needs as pregnancy advances, fetal growth and development; third trimester: preparation for labour and birth, newborn care, breastfeeding, emergency preparedness.



4. You may find it helpful to role play with peers the provision of advice about how to alleviate round ligament pain, backache, leg oedema, for example.
5. You may decide to observe another midwife leading a formal childbirth education class before you design the content for your own bench/clinic conferences or formal classes for pregnant women and their partners.
6. Work with peers to design a series of four-six classes with content and activities to help pregnant women and their partners, if available, prepare for labour, birth, and care of their newborn.
7. Work with teacher to schedule childbirth classes, and learn about the setting and women who will participate in the class. If classes are not routine in the setting, may need to advertise availability and recruit some pregnant women to attend. Remember, pregnant women are important partners in your learning journey, and many will be willing to help you gain the experiences needed to become a good midwife.
8. Keep of diary of learning progress in providing prenatal care, reflecting on progress and future learning needs to discuss with the teacher.

Other learning resources

1. The programme may have teaching aids that can be used during childbirth preparation classes.
2. Request time to be observed teaching a childbirth education class with feedback from teacher and peers.
3. Add country-specific articles and materials as options to enhance learning.

Assessment of Learning Strategies and Timing

1. Small group plan for anticipatory guidance by trimester of pregnancy. (25%)
2. Simulation presentation of measures to relieve common discomforts of pregnancy. (25%)
3. Teacher and parent feedback on childbirth education classes. (50%)



Overall Module Evaluation⁷

You are expected to complete the following Module Evaluation and discuss with teacher(s): Please circle the response that most closely represents your evaluation of the following parts of this module:

10. I was able to meet the following learning outcomes in time allotted:
- a. Provide high quality, evidence-based antenatal care for women seeking midwifery services **Yes Partially No**
 - b. Conduct a series of childbirth education classes with a group of pregnant women **Yes Partially No**
11. The learning activities helped me to learn **Yes Partially No**
12. The learning resources were available and helpful **Yes Partially No**
13. The teacher was an effective facilitator of my learning **Yes Partially No**
14. The teacher stimulated me to learn **Yes Partially No**
15. The teacher was fair and unbiased in assessing my learning **Yes Partially No**
16. The practical experience was sufficient for demonstrating antenatal care **Yes Partially No**
17. The clinical teacher/preceptor was available to me at all times **Yes Partially No**
18. The most helpful aspect(s) of the module was: (please explain)
19. Suggested changes in the module (Please be specific)

Name _____

Date _____

It is suggested that learners sign their evaluation so that details can be discussed with the midwifery teacher. This is an important lesson in being accountable for one's critique and often eliminates unwarranted comments on those aspects of teaching and learning

⁷ The module evaluation can be brief or very detailed, depending on choices of the midwifery teachers.



Strengthening Midwifery Globally

that cannot be changed; e.g., clothing, physical features, personalities. Likewise, any learner evaluation by a teacher needs to be openly discussed with the learner.

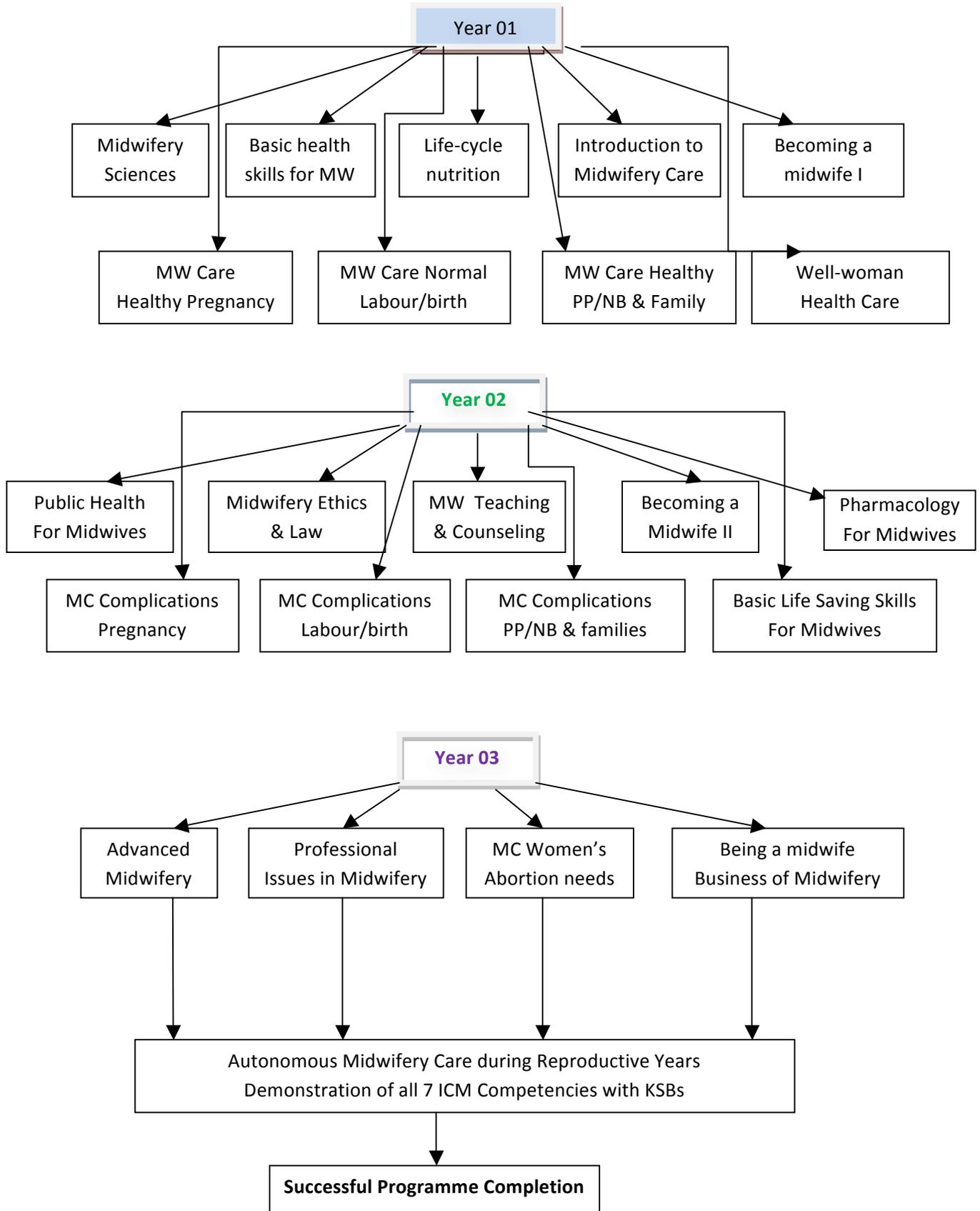
¹ Thompson JE, Kershbaumer RM, Krisman-Scott MA. Educating advanced practice nurses and midwives. Philadelphia: Springer Publishing Company, 2002. Chapter 10: Teaching in the clinical setting, pp. 121-122.

² Benner P. From novice to expert. Menlo Park, CA: Addison-Wesley Publishing Company, 1984.

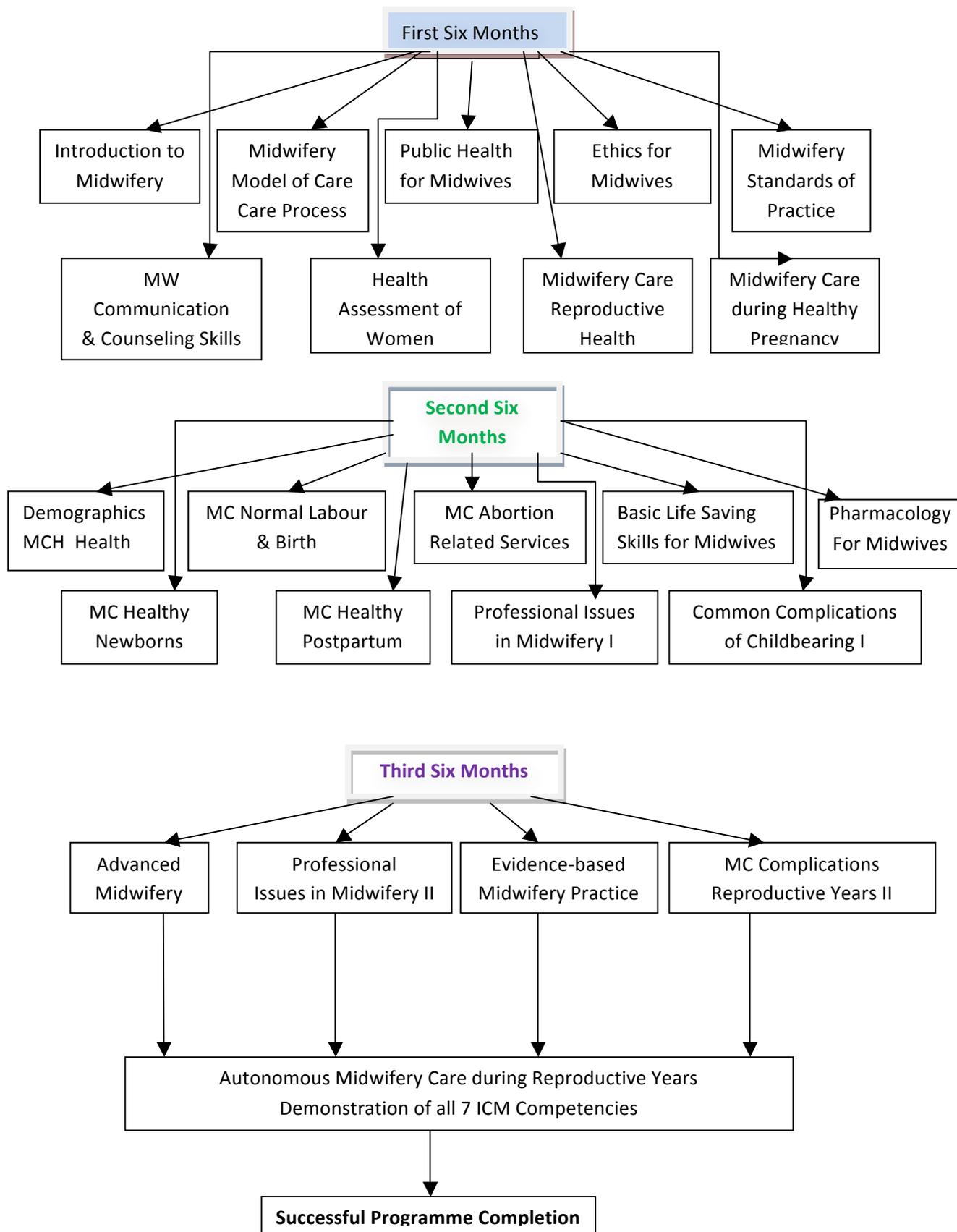
³ Fullerton JT, Gherissi A, Johnson PG, Thompson JB. Competence and competency: Core concepts for international midwifery practice. *International Journal of Childbirth* 1(1), 2011, p. 8. DOI: 10.1891/2156-5287.1.1.4

⁴ Accreditation Commission for Midwifery Education (ACME). The knowledge, skills and behaviors prerequisite to midwifery clinical coursework. Silver Spring, MD: ACME, 2005.

ICM Resource Packet #2
ICM Professional Midwifery Curriculum Outline Appendix A.1
Graphic Representation of Suggested Modules for Professional Midwifery Programme
Direct Entry



ICM Professional Midwifery Curriculum Outline Appendix A.2
Graphic Representation of Suggested Modules for Professional Midwifery Programme
post-Registration Health Provider (18 months)



Appendix B

Midwifery Care Process¹

This care process is dynamic, continuous, and circular when needed, following an orderly succession of steps and requiring critical thinking and various types and levels of decision-making throughout. At times data collected or decisions made or unanticipated outcomes will require re-visiting an earlier step and re-planning with the woman. See attached graphic illustrating the circular nature of the care process

1. **ASSESSMENT:**
 - Includes: History and current needs expressed by woman, physical examination, laboratory findings. [cognitive, psychomotor, affective functions]
 - Sources of data: Woman, family, available records, observation.
 - Criteria for success: Systematic and accurate data collection done in culturally appropriate, respectful manner.

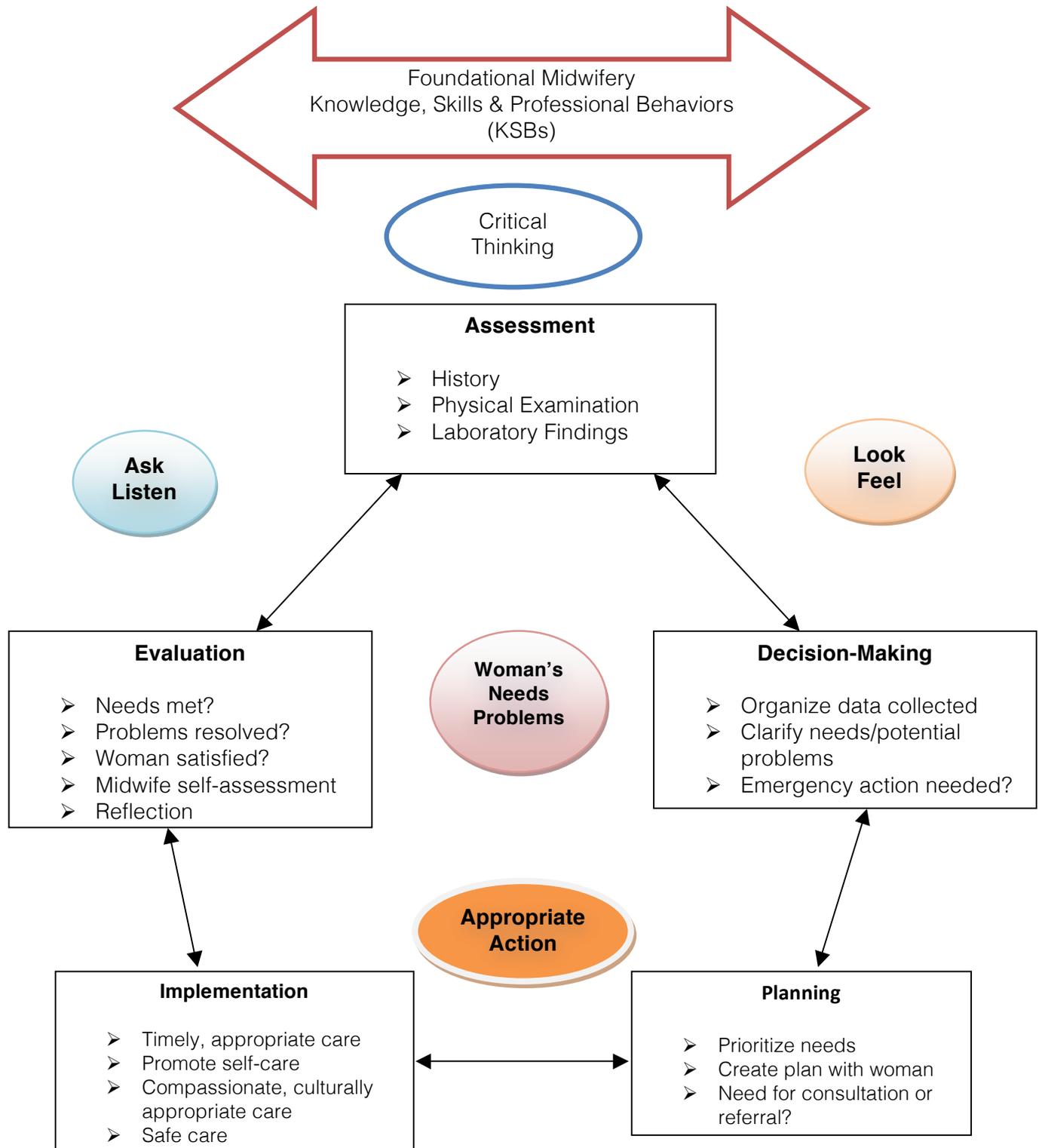
2. **DECISION-MAKING:**
 - Includes: Organizing data collected to clarify actual or potential midwifery diagnoses based on woman's needs/problems and determining if emergency action required. [Cognitive & affective functions]
 - Sources of data: See Step 1.
 - Criteria for success: Correct interpretation of data that results in accurate midwifery diagnoses.

3. **PLANNING:**

¹ This schemata of the midwifery model of care has been used with midwifery teachers and learners in a variety of countries for the past 40 years. It was updated in keeping with the ICM Midwifery Philosophy and Model of Care, Essential Competencies for Basic Midwifery Practice, and the International Code of Ethics for Midwives along with the ACNM Life-Saving Skills Manual for Midwives 1991. J. Thompson, 4/12

- Includes: Prioritizing need for action in partnership with the woman, determining which needs/problems will be resolved by midwifery actions; need for consultation or referral. [Cognitive & affective functions]
- Sources of data: Steps 1 and 2.
- Criteria for success: Comprehensive plan with input from woman/family, including alternates when available based on evidence/sound rationale.
4. IMPLEMENTATION:
- Includes: Timely, appropriate, safe midwifery care provided with compassion and cultural sensitivity, promoting self-care when possible. [Cognitive, affective, psychomotor functions]
- Sources of data: Steps 1, 2, and 3.
- Criteria for success: Timely intervention with safe, evidence-based, efficient, ethical, compassionate care-giving along with appropriate recording of data and plan of care.
5. EVALUATION:
- Includes: Feedback from woman/family on needs met, satisfaction; midwife self assessment and reflection on outcomes & whether new approach needed; confirmation/validation from colleagues, teachers. [Cognitive, affective functions]
- Sources of data: Self, woman, family, peers, supervisors.
- Criteria for success: Extent to which care given met needs of woman and midwifery goals. Outcomes of midwifery care includes improved health/well-being of women and newborns.

Graphic Representation of Midwifery Care Process



Appendix C

Module Development Worksheet¹

Introduction to Module: Brief description of what is in the module. Should convince the learner that the module is important and worth learning.

Module Title: Specific enough for learner to understand the central focus of the content.

Hours of Study: Estimate of time that will need to be spent learning to meet outcomes. May also reflect the total time allotted for a given module.

Learning Outcomes: Very specific statements about what the learner is expected to know, do, or feel at the end of the module. There are usually 5-20 outcomes in each module, especially if sub-units are included. If sub-units included, begin with overall learning outcomes, then the more specific learning outcomes for each sub-unit that, when completed, will allow the learner to demonstrate successful completion of the overall module outcomes.

- In writing outcomes use very clear and specific performance verbs²:
 - list,
 - name
 - describe
 - outline a plan
 - demonstrate
 - explain
 - compute
 - determine
 - perform

¹ This document is based on original by M.K. McHugh, University of Pennsylvania Graduate Program in Nurse-Midwifery. Used with permission.

² Many educators refer to Bloom's Taxonomy for levels of demonstration, from knowledge through comprehension.



Strengthening Midwifery Globally

Content included: This may be a list of the ICM Essential competency and KSBs included, or a group of related concepts, such as health assessment or parent education.

Learning activities for acquiring knowledge and skills:

These may be many types of activities. The midwifery teacher needs to use different types of learning activities that promote competency development and demonstration. Each module will use only a few activities, not all of them.

- a. reading from the textbook
- b. reading journal articles
- c. completing a worksheet
- d. attending a lecture with significant time for dialogue with teacher
- e. observing a procedure
- f. practice on a model in the skills lab
- g. viewing a film
- h. reading from an Internet site

Resources: This section would include written materials, worksheets, case studies, web-based articles, audio-visual aids.

Clinical outcome statements: Easy and efficient to organize clinical outcome statements according to the steps of the midwifery care process (assessment, decision-making, planning, implementation, and evaluation) tailored specifically to the area of practice, e.g., intrapartum care. This is performance time for learners, requiring affective, psychomotor skills, and knowledge application. Thus the outcome statements should be written in such a way to 'lead' the learner to successful performance

Learning activities for developing clinical competence: This is clinical practice with a variety of women seeking midwifery care in a variety of practical sites, supervised by qualified midwifery teacher/preceptor.



Strengthening Midwifery Globally

Learner Assessment: The learner must be told how and when s/he will be evaluated on the theory portion of the module. Sometimes a small quiz can be attached that the student can take before the big exam(s). Timing of assessment of clinical performance also needs to be specified, including learner self-assessment at periodic intervals.

Module evaluation form: Can be a very short form to ask the learner what aspects of the module (teacher, activities, resource, practical experiences) were helpful. Learner should also be asked what changes in the module are needed. It is vital that teachers use this feedback positively, and follow-up with individual learners who need to talk further about their experiences during the module.

Appendix D

Sample Division of ICM Competency #1 & its KSBs 2012

Introduction

One approach to the organization of midwifery content and its placement throughout a midwifery programme is to go through each of the seven ICM competencies with their KSBs, making a note as to what level or sequence the KSBs might have for each competency statement. This document illustrates what Competency #1 might look like when divided into three levels, from simple to advanced to complex theory and skills. It is a suggested approach only, but may be useful to midwifery educators or consultants in constructing a new midwifery curriculum or in evaluating an existing midwifery curriculum. The same process could be followed to analyze the other six ICM competency statements and their associated knowledge, skills and behaviors.

It is important to note that the suggested 'levels' may be used to determine what modules or course units are offered when in the overall curriculum, but are not directive for any particular year or month of placement. For example, in direct entry programmes, the pre-midwifery competencies may be offered in the same time period as the introduction to midwifery practice with healthy women, based on the premise that learners will be eager to begin providing midwifery care for women and childbearing families. In post-registration midwifery programmes, the content needed as 'pre-requisite' to midwifery content may be required prior to entry into the midwifery programme, or it will be integrated with the midwifery content at the beginning of the programme. In some programmes, the teachers may decide to integrate healthy and complicated childbearing content in the same course units or modules, following the way in which each of ICM Competencies #2-7 are structured while others will separate normal or healthy reproductive content from reproductive complications. Whatever the approach used in deciding what content to place where and when in the curriculum, the important point is that all ICM competencies with their KSBs are included and can be identified by programme teachers and learners.

Note to readers: Many professional midwifery programmes have described the courses, content, and placement on their programme website. Midwifery teachers may find it

helpful to review such websites on direct entry and post-registration midwifery programmes prior to making a final decision on what organizational pattern is best or preferred in their situation (country). Sample websites are included in Resource packet #3.

Sample division of KSBs from ICM Competency #1:

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

First level content: Pre-midwifery competencies¹

Knowledge

- Basic sciences – biology (embryology & human development), basic chemistry and microbiology, human anatomy & physiology, pharmacology
- Sociology & psychology
- Social determinants of health – income, literacy & education, water supply & sanitation, housing, environmental hazards, food security, disease patterns, common threats to health
- Public/community health – health promotion, disease prevention & control strategies including relevant national programs, epidemiological principles, community assessments, interpretation of vital statistics
- Principles of community and population based primary health care
- Components of individual, family and community support systems and how to mobilize sources of support when indicated
- Nutrition throughout life cycle
- Principles of research & evidence-based practice
- Indicators of quality health care services

¹ The knowledge, skills and behaviors that come from other health provider education are generally agreed to include basic sciences, social studies, professional ethics, and basic skills in physical assessment, clinical reasoning, etc. Taken from ICM Competency #1 and Accreditation Commission for Midwifery Education (ACME) 2005 document titled, “The knowledge, skills, and behaviors prerequisite to midwifery clinical coursework.” It is the responsibility of midwifery programme faculty to determine if prior health provider education has included these competencies and that the applicant can demonstrate them at the time of entry into the midwifery education programme. If the pre-requisite post-registration content is integrated with the midwifery content, then the programme will need to determine the criteria for beginning the midwifery content.

- Principles of health education – how, what, when, & where to teach
- National & local health services & infrastructures including referral systems
- Human rights & effects on health of individuals
- Local culture and beliefs, & influences on values & behavior
- Traditional and modern health practices (beneficial, harmful)
- Critical thinking and clinical reasoning theoretical foundations
- Professional behaviors – codes of ethics,
- Basis and use of health screening & diagnostic tests
- Theories of collaborative work relationships

Skills

- Think critically, reason morally, and use problem-solving skills
- Practice in accord with accepted standards (evidence-based care) and code of ethics
- Work collaboratively with others in health care
- Demonstrate principles of effective communication
- Provide health education using appropriate teaching materials, aids and resources
- Calculate correct dose and administer medications to adults and newborns by appropriate route
- Use appropriate communication and listening skills
- Take a comprehensive health history and perform a basic screening physical examination
- Assemble, use and maintain equipment and supplies appropriate to setting of practice
- Initiate emergency intervention to facilitate survival (e.g. basic cardiac life support, manage shock, basic first aid and resuscitation, administer oxygen)
- Record and interpret relevant findings, including what was done and what needs follow-up
- Evaluate outcomes of patient care and patient satisfaction

Professional behaviors

- Willingness to think critically and reason morally

- Willingness to accept responsibility and accountability for decisions and outcomes of those decisions (moral agent)
 - Acts consistently in accordance with professional ethics, values and human rights
 - Behaves in a courteous, non-judgmental, non-discriminatory and culturally appropriate manner with all clients
 - Is respectful of individuals, their culture & customs
 - Maintains confidentiality of all client information
 - Advocates for informed choice, participatory decision-making and the right to self-determination
 - Maintains/updates knowledge and skills in order to remain current in practice (e.g., self-evaluation, peer review, continuing education to maintain and validate quality practice)

Note: Each of these content areas can be packaged with logical groupings of specific competencies. For example, a module on public health that might include community assessment, social determinants of health, primary health care including health promotion and disease prevention and control strategies, and disease patterns (epidemiology) and vital statistics; a module on professional ethics that might include what it means to be a moral agent, an advocate for client choice, and how to promote human rights and ethical decision-making; a module on health assessment that most likely will include history taking, physical examination, clinical decision-making, principles of asepsis; a module on health care systems that might include national and local health services and their infrastructure, referral and social services agencies concerned with reproductive health, and relevant national programmes for maternal and child health; a module on basic sciences including principles of pharmacology; a module on social sciences including culture, human development, psychosocial dimensions of childbearing, and psychological well-being of women.

Second level Content: Midwifery Care of Essentially Healthy Women & Newborns

- Social, Epidemiologic & Cultural Context of Maternal & Newborn Care_(ICM Competency #1)

Knowledge

- a. Direct & indirect causes of maternal and neonatal mortality & morbidity in local community & strategies for reducing them
- b. The concept of alarm (preparedness), resources for referral to higher health facility levels
- c. Benefits & risks of available birth settings (birth planning)
- d. Strategies for advocating with women for a variety of safe birth settings

Skills & Behaviours

- a. Uses universal/standard precautions, infection prevention and control strategies & clean technique
- b. Maintains the confidentiality of all information shared by the woman
- c. Works in partnership with women and their families, enables and supports them in making informed choices about their health..& their right to refuse testing or intervention
- d. Works collaboratively (teamwork) with other health workers to improve the delivery of services to women and families
- e. Comply with all local reporting regulations for birth and death registration

Third level content: Midwifery Care of Women & Newborns with Life-threatening Conditions, including Advanced Midwifery Practice

- Social, Epidemiologic & Cultural Context of Maternal & Newborn Care (ICM Competency #1)

Knowledge

- a. Methodology for conducting maternal death review & near miss audits
- b. Legal and regulatory frameworks governing reproductive health for women of all ages, including laws, policies, protocols and professional guidelines
- c. Advocacy and empowerment strategies for women

Skills & Behaviours

- a. Take a leadership role in the practice arena based on professional beliefs and values



Strengthening Midwifery Globally

-
- b. Assume administration and management tasks and activities, including quality and human resource management (additional skill)
 - c. Take a leadership role in policy arenas (additional skill)

As noted earlier, each of the ICM seven competencies can be intentionally divided into levels prior to decisions on placement in a particular place in the curriculum.