

Student Name: _____ Spring (January/February - May) Clinical Hours Required: 240 Office or Clinic Minimum # clinical hours extended due to unique nature of midwifery care (ex 1 birth = many hours + call time). # of experience supercede # of hours

Core Competency/Hallmark of Midwifery
1. Recognition of pregnancy, birth & menopause as normal physiologic & developmental processes
2. Advocacy of non-intervention in the absence of complications.
3. Incorporation of scientific evidence into clinical practice
4. Promotion of women- family-centered care;
5. Empowerment of women as partners in health care.
6. Facilitation of healthy family & interpersonal relationships
7. Promotion of continuity of care
8. Health promotion, disease prevention & health education.
9. Promotion of a public health care perspective
10. Care to vulnerable populations
11. Advocates informed choice, shared decision-making, right to self-determination.
12. Integration of cultural humility
13. Incorporates evidence-based complementary & alternative therapies in education & practice.
14. Skillful communication, guidance, & counseling
15. Therapeutic value of human presence
16. Collaboration w/ other members of the interprofessional health care team.
MIDWIFERY MANAGEMENT PROCESS
17. Investigate: Obtain all necessary data for complete eval of woman or newborn.
18. Identify: Problems or diagnoses & health care needs by correctly interpreting subjective & objective data.
19. Anticipate: Potential problems/diagnoses that may be expected due to identified problems or diagnoses.
20. Evaluate: need for immediate intervention &/or consultation, collaboration or referral w/ healthcare team members prn by condition of woman, fetus, or newborn.
21. Partner: W/ woman to develop comprehensive plan of care supported by valid rationale, based on preceding steps, & including therapeutics prn.
22. Assume responsibility: To implement safe & efficient plan of care incl. providing tx & interventions prn.
23. Evaluate: Care effectiveness, recycle ineffective care through mgt process
PRIMARY HEALTH CARE OF WOMEN
24. National defined goals & objectives for health promotion & disease prevention.
25. Parameters for assessment of physical, mental health, & social health.
25. National defined screening & immunization recommendations to promote health & to detect & prevent disease.
26. Techniques & therapeutics to facilitate health & promote healthy behaviors.
27. Identify normal & deviations from normal in following areas: Cardiovascular & hematologic; Dermatologic; Endocrine; Eye, ear, nose, throat; Gastrointestinal, Mental Health; Musculoskeletal, Neurologic, Respiratory, Renal
28. Mgt strategies & therapeutics for tx of common health problems, deviations from normal, incl infections, self-limited conditions, mild &/or stable chronic conditions, utilize consultation, collaboration, referral to health care services prn.
GYNECOLOGIC CARE
29. Human sexuality, incl biological sex, gender identity, roles, sexual orientation, eroticism, intimacy, & reproduction.
30. Common screening tools & diagnostic tests
31. Common gynecologic & urogynecologic problems
32. All available contraceptive methods
33. Sexually transmitted infections including partner evaluation, treatment or referral

34. Counseling for sexual behaviors that promote health & prevent disease
35. Counseling, clinical interventions &/or referral for unplanned or undesired pregnancies, sexual & gender concerns, & infertility
36. Identify deviations from normal & appropriate interventions, including mgt of complications & emergencies using consultation, collaboration, &/or referral prn
PRECONCEPTION
37. Individual & family readiness for pregnancy including emotional, psychosocial, & sexual factors: Non-modifiable (family & genetic/genomic risk) & Modifiable (environmental & occupational factors, nutrition, medications & maternal lifestyle).
38. Health & laboratory screening
39. Fertility awareness, cycle charts, S & S of pregnancy & pregnancy spacing
INTRAPARTUM
40. Confirmation & assessment of labor & its progress.
41. Maternal & fetal status
42. Deviations from normal & appropriate interventions, including mgt of complications, abnormal intrapartum events, & emergencies
43. Facilitation of physiologic labor progress
44. Measures to support psychosocial needs during labor & birth
45. Labor pain & coping
46. Pharmacologic & non-pharmacologic strategies to facilitate maternal coping
47. Techniques for a. Administration of local anesthesia, b. Spontaneous vaginal birth, c. Third stage mgt, d. performance & repair of episiotomy, & 1st & 2nd degree lacerations
POSTPARTUM
48. Physical involution following pregnancy ending in spontaneous or induced abortion, preterm birth, or term birth.
49. Mgt strategies & therapeutics to facilitate a healthy puerperium
50. Discomforts of puerperium
51. Self care
52. Psychosocial coping & healing following pregnancy
53. Readjustment of significant relationships & roles
54. Facilitation of initiation, establishment, & continuation of lactation prn
55. Resumption of sexual activity, contraception, & pregnancy spacing
56. Deviations from normal, interventions of complications & emergencies
ANTEPARTUM
57. Epidemiology of maternal & perinatal morbidity & mortality
58. Confirmation & dating of pregnancy
59. Promote normal pregnancy using mgt strategies & therapeutics prn
60. Common discomforts of pregnancy
61. Influence of environment, cultural & occupation, health habits, maternal behaviors on pregnancy outcomes
NEWBORN CARE
62. Effect of maternal & fetal history & risk factors on the newborn
63. Prepare & plan for birth based on ongoing assessment of maternal & fetal status
64. Methods to facilitate physiologic transition to extrauterine life that includes but is not limited to the following: a. Establish respiration, b. Cardiac & hematologic stabilization including cord clamping & cutting, c. Thermoregulation, d. Establish feeding & maintenance of normoglycemia, e. Bonding & attachment through prolonged contact w/ neonate, f. Identify deviations from normal & their mgt. g. Emergency mgt incl resuscitation, stabilization, consultation & referral prn
65. Evaluate newborn:
a. Initial physical & behavioral assessment for term & preterm infants

b. Gestational age assessment, c. Ongoing assessment & mgt for term, well newborns during first 28 days, d. Identify deviations from normal, consult, &/or referral to appropriate services prn
66. Develops plan w/ woman & family for newborn care for first 28 days of life, incl nationally defined goals & objectives for health promotion & disease prevention: a. Teach regarding normal behaviors & development to promote attachment, b. Feeding & weight gain incl mgt of common breastfeeding problems, c. Daily care, interaction & activity incl sleep practice & creating safe environment
67. Provide preventative care that includes but is not limited to (1) Tx incl eye ointment, Vit. K, & others as appropriate by local or natl guidelines (2) Test & screen according to local & national guidelines (3) Need for ongoing preventative health care w/ pediatric care providers
68. Safe integration of the newborn into the family & cultural unit
69. Appropriate interventions & referrals for abnormal conditions: (1) Minor & severe congenital malformations (2) Poor transition to extrauterine life (3) Symptoms of infection (4) Infants born to mothers w/ infections (5) Postpartum depression & its effect on the newborn (6) End-of-life care for stillbirth & conditions incompatible w/ life
70. Health education specific to the infant & woman's needs: (1) Care of multiple children including siblings & multiple births (2) Available community resources
PERIMENOPAUSE & POSTMENOPAUSE
71. Effects of menopause on physical, mental, & sexual health
72. Identify deviations from normal
73. Counseling & education for health maintenance & health promotion
74. Mgt techniques & therapeutics for alleviation of common discomforts