

Course Title: MOD3-MW300-Antepartum Provision of Care**Credits:** 1.00

Course Description: This course encompasses aspects of antepartum management, covering how to take a comprehensive health history, the determination of pregnancy, calculation of due dates, how to evaluate fetal growth and well being, the formulation of a comprehensive care plan including the client and her family, and the thorough education of the client about her pregnancy and the factors which will affect it. Common problems, risks, and comfort measures of the antepartum period are covered in detail.

Learning Objectives:

- A: Students will be able to answer the Study Questions (below).
 B: Student will be able to demonstrate thorough knowledge of the Clinical Skills required for this course (below).
 C: Student will demonstrate thorough knowledge of the MANA Core Competencies for Midwives required for this course (below).
 D: Students will be able to demonstrate knowledge of any new information in the area of study.

Learning Activities:

- I. Student Reads required texts.
- II. Student Completes study questions.
- III. Preceptor elaborates on study questions.
- IV. Clinical Skills and Core Competencies training consists of the following (may take place at clinical visits or at childbirth education classes):

1. Preceptor Explanation of	Safe, evidence-based midwifery care for the individual Clinical Skills and Core Competencies including etiology, sequelae, appropriate management and follow-up for the individual patient, appropriate times and reasons for consult and referral, access to relevant resources and information, complete, thorough and timely record keeping, appropriate, professional, and compassionate management of every task involved, receptiveness and responsiveness to patient's concerns. The Explanation will include a discussion of midwifery decisions and actions as they relate to possible outcomes and their wider impact, based on the Midwives Model of Care®.
2. Preceptor Demonstration of	
3. Student Practice of	
4. Student Demonstration of	

- V. Student researches and presents to the preceptor relevant latest developments in academic and clinical midwifery as relevant to the subject.
- VI. Student/Preceptor discussion.
- VII. Role-playing and Clinical Interactions: practice clinical interactions, assist with actual clinicals.

Learning Materials / Resources:

(Please use textbooks less than 5 years old, or most recent edition)

1. Frye, Anne. Holistic Midwifery: A comprehensive Textbook for Midwives and Home Birth Practice, Vol I, Care During Pregnancy. Labrys Press. 1998.

2. Weaver, Pam and Evans, Sharon K. Practical Skills Guide for Midwifery, 4th Edition. Morningstar Publishing Co. Wasilla. 2007
3. MEAC Abbreviated NARM Skills Form.
4. MANA Core Competencies for Midwives
5. Midwives Model of Care®.
6. Internet links as needed for latest developments in midwifery care:
[The Cochrane Collaboration](#)
[EBSCO](#)
[National Library of Medicine](#)
[PubMed](#)
[Medline](#)
[SCIRUS](#)
[Medscape](#)
[World Health Organization](#)

Evaluation Tools / Methods:

1. Answers to study questions: Student must achieve at least 80% correct to pass. The preceptor evaluates each answer for correctness and explains the questions that were incorrect. This counts for 85% of the final grade.
2. Clinical Skills: Student must demonstrate thorough knowledge of each skill. This counts for 5% of the final grade. *Academic courses CAN be completed without the student achieving "mastery" of each skill*, however the skills on the MEAC Abbreviated NARM Skills Form (which is a separate requirement) are not filled in until the student achieves Mastery* of the skill.
3. MANA Core Competencies: Student's ability to apply MANA Core Competencies for Midwives in discussion to simulated and real-life situations. This counts for 5% of the final grade.

Evaluation of NARM Skills and MANA Core Competencies: The student demonstrates thorough knowledge to the satisfaction of the preceptor in the following areas:

The student will be able to, in accordance with safe, evidence-based midwifery care, explain the condition, verbalize etiology and sequelae, verbalize appropriate management for the individual patient, follow up appropriately, consult and refer appropriately, access resources and information, accomplish complete, thorough and timely record keeping, appropriately manage every task involved correctly, professionally, and compassionately, while being receptive and responsive to patient's concerns. She/he will be able to explain her decisions and actions as they relate to possible outcomes and their wider impact.

4. Student presentation of new information in area of study. The preceptor evaluates the correctness of the information presented. This counts for 5% of the grade.

Study Questions

1. Explain the difference between presumptive and probable signs of pregnancy.
2. Give an example of two positive signs of pregnancy.

3. Describe how human chorionic gonadotrophin is used to give women information about their pregnancies.
4. Define abortion.
5. Explain when an abortion is called a fetal demise.
6. Discuss some causes of bleeding in the first trimester.
7. Describe the calculation of the due date according to Nagele's Rule.
8. Describe the abdominal evaluations, which will give you information that will help you diagnose pregnancy.
9. Explain what should be covered in the initial exam
10. Name the structures evaluated during pelvimetry.
11. Name the elements that should be included in a comprehensive care plan.
12. Explain how the midwife evaluates the need for intervention or consult.
13. Explain the evaluations that should be made at every prenatal visit and why.
14. Describe the usual schedule for prenatal visits.
15. Explain the areas of teaching that should be covered at each prenatal visit.
16. Give two procedures for determining fundal height and describe how each is carried out
17. Describe five normal symptoms of pregnancy and their causes.
18. Name the approximate week when the mother will begin to feel fetal movement.
19. Name a cause of morning sickness, how it can be relieved, and how long it lasts.
20. Describe the changes you can expect in skin pigmentation during pregnancy.
21. Define leukorrhea.
22. Discuss some causes of urinary frequency in the first and third trimesters and describe some relief measures.

23. Discuss some causes of heartburn and what can be done to alleviate it.
24. Discuss some causes of constipation and what can be done to relieve it.
25. Explain why women are more likely to get hemorrhoids during pregnancy and what can be done to relieve these.
26. Discuss the measures that can be used to relieve leg cramps.
27. Discuss the causes of round ligament pain.
28. Explain why it is normal for pregnant women to have some dependent edema.
29. Explain why some women are more prone to varicose veins and what can be done for them.
30. Define dyspareunia.
31. Describe how you would distinguish lower back pain from UTI.
32. Discuss the causes of hyperventilation and shortness of breath
33. Discuss the causes of tingling and numbness of fingers during pregnancy.
34. Explain why supine hypotension in pregnancy is dangerous.
35. Discuss what a midwife should tell parents about the following and why:
 - a. Perineal and vaginal care
 - b. Breast care and support
 - c. Abdominal support
 - d. Clothing
 - e. Dental care
 - f. Teratogens
 - g. Discomforts
 - h. Fetal growth and development
36. Explain why sitting or standing for long periods of time is harmful to pregnant women even if they are in good physical shape.
37. List three benefits of daily exercise for pregnant women.
38. Discuss the precautions pregnant women should take when bathing in hot water and give your rationale.
39. List four things that you would discuss with parents about sexual intercourse during pregnancy and give your reasons for each.

40. Discuss the advice that should be given to pregnant women who are traveling.
41. Discuss the issues that should be covered when preparing a sibling of a new baby in the family.
42. Explain the management of a mother with genital herpes.
43. Discuss how you would manage a question of dates.
44. Discuss your management of the rubella susceptible woman.
45. Describe the abdominal findings that will help you evaluate fetal growth.
46. Describe the abdominal evaluations, which will help you evaluate fetal well-being.
47. Discuss when it is important to estimate fetal weight.
48. List five things that are used to evaluate fetal status.
49. Discuss the ways in which fetal movements are used to determine fetal well being.
50. Name the period when fetal brain growth peaks.
51. Explain what range of birth weight is optimum for an infant to reach its greatest potential for intelligence and minimizes the potential for physical disability.
52. In teaching during prenatal care, describe how you would address a mother's specific questions, problems, and experiences.
53. Explain the value of anticipatory guidance in pregnancy and the issues of childbearing.
54. Explain why it is important to impart information that affects the woman's or the baby's health or safety.
55. Explain why it is important to clarify the progress of pregnancy and childbirth and any policies relating to these.
56. Discuss the necessity of interpreting all physical signs and lab results to each pregnant woman and give your rationale.

57. Discuss the essential information that should be shared with each woman about appointment schedules.
58. Describe the Patient's Bill of Rights.
59. Describe the Midwife's Model of Care.
60. Name the classes that should be included in a preparation for childbirth series.
61. For each of the following conditions determine the client's risk level using differential diagnosis.
- a. At eight weeks gestation, the mother complains of continual nausea with vomiting twice a day.
 - b. At 11 weeks gestation, the mother reports that she is having painless spotting, which she just noticed upon going to the bathroom.
 - c. The mother complains that she's lonely, nobody understands her, and she's been crying a lot.
 - d. The mother complains of a stuffy nose, headache, and sore throat for the past 3 days with a fever of 101 F.
 - e. The mother is 20 weeks and has gained 10 lbs.
 - f. The mother complains of right lower quadrant pain, especially when she coughs or sneezes.
 - g. The mother complains of backache at her waist and on her sacrum.
 - h. The mother is complaining of severe hemorrhoids.
 - i. The mother reports having had a hard fall on the icy steps of her house onto her tailbone.
 - j. At 36 weeks gestation, the mother's ankles have been swelling after work.
 - k. The mother describes a bad headache.

Clinical Skills (NARM Skills)

I. Midwifery Counseling, Education and Communication

- (1)-I A. Provides interactive support and counseling and/or referral services to the mother regarding her relationships with her significant others and other healthcare providers
- (2)-I B. Provides education, support, counseling and/or referral for the possibility of less-than-optimal pregnancy outcomes
- (3)-I C. Provides education and counseling based on maternal health/reproductive/family history and on-going risk assessment
- (4)-I D. Facilitates the mother's decision of where to give birth
- (5)-I E. Educates the mother and her family/support unit to share responsibility for optimal pregnancy outcome
- (6)-I F. Educates the mother concerning the natural physical and emotional processes of pregnancy, labor, birth and postpartum
- (7)-I G. Applies the principles of informed consent
- (8)-I H. Provides individualized care
- (9)-I I. Advocates for the mother during pregnancy, birth and postpartum
- I J. Provides education, counseling and/or referral, where appropriate for:
 - (10)-I J 1. Genetic counseling for at-risk mothers
 - (11)-I J 2. Abuse issues: emotional, physical and sexual
 - (12)-I J 3. Prenatal testing
 - (13)-I J 4. Diet, nutrition and supplements
 - (14)-I J 5. Effects of smoking, drugs and alcohol use
 - (15)-I J 6. Situations requiring an immediate call to the midwife
 - (16)-I J 7. Sexually transmitted diseases
 - (17)-I J 8. Complications
 - (18)-I J 9. Environmental risk factors

II. General Healthcare Skills

- (21)-II A. Demonstrates Universal Precautions
- (22)-II B. Demonstrates the application of OSHA regulations as they relate to midwifery workplace
- (23)-II C. Demonstrates the application of aseptic technique
- II D. Demonstrates the use of instruments and equipment including:
 - (26)-II D 3. Blood pressure cuff
 - (30)-II D 7. Doppler and/or Fetoscope
 - (31)-II D 8. Gestation calculation wheel/calendar
 - (34)-II D 11. Lancets
 - (35)-II D 12. Newborn and adult scale
 - (36)-II D 13. Nitrazine paper
 - (37)-II D 14. Needle and syringe
 - (38)-II D 15. Scissors (all kinds)
 - (39)-II D 16. Single dose ampule
 - (40)-II D 17. Speculum
 - (41)-II D 18. Stethoscope
 - (43)-II D 20. Tape measure
 - (45)-II D 22. Urinalysis strips
 - (47)-II D 24. Vacutainer/blood collection tube

- (48)-II D 25. Vaginal culture equipment
- (50)-II F. Uses alternate healthcare practices (non-allopathic treatments) and modalities
- (51)-II G. Refers to alternate healthcare practitioners for non-allopathic treatments
- (55)-II J. Recommends the use of vitamin and mineral supplements
- II K. Administers the following pharmacological (prescriptive) agents:
 - (57)-II K 2. Medical oxygen
 - (61)-II K 6. RhoGam ®
- (63)-II M. Uses Doppler
- (64)-II N. Refers for performance of biophysical profile

III. Maternal Health Assessment

- (65)-III A. Obtains and maintains records of health, reproductive and family medical history
- (66)-III *B. Performs an initial history and physical examination including vital signs
- III C. Knows pelvic exam, including assessing:
 - (70)-III C 2. The size of the uterus and fetal age (by bimanual exam), the condition of the vulva, vagina, cervix, perineum and anus
 - (71)-III D. Estimates due date based upon a variety of methods
 - (72)-III E. Assesses fetal weight, size, lie, or lightening
 - (73)-III F. Assesses correlation of weeks gestation to fundal height'
- (74)-III *G. Performs routine prenatal physical exams
- (75)-III H. Evaluates laboratory and medical records from other practitioners
- (76)-III I. Obtains assistance evaluating laboratory and medical records from other practitioners
- (77)-III J. Records results of the examination in the prenatal records
- III K. Provides prenatal education and counseling for:
 - (78)-III K 1. Nutritional, and non-allopathic dietary supplement support
 - (79)-III K 2. Common complaints of pregnancy
- III L. Recognizes and responds to potential prenatal complications by:
 - (81)-III L 2. Assessing, educating and counseling for pregnancy-induced hypertension using a variety of methods
 - (82)-III L 3. Identifying preeclampsia and collaborating and managing preeclamptic mothers
 - (83)-III L 4. Identifying and turning breech presentations
 - (84)-III L 5. Identifying multiple gestation pregnancies
 - (85)-III L 6. Identifying and dealing with pre-term labor
 - (86)-III L 7. Assessing, evaluating and treating a post date pregnancy
 - (90)-III L 11. Identifying premature rupture of the membranes
 - (91)-III L 12. Managing premature rupture of the membranes in a full-term pregnancy and/or consulting and referring appropriately:

Core Competencies (MANA Core Competencies for Midwives)

I. Guiding Principles of Practice.

The midwife provides care according to the following principles:

- 1 A. Midwives work in partnership with women and their chosen support community throughout the care giving relationship.
- 1 B. Midwives respect the dignity, rights and the ability of the women they serve to act responsibly throughout the care giving relationship.
- 1 C. Midwives work as autonomous practitioners, collaborating with other health and social service providers when necessary.
- 1 D. Midwives understand that physical, emotional, psychosocial and spiritual factors synergistically comprise the health of individuals and affect the childbearing process.
- 1 E. Midwives understand that female physiology and childbearing are normal processes, and work to optimize the well being of mothers and their developing babies as the foundation of care giving
- 1 F. Midwives understand that the childbearing experience is primarily a personal, social and community event.
- 1 G. Midwives recognize that a woman is the only direct care provider for herself and her unborn baby; thus the most important determinant of a healthy pregnancy is the mother herself.
- 1 H. Midwives recognize the empowerment inherent in the childbearing experience and strive to support women to make informed decisions and take responsibility for their own well-being.
- 1 J. Midwives synthesize clinical observations, theoretical knowledge, intuitive assessment and spiritual awareness as components of a competent decision making process.
- 1 K. Midwives value continuity of care throughout the childbearing cycle and strive to maintain continuous care within realistic limits.
- 1 L. Midwives understand that the parameters of “normal” vary widely and recognize that each pregnancy and birth is unique.

II. General Knowledge and Skills

The midwife provides care incorporating certain concepts, skills and knowledge from a variety of health and social sciences including, but not limited to:

- 2 C. Community standards of care for women and their developing infants during the childbearing cycle, including midwifery and bio-technical medical standards and the rationale for and limitations of such standards
- 2 M. The ability to develop, implement and evaluate an individualized plan for midwifery care.
- 2 N. Woman-centered care, including the relationship between the mother, infant and their larger support community.
- 2 O. Knowledge and application of various health care modalities as they apply to the childbearing cycle

III. Care During Pregnancy

The midwife provides health care, support, and information to women throughout pregnancy. She determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

- 3 E. Changes in emotional, psychosocial and sexual variations that may occur during pregnancy.

3 F. Environmental and occupational hazards for pregnant women.

3 M. The causes, assessment and treatment of the common discomforts of pregnancy.

3 N. Identification of, implications of, and appropriate treatment for various infections, disease conditions and other problems, which may affect pregnancy.

IV. Care During Labor, Birth and Immediately Thereafter

The midwife provides health care, support, and information to women throughout labor, birth and the hours immediately thereafter. She determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

4 C. Assessment of the birthing environment, assuring that is clean, safe and supportive, and that appropriate equipment and supplies are on hand.