

**Course Title: MOD3-MW300-AP Risk Screening****Credits: 0.50**

**Course Description:** This module provides a framework for obtaining and using specific information about the client and her environment to make a clear assessment of the level of risk she encounters over the course of her pregnancy and labor, as well as discerning the appropriate time to refer her to other professionals. Diagnostic tests and bio-technical screening methods are evaluated in terms of benefits and risks during pregnancy for fully informed decision making.

**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, 4<sup>th</sup> 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 purpose of risk screening.

2. Describe the components that are included in the midwife's decision process in evaluating levels of risk.
3. Describe the seven steps of management.
4. Explain the midwife's role in differential diagnosis.
5. Describe the steps involved in making a differential diagnosis.
6. Explain the principles of history taking.
7. 301. Describe in detail the purposes of a comprehensive health history. Include all the categories that should be covered, with such details as socioeconomic and referral data.
8. Explain the importance of allowing a person to tell you her or his story spontaneously. Describe how reflection, clarification, empathetic responses, confrontation, interpretation, and asking about feelings might facilitate the information gathering process.
9. Give two examples of how you would proceed from the general to the specific in eliciting the sequence of a health-related episode.
10. Give three examples of leading questions. How you would change these to insure the description is the person's and not yours?
11. Give ten examples of medical terminology which you might change into understandable language in order to insure that the person knows what you're referring to.
12. Give examples of three topics during history-taking that will require you to be non-judgmental in order to receive the most accurate responses. State what you would say to elicit the information for these areas as if you were talking to the person.
13. Describe how you would make the transition between subject areas during history taking and how you would insure that the person did not have any other pertinent information about a given topic.
14. Define chief complaint.
15. Explain what should be covered under past medical history.
16. Explain what should be covered under family history.
17. Explain what should be covered under menstrual history.

18. Explain what should be covered under obstetric history.
19. Explain what should be covered under gynecological history.
20. Explain what should be covered under sexual history.
21. Explain what should be covered under contraceptive history.
22. Explain what should be included in a history of an abnormality
23. Explain the importance of knowing what over the counter, recreational, prescription, and other drugs a mother takes.
24. Explain the importance of knowing if a mother has been exposed to x-rays and when.
25. Explain the importance of knowing whether a mother has had any accidents.
26. Explain the importance of knowing how pregnancy affects a woman's life, her body image, and her feelings about the baby.
27. Explain the importance of knowing whether a client has adequate food, shelter, and transportation.
28. Explain the importance of knowing whether a pregnant woman has cats or eats raw meat.
29. Explain the importance of knowing whether a client has any dietary restrictions.
30. Explain the importance of obtaining an explanation for any abdominal scars.
31. Explain what should be covered under douching history.
32. Explain the importance of knowing whether a client has a belief system that limits the range of services or products she can obtain.
33. Explain the importance of knowing whether a client has any complaints, discomforts, or concerns for herself or her family not already discussed.
34. Describe what should be included in a Review of Systems.
35. Describe the difference between a subjective and an objective review of a system or part.
36. When a mother describes a problem explain what additional information should be sought and how follow up should be planned.

## 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
- (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
- (40)-II D 17. Speculum
- (41)-II D 18. Stethoscope
- (43)-II D 20. Tape measure
- (44)-II D 21. Thermometer
- (45)-II D 22. Urinalysis strips
- (46)-II D 23. Urinary catheter
- (47)-II D 24. Vacutainer/blood collection tube
- (48)-II D 25. Vaginal culture equipment

(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:

(56)-II K 1. Lidocaine

(57)-II K 2. Medical oxygen

(61)-II K 6. RhoGam ®

(62)-II L. Refers for performance of ultrasounds

(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:

(67)-III C 1. The condition of the uterus, ovaries and cervix (by speculum)

(68)-III C 1 a) Performs a Papanicolaou (Pap) test

(69)-III C 1 b) Obtains gynecological cultures

(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:

(80)-III L 1. Identifying pregnancy-induced hypertension

(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

(87)-III L 8. Identifying and referring tubal (ectopic) pregnancy

(88)-III L 9. Identifying and referring placenta abruption

(89)-III L 10. Identifying placenta previa

(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 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 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 A. Identification, evaluation, and support of maternal and fetal well-being throughout the process of pregnancy

3 C. Preexisting conditions in a woman’s health history, which are likely to influence her well-being when she becomes pregnant.

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

3 F. Environmental and occupational hazards for pregnant women.

3 H. Basic understanding of genetic factors, which may indicate the need for counseling, testing, or referral.

- 3 N. Identification of, implications of, and appropriate treatment for various infections, disease conditions and other problems, which may affect pregnancy.
- 3 O. Special needs of the RH-negative woman.