

**Course Title: MOD8-MW250-Protocols****Credits:** 1.00

**Course Description:** In this course, students explore the difference between protocols and practice guidelines including the legal implications for midwives and patients. Students explore the elements are necessary to design practice protocols for all aspects of midwifery care: antepartum care, intrapartum care, newborn care, postpartum, and well woman care. As the North American Registry of Midwives and many states require either practice protocols or guidelines, this course is essential for student midwives learning how to draft their own upon graduation to be used in their own private practice.

- Upon Completion of this section, the student must submit a copy of her *practice guidelines* and *emergency transfer protocol / form*. These must be on file with NCM in order for the student to be eligible to take the NARM Exam and to graduate.

**Learning Objectives:**

A: Student 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 (None required for this course).

C: Student will demonstrate thorough knowledge of the MANA Core Competencies for Midwives required for this course (below).

D: Student will be able to demonstrate knowledge of any new information in the area of study.

E. Student will be able to demonstrate her knowledge of the current midwifery *guidelines for practice* of the state in which the student is planning to practice and of the state in which she is apprenticing, how these affect her protocols, and the differences between the versions for where she is apprenticing and where she plans to practice.

**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.** Student locates and obtains state midwifery practice guidelines, reads them, and relates their requirements to the practice of midwifery.

**VIII.** Student reviews Emergency Transfer Protocol and Form used by her preceptor's practice and compares it to practice guidelines.

**Learning Materials / Resources:**

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

1. New Mexico Midwives Association and the Public Health Division of the Department of Health. *Practice Guidelines for New Mexico Midwives-2008 edition*. NM Department of Health. 2008.  
<http://www.health.state.nm.us/pdf/NMMA%20Practice%20Guidelines%202008.pdf>
2. NARM: CPM Practice Guidelines (below) or:  
<http://www.narm.org/guidelines.htm> 1/18/10.
3. State Midwifery Association (for the state in which the student is planning to practice and in the state in which she is apprenticing). *Current midwifery guidelines for practice*. Current. Your State. Current.
4. Dept of Health (for the state in which the student is planning to practice and in the state in which she is apprenticing). *Regulations governing the practice of Midwifery*. Current. Your state. Current.
5. [Click here to open: Tennessee Midwives' Association Practice Guidelines. 2001.](#)
6. [Click here to open: a sample emergency transfer plan form or go to: http://www.doh.state.fl.us/MQA/Renewal/mwrenewal/fm\\_EmergencyCarePlan.pdf \(02/06/07\)](#)
7. MANA Core Competencies for Midwives.
8. Midwives Model of Care®.
9. 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: None required for this course.
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.
5. a) Student presentation of a summary of the state practice guidelines, and b) her emergency transfer protocol and emergency transfer form used by the preceptor's practice (or the student may create her/his own emergency transfer form that she/he plans to use in her own practice). The preceptor evaluates thoroughness of student's understanding and ability to relate midwifery practice guidelines to protocols, practice, and procedures. This counts for 5% of the grade.
6. Student must submit a copy on CD of the *practice guidelines* that the student plans to use in her/his practice, and *emergency transfer protocol / form* to NCM. This does not count toward the grade.

## Study Questions

1. Describe all the elements to be included in a protocol and the rationale for each.
2. Describe the difference between protocols and guidelines. What is the legal impact of each?
3. Discuss the difference between a protocol for the use of a medication and a protocol for a given medical condition.
4. Describe all the elements that should be taken into consideration when writing a protocol on the following:
  - a. Antepartum Care
  - b. Intrapartum Care
  - c. Newborn Care
  - d. Postpartum Care
  - e. Well Woman Care

## Core Competencies (MANA Core Competencies for Midwives)

### **II. 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 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 I. Midwives strive to insure vaginal birth and provide guidance and support when appropriate to facilitate the spontaneous process of pregnancy, labor and birth, utilizing medical intervention only as necessary.
- 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 O. Knowledge and application of various health care modalities as they apply to the childbearing cycle

### **VI. Newborn Care**

**The entry-level midwife provides health care to the newborn during the postpartum period and support and information to parents regarding newborn care. She determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:**

- 6 D. Community standards and state laws regarding indications for, administration of, and the risks and benefits of prophylactic bio-technical treatments and screening tests commonly used during the neonatal period.

### **VII. Professional, Legal and Other Aspects**

**The entry-level midwife assumes responsibility for practicing in accord with the principles outlined in this document. The midwife uses a foundation of knowledge and/or skill which includes the following:**

- 7 A. MANA's documentation concerning the art and practice of midwifery.
- 7 E. Various sites, styles and modes of practice within the larger midwifery community
- 7 F. A basic understanding of maternal/child health care delivery systems in her local jurisdiction.

### NARM: CPM Practice Guidelines:

The explanation below refers to Practice Guidelines and is from NARM:

<http://www.narm.org/guidelines.htm> 1/18/10:

“All Certified Professional Midwives are required to have written Practice Guidelines. In the CPM Application, the candidate and her preceptor sign affidavits that the candidate maintains these documents. In the recertification application, the CPM again signs a statement verifying that she has written Practice Guidelines and utilizes Informed Consent in sharing these protocols with her clients. NARM does not require that these protocols be turned in with every application, but random audits of applications and recertifications are conducted. Audits require candidates to send copies of their Practice Guidelines and other documents to the NARM Board to verify compliance with NARM's standards. NARM recognizes that each midwife is an individual with specific practice protocols that reflect her own style and philosophy, level of experience, and legal status, and that practice guidelines may vary with each midwife. NARM does not set protocols for all CPMs to follow, but requires that they develop their own practice guidelines in written form.

Practice guidelines are a specific description of protocols that reflect the care given by a midwife. Protocol may contain absolutes, such as, “I will not accept as a client a mother who does not agree to give up smoking,” or may list conditions under which a midwife will make this decision, such as: “I will accept a client who smokes only if she agrees to cut down on smoking, maintains an otherwise exceptional diet, and reads the literature on smoking which I will provide for her.” (The example concerning smoking is given only as an example and is not meant to convey that smoking must be covered in a midwife's practice protocols.)

Another example of a protocol could reflect action taken when a client completes 42 weeks gestation. The protocols could state that at 43.1 weeks, the client will be referred to a back-up physician for further care. Or they could read that at 43.1 weeks the client will be given information on the risks and benefits of continuing to wait for labor, and on options such as home induction or referral to a physician. It is Informed Consent that allows the mother and midwife to work together in developing a plan of care.

Practice guidelines are the specific protocols of practice followed by a midwife, and they should reflect the Midwifery Model of Care. Standards, values, and ethics are more general than practice guidelines, and they reflect the philosophy of the midwife. Practice guidelines are based upon the standards, values and ethics held by the midwife. NARM recommends that the midwife base the practice guidelines on documents such as:

The MANA Standards and Qualifications for the Art and Practice of Midwifery;

The MANA Statement of Values and Ethics;  
The MANA Core Competencies;  
The Midwifery Model of Care;  
Standards for the Practice of Nurse-Midwifery;  
Core Competencies for Basic Midwifery Practice;  
Code of Ethics for Certified-Nurse Midwives;  
Rules and regulations governing the practice of licensed midwifery in the  
midwife's state, if licensed. “