**Course Title:** Antepartum Risk Screening  
**Credits:** 0.50

**Course Description:** This course provides an academic framework for obtaining and using specific information about the client and her environment to make a clear assessment of the level of risk she may encounter over the course of her pregnancy, as well as discerning the appropriate time to refer her to other professionals. Diagnostic tests and bio-technical screening methods are included as elements to understanding risk status. The course focuses on the areas of history taking that are used for obtaining information that is vital in risk assessment. This course uses current research in midwifery and obstetrics to broaden the student’s understanding of the following NARM skills and MANA core competencies learned under clinical supervision:

**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  
(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  
**II. General Healthcare Skills**  
(62)-II L. Refers for performance of ultrasounds  
(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 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

**Learning Activities:**  
A. Student reads appropriate sections from the Learning Materials/Resources.  
B. Student answers the questions listed in the Learning Objectives by researching the Learning Materials/Resources for the course and correctly cites the sources and page numbers for each of their answers.  
C. Student presents answers the questions listed in the Learning Objectives for review by preceptor.  
D. Student participates in preceptor elaboration/discussion of Learning Objectives.
E. In the case that the required texts are more than 5 years old, the student must research, prepare & present a summary of current best midwifery care/practices appropriate to the topic of the course from a current journal article/study, less than 5 years old.

F. Recommended Role-playing and/or Clinical Interactions

   Note: The clinical requirement of NARM/Clinical Skills is completed at any time throughout the ASM apprenticeship during actual clinical practice and is NOT a requirement to complete this academic course.

Activities specific to NARM skills learned in this section:
1. Using your preceptor’s medical history form, practice taking a friend’s or another student’s health history, including her gravida/para status, past pregnancy history, past medical history, family history, obstetric history, menstrual history, sexual/contraceptive history, and social history.
2. During the above interview, practice doing reflection, clarification, empathetic responses, confrontation, interpretation, and asking about feelings.
3. Role play calling a physician to refer a client with genetic risk factors.
4. Practice putting together the information you would need to refer a client for a biophysical profile.
5. Role play discussing risk factors for toxoplasmosis with a client.
6. Role play educating a 35 year old pregnant woman about genetic testing available for her pregnancy, assuming she is coming in for an initial visit at 8 weeks.
7. Create a list of the serious infections in pregnancy and how they are diagnosed and treated.
8. Role play or observe how a preceptor educates a woman and her partner about sexual changes in pregnancy.
9. Discuss with your preceptor how she would screen for depression and other brain disorders in pregnancy, and what she would recommend to a client with these problems.
10. Make a list of mental health agencies you would use in your community to refer clients for counseling and treatment.
11. Make a list of ultrasound agencies you would refer clients during pregnancy.
12. Make a list of other social service agencies for clients experiencing difficulties with housing, food, transportation, etc. in pregnancy.
13. Role play with your preceptor or another student a conversation with a client when you have determined that she must be transferred to physician care during her pregnancy.
14. Practice describing what information is commonly gathered during a 20 week anatomy or Level 2 ultrasound.

Learning Materials / Resources:
Please use textbooks less than 5 years old or most recent edition.


9. Students must find 1 article/study less than 5 years old. Recommended internet links as needed for latest developments in midwifery care: https://www.midwiferycollege.edu/resources-national-college-of-midw

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**Evaluation Tools / Methods:**

*Minimum passing grade for each course is a cumulative 80% / B-. Students and preceptors are encouraged to work together until the student masters the information.*

Final grade for the course is based on preceptor evaluation of the following:

A. Learning Objectives count for 50% of the final grade.

The preceptor evaluates each answer based on three elements:

1. Answers should reflect a thorough review of current literature regarding best current practices in midwifery care.

2. Each answer should be formed in the student’s own words or paraphrased from the text. The answer should be minimal, not a re-write of the entire text, but enough to show appropriate comprehension of the learning objective.

3. Student identification of sources and page numbers for each of the Learning Objectives. (Preceptor should do a random check to determine that sources cited are correctly identified.)
B. Enrichment Activities, including research essays and summaries of articles: 20%
C. Discussions: 15%
D. Tests and Exams: 15%

Course credit:
One Academic credit equals approximately 15 hours of formal time plus 30 hours of additional study or homework. Formal time is defined as the amount of time taken to answer the Learning Objectives to the level of 80% and to complete any learning activities to the preceptor's satisfaction, including any time spent face to face with the preceptor. Informal time includes any time spent actively reading relevant sources and textbook/s, researching Learning Objectives, and studying for examinations.

Learning Objectives:

A-1. The student must research, prepare & present a summary of an aspect of current best midwifery care/practices appropriate to the topic of the course from a current journal article/study.

A-2: Read and briefly discuss the following two articles:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4084925/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4160656/

A-3: Read the following websites then make a handout for pre-conception or pregnancy with graphics that has information about the effects of at least three of the following environmental exposures: food-bourne illnesses, heavy metals, listeriosis, pesticides, food additives, saunas, toxoplasmosis.
Environmental Exposures: http://www.acog.org/About-ACOG/ACOG-Departments/Health-Care-for-Underserved-Women/Toxic-Environmental-Agents
Heavy metal exposure:
https://www.fda.gov/food/foodborneillnesscontaminants/metals/ucm393070.htm
Listeriosis: Read pages 6-9
https://www.fda.gov/downloads/Food/FoodborneIllnessContaminants/ucm106675.pdf
Exercise in Pregnancy: http://www.acog.org/Patients/FAQs/Exercise-During-Pregnancy
Food Additives:
Toxoplasmosis: https://www.cdc.gov/parasites/toxoplasmosis/

B. Student answers the questions below and cites the sources and page numbers.

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 a comprehensive plan for a new pregnant client. Include in this plan how the midwife will assess and manage the need to consult with a physician in order to rule out potential risk factors.

4. Explain the midwife’s role in differentiating between normal and pathological symptoms around pregnancy and how this might affect where a woman should give birth.

5. Identify 2 occasions when referring a client for an ultrasound is an essential part of risk screening.

6. Describe how midwives most use common diagnostic tests in risk screening.

7. Explain the principles of history taking.

8. Describe in detail the purpose of a comprehensive health history. Include all the categories that should be covered, with such details as socioeconomic and referral data.

9. 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.

10. Explain how community standards for care of childbearing women affect a midwife’s risk screening process.

11. Give two examples of how you would proceed from the general to the specific in eliciting the sequence of a health-related episode.

12. Give three examples of leading questions. How you would change these to insure the description is the person’s and not yours?

13. 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.

14. 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.
15. 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.


17. Explain what should be covered under past medical history and why it is important for a midwife to know this information.

18. Describe what should be included in a Review of Systems.

19. Explain what should be covered under family history and why it is important for a midwife to know this information.

20. Explain what should be covered under menstrual history and why it is important for a midwife to know this information.

21. Explain what should be covered under obstetric history and why it is important for a midwife to know this information.

22. Explain what should be covered under gynecological history and why it is important for a midwife to know this information.

23. Explain what should be covered under contraceptive history and why it is important for a midwife to know this information.

24. Explain how a disease or illness should be recorded when taking a history. What details should be included in the client’s record?

25. Explain the importance of knowing what over the counter, recreational, prescription, and other drugs a mother takes.

26. Explain the importance of knowing if a mother has been exposed to x-rays and when.

27. Explain the importance of knowing whether a mother has had any accidents.

28. Explain the importance of knowing how pregnancy affects a woman’s life, her body image, and her feelings about the baby.

29. Explain the importance of knowing whether a client has adequate food, shelter, and transportation.

30. Explain the importance of knowing whether a pregnant woman has cats or eats raw meat.
31. Explain the importance of knowing whether a client has any dietary restrictions.

32. Explain the importance of obtaining an explanation for any abdominal scars.

33. Explain the importance of knowing about any allergies to medicines, foods or the environment.

34. Explain the importance of knowing whether a client has a belief system that limits or alters the range of services or products she can obtain.

35. Explain the importance of knowing whether a client has any complaints, discomforts, or concerns for herself or her family not already discussed.

36. When a mother describes a problem explain what additional information should be sought and how follow-up should be planned.

37. Give an example of a situation (real or imaginary) where a midwife combines information gathered through observation, interview, relationship-based intuition, and common sense to effectively assess a client’s risk status.

38. For each of the following conditions determine the client’s risk level and describe the process by which this risk level can be determined:

   a. At 11 weeks gestation, the mother reports that she is having painless spotting, which she just noticed upon going to the bathroom.
   b. The mother complains of right lower quadrant pain, especially when she coughs or sneezes.
   c. The mother complains of a stuffy nose, headache, and sore throat for the past 3 days with a fever of 101 F.
   d. The mother is 20 weeks and has gained 10 lbs.
   e. The mother complains of backache at her waist and on her sacrum.
   f. The mother is complaining of severe hemorrhoids.
   g. The mother reports having had a hard fall on the icy steps of her house onto her tailbone.
   h. At 36 weeks gestation, the mother’s ankles have been swelling after work.
   i. The mother describes a bad headache.
   j. At eight weeks gestation, the mother complains of continual nausea with vomiting twice a day.