Course Title: Intrapartum Risk Screening  
Credits: 1.0

Course Description: In this course, students will gain basic understanding of how the midwife determines the normal progression of labor and delivery. Students will learn how to evaluate the risk status of a mother at the onset and duration of labor. The student is asked to evaluate the risk factors that can arise in the intrapartum period and gain understanding of how to recognize or rule out signs and symptoms of complications that can change the mother’s risk status. 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  
(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  
(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  

II. General Healthcare Skills  
(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  
(31)-II D 8. Gestation calculation wheel/calendar  
(36)-II D 13. Nitrazine paper  
(41)-II D 18. Stethoscope  
(44)-II D 21. Thermometer  
(45)-II D 22. Urinalysis strips  
(46)-II D 23. Urinary catheter  
(51)-II G. Refers to alternate healthcare practitioners for non-allopathic treatments  

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  

IV. Labor, Birth and Immediate Postpartum  
(93)-IV A. Facilitates maternal relaxation and provides comfort measures throughout labor  
(94)-IV B. Evaluates and supports a laboring mother during the first stage of labor by assessing a variety of factors  
(95)-IV C. Knows a variety of treatments for anterior/swollen lip  
(96)-IV D. Demonstrates the ability to evaluate and support a laboring mother during the second stage of labor
IV E. Demonstrates the ability to recognize and respond to labor and birth complications such as:
(97)-IV E 1. Abnormal fetal heart tones and patterns
IV E 3. Variations in presentation such as:
(99)-IV E 3 a) Breech presentation
(101)-IV E 3 c) Nuchal cord presentation
(104)-IV E 3 f) Shoulder dystocia
(105)-IV E 4. Management of meconium stained fluids
(106)-IV E 5. Management of maternal exhaustion

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 a topic covered in this 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. Role play with your instructor how you would do a chart review in early labor and identify the pertinent aspects of the client’s history in order to appropriately inform yourself about potential risks for the impending labor.

2. Role play with your instructor or another student how you would educate a client about maintaining hydration and nutrition throughout labor.

3. Role play with your instructor or another student how you would educate a client about meconium aspiration syndrome and out-of-hospital birth.

4. Role play with your instructor or another student how you would screen for post-dates pregnancy and when you would refer to the hospital for further screening.
5. Role play with your instructor or another student how you would assess whether a baby is in posterior presentation and discuss management strategies during labor.

6. Role play with your instructor or another student how you would assess for prolonged second stage and discuss management strategies.

7. Practice assessing fetal position with a model pelvis and fetal skull to understand variations in fetal presentation and descent.

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


10. MEAC Abbreviated NARM Skills Form:

11. MEAC Essential Competencies:

13. 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%

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**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.*

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**Learning Objectives:**

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

A-2: Read and discuss: https://patient.info/doctor/breech-presentations and watch the video at https://www.youtube.com/watch?v=EPkIRw1MV1Y

A-3: Read section on presentations in Anne Frye Holistic Midwifery Volume 3 and give a brief summary of face presentations.
B. Student answers the questions below and cites the sources and page numbers.

1. Discuss what history should be obtained at the beginning of labor to identify possible risks.

2. Discuss how risk assessment in labor should be summative and take into account both current and past risk status in decision-making.

3. Discuss how maternal psychological/emotional state can be integrated into risk assessment at the onset of labor.

4. Discuss how continuous accompaniment of the mother during labor can decrease risk of intervention and complication.

5. Discuss how out-of-hospital birth decreases a woman's risk of unnecessary intervention.

6. Discuss ways in which out-of-hospital birth increases a woman’s risk during labor and birth.

7. Discuss the ways in which a midwife can reduce risk to mother and baby by assessing the birth environment at the onset of labor.

8. Discuss how assessment of fetal movement prior to the onset of labor and during labor is an important tool in risk assessment.

9. Discuss how fetal heart tones during contractions are an important tool in risk assessment during labor.

10. Discuss what recommendations a midwife can give about coping with early labor to reduce the risk of maternal exhaustion.

11. Discuss how urinalysis can be an important tool in risk assessment during labor.

12. Explain how to differentiate between true and false labor.

13. Discuss why fetal weight estimation should be a routine practice at the onset of labor.

14. Discuss what risks the midwife should be aware of when a fetus appears to be small.

15. Discuss what risks a midwife should be aware of when a fetus appears to be large.

16. Explain how labor progress can indicate pelvic adequacy.

17. Explain why it is an important part of risk assessment to identify if membranes ruptured before the onset of labor.
18. Explain why it is an important part of risk assessment to identify if the membranes have ruptured during labor.

19. Explain which activities increase risk of infection after the rupture of membranes.

20. Discuss how post-dates gestational age at the onset of labor affects intrapartum risk status for mother and fetus.

21. Discuss which fetal positions must be ruled out at the onset of labor because out-of-hospital birth would be contraindicated.

22. Discuss which fetal positions can increase duration of labor or complications.

23. Discuss how monitoring the quality and nature of contractions is important in ruling out complications.

24. Describe how assessment of vital signs and changes throughout labor are used to rule out complications.

25. Discuss why knowing the location of the placenta can be helpful in risk assessment during labor.

26. Discuss what complications edema might indicate and what additional physical findings confirm or rule out these complications.

27. Discuss how maternal positioning during pushing can affect the risk of laceration.

28. Discuss the additional history that should be obtained from a woman with previous C-section. Give your rationale for each aspect.

29. Discuss the significance of VBAC safety in terms of the number of previous C-sections.

30. Discuss the significance of VBAC safety in terms of the interval of time since the last C-section.

31. Discuss the significance of VBAC safety in terms of any intervening vaginal deliveries.

32. Explain what aspects of birth should be discussed with the VBAC woman and recorded in the chart. Give your rationale for each.

33. Explain the rationale behind allowing a VBAC candidate to labor normally and what milestones she might have to overcome.

34. Discuss how a history of cervical procedures, such as a LEEP or cryosurgery procedure, can increase risk during labor.

35. Explain why low socioeconomic status is thought to result in an increased incidence of
36. Discuss the screening information that will be the most helpful in ruling out premature labor.

37. Discuss the risks associated with anemia at the onset of labor.

38. Discuss three techniques used by health practitioners (including midwives) that can increase the chances of complications during labor.

39. Discuss the risks associated with forceps delivery.

40. Discuss the risks associated with vacuum delivery.

41. Discuss the risks associated with surgical birth (cesarean section).

42. At 40-weeks gestation a woman calls reporting that she is having irregular painful contractions every 10-20 minutes. She reports that she did not sleep very well the night before because she was restless and had diarrhea. This morning she feels slightly nauseous and has noticed a light pink discharge when she uses the bathroom. What steps should the midwife take to manage any risks she may be facing?

43. At 41-weeks gestation a woman reports that she has felt decreased fetal movement in the last few days. She states she has been feeling mild contractions on an irregular basis for a week up but they have not increased in intensity or formed a regular pattern. Upon examine the midwife notes the amniotic fluid volume feels low and that the baby remains high and un-descended into the pelvis. What steps should the midwife take to manage any risks she may be facing?

44. At 38-weeks gestation with her first baby a woman calls to report that her water has broken. She reports that the water is clear and still leaking but she is not having any contractions. Upon checking her medical history the midwife observes that her Group B strep status is positive and that she has requested antibiotic prophylaxis. What steps should the midwife take to manage any risks she may be facing?

45. A woman at 39-weeks gestation calls to report that she has been having medium strength contractions for several hours. She reports that about 15 minutes ago she noticed that she is bleeding a steady stream of bright red blood. She does not feel pain associated with the bleeding but is worried that she did not experience this with her last birth. What steps should the midwife take to manage any risks she may be facing?

46. A woman at 39-weeks gestation has been in active labor for several hours with steady dilation and effacement. She is now 6 cm upon vaginal exam. During the vaginal exam the midwife notices that her flesh feels usually warm through the glove. Her temperature
is 99.9 degrees and she says she feels fine except for the pain of the contractions. Shortly after the vaginal exam her membranes rupture and the midwife notes medium particulate meconium present in the fluid. What steps should the midwife take to manage any risks she may be facing?

47. A client goes into spontaneous labor at 37-weeks gestation. During the labor check the midwife notes that the baby feels small and is not well engaged in the pelvis. Otherwise all vital signs are within normal limits and the mother is handling labor well. What steps should the midwife take to manage any risks she may be facing?

48. During a long labor with her first baby at term, the mother is getting tired and distressed that the labor is taking too long. The woman is 7 cm and 70% effaced. She is laboring standing up with frequent position change. Upon urinalysis the midwife notes small ketones but vitals are otherwise within normal limits. The midwife suspects that the baby has rotated to a posterior position, and confirms this upon vaginal exam. What steps should the midwife take to manage any risks she may be facing?

49. After five hours of active labor with strong contractions a multiparous mother feels the sudden urge to push. The midwife checked her 45 minutes ago and she was 7cm and 95% effaced. What steps should the midwife take to manage any risks she may be facing?

50. After 8 hours of active labor at term the mother begins to feel a strong urge to push, she is bearing down uncontrolably at the peak of each contraction and asking if she can go ahead and push yet. Upon vaginal exam the midwife notes that she is only 9cm dilated and that the anterior portion of her cervix is slightly swollen and rigid. What steps should the midwife take to manage any risks she may be facing?

51. After 10 hours of active labor a woman is 9 cm and starting to feel pressure in her rectum. The midwife notices fresh meconium on her underpad for the first time during labor and after ROM with clear fluid. Upon vaginal exam the midwife discovers that the baby has descended in a frank breech presentation and that the sacrum is at +1 station. What steps should the midwife take to manage any risks she may be facing?

52. After 12 hours of active labor a woman is 10 cm and fully effaced. She has maintained well hydrated throughout labor and all vitals are normal. The baby is at 0 station and she does not feel an urge to push. Despite changes in position and strong contractions the baby is not descending. What steps should the midwife take to manage any risks she may be facing?

53. After 1.5 hours of active pushing a primipara woman is beginning to get tired. The baby has descended to +2 station and a small caput can be felt forming. The mother pushes many times with each contractions but sustains the contraction for only a few seconds before she cries out in pain from the pressure in her rectum. What steps should the midwife take to manage any risks she may be facing?

54. After a slow second stage the fetal head is visible with each push during the contraction. The mother is pushing with all of her effort as the fetal head slowly begins
to emerge. After the head is born the midwife notes that it does not restitute and stays occiput anterior despite the onset of the next contraction. The maternal pushing effort along with the next contraction does not move the head or birth the shoulders. The scalp begins to darken as the baby remains on the perineum while the mother continues to push vigorously. What steps should the midwife take to manage any risks she may be facing?

55. During a slow second stage for the first time during labor the midwife notes a deceleration in fetal heart rate at the beginning of the contraction. The mother is sitting on a birth stool and pushing continuously through each contraction with all her strength. Her labor has been lengthy but her vital signs and fetal heart tones have been normal throughout. What steps should the midwife take to manage any risks she may be facing?

56. After 8 hours of active labor a baby is beginning to crown with pushes during the contraction. When the head is born a dark bluish color is noted and the midwife checks for a nuchal cord. The midwife finds that there is a tight nuchal cord wrapped twice around the baby’s neck. What steps should the midwife take to manage any risks she may be facing?

57. After 18 hours of active labor a primip has reached 8 cm. She is tired but working with her strong contractions as best she can while laboring in the water. Her vitals have remained normal although she has not been able to keep down fluids since entering transition. During a routine fetal heart tone check the midwife notices a deceleration from 140 bpm down to 90 bpm late in the contraction with good recovery after the contraction is over. What steps should the midwife take to manage any risks she may be facing?

58. After laboring successfully for 10 hours a woman with one previous cesarean section feels a sudden sharp pain at the peak of a contraction. Upon palpation the midwife feels the fetus easily and a hard round ball beside it in the abdomen. What steps should the midwife take to manage any risks she may be facing?