Course Title: Postpartum Risk Screening
Credits: 0.5

Course Description: The objective of this course is for students to learn how to evaluate the risk status of a mother after the birth, including continued screening for signs and symptoms of obstetric or medical complications. 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 during the postpartum period, as well as discerning the appropriate time to refer her to other professionals. 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
   (3)-I C. Provides education and counseling based on maternal health/reproductive/family history and on-going risk assessment
   (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
   (11)-I J 2. Abuse issues: emotional, physical and sexual
   (13)-I J 4. Diet, nutrition and supplements
   (14)-I J 5. Effects of smoking, drugs and alcohol use
   (16)-I J 7. Sexually transmitted diseases
   (17)-I J 8. Complications
   (18)-I J 9. Environmental risk factors
   (20)-I J 11. Postpartum care concerning complications and self-care

IV. L. Facilitates breastfeeding by assisting and teaching about a variety of factors impacting breastfeeding, including:
   (129)-IV L 1. Adequate maternal nutrition
   (130)-IV L 2. Maternal comfort measures for engorgement

V. Postpartum
   (131)-V A. Performs postpartum reevaluation of mother and baby at appropriate intervals
   (133)-V C. Provides contraceptive education and counseling
   (136)-V *F. Performs thorough and appropriate maternal four- to six-week postpartum check-up
   (137)-V G. Knows treatments for sore nipples
   (138)-V H. Knows treatments for mastitis
   (139)-V I. Knows breastfeeding referral resources

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 or another student the questions you would ask a client in order to screen for the following postpartum complications or problems:
   a. Breast infection
   b. Uterine infection
   c. Perineal infection
   d. Delayed postpartum hemorrhage
   e. Postpartum depression (vs. postpartum blues)
   f. Breast Engorgement

2. Create a list of resources in your community for referral for postpartum complications, including
   a. Lactation consultants
   b. Psychologists specializing in postpartum depression
   c. Obstetrician/gynecologists
   d. Pediatricians

**Learning Materials / Resources:**

*Please use textbooks less than 5 years old or most recent edition.*


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-midwi

**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. 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.

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

1. Discuss how comprehensive follow-up helps to decrease risk during the postpartum period.
2. Discuss how sexually transmitted infections can increase risk postpartum.
3. Discuss how maternal alcohol and drug use can increase risk postpartum.
4. Discuss what environmental factors play a role in risk screening postpartum.
5. What questions would a midwife ask in order to better understand the environment of a mother postpartum?
6. Discuss how the occurrence of a laceration during birth can increase postpartum risk of infection.
7. Discuss how complications during or immediately after birth can increase risk during the postpartum period. Give an example of an intrapartum complication that may increase postpartum risk for complication.
8. Discuss how maternal hygiene can affect risk of infection postpartum.
9. Discuss ways in which a midwife can decrease risk of breastfeeding problems postpartum.
10. Discuss what measures can be taken postpartum to decrease risk of mastitis postpartum.

11. How does an assessment of maternal self-care relate to risk assessment postpartum?

12. Discuss the way in which referral plays a role in postpartum risk assessment. When is it important for a midwife to refer a client in order to better understand her risk status?

13. Discuss how diet can play a role in reducing risk postpartum.

14. Discuss how an abusive relationship increases risk postpartum.

15. Discuss how sleep deprivation can affect the postpartum period.

For the following postpartum scenarios, write a risk assessment of the situation and include a plan of midwifery management for each client. Please indicate when referral is necessary.

16. Immediately after the delivery of the placenta with 750cc of blood loss a woman begins to complain that she feels cold. Her color is pale and sweaty and her pulse is felt at 125bpm. What risks are the client facing and how can the midwife manage this?

17. Thirty minutes postpartum after a normal birth and delivery of the placenta with no apparent laceration a client begins to complain of excruciating pressure in her rectum. She is unable to get comfortable and becomes frantic with the pain sensation. What risks are the client facing and what steps should the midwife take to rule out these complications?

18. Three hours postpartum after a normal delivery of her fifth baby the midwife checks a client’s fundus to find that it is 2 finger-breadths above the umbilicus, boggy and slightly to the right. How can the midwife assess risk on this client and what are the steps to managing this scenario?

19. Twelve hours after the normal delivery of her second child a client calls the midwife to report that upon getting up to urinate, a clot the size of a lemon came out of her. She reports that she has been feeling normal and mostly resting and breastfeeding since the birth of her baby. What steps should the midwife take to manage any risks she may be facing?

20. Forty-eight hours after a normal birth following a long labor with premature rupture of membranes a client calls to report that she is feeling slightly feverish. She reports her lochia smells “funny” and tenderness in her abdomen. What steps should the midwife take to manage any risks she may be facing?

21. Three days postpartum a woman calls to report she feels achy and her temperature has been variable all day. She reports she feels very emotional and reports her breasts are sore. What steps should the midwife take to manage any risks she may be facing?
22. On the third day postpartum a woman calls to report that she is constipated and has a decrease in appetite. She has not moved her bowels since the birth and is worried that there is something wrong. What steps should the midwife take to manage any risks she may be facing?

23. Four days postpartum a client calls reporting that her breasts are hard and swollen. She states her baby is unable to latch because her nipples are cracked and bleeding. What steps should the midwife take to manage any risks she may be facing?

24. Three days postpartum a client calls to report that her perineum is painful. She sustained a second degree laceration and received sutures after her otherwise normal birth. She reports she is uncomfortable sitting down and feels like her tissues are somewhat swollen. She has not had a fever and she is otherwise feeling well. What steps should the midwife take to manage any risks she may be facing?

25. Three days after the birth of her third baby a woman reports that she feels intense uterine cramping while breastfeeding. She reports that her flow of lochia is similar to her last two postpartum periods but that she never felt this kind of pain while breast-feeding before. What steps should the midwife take to manage any risks she may be facing?

26. Two weeks after the birth of her second baby a client calls to report that she has a spot on her left breast that feels hot and hard. She states that she has been avoiding feeding her baby from this side because it is painful. What steps should the midwife take to manage any risks she may be facing?

27. During a visit four weeks postpartum a client reports that she is feeling overwhelmed with the responsibility of her new baby in addition to her other two children. She says she feels very emotional and cries easily. She reports that her husband is also feeling overwhelmed and is working overtime to support their family while she is on maternity leave. What steps should the midwife take to manage any risks she may be facing?

28. During a six-week postpartum visit a mother reports she is feeling fine. You notice that the shades are drawn and that the mother appears disheveled. When the infant cries the mother gets annoyed and states she feels like she can’t do anything to make the baby stop crying. The mother is vague in answering any questions about her own well-being or the well-being of her baby. What steps should the midwife take to manage any risks she may be facing?

29. At a six-week postpartum visit a mother states that she has started spotting again. She states she had stopped bleeding completely two weeks ago and was surprised today when she found bright red blood in her underwear after a day of running errands and visiting with family. What steps should the midwife take to manage any risks she may be facing?

30. At a six week postpartum visit a client states that she feels like her life is over. Since the birth of her baby everything has gone wrong. Her partner has left her and she feels depressed and overwhelmed with the responsibility of being a single parent. She states
she loves her baby very much but she does not know how she can parent alone and she never imagined it would be this difficult. What steps should the midwife take to manage any risks she may be facing?

31. At six weeks postpartum a woman states she is worried about getting pregnant again too soon. She and her husband starting have sex again around four weeks postpartum and they have not been using any birth control methods. She is excited about resuming sexual activity with her spouse but is worried that she might not know if she is fertile. What steps should the midwife take to manage any risks she may be facing?