



Strengthening Midwifery Globally

# INTERNATIONAL CONFEDERATION OF MIDWIVES

## Essential competencies for basic midwifery practice

### 2010

### Revised 2013

#### PREFACE

The International Confederation of Midwives (ICM) is a federation of midwifery associations representing countries across the globe. The ICM works closely with the World Health Organization, all United Nations agencies, and governments in support of safe motherhood and primary health care strategies for the world's families. ICM takes the leadership role in development of the definition of the midwife, and the delineation of the midwifery scope of practice (the essential competencies). ICM also promotes standards and guidelines that define the expected structure and context of midwifery pre-service education programs; provides guidance for the development of regulations for midwifery practice; and assists countries to strengthen the capacity of midwifery associations and to develop leaders of the midwifery profession worldwide.

Throughout this document the term “competencies” is used to refer to both the broad statement heading each section, as well as the knowledge, skills and behaviours required of the midwife for safe practice in any setting. They answer the questions “What is a midwife expected to know?” and “What does a midwife do?” The competencies are *evidence-based*.

The majority of the competencies are considered to be *basic* or *core*, i.e., those that should be an expected outcome of midwifery pre-service education. Other items are designated as *additional* knowledge or skills. Additional skills are defined as those that could be learned or performed by midwives under either of two circumstances: a) midwives who elect to engage in a broader scope of practice and/or b) midwives who have to implement certain skills to make a difference in maternal or neonatal outcome. This allows for variation in the preparation and practice of midwives throughout the world, depending on the needs of their local community and/or nation.

The competencies are written in recognition that midwives receive their knowledge and skills through several different educational pathways. They can be used by midwives, midwifery associations, and regulatory bodies responsible for the education and practice of midwifery in their country or region. The essential competencies are guidelines for the mandatory content of midwifery pre-service education curricula, and information for governments and other policy bodies that need to understand the contribution that midwives can make to the health care system. The *Essential Competencies for Basic Midwifery Practice* is complemented by ICM standards and guidelines related to midwifery education, regulation and clinical practice.

The *Essential Competencies for Basic Midwifery Practice* is a living document. The competency statements undergo continual evaluation and amendment as the evidence concerning health care and health practices emerges and evolves, and as the health care needs of childbearing women and families change.

## **KEY MIDWIFERY CONCEPTS**

There are a number of key midwifery concepts that define the unique role of midwives in promoting the health of women and childbearing families. These include:

- partnership with women to promote self-care and the health of mothers, infants, and families;
- respect for human dignity and for women as persons with full human rights;
- advocacy for women so that their voices are heard and their health care choices are respected;
- cultural sensitivity, including working with women and health care providers to overcome those cultural practices that harm women and babies;
- a focus on health promotion and disease prevention that views pregnancy as a normal life event; and
- advocacy for normal physiologic labour and birth to enhance best outcomes for mothers and infants.

## **SCOPE OF MIDWIFERY PRACTICE**

The scope of midwifery practice used throughout this document is built upon the ICM international *Definition of the Midwife* which recognises the midwife as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility, and to provide care for the newborn and infant. This care includes preventative measures, the promotion of normal physiologic labour and birth, the detection of complications the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care. A midwife's role as advocate for evidence-based midwifery practices can also be valuable in advancing public health policy regarding women's health and maternal and child health care.

A midwife may practise in any setting including the home, community, hospitals, clinics or health units.

# INTERNATIONAL CONFEDERATION OF MIDWIVES

## Essential competencies for basic midwifery practice 2010

### COMPETENCY IN SOCIAL, EPIDEMIOLOGIC AND CULTURAL CONTEXT OF MATERNAL AND NEWBORN CARE

**COMPETENCY # 1: Midwives have the requisite knowledge and skills from obstetrics, neonatology, the social sciences, public health and ethics that form the basis of high quality, culturally relevant, appropriate care for women, newborns, and childbearing families.**

#### Knowledge

#### **BASIC**

**The midwife has the knowledge and/or understanding of...**

- the community and social determinants of health (e.g., income, literacy and education, water supply and sanitation, housing, environmental hazards, food security, disease patterns, common threats to health)
- principles of community-based primary care using health promotion and disease prevention and control strategies
- direct and indirect causes of maternal and neonatal mortality and morbidity in the local community and strategies for reducing them
- methodology for conducting maternal death review and near miss audits
- principles of epidemiology, community diagnosis (including water and sanitation), and how to use these in care provision
- methods of infection prevention and control, appropriate to the service being provided
- principles of research, evidenced-based practice, critical interpretation of professional literature, and the interpretation of vital statistics and research findings
- indicators of quality health care services
- principles of health education
- national and local health services and infrastructures supporting the continuum of care (organization and referral systems), how to access needed resources for midwifery care
- relevant national programs (provision of services or knowledge of how to assist community members to access services, such as immunization and prevention or treatment of health conditions prevalent in the country )
- the concept of alarm (preparedness), resources for referral to higher health facility levels, communication and transport [emergency care] mechanisms
- the legal and regulatory framework governing reproductive health for women of all ages, including laws, policies, protocols and professional guidelines
- human rights and their effects on health of individuals (includes issues such as domestic partner violence and female genital mutilation [cutting])
- advocacy and empowerment strategies for women
- local culture and beliefs (including religious beliefs, gender roles)

- traditional and modern health practices (beneficial and harmful)
- benefits and risks of available birth settings (birth planning)
- strategies for advocating with women for a variety of safe birth settings

### **Professional Behaviours**

#### **BASIC**

##### **The midwife...**

- is responsible and accountable for clinical decisions and actions
- acts consistently in accordance with professional ethics, values and human rights
- acts consistently in accordance with standards of practice
- maintains/updates knowledge and skills, in order to remain current in practice
- uses universal/standard precautions, infection prevention and control strategies, and clean technique
- behaves in a courteous, non-judgmental, non-discriminatory, and culturally appropriate manner with all clients
- is respectful of individuals and of their culture and customs, regardless of status, ethnic origin or religious belief
- maintains the confidentiality of all information shared by the woman; communicates essential information between/among other health providers or family members only with explicit permission from the woman and compelling need
- works in partnership with women and their families, enables and supports them in making informed choices about their health, including the need for referral or transfer to other health care providers or facilities for continued care when health care needs exceed the abilities of the midwife provider, and their right to refuse testing or intervention
- works collaboratively (teamwork) with other health workers to improve the delivery of services to women and families

### **Skills and/or abilities**

#### **BASIC**

##### **The midwife has the skill and/or ability to...**

- engage in health education discussions with and for women and their families
- use appropriate communication and listening skills across all domains of competency
- assemble, use and maintain equipment and supplies appropriate to setting of practice
- record and interpret relevant findings for services provided across all domains of competency, including what was done and what needs follow-up
- comply with all local reporting regulations for birth and death registration
- take a leadership role in the practice arena based on professional beliefs and values

## **ADDITIONAL**

### **The midwife has the skill and/or ability to...**

- assume administration and management tasks and activities, including quality and human resource management, appropriate for level of health facility and midwifery scope of practice
- take a leadership role in policy arenas

## COMPETENCY IN PRE-PREGNANCY CARE AND FAMILY PLANNING

**COMPETENCY # 2: Midwives provide high quality, culturally sensitive health education and services to all in the community in order to promote healthy family life, planned pregnancies and positive parenting.**

### Knowledge

#### **BASIC**

**The midwife has the knowledge and/or understanding of...**

- growth and development related to sexuality, sexual development and sexual activity
- female and male anatomy and physiology related to conception and reproduction
- cultural norms and practices surrounding sexuality, sexual practices, marriage and childbearing
- components of a health history, family history and relevant genetic history
- physical examination content and investigative laboratory studies that evaluate potential for a healthy pregnancy
- health education content targeted to sexual and reproductive health (e.g., sexually transmitted infections, HIV, newborn and child health)
- basic principles of pharmacokinetics of family planning drugs and agents
- culturally acceptable and locally available natural family planning methods
- contemporary family planning methods, including barrier, steroidal, mechanical, chemical and surgical methods of contraception, mode of action, indications for use, benefits and risks; rumours and myths that affect family planning use
- medical eligibility criteria for all methods of family planning, including appropriate timeframes for method use
- methods and strategies for guiding women and/or couples needing to make decisions about methods of family planning
- signs and symptoms of urinary tract infection and sexually transmitted infections commonly occurring in the community/country
- indicators of common acute and chronic disease conditions specific to a geographic area of the world that present risks to a pregnant woman and the foetus (e.g., HIV, TB, malaria) and referral process for further testing and treatment including post-exposure preventive treatment
- indicators and methods for advising and referral of dysfunctional interpersonal relationships, including sexual problems, gender-based violence, emotional abuse and physical neglect
- principles of screening methods for cervical cancer, (e.g., visual inspection with acetic acid [VIA], Pap test, and colposcopy)

## Skills and/or abilities

### **BASIC**

#### **The midwife has the skill and/or ability to...**

- take a comprehensive health and obstetric, gynaecologic and reproductive health history
- engage the woman and her family in preconception counselling, based on the individual situation, needs and interests
- perform a physical examination, including clinical breast examination, focused on the presenting condition of the woman
- order and/or perform and interpret common laboratory tests (e.g., hematocrit, urinalysis dipstick for proteinuria)
- request and/or perform and interpret selected screening tests such as screening for TB, HIV, STIs
- provide care, support and referral or treatment for the HIV positive woman and HIV counselling and testing for women who do not know their status
- prescribe, dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) **locally available and culturally acceptable methods of family planning**
- advise women about management of side effects and problems with use of family planning methods
- prescribe, dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) **emergency contraception medications**, in accord with local policies, protocols, law or regulation
- provide commonly available methods of barrier, steroidal, mechanical, and chemical methods of family planning
- take or order cervical cytology(Pap) test

### **ADDITIONAL**

#### **The midwife has the skill and/or ability to...**

- use the microscope to perform simple screening tests
- insert and remove intrauterine contraceptive devices
- insert and remove contraceptive implants
- perform acetic acid visualization of the cervix and interpret the need for referral and treatment
- perform colposcopy for cervical cancer screening and interpret the need for referral and treatment

## COMPETENCY IN PROVISION OF CARE DURING PREGNANCY

**COMPETENCY # 3: Midwives provide high quality antenatal care to maximize health during pregnancy and that includes early detection and treatment or referral of selected complications.**

### Knowledge

#### **BASIC**

**The midwife has the knowledge and/or understanding of...**

- anatomy and physiology of the human body
- the biology of human reproduction, the menstrual cycle, and the process of conception
- signs and symptoms of pregnancy
- examinations and tests for confirmation of pregnancy
- methods for diagnosis of an ectopic pregnancy
- principles of dating pregnancy by menstrual history, size of uterus, fundal growth patterns and use of ultrasound (if available)
- components of a health history and focused physical examination for antenatal visits
- manifestations of various degrees of female genital mutilation (cutting) and their potential effects on women's health, including the birth process
- normal findings [results] of basic screening laboratory tests defined by need of area of the world, (e.g., iron levels, urine test for sugar, protein, acetone, bacteria)
- normal progression of pregnancy: body changes, common discomforts, expected fundal growth patterns
- implications of deviation from expected fundal growth patterns, including intrauterine growth retardation/restriction, oligo- and polyhydramnios, multiple foetuses
- fetal risk factors requiring transfer of women to higher levels of care prior to labour and birth
- normal psychological changes in pregnancy, indicators of psychosocial stress, and impact of pregnancy on the woman and the family
- safe, locally available non-pharmacological substances for the relief of common discomforts of pregnancy
- how to determine foetal well-being during pregnancy including foetal heart rate and activity patterns
- nutritional requirements of the pregnant woman and foetus
- health education needs in pregnancy (e.g., information about relief of common discomforts, hygiene, sexuality, work inside and outside the home)
- basic principles of pharmacokinetics of drugs prescribed, dispensed or furnished to women during pregnancy
- effects of prescribed medications, street drugs, traditional medicines, and over-the-counter drugs on pregnancy and the foetus
- effects of smoking, alcohol abuse and illicit drug use on the pregnant woman and foetus

- the essential elements of birth planning (preparation for labour and birth, emergency preparedness)
- the components of preparation of the home/family for the newborn
- signs and symptoms of the onset of labour (including women's perceptions and symptoms)
- techniques for increasing relaxation and pain relief measures available for labour
- signs, symptoms and potential effects of conditions that are life-threatening to the pregnant woman and/or her foetus, (e.g., pre-eclampsia/eclampsia, vaginal bleeding, premature labour, severe anaemia, Rh isoimmunisation, syphilis)
- means and methods of advising about care, treatment and support for the HIV positive pregnant woman including measures to prevent maternal-to-child transmission (PMTCT) (including feeding options)
- signs, symptoms and indications for referral of selected complications and conditions of pregnancy that affect either mother or foetus (e.g., asthma, HIV infection, diabetes, cardiac conditions, malpresentations/abnormal lie, placental disorders, pre-term labour, post-dates pregnancy)
- measures for prevention and control of malaria in pregnancy, according to country disease pattern, including intermittent preventive treatment (IPT) and promotion of insecticide treated bed nets (ITN)
- pharmacologic basis of de-worming in pregnancy (if relevant to the country of practice)
- the physiology of lactation and methods to prepare women for breastfeeding

### Skills and/or abilities

#### **BASIC**

#### **The midwife has the skill and/or ability to...**

- take an initial and ongoing history each antenatal visit
- perform a physical examination and explain findings to the woman
- take and assess maternal vital signs including temperature, blood pressure, pulse
- assess maternal nutrition and its relationship to foetal growth; give appropriate advice on nutritional requirements of pregnancy and how to achieve them
- perform a complete abdominal assessment including measuring fundal height, lie, position, and presentation
- assess foetal growth using manual measurements
- evaluate foetal growth, placental location, and amniotic fluid volume, using ultrasound visualization and measurement (if equipment is available for use)
- listen to the foetal heart rate; palpate uterus for foetal activity and interpret findings
- monitor foetal heart rate with Doppler (if available)
- perform a pelvic examination, including sizing the uterus, if indicated and when appropriate during the course of pregnancy
- perform clinical pelvimetry [evaluation of bony pelvis] to determine the adequacy of the bony structures
- calculate the estimated date of birth

- provide health education to adolescents, women and families about normal pregnancy progression, danger signs and symptoms, and when and how to contact the midwife
- teach and/or demonstrate measures to decrease common discomforts of pregnancy
- provide guidance and basic preparation for labour, birth and parenting
- Identify variations from normal during the course of the pregnancy and institute appropriate first-line independent or collaborative management based upon evidence-based guidelines, local standards and available resources for:
  - low and or inadequate maternal nutrition
  - inadequate or excessive uterine growth, including suspected oligo- or polyhydramnios, molar pregnancy
  - elevated blood pressure, proteinuria, presence of significant oedema, severe frontal headaches, visual changes, epigastric pain associated with elevated blood pressure
  - vaginal bleeding
  - multiple gestation, abnormal lie/malpresentation at term
  - intrauterine foetal death
  - rupture of membranes prior to term
  - HIV positive status and/or AIDS
  - hepatitis B and C positive
- prescribe, dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) **selected, life-saving drugs** (e.g., antibiotics, anticonvulsants, antimalarials, antihypertensives, antiretrovirals) to women in need because of a presenting condition
- identify deviations from normal during the course of pregnancy and initiate the referral process for conditions that require higher levels of intervention

## COMPETENCY IN PROVISION OF CARE DURING LABOUR AND BIRTH

**COMPETENCY #4: Midwives provide high quality, culturally sensitive care during labour, conduct a clean and safe birth and handle selected emergency situations to maximize the health of women and their newborns.**

### Knowledge

#### BASIC

**The midwife has the knowledge and/or understanding of...**

- physiology of first, second and third stages of labour
- anatomy of foetal skull, critical diameters and landmarks
- psychological and cultural aspects of labour and birth
- indicators of the latent phase and the onset of active labour
- indications for stimulation of the onset of labour, and augmentation of uterine contractility
- normal progression of labour
- how to use the partograph (i.e., complete the record; interpret information to determine timely and appropriate labour management)
- measures to assess foetal well-being in labour
- measures to assess maternal well-being in labour
- process of foetal passage [descent] through the pelvis during labour and birth; mechanisms of labour in various foetal presentations and positions
- comfort measures in first and second stages of labour (e.g., family presence/assistance, positioning for labour and birth, hydration, emotional support, non-pharmacological methods of pain relief)
- pharmacological measures for management and control of labour pain, including the relative risks, disadvantages, safety of specific methods of pain management, and their effect on the normal physiology of labour
- signs and symptoms of complications in labour (e.g. bleeding, labour arrest, malpresentation, eclampsia, maternal distress, foetal distress, infection, prolapsed cord)
- principles of prevention of pelvic floor damage and perineal tears
- indications for performing an episiotomy
- principles of expectant (physiologic) management of the 3rd stage of labour
- principles of active management of 3rd stage of labour
- principles underpinning the technique for repair of perineal tears and episiotomy
- indicators of need for emergency management, referral or transfer for obstetric emergencies (e.g., cord prolapse, shoulder dystocia, uterine bleeding, retained placenta)
- indicators of need for operative deliveries, vacuum extraction, use of forceps or symphysiotomy (e.g., foetal distress, cephalo-pelvic disproportion)

## Skills and/or abilities

### **BASIC**

#### **The midwife has the skill and/or ability to...**

- take a specific history and maternal vital signs in labour
- perform a focused physical examination in labour
- perform a complete abdominal assessment for foetal position and descent
- time and assess the effectiveness of uterine contractions
- perform a complete and accurate pelvic examination for dilatation, effacement, descent, presenting part, position, status of membranes, and adequacy of pelvis for birth of baby vaginally
- monitor progress of labour using the partograph or similar tool for recording
- provide physical and psychological support for woman and family and promote normal birth
- facilitate the presence of a support person during labour and birth
- provide adequate hydration, nutrition and non-pharmacological comfort measures during labour and birth
- provide pharmacologic therapies for pain relief during labour and birth (in appropriate birth settings)
- provide for bladder care including performance of urinary catheterization when indicated
- promptly identify abnormal labour patterns and initiate appropriate and timely intervention and/or referral
- stimulate or augment uterine contractility, using non-pharmacologic agents
- stimulate or augment uterine contractility, using pharmacologic agents (in appropriate birth settings)
- administer local anaesthetic to the perineum when episiotomy is anticipated or perineal repair is required
- perform an episiotomy if needed
- perform appropriate hand manoeuvres for a vertex birth
- perform appropriate hand manoeuvres for face and breech deliveries
- clamp and cut the cord
- institute immediate, life-saving interventions in obstetrical emergencies (e.g., prolapsed cord, malpresentation, shoulder dystocia, and foetal distress) to save the life of the foetus, while requesting medical attention and/or awaiting transfer
- manage a cord around the baby's neck at birth
- support expectant (physiologic) management of the 3<sup>rd</sup> stage of labour
- conduct active management of the 3<sup>rd</sup> stage of labour, following most current evidence-based protocol
- inspect the placenta and membranes for completeness
- perform fundal massage to stimulate postpartum uterine contraction and uterine tone
- provide a safe environment for mother and infant to promote attachment (bonding)
- estimate and record maternal blood loss
- inspect the vagina and cervix for lacerations

- repair an episiotomy if needed
- repair 1<sup>st</sup> and 2<sup>nd</sup> degree perineal or vaginal lacerations
- manage postpartum bleeding and haemorrhage, using appropriate techniques and uterotonic agents as indicated
- prescribe, dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) **selected, life-saving drugs** (e.g., antibiotics, anticonvulsants, antimalarials, antihypertensives, antiretrovirals) to women in need because of a presenting condition
- perform manual removal of placenta
- perform internal bimanual compression of the uterus to control
- perform aortic compression
- identify and manage shock
- insert intravenous line, draw blood for laboratory testing
- arrange for and undertake timely referral and transfer of women with serious complications to a higher level health facility, taking appropriate drugs and equipment and arranging for a companion care giver on the journey, in order to continue giving emergency care as required
- perform adult cardio-pulmonary resuscitation

#### **ADDITIONAL**

##### **The midwife has the skill and/or ability to...**

- perform vacuum extraction
- repair 3<sup>rd</sup> and 4<sup>th</sup> degree perineal or vaginal lacerations
- identify and repair cervical lacerations

## COMPETENCY IN PROVISION OF CARE FOR WOMEN DURING THE POSPARTUM PERIOD

**COMPETENCY # 5: Midwives provide comprehensive, high quality, culturally sensitive postpartum care for women.**

### Knowledge

#### **BASIC**

**The midwife has the knowledge and/or understanding of...**

- physical and emotional changes that occur following childbirth, including the normal process of involution
- physiology and process of lactation and common variations including engorgement, lack of milk supply, etc
- the importance of early breastfeeding for mother and child
- maternal nutrition, rest, activity and physiological needs (e.g., bowel and bladder) in the immediate postpartum period
- principles of parent-infant bonding and attachment (e.g., how to promote positive relationships)
- indicators of subinvolution (e.g., persistent uterine bleeding, infection)
- indicators of maternal breastfeeding problems or complications, including mastitis
- signs and symptoms of life threatening conditions that may first arise during the postpartum period (e.g., persistent vaginal bleeding, embolism, postpartum pre-eclampsia and eclampsia, sepsis, severe mental depression)
- signs and symptoms of selected complications in the postnatal period (e.g., persistent anaemia, haematoma, depression, thrombophlebitis; incontinence of faeces or urine; urinary retention, obstetric fistula)
- principles of interpersonal communication with and support for women and/or their families who are bereaved (maternal death, stillbirth, pregnancy loss, neonatal death, congenital abnormalities)
- approaches and strategies for providing special support for adolescents, victims of gender-based violence (including rape)
- principles of manual vacuum aspiration of the uterine cavity to remove retained products of conception
- principles of prevention of maternal to child transmission of HIV, tuberculosis, hepatitis B and C in the postpartum period
- methods of family planning appropriate for use in the immediate postpartum period (e.g., LAM, progestin-only OCs)
- community-based postpartum services available to the woman and her family, and how they can be accessed

## **Skills and/or abilities**

### **BASIC**

#### **The midwife has the skill and/or ability to...**

- take a selective history, including details of pregnancy, labour and birth
- perform a focused physical examination of the mother
- provide information and support for women and/or their families who are bereaved (maternal death, stillbirth, pregnancy loss, neonatal death, congenital abnormalities)
- assess for uterine involution and healing of lacerations and/or repairs
- initiate and support early breastfeeding (within the first hour)
- teach mothers how to express breast milk, and how to handle and store expressed breast milk
- educate mother on care of self and infant after childbirth including signs and symptoms of impending complications, and community-based resources
- educate a woman and her family on sexuality and family planning following childbirth
- provide family planning services concurrently as an integral component of postpartum care
- provide appropriate and timely first-line treatment for any complications detected during the postpartum examination (e.g., anaemia, haematoma maternal infection), and refer for further management as necessary
- provide emergency treatment of late post-partum haemorrhage, and refer if necessary

### **ADDITIONAL**

#### **The midwife has the skill and/or ability to...**

- perform manual vacuum aspiration of the uterus for emergency treatment of late post-partum haemorrhage

## COMPETENCY IN POSTNATAL CARE OF THE NEWBORN

**COMPETENCY# 6: Midwives provide high quality, comprehensive care for the essentially healthy infant from birth to two months of age.**

### Knowledge

#### **BASIC**

**The midwife has the knowledge and/or understanding of...**

- elements of assessment of the immediate and subsequent condition of newborn (including APGAR scoring system, or other method of assessment of breathing and heart rate)
- principles of newborn adaptation to extrauterine life (e.g., physiologic changes that occur in pulmonary and cardiac systems)
- basic needs of newborn: established breathing, warmth, nutrition, attachment (bonding)
- advantages of various methods of newborn warming, including skin-to-skin contact (Kangaroo mother care)
- methods and means of assessing the gestational age of a newborn
- characteristics of low birth weight infants and their special needs
- characteristics of healthy newborn (appearance and behaviours)
- normal growth and development of the preterm infant
- normal newborn and infant growth and development
- selected variations in the normal newborn (e.g., caput, moulding, mongolian spots)
- elements of health promotion and prevention of disease in newborns and infants (e.g., malaria, TB, HIV), including essential elements of daily care (e.g., cord care, nutritional needs, patterns of elimination)
- immunization needs, risks and benefits from infancy through young childhood
- traditional or cultural practices related to the newborn
- principles of infant nutrition, feeding cues, and infant feeding options for babies (including those born to HIV positive mothers)
- signs, symptoms and indications for referral or transfer for selected newborn complications (e.g., jaundice, haematoma, adverse moulding of the foetal skull, cerebral irritation, non-accidental injuries, haemangioma, hypoglycaemia, hypothermia, dehydration, infection, congenital syphilis)

## Skills and/or abilities

### **BASIC**

#### **The midwife has the skill and/or ability to...**

- provide immediate care to the newborn, including drying, warming, ensuring that breathing is established, cord clamping and cutting when pulsation ceases
- assess the immediate condition of the newborn (e.g., APGAR scoring or other assessment method of breathing and heart rate)
- promote and maintain normal newborn body temperature through covering (e.g., blanket, cap), environmental control, and promotion of skin-to-skin contact
- begin emergency measures for respiratory distress (newborn resuscitation; suctioning in case of airway obstruction), hypothermia, hypoglycaemia
- give appropriate care including kangaroo mother care to the low birth weight baby, and arrange for referral if potentially serious complications arise, or very low birth weight
- perform a screening physical examination of the newborn for conditions incompatible with life
- perform a gestational age assessment
- provide routine care of the newborn, in accord with local guidelines and protocols (e.g., identification, eye care, screening tests, administration of Vitamin K, birth registration)
- position infant to initiate breast feeding within one hour after birth and support exclusive breastfeeding
- recognize indications of need, stabilize and transfer the at-risk newborn to emergency care facility
- educate parents about danger signs in the newborn and when to bring infant for care
- educate parents about normal growth and development of the infant and young child, and how to provide for day-to-day needs of the normal child
- assist parents to access community resources available to the family
- support parents during grieving process for loss of pregnancy, stillbirth, congenital birth defects or neonatal death
- support parents during transport/transfer of newborn or during times of separation from infant (e.g., NICU admission)
- support and educate parents who have given birth to multiple babies (e.g., twins, triplets) about special needs and community resources
- provide appropriate care for baby born to an HIV positive mother (e.g., administration of ARV and appropriate feeding)

## COMPETENCY IN FACILITATION OF ABORTION-RELATED CARE

**COMPETENCY #7: Midwives provide a range of individualised, culturally sensitive abortion-related care services for women requiring or experiencing pregnancy termination or loss that are congruent with applicable laws and regulations and in accord with national protocols.**

### Knowledge

#### **BASIC**

**The midwife has the knowledge and/or understanding of...**

- policies, protocols, laws and regulations related to abortion-care services
- factors involved in decisions relating to unintended or mistimed pregnancies
- family planning methods appropriate for use during the post-abortion period
- medical eligibility criteria for all available abortion methods
- care, information and support that is needed during and after miscarriage or abortion (physical and psychological) and services available in the community
- normal process of involution and physical and emotional healing following miscarriage or abortion
- signs and symptoms of sub-involution and/or incomplete abortion (e.g., persistent uterine bleeding)
- signs and symptoms of abortion complications and life threatening conditions (e.g., persistent vaginal bleeding, infection)
- pharmacotherapeutic basics of drugs recommended for use in medication abortion
- principles of uterine evacuation via manual vacuum aspiration (MVA)

### Skills and/or abilities

#### **BASIC**

**The midwife has the skill and/or ability to...**

- assess gestational period through query about LMP, bimanual examination and/or urine pregnancy testing
- inform women who are considering abortion about available services for those keeping the pregnancy and for those proceeding with abortion, methods for obtaining abortion, and to support women in their choice
- take a clinical and social history to identify contraindications to medication or aspiration abortion
- educate and advise women (and family members, where appropriate), on sexuality and family planning post abortion

- provide family planning services concurrently as an integral component of abortion-related services
- assess for uterine involution; treat or refer as appropriate
- educate mother on care of self, including rest and nutrition and on how to identify complications such as haemorrhage
- identify indicators of abortion-related complications (including uterine perforation); treat or refer for treatment as appropriate

## ADDITIONAL

### The midwife has the skill and/or ability to...

- prescribe, dispense, furnish or administer drugs (however authorized to do so in the jurisdiction of practice) in dosages appropriate to **induce medication abortion**
- perform manual vacuum aspiration of the uterus up to 12 completed weeks of pregnancy

## ICM DEFINITIONS

<b>Ability:</b> The quality of being able to perform; a natural or acquired skill or talent
<b>Attitude:</b> A person's views (values and beliefs) about a thing, process or person that often leads to positive or negative reaction
<b>Behaviour:</b> A person's way of relating or responding to the actions of others or to an environmental stimulus
<b>Competence:</b> The combination of knowledge, psychomotor, communication and decision-making skills that enable an individual to perform a specific task to a defined level of proficiency.
<b>Competency (midwifery):</b> A combination of knowledge, professional behaviour and specific skills that are demonstrated at a defined level of proficiency in the context of midwifery education and practice.
<b>Knowledge:</b> A fund of information that enables an individual to have confident understanding of a subject with the ability to use it for a specific purpose
<b>Skill:</b> Ability learned through education and training or acquired by experience, to perform specific actions or tasks to a specified level of measurable performance
<b>Task:</b> A specific component of a larger body of work