DRAFT ONE:

20001-113-005

A DISCUSSION PAPER

AND

DRAFT PROPOSAL FOR

A DIRECT ENTRY SPECIALIST MIDWIFERY COURSE

PRESENTED BY

THE SAVE THE MIDWIVES DIRECT ENTRY MIDWIFERY TASK FORCE

IN CONJUNCTION WITH CARRINGTON POLYTECHNIC
SCHOOL OF HEALTH STUDIES

AND WITH THE ENDORSEMENT OF THE NZ COLLEGE OF MIDWIVES

December 1989

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TELL US WHAT YOU THINK

The Direct Entry Midwifery Taskforce
NZ College of Midwives
and the
Health Studies Department of Carrington Polytechnic

invite all those with an interest in midwifery education to discuss the issues involved and to send comments and suggestions to:

JUDY STRID
DIRECT ENTRY TASKFORCE

NAME

ADDRESS

by March 10th 1990

If you require further information or wish to make an oral submission please phone ?.

Additional copies can be provided by contacting the above phone number. Photocopying of this document is acceptable.

Contents

Introduction

With the increasing medicalisation of childbirth in NZ, there has been a growing demand from women for greater choices in childbirth related health care and the use of medical technology. Women's choice is often centred in higher profile midwifery care.

Midwifery practice traditionally recognises birth as part of normal growth & development, and as such, is a normal physiological process.

Midwifery practice traditionally recognises birth as part of normal growth & development, and as such, is a normal physiological process. Given support and patience, 85% of women can give birth normally and naturally. They don't need the routine intervention backed by high technology that is common practice in large hospitals today.
(Save The Midwife, Joan Donley 1986)

Since 1979, the only entry into the midwifery profession in NZ has been via nursing. Those wishing to be educated as midwives are expected to undergo at least 3 years of nursing education prior to undertaking midwifery education & subsequent practice as a midwife.

As the demand for a midwifery focus in childbirth grows, there has been a simultaneous increase in the number of women wishing to practise as midwives. These women seek an education & preparation which is not based on nursing education.

While it is recognised that midwifery & nursing have some shared knowledge as health professionals, each profession has its own quite specific body of knowledge which determines its status as a separate profession.

In recognition of this, the Direct Entry Midwifery Task Force was formed in 1987 with a committment to the provision of a midwifery course for those women who wish to learn midwifery skills, but have no wish to be nurses.

This document does not intend to conduct a dialogue on the pros & cons of this concept, but rather to facilitate discussion on the establishment of a midwifery course which is not based on nursing education and practise and does not have nursing as a pre-requisite to entry. Instead, it would have a focus on childbirth & preparation for parenting. It would be centred on sexuality and reproduction with the promotion of women's health as an integral part of all aspects of the course.

The NZ College of Midwives as the professional body for midwives is recognised as being the appropriate organisation to take on the role of ultimate approval of the content & philosophical approach for all Direct Entry Midwifery Courses.

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DIRECT ENTRY MIDWIFERY TASK FORCE

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Preface

This document is divided into two parts.

Part One: An Outline of the Key Issues

sets out key questions involved in the establishment of Direct Entry Midwifery education. This part is necessary to provide the opportunity for all those interested to discuss and offer suggestions. It is hoped that consumer groups/individuals, midwives, educators & those with cultural insights will contribute to this.

Part Two: Draft Proposal for a Direct Entry Midwifery Course

offers an outline curriculum & proposed course for those who wish to prepare as midwives but do not wish to be nurses. This proposed outline is also for comment & discussion, & will be developed fully with consideration of all input during 1990 in preparation for implementation at Carrington Polytechnic in 1991.

The document is intended to stimulate discussion.

We welcome comments and suggestions.

Definition of Terms

Midwife
A midwife is a person who is qualified to practice midwifery. She is trained to give necessary care & advice to women during pregnancy, labour & the post natal period, to conduct normal deliveries on her own responsibility, & to care for the newly born infant.

At all times she must be able to recognise the warning signs of abnormal or potentially abnormal conditions which necessitate referral to a doctor and to carry out emergency measures in the absence of a doctor.

She may practice in hospitals, health units or domiciliary services. In any one of these situations she has an important task in health education within the family and the community. Her work may extend to certain fields of gynaecology, to family planning and to child care.
(World Health Organisation definition of a midwife)

NZ College of Midwives (PO Box 21-106, Christchurch)
The College is the professional body representing, promoting & enhancing the interests of the midwifery profession. The philosophy of the College is that:-

Midwifery is a profession concerned with the promotion of women's health. It is centred upon sexuality & reproduction and an understanding of women as healthy individuals progressing through the life cycle.
Midwifery is: Dynamic in its approach based upon an integration of knowledge that is derived from the arts & sciences, tempered by experience & research; colaborative with other health professionals. Midwifery care takes place in the context of mutual support. Clients play a role in shaping midwifery.

Direct Entry Midwifery
Is the direct entry into specialist midwifery training without the requirement of a nursing education pre-requisite.

Direct Entry Midwifery Task Force
Set up by Save The Midwives Association Inc. to research & promote the establishment of Direct Entry Midwifery training in New Zealand.

Part One

An outline of the key issues

What is necessary for Direct Entry Midwifery training?

Direct Entry Midwifery preparation must involve education of the highest quality focussed on normality and wellness. The WHO definition of a midwife (refer definition of terms) which is supported by both the NZ College of Midwives and the NZ Nurses Association describes in detail what is required to practise, but it does not state that the midwife needs to have nursing education in addition to her midwifery training.

Although the need for nursing education of today is centred on wellness, nursing arises out of either a disruption of wellness, or the prevention of that disruption. Neither applies to the need for midwifery which has a focus on normal pregnancy and childbirth and the role of supporting the woman and her whanau during a normal physiological event. However, the midwife must have the ability and knowledge to recognise disruption of the norm and to act appropriately.

Aspects to consider

How can the Direct Entry Midwife be best prepared to practise as a specialist midwife and advocate of normal pregnancy and birth?

How can the DE midwifery student be best prepared to recognise disruption of the norm?

Does Midwifery Share Knowledge with Other Professions?

Midwifery education shares some knowledge and skills with other health related courses so the concept of a shared core curriculum offers positive possibilities for course planning.

For example, midwifery and nursing are both social forces which aim to empower individuals within the realities of their life situation. They both encourage specialised expression of caring which celebrates the integrity of the whole person, and they share the concepts of wellness, growth and development, primary health care and biculturalism

Although some knowledge is common to more than one profession, the application of this knowledge is specific to the profession for which the student is being prepared.

It is therefore preferable to consider concepts shared, rather than knowledge and content.

Some process abilities which would identify shared knowledge could be:-

* analytic reasoning abilities
* communication abilities
* independent decision making
* self directed learning and assessment abilities

(This approach will be demonstrated in the draft proposal.)

Shared curriculum modules may progress similarly, but with each course applying the concepts in a way which is specific to its own profession.

Ultimately, it is essential that midwifery is recognised and acknowledged as a profession in its own right, and this must permeate all aspects of a Direct Entry Midwifery course.

Aspects to Consider

What shared knowledge do you feel is appropriate for midwifery students undergoing Direct Entry training?

Should DE midwifery students be taught with, or along side other health professionals in areas of shared knowledge?

Options for Siting Direct Entry Midwifery Courses

A Direct Entry Course based in an educational establishment should preferably be situated within a School or Department of Health Studies. It may progress alongside a nursing course, but NOT within it. Although resources can be shared, it would be unacceptable to combine Direct Entry Midwifery with another course.

As a Direct Entry Course and the one year separate midwifery course are catering for non-nurses and registered nurses respectively, co-operation rather than competition is considered more likely. Therefore it would be acceptable to either site Direct Entry training on its own, or alongside an already established one year midwifery course for nurses.

It is essential for the establishment to have a committment to student centred learning, and a philosophy into which any health related course could fit.

Aspects to consider

Is it appropriate for tutors to be teaching both Direct Entry, and separate midwifery courses for registered nurses?

? Which establishments are best suited for basing Direct Entry Midwifery Courses from? —

Does it matter if Direct Entry Midwifery training occurs in an institution offering the separate midwifery course for registered nurses? — yes.

Is competition and resentment between the different midwifery courses a valid concern? If so, what needs to be done to resolve this?

Criteria of Admission for Course Applicants

Criteria for student selection is an important requirement that contributes to the successful completion of the course and subsequent retention by as many students as possible. Completion usually relates to the students level of committment, motivation and interest in the course, their support systems and having sufficient ability to cope with the course.

A portfolio or personalised C.V. including such experiences as childbirth of a personal and/or supporting nature and childbirth education is suggested.

Aspects for consideration

Should maturity and personal outlook be considered more appropriate than past academic achievements?

Is an age requirement appropriate?

Delete from any criteria.
Is personal childbirth experience of added value? — NO.

How about the necessity of a positive attitude towards pregnancy, childbirth and parenting?

Due to the lack of NZ recognised midwives of various cultures should preference be given to applicants from cultural groups where there is a need for more midwives?

on an individual basis not to motivated being factor

Clinical Experience — re Standards of Education

The need for sufficient appropriate clinical experience for student midwives is critical. Experience with normal childbirth, community midwifery and continuity of care are essential aspects of a course based on normality. However, as clinical experience is becomming increasingly difficult to obtain, emphasis must be on quality experience.

FOCUS — NORMALITY, NON-INTERVENTIONIST.

Aspects for Consideration

What percentage of a Direct Entry Course should be spent on clinical experience?

What should be the main components and focus of clinical experience for a DE course?

What clinical preparation is required to adequately prepare the DE trained midwife to recognise a disruption of normal pregnancy and birth?

Distance Learning

It is possible that the development of Distance Learning could extend the range of clinical practice. Clinical experience could be obtained in the students own area in co-operation with and under the supervision of an appropriate clinical supervisor.

The provision of Distance Learning would enable women in areas with no courses to participate in midwifery training, meeting their needs, and contributing to an increase in midwifery numbers in previously geographically disadvantaged areas.

Aspects for Consideration

How could a Direct Entry Midwifery course accomodate the option of Distance Learning?

How would it work in practice?

How could relevant clinical experience be achieved?

Could Distance Learning by achieved over a fixed or flexible period of time?

In what form could Distance Learning be facilitated? (ie.computer links, audio-visual communication)

Credit For Previous Experience and Education

The lack of practising midwives in some areas, plus the lack of midwives from a number of cultures has resulted in an increase in the attendance at births by lay midwives and traditional birth attendants. Some of these attendants have received training in their country of origin which is not currently recognised in NZ, and many have years of experience and considerable skills in attending pregnant and birthing women.

Aspects to consider:

What experience and skills should be recognised and given course credits for?

What evidence of the above is required to ensure the credit system would work?

Would some form of assessment be required and how would it work?

What the Law Allows For

The section of the Nurses Act to review autonomy of practice for midwives is presently before the Select Committee, and the rest of the Act will be under review during 1990.

In the unlikely event of the status quo being retained, NZ Direct Entry Midwifery students would have to sit exams registering with overseas DE midwifery courses currently recognised by the NZ Nursing Council. This would enable them to work within NZ hospitals (there are presently 173 DE trained midwives employed by Area Health Boards throughout the country) but without the necessary change to the Act, they would not be eligible to apply for domiciliary midwifery contracts. Midwifery needs to be clearly defined as a profession in its own right for Direct Entry Midwives to have equal opportunity of practice.

Direct Entry Midwifery training is to be considered under the full review of the Nurses Act.

Aspects to Consider

What parts of the existing Act need to be changed to enhance the role of the midwife?

What parts of the Act should be changed to facilitate an increase in the availability of Direct Entry Courses?

Biculturalism, The Treaty of Waitangi and the Maori Perspective of Health

The course environment must reflect the principles of partnership inherent in the articles of the Treaty of Waitangi. It is important to acknowledge our partners and to actively maintain consultation and dialogue.

Iwi involvement

Aspects to consider

What support systems are needed and appropriate for maori students?

Is a course of 3 years duration seen to be a financial burden for maori students? If so, how could this be overcome?

Should whanau support be available on campus and how would it work most effectively for maori students?

Would selection preference for maori students be appropriate to help redress the lack of maori midwives?

Should examinations be also available in maori?

What maori input into the curriculum is required to make the course truely bicultural?

What aspects of direct maori teaching should be included, and should this be contracted out to the tangata whenua to determine and present in the most appropriate way?

The Polynesian/Pacific Island Perspective

The birth rate for Pacific Island people is climbing rapidly exposing the lack of recognised Pacific Island midwives available to attend women from the various Pacific Island cultures.

Aspects to consider:

What support systems are needed and appropriate for Pacific Island students?

Is a course of 3 years duration seen to be a financial burden for Pacific Island students? If so how could this be overcome?

Would selection preference for Pacific Island students be appropriate to help redress the lack of Pacific Island midwives?

Should there be a credit system and additional training for traditionally and formally trained Pacific Island midwives to enable them to attend women of their own culture? How could this happen?

Should examinations be available in the first language of those students for whom english is a second language.

What aspects of the various Pacific Island cultures should be considered in the course curriculum?

The Perspective of Other Ethnic Groups

There is a need to understand the uniqueness of each culture.

Aspects to consider:

How can the needs of other ethnic groups be met so they can also be represented in the midwifery profession?

What specific cultural issues need consideration within the course?

Community Support and Interest

A rapidly increasing number of community groups are pledging their support for Direct Entry Midwifery training, in recognition of the midwives role as the advocate and specialist of normal birth. Such courses are also seen to be an effective solution to the present shortage of midwives and poor retention rate following training. As a post graduate course of nursing, it has often been viewed as a promotional qualification, whereas students selecting a Direct Entry course are viewed to have a committment to midwifery and are far more likely to continue midwifery practice.

Large numbers of women are also demanding that Direct Entry Midwifery training be made available in this country. Evidence of this can be seen in submissions to the Board of Health Women's Health Committee, the NZNA Midwifery Survey of Services and the Direct Entry Midwifery Taskforce Survey conducted in 1988. Increasing numbers of enquiries about Direct Entry to Midwifery are also being made at Polytechnics around the country.

Aspects to Consider

What would be the benefits for your area in having a Direct Entry Midwifery course available for local women?

Funding and Scholarships

Student fees are currently $1250 annually for full time students. Fees for text books are in addition to the course fee. Fees may vary from year to year and according to personal circumstances.

Aspects to consider:

Should scholarships and grants be available to students accepted to do Direct Entry Midwifery training and experiencing financial hardship?

How would selection of deserving students be conducted?

How could this be funded?

Should there be a statutory grant to successful applicants, or should the amount vary according to need?

Part Two

D R A F T P R O P O S A L:

Proposed Curriculum

for a Direct Entry Midwifery Course,

to be Sited at Carrington Polytechnic

School of Health Studies.

Preamble to Part Two

The DE Midwifery Taskforce has approached a number of Technical Institutes throughout the country to assess their interest in exploring the three year Direct Entry Training option with the view to setting up an appropriate course, or pilot scheme.

To date, Carrington Polytechnic via its School of Health Studies has been the only one to respond to us about initiating Direct Entry Midwifery training in the near future. Budget considerations have already been made regarding a setting up grant and for ongoing expenses involving a first course intake of 32 students. There is strong support from the staff of Carrington Polytechnic, and the Taskforce would like to acknowledge the contribution of the School of Health Studies and for making this draft proposal available for distribution & comment.

The Taskforce recognise the value of conceptual self-directed learning at Carrington which would appear most compatible with our vision for Direct Entry training. We do however have a role of encouraging interest and creative innovation in the establishment of Direct Entry Midwifery Training anywhere in the country. It is our hope that as well as inviting wide spread comment and input, the publication of this curriculum draft proposal from Carrington, will provide inspiration to education establishments in other areas to consider this option.

Philosophy of School of Health Studies

We believe:

Health - is a dynamic state of wellness involving te wairua (spirituality), te hinegaro (wellbeing) te tinara (physical) me te whanau in harmony with the environment and is culturally defined.

Health Care - is a co-operative endeavour by individuals and society to achieve and nurture wellness.

Midwifery - is a social force which empowers women and their families within the realities of their life situation. Midwifery is a specialised expression of caring which celebrates the integrity of the whole woman during her childbirth experience.

The Midwifery Education Process - is the interaction between students and planned learning experience facilitated by teachers in a supportive environment. The environment reflects the principles of partnership as stated in the Treaty of Waitangi and a committment to biculturalism.

The Learning - is part of the students wider education which is the response to their total life experience within and beyond educational settings and occurs through a problem based approach. Learning is the responsibility of students and is reflected in their performance.

Course Committee

A course committee would be established with the following Terms of Reference:-

1. To appraise course content and ensure standards for midwifery education (NZCOM 1989) are being met.
2. To monitor the implementation and evaluation of the course.
3. To evaluate whether the overall aim and objectives have been achieved.

Committee members will comprise equal numbers of maori and pakeha. It will include representation from -

Te tangata whenua
NZ College of Midwives (NZCOM)
Direct Entry Midwifery Taskforce
Midwife Educators
Clinical Midwives (hospital & domiciliary)
Consumers

The total number of members will be determined according to the School of Health Studies policy, and the needs of the course.

Length of Course

3 years - 1,000 hours per year/3,000 Total
Theory - 1,500
Practice - 1,500
Each year will consist of 34 weeks in 3 term

Entry To Course

To be established, but there will be an emphasis on life experience and motivation to practice midwifery.

Applicants will be encouraged to present a portfolio (an extended curriculum vitae) of relevant life experience and achievement which demonstrates motivation towards entry to the course.

The Aim of the Course

- is to prepare a midwife who is competent to practise midwifery in any setting as defined by the World Health Organisation (refer Definition of Terms pg. 7).

The midwife is an autonomous practitioner who accepts responsibility for her practice and the professional standards of her own performance as stated within the Standards for Midwifery Practice (NZCOM 1989).
Midwifery practice is with women and centred upon childbirth.

Course Objectives

On completion of the course, the student will demonstrate capabilities in the following areas:-

1. Analytic Reasoning Skills

When presented with the client, the student will be able to

a) Explore the nature of systematic enquiry as it relates to midwifery practice.
b) Identify & apply the steps of the enquiry process.
c) Determine the information required to make appropriate observations necessary for the collection of data.
d) Decide on appropriate enquiry strategy.
e) Analyse data and explore relationship between different sorts of data.
f) Recognise unmet needs.

g) Generate initial working hypotheses (ideas) about care, stated in terms of the human concept of wellness.
h) Obtain both subjective and objective data to support hypotheses.
i) Formulate midwifery diagnoses based on assessment.
j) Develop collaborative client centred objectives.
k) Design care based on midwifery research which is culturally safe, supports client choice, promotes wellness and acknowledges all available resources.
l) Design a midwifery care plan which is sensitive to cultural safety, primary health care, wellness, growth and development and ethical considerations.

2. Clinical Skills

When presented with a client the student will demonstrate the following competencies:-

a) The use of appropriate interview and assessment skills.

b) The use of therapeutic interpersonal and communication skills.

c) Clinical midwifery skills based on the principles of:

- safety (physical,emotional,cultural,spiritual, social)
- client comfort & wellbeing as an individual, and with in the whanau/social group with regard to values, goals and concerns
- asepsis
- appropriate midwifery research
- ethical considerations
- the law

d) The acknowledgement & use of other health professionals abilities, skills and roles as appropriate.

e) Recognition of issues which could affect or modify the care of the woman - legal, ethical, conflict of values, psychosocial and spiritual.

f) Recognition, intervention and evaluation of situations which require special skills and knowledge:
- emergency care in situations which may be life threatening
- deviations from normal

g) Use of teaching skills in the promotion and maintainance of wellness for the woman & her baby within the family.

3. Self-Evaluation d Self Directed Learning Skills

In her ongoing professional practice the student will:-

a) show evidence of ability to be self directed in learning activities.
b) evaluate own learning outcomes.
c) critically evaluate own performance and identify learning needs.
d) critically evaluate information sources and their credibility to determine best resources for ongoing learning.
e) evaluate both qualitative and quantitative research using appropriate methods.
f) show evidence of reflection on leaving activities and accept responsibility for life long leaving.

4. Knowledge

On completion of the course the beginning practitioners will, in relation to the above objectives:-

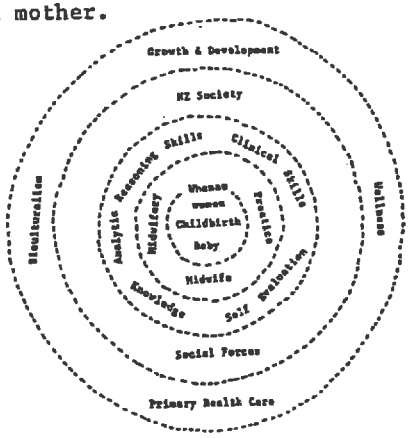
a) holistically assess the woman as client entering/within the parenting stage of her life, with regard to physiological, cultural, psychological, spiritual and social dimensions of pregnancy, childbirth, parenting & related family dynamics.

b) plan, implement and evaluate care for the woman and her baby during pregnancy, labour & the post partum period.

c) recognise, critically discuss and act appropriately with regard to factors which may increase the vulnerability of the woman and/or her baby.

d) support the woman within her whanau as a client, in main taining independence and developing confidence in her ability to be a mother.

Curriculum Model



Curriculum Model

The curriculum model has the woman and her baby as central to midwifery practice. Around them we build midwifery care and education towards that care.

The midwife exists because of the need for care, by the woman during the childbirth experience and early parenting stage of her life. The surrounding circles and their continuity demonstrate the influences which affect both client and midwife during their association.

Encompassing the woman is her whanau. For some women this may be very limited, for others it may be the prime source of nourishment and enrichment.

The practice of the midwife is dependent on the acquisition and ability to use, knowledge, skills and attitudes related to the childbirth experience. This includes a knowledge of herself, the birthing woman and the society within which they both live. The quality of the relationships formed, interactions and subsequent midwifery practice are all influenced by the underlying concepts of wellness, biculturalism, growth and development and primary health care.

Course Organisation

Course organisation will meet Standard 4 of Standards for Midwifery Education (NZCOM 1989) which states course theory must constitute no less than 40% and clinical practice no less than 50%. The whole course will meet this Standards Document.

Year 1 - Foundation Year
- 25 weeks theory
- 9 weeks clinical practice

Year 2 - 16 weeks theory
- 18 weeks clinical practice

Year 3 - 10 weeks theory
24 weeks clinical practice

proposal only

The course is arranged in modules which are interdependent.
Year 1 - is the foundation upon which midwifery practice is built.
Year 2 - will explore disruptions of the human concept of wellness which may complicate the process of childbirth.
Year 3 - will be a complete integration of the knowledge & skills acquired in the preceding 2 yrs into total midwifery practice.

Theory and practice are arranged in blocks of weeks varying in length. Each block of clinical practice will be preceded by a relevant theory block. A module may be divided into a number of separate parts. Application of the theory will be throughout the 3 years.

This outline is for discussion and the curriculum will be determined finally and developed fully during 1990 in preparation for implementation in 1991.

Proposal only:

	TERM 1				TERM 2					TERM 3		
T -25wk	10				4	5	3			8		4
CP- 9wk	Theory				T	CP	T			T		CP
	10 weeks			Hol	12 weeks				Hol	12 weeks		
T -16wk	3	6	1		4	6	2			3	6	3
CP-18wk	T	CP	T		T	CP	T			T	CP	T
	10 weeks			Hol	12 weeks				Hol	12 weeks		
T -10wk	2	7	1		2	4	1	5		1	8	3
CP-24wk	T	CP	T		T	CP	T	CP		T	CP	T
	10 weeks			Hol	12 weeks				Hol	12 weeks		

Suggested Course Modules

Wellness

- Self responsibility - enquiry
  - learning
  - self & peer assessment
- Breathing
- Eating
- Moving
- Working & Playing
- Sexuality
- Finding meaning
- Communicating

The above concepts of human wellness will be explored in separate modules with regard to the 4 essential concepts of wellness, growth & development, primary health care and biculturalism. Related bioscience and sociocultural aspects will be integrated with each module.

- Towards Biculturalism

This 3 part module planned by the SOH Studies Bicultural Committee in consultation with the Maori Department of Carrington Polytechnic will consist of 2 compulsory parts including the exploration of the Treaty of Waitangi, Partnership, Institutional Racism etc. which must be completed before students can progress to the optional part 3.

* Women's Health

Communication

* communicating
* self awareness
* assertion
* interviewing
* reports & recording
* teaching & learning
* therapeutic communication
* thinking, feeling & sensing

in 3 parts

* computer skills (separate module)

Stress and Adaptation

-Stress and stressors.
-Disruptions of the following human processes to which women may need to adapt during the childbirth experience.

* oxygenation - heart defects
* metabolism - diabetic
* fluid and electrolyte balance
* immunity
* self concept
* cellular growth and proliferation : Ca
* mood
* anxiety

Clinical Practice will include appropriate medic & surgical experience.

Professional Identity

Part 1 - The Role of the Midwife
History of Midwifery
Politics of Midwifery
NZ Politics
Roles of other health professionals in relation to midwifery practice
Midwifery theorists

Part 2 - Research
Ethics and Informed Consent
Midwifery and the Law

Part 3 - Management
Autonomous Practice

Growth and Development

Developmental psychology is integrated into all modules.

* The Family
* Individual and Group Behaviour
* Health Care Agencies
* Bioscience (integrated into all modules)

How many weeks?

Clinical Practice

- Assessment and Interview Skills
- Basic caring skills
- First Aid and Emergency Situations
- Midwifery Skills
- Research

New Zealand as a Pacific Nation

The NZ enviroment - enviromental health
epidemiology
Pacific Island Culture
World Health Organisation
social issues
the NZ family

Midwifery Modules

Theory and clinical practice will be integrated in each module with regard to the broad knowledge objectives previously stated. All education towards midwifery practice will be based on midwifery research and the student midwife will be encouraged to use, contribute to and participate in research as appropriate.

The following modules are an outline only and the content will be expanded and developed following analysis of comments received. As with other modules each will be planned with regard to the essential concepts of wellness, growth & development, biculturalism and primary health care.

1. Planning a Family

Theory

- Women, Childbirth and Parenting
  -values, attitudes and socio/cultural perspectives
- Human Reproductive System and Hormonal Control
- Contraception/Planning
- Infertility
- Nutrition
- Pre-conceptual Counselling
- Genetics/Inherited Characteristics
- Diagnostic Procedures

Midwifery Clinical Skills

* Communication Skills
* Pregnancy Testing
* Family Planning

2. Pregnancy

Theory

* Conception and foetal development
* Physiological, Psychological, Emotional & Social Effects of Pregnancy
* Genetic and Environmental Factors
* Development of Pregnancy
  - hormonal control
  - physiological changes
  - discomforts
* Maintenance of Wellness and Wellbeing
* Education for - Pregnancy
  - Childbirth Education/Preparation for Parenthood classes
  - Labour and Birth
  - Early Parenting
* Assessment procedures and Monitoring during Pregnancy
* Antenatal Clinics
* Screening/Blood Tests
* Choices
* Parental Rights
* Deviations from Normal
  - underlying disruptions of wellness e.g. diabetes, hypertension, cardiac conditions, psychosocial etc.
  - related specifically to pregnancy e.g. gestational proteinuric hypertension, vomiting, bleeding, hydatidaform mole etc.
  - related to genetic or enviromental factors drugs, alcohol etc.

* The Adolescent Pregnant Woman
* The Older Pregnant Woman
* Socio-Cultural Perspectives
  - specific cultural practices related to childbirth
  - social inequalities etc.
* Referral Criteria
* Clients with Communicable Diseases
* Emergency Situations
  - haemorrhage
  - foetal death (early or late pregnancy)
* Induced Abortion

Midwifery Clinical Skills

* Interview and General Assessment Skills
* Abdominal Palpation Examination and Auscultation
* Use of Technological Aids
* Teaching of Techniques for -
  - relief of pregnancy discomforts
  - preparation for labour and delivery

3. Birth
(Includes labour, birth & the immediate post partum period)

Theory

* Physiology and Mechanisns for Labour
* Psychology of Labour
* Care & Support of the Woman during Labour Birth and the Immediate Post Partum Period - assessment
  - planning
  - care
  - evaluation
* Role of the Midwife
* Management of Labour
  - active birth
  - choices
  - environment
  - empowering

* Management of Pain during Labour and Birth
* Medical Technology and Obstetric Procedures
* Episiotomy and Perineal Repair
* Deviations from Normal
  (recognition, implications and appropriate action)
  - abnormal presentation
  - underlying disruptions of wellness
  - emergency situations
  - assisted delivery
  - caesarean section
* Unexpected Outcomes
  - congenital abnormalities
  - foetal death
  - multiple birth
* Ethical Dilemmas
* Prevention of Infection
* Clients with Communicable Diseases
* Immediate Post Partum Care for Mother and Baby
  - assessment, planning, care and evaluation
* Use of Drugs as Appropriate
* Legal Constraints

Midwifery Clinical Skills

* Interview and General Assessment Skills - Mother & Baby
* Vaginal/Rectal Examination
* Breathing and Relaxation Techniques
* Insertion of I.V. cannula
* Administration of I.V. ecbolic
* Use of Technological Aids
* Use of Inhalational Analgesia
* Performance of Episiotomy
* Perineal Repair ~~of Simple Laceration~~

* Management of Epidural Anaesthesia
* Management of
  - Induction/Augmentation of Labour
  - Multiple Birth
  - Prematurity
* Preparation and Assistance with Caesarean Section
* Preparation for Assisted Birth
* Management of Emergency Situations - Mother & Baby

4. Post Partum Period

Theory

a) Mother

* Physiological, Psychological and Emotional Changes following birth, the first 6 wks, 3 months.
* Needs for Care
  - first hours, 2 weeks, 3 months
  - exercise
  - nutrition
  - rest
* Breastfeeding
* Being a Parent
  - family assessment/dynamics
  - the new family
  - the family with special needs: one parent
    very young/older
    lesbian
  - marriage/partners
  - nuclear/extended families
* Maternal/Infant Relationship
* Episiotomy
  - physical, psychological & emotional effects
* Postnatal Crisis
* Education
  - contraception/family planning
  - nutrition
  - exercise

* Coping with Unexpected Outcomes Psycopaed's.
* Grief and Grieving related to Childbirth
* Support Groups/Agencies
* Ethical Dilemmas
* Clients with Communicable Diseases

b) Baby

* Physiological Changes at Birth
* Assessment Care and Evaluation
  - at birth, first hours, 2 weeks, 3 months
* Emergency Situations
* Sudden Infant Death Syndrome
* Immunisation
* Adoption
* Neonatology
  - low birth weight
  - prematurity
  - respiratory disorders
  - neonatal infections etc.
  - emergency situations
  - the neonatal intensive care unit

Midwifery Clinical Skills

* Interview and General Assessment Skills
  - Mother & Baby
* Baby Care Skills
* Baby Resuscitation
* Teaching Skills

Evaluation

The process of evaluation will be determined by the School of Health Studies student evaluation policy.

Students will have continuous assessment over the 3 years with summative evaluation points at regular points.
These will include -

a) Objective Simulated Clinical Evaluation (OSCE)
This will occur 3-4 times and will be an integration of -

- multiple choice questions
- written answers
- clinical performance
- self assessment

b) Written assignments

c) Overall clinical performance following each period of clinical practice

d) By 1994 - if registration as a midwife remains dependent upon Nursing Council evaluation procedure, this would be the final evaluation point of the course.

In the event of an internal evaluation process having been introduced in NZ Polytechnics, the final summative evaluation point would be set at/near completion of the course.

Formative evaluation will also occur at frequent intervals throughout the course as appropriate/necessary.

Further Reading

DIRECT ENTRY: A Preparation for Midwifery Practice
Nancy Radford and Anne Thompson (Surrey University March 1988)

Save The Midwife
Joan Donley (New Women's Press 1986)

Feasibility Study For Direct Entry Midwifery Training in NZ
Save The Midwives Direct Entry Midwifery Taskforce 1988

Midwifery Policy Statement
NZNA 1988

Standards For Midwifery Education
NZ College of Midwives 1989

Midwives and Medical Men
J. Donnison (Heinemann, London 1977)

Sensitive Midwifery
Caroline Flint (Heinemann Midwifery 1986)

Dispelling the Myths on Direct Entry Training
Soo Downe (Nursing Times. Vol 82 1986 pp63-64)

Freedom and Choice in Childbearing
Shelia Kitzinger (Viking 1987)

Direct Entry Method of Training Midwives in Three Countries:
Kate Newson
1. The Netherlands
   Midwives Chronicle & Nursing Notes Vol 94 Feb 1981 pp39-42
2. Denmark
   Midwives Chronicle & Nursing Notes Vol 94 March'81 pp83-86
3. France
   Midwives Chronicle & Nursing Notes Vol 94 April'81 pp118-122

Association of Radical Midwives:
-The Vision
Proposals for the future of Midwifery Services ARM 1986
-Direct Entry Midwifery Training ARM

Policy Recommendations for Care for Pregnancy and Childbirth
Department of Health (Sixth Draft October 1989)

A Choice of Birthing-Part 1:Homebirth and Domiciliary Midwifery
Jennie Nicol (Health Department November 1987)