



NURSES AND MIDWIVES COUNCIL OF MALAWI

Essential Midwifery Competencies for Malawi

ACRONYMS

| | |
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| CHAM | Christian Health Association of Malawian |
| CPD | Continuing Professional Development |
| ECSACON | East Central and Southern Africa Colleges of Nursing |
| EmONC | Emergency Obstetric and Neonatal Care |
| HIV | Human Immunodeficiency Virus |
| IEC | Information, Education and Communication |
| ICM | International Confederation of Midwives |
| ICN | International Council for Nurses |
| MoH | Ministry of Health |
| NMCM | Nurses and Midwives Council of Malawi |
| PHC | Primary Healthcare |
| PLWHA | People Living with HIV/AIDS |
| PMTCT | Prevention of Mother to Child Transmission |
| SWAP | Sector Wide Approach |
| WHO | World Health Organization |

ACKNOWLEDGEMENT

The Nurses and Midwives Council of Malawi acknowledges World Health Organization Country office Malawi and Afro for the financial and technical support in the development of the Competencies for Midwives.

Special thanks to Mrs Margaret Loma Phiri, Nursing & Midwifery Technical Advisor - WHO Afro, Mrs Harriet Chanza WHO Country Office Malawi and Mrs Lennie Kamwendo for facilitating the workshop.

The Council would like to thank the nursing representatives from the Central Hospitals, Training Institutions, Christian Health Association of Malawi, the Association of Malawian Midwives and the National Organization for the Nurses in Malawi for their contribution and commitment in the development of this document.

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FOREWORD

The Nurses and Midwives Council of Malawi (NMCM) has the legislated mandate through the *Nurses and Midwives Act No 16 of 1995* to develop, maintain and administer professional nursing and midwifery standards. This is to protect the public from unsafe practice.

Competencies are the specific knowledge, skills, judgment and personal attributes required for a professional to practice safely and ethically in a designated role and setting.

The developed national midwifery essential competencies will guide the process of educating professional midwives in the country. The competencies will also inform operationalization of standards for midwifery education and practice already developed by Malawi Nurses and Midwives Council which aim to improve the quality of midwifery education and practice in the country.

It is expected that all registered midwives will be able to articulate how they apply the competencies to their practice.

As professional midwives in Malawi, let us continue to demonstrate that we can regulate ourselves, within the provisions of the Act by collectively and consistently apply the competencies to our midwifery practice to maintain the trust of the public.

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1.0 INTRODUCTION

The essential competencies for basic midwifery practice for Malawi are modified ICM essential competencies (2011) adapted by the Nurses and Midwives Council of Malawi in November 2012.

The developed national midwifery essential competencies will guide the process of educating professional midwives in the country. The competencies will also inform operationalization of standards for midwifery education and practice already developed by Malawi Nurses and Midwives Council which aim to improve the quality of midwifery education and practice in the country.

1.1.0 What are competencies?

Competencies are the specific knowledge, skills, judgment and personal attributes required for a professional to practice safely and ethically in a designated role and setting.

1.1.1 Why competencies

They are what members of a profession require to fulfill their role and meet standards. They also guide in focusing on critical content, student clinical experience and assessment of students.

2.0 THE COMPETENCIES

The adapted Essential midwifery competencies

There are **Nine** modified competencies which focus on preconception, antenatal, labour and delivery, postnatal care and newborn care and post abortion care; emergency obstetric and neonatal care, leadership and management. These are:

- I. Midwives have the requisite knowledge and skills from the social sciences, public health and ethics that form the basis of high quality, culturally relevant, appropriate care for women, newborn and childbearing families.
- II. 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
- III. Midwives provide high quality antenatal care to maximize the health status during pregnancy and that includes early detection and treatment or referral of selected complications
- IV. Midwives provide high quality, culturally sensitive care during labour, conduct a clean and safe delivery, and handle selected emergency situations to maximize the health of women and their newborn.
- V. Midwives provide comprehensive, high quality, culturally sensitive postnatal care for women.
- VI. Midwives provide high quality, comprehensive care for the infant from birth to 5 years
- VII. Midwives provide a range of individualised culturally sensitive post abortion care services for women experiencing pregnancy termination or loss that are congruent with applicable laws and regulations and in accord with national protocols
- VIII. Midwives apply life – saving skills during Emergency Obstetric and Neonatal Care
- IX. Midwives apply leadership skills in planning and management of MNCH Services.

Competency Area: Generic knowledge, skills and behaviours from the social sciences, public health and the health professions

Competency 1: Midwives have the requisite knowledge and skills from the social sciences, public health and ethics that form the basis of high quality, culturally relevant, appropriate care for women, newborn and childbearing families.

Basic Knowledge and Skills:

- Provide culture sensitive care (customs).
- Traditional and modern routine health practices (beneficial and harmful).
- Resources for alarm and transport (emergency care).
- Direct and indirect causes of maternal and neonatal mortality and morbidity in the local community.
- Advocacy and empowerment strategies for women.
- Understanding human rights including Sexual Reproductive health rights and their effect on health.
- Benefits and risks of available birth settings.
- Strategies for advocating with women for a variety of safe birth settings.
- Knowledge of the community - its state of health including water supply, housing, environmental hazards, food, common threats to health.
- Indications and procedures for adult and newborn/infant cardiopulmonary resuscitation.
- Ability to assemble, use and maintain equipment and supplies appropriate to setting of practice.
- Principles of epidemiology, sanitation, community diagnosis and vital statistics or records.
- National and local health infrastructures; how to access needed resources for midwifery care.
- Principles of community-based primary care using health promotion and disease prevention strategies.
- National immunization programs (provision of same or knowledge of how to assist community members to access to immunization services).
- support parents/families during grieving process.

Professional Behaviours - The midwife:

- Is responsible and accountable for clinical decisions.
- Maintains knowledge and skills in order to remain current in practice.
- Uses universal/standard precautions, infection control strategies and clean technique.
- Uses appropriate consultation and referral during care.
- Is non-judgmental and culturally respectful.
- Works in partnership with women and supports them in making informed choices about their health.
- Uses appropriate communication skills.
- Works collaboratively with health workers and other related stakeholders to improve the delivery of services to women and families.

- Provide evidence based quality care.

Competency area: Pre-Pregnancy Care and Family Planning Methods

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.

Basic Knowledge 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 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.
- Preconception care and counseling.
- Health education content targeted to reproductive health, sexually transmitted infections (STIs), HIV and AIDS and child survival.
- Natural methods for child spacing and other locally available and culturally acceptable methods of family planning.
- Hormonal and non hormonal methods of contraception and indications for use.
- Balanced counseling strategy methods for women needing to make decisions about methods of family planning.
- Signs and symptoms of urinary tract infection and common sexually transmitted infections in the area.
- Factors involved in decisions relating to unplanned or unwanted pregnancies.
- Indicators of common acute and chronic disease conditions specific to a geographic area of the world, and referral process for further testing/ treatment.
- Indicators and methods of counseling/referral for dysfunctional interpersonal relationships including sexual problems, domestic violence, emotional abuse and physical neglect.

Basic skills

- Take a comprehensive history.
- Perform a physical examination focused on the presenting condition of the woman.
- Order and/or perform and interpret common laboratory studies such as haematocrit, urinalysis or microscopy.
- Use health education and basic counseling skills appropriately.

- Provide locally available and culturally acceptable methods of family planning including the dual protection.
- Record findings, including what was done and what needs follow-up.
- Provide all available hormonal and non hormonal methods of contraception within their scope of practice.
- Take or order cervical cytology smear (Pap smear test) and or visual inspection of cervix with acetic acid(VIA).

Competency area: Care and counseling during pregnancy

Competency 3: Midwives provide high quality antenatal care to maximize the health status during pregnancy including early detection and treatment or referral of selected complications

Basic Knowledge of:

- Anatomy and physiology of the human body.
- Menstrual cycle and process of conception.
- Signs and symptoms of pregnancy.
- How to confirm a pregnancy.
- Diagnosis of an ectopic pregnancy and multiple fetuses.
- Dating pregnancy by menstrual history, and fundal height.
- Signs and symptoms of conditions that are life-threatening to the pregnant woman; e.g. pre-eclampsia, vaginal bleeding, premature labour, severe anemia.
- Signs, symptoms and indications for referral of selected complications and conditions of pregnancy: e.g. asthma, HIV infection, diabetes, hypertension, cardiac conditions, post-dates pregnancy.
- Effects of above named chronic and acute conditions on pregnancy and the fetus.
- Components of a health history.
- Components of a focused physical examination for antenatal visits.
- Normal findings [results] of basic screening laboratory studies such as; e.g. iron levels, urine test for sugar, protein, acetone, bacteria, and others defined by geographical area e.g. malaria.
- Normal progression of pregnancy: body changes, common discomforts, expected fundal growth patterns.
- Normal psychological changes in pregnancy and impact of pregnancy on the family.
- Safenon-pharmacological interventions for the relief of common discomforts of pregnancy in line with the country guidelines (MOH).
- How to determine fetal well-being during pregnancy such as fetal heart rate and activity patterns.
- Nutritional requirements of the pregnant woman and fetus
- Fetal growth and development.

- Education needs regarding normal body changes during pregnancy, relief of common discomforts, hygiene, sexuality, nutrition, and work inside and outside the home.
- Preparation for labour, birth and parenting.
- Preparation of the home/family for the newborn.
- Indicators of the onset of labour.
- How to explain and support breastfeeding.
- Techniques for increasing relaxation and pain relief measures available for labour.
- Effects of prescribed medications, street drugs, traditional medicines and over-the-counter drugs on pregnancy and the fetus.
- Effects of smoking, alcohol use and illicit drug use on the pregnant woman and fetus.
- HIV and AIDS prevention , care and treatment.

Basic skills

- Take an initial and ongoing history each antenatal visit.
- Perform a physical examination and explain findings to woman.
- Take and assess maternal vital signs including temperature, blood pressure, and pulse.
- Assess maternal nutrition and its relationship to fetal growth.
- Perform a complete abdominal assessment including measuring fundal height, position, lie and descent of fetus.
- Assess fetal growth and well being.
- Listen to the fetal heart rate and palpate uterus for fetal activity pattern.
- Calculate the estimated date of delivery.
- Educate women, families and communities about danger signs and when/how to contact the midwife.
- Educate and/or demonstrate measures to decrease common discomforts of pregnancy.
- Provide guidance and basic preparation for labour, birth and parenting.
- Educate women and their families on birth and emergency preparedness
- Identify variations from normal during the course of the pregnancy and institute appropriate interventions for:
 - low and/or inadequate maternal nutrition
 - inadequate fetal growth
 - elevated blood pressure, proteinuria, presence of significant oedema, severe headaches, visual changes, epigastric pain associated with elevated blood pressure
 - vaginal bleeding
 - multiple gestation, abnormal lie at term
 - intrauterine fetal death
 - rupture of membranes prior to term.
- Perform basic life saving skills competently such as maternal resuscitation , IV fluids, administration of magnesium sulphate etc. and institute appropriate referral strategies.
- Record findings including what was done and what needs follow-up.

- Counsel women about health habits; e.g. nutrition, exercise, safety, stopping smoking and alcohol.
- Perform clinical pelvimetry (evaluation of bony pelvis).
- Monitor fetal heart rate with Doppler and other relevant monitoring devices such as Cardio tocograph (CTG) (additional skill).
- Identify and refer variations from normal during the course of the pregnancy, such as:
 - small for dates [light]/large for dates [heavy] fetus
 - suspected polyhydramnios, diabetes, fetal anomaly (e.g. oliguria)
 - abnormal laboratory results
 - infections such as sexually transmitted infections (STIs), vaginitis, urinary tract, upper respiratory
 - fetal assessment in the post-term pregnancy.
- Treat and/or collaboratively manage above variations from normal based upon local standards and available resources.
- HIV counseling and testing of pregnant women and family.
- Order and/ or conduct laboratory test in line with the PMTCT guidelines.
- Document according to facility and national monitoring and evaluation tools.

Competency area: Care during Labour and Delivery

Competency 4: Midwives provide high quality, culturally sensitive care during labour, conduct a clean and safe delivery, and handle selected emergency situations to maximize the health of women and their newborn.

Basic Knowledge of:

- Physiology of labour.
- Anatomy of fetal skull, critical diameters and landmarks.
- Psychological and cultural aspects of labour and birth.
- Indicators that labour is beginning.
- Normal progression of labour and how to use the partograph or similar tool.
- Measures to assess fetal well-being in labour.
- Measures to assess maternal well-being in labour.
- Process of fetal passage [descent] through the pelvis during labour and birth.
- Comfort measures in labour: e.g. family presence/assistance, positioning, hydration, and emotional support, pharmacological and non-pharmacological methods of pain relief.
- Physiological management of second stage of labour
- Transition of newborn to extra-uterine life.
- Physical care of the newborn - breathing, warmth, feeding.
- Promotion of skin-to-skin contact of the newborn with mother when appropriate.
- Ways to support and promote uninterrupted [exclusive] breastfeeding.
- Prevention and management of perineal tears.

- Indications for an episiotomy and use of local anaesthesia.
- Physiological management of the third stage of labour.
- Indications for emergency measures: e.g. retained placenta, shoulder dystocia, atonic uterine bleeding, and neonatal asphyxia.
- Indications for operative delivery: e.g. fetal distress, cephalo-pelvic disproportion.
- Indicators of complications in labour: bleeding, labour arrest, malpresentation, eclampsia, maternal distress, fetal distress, infection, prolapsed cord.
- Principles of active management of Third stage of labour.
- Physiological management of fourth stage of labour.
- Management of chronic conditions.
- HIV and AIDS prevention , care and treatment.

Basic skills

- Take a specific history and maternal vital signs in labour.
- Perform a screening physical examination.
- Do a complete abdominal assessment for fetal position and descent.
- Time and assess the effectiveness of uterine contractions.
- Perform a complete and accurate pelvic examination for dilation, descent, presenting part, position, status of membranes, and adequacy of pelvis for baby.
- Follow progress of labour using the partograph or similar tool for recording.
- Provide psychological support for woman and family.
- facilitate the presence of a support person during labour and birth.
- Provide choice for alternative labour and birthing positions.
- Provide adequate hydration, nutrition and comfort measures during labour.
- Provide for bladder care.
- Promptly identify abnormal labour patterns with appropriate and timely intervention and/or referral.
- management of a client with high risk conditions within the scope of practice and make necessary referral.
- Perform appropriate hand manoeuvres for a vertex delivery.
- Manage a cord around the baby's neck at delivery.
- Perform and repair an episiotomy with local anaesthesia.
- Support physiological management of the 3rd stage of labour.
- Conduct active management of the 3rd stage of labour including:
 - Administration of oxytocic
 - Early cord clamping and cutting
 - Controlled cord traction.
- Guard the uterus from inversion during 3rd stage of labour.
- Inspect the placenta and membranes for completeness.
- Estimate maternal blood loss.
- Inspect the vagina and cervix for lacerations.
- Repair vaginal/perineal lacerations and episiotomy.
- Check immediate post delivery vital signs.

- Monitor the woman every 15 minutes in the first hour.
- Manage postpartum haemorrhage.
- Provide a safe environment for mother and infant to promote attachment.
- Initiate breastfeeding as soon as possible after birth and support exclusive breastfeeding.
- Perform a screening physical examination of the newborn.
- Record findings including what was done and what needs follow-up.
- Perform appropriate hand manoeuvres for face and breech deliveries.
- Inject local anaesthesia.
- Perform vacuum extraction.
- Provide initial care for malpresentation, shoulder dystocia, fetal distress.
- Identify and manage a prolapsed cord.
- Perform manual removal of placenta.
- Identify and manage r cervical lacerations appropriately.
- Perform internal bimanual compression of the uterus to control bleeding.
- Insert intravenous line, draw bloods, and perform haematocrit and haemoglobin testing.
- Prescribe and/or administer pharmacological methods of pain relief when needed.
- Administer oxytocin appropriately for labour induction or augmentation and treatment of postpartum bleeding.
- Transfer woman for additional/emergency care in a timely manner.
- Institute measures for PMTCT of HIV.

Competency area: Postnatal care of women

Competency 5: Midwives provide comprehensive, high quality, culturally sensitive postnatal care for women.

Basic Knowledge of:

- Normal process of involution and healing following delivery or an abortion].
- Process of lactation and common variations including engorgement, lack of milk supply, etc.
- Maternal nutrition, rest, activity and physiological needs (e.g. bladder).
- Infant nutritional needs.
- Parent-infant bonding and attachment; e.g. how to promote positive relationships.
- Indicators of sub-involution e.g. persistent uterine bleeding, infection.
- Indications of breastfeeding problems.
- Signs and symptoms of life threatening conditions; e.g. persistent vaginal bleeding, urinary retention, , postpartum pre-eclampsia, puerperal infection
- Indicators of selected complications in the postnatal period: e.g. persistent anaemia, haematoma, embolism, mastitis, depression, thrombophlebitis.
- Care and counselling needs during the post natal period and after abortion.

- Signs and symptoms of abortion complications.
- Grieving process in case of maternal death, loss of pregnancy, neonatal death, congenital birth defects and preterm baby HIV prevention, care and management.

Basic skills

- Take a selective history, including details of pregnancy, labour and birth.
- Perform a focused physical examination of the mother.
- Assess for uterine involution and healing of lacerations/repairs.
- Initiate and support uninterrupted [exclusive] breastfeeding/safe infant feeding practice.
- Educate mother on care of self and infant after delivery including rest and nutrition.
- Identify haematoma and refer for care as appropriate.
- Identify maternal infection, treat or refer for treatment as appropriate.
- Record findings including what was done and what needs follow-up.
- Counsel woman/family on sexuality and provide appropriate family planning method post delivery.
- Counsel, support and provide post-abortion care.
- Provide appropriate antibiotic treatment for infection.
- Refer for selected complications.
- Document according to facility and national M&E tools.
- provision of HIV prevention care and treatment according to national guidelines.

Competency – area: Newborn care (up to 2 months of age)

Competency 6: Midwives provide high quality, comprehensive care for the infant from birth up to six weeks.

Basic Knowledge of:

- Newborn adaptation to extra-uterine life.
- Basic needs of newborn: airway, warmth, nutrition, bonding.
- Elements of assessment of the immediate condition of newborn; e.g. APGAR scoring system for breathing, heart rate, reflexes, muscle tone and colour.
- Basic newborn appearance and behaviours.
- Normal newborn and infant growth and development.
- Selected variations in the normal newborn; e.g. caput, moulding, Mongolian spots, haemangioma, hypoglycaemia, hypothermia, dehydration, infection.
- Elements of health promotion and prevention of disease in newborn and neonate.
- Immunization needs, risks and benefits for the neonate and infant up to six weeks.

- High risk conditions of the newborn such as asphyxia, prematurity meconium aspiration, small for gestational age, large for gestational age.
- Psychological and cultural aspects of the newborn and neonates.
- PMTCT.
- Communicable diseases.
- Selected newborn complications, e.g. jaundice, haematoma, adverse moulding of the fetal skull, cerebral irritation, non-accidental injuries, causes of sudden infant death.
- Normal growth and development of the preterm infant up to 2 months of age.
- Kangaroo mother care.

Basic skills

- Clear airway to maintain respirations.
- Maintain warmth but avoid overheating.
- Assess the immediate condition of the newborn; e.g. APGAR scoring or other assessment method.
- Perform physical examination of the newborn to exclude congenital and other abnormalities.
- Prescribe and administer neonatal pharmacological emergency drugs
- Position the infant for breastfeeding.
- Position and support for kangaroo mother care.
- Educate parents about danger signs and when to bring the infant for care.
- Identification and management of the HIV exposed neonate.
- Begin emergency measures for respiratory distress (newborn resuscitation), hypothermia, hypoglycaemia, cardiac arrest.
- Assess and manage communicable diseases.
- Transfer newborn to emergency care facility when available.
- Record findings, including what was done and what needs follow-up.
- Perform a gestational age assessment.
- Educate parents about normal growth and development, child care prevention and management of accidents.
- Assist parents to access community resources available to the family.
- Support parents and family during grieving process for congenital birth defects, preterm, loss of pregnancy, or neonatal death.
- Support parents during transport/transfer of newborn.
- Support parents with multiple births.
- Advocate for the rights of neonates.

Competency – Area: Post Abortion Care

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

Basic Knowledge of:

- Policies, protocols, laws and regulations related to abortion-care services.
- Factors involved in making decisions relating to the management of unintended and mistimed pregnancies.
- Factors predisposing to unintended and 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.
- 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).
- Psychosocial needs of the woman and the family pre and post abortion and the services available.
- Value clarification.

Basic Skills

The midwife has the skill and/or ability to

- Provide psychological support to the woman and family pre and post abortion.
- Assess gestational period through query about LMP, bimanual examination and/or urine pregnancy testing.
- Take a clinical and social history to identify contraindication 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 perforations); treat or refer for treatment as appropriate.
- perform manual vacuum aspiration of the uterus up to 12 completed weeks of pregnancy.

Competency – area: life saving skills

Competency 8 Midwives competently apply life – saving skills during Emergency Obstetric and Neonatal Care

Basic knowledge and skills

- Identify variations from normal during the course of the pregnancy and institute appropriate interventions for:
 - Severe anaemia
 - Inadequate foetal growth
 - Elevated blood pressure, proteinuria, presence of significant oedema
 - severe Headaches, visual changes
 - Epigastric pain
 - Vaginal bleeding,
 - Multiple gestation
 - Abnormal lie at term
 - Intrauterine foetal death.
- Diagnose and safely deliver breech presentation.
- Manage cord presentation or prolapse correctly.
- Perform vacuum extraction when indicated.
- Manage shoulder dystocia correctly.
- Manage postpartum haemorrhage urgently.
- Perform urinary catheterisation using an aseptic technique to prevent the introduction of infection.
- Resuscitate the distressed mother or asphyxiated newborn (Help Baby Breathe) and give appropriate care before referral.
- Perform manual removal of the placenta and membranes correctly.
- Insert intravenous line when indicated, draw blood for tests.
- Prescribe and administer certain drugs: magnesium sulphate, diazepam, antibiotics and analgesic.
- Administer antihypertensive and anticonvulsant drugs to control the high blood pressure/convulsions in severe pre-eclamptic/eclamptic women.
- Put an eclamptic patient in position to facilitate breathing.
- Perform manual vacuum aspiration correctly in post abortion women.
- 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 accompanying them on the journey in order to continue giving emergency care, as required.
- Record all details of the birth, all findings, including what was done and what needs follow-up.

Competency – area: Professional Leadership and management

Competency 9 Midwives apply Professional, Leadership and Management skills in the provision of Maternal and Neonatal Health Services

Professional behaviours, the midwife shall:

- Be responsible and accountable for clinical decisions.
- Be non-judgmental and culturally respectful.
- Use appropriate communication skills.
- Maintain competencies in order to remain current in practice.
- Work in partnership with women, families and communities supporting them in making informed choices about their health.

In management the midwife will be proficient to:

- Coordinate and manage reproductive health and midwifery service delivery in the hospital and in the community including auditing of such services.
- Develop strategies for improving reproductive health and midwifery services in both the hospital and the community.
- Contribute to policy formulation including developing health personnel job descriptions.
- Apply appropriate leadership and management styles when working with health personnel and communities:
 - Delegate and supervise performance
 - Monitor staff performance
 - Maintain and strengthen effective team work
 - Appraise staff performance based on job descriptions
- Use appropriate consultation and referral during care.
- Use health information to plan strategies for reducing maternal and neonatal mortality and morbidity.
- Work collaboratively with other health workers and multicultural agencies to improve the delivery of services to women and their families.

3.0 Glossary of Terms

Assessment:

The organized, systematic and continuous process of observations and measurements of nursing/midwifery care. Assessment includes the use of interviewing, physical examination and carrying out investigations.

Autonomy:

Self-direction and independent decision making in nursing and midwifery.

Care giver:

Concerned person, often a family member, who provides the day-to-day care that, enables a frail, ill, disabled individual to function in a home. This includes workers hired to give such care in the home.

Client:

An individual, family, group or community with whom the nurse or midwife interacts.

Collaborative:

Refers to working with other people towards a common objective. Collaboration includes group decision-making about division of tasks, the plan of action and implementation, monitoring and evaluation.

Community Setting:

This includes homes, schools and other institutions in the community where the nurse/midwife or community-based agents provide health care services.

Competencies:

Basic knowledge, skills, attitudes and judgment required to safely perform the prescribed role.

Comprehensive Care:

Health care that addresses all of the clients/patients' needs ranging from clinical nursing/midwifery care to housing, nutrition, transportation and psychosocial support.

Co-ordinate:

Manage various resources for meeting health care needs through mobilizing and deploying resources and directing activities.

Core Attitudes in midwifery:

The most important behavior of the nurses and midwives which reflects empathy, understanding, comforting, valuing, etc., in the care of clients.

Core Competencies:

The combined basic or essential competencies demonstrated by a midwife for entry into professional nursing. The skill with which one demonstrates the competencies improves with practice.

Core Competency/ Skill:

The expertise, practice ability, dexterity demonstrated by midwives in rendering care to clients. This is also a hallmark of the midwifery profession and practice.

Culture sensitivity:

Awareness of cultural generalizations as well as inter-group differences in relation to nursing and midwifery practice.

Curative:

Refers to nursing and midwifery and other health care team members' interventions that restore health and/or improve health.

Ethics:

Standards of conduct expected from nurses and midwives.

Health care Interventions:

Actions taken by nurses/midwives and other care givers to promote health, prevent or treat illness/disease, or assist in monitoring or rehabilitating clients with chronic diseases/conditions.

Health Needs:

Those signs, symptoms and processes that denote clients' actual or potential health problems and which require nursing and midwifery or other health care team member's interventions. This includes the need for IEC to empower clients to make informed decisions on their own health.

Holistic Care:

Caring for the whole person including mental and psychosocial aspects rather than just the symptoms of a disease or health problems.

Individual:

Refers to a single client regardless of age or health status as distinct from a family or group.

Manager:

A person delegated the responsibility and authority by the organization to coordinate individual efforts of others to achieve organizational goals and objectives.

Manage Care:

Refers to responsibility and accountability for care, which includes making independent decisions on the care of a client as well as consultation and referral to other providers as appropriate.

Midwife:

A person who has successfully completed a prescribed post-basic or direct entry midwifery education program and is licensed by the appropriate regulatory authority to practice midwifery in his/her own country and/or in the ECSA region.

Networking:

Reaching out to build alliances with organizations and persons with common interests.

Midwifery Interaction:

Midwifery actions and interventions that focus on assisting clients to cope successfully with problems and achieve desired outcomes.

Midwifery Standards:

Authoritative statements through and by which the midwifery profession describes the responsibility for which its practitioners are accountable. The Standards described should be achievable and measurable and indicate levels of performance.

4.0 REFERENCES

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