



NURSES AND MIDWIVES COUNCIL OF MALAWI

**PROFESSIONAL  
PRACTICE  
STANDARDS  
FOR REGISTERED MIDWIVES**



## **ACRONYMS**

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

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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.

There are five significant professional characteristics that form the foundation of the *Standards of Practice for Registered Nurses*:

- Professional service to the public,
- Knowledge-based practice,
- Continuing competence,
- Ethical practice, and
- Professional responsibility and accountability.

The *Standards of Practice for Registered Nurses* are statements that describe the desirable and achievable level of performance expected of all registered nurses in their practice, regardless of their role. As members of a self-regulating profession, registered nurses are to practice in accordance with established code of conduct and practice standards as set out by NMCM.

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

The revised nursing practice standards in this document define acceptable requirements for determining the quality of nursing care a client receives. When nurses use the standards of nursing practice, and the code of ethics and professional conduct to guide their daily practice, they are acting in the best interest of the public safety.

As professional nurses in Malawi, let us continue to demonstrate that we can regulate ourselves, within the provisions of the Act by collectively and consistently upholding the standards of nursing practice to maintain the trust of the public.

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## **1.0 BACKGROUND**

The Ministry of Health with its development partners developed the Health Sector Strategic Plan (HSSP) 2011-2016 after successful implementation Joint Program of Work through the Sector Wider Approach (SWAP) 1.

Section 5.2.2.6, the HSSP stipulates the importance of quality assurance whose objective is to develop and implement a comprehensive approach to quality improvement at all levels for effective service delivery.

The role of Nurses and Midwives Council is to strengthen the implementation of quality assurance programs in all health facilities in Malawi.

The goal of Nurses and Midwives Council of Malawi (NMCM) is to ensure the provision of quality nursing and midwifery service to the public.

NMCM strives to achieve the goal by implementing the following strategic objectives:

- Enhance quality nursing and midwifery education and training.
- Promote safe practice for nurses and midwives according to standards
- Promote evidence based quality nursing and midwifery care
- Strengthen management systems.

It is against this background that NMCM in collaboration with Ministry of Health (MOH) through technical and financial assistance from World Health Organization (WHO) decided to develop the nursing and midwifery standards to guide the nursing and midwifery profession.

### **1.1 Process of developing the standards**

The development process involved five steps:

- (i) Bringing together a core group of stakeholders who need standards to guide their education and practice; those who have the potential to promote use of the developed standards and will take leadership and be accountable for standard implementation and reinforcement.
- (ii) Generating a clear understanding of the professional vision, mission and philosophy which form the basis /foundation for standard development as stipulated by NMCM
- (iii) Identification of principles which are core to the professional practice of midwifery

- (iv) Description of the beneficiaries of the developed standards.
- (v) Review of different existing frameworks for standards of midwifery practice which formed the basis for structuring standards for midwifery practice for Malawi.

**The ECSACON framework was chosen to form the basis for Malawi Midwifery Practice Standards.**

## 2.0 INTRODUCTION

It is important that midwives understand their roles, scopes of practice and contribution to health care if standards guiding their practice are to be fully appreciated and implemented.

Legislation, standards and other regulatory instruments or tools determine the overall scope of practice for professional registered midwives approved to practice midwifery in their respective countries. The other factors influencing midwifery practice include (ICN 2007):

- individual practitioners' competencies;
- requirements and policies of the employer;
- clients' needs; and
- Practice settings

### **Midwifery — A Self-Regulating Profession**

As stated earlier, the Nurses and Midwives Council of Malawi has the legislated mandate through the *Nurses Act* to develop, establish, maintain and administer professional standards for its members with an obligation to protect the public and serve the public interest.

Five significant professional characteristics form the foundation of the *Standards of Practice for Registered Midwives*:

- Professional service to the public,
- Knowledge-based practice,
- continuing competence,
- Ethical practice, and
- Professional responsibility and accountability

### 3.0 DEFINITION OF TERMS

**A midwife:** is a person who, having been regularly admitted to a midwifery educational programme, duly recognized in the country which it is located, has been educated and trained to proficiency in the essential competencies for basic midwifery practice and demonstrates competency in the practice of midwifery and is legally permitted to use the title. (Adapted from ICM 2005/ 2011)

**Midwifery:** encompasses autonomous provision of support, care and advice in partnership with the women to promote self-care and the health of mothers before, during pregnancy, labour and following childbirth. It also includes provision of care to infants, children, adolescents and families. It involves promoting respect for human dignity and for women as persons with full human rights. It advocates for women so that their voices are heard; is culturally sensitive working with women and other health care providers to overcome those cultural practices that harm women, newborns, infants, children and adolescents (Adapted from ICM global definition 2005).

#### **Scope of Midwifery Practice**

Midwifery scope of practice refers to those activities which midwives are educated, competent and authorized to perform. This means that the midwife gives necessary supervision, care and advice for women during pregnancy, labour and the postpartum period. The midwife conducts deliveries as part of her responsibility and cares for the newborn infant. This care includes:

- primary health care supervision within the community (preventive measures);
- health counseling and education for women, the family and the community including preparation for parenthood;
- the provision of family planning;
- the detection of abnormal conditions in the mother and child;
- the procurement of specialized assistance as necessary (consultation or referral); and
- the execution of primary and secondary emergency measures in the absence of medical help. Midwifery practice is ideally conducted within a community-based health care system (ICM essential competencies 2005).

## **Nursing & Midwifery — Self-Regulating Professions**

As stated earlier, the Nurses and Midwives Council of Malawi has the legislated mandate through the *Nurses Act* to develop, establish, maintain and administer professional standards for its members with an obligation to protect the public and serve the public interest.

Five significant professional characteristics form the foundation of the *Standards of Practice for Registered Midwives*:

- Professional service to the public,
- Knowledge-based practice,
- continuing competence,
- Ethical practice, and
- Professional responsibility and accountability.

### ***Standards of Practice for Registered Midwives***

These are statements that describe the desirable and achievable level of performance expected of all registered midwives in their practice. As members of a self-regulating profession, registered midwives are to practice in accordance with ethical and practice standards as set by NMCM.

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

<sup>1</sup> **Professional midwifery service:** describes midwifery practice, and recognizes the four major areas of practice (direct client care, administration, education and research) identified within the practice of midwifery and the variety of settings where midwives practice. Depending on the practice setting, one or more of these areas will be the main focus of a midwives' practice. The direct client care role is fundamental to midwifery. All other roles within the profession exist to maintain and support clinical practice.

## **4.0 PRINCIPLES RELATED TO THE STANDARDS OF PRACTICE FOR REGISTERED**

### **Midwives**

The NMCM principles related to the *Standards of Practice for Registered Midwives* are:

- The woman, the newborn and significant others are the central focus of the professional care midwives provide, and are partners in decision-making;
- The goal of midwifery practice is the best possible health outcome for the client, with no unnecessary exposure to risk or harm;
- Improvement is a necessary component of practice and public interest is best served when midwives constantly improve their application of knowledge, skill, judgment and personal attributes;
- Reflective practice, that is, the process of continually assessing one's own practice to identify learning needs and opportunities for constant growth, is key to continuing competence;
- On-going feedback from peers, co-workers and clients contributes to and complements reflective practice; and
- The quality of the practice setting has a direct impact on the ability of the midwife to provide competent, professional care.

## 5.0 Standard statements

Broad standards statements capture the varied practice settings and roles in which midwives' practice. The standards statements apply at all times to all midwives regardless of their role.

### 5.1 The standards:

- Provide guidance to assist midwives in decision-making;
- Support midwives by outlining practice expectations of the profession;
- Inform the public and others about what they can expect from practicing midwives; and
- Are used as a legal reference for reasonable and prudent practice.

### 5.2 Indicators

To help midwives apply the standards, there are corresponding indicators that serve as examples of activities which demonstrate how a standard may be applied.

The indicators provide the criteria against which an individual midwife's actual performance may be measured by self and others. Not all of the indicators will apply to all nurses, at all times, in all situations.

#### The indicators:

- Are not written in order of importance;
- May be further refined or developed to specifically describe their application in a given context of practice; and
- May be expanded to describe the practice expectations of midwives of varying levels of competency, ranging from entry level to advanced level.

Therefore registered midwives practicing in Malawi should be familiar with these practice standards for midwives as well as other developments that can impact or inform the evidence based practice of midwifery practice in Malawi.

Registered midwives are accountable for their own practice, whether they are employed by a health care provider or are self – employed. There are specifically three key roles of the midwife as follows:

- Provider and collaborator
- Professional
- Advocacy.

## 6.0 STANDARDS STATEMENTS AND INDICATORS

### 6.1 Provider and Collaborator Role

The provider and collaborator role of a midwife is to focus on the provision and management of comprehensive midwifery care to clients along the life span of the health continuum. It involves use of scientific approaches - assessment planning, implementation, and evaluation in addressing clients' needs in a variety of settings and utilises cognitive and attitudinal skills critical to client care.

The role also provides for the midwife to work in collaboration with the client, other health professionals, and stakeholders in the provision of quality midwifery care. The midwife coordinates the care to the best of her/his professional knowledge and responsibility in accordance with the scope of practice.

#### 6.1.0 Standards

##### The midwife:

- i) Works in partnership with women and provide effective and competent client<sup>1</sup>-centred care based on scientific approaches of assessment, planning, implementation and evaluation of care.
- ii) Provides comprehensive scientific and evidenced- based midwifery care to promote and maintain optimal health for women before and during pregnancy.
- iii) Provides appropriate management to the woman during labour and delivery and ensures safety of the mother and baby.
- iv) Utilizes a body of scientific knowledge to provide family-centred postpartum care to the mother, the baby and significant others.
- v) Integrates concepts of family-centred care in the management of the neonate and baby up to six weeks.
- vi) Demonstrates proficiency in the management of emergency obstetric and neonatal conditions.

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<sup>1</sup>Client: means women and family members i.e. husband and significant others.

## 6.2.0 Standard 1: Provision of Midwifery care

The midwife shall work in partnership with women and provide effective and competent client<sup>2</sup>-centered care based on scientific approaches of assessment, planning, implementation and evaluation of care

### 6.2.1 Areas of Competence

- Assessment
- Planning
- Implementation
- Evaluation
- Communication, interpersonal relationship, client – provider interaction
- Counselling
- Collaboration

### 6.2.2 Performance Indicators

#### 6.2.2.1 Assessment

- **Utilizes** communication, interpersonal and client-provider interaction skills in conducting family planning, midwifery and gynaecological assessment.
- **Collects** analyses and interprets data to make decisions and accurate diagnosis.
- **Collects** and analyses data using subjective information from the client or their significant others and makes objective observations, and performs necessary physical examination.
- **Interprets** data against a body of scientific knowledge.
- **Formulates** accurate midwifery diagnosis to clarify client's needs including learning, information/and counselling.
- **Prescribes** necessary investigations within her/his scope of practice.
- **Forms** partnerships with clients in assessing their health care needs and determining appropriate intervention strategies to address them.

#### 6.2.2.2 Planning

- **Determines** client's goals for care in collaboration with the client, family and other members of the healthcare team
- **Formulates** objectives for the plan of care that are specific, measurable achievable, outcome oriented and women-centred
- **Identifies** and outlines priorities and interventions to achieve expected outcome

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<sup>2</sup>Client: means women and family members i.e. husband and significant others.

- **Identifies** and outlines areas for collaboration, networking and referral
- **Selects** intervention and identifies priorities in providing care and collaborates with other healthcare providers according to client's needs
- **Identifies**, mobilizes and organizes resources to carry out the planned activities
- **Documents** the plan of action to facilitate communication with other healthcare providers for continuity of care

#### 6.2.2.3 Implementation

- **Initiates**, directs and carries out direct care to the women, men or families seeking reproductive health services.
- **Prescribes** appropriate treatment and contraceptives within the legal framework and scope of midwifery practice
- **Provides** counselling services according to the client's needs
- **Designs** and implements a teaching plan based on the client's needs
- **Provides** evidence-based care in line with national protocols, procedure manuals and institutional policies
- **Documents** interventions and progress of clients' status to facilitate continuity of care

#### 6.2.2.4 Evaluation

- **Determines** the effectiveness of the care given based on intended outcomes
- **Reviews** the reproductive health services to make the necessary changes
- **Monitors** progress and evaluate the outcome of interventions on the physical, psychosocial and emotional needs in collaboration with the client, family and other members of the health team

#### 6.2.2.5 Collaboration

- **Identifies** and outlines areas for collaboration and networking
- **Selects** and works with partners relevant to care or client for collaboration and networking
- **Participates** in development and supervision of referral systems and linkages
- **Links** client care to family, Community and other relevant healthcare providers
- **Coordinates** improvement activities and programs as well as monitor's health care outcomes.
- **Provides** community-based healthcare with accurate, complete and relevant health information to empower the family in decision making

### **6.3.0 Standard 2: Provision of pre-conceptual and antenatal care**

The midwife shall provide comprehensive scientific and evidenced- based midwifery care to promote and maintain optimal health for women before and during pregnancy

#### **6.3.1 Areas of competence:**

- Clinical examination
- Pre-conceptual and Prenatal Information, Education and Communication (IEC) and counselling
- Presumptive treatment of malaria in pregnancy
- Micronutrient supplementation
- Prevention of Maternal-to-child transmission
- HIV counselling and testing
- Management of women with uncomplicated and complicated pregnancy and emergency conditions in Pregnancy.
- Management of women with risk factors in pregnancy
- Obstetric and medical conditions
- Vital reproductive health statistics
- Management of HIV/AIDS in pregnancy

#### **6.3.2 Performance Indicators**

##### **6.3.2.1 Assessment**

- **Utilizes** communication, interpersonal and a client-provider interaction skills in conducting pre-conceptual and antenatal assessment
- **Collects**, analyses and interprets data to make decisions and accurate diagnosis in collaboration with the client

##### **6.3.2.2 Planning**

- **Involves** the woman and her partner in developing a birth plan

- **Determines** client's goals for care in collaboration with the client, family and other members of the healthcare team
- **Formulates** objectives for the plan of care (taking into account the capacities of the client) that are specific, measurable, achievable, client centred, and outcome oriented
- **Identifies** strategies of care related to pre-conception and pregnancy including nutritional, physical, psycho-social and emotional needs
- **Identifies** the strategies to provide counselling in preparation for conception, childbirth and parenting
- **Prioritizes** the care according to those needing immediate attention of a midwife and those needing consultation and referral
- **Documents** a comprehensive plan of care
- **Identifies** the relationships between the demographic and socio-cultural trends in relation to reproductive health and rights.

#### 6.3.2.3 Implementation

- **Provides** care according to individual client's needs
- **Collaborates** with the client and other care providers and makes appropriate referrals
- **Provides** IEC and counselling to clients and family to facilitate self-care and informed decision making
- **Documents** intervention progress and outcomes of continuity of care

#### 6.3.2.4 Evaluation

- **Monitors**, evaluates and documents the effectiveness of the care given in accordance with pre-conceptual, antenatal care guidelines and makes necessary changes.

#### 6.3.2.5 Collaboration

- **Identifies** and outlines areas for collaboration and networking
- **Selects** and works with partners relevant to care for collaboration and networking
- **Links** client care to family, community and other relevant healthcare providers.
- **Provides** community-based healthcare providers with accurate, complete and relevant health information to empower the family in decision making

- **Participates** in development and supervision of referral systems and linkages.
- **Coordinates** care improvement activities and programs.

#### **6.4.0 Standard 3: Management of woman in labour and delivery**

The midwife shall provide appropriate management to the woman during labour and delivery and ensures safety of the mother and baby.

##### **6.4.1 Areas of competence:**

- Assessment and monitoring of a woman during labour
- Appropriate use of a partograph
- Foetal monitoring during labour
- Rapid initial assessment
- Provision of comprehensive care, including comfort and nutrition
- Management of first, second, third and fourth stages of labour
- Immediate care of newborn baby
- Identification and management of risk factors and emergency conditions during labour and delivery

##### **6.4.2 Performance Indicators**

###### **6.4.2.1 Assessment and Monitoring of a woman during labour**

- **Conducts** rapid initial assessment
- **Conducts** routine admission procedures and relevant procedures as determined by the client needs
- **Demonstrates** warm welcoming attitude, comfort and psychological support to a woman and significant others
- **Collaborates** with the woman in the planning of care
- **Uses** appropriate interviewing techniques to obtain subjective data on admission of a woman in labour
- **Conducts** physical examination including abdominal and vaginal examination and performs the relevant laboratory investigations,
- **Documents** and communicates assessment findings using standard procedures and the partograph to provide continuity of care

- **Monitors** progress of labour to determine the emerging needs of the woman and foetus throughout labour and delivery
- **Identifies** deviations from normal labour and delivery and takes action
- **Analyses** and interprets assessment data to determine the stages of labour and the client's needs
- **Demonstrates** the ability to interpret physiological happenings of labour and intervenes accordingly

#### 6.4.2.2 Planning

- **Identifies** the strategy of care to achieve safe delivery and prevent complications for the woman and her baby
- **Identifies** strategies to meet the client's need for physical, psychosocial and emotional comfort
- **Determines** and prioritizes the strategies of care in collaboration with the woman.
- **Develops** the care plan based on data and diagnosis using SOAPIE format

#### 6.4.2.3 Implementation

- **Implements** the plan of care in the intra-partum period
- **Monitors** the progress of labour through use of partograph and other relevant tools
- **Identifies** and intervenes on deviations from the normal through appropriate use of the partograph
- **Conducts** safe delivery to prevent maternal and foetal complications
- **Demonstrates** competence in interpreting and responding to the physiological changes during labour
- **Demonstrates** competence in receiving the newborn and facilitates early postpartum adjustments of the newborn
- **Demonstrates** competence in the delivery of placenta and membranes to prevent complications
- **Examines** the birth canal and repairs tears, laceration and/ or an episiotomy
- **Monitors** the condition of the woman and her baby during the first hour post-delivery and applies interventions where complications occur.

#### 6.4.2.4 Evaluation

- **Evaluates** and documents the effectiveness of care given in accordance with intrapartum guidelines and makes necessary interventions.

## 6.5.0 Standard 4: Family–Centred Postpartum Care

The midwife shall utilise a body of scientific knowledge to provide family-centred postpartum care to the mother, the baby and significant others

### 6.5.1 Areas of competence

- Post partum assessment of the mother and the baby
- Management of the mother and baby during puerperium
- Postpartum IEC and counselling including family planning, self and baby care
- Identification and management of risk factors and emergency conditions in the post partum period
- Post partum discharge plans and follow-up care
- Post partum assessment of mother and baby at one week and six weeks post delivery
- Infection prevention and control
- Prevention of Maternal-to-child transmission
- HIV counselling and testing
- HIV/AIDS management in puerperium

### 6.5.2 Performance Indicators

#### 6.5.2.1 Assessment

- **Obtains** pertinent information by taking a comprehensive history including obstetric history; the record of antenatal, intrapartum, immediate post-delivery progress and care
- **Obtains** specific data on blood loss, uterine involution, afterbirth pains, elimination, lactation and bonding
- **Performs** physical examination and carries out laboratory investigations to monitor maternal recovery and well-being during the postpartum period.
- **Observes** normal physiological adjustments and monitors discomfort in the puerperium
- **Observes** deviations from normal puerperium and takes action

- **Performs** a complete physical examination at one week and at 6 weeks to establish normal recuperation to non-gravid state
- **Analyses** and interprets findings to make an accurate diagnosis
- **Documents** and communicates findings to the client/family and other health care providers

#### 6.5.2.2 Planning

- **Identifies** strategies to provide care to the mother and baby in the postpartum period
- **Prioritizes** strategies of care and determines strategies and needs for consultation, collaboration and referral
- **Identifies** strategies to meet the mother and baby's needs for comfort, pain relief, nutrition, elimination, hydration, adequate lactation, maternal-newborn bonding, education, anticipatory guidance and counselling.
- **Collaborates** with client to determine and initiate a plan for discharge and follow-up
- **Documents** the plan of postpartum care and communicates to the client and the healthcare team

#### 6.5.2.3 Implementation

- **Provides** information, education and support to nursing mothers and significant others according to their needs
- **Assists** the mother to establish and maintain bonding with her newborn baby
- **Initiates** measures to meet other basic needs of the mother and the baby
- **Provides** guidance and education during discharge and follow up
- **Documents** and communicates the implemented care to clients and other healthcare professionals as necessary

#### 6.5.2.4 Evaluation

- **Evaluates** and documents the effectiveness of care given in accordance with postpartum guidelines and make necessary interventions.

#### 6.5.2.5 Collaboration

- **Identifies** and outlines areas for collaboration and networking
- **Selects** partners relevant to the care of the client for collaboration and networking

- **Links** client care to family, community and other relevant healthcare providers
- **Coordinates** improvement activities and programs as well as monitors health care outcomes.
- **Provides** community-based healthcare workers with accurate, complete and relevant health information to empower the family in decision making

### 6.6.0 Standard 5: Neonatal care

The midwife shall integrate concepts of family-centred care in the management of the neonate and baby up to six weeks.

#### 6.6.1 Areas of competence:

- Neonatal assessment
- Neonatal care
- Care of a high risk neonate
- Infection prevention and control
- HIV/ AIDs management

#### 6.6.2 Performance Indicators

##### 6.6.2.1 Assessment

- Assesses neonatal status
- **Observes** conditions necessary for newborn adaptation to extra-uterine life
- **Obtains** information about foetal wellbeing by reviewing pertinent antepartum and intra-partum records
- **Determines** the necessary screening and diagnostic tests to be performed on the neonate
- **Observes** factors that influence the neonate's safe adaptation to extra- uterine life
- **Performs** physical examination on the neonate immediately and subsequently after birth to identify deviations from normal
- **Observes** major deviations from the normal neonatal development
- **Establishes** the diagnosis of the neonatal conditions immediately after birth up to six weeks
- **Anticipates** potential neonatal problems and concerns and takes action if they occur

#### 6.6.2.2 Planning

- **Identifies** strategies to provide care of the neonate
- **Documents** and communicates the plan of care to parents or guardian and other health care providers
- **Identifies** areas of care that require consultations, collaboration and referral
- **Collaborates** with the mother and significant others to determine and initiate a plan for discharge and follow-up

#### 6.6.2.3 Implementation

- **Provides** IEC and counselling to client/s parent/guardian to facilitate care and informed decision making
- **Observes** principles of infection prevention while providing care
- **Administers** initial immunizations according to national guidelines
- **Provides** guidance and counselling on feeding for babies in special circumstances
- **Documents** and communicates appropriately the implemented care to parents/guardians and other health care providers
- **Conducts** growth monitoring, immunization and promotion of nutrition for the neonate

#### 6.6.2.4 Evaluation

- **Evaluates** and documents the effectiveness of care given in accordance with neonatal guidelines and makes necessary changes

### 6.7.0 Standard 6: Emergency Obstetric and Neonatal Care

The midwife shall demonstrate proficiency in the management of emergency obstetric and neonatal conditions.

#### 6.7.1 Areas of competence

- Knowledge of emergency obstetric and neonatal conditions
- Management of emergency obstetric and neonatal conditions
- Care of a high risk neonate
- Leadership
- Triage

### 6.7.2 Performance Indicator

- **Demonstrates** competence in timely identification of emergency obstetric and neonatal conditions
- **Demonstrates** competence in carrying out obstetric interventions during emergencies
- **Collaborates** effectively with multidisciplinary healthcare team during management of emergency conditions
- **Demonstrates** leadership in the management of neonatal and obstetric conditions
- **Timely triage**, communicate and refer obstetric and neonatal clients

## 7.0 PROFESSIONAL ROLE

The professional role of midwives requires that they demonstrate responsibility and accountability for professional practice. Midwives need to participate in quality improvement activities and seek continuous professional development to improve their own practice. They promote and adhere to the professional code of ethics and practice according to legislation that governs client care and the profession. Midwives are expected to promote professional values of caring, altruism, autonomy, human dignity and social justice in delivering client care. They participate in research and monitor changing social, economic and environmental conditions and their impact on the health of clients.

### 7.1.0 Standards

#### The midwife:

- Maintains current registration and licensure
- Leads and manages midwifery services in collaboration with the client & other members of the health team
- Creates an enabling Environment for Midwifery Care
- Fosters Knowledge – Based Practice
- Upholds and fosters Ethical practice
- Ensures Documentation and reporting of care
- Evidence based practice
- Upholds and fosters the professional mentorship role

### 7.2.0 Standard 1: Registration and Licensure

The midwife practising in Malawi shall be required to be registered and licensed with the NMCM in accordance with the Malawi laws 36:02

#### 7.2.1 Areas of competence

- Regulatory elements
- Nurses and Midwives Act No 16 of 1995.
- Legislation process and procedures

#### 7.2.2 Performance Indicators

- **Demonstrates** knowledge of the Nurses and Midwives Act and its provisions and its impact on practice.

- **Explains** the relationships among the elements of the Nurses and Midwives Act.
- **Utilises** the elements of the Nurses and Midwives Act (Scope of Practice, Standards of Practice, and Core Competencies) and the Code of Ethics to monitor and assess quality of care.
- **Performs** within the prescribed scope of practice and recognises own competence limits.
- **Monitors** own practice regularly to assess self for fitness to practice.
- **Maintains** current registration and licensure with NMCM and other professional bodies as required.
- **Ensures** continuous professional development for maintenance of competence.

### 7.3.0 Standard 2: Midwifery Leadership and Management

The midwife shall be able to plan, organize, lead, and control the implementation and evaluation of midwifery services in collaboration with other health care members

#### 7.3.1 Areas of competence

- Leadership
- Management
- Collaboration

#### 7.3.2 Performance Indicators

- **Decides** on the management of midwifery services based on the available evidence
- **Participates** in development and presentation of the midwifery budget
- **Allocates** and controls the utilization of midwifery care resources under her/his jurisdiction.
- **Participates** in setting organizational objectives and promote the vision, mission of the midwifery profession
- **Conducts** inventory of available human and material resources to ensure quality midwifery care.
- **Coordinates** all aspects of patient care activities with other professionals and care givers

- **Participates** in conducting training needs assessment for staff
- **Assigns** staff as per staffing norms and scope of practice
- **Maintains** accurate and appropriate records applicable to the unit.
- **Ensures** appropriate delegation, education, and supervision of staff.
- **Assumes** responsibility for capacity building of staff under her/his supervision
- **Establishes** and maintains communication systems to support quality services
- **Creates** conducive environment that supports quality midwifery practice by following quality standards
- Role models professional values, beliefs and attitudes.
- **Collaborates** with clients and other members of the healthcare team to promote professional practice
- **Provides** direction and shares knowledge and expertise with students and other members of the healthcare team
- **Participates** in midwifery forums, committees or interest groups to share knowledge and experiences
- **Applies** problem-solving and decision making skills
- **Introduces** innovations to bring about positive changes in midwifery
- **Provides** feedback and support to staff about midwifery issues at individual and organizational level

#### 7.4.0 Standard 3: Enabling Environment for Midwifery Care

The midwife shall participate in the development of policies for national health development including human resources for health, guidelines and protocols to support the provision of best quality care to women and babies and their families, while reducing preventable adverse clinical incidents.

##### 7.4.1 Areas of competence

- Quality improvement initiatives
- client's safe environment
- Resource management
- Policy development

##### 7.4.2 Performance Indicators

- **Promotes** continuity of care for women through pregnancy, labour, birth and the puerperium

- **Evaluates** the provision of midwifery care to women, their families and communities
- **Participates** in initiatives to improve the quality, safety, accessibility and woman-centered maternity care
- **Supports** and participates in quality initiatives, e.g., audit and risk management and clinical research
- **Integrates** the principles of clinical risk management, and health and safety into own practice
- **Selects** and utilizes resources effectively and efficiently

#### 7.5.0 Standard 4: Knowledge – Based Practice

The midwife shall demonstrate knowledge and skills in social sciences, public health and ethics that form the basis for quality, culturally relevant care for women, new born and their families.

##### 7.5.1 Areas of competence

- Culture and traditional beliefs and their impact on midwifery practice.
- Midwifery management process
- Reproductive health/Safe Motherhood.
- Community midwifery
- Epidemiology,
- Healthcare delivery systems

##### 7.5.2 Performance Indicators

- **Utilizes** epidemiological, sanitation, community diagnosis and vital statistics information when planning midwifery care.
- **Demonstrates**, respects and shows understanding of local culture (customs and beliefs) while providing care.
- **Provides** care using the midwifery management process
- **Identifies** harmful health practices and addresses them.
- **Utilizes** evidence based knowledge and skills to improve the quality of Midwifery care

## 7.6.0 Standard 5: Ethical practice

The midwife shall adhere to his/ her professional NMCM Code of ethics and demonstrate competence in its application to promote professionalism.

### 7.6.1 Areas of competence

- Code of Conduct in providing quality midwifery care.
- Regulatory elements in providing midwifery care in all practice settings.
- Ethical issues in midwifery and health care.
- Midwifery model in providing care.
- Accountability

### 7.6.2 Performance Indicators

- **Promotes** the values and beliefs described in the nurses' Code of Conduct, professional, legal and ethical framework.
- **Interprets** and applies knowledge, skills and attitudes explicit and implicit in the code of conduct in all areas of midwifery practices.
- **Utilizes** midwifery model when providing care
- **Identifies** ethical issues/dilemmas and ensure they do not conflict with professional practice.
- **Is accountable to** the public, the midwifery profession, and the employer.
- **Assumes** responsibility and accountability for maintaining own competencies.
- **Maintains** current registration and licensure with the NMCM
- **Practices** in accordance with the Nursing Act, regulations, by-laws, and established standards;
- **Takes** responsibility for errors when they occur and maintains patient/clients' safety
- **Creates** an environment that encourages continuing professional development
- **Maintains** standards of personal conduct and a professional image that reflects positively on the midwifery profession and enhances public confidence.

- **Advocates** for a conducive environment that supports midwife's ability to provide safe, effective and ethical care.

### 7.7.0 Standard 6: Documentation and Reporting

The midwife shall document and report accurately all the relevant information concerning the clients' situation and the care given to facilitate continuity of care.

#### 7.7.1 Areas of competence

- Documentation.
- Reporting.
- Information use.

#### 7.7.2 Performance Indicators

- **Writes** up care plans and valuable information in /clients' records regarding care to be given.
- **Utilizes** documented information to improve the patient/clients' care.
- **Shares** documented information on patient/client care with those involved in the care of the patient/client and significant others
- **Participates** in activities which identify information and any issues requiring research in order to improve patient care.
- **Documents** care given to all patients/clients following the midwifery management process.
- **Gives** accurate verbal reports to other care providers with particular emphasis on critical areas relevant to continuity of care, in consultation with the client or family.
- **Consults** team members and makes recommendations on areas in midwifery which require research

### 7.8.0 Standard 7: Evidence based practice

The midwife shall practice evidence based midwifery services and aims at continuously improving and sustaining the quality of midwifery care.

### 7.8.1 Areas of Competence

- Research process.
- Research ethics.
- Application of research results.
- Documentation and sharing of evidence based practices.

### 7.8.2 Performance Indicators

- **Utilises** the process of scientific inquiry in midwifery to improve midwifery care and other reproductive health services.
- **Identifies** research areas, formulates research questions and conducts research individually and/or in collaboration with other health professionals.
- **Conforms** to research ethics and guidelines and **protects** clients' rights and safety during research.
- **Applies** research findings to improve client care.
- **Disseminates** research findings to all stakeholders.
- **Provides** midwifery interventions based on identified needs.
- **Provides** and **solicits** support from midwifery leadership, clients, and other stakeholders in applying research findings in midwifery.
- **Participates** in identifying areas for continuing education in midwifery.
- **Participates** in continuing competence development education programmes.

## 7.9.0 STANDARD 8

The midwife shall uphold and foster the professional mentorship role

### 7.9.1 Areas of Competence

- Effective working relationship
- Facilitation
- Accountability
- Learning environment
- Learning process

### 7.9.2 Performance Indicators

- **Demonstrates** an understanding of factors that influence how students integrate into practice settings;
- **Provides** ongoing and constructive support to facilitate transition from one learning environment to another;
- **Possesses** effective professional and interprofessional working relationships to support learning for entry to the register
- **Uses** knowledge of the students' stage of learning to select appropriate learning opportunities to meet individual learning needs;
- **Facilitates** the selection of appropriate learning strategies to integrate learning from practice and academic experience;
- **Supports** students in critically reflecting upon their learning experiences in order to enhance future learning;
- **Fosters** professional growth, personal development and accountability through the support of students in practice;
- **Demonstrates** a breadth of understanding of assessment strategies and ability to contribute to the total assessment process as part of the teaching team;
- **Provides** constructive feedback to students to assist them in identifying future learning needs.
- **Manages** failing students so that they may enhance their performance and capabilities for safe and effective practice or be able to understand their failure and the implications of this for their future;
- **Demonstrates** accountability for confirming that students have met or not met the NMCM competencies in practice;
- **Contributes** to evaluation of student learning and assessment experiences, proposing aspects for change resulting from such evaluations;
- **Participates** in self and peer evaluation to facilitate personal development and contribute to the development of others;
- **Supports** students to identify both learning needs and experiences that are appropriate to their level of learning;
- **Uses** a range of learning experiences, involving patients, clients, carers and the professional team, to meet defined learning needs of students;
- **Identifies** aspects of the learning environment which could be enhanced negotiating with others to make appropriate changes;
- **Acts** as a resource to facilitate personal and professional development of others;
- **Contributes** to the development of an environment in which effective practice is fostered, implemented, evaluated and disseminated;
- **Sets** and maintains professional boundaries that are sufficiently flexible for providing interprofessional care;

- **Initiates** and responds to practice developments to ensure safe and effective care is achieved and an effective learning environment is maintained.
- **Identifies** research and evidence -based practice to their area of practice;
- **Contributes** to strategies to increase or review the evidence – base used to support practice;
- **Supports** students in applying evidence – base to their own practice;
- **Advocates** for students to support them accessing learning opportunities that meet their individual needs, involving a range of other professionals, patients, clients and carers;
- **Prioritizes** work to accommodate support of students within their practice roles;
- **Provides** feedback about the effectiveness of learning and assessment in practice.

## **8.0 ADVOCACY ROLE**

The advocacy role is one in which a midwife acts on behalf of clients to help them gain greater independence or self-determination and to make the system more responsive and relevant to the client and the midwife's needs.

In this role the midwife advocates for resources necessary to provide quality health care and policies that promote allocation and use of resources. In addition, midwives advocate for their rights and the development of the profession.

### **8.1.0 Standards:**

#### **The midwife:**

- Participates in health policy development
- Ensures Continued Professional Development
- Advocates for Rights and Responsibilities of Service Providers
- Advocates for Patient's/ client's rights and responsibilities to health care

### **8.2.0 Standard 1: Health Policy development**

The midwife shall advocate and participate effectively in health policy development and implementation as well as monitoring and evaluation to improve midwifery and other reproductive health services.

#### **8.2.1 Areas of Competences**

- Advocacy.
- Health policy development and analysis.
- National and international legislation and regulations related to health.
- National health sector reform policies, strategies and guidelines.
- Other relevant national and international policies.
- Entrepreneurship.

### 8.2.2 Performance Indicators

- **Participates** in policy development for midwifery and reproductive health care of clients.
- **Utilizes** advocacy skills to influence midwifery representation in policy development processes
- **Identifies** and advocates for unmet clients' needs for midwifery and reproductive health care.
- **Utilizes** advocacy skills to solicit and lobby for resources and support of development of programs or projects needed to improve midwifery and reproductive health services.
- **Participates** in the analysis of the midwifery/reproductive health situation and identify areas requiring policy review, changes or redirection period.
- **Demonstrates** knowledge of identifying reproductive health problems and finding solutions for policy change
- **Promotes** midwifery entrepreneurship to increase access to reproductive health care services.

### 8.3.0 Standard 2: Continued Professional Development

The midwife shall advocate for continued development of education, practice, research, management and leadership for the provision and management of comprehensive quality midwifery and reproductive health care.

#### 8.3.1 Areas of Competence

- Advocacy.
- Application of Professional Code of Conduct to professional development.
- Education and training Policy for Health (where these are available) and other related policies.
- Application of essential Health Care Package from primary to tertiary level of healthcare delivery system.
- Equity in health care.
- Monitoring and Evaluation of services and programmes.
- Management and Leadership for Change.

### 8.3.2 Performance Indicators

- **Advocates** for continued improvements of midwifery education, practice, management and leadership.
- **Advocates** for and support research activities for generating new knowledge in midwifery and reproductive health care
- **Negotiates** and lobbies for resources necessary for providing quality midwifery and reproductive health services at all levels.
- **Networks** with colleagues, members of the community and other sectors to mobilize resources to improve reproductive health services.
  
- **Demonstrates** knowledge in identifying reproductive health problems and finding solutions for policy change.
- **Utilizes** advocacy skills for continued improvement of quality midwifery and reproductive health services

### 8.4.0 Standard 3: Rights and Responsibilities of Service Providers

The midwife shall advocate for the rights and responsibilities of providers to make the practice settings safe for the midwives, other care providers and clients

#### 8.4.1 Areas of Competence

- Advocacy
- Human rights in the workplace.
- Occupational Health and Safety.
- Legislation protecting workers' rights (local and international).
- Infection prevention and control.

#### 8.4.2 Performance Indicators

- **Communicates** with colleagues on safety and human rights and responsibilities of service providers at the workplace.

- **Identifies** gaps in relation to availability of resources and safety at workplace and advocates for appropriate interventions.
- **Participates** in establishing guidelines to promote and protect human rights of midwives and the public.
- **Solicits** management and midwifery leadership support in pursuing the cause of human rights at workplace.
- **Advocates** for infection prevention and control policies, guidelines and practice.

#### **8.5.0 Standards 4: Patient's/ client's rights and responsibilities to health care**

The midwife shall advocate for upholding of the clients' rights in planning, implementing and evaluating midwifery and reproductive services aimed at improving the health status of the clients.

##### **8.5.1 Areas of Competence**

- Advocacy.
- Patients/ client's rights and responsibilities.
- Relevant Acts and regulations related to protection of clients and workers.
- International conventions on human rights (Child, Reproductive Health, Elimination of all forms of discrimination against women etc.).
- Partnerships for health.
- Human rights in health.

##### **8.5.2 Performance Indicators**

- **Demonstrates** knowledge of patients'/ client' rights to participation in matters pertaining to their health.
- **Participates** in the development, implementation and monitoring of guidelines and protocols to uphold client's rights in health care.
- **Educates** and **supports** clients' rights and responsibilities to health and provider' rights in various settings.
- **Establishes** and maintains meaningful community participation in planning and implementation of reproductive health activities.
- **Participates** in the supervision, monitoring and follow up activities aimed at promoting client' rights to care.

- **Protects** clients from violation of their privacy and confidentiality.
- **Advocates** for strategies to promote access to reproductive health services for vulnerable groups in the community such as children (including street children and orphans), adolescents, women, mentally ill and others.
- **Advocates** for public and private partnerships with stakeholders

## 9.0 GLOSSARY OF TERMS

### **Advocacy Role:**

A role in which the nurse/midwife acts on behalf of clients to help them gain greater independence or self determination and to make the system more responsive and relevant to their needs and the needs of nurses, midwives and other health care providers.

### **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 behaviour 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 co-ordinate 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.

**Palliative:**

Actions taken to alleviate pain, anxiety etc. without curing.

**Partnership:**

An agreed upon relationship established for the purpose of furthering a common objective. Partnerships are based on mutual trust and embody representation, participation and sharing of responsibility among partners. Partnerships provide means for collaboration.

**Practice:**

Midwifery care. Includes direct care, client education, counseling, and all activities defined in the Midwifery Scope of Practice.

**Practice Setting:**

Physical surroundings or facilities where nursing and/or midwifery are practiced.

**Preceptor:**

A midwife who has demonstrated competence in practice and guides learners who are acquiring clinical competence as part of a recognized programme of training. The preceptor demonstrates midwifery practice skills, gives the learner feedback on his/her performance and evaluates the learner's mastery of clinical skills and achievement of learning objectives.

**Preventive:**

Refers to a nursing or midwifery action that helps to minimize or hinder occurrence of potential health problems be it a disease or problem.

**Primary Health Care:**

Primary Health Care is a strategy for providing essential health care based on methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

**Principles of Caring:**

Fundamental bases directing the actions taken in providing care to clients.

**Promotive:**

That which supports a course, a process, or actively desired results.

**Process:**

Progressive phase of any development.

**Public:**

Refers to all the people in a given country or consumers of health care or an activity or activity or place open to or shared by all people.

**Rehabilitation:**

The process of enabling a sick individual to return to the highest possible level of functioning.

**Regulatory Bodies:**

National Nursing Councils or Boards with the legal responsibility and authority to regulate nursing and midwifery education and practice.

**Reproductive Health Services:**

Health care services provided to individuals, families, groups and communities encompassing the functions and processes of reproduction and reproductive health problems.

**Self-regulation:**

An essential characteristic of a profession involving activities that have as their goals the overseeing of the rights, obligations, responsibilities and relationships of a provider to society, the profession and to the client.

**Specialist Midwife:**

A midwife who provides advanced life- saving midwifery procedures approved by the national regulatory body for example, instrument deliveries, vacuum extraction and manual vacuum aspiration.

**Stakeholders:**

Individuals, groups or organizations with common interests or goals that contribute to the well being of clients and may realize gains or losses through nursing and midwifery.

**Standard:**

A minimum level or range of performance or quality considered acceptable by a profession. Standards are used in evaluation to make judgments about the acceptability of performance. Standards may be set on the basis of expert opinion, past performance, established practice or a combination of these.

**Therapeutic:**

Enhancing health and well - being of the client.

**Therapeutic Environment:**

An enabling setting that facilitates the achievement o

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