

American College of Nurse-Midwives (ACNM) Gap Analysis of ACNM Core Competencies and ICM Essential Competencies

ICM Essential Competency	ACNM Core Competency	Comments
Competency in Social, Epidemiologic and Cultural Context of Maternal and Newborn Care		
<p><u>COMPETENCY # 1:</u> Midwives have the requisite knowledge and skills from obstetrics, neonatology, the social sciences, public health and ethics that form the basis of high quality, culturally relevant, appropriate care for women, newborns, and childbearing families.</p>		
Knowledge		
The midwife has the knowledge and/or understanding of...		
the community and social determinants of health (e.g., income, literacy and education, water supply and sanitation, housing, environmental hazards, food security, disease patterns, common threats to health)	I. I. II. D.	I. Hallmarks of Midwifery I. Promotion of a public health care perspective II. Components of Midwifery Care: Professional Responsibilities of CNMs and CMs The professional responsibilities of CNMs and CMs include, but are not limited to, these components: D. Knowledge of national and international issues and trends in women's health and maternal/newborn care
principles of community-based primary care using health promotion and disease prevention and control strategies	I. H.	I. Hallmarks of Midwifery H. Health promotion, disease prevention, and health education
direct and indirect causes of maternal and neonatal mortality and morbidity in the local community and strategies for reducing them	V. E. 1.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 1. Epidemiology of maternal and perinatal morbidity and mortality

	VI. A1.	VI. Independently manages the care of the newborn immediately after birth and continues to provide care to well newborns up to 28 days of life utilizing the midwifery management process and consultation, collaboration, and/or referral to appropriate health care services as indicated. A. Applies knowledge, skills, and abilities to the newborn that include, but are not limited to, the following: 1. Effect of maternal and fetal history and risk factors on the newborn
methodology for conducting maternal death review and near miss audits	II. K.	II. Components of Midwifery Care: Professional Responsibilities of CNMs and CMs The professional responsibilities of CNMs and CMs include, but are not limited to, these components: K. Participation in self-evaluation, peer review, lifelong learning, and other activities that ensure and validate quality practice
principles of epidemiology, community diagnosis (including water and sanitation), and how to use these in care provision	I. I. IV. D.	I. Hallmarks of Midwifery I. Promotion of a public health care perspective IV. Components of Midwifery Care: Fundamentals D. Basic epidemiology
methods of infection prevention and control, appropriate to the service being provided	I. H.	I. Hallmarks of Midwifery H. Health promotion, disease prevention, and health education
principles of research, evidenced-based practice, critical interpretation of professional literature, and the interpretation of vital statistics and research findings	I. C. II. J.	I. Hallmarks of Midwifery C. Incorporation of scientific evidence into clinical practice II. Components of Midwifery Care: Professional Responsibilities of CNMs and CMs

		The professional responsibilities of CNMs and CMs include, but are not limited to, these components: J. Ability to evaluate, apply, interpret, and collaborate in research
indicators of quality health care services	II. I.	II. Components of Midwifery Care: Professional Responsibilities of CNMs and CMs The professional responsibilities of CNMs and CMs include, but are not limited to, these components: I. Practice in accordance with the ACNM Philosophy, Standards, and Code of Ethics
principles of health education	IV. G.	IV. Components of Midwifery Care: Fundamentals G. Principles of individual and group health education
national and local health services and infrastructures supporting the continuum of care (organization and referral systems), how to access needed resources for midwifery care	I. G. II. F.	I. Hallmarks of Midwifery The art and science of midwifery are characterized by these hallmarks: G. Promotion of continuity of care II. The professional responsibilities of CNMs and CMs include, but are not limited to, these components: F. Knowledge of issues and trends in health care policy and systems
relevant national programs (provision of services or knowledge of how to assist community members to access services, such as immunization and prevention or treatment of health conditions prevalent in the country)	II. F. V. A. 1,3	II. The professional responsibilities of CNMs and CMs include, but are not limited to, these components: F. Knowledge of issues and trends in health care policy and systems V. A. Applies knowledge, skills, and abilities in primary care that include, but are not limited to, the following: 1. Nationally defined goals and objectives for health promotion and disease prevention 3. Nationally defined screening and immunization recommendations to

		promote health and to detect and prevent disease
the concept of alarm (preparedness), resources for referral to higher health facility levels, communication and transport [emergency care] mechanisms	Deviations from normal in each section	Management strategies and therapeutics for the treatment of common health...utilizing consultation, collaboration, <u>and/or referral to appropriate health care services</u> as indicated.
the legal and regulatory framework governing reproductive health for women of all ages, including laws, policies, protocols and professional guidelines	II. C. II. E. II. F.	II. The professional responsibilities of CNMs and CMs include, but are not limited to, these components: C. Knowledge of the legal basis for practice E. Support of legislation and policy initiatives that promote quality health care F. Knowledge of issues and trends in health care policy and systems
human rights and their effects on health of individuals (includes issues such as domestic partner violence and female genital mutilation [cutting])	II. D. II. H.	II. The professional responsibilities of CNMs and CMs include, but are not limited to, these components: D. Knowledge of national and international issues and trends in women's health and maternal/newborn care H. Broad understanding of the bioethics related to the care of women, newborns, and families
advocacy and empowerment strategies for women	I. E.	I. The art and science of midwifery are characterized by these hallmarks: E. Empowerment of women as partners in health care
local culture and beliefs (including religious beliefs, gender roles)	I. L.	I. The art and science of midwifery are characterized by these hallmarks: L. Integration of cultural humility

traditional and modern health practices (beneficial and harmful)	I. M.	I. The art and science of midwifery are characterized by these hallmarks: M. Incorporation of evidence-based complementary and alternative therapies in education and practice
benefits and risks of available birth settings (birth planning)	V. E. 8.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 8. Anticipatory guidance related to birth, breastfeeding, parenthood, and change in the family constellation
strategies for advocating with women for a variety of safe birth settings	II. E.	II. The professional responsibilities of CNMs and CMs include, but are not limited to, these components: E. Support of legislation and policy initiatives that promote quality health care
Professional Behaviours The midwife....		
is responsible and accountable for clinical decisions and actions	III. F.	III. The midwifery management process is used for all areas of clinical care and consists of the following steps: F. Assume responsibility for the safe and efficient implementation of the plan of care including provision of treatments and interventions as indicated.
acts consistently in accordance with professional ethics, values and human rights	II. H. II. I.	II. The professional responsibilities of CNMs and CMs include, but are not limited to, these components: H. Broad understanding of the bioethics related to the care of women, newborns, and families I. Practice in accordance with the ACNM Philosophy, Standards, and Code of Ethics

acts consistently in accordance with standards of practice	II. I.	II. The professional responsibilities of CNMs and CMs include, but are not limited to, these components: I. Practice in accordance with the ACNM Philosophy, Standards, and Code of Ethics
maintains/updates knowledge and skills, in order to remain current in practice	II. K.	II. The professional responsibilities of CNMs and CMs include, but are not limited to, these components: K. Participation in self-evaluation, peer review, lifelong learning, and other activities that ensure and validate quality practice
uses universal/standard precautions, infection prevention and control strategies, and clean technique	I. H.	I. The art and science of midwifery are characterized by these hallmarks: H. Health promotion, <u>disease prevention</u> , and health education
behaves in a courteous, non-judgmental, non-discriminatory, and culturally appropriate manner with all clients	I. K. I. L. I. N.	I. The art and science of midwifery are characterized by these hallmarks: K. Advocacy for informed choice, shared decision-making, and the right to self-determination I. The art and science of midwifery are characterized by these hallmarks: L. Integration of cultural humility I. The art and science of midwifery are characterized by these hallmarks: N. Skillful communication, guidance, and counseling
is respectful of individuals and of their culture and customs, regardless of status, ethnic origin or religious belief	I. L.	I. The art and science of midwifery are characterized by these hallmarks: L. Integration of cultural humility
maintains the confidentiality of all information shared by the woman; communicates essential information between/among other health providers or family members	II. G.	II. The professional responsibilities of CNMs and CMs include, but are not limited to, these components: G. Knowledge of information systems and other technologies to improve the quality and safety of

only with explicit permission from the woman and compelling need	II. H.	health care. H. Broad understanding of the bioethics related to the care of women, newborns, and families
works in partnership with women and their families, enables and supports them in making informed choices about their health, including the need for referral or transfer to other health care providers or facilities for continued care when health care needs exceed the abilities of the midwife provider, and their right to refuse testing or intervention	I. K.	I. The art and science of midwifery are characterized by these hallmarks: K. Advocacy for informed choice, shared decision-making, and the right to self-determination
works collaboratively (teamwork) with other health workers to improve the delivery of services to women and families	I. P.	I. The art and science of midwifery are characterized by these hallmarks: P. Collaboration with other members of the interprofessional health care team
Skills and/or Abilities The midwife has the skill and/or ability to...		
engage in health education discussions with and for women and their families	I. H.	I. The art and science of midwifery are characterized by these hallmarks: H. Health promotion, disease prevention, and <u>health education</u>
use appropriate communication and listening skills across all domains of competency	I. N.	I. The art and science of midwifery are characterized by these hallmarks: N. Skillful communication, guidance, and counseling
assemble, use and maintain equipment and supplies appropriate to setting of practice	II. N.	II. The professional responsibilities of CNMs and CMs include but are not limited to the following components: N. Knowledge of practice management and finances

record and interpret relevant findings for services provided across all domains of competency, including what was done and what needs follow-up	II. C.	II. The professional responsibilities of CNMs and CMs include, but are not limited to, these components: C. Knowledge of the legal basis for practice
comply with all local reporting regulations for birth and death registration	II. C.	II. The professional responsibilities of CNMs and CMs include, but are not limited to, these components: C. Knowledge of the legal basis for practice
take a leadership role in the practice arena based on professional beliefs and values	II. L.	II. The professional responsibilities of CNMs and CMs include, but are not limited to, these components: L. Development of leadership skills
assume administration and management tasks and activities, including quality and human resource management, appropriate for level of health facility and midwifery scope of practice (additional)	II. N.	II. The professional responsibilities of CNMs and CMs include, but are not limited to, these components: N. Knowledge of practice management and finances
take a leadership role in policy arenas (additional)	II. E.	II. The professional responsibilities of CNMs and CMs include, but are not limited to, these components: E. Support of legislation and policy initiatives that promote quality health care.

Competency in Pre-Pregnancy Care and Family Planning

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

Knowledge

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

growth and development related to sexuality, sexual development and sexual activity	IV. B.	IV. Components of Midwifery Care: Fundamentals B. Normal growth and development
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female and male anatomy and physiology related to conception and reproduction	IV. A.	IV. Components of Midwifery Care: Fundamentals A. Anatomy and physiology, including pathophysiology
cultural norms and practices surrounding sexuality, sexual practices, marriage and childbearing	I. L. V. C. 1.	I. The art and science of midwifery are characterized by these hallmarks: L. Integration of cultural humility V. C. Applies knowledge, skills, and abilities in gynecologic care that include, but are not limited to, the following: 1. Human sexuality, including biological sex, gender identities and roles, sexual orientation, eroticism, intimacy, and reproduction
components of a health history, family history and relevant genetic history	III. A. V. B. 1.	III. The midwifery management process is used for all areas of clinical care and consists of the following steps: A. Investigate by obtaining all necessary data for the complete evaluation of the woman or newborn V. B. Applies knowledge, skills, and abilities in the preconception period that include, but are not limited to the following: 1. Individual and family readiness for pregnancy, including physical, emotional, psychosocial, and sexual factors including: a. Non-modifiable factors such as family and genetic/genomic risk b. Modifiable factors such as environmental and occupational factors, nutrition, medications, and maternal lifestyle.
physical examination content and investigative laboratory studies that evaluate potential for a healthy pregnancy	III. A.	III. The midwifery management process is used for all areas of clinical care and consists of the following steps: A. Investigate by obtaining all

	V. A. 2 V. B. 2.	necessary data for the complete evaluation of the woman or newborn. V. A. Applies knowledge, skills, and abilities in primary care that include, but are not limited to, the following: 2. Parameters for assessment of physical, mental, and social health V. B. Applies knowledge, skills, and abilities in the preconception period that include, but are not limited to the following: 2. Health and laboratory screening
health education content targeted to sexual and reproductive health (e.g., sexually transmitted infections, HIV, newborn and child health)	IV. G. V. B. (whole section) V. C. (whole section)	IV. Components of Midwifery Care: Fundamentals G. Principles of individual and group health education V. B. Applies knowledge, skills, and abilities in the preconception period that include, but are not limited to the following: V. C. Applies knowledge, skills, and abilities in gynecologic care that include but are not limited to the following:
basic principles of pharmacokinetics of family planning drugs and agents	IV. F.	IV. Components of Midwifery Care: Fundamentals F. Pharmacokinetics and pharmacotherapeutics
culturally acceptable and locally available natural family planning methods contemporary family planning methods, including barrier, steroidal, mechanical, chemical and surgical methods of contraception, mode of action, indications for use, benefits and risks; rumours and myths that affect family planning use	V. C. 4	V. C. Applies knowledge, skills, and abilities in gynecologic care that include, but are not limited to, the following: 4. All available contraceptive methods

medical eligibility criteria for all methods of family planning, including appropriate timeframes for method use	V. C. 4.	V. C. Applies knowledge, skills, and abilities in gynecologic care that include, but are not limited to, the following: 4. All available contraceptive methods
methods and strategies for guiding women and/or couples needing to make decisions about methods of family planning	V. C. 4	V. C. Applies knowledge, skills, and abilities in gynecologic care that include, but are not limited to, the following: 4. All available contraceptive methods
signs and symptoms of urinary tract infection and sexually transmitted infections commonly occurring in the community/country	V. C. 5.	V. C. Applies knowledge, skills, and abilities in gynecologic care that include, but are not limited to, the following: 5. Sexually transmitted infections including indicated partner evaluation, treatment, or referral
indicators of common acute and chronic disease conditions specific to a geographic area of the world that present risks to a pregnant woman and the foetus (e.g., HIV, TB, malaria) and referral process for further testing and treatment including post-exposure preventive treatment	V. A. 5.	V. A. Applies knowledge, skills, and abilities in primary care that include, but are not limited to, the following: 5. Identification of normal and deviations from normal in the following areas: a. Cardiovascular and hematologic b. Dermatologic etc...
indicators and methods for advising and referral of dysfunctional interpersonal relationships, including sexual problems, gender-based violence, emotional abuse and physical neglect	V. A. 2.	V. A. Applies knowledge, skills, and abilities in primary care that include, but are not limited to, the following: 2. Parameters for assessment of physical, mental, and social health

principles of screening methods for cervical cancer, (e.g., visual inspection with acetic acid [VIA], Pap test, and colposcopy)	V. C. 2.	V. C. Applies knowledge, skills, and abilities in gynecologic care that include, but are not limited to, the following: 2. Common screening tools and diagnostic tests
Skills and/or Abilities The midwife has the skill and/or ability to...		
take a comprehensive health and obstetric, gynaecologic and reproductive health history	III. A.	III. The midwifery management process is used for all areas of clinical care and consists of the following steps: A. Investigate by obtaining all necessary data for the complete evaluation of the woman or newborn.
engage the woman and her family in preconception counselling, based on the individual situation, needs and interests	V. B. 1.	V. B. Applies knowledge, skills, and abilities in the preconception period that include, but are not limited to the following: 1. Individual and family readiness for pregnancy, including physical, emotional, psychosocial, and sexual factors including: a. Non-modifiable factors such as family and genetic/genomic risk b. Modifiable factors such as environmental and occupational factors, nutrition, medications, and maternal lifestyle
perform a physical examination, including clinical breast examination, focused on the presenting condition of the woman	V. A. 2.	V. A. Applies knowledge, skills, and abilities in primary care that include, but are not limited to, the following: 2. Parameters for assessment of physical, mental, and social health
order and/or perform and interpret common laboratory tests (e.g., hematocrit, urinalysis dip- stick for proteinuria)	V. A. 3.	V. A. Applies knowledge, skills, and abilities in primary care that include, but are not limited to, the following: 3. Nationally defined screening and immunization recommendations to promote health and to detect and

	<p>V. B. 2.</p> <p>V. C. 2.</p>	<p>prevent disease</p> <p>V. B. Applies knowledge, skills, and abilities in the preconception period that include, but are not limited to the following:</p> <p>2. Health and laboratory screening</p> <p>V. C. Applies knowledge, skills, and abilities in gynecologic care that include, but are not limited to, the following:</p> <p>2. Common screening tools and diagnostic tests</p>
<p>request and/or perform and interpret selected screening tests such as screening for TB, HIV, STIs</p>	<p>V. A. 3.</p> <p>V. B. 2.</p> <p>V. C. 2, 5</p>	<p>V. A. Applies knowledge, skills, and abilities in primary care that include, but are not limited to, the following:</p> <p>3. Nationally defined screening and immunization recommendations to promote health and to detect and prevent disease</p> <p>V. B. Applies knowledge, skills, and abilities in the preconception period that include, but are not limited to the following:</p> <p>2. Health and laboratory screening</p> <p>V. C. Applies knowledge, skills, and abilities in gynecologic care that include, but are not limited to, the following:</p> <p>2. Common screening tools and diagnostic tests</p> <p>5. Sexually transmitted infections including indicated partner evaluation, treatment, or referral</p>
<p>provide care, support and referral or treatment for the HIV positive woman and HIV counselling and testing for women who do not know their status</p>	<p>V. C. 5.</p>	<p>V. C. Applies knowledge, skills, and abilities in gynecologic care that include, but are not limited to, the following:</p> <p>5. Sexually transmitted infections including indicated partner evaluation, treatment, or referral</p>

prescribe, dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) locally available and culturally acceptable methods of family planning	V. C. 4.	V. C. Applies knowledge, skills, and abilities in gynecologic care that include, but are not limited to, the following: 4. All available contraceptive methods
advise women about management of side effects and problems with use of family planning methods	V. C. 4.	V. C. Applies knowledge, skills, and abilities in gynecologic care that include, but are not limited to, the following: 4. All available contraceptive methods
prescribe, dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) emergency contraception medications, in accord with local policies, protocols, law or regulation	V. C. 4.	V. C. Applies knowledge, skills, and abilities in gynecologic care that include, but are not limited to, the following: 4. All available contraceptive methods
provide commonly available methods of barrier, steroidal, mechanical, and chemical methods of family planning	V. C. 4.	V. C. Applies knowledge, skills, and abilities in gynecologic care that include, but are not limited to, the following: 4. All available contraceptive methods
take or order cervical cytology(Pap) test	V. C. 2.	V. C. Applies knowledge, skills, and abilities in gynecologic care that include, but are not limited to, the following: 2. Common screening tools and diagnostic tests
use the microscope to perform simple screening tests (additional)	V. C. 2.	V. C. Applies knowledge, skills, and abilities in gynecologic care that include, but are not limited to, the following: 2. Common screening tools and diagnostic tests
insert and remove intrauterine contraceptive devices (additional)	V. C. 4.	V. C. Applies knowledge, skills, and abilities in gynecologic care that include, but are not limited to, the following:

		4. All available contraceptive methods
insert and remove contraceptive implants (additional)	V. C. 4.	V. C. Applies knowledge, skills, and abilities in gynecologic care that include, but are not limited to, the following: 4. All available contraceptive methods
perform acetic acid visualization of the cervix and interpret the need for referral and treatment (additional)	Not core competency	The scope of midwifery practice may be expanded beyond the core competencies to incorporate additional skills and procedures that improve care for women and their families. Following basic midwifery education, midwives may choose to expand their practice following the guidelines outlined in Standard VIII of the <i>Standards for the Practice of Midwifery</i> .
perform colposcopy for cervical cancer screening and interpret the need for referral and treatment (additional)	Not core competency	The scope of midwifery practice may be expanded beyond the core competencies to incorporate additional skills and procedures that improve care for women and their families. Following basic midwifery education, midwives may choose to expand their practice following the guidelines outlined in Standard VIII of the <i>Standards for the Practice of Midwifery</i> .
Competency in Provision of Care During Pregnancy		
COMPETENCY # 3: Midwives provide high quality antenatal care to maximize health during pregnancy and that includes early detection and treatment or referral of selected complications.		
Knowledge		
The midwife has the knowledge and/or understanding of...		
anatomy and physiology of the human body	IV. A.	IV. Components of Midwifery Care: Fundamentals A. Anatomy and physiology, including pathophysiology

the biology of human reproduction, the menstrual cycle, and the process of conception	IV. A.	IV. Components of Midwifery Care: Fundamentals A. Anatomy and physiology, including pathophysiology
signs and symptoms of pregnancy	V. E. 2 V. E. 4.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 2. Confirmation and dating of pregnancy 4. Common discomforts of pregnancy
examinations and tests for confirmation of pregnancy	V. E. 2.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 2. Confirmation and dating of pregnancy
methods for diagnosis of an ectopic pregnancy	V. E. 9.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 9. Deviations from normal and appropriate interventions including management of complications and emergencies
principles of dating pregnancy by menstrual history, size of uterus, fundal growth patterns and use of ultrasound (if available)	V. E. 2.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 2. Confirmation and dating of pregnancy
components of a health history and focused physical examination for antenatal visits	V. E. 3.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 3. Promotion of normal pregnancy using management strategies therapeutics as indicated

manifestations of various degrees of female genital mutilation (cutting) and their potential effects on women's health, including the birth process	V. E. 5.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 5. Influence of environmental, cultural and occupational factors; health habits; and maternal behaviors on pregnancy outcomes
normal findings [results] of basic screening laboratory tests defined by need of area of the world, (e.g., iron levels, urine test for sugar, protein, acetone, bacteria)	V. E. 3.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 3. Promotion of normal pregnancy using management strategies therapeutics as indicated
normal progression of pregnancy: body changes, common discomforts, expected fundal growth patterns	V. E. 3, 4	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 3. Promotion of normal pregnancy using management strategies therapeutics as indicated 4. Common discomforts of pregnancy
implications of deviation from expected fundal growth patterns, including intrauterine growth retardation/restriction, oligo- and polyhydramnios, multiple foetuses	V. E. 9.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 9. Deviations from normal and appropriate interventions including management of complications and emergencies
neonatal risk factors requiring transfer of women to higher levels of care prior to labour and birth	V. E. 9, 10	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 9. Deviations from normal and appropriate interventions including management of complications and emergencies

		10. Placental physiology, embryology, fetal development, and indicators of fetal well-being
normal psychological changes in pregnancy, indicators of psychosocial stress, and impact of pregnancy on the woman and the family	V. E. 5. V. E. 6. V. E. 7. V. E. 8.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 5. Influence of environmental, cultural and occupational factors; health habits; and maternal behaviors on pregnancy outcomes 6. Health risks, including but not limited to, domestic violence, infections, and substance use/abuse 7. Emotional, psychosocial, and sexual changes during pregnancy 8. Anticipatory guidance related to birth, breastfeeding, parenthood, and change in the family constellation
safe, locally available non-pharmacological substances for the relief of common discomforts of pregnancy	V. E. 3. V. E. 4.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 3. Promotion of normal pregnancy using management strategies therapeutics as indicated 4. Common discomforts of pregnancy
how to determine foetal well-being during pregnancy including foetal heart rate and activity patterns	V. E. 10.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 10. Placental physiology, embryology, fetal development, and indicators of fetal well-being
nutritional requirements of the pregnant woman and foetus	IV. E.	IV. Components of Midwifery Care: Fundamentals E. Nutrition

<p>health education needs in pregnancy (e.g., information about relief of common discomforts, hygiene, sexuality, work inside and outside the home)</p>	<p>V. E. 4.</p> <p>V. E. 5.</p> <p>V. E. 8.</p>	<p>V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following:</p> <p>4. Common discomforts of pregnancy</p> <p>5. Influence of environmental, cultural and occupational factors; health habits; and maternal behaviors on pregnancy outcomes</p> <p>8. Anticipatory guidance related to birth, breastfeeding, parenthood, and change in the family constellation</p>
<p>basic principles of pharmacokinetics of drugs prescribed, dispensed or furnished to women during pregnancy</p> <p>effects of prescribed medications, street drugs, traditional medicines, and over-the-counter drugs on pregnancy and the foetus</p>	<p>IV. F.</p> <p>V. E. 3.</p> <p>V. E. 6.</p>	<p>IV. Components of Midwifery Care: Fundamentals</p> <p>F. Pharmacokinetics and pharmacotherapeutics</p> <p>V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following:</p> <p>3. Promotion of normal pregnancy using management strategies and therapeutics as indicated</p> <p>6. Health risks, including but not limited to, domestic violence, infections, and substance use/abuse</p>
<p>effects of smoking, alcohol abuse and illicit drug use on the pregnant woman and foetus</p>	<p>V. E. 6.</p>	<p>V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following:</p> <p>6. Health risks, including but not limited to, domestic violence, infections, and substance use/abuse</p>
<p>the essential elements of birth planning (preparation for labour and birth, emergency preparedness)</p>	<p>V. E. 8.</p>	<p>V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following:</p> <p>8. Anticipatory guidance related to</p>

		birth, breastfeeding, parenthood, and change in the family constellation
the components of preparation of the home/family for the newborn	V. E. 8.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 8. Anticipatory guidance related to birth, breastfeeding, parenthood, and change in the family constellation
signs and symptoms of the onset of labour (including women's perceptions and symptoms)	V. E. 8	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 8. Anticipatory guidance related to birth, breastfeeding, parenthood, and change in the family constellation
techniques for increasing relaxation and pain relief measures available for labour	V. F. 6-8a	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 6. Labor pain and coping 7. Pharmacologic and non-pharmacologic strategies to facilitate maternal coping 8. Techniques for (a) administration of local anaesthesia
signs, symptoms and potential effects of conditions that are life-threatening to the pregnant woman and/or her foetus, (e.g., pre-eclampsia/eclampsia, vaginal bleeding, premature labour, severe anaemia, Rh isoimmunisation, syphilis)	V. E. 9.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 9. Deviations from normal and appropriate interventions including management of complications and emergencies
means and methods of advising about care, treatment and support for the HIV positive pregnant woman including measures to prevent maternal-to-child transmission (PMTCT) (including feeding options)	V. E. 6.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 6. Health risks, including but not limited to, domestic violence, infections, and substance use/abuse

signs, symptoms and indications for referral of selected complications and conditions of pregnancy that affect either mother or foetus (e.g., asthma, HIV infection, diabetes, cardiac conditions, malpresentations/abnormal lie, placental disorders, pre-term labour, post-dates pregnancy)	V. E. 9.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 9. Deviations from normal and appropriate interventions including management of complications and emergencies
measures for prevention and control of malaria in pregnancy, according to country disease pattern, including intermittent preventive treatment (IPT) and promotion of insecticide treated bed nets (ITN)	V. E. 5. V. E. 6.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 5. Influence of environmental, cultural and occupational factors; health habit and maternal behaviors on pregnancy outcomes 6. Health risks, including but not limited to, domestic violence, infections, and substance use/abuse
pharmacologic basis of deworming in pregnancy (if relevant to the country of practice)	IV. F. V. E. 6. V. E. 9.	IV. Components of midwifery care: Fundamentals F. Pharmacokinetics and pharmacotherapeutic V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 6. Health risks, including but not limited to, domestic violence, <u>infections</u> , and substance use/abuse 9. <u>Deviations from normal</u> and appropriate interventions including management of complications and emergencies
the physiology of lactation and methods to prepare women for breastfeeding	V. E. 8.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following:

		8. Anticipatory guidance related to birth, breastfeeding, parenthood, and change in the family constellation
Skills and/or Abilities The midwife has the skill and/or ability to...		
take an initial and ongoing history each antenatal visit	V. E. 3	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 3. Promotion of normal pregnancy using management strategies therapeutics as indicated
perform a physical examination and explain findings to the woman	V. E. 3.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 3. Promotion of normal pregnancy using management strategies therapeutics as indicated
take and assess maternal vital signs including temperature, blood pressure, pulse	V. E. 3.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 3. Promotion of normal pregnancy using management strategies therapeutics as indicated
assess maternal nutrition and its relationship to foetal growth; give appropriate advice on nutritional requirements of pregnancy and how to achieve them	IV. E. IV. G. V. E. 5.	IV. Components of Midwifery Care: Fundamentals E. Nutrition G. Principles of individual and group health education V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 5. Influence of environmental, cultural and occupational factors; health habits; and maternal behaviors on pregnancy outcomes

perform a complete abdominal assessment including measuring fundal height, lie, position, and presentation	V. E. 3.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 3. Promotion of normal pregnancy using management strategies therapeutics as indicated
assess foetal growth using manual measurements	V. E. 3.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 3. Promotion of normal pregnancy using management strategies therapeutics as indicated
evaluate foetal growth, placental location, and amniotic fluid volume, using ultrasound visualization and measurement (if equipment is available for use)	V. E. 3.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 3. Promotion of normal pregnancy using management strategies therapeutics as indicated
listen to the foetal heart rate; palpate uterus for foetal activity and interpret findings	V. E. 3.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 3. Promotion of normal pregnancy using management strategies therapeutics as indicated
monitor foetal heart rate with Doppler (if available)	V. E. 3.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 3. Promotion of normal pregnancy using management strategies therapeutics as indicated
perform a pelvic examination, including sizing the uterus, if indicated and when appropriate during the course of pregnancy	V. E. 3.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 3. Promotion of normal pregnancy using management strategies

		therapeutics as indicated
perform clinical pelvimetry [evaluation of bony pelvis] to determine the adequacy of the bony structures	V. E. 3.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 3. Promotion of normal pregnancy using management strategies therapeutics as indicated
calculate the estimated date of birth	V. E. 2.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 2. Confirmation and dating of pregnancy
provide health education to adolescents, women and families about normal pregnancy progression, danger signs and symptoms, and when and how to contact the midwife	V. E. 8.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 8. Anticipatory guidance related to birth, breastfeeding, parenthood, and change in the family constellation
teach and/or demonstrate measures to decrease common discomforts of pregnancy	V. E. 4.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 4. Common discomforts of pregnancy
provide guidance and basic preparation for labour, birth and parenting	V. E. 9.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 9. Deviations from normal and appropriate interventions including management of complications and emergencies
Identify variations from normal during the course of the pregnancy and institute appropriate first-line independent or collaborative	V. E. 9.	V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 9. Deviations from normal and

<p>management based upon evidence-based guidelines, local standards and available resources for: Low and or inadequate maternal nutrition ; inadequate or excessive uterine growth, including suspected oligo-or polyhydramnios, molar pregnancy ; elevated blood pressure, proteinuria, presence of significant edema, severe frontal headaches, visual changes, epigastric pain associated with elevated blood pressure; vaginal bleeding; multiple gestation, abnormal lie/malpresentation at term ; intrauterine foetal death; rupture of membranes prior to term ;HIV positive status and/or AIDS; hepatitis B and C positive</p>		<p>appropriate interventions including management of complications and emergencies</p>
<p>prescribe, dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) selected, life-saving drugs (e.g., antibiotics, anticonvulsants, antimalarials, antihypertensives, antiretrovirals) to women in need because of a presenting condition</p>	<p>V. E. 9.</p>	<p>V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 9. Deviations from normal and appropriate interventions including management of complications and emergencies</p>
<p>identify deviations from normal during the course of pregnancy and initiate the referral process for conditions that require higher levels of intervention</p>	<p>V. E. 9</p>	<p>V. E. Applies knowledge, skills and abilities in the antepartum period that include, but are not limited to, the following: 9. Deviations from normal and appropriate interventions including management of complications and emergencies</p>

Competency in Provision of Care During Labour and Birth

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

Knowledge

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

physiology of first, second and third stages of labour	V. F. 1. IV. A.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 1. Confirmation and assessment of labor and its progress IV. Components of Midwifery Care: Fundamentals A. Anatomy and physiology, including pathophysiology
anatomy of foetal skull, critical diameters and landmarks	IV. A.	IV. Components of Midwifery Care: Fundamentals A. Anatomy and physiology, including pathophysiology
psychological and cultural aspects of labour and birth	V. F. 5.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 5. Measures to support psychosocial needs during labor and birth
indicators of the latent phase and the onset of active labour	V. F. 1.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 1. Confirmation and assessment of labor and its progress
indications for stimulation of the onset of labour, and augmentation of uterine contractility	V. F. 3.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 3. Deviations from normal and appropriate interventions, including

		management of complications, abnormal intrapartum events, and emergencies
normal progression of labour	V. F. 1.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 1. Confirmation and assessment of labor and its progress
how to use the partograph	V. F. 1.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 1. Confirmation and assessment of labor and its progress
measures to assess foetal well-being in labour	V. F. 2.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 2. Maternal and fetal status
measures to assess maternal well-being in labour	V. F. 2.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 2. Maternal and fetal status
process of foetal passage [descent] through the pelvis during labour and birth; mechanisms of labour in various foetal presentations and positions	V. F. 1. V. F. 2.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 1. Confirmation and assessment of labor and its progress 2. Maternal and fetal status
comfort measures in first and second stages of labour (e.g., family presence/assistance, positioning for labour and birth, hydration, emotional support, non-pharmacological methods of pain relief)	V. F. 7.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 7. Pharmacologic and non-pharmacologic strategies to facilitate maternal coping

pharmacological measures for management and control of labour pain, including the relative risks, disadvantages, safety of specific methods of pain management, and their effect on the normal physiology of labour	V. F. 7	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 7. Pharmacologic and non-pharmacologic strategies to facilitate maternal coping
signs and symptoms of complications in labour (e.g. bleeding, labour arrest, malpresentation, eclampsia, maternal distress, foetal distress, infection, prolapsed cord)	V. F. 3.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 3. Deviations from normal and appropriate interventions, including management of complications, abnormal intrapartum events, and emergencies
principles of prevention of pelvic floor damage and perineal tears	V. F. 4.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 4. Facilitation of physiologic labor progress
indications for performing an episiotomy	V. F. 8d.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 8. Techniques for (d) performance of episiotomy
principles of expectant (physiologic) management of the 3rd stage of labour	V. F. 8c.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 8. Techniques for: (c) third stage management
principles of active management of 3rd stage of labour	V. F. 8c.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 8. Techniques for: (c) third stage management

principles underpinning the technique for repair of perineal tears and episiotomy	V. F. 8e.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 8. Techniques for: (e) repair of episiotomy and 1st and 2nd degree lacerations
indicators of need for emergency management, referral or transfer for obstetric emergencies (e.g., cord prolapse, shoulder dystocia, uterine bleeding, retained placenta)	V. F. 3.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 3. Deviations from normal and appropriate interventions, including management of complications, abnormal intrapartum events, and emergencies
indicators of need for operative deliveries, vacuum extraction, use of forceps or symphysiotomy (e.g., foetal distress, cephalo-pelvic disproportion)	V. F. 3.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 3. Deviations from normal and appropriate interventions, including management of complications, abnormal intrapartum events, and emergencies
Skills and/or Abilities The midwife has the skill and/or ability to...		
take a specific history and maternal vital signs in labour	V. F. 2.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 2. Maternal and fetal status
perform a focused physical examination in labour	V. F. 2.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 2. Maternal and fetal status
perform a complete abdominal assessment for foetal position and descent	V. F. 1.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following:

	V. F. 2.	1. Confirmation and assessment of labor and its progress, 2. Maternal and fetal status
time and assess the effectiveness of uterine contractions	V. F. 1. V. F. 2.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 1. Confirmation and assessment of labor and its progress, 2. Maternal and fetal status
perform a complete and accurate pelvic examination for dilatation, descent, presenting part, position, status of membranes, and adequacy of pelvis for birth of baby vaginally	V. F. 1. V. F. 2.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 1. Confirmation and assessment of labor and its progress 2. Maternal and fetal status
monitor progress of labour using the partograph or similar tool for recording	V. F. 1.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 1. Confirmation and assessment of labor and its progress
provide physical and psychological support for woman and family and promote normal birth	V. F. 5.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 5. Measures to support psychosocial needs during labor and birth
facilitate the presence of a support person during labour and birth	V. F. 5. V. F. 6.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 5. Measures to support psychosocial needs during labor and birth 6. Labor pain and coping

provide adequate hydration, nutrition and non-pharmacological comfort measures during labour and birth	V. F. 2. V. F. 7.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 2. Maternal and fetal status 7. Pharmacologic and non-pharmacologic strategies to facilitate maternal coping
provide pharmacologic therapies for pain relief during labour and birth	V. F. 7.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 7. Pharmacologic and non-pharmacologic strategies to facilitate maternal coping
provide for bladder care including performance of urinary catheterization when indicated	V. F. 2.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 2. Maternal and fetal status
promptly identify abnormal labour patterns and initiate appropriate and timely intervention and/or referral	V. F. 3.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 3. Deviations from normal and appropriate interventions, including of complications, abnormal intrapartum events, and emergencies
stimulate or augment uterine contractility, using non-pharmacologic agents	V. F. 3.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 3. Deviations from normal and appropriate interventions, including of complications, abnormal intrapartum events, and emergencies
stimulate or augment uterine contractility, using pharmacologic agents	V. F. 3.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following:

		3. Deviations from normal and appropriate interventions, including of complications, abnormal intrapartum events, and emergencies
administer local anaesthetic to the perineum when episiotomy is anticipated or perineal repair is required	V. F. 8a. V. F. 8e.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 8. Techniques for (a) administration of local anaesthesia (e) repair of episiotomy and 1st and 2nd degree lacerations
perform an episiotomy if needed	V. F. 8d.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 8. Techniques for (d) performance of episiotomy
perform appropriate hand manoeuvres for a vertex birth	V. F. 8b.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 8. Techniques for (b) spontaneous vaginal birth
perform appropriate hand manoeuvres for face and breech deliveries	V. F. 8b.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 8. Techniques for (b) spontaneous vaginal birth
clamp and cut the cord	V. F. 8b.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 8. Techniques for (b) spontaneous vaginal birth
institute immediate, life-saving interventions in obstetrical emergencies (e.g., prolapsed	V. F. 3.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to,

cord, malpresentation, shoulder dystocia, and foetal distress) to save the life of the foetus, while requesting medical attention and/or awaiting transfer		the following: 3. Deviations from normal and appropriate interventions, including management of complications, abnormal intrapartum events, and emergencies
manage a cord around the baby's neck at birth	V. F. 8c.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 8. Techniques for (c) third stage management
support expectant (physiologic) management of the 3 rd stage of labour	V. F. 8c.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 8. Techniques for (c) third stage management
conduct active management of the 3rd stage of labour (administer uterotonic drug within one minute of birth of infant; perform controlled cord traction ; perform uterine massage after delivery of placenta	V. F. 8c.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 8. Techniques for (c) third stage management
inspect the placenta and membranes for completeness	V. F. 8c.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 8. Techniques for (c) third stage management
perform fundal massage to stimulate postpartum uterine contraction and uterine tone	V. F. 8c.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 8. Techniques for (c) third stage management
provide a safe environment for mother and infant to promote	VI. A. 3e.	VI. A. Applies knowledge, skills, and abilities to the newborn that

attachment (bonding)		include, but are not limited to, the following: 3. Methods to facilitate physiologic transition to extrauterine life that includes but is not limited to the following: e. Bonding and attachment through prolonged contact with neonate.
estimate and record maternal blood loss	V. F. 2. V. F. 8c.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 2. Maternal and fetal status 8. Techniques for (c) third stage management
inspect the vagina and cervix for lacerations	V. F. 8e.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 8. Techniques for (e) repair of episiotomy and 1st and 2nd degree lacerations
repair an episiotomy if needed	V. F. 8e.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 8. Techniques for (e) repair of episiotomy and 1st and 2nd degree lacerations
repair 1 st and 2 nd degree perineal or vaginal lacerations	V. F. 8e.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 8. Techniques for (e) repair of episiotomy and 1st and 2nd degree lacerations
manage postpartum bleeding and haemorrhage, using appropriate techniques and uterotonic agents as indicated	V. F. 3.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following:

	V. F. 8c.	3. Deviations from normal and appropriate interventions, including management of complications, abnormal intrapartum events, and emergencies 8. Techniques for (c) third stage management
prescribe, dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) selected, life-saving drugs (e.g., antibiotics, anticonvulsants, antimalarials, antihypertensives, antiretrovirals) to women in need because of a presenting condition	V. F. 3.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 3. Deviations from normal and appropriate interventions, including management of complications, abnormal intrapartum events, and emergencies
perform manual removal of placenta	V. F. 8c.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 8. Techniques for (c) third stage management
perform internal bimanual compression of the uterus to control	V. F. 8c.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 8. Techniques for (c) third stage management
perform aortic compression	V. F. 8c.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 8. Techniques for (c) third stage management
identify and manage shock	V. F. 8c.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 8. Techniques for (c) third stage management

insert intravenous line, draw blood for laboratory testing	V. F. 8c.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 8. Techniques for (c) third stage management
arrange for and undertake timely referral and transfer of women with serious complications to a higher level health facility, taking appropriate drugs and equipment and arranging for a companion care giver on the journey, in order to continue giving emergency care as required	V. F. 3. V. F. 8c.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 3. Deviations from normal and appropriate interventions, including management of complications, abnormal intrapartum events, and emergencies 8. Techniques for (c) third stage management
perform adult cardio-pulmonary resuscitation	V. F. 3.	V. F. Applies knowledge, skills, and abilities in the intrapartum period that include, but are not limited to, the following: 3. Deviations from normal and appropriate interventions, including management of complications, abnormal intrapartum events, and emergencies
perform vacuum extraction (additional)	Not core competency	The scope of midwifery practice may be expanded beyond the core competencies to incorporate additional skills and procedures that improve care for women and their families. Following basic midwifery education, midwives may choose to expand their practice following the guidelines outlined in Standard VIII of the <i>Standards for the Practice of Midwifery</i> .
repair 3 rd and 4 th degree perineal or vaginal lacerations (additional)	Not core competency	The scope of midwifery practice may be expanded beyond the core competencies to incorporate additional skills and procedures that

		improve care for women and their families. Following basic midwifery education, midwives may choose to expand their practice following the guidelines outlined in Standard VIII of the <i>Standards for the Practice of Midwifery</i> .
identify and repair cervical lacerations (additional)	Not core competency	The scope of midwifery practice may be expanded beyond the core competencies to incorporate additional skills and procedures that improve care for women and their families. Following basic midwifery education, midwives may choose to expand their practice following the guidelines outlined in Standard VIII of the <i>Standards for the Practice of Midwifery</i> .

COMPETENCY IN PROVISION OF CARE FOR WOMEN DURING THE POSTPARTUM PERIOD

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

Knowledge

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

physical and emotional changes that occur following childbirth, including the normal process of involution	V.G.1.	V. G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 1. Physical involution following pregnancy ending in spontaneous or induced abortion, preterm birth, or term birth
	V. G. 5.	5. Psychosocial coping and healing following pregnancy
	V. G. 6.	6. Readjustment of significant relationships and roles
physiology and process of lactation and common	V. G. 7.	V. G. Applies knowledge, skills, and abilities in the period following

<p>variations including engorgement, lack of milk supply, etc</p>	<p>V. G. 9.</p> <p>VI. A. 5b.</p>	<p>pregnancy that include but are not limited to the following: 7. Facilitation of the initiation, establishment, and continuation of lactation where indicated</p> <p>9. Deviations from normal and appropriate interventions including management of complications and emergencies</p> <p>VI. A. 5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention: (b). including management of common breastfeeding problems</p>
<p>the importance of immediate/early/exclusive breastfeeding for mother and child</p>	<p>V. G. 7.</p> <p>VI. A. 3d.</p>	<p>V. G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 7. Facilitation of the initiation, establishment, and continuation of lactation where Indicated</p> <p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 3. Methods to facilitate physiologic transition to extrauterine life that includes but is not limited to the following: d. Establishment of feeding</p>
<p>maternal nutrition, rest, activity and physiological needs (e.g., bowel and bladder) in the immediate postpartum period</p>	<p>V. G. 2.</p>	<p>V. G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 2. Management strategies and therapeutics to facilitate a healthy puerperium</p>

	V. G. 3. V. G. 4.	3. Discomforts of the puerperium 4. Self-care
principles of parent-infant bonding and attachment (e.g., how to promote positive relationships)	VI. A. 3e VI. A. 5a	VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 3. Methods to facilitate physiologic transition to extrauterine life that includes but is not limited to the following: e. Bonding and attachment through prolonged contact with neonate. VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention: a. Teaching regarding normal behaviors and development to promote attachment
indicators of subinvolution (e.g., persistent uterine bleeding, infection)	V. G. 9.	V. G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 9. Deviations from normal and appropriate interventions including management of complications and emergencies
indicators of maternal breastfeeding problems or complications, including mastitis	V. G. 7.	V. G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 7. Facilitation of the initiation, establishment, and continuation of lactation where

	V. G. 9. VI. A. 5b.	Indicated 9. Deviations from normal and appropriate interventions including management of complications and emergencies VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention: b. including management of common breastfeeding problems
signs and symptoms of life threatening conditions that may first arise during the postpartum period (e.g., persistent vaginal bleeding, embolism, postpartum pre-eclampsia and eclampsia, severe mental depression)	V. G. 9.	V. G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 9. Deviations from normal and appropriate interventions including management of complications and emergencies
signs and symptoms of selected complications in the postnatal period (e.g., persistent anaemia, haematoma, depression, thrombophlebitis; incontinence of faeces or urine; urinary retention, obstetric fistula)	V. G. 9.	V. G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 9. Deviations from normal and appropriate interventions including management of complications and emergencies
principles of interpersonal communication with and support for women and/or their families who are bereaved (maternal death, stillbirth, pregnancy loss, neonatal death, congenital abnormalities)	I. N. I. O.	I. The art and science of midwifery are characterized by the following hallmarks: N. Skillful communication, guidance, and counseling O. Therapeutic value of human

	<p>VI. A. 5f.</p> <p>VI. A. 5g.</p>	<p>presence</p> <p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention: f. Appropriate interventions and referrals for abnormal conditions:</p> <p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention: g. Health education specific to the infant and woman’s needs:</p>
<p>approaches and strategies for providing special support for adolescents, victims of gender-based violence (including rape)</p>	<p>I. D.</p> <p>I. E.</p> <p>I. H.</p> <p>I. I.</p> <p>I. J.</p> <p>I.K.</p>	<p>I. The art and science of midwifery are characterized by the following hallmarks: D. Promotion of woman- and family-centered care E. Empowerment of women as partners in health care H. Health promotion, disease prevention, and health education I. Promotion of a public health care perspective J. Care to vulnerable populations K. Advocacy for informed choice, shared decision making, and the</p>

	<p>I. N.</p> <p>I. O.</p> <p>I. P.</p> <p>V. C. 8.</p>	<p>right to self- determination</p> <p>N. Skillful communication, guidance, and counseling</p> <p>O. Therapeutic value of human presence</p> <p>P. Collaboration with other members of the interprofessional health care team</p> <p>V. C. Applies knowledge, skills, and abilities in gynecologic care that include but are not limited to the following: 8. Identification of deviations from normal and appropriate interventions, including management of complications and emergencies utilizing consultation, collaboration, and/or referral as indicated.</p>
<p>principles of manual vacuum aspiration of the uterine cavity to remove retained products of conception</p>	<p>V. G. 9.</p>	<p>V. G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 9. Deviations from normal and appropriate interventions including management of complications and emergencies</p>
<p>principles of prevention of maternal to child transmission of HIV, tuberculosis, hepatitis B and C in the postpartum period</p>	<p>VI. A. 5f.</p>	<p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention: f. Appropriate interventions and referrals for abnormal conditions:</p>

methods of family planning appropriate for use in the immediate postpartum period (e.g., LAM, progestin-only OCs)	V. G. 8.	V. G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 8. Resumption of sexual activity, contraception, and pregnancy spacing
community-based postpartum services available to the woman and her family, and how they can be accessed	V. A. 6.	V. A. Applies knowledge, skills, and abilities in primary care that include but are not limited to the following: 6. Management strategies and therapeutics for the treatment of common health problems and deviations from normal of women, including infections, self-limited conditions, and mild and/or stable presentations of chronic conditions, utilizing consultation, collaboration, and/or referral to appropriate health care services as indicated.
Skills and/or Abilities The midwife has the skill and/or ability to...		
take a selective history, including details of pregnancy, labour and birth	III. A.	III. The midwifery management process is used for all areas of clinical care and consists of the following steps: A. Investigate by obtaining all necessary data for the complete evaluation of the woman or newborn.
perform a focused physical examination of the mother	III. A.	III. The midwifery management process is used for all areas of clinical care and consists of the following steps: A. Investigate by obtaining all necessary data for the complete evaluation of the woman or newborn.
provide information and support for women and/or their families	I. N.	I. The art and science of midwifery are characterized by the following

<p>who are bereaved (maternal death, stillbirth, pregnancy loss, neonatal death, congenital abnormalities)</p>	<p>I. O.</p> <p>VI. A. 5f.</p> <p>VI. A. 5g.</p>	<p>hallmarks: N. Skillful communication, guidance, and counseling</p> <p>O. Therapeutic value of human presence</p> <p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention: f. Appropriate interventions and referrals for abnormal conditions:</p> <p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention: g. Health education specific to the infant and woman's needs:</p>
<p>assess for uterine involution and healing of lacerations and/or repairs</p>	<p>V. G. 1.</p> <p>V. F. 3.</p>	<p>V. G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 1. Physical involution following pregnancy ending in spontaneous or induced abortion, preterm birth, or term birth</p> <p>V. F. Applies knowledge, skills, and abilities in the intrapartum period that include but are</p>

	<p>V. F. 8a.</p> <p>V. F. 8d.</p>	<p>not limited to the following: 3. Deviations from normal and appropriate interventions, including management of complications, abnormal intrapartum events, and emergencies</p> <p>V. F. Applies knowledge, skills, and abilities in the intrapartum period that include but are not limited to the following: 8. Techniques for: a. administration of local anesthesia</p> <p>d. performance of episiotomy repair of episiotomy and 1st and 2nd degree lacerations</p>
<p>initiate and support uninterrupted [immediate and exclusive] breastfeeding</p>	<p>V. G. 7.</p> <p>VI. A. 3d.</p>	<p>V. G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 7. Facilitation of the initiation, establishment, and continuation of lactation where indicated</p> <p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 3. Methods to facilitate physiologic transition to extrauterine life that includes but is not limited to the following: (d) Establishment of feeding and maintenance of normoglycemia</p>
<p>teach mothers how to express breast milk, and how to handle and store expressed breast milk</p>	<p>V. G. 7.</p>	<p>V. G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 7. Facilitation of the initiation, establishment, and continuation of lactation where Indicated</p>

educate mother on care of self and infant after childbirth including signs and symptoms of impending complications, and community-based resources	V. G. 2.	V. G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 2. Management strategies and therapeutics to facilitate a healthy puerperium
	V. G. 3.	3. Discomforts of the puerperium
	V. G. 4.	4. Self-care
	V. G. 5.	5. Psychosocial coping and healing following pregnancy
	V. G. 6.	6. Readjustment of significant relationships and roles
	VI. A. 5a-5g.	VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention: a. Teaching regarding normal behaviors and development to promote attachment b. Feeding and weight gain including management of common breastfeeding problems c. Normal daily care, interaction, and activity including sleep practice and creating a safe environment e. Safe integration of the newborn into the family and cultural unit f. Appropriate interventions and referrals for abnormal conditions: (3) Symptoms of infection g. Health education specific to the infant and woman's needs: (1) Care of multiple children including siblings and multiple

		births (2) Available community resources
educate a woman and her family on sexuality and family planning following childbirth	V. G. 8.	V. G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 8. Resumption of sexual activity, contraception, and pregnancy spacing
provide family planning services concurrently as an integral component of postpartum care	V. G. 8.	V. G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 8. Resumption of sexual activity, contraception, and pregnancy spacing
provide appropriate and timely first-line treatment for any complications detected during the postpartum examination (e.g., anaemia, haematoma maternal infection), and refer for further management as necessary	V. G. 9.	V. G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 9. Deviations from normal and appropriate interventions including management of complications and emergencies
provide emergency treatment of late post-partum haemorrhage, and refer if necessary	V. G. 9.	V. G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 9. Deviations from normal and appropriate interventions including management of complications and emergencies
perform manual vacuum aspiration of the uterus for emergency treatment of late post- partum haemorrhage (additional)	Not Core Competency	The scope of midwifery practice may be expanded beyond the core competencies to incorporate additional skills and procedures that improve care for women and their families. Following basic midwifery education, midwives may choose to expand their practice following the guidelines outlined in Standard VIII

		of the <i>Standards for the Practice of Midwifery</i> .
COMPETENCY IN POSTNATAL CARE OF THE NEWBORN		
<u>COMPETENCY# 6:</u> Midwives provide high quality, comprehensive care for the essentially healthy infant from birth to two months of age.		
Knowledge The midwife has the knowledge and/or understanding of...		
elements of assessment of the immediate condition of newborn (e.g., APGAR scoring system for breathing, heart rate, reflexes, muscle tone and colour)	VI. A. 4a.	VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 4. Evaluation of the newborn: (a) Initial physical and behavioral assessment for term and preterm infants
principles of newborn adaptation to extrauterine life (e.g., physiologic changes that occur in pulmonary and cardiac systems)	IV. A VI. A. 3a. VI. A. 3b.	IV. Components of midwifery care: fundamentals A. Anatomy and physiology, including pathophysiology VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 3. Methods to facilitate physiologic transition to extrauterine life that includes but is not limited to the following: (a). Establishment of respiration (b). Cardiac and hematologic stabilization including cord clamping and cutting
basic needs of newborn: airway, warmth, nutrition, attachment (bonding)	VI. A. 3a-3g.	VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 3. Methods to facilitate physiologic transition to extrauterine life that includes but is not limited to the

		<p>following:</p> <ul style="list-style-type: none"> (a). Establishment of respiration (b). Cardiac and hematologic stabilization including cord clamping and cutting (c). Thermoregulation (d). Establishment of feeding and maintenance of normoglycemia (e). Bonding and attachment through prolonged contact with neonate. (f). Identification of deviations from normal and their management. (g). Emergency management including resuscitation, stabilization, and consultation and referral as needed
advantages of various methods of newborn warming, including skin-to-skin contact (Kangaroo mother care)	VI. A. 3c.	<p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following:</p> <p>3. Methods to facilitate physiologic transition to extrauterine life that includes but is not limited to the following:</p> <ul style="list-style-type: none"> (c). Thermoregulation
methods and means of assessing the gestational age of a newborn	VI. A. 4b.	<p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following:</p> <p>4. Evaluation of the newborn:</p> <ul style="list-style-type: none"> (b). Gestational age assessment
characteristics of low birth weight infants and their special needs	<p>VI. A. 3f.</p> <p>VI. A. 4a.</p>	<p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following:</p> <p>3. Methods to facilitate physiologic transition to extrauterine life that includes but is not limited to the following:</p> <ul style="list-style-type: none"> (f) Identification of deviations from normal and their management. <p>4. Evaluation of the newborn:</p>

		(a). Initial physical and behavioral assessment for term and preterm infants
characteristics of healthy newborn (appearance and behaviours)	VI. A. 4a.	VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 4. Evaluation of the newborn: (a). Initial physical and behavioral assessment for term and preterm infants
normal growth and development of the preterm infant	IV. B.	IV. Components of midwifery care: fundamentals B. Normal growth and development
normal newborn and infant growth and development	IV. B.	IV. Components of midwifery care: fundamentals B. Normal growth and development
selected variations in the normal newborn (e.g., caput, moulding, mongolian spots)	VI. A. 4d.	VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 4. Evaluation of the newborn: (d). Identification of deviations from normal and consultation, and/or referral to appropriate health services as indicated
elements of health promotion and prevention of disease in newborns and infants (e.g., malaria, TB, HIV), including essential elements of daily care (e.g., cord care, nutritional needs, patterns of elimination)	VI. A. 5. (whole) (Highlights are listed here)	VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention: a. Teaching regarding normal behaviors and development to promote attachment b. Feeding and weight gain including management of common

		<p>breastfeeding problems</p> <p>c. Normal daily care, interaction, and activity including sleep practice and creating a safe environment</p> <p>d. Provision of preventative care that includes but is not limited to</p> <p>(1) Therapeutics including eye ointment, vitamin K, and others as appropriate by local or national guidelines</p> <p>(2) Testing and screening according to local and national guidelines</p> <p>(3) Need for ongoing preventative health care with pediatric care providers</p> <p>f. Appropriate interventions and referrals for abnormal conditions:</p> <p>(4) Infants born to mothers with infections</p> <p>g. Health education specific to the infant and woman's needs:</p> <p>(1) Care of multiple children including siblings and multiple births</p> <p>(2) Available community resources</p>
immunization needs, risks and benefits from infancy through young childhood	VI. A. 5d. 3.	<p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following:</p> <p>5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention:</p> <p>d. Provision of preventative care that includes but is not limited to</p> <p>(3) Need for ongoing preventative health care with pediatric care providers</p>
traditional or cultural practices related to the newborn	VI. A. 5e.	<p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following:</p>

	I. L.	<p>5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention:</p> <p>e. Safe integration of the newborn into the family and cultural unit</p> <p>I. The art and science of midwifery are characterized by the following hallmarks:</p> <p>L. Integration of cultural humility</p>
principles of infant nutrition and infant feeding options for babies (including those born to HIV positive mothers)	VI. A. 5b	<p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following:</p> <p>5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention:</p> <p>b. Feeding and weight gain including management of common breastfeeding problems</p>
signs and symptoms of selected newborn complications (e.g., jaundice, haematoma, adverse moulding of the foetal skull, cerebral irritation, non-accidental injuries, haemangioma, hypoglycaemia, hypothermia, dehydration, infection, congenital syphilis)	VI. A. 5f.	<p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following:</p> <p>5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention:</p> <p>f. Appropriate interventions and referrals for abnormal conditions:</p>
Skills and/or Abilities		
The midwife has the skill and/or ability to...		
provide immediate care to the newborn, including cord clamping and cutting, drying,	VI. A. 3a-3g	VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following:

clearing airways, and ensuring that breathing is established		<p>3. Methods to facilitate physiologic transition to extrauterine life that includes but is not limited to the following:</p> <ul style="list-style-type: none"> a. Establishment of respiration b. Cardiac and hematologic stabilization including cord clamping and cutting c. Thermoregulation d. Establishment of feeding and maintenance of normoglycemia e. Bonding and attachment through prolonged contact with neonate. f. Identification of deviations from normal and their management. g. Emergency management including resuscitation, stabilization, and consultation
assess the immediate condition of the newborn (e.g., APGAR scoring or other assessment method)	VI. A. 4a.	<p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following:</p> <p>4. Evaluation of the newborn:</p> <ul style="list-style-type: none"> a. Initial physical and behavioral assessment for term and preterm infants
promote and maintain normal newborn body temperature through covering (blanket, cap), environmental control, and promotion of skin-to-skin contact	VI. A. 3c.	<p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following:</p> <p>3. Methods to facilitate physiologic transition to extrauterine life that includes but is not limited to the following:</p> <ul style="list-style-type: none"> c. Thermoregulation
begin emergency measures for respiratory distress (newborn resuscitation), hypothermia, hypoglycaemia	VI. A. 3f.	<p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following:</p> <p>3. Methods to facilitate physiologic transition to extrauterine life that includes but is not limited to the following:</p> <ul style="list-style-type: none"> f. Identification of deviations from normal and their management.

	VI. A. 3g.	g. Emergency management including resuscitation, stabilization, and consultation and referral as needed
give appropriate care including kangaroo mother care to the low birth weight baby, and arrange for referral if potentially serious complications arise, or very low birth weight	VI. A. 3f. VI. A. 3g.	VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 3. Methods to facilitate physiologic transition to extrauterine life that includes but is not limited to the following: f. Identification of deviations from normal and their management. g. Emergency management including resuscitation, stabilization, and consultation and referral as needed
perform a screening physical examination of the newborn for conditions incompatible with life	VI. A. 4a. VI. A. 4d.	VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 4. Evaluation of the newborn: a. Initial physical and behavioral assessment for term and preterm infants d. Identification of deviations from normal and consultation, and/or referral to appropriate health services as indicated
perform a gestational age assessment	VI. A. 4b.	VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 4. Evaluation of the newborn: b. Gestational age assessment
provide routine care of the newborn, in accord with local guidelines and protocols (e.g., identification, eye care, screening tests, administration	VI. as a whole	VI. Independently manages the care of the newborn immediately after birth and continues to provide care to well newborns up to 28 days of life utilizing the midwifery

<p>of Vitamin K, birth registration)</p>	<p>More specifically VI. A. 5d (1,2)</p>	<p>management process and consultation, collaboration, and/or referral to appropriate health care services as indicated.</p> <p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention: d. Provision of preventative care that includes but is not limited to (1) Therapeutics including eye ointment, vitamin K, and others as appropriate by local or national guidelines (2) Testing and screening according to local and national guidelines</p>
<p>position infant to initiate breast feeding as soon as possible after birth and support exclusive breastfeeding</p>	<p>VI. A. 3d. VI. A. 5b</p>	<p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 3. Methods to facilitate physiologic transition to extrauterine life that includes but is not limited to the following: d. Establishment of feeding and maintenance of normoglycemia</p> <p>5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention: b. Feeding and weight gain including management of common breastfeeding problems</p>
<p>transfer the at-risk newborn to emergency care facility when available</p>	<p>VI. A. 3g.</p>	<p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to</p>

	<p>VI. A. 4d.</p> <p>VI. A. 5f.</p>	<p>the following:</p> <p>3. Methods to facilitate physiologic transition to extrauterine life that includes but is not limited to the following:</p> <p>g. Emergency management including resuscitation, stabilization, and consultation and referral as needed</p> <p>4. Evaluation of the newborn:</p> <p>d. Identification of deviations from normal and consultation, and/or referral to appropriate health services as indicated</p> <p>5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention:</p> <p>f. Appropriate interventions and referrals for abnormal conditions:</p> <p>(1) Minor and severe congenital malformations</p> <p>(2) Poor transition to extrauterine life</p> <p>(3) Symptoms of infection</p> <p>(4) Infants born to mothers with infections</p> <p>(5) Postpartum depression and its effect on the newborn</p> <p>(6) End-of-life care for stillbirth and conditions incompatible with life</p>
<p>educate parents about danger signs in the newborn and when to bring infant for care</p>	<p>VI. A. 5a.</p>	<p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following:</p> <p>5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention:</p> <p>a. Teaching regarding normal</p>

	<p>VI. A. 5f.</p> <p>VI. A. 5g.</p>	<p>behaviors and development</p> <p>f. Appropriate interventions and referrals for abnormal conditions:</p> <ol style="list-style-type: none"> (1) Minor and severe congenital malformations (2) Poor transition to extrauterine life (3) Symptoms of infection (4) Infants born to mothers with infections (5) Postpartum depression and its effect on the newborn (6) End-of-life care for stillbirth and conditions incompatible with life <p>g. Health education specific to the infant and woman's needs</p> <ol style="list-style-type: none"> (1) Care of multiple children including siblings and multiple births (2) Available community resources
<p>educate parents about normal growth and development of the infant and young child, and how to provide for day-to-day needs of the normal child</p>	<p>VI. A. 5a</p> <p>VI. A. 5c.</p> <p>VI. A. 5f.</p> <p>VI. A. 5g.</p>	<p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following:</p> <p>5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention:</p> <ol style="list-style-type: none"> a. Teaching regarding normal behaviors and development c. Normal daily care, interaction, and activity including sleep practice and creating a safe environment f. Appropriate interventions and referrals for abnormal conditions: g. Health education specific to the infant and woman's needs
<p>assist parents to access community resources available</p>	<p>VI. A. 5g. (2)</p>	<p>VI. A. Applies knowledge, skills, and abilities to the newborn that include</p>

to the family		but are not limited to the following: 5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention: g. Health education specific to the infant and woman's needs: (2) Available community resources
support parents during grieving process for loss of pregnancy, stillbirth, congenital birth defects or neonatal death	VI. A. 5f. VI. A. 5g.	VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention: f. Appropriate interventions and referrals for abnormal conditions: g. Health education specific to the infant and woman's needs:
support parents during transport/transfer of newborn or during times of separation from infant (e.g., NICU admission)	VI. A. 5f (6). VI. A. 5g (2).	VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention: f. Appropriate interventions and referrals for abnormal conditions: (6) End-of-life care for stillbirth and conditions incompatible with life g. Health education specific to the infant and woman's needs: (2) Available community resources

<p>support and educate parents who have given birth to multiple babies (e.g., twins, triplets) about special needs and community resources</p>	<p>VI. A. 5g (1-2)</p>	<p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention: g. Health education specific to the infant and woman’s needs: (1) Care of multiple children including siblings and multiple births (2) Available community resources</p>
<p>provide appropriate care for baby born to an HIV positive mother (e.g., administration of ARV and appropriate feeding)</p>	<p>VI. A. 5f (4)</p>	<p>VI. A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following: 5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention: f. Appropriate interventions and referrals for abnormal conditions: (4) Infants born to mothers with infections</p>

COMPETENCY IN FACILITATION OF ABORTION-RELATED CARE

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

Knowledge

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

<p>policies, protocols, laws and regulations related to abortion-care services</p>	<p>I. I.</p>	<p>I.I. Promotion of a public health care perspective</p>
	<p>II. C.</p>	<p>II.C. Knowledge of the legal basis</p>

	II. F.	for practice II.F. Knowledge of issues and trends in health care policy and systems
factors involved in decisions relating to unintended or mistimed pregnancies	I. D. I. E. I. K. I. L. V. C. 7.	I.D. Promotion of woman and family-centered care I.E. Empowerment of women as partners in health care I.K. Advocacy for informed choice, shared decision-making, and the right to self- determination I.L. Integration of cultural humility V.C. Applies knowledge, skills, and abilities in gynecologic care that include but are not limited to the following: 7. Counseling, clinical interventions, and/or referral for unplanned or undesired pregnancies, sexual and gender concerns, and infertility
family planning methods appropriate for use during the post-abortion period	V. C. 4 V. B. 5.	V. C. Applies knowledge, skills, and abilities in gynecologic care that include but are not limited to the following: 4. All available contraceptive methods V.B. Applies knowledge, skills, and abilities in the preconception period that include but are not limited to the following: 5. Fertility awareness, cycle charting, signs & symptoms of pregnancy, and pregnancy spacing.
medical eligibility criteria for all available abortion methods	III. A.	III. The midwifery management process is used for all areas of clinical care and consists of the following steps: A. Investigate by obtaining all necessary data for the complete

	III. B.	evaluation of the woman or newborn. B. Identify problems or diagnoses and health care needs based on correct interpretation of the subjective and objective data
care, information and support that is needed during and after miscarriage or abortion (physical and psychological) and services available in the community	I. H. I, N. I. O. V. B. 5. V. G. 4. V. G. 5. V. G. 6. V. G. 8.	I. The art and science of midwifery are characterized by the following hallmarks: H. Health promotion, disease prevention, and health education N. Skillful communication, guidance, and counseling O. Therapeutic value of human presence V. B. Applies knowledge, skills, and abilities in the preconception period that include but are not limited to the following: 5. Fertility awareness, cycle charting, signs & symptoms of pregnancy, and pregnancy spacing. V. G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 4. Self-care 5. Psychosocial coping and healing following pregnancy 6. Readjustment of significant relationships and roles 8. Resumption of sexual activity, contraception, and pregnancy spacing
normal process of involution and physical and emotional	IV. A.	IV. Components of midwifery care: fundamentals

healing following miscarriage or abortion	V. G. 1. V. G. 3. V. G. 4. V. G. 5. V. G. 6.	A. Anatomy and physiology, including pathophysiology V.G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 1. Physical involution following pregnancy ending in spontaneous or induced abortion, preterm birth, or term birth 3. Discomforts of the puerperium 4. Self-care 5. Psychosocial coping and healing following pregnancy 6. Readjustment of significant relationships and roles
signs and symptoms of sub-involution and/or incomplete abortion (e.g., persistent uterine bleeding)	IV. A. V. G. 1. V. G. 3. V. G. 9. III. C.	IV. Components of midwifery care: fundamentals A. Anatomy and physiology, including pathophysiology V.G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 1. Physical involution following pregnancy ending in spontaneous or induced abortion, preterm birth, or term birth 3. Discomforts of the puerperium 9. Deviations from normal and appropriate interventions including management of complications and emergencies III. The midwifery management process is used for all areas of clinical care and consists of the

		<p>following steps:</p> <p>C. Anticipate potential problems or diagnoses that may be expected based on the identified problems or diagnoses.</p>
<p>signs and symptoms of abortion complications and life threatening conditions (e.g., persistent vaginal bleeding, infection)</p>	<p>III. C.</p> <p>III. G.</p> <p>IV. A.</p> <p>V. G. 9.</p>	<p>III. The midwifery management process is used for all areas of clinical care and consists of the following steps:</p> <p>C. Anticipate potential problems or diagnoses that may be expected based on the identified problems or diagnoses.</p> <p>G. Evaluate the effectiveness of the care given, recycling appropriately through the management process for any aspect of care that has been ineffective.</p> <p>IV.A. Anatomy and physiology, including pathophysiology</p> <p>V.G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following:</p> <p>9. Deviations from normal and appropriate interventions including management of complications and emergencies</p>
<p>pharmacotherapeutic basics of drugs recommended for use in medication abortion</p>	<p>IV. F.</p>	<p>IV. Components of midwifery care: fundamentals</p> <p>F. Pharmacokinetics and pharmacotherapeutics</p>
<p>principles of uterine evacuation via manual vacuum aspiration (MVA)</p>	<p>V. C. 7.</p>	<p>V. C. Applies knowledge, skills, and abilities in gynecologic care that include but are not limited to the following:</p> <p>7. Counseling, clinical interventions, and/or referral for unplanned or undesired pregnancies, sexual and gender concerns, and infertility</p>

Skills and/or Abilities		
The midwife has the skill and/or ability to...		
assess gestational period through query about LMP, bimanual examination and/or urine pregnancy testing	V. E. 2	V. E. Applies knowledge, skills and abilities in the antepartum period that include but are not limited to the following: 2. Confirmation and dating of pregnancy
inform women who are considering abortion about available services for those keeping the pregnancy and for those proceeding with abortion, methods for obtaining abortion, and to support women in their choice	I. E. I. H. I. K. I. L. I. N. I. O. III. E. IV. G. V. C. 7.	I. The art and science of midwifery are characterized by the following hallmarks: E. Empowerment of women as partners in health care H. Health promotion, disease prevention, and health education K. Advocacy for informed choice, shared decision-making, and the right to self- determination L. Integration of cultural humility N. Skillful communication, guidance, and counseling O. Therapeutic value of human presence III. E. Develop, in partnership with the woman, a comprehensive plan of care that is supported by valid rationale, is based on the preceding steps, and includes therapeutics as indicated. IV. G. Principles of individual and group health education V. C. Applies knowledge, skills, and abilities in gynecologic care that include but are not limited to the following: 7. Counseling, clinical interventions, and/or referral for unplanned or

		undesired pregnancies, sexual and gender concerns, and infertility
take a clinical and social history to identify contraindications to medication or aspiration abortion	II. A. III. B.	II. A. Investigate by obtaining all necessary data for the complete evaluation of the woman or newborn. III. B. Identify problems or diagnoses and health care needs based on correct interpretation of the subjective and objective data.
educate and advise women (and family members, where appropriate), on sexuality and family planning post abortion	I. H I. N. IV. G. V. B. 5. V. G. 8.	I.H. Health promotion, disease prevention, and health education I.N. Skillful communication, guidance, and counseling IV. G. Principles of individual and group health education V. B. Applies knowledge, skills, and abilities in the preconception period that include but are not limited to the following: 5. Fertility awareness, cycle charting, signs & symptoms of pregnancy, and pregnancy spacing. V. G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 8. Resumption of sexual activity, contraception, and pregnancy spacing
provide family planning services concurrently as an integral component of abortion-related services	V. B. 5. V. C. 4.	V. B. Applies knowledge, skills, and abilities in the preconception period that include but are not limited to the following: 5. Fertility awareness, cycle charting, signs & symptoms of pregnancy, and pregnancy spacing. V. C. Applies knowledge, skills, and

		abilities in gynecologic care that include but are not limited to the following: 4. All available contraceptive methods
assess for uterine involution; treat or refer as appropriate	III. D. IV. A. V. G. 1.	III. D. Evaluate the need for immediate intervention and/or consultation, collaborative management, or referral with other health care team members, as dictated by the condition of the woman, fetus, or newborn. IV. A. Anatomy and physiology, including pathophysiology V. G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 1. Physical involution following pregnancy ending in spontaneous or induced abortion, preterm birth, or term birth
educate mother on care of self, including rest and nutrition and on how to identify complications such as haemorrhage	I. H I. N. IV. G V. G. 3. V. G. 4. V. G. 5.	I. The art and science of midwifery are characterized by the following hallmarks: H. Health promotion, disease prevention, and health education N. Skillful communication, guidance, and counseling IV. G. Principles of individual and group health education V.G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 3. Discomforts of the puerperium 4. Self-care 5. Psychosocial coping and healing

	V. G. 6.	following pregnancy 6. Readjustment of significant relationships and roles
	V. G. 8.	8. Resumption of sexual activity, contraception, and pregnancy spacing
identify indicators of abortion-related complications (including uterine perforation); treat or refer for treatment as appropriate	III. C.	III. The midwifery management process is used for all areas of clinical care and consists of the following steps: C. Anticipate potential problems or diagnoses that may be expected based on the identified problems or diagnoses.
	III. D.	D. Evaluate the need for immediate intervention and/or consultation, collaborative management, or referral with other health care team members, as dictated by the condition of the woman, fetus, or newborn.
	IV. A.	IV. Components of midwifery care: Fundamentals A. Anatomy and physiology, including pathophysiology
	V. G. 9.	V. G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following: 9. Deviations from normal and appropriate interventions including management of complications and emergencies
prescribe, dispense, furnish or administer drugs (however authorized to do so in the jurisdiction of practice) in dosages appropriate to induce medication abortion (additional)	IV. F.	IV. Components of midwifery care: Fundamentals: F. Pharmacokinetics and pharmacotherapeutics
	II. C.	II. The professional responsibilities

	III. E.	<p>of CNMs and CMs include but are not limited to the following components:</p> <p>C. Knowledge of the legal basis for practice</p> <p>III. The midwifery management process is used for all areas of clinical care and consists of the following steps:</p> <p>E. Develop, in partnership with the woman, a comprehensive plan of care that is supported by valid rationale, is based on the preceding steps, and includes therapeutics as indicated.</p>
perform manual vacuum aspiration of the uterus up to 12 completed weeks of pregnancy (additional)	Not core competency	<p>The scope of midwifery practice may be expanded beyond the core competencies to incorporate additional skills and procedures that improve care for women and their families. Following basic midwifery education, midwives may choose to expand their practice following the guidelines outlined in Standard VIII of the <i>Standards for the Practice of Midwifery</i>.</p>

Summary

The ACNM Core Competencies are congruent with the ICM Essential Competencies. In some cases, the ACNM competencies are somewhat broader than the ICM competencies, however each of the required ICM competencies is addressed in the ACNM competencies. In addition, all of the Essential Competencies identified as **additional** skills are recognized by the ACNM Core Competency document as advanced skills or procedures, whereby ACNM midwives might expand their practice by following guidelines outlined in Standard VIII of the *Standards of Practice of Midwifery* to add these additional skills or procedures. This includes the following skills and procedures: visual inspection of the cervix with acetic acid, colposcopy, repair of 3rd and 4th degree lacerations, repair of cervical lacerations, vacuum aspiration for emergency treatment of postpartum hemorrhage and vacuum aspiration of the uterus up to 12 weeks of pregnancy.

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