



**National Framework for Midwifery Practice:
Scope of Practice, Standards, and Essential Competencies**

2016

The Jordanian Nursing Council

The Jordanian Nursing Council (JNC) is a national governmental regulatory institution for nursing and midwifery in Jordan. The JNC is governed by a board of directors headed by Her Royal Highness Princess Muna Hussein as president of the council. The board is comprised of 14 key representatives of the health care and the community. JNC aims to protect and promote the health status of the population through regulating and governing the nursing; education and practice and research.

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Forward

The **National Framework for Midwifery Practice: Scope of Practice, Standards, and Essential Competencies**” is a policy document developed by the Jordanian Nursing Council to regulate and unify the scope, standards for the practice of midwives in Jordan. The aims of this document is to standardize practice and safeguard the health and wellbeing of people. The document is a guide for academic and practice institutions; educational institutions need to transfer the content of this very important document and deal with it as a curriculum for the undergraduate and graduate education of midwives to prepare future midwives for the fitness for practice roles, and create a generation that are responsive, ethically committed and supportive for the wellbeing of women and children.

Practice institutions need to take this policy document as an umbrella for the midwifery practice and their commitment to implement and create positive environment to allow midwives function within the agreed upon scope of practice and competencies. Institutions need to reflect these concepts in their job description, roles and responsibilities and as a tool for the performance evaluation of midwives.

This document was developed with distinguished efforts of national intuitions from academic and practice areas in addition to USAID and expert validation from USA.

I would like to express my sincere appreciation for all who contributed to the development of this unique document. The implementation of this document at the national level by all institution is a challenge, but we trust your good will and abilities to take it forward and present Jordan as a regional model in the health of women and children, and move toward achievement of SDGs.

Secretary General

Professor Muntaha Gharaibeh

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Introduction

This document includes the scope of practice, professional standards and essential competencies for midwifery practice in Jordan, developed by JNC and partners as part of the JNC mission to promote the health status of the community through a sound regulatory system that assures quality services and safe practice to protect the public and the profession. JNC recognizes the importance of the role of midwives and is committed to strengthening the midwifery practice to support the quality of maternal services and eventually protect the public.

Methodology

Midwifery is a dynamic profession that requires constant updating and strengthening practices to meet the emerging population and health system challenges. The standards and competencies were developed in collaboration with stakeholders and in response to the MOH and USAID project. As a result, JNC consolidated a national team to develop a framework that is consistent with national regulatory mechanisms in Jordan. The outcomes are a set of standards of practice and competencies for all levels of midwifery practices.

The development of the scope of practice, standards and competencies was based on the international and regional regulatory frameworks such as WHO and ICM, in addition to the best possible evidence of international models and frameworks, and consultations with national nursing and midwifery experts from variety of settings. The development process included also validation of the standards and competencies by an international consultant on midwifery practices.

Purpose of the JNC Midwifery Scope, Standards and Competences

The JNC considers the professional standards and competencies as an official document to achieve the aim of protecting the public by regulating midwifery practice; determine entry-level to practice, clarify educational requirements, provide a framework for the assessment of professional performance and address incompetence among midwives. In further elaboration, the JNC Professional Standards are used by educators/universities, registered midwives and managers.

The current framework defines who is a registered midwife, the advance practice midwives, scope of midwifery practice, standards, competencies and the measurement criteria.

Section 1: JNC National Framework for Professional Standards of Registered Midwifery and Advance Practice of Midwives

Definitions Registered Midwife

A registered midwife is the “designation given to a person who has completed an education program from a recognized educational institution, registered by the JNMC and licensed to practice under the Public Health Law by MOH”. Currently, the educational preparation of midwives in three levels:

1. Diploma in Midwifery (3-years)
2. Bachelor of science in Midwifery (4-years)
3. Higher Diploma Degree in midwifery (one-year post to BSc nursing degree)

Advance Practice in Midwifery

JNC and JNMC recognize midwifery profession as a specialty area regulated by law which called (law of midwifery and maternity care and the child of 1959). Based on same law, chapter (2) article (1) supports who is a midwife and chapter (4) including articles (12 up to 18) support practice of midwifery profession. JNC by-law NO (74) for 2006 recognizes midwives as specialist and certifies them in 2 levels

1. Midwife Specialist: A person who:

- Obtained a higher diploma in midwifery an accredited university or educational institution.
- Registered by the JNMC and Licensed to practice under the Public Health Law
- Pass the evaluation mandated by the Jordanian Nursing Council (JNC) according to the provisions of the by-law on specialization.

2. Advance Midwife Specialist – A person who:

- Registered by the JNMC and Licensed according to the provisions of Public Health Law.
- A minimum of a second university degree (Master’s Degree) from an accredited university or educational institution in a field of specialty listed and recognized by the JNC

- Fulfilled the specific standards for granting certifications for this professional level issued by the JNC to this end.

Professional Definition of a Midwife

JNC uses the International Council of Midwives ICM, 2014, as a definition of a midwife; "A midwife is a person who has successfully completed a midwifery education program that is recognized in Jordan, adheres to JNC defined scope of practice, standards and competencies for midwifery practice".

Scope of Midwifery Practice

The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, birth and the postpartum period, conduct births on the midwife's own responsibility and provide care for the neonate and the child. This care includes the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health education for the woman, family and community. This work involves antenatal education, family planning and the preparation for parenthood and extends to women's health, sexual or reproductive health.

The scope of practice requires self-determination, cognitive, integrative evidence based practice and technical abilities within ethical and culturally safe practices in primary and secondary health care settings and in rural and urban communities. It also requires high level advocacy for women's centered care needs, including choice, control and continuity leadership and management of the practice environment, engaging in collaboration with the women and their families, health care team members and other disciplines for assessing, planning, implementing and evaluating women's centered care to secure appropriate resources needed for continuous care.

Advance Midwife Specialist

Advance midwifery is educated to Master's degree level, grounded in theory and practice of midwifery to incorporate knowledge, research, skills and management and leadership in order to be clinically competent and effective educator, counselor, consultant, researcher, and caseload manager to act in multidisciplinary approach to achieve optimum continuity of care.

Advance scope of practice will expand beyond the normal antenatal, labor postpartum and neonate to include acute and chronic illnesses and complications and will have an obligation to remain responsive to changing health care needs in an increasingly complex health care environment, in order to develop knowledge, skills, and competencies that improve the health care and outcomes of women and neonates.

Advance midwife specialist must have a vision of areas of midwifery practice that can be developed beyond the current scope of midwifery practice and a commitment to the development of these areas in response to women need and healthcare service requirements at local, national and international levels.

Specialized Midwife

- Practices in any setting including the home, community, hospitals, clinics or health units.
- Partners with women and families to promote self-care and the health of mothers, neonates and child
- Respects human dignity and women's full human rights
- Advocates for women's needs
- Practices within cultural sensitivity to prevent women, neonates and child from harm practices
- Focuses on health promotion and disease prevention that views pregnancy as a normal life event.

Advance Midwife Specialist:

- Practices by high levels of clinical skill, competence and autonomous decision-making, and reflects a particular benchmark on the career development ladder
- Applies expert clinical knowledge into best practice models utilizing relevant data to analyze midwifery outcomes.
- Identifies gaps between evidence and practice and consider potential solutions for bridging gaps.
- Analyzes the process for health policy development, influential factors, and the impact of policy on clinical practice.
- Collaborates as an effective team member to promote positive change in the health care of women and neonates.

- Utilizes information systems and other technologies to improve the quality and safety of health care for women and neonates.
- Identifies appropriate use of resources for management of a health care practice.

Section 2: Standards of Registered Midwives and Advance Midwives Specialist

Domains of the Standards

The JNC Professional Standards for Midwives are consistent with the framework used for the development of the "**JNC Professional Standards of a Registered Nurse, 2016**".

Midwifery Standards are divided into 2 domains; Professional Standards, and Practice Standards.

A. Professional Midwifery Standards

The Professional standards are the core competency standards by which midwifery practices are assessed to obtain and retain registration. The professional standards have 4 main standards relating to:

1. Professional Performance

This relates to the professional, legal and ethical responsibilities, accountability, development activities, certification and accreditation, articulating organizational policies and guidelines, and the advocacy of women, individuals/groups, peers and colleagues' rights in clinical practice, education, and research.

2. Knowledge

This relates to reflecting evidence based knowledge, skills, judgment, critical thinking and analysis and self-appraisal in clinical practice, education, and research.

3. Relationships

This relates to professional communication; collaboration with women, individuals/groups, peers and colleagues and interdisciplinary health care team in clinical practice, education, and research.

4. Professional Leadership & Resources utilization

This relates to midwives' leadership and management utilizing appropriate resources to plan and provide services that are safe, effective and financially responsible in clinical nursing practice, education, and research.

B. Standards of Midwifery Practice

The standards of practice are statements about levels of performance that midwives are required to achieve in their practice to provide health care services in the best interest of clients. This domain focus is on the provision of comprehensive, systematic and prioritized maternity care to achieve identified health outcomes by being empathy and ensuring good

interpersonal and therapeutic communication skills using verbal and non – verbal messages to share information, meanings and feelings with woman and her family to appreciate and understand the woman’s perspectives of health needs, and to appreciate the woman’s perspectives related to aspects of diversity: e.g., her culture, spirituality, age, and sexual orientation.

It is not possible to provide assessment, care and treatment unless the midwife adapts her communication to the women and family needs related to their specific communication skills and problems. This will be reflected in the midwife’s competency to assess and support the needs of women through provision of centered care throughout the pre-conception, antenatal, intrapartum, postnatal, neonatal and child under five periods based on scientific approaches. The midwifery practice consists of one standard "Provision of women’s centered care" and 6 sub-standards including: Assessment, Identify Issues/ Problems or Trends, Outcome Identification, Planning, Implementation and Evaluation.

Pillars of Midwifery Standards

Standards are designed to four relevant cross-cutting themes for major important areas of professional midwifery applications that are seen as important to all 4 standards: Research, Education, and Clinical practice themes.

Research:

- Ability to access research and use information systems
- Involvement in research
- Ability to implement research findings into practice - including use of and development of policies/protocols and guidelines.
- Conference presentations
- Publications

Education:

- Principles of teaching and learning
- Supporting others to develop knowledge and skills
- Promoting learning environment
- Developing education materials
- Teaching, mentorship and coaching

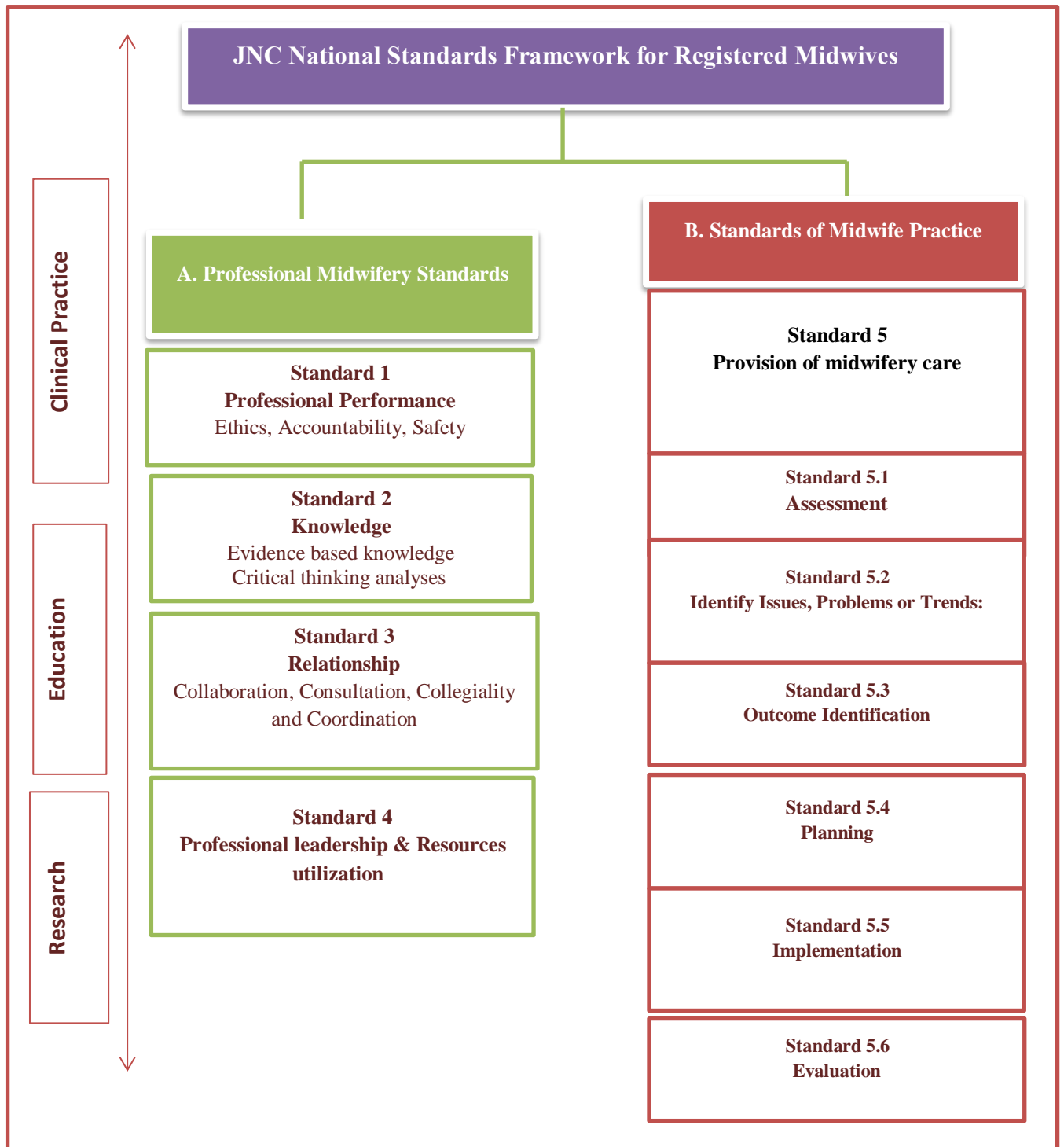
Clinical Practice

- Decision making/clinical judgement and problem solving
- Critical thinking and analytical skills incorporating critical reflection
- Managing complexity
- Ethical decision-making
- Assessment, diagnosis referral, discharge
- Developing higher levels of autonomy
- Assessing and managing risk
- Developing therapeutic interventions to improve service user outcomes
- Higher level communication skills
- Promoting and influencing others to incorporate values based care into practice
- Development of advanced psychomotor skills

Measurement criteria:

Measurement criteria are specific and measurable elements for meeting each standard to measure the actual performance of the midwife. The Measurement criteria is not written in order of importance, nor are intended to be an exhaustive list of criteria for each professional standard. The measurement criteria will be especially helpful for midwives to assume responsibilities in practice, education and research.

JNC National Standards Framework for Registered Midwives



Domain A: Midwifery Professional Standards

Standard 1: Professional Performance

The midwife meets the professional standards, legal and ethical responsibilities, accountability, safety, development activities, certification and accreditation, articulating organizational policies and guidelines, and the advocacy of women, individual/groups and peer's rights in all scope of applications

1.1 The registered midwife practice within professional, legal and ethical midwifery context

1.1.1 Registered midwife fulfills the responsibility and accountability of midwifery professional activities within all relevant national legislation.

Measurement criteria:

- Identifies and adheres to legislation governing midwifery profession
- Identifies and adheres to JNC midwifery standards and competencies
- Demonstrates actions show legal implications awareness of midwifery practices
- Recognizes the roles and responsibilities

1.1.2 The advance midwife practices may be expanded beyond the JNC core competencies to incorporate new procedures that improve women care

In addition, advance midwife will perform the following

- enforces the integration of national and international regulations, standards, protocols, guidelines and policies into midwifery practice
- identifies the need for new procedure taking into consideration consumer demands, standards of safe practice and availability of qualified personnel
- ensures that there are no regulations or bylaws that would constrain the midwife from incorporation of the procedure into practice
- identifies mechanism for obtaining medical consultation, collaboration and referral related to this procedure.
- maintains documentation of the process used to achieve the necessary knowledge, skills and ongoing competency of the expanded or new procedure

1.2 Practices in a way that acknowledge the dignity, culture, values and beliefs within national midwifery code of ethics

Measurement criteria:

- Assets women and their families regardless of race, culture, religion, age, gender, physical or mental state.
- Protects client's privacy and confidentiality.
- Demonstrates respects and promotes the client's right to health, self-determination, being informed and make informed choices, beneficence and equity.

In addition, advance midwife will perform the following

- Maintains effective process of care when challenged by differing values, beliefs and risks
- Participates in inter professional teams that address ethical risks, benefits, and outcomes.
- Coaches the registered midwives in ethical decision making
- Coaches client and significant others into making choices of treatment through providing accurate clear information and considers benefits, risks and outcomes.
- Evaluates the effectiveness of policies and strategies for managing ethical dilemmas inherent in client care, health care organization and research.

1.1.3 *Advocates for women, individuals/groups and peer's rights of health within institutional structures.*

Measurement criteria:

- Protects the rights of women, individuals, clients and groups and support informed choices
- Identifies insufficient resources to meet the needs of clients and groups
- Communicates talent skills merge requirements to meet clients and groups needs to management and administration
- Identifies procedures and practices infringe the rights of clients

In addition, advance midwife will perform the following

- Illuminates and recommend policies and guidelines when rights of clients compromised
- Advocates for a working culture that promotes motivation and enthusiasm towards professional development of knowledge and competences as a requirement to achieve excellence in practice.
- Coaches registered midwives and multidisciplinary team members to improve client centered competences.

1.1.4 Ensures and promotes presence of systematic effective mechanisms for the midwifery professional development programs

1.1.4. A. Drives quality improvement programs and activities

Measurement criteria

- Participates in evaluation and regulation processes of individuals through privileging, credentialing, certification and accreditation.
- Incorporates organizational policies and guidelines uses current best evidences
- Ensures the presence of effective mechanism and programs for implementing and evaluating professional midwifery standards
- Maintains continuing education programs based on Jordanian Nursing Council continuing education framework

1.4.B. Participates in ongoing professional development that improve care for women and their families.

Measurement criteria

- Participates in educational activities related to appropriate knowledge bases and professional issues for self and others
- Demonstrates commitment to lifelong learning through self-reflection and inquiry to identify learning needs
- Acquires knowledge and skills appropriate to specialty area, practice setting, role or situation
- Uses creativity and innovation in midwifery professional activities to improve care delivery

1.1.5 Undertakes safe responses and facilitates a physical, psychosocial, cultural and spiritual environment that promotes women and individual/group safety and security and improves midwifery profession.

Measurement criteria:

- Adheres to national safety guidelines for clients
- Articulates appropriate emotional and psychological responses with clients in a professional manner
- Provides responding environment by using effective interpersonal skills, and counseling psycho behavioral and social workers
- Uses incident reports for unsafe health Midwifery practices

In addition, advance midwife will perform the following

- Promotes strategies and techniques for learning and research environment
- challenge and create, innovative, and resourceful programs to share and promote good practice
- imply advance roles to meet advance needs of practice as leader, coordinator consultant case manager and, educator
- Develops initiatives to improve quality of care and health outcomes.
- Educates other staff and other colleagues in the conduct of quality and performance improvement projects.
- Pinpoints opportunities for using generated data from evidence based practice and research.
- Evaluates the clinical practice environment and quality of nursing care provided in relation to existing evidence based knowledge.
- Reflects on and evaluates own practice and role performance by modeling self-improvement and by sharing insights with peers and professional colleagues

Standard 2: Knowledge

The registered midwife demonstrates satisfactory knowledge base, reflects evidence based, uses analytical skills, clinical judgment, critical thinking and analysis and self-appraisal in all scope of applications

2.1 Bases education and practice on current evidence reflection from midwifery, nursing and other sciences

2.1.1 Participates and utilizes research to create or cultivate evidence in the field of midwifery and/or other sciences and humanities.

Measurement criteria

- Provides evidence-based rationale for all decisions and actions
- Knows how and where to access information to support knowledge development for midwifery profession
- Supports and contributes to maternal health care research either identifies problems suitable for research or participates in research.
- Uses relevant literature and research findings to update midwifery profession and practice

2.1.2 Demonstrates critical thinking and analytical skills in accessing, interpreting, and evaluating health information and evidence based knowledge to promote inspired environment for midwives and clients

Measurement criteria

- Collects information from a variety of sources using assessment skills, and valid and reliable data collection instruments and methods.
- Identifies, analyzes and uses relevant and valid information when making decisions
- Uses best available evidence respecting the values and beliefs of individuals/groups in the provision of maternal health services
- Understands the knowledge required to meet the needs of complex situations and identifying a full range of options based on a depth and breadth of knowledge.
- Analyzes how bio-psychosocial needs and cultural background relate to health care needs.
- Critically evaluates research related to outcomes and advocating for its application in practice and integrating research findings into professional service and practice

In addition, advance midwife will perform the following

- Prepares, facilitates and conducts Perinatal morbidity and mortality review meetings according to standards, including appropriate dissemination of recommendations and information
 - Analyzes the effect of social, political, and economic issues on the environment and

human health exposures

- Updates and recommend guidelines and procedures based on current evidence
- Uses current healthcare research findings and other evidence to expand clinical knowledge, skills, abilities, and judgment, to enhance role performance, and to increase knowledge of professional issues.
- Contributes to midwifery knowledge by conducting or synthesizing research and other evidence that examines, and evaluates current practice, knowledge, theories, criteria, and creative approaches to improve healthcare outcomes.
- Disseminates research findings through activities such as presentations, publications, consultation, and journal clubs.
- Continues to change health care needs in a progressive complex health care environment

Standard 3: Relationship

The registered midwife establishes professional communication, collaboration, consultation and coordination with women and their families, and interdisciplinary health care team to provide maternal health care services

3.1 Demonstrates professional communication with women clients, groups and other health care providers to collaborate, coordinate and consult to provide best professional services.

3.1. 1 Promotes and maintains respectful communication in all professional interactions.

Measurement criteria

- Treats women and their families in a respectful manner.
- Recognizes and respects the contribution of others on the health care team.
- Initiates, maintains and terminates midwife-client relationships in an appropriate manner.

3.1. 2 Establishes therapeutic relationships that are goal directed and recognizes professional boundaries

Measurement criteria

- Uses effective verbal and non-verbal communication strategies and interpersonal skills
- Builds trust rapport with clients, groups and other health care professionals

- Participates the clients and groups in the plan and provision of health care
- Understands the client's abilities, limitations and needs related to his/her health condition and the client's needs for nursing care or services.
- Assists and supports clients /groups to make informed health care decisions.
- Maintains effectively the limits or boundaries in the midwife-client relationship
- Beings informed and objective about the various midwifery roles and their relationship to one another.

3.1.3. Collaborates with the interdisciplinary health care team to provide comprehensive midwifery care

Measurement criteria

- Communicates effectively with women, individuals/groups to facilitate provision of care.
- Communicates client's assessments and decisions to the interdisciplinary health care team and other relevant service providers
- Collaborates with the health care team to inform policy and guideline development.
- Communicates, collaborates and consults with clients and other members of the health care team about the client's care.

3.1.4. Coordinate clients care, educational activities, strategies and other associated processes to achieve agreed professional outcomes.

Measurement criteria

- Organizes interventions with other health team members
- Maintains information necessary for continuity of care
- Directs and refers clients to appropriate governmental, agency and community resources to ensure continuity of care
- Uses educational strategies to meet the needs of profession and practice environment
- Coordinates learning activities that reflect current evidence in order to improve midwifery skills competence and professional development

In addition, advance midwife will perform the following

- Partners with other disciplines to enhance healthcare consumer outcomes through inter professional activities, such as education, consultation, management, technological development, or research opportunities.
- Leads in establishing, improving, and sustaining collaborative relationships to achieve safe, quality healthcare consumer care.
- Documents plan-of-care communications, rationales for plan-of-care changes, and collaborative discussions to improve healthcare consumer outcomes.
- Coordinates human, clinical settings and community resources and strategies including policies, services and environmental modifications for developed professional care.
- Promotes an open communication system for professional organization including three level of continuity of care (informational, longitudinal and interpersonal).

Standard 4: Leadership and Management

The registered midwife demonstrates leadership and management skills to carry out the responsibility of maternal health services in scope of applications

4.1 Promote self-awareness of values and beliefs, self-development and personal resilience.

Measurement criteria

- Have stylish acquaintance of establishing and leading team
- Exhibits creativity and flexibility through times of change
- Demonstrates energy and passionate for quality work
- Accepts mistakes by self and others to create practice culture in which risk taking is promoted and expected.

4.2 Provides professional leadership and management skills

- Be key roles in work setting by participating on committees, councils, and administrative roles
- Delegates profession practices and aspects of care to others according to their competence and scope of practice.
- Accepts changes that based on evidence and address emerging situations
- Develops innovative solutions and take actions to resolve conflict

- Uses evaluation methods to measure safety and effectiveness for interventions and health
- Promotes communication of information through writing, publishing and presentation for professional and lay audiences

In addition, advance midwife will perform the following

- Models expert practice to interprofessional team members and healthcare consumers.
- Mentors colleagues in the acquisition of clinical knowledge, skills, abilities, and judgment
- Influences decision-making bodies to improve the professional practice environment and healthcare consumer outcomes.
- use the mechanism of emotion work and learn the self-protective coping strategies to manage feeling of distress and grief using with a task oriented approach to care with the women, collages and organization.
- Delegates to others, activities according to their abilities and scope of practice.
- Supervises aspects of care delegated to others and gives support as needed.
- Upholds accountability and responsibility when delegating aspects of care to others.
- Influences decision-making agencies to improve healthcare.

Domain B: Standards of Midwife Practice

These are statements that describe the desirable and achievable level of performance expected of all registered midwives in their practice. As members of a self-regulating profession, registered midwives are to practice in accordance with ethical and practice standards as set by Jordanian Nursing Council (JNC). It is expected that all registered midwives will be able to articulate how they apply the standards to their practice.

Standard 5: Provision of Midwifery Care

The midwife should work in partnership with women and provide effective and competent women -centered care. The midwife should be responsive to the needs of women and their families in a variety of care settings. This will be reflected in the midwife's ability to assess the needs of women, and to support for women throughout the pre-conception, antenatal, intrapartum, postnatal, neonatal and child periods. Provided care should be based on scientific approaches of assessment, identify issues, problems or trends, outcome identification, planning, implementation and evaluation of care.

The emphasis must be on the provision of holistic care for women and their families, which respects their individual needs, contexts, cultures and choices

5.1 Assessment

The registered midwife collects comprehensive data to physical, functional, psychological, emotional, cognitive, sexual, cultural, age –related, environmental, spiritual and economic assessment in a systematic and continuous process while support care though out the preconception, antenatal, Intrapartum, and postpartum period, immediate new born care and during child care.

The registered midwife conducts a holistic assessment to support the women throughout the preconception, antenatal, Intrapartum, and postpartum period.

Measurement criteria

- Collects and analyses data using subjective information from the women or her family and makes objective observations, and performs the necessary physical examination
- Prioritizes data collection based on woman immediate condition or situation.
- Uses appropriate evidence –based assessment using different assessment tools and instruments.

- Initiates and interprets necessary investigations in variety of care setting and within her scope of practice.
- Initiates partnerships with women in assessing their health care needs and determining appropriate intervention strategies to address woman and their infants
- Documents data collected in special format.

In addition, advance midwife will perform the following

- Initiates and interprets diagnostic tests and procedures relevant to the healthcare consumer's current status.
- Assesses the effect of interactions among individuals, family, community, and social systems on health and illness.
- Being aware of the significance of pregnancy and birth and the early weeks of life as the start of human life and the new family
- Avoid harm by using the best information or evidence in practice
- Have adequate skills to administer effective care, support and promote maximum level of wellbeing through applying the personal case load care with midwives being the competent health care companion all over pregnancy duration, intrapartum and postnatal periods.

5.1.1 Provision of Preconception Care

The registered Midwife provides comprehensive pre and intra conception care to promote and maintain optimal level of women health during reproductive age before conception and thereby improve pregnancy-related outcomes

Measurement criteria

- Perform a comprehensive initial and ongoing history assessment for the women to provide efficient care (evidence-based risk screening, health promotion, and interventions) that will enable them to enter pregnancy in optimal health through address the majority of personal health-care needs which include:
 - Comprehensive preconception assessment Personal history, age, duration of marriage, occupations, potentially harmful habits (e.g. smoking).
 - Past medical history including chronic diseases (e.g., diabetes, hypertension, and oral health); infectious diseases, immunization status, including rubella and hepatitis, genetic conditions and family history

- Past surgical history.
 - Obstetrics history, including number, mode and outcome of previous deliveries, number \ sex of living children, birth weight, date of last LABOR and abortion.
 - Contraceptive history, including the duration of usage and reason for discontinuation of method use.
 - Environmental hazards including work related exposure to chemicals or radiation or medications that are known teratogens or allergic).
 - Nutritional assessment (folic acid intake, and weigh management).
 - Assessment of social and mental health status:(e.g., depression, social support, domestic violence, and housing)
- Performs physical examination including: BP measurement, weight, height, lower limb varicose vein and body systems physical exam.
 - Utilizes communication, interpersonal and a client-provider interaction skill in conducting preconception assessment
 - Analyses and interprets data to make decisions and accurate diagnosis in collaboration with the women, family and other health care provider.
 - Uses appropriate evidenced based assessment techniques during preconception, evidenced tool in assessing potential high risk pregnancy.

5. 1.2 Provision of Antenatal Care

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

Measurement criteria

- Performs a comprehensive initial and ongoing assessment of the women during pregnancy, include: (subjective data, objective data) history, physical examination and abdominal examination.
- Performs complete fetal wellbeing assessment during pregnancy including: measuring fundal height, lie, position, and presentation, intermittent fetal heart rate auscultation, Cardiotocograph trace interpretation and the necessary laboratory tests.
- Utilizes communication, interpersonal and a client-provider interaction skill in conducting antenatal assessment

- Analyses and interprets data to make decisions and accurate diagnosis in collaboration with the women, family and other health care provider.
- Uses appropriate evidenced based assessment techniques during antenatal, evidenced tool in assessing high risk pregnancy.

5.1.3 Provision childbirth care

The midwife should provide appropriate management to the woman during LABOR and delivery and ensures safety of the mother and her baby.

Measurement criteria

- Demonstrates warm welcoming attitude, comfort and psychological support to a woman and her family.
- Conducts routine admission procedures and relevant procedures as determined by the woman needs.
- Conducts rapid initial assessment for the woman while admitting to LABOR room.
- Uses appropriate interviewing techniques and assessment plan to obtain subjective/objective data on admission of a woman in LABOR
- Conducts a complete physical examination including abdominal and vaginal examination and performs the relevant laboratory investigations according to situations.
- Documents and communicates assessment findings with health care team using standard procedures and the partograph to provide continuity of qualified care.
- Monitors progress of labor to determine the emerging needs of the woman and fetus throughout labor and delivery
- Identifies deviations from normal labor and delivery and takes immediate action with collaborations with other health care providers.
- Analyses and interprets assessment data to determine the stages of labor and the client's needs
- Demonstrates the ability to interpret physiological happenings of labor and intervenes accordingly

5.1.4 Family–Centered Postpartum Care

5.1.4.A. Immediate postpartum care

Midwife shall utilize a body of scientific knowledge to provide family centered postpartum care to the mother, the baby and family immediately after the birth of a child and before discharge from hospitals.

Measurement criteria

- Collect information by taking a comprehensive history and the record of current antenatal, Intrapartum, immediate post-delivery progress and care.
- Collect specific data on blood loss, uterine involution, after pains, elimination, lactation and bonding.
- Performs physical examination and carries out laboratory investigations to monitor maternal recovery and well-being during the postpartum period
- Observes normal physiological adjustments and monitors discomfort in the puerperium
- Observes deviations from normal puerperium and make collaboration to take action.
- Analyses and interprets findings to make an accurate diagnosis for complicated case.
- Assessment of the women readiness for utilizing modern contraceptive methods for child spacing.
- Documents and communicates findings to the women /family and other health care providers.

5.1.4. B Late Postpartum Care

Midwife should provide family centered postpartum care to the mother, the baby and family after discharge from hospital up to six weeks after birth.

Measurement criteria

- Reviews the women obstetrics health history during antenatal, Intrapartum and postnatal period.
- Assessment of maternal wellbeing and physiological process of recovery after birth, to recognize deviation from normal such as: sudden and profuse blood loss or persistent increased blood loss, faintness, dizziness, palpitations/tachycardia.
- Performs physical examination, abdominal examination, fundal palpation and vaginal examination to check: uterine involution, healing of lacerations / perineal trauma repair, and episiotomy.
- Performs laboratory examination to monitor maternal recovery and wellbeing postpartum and report deviation e.g.: (anemia, embolism, and postpartum preeclampsia, and eclampsia, sepsis).

- Assessment of women nutritional status, emotional status, rest, activity, hygiene, bowel and bladder functions.
- Assessment of breast feeding progress and maternal bonding in each postnatal visit.
- Assessment of women sexuality and preference for using modern contraceptive method.

5.1.5 Immediate Neonatal care

The midwife integrates concepts of family-centered care in the management of the neonate and infant up to six weeks.

Measurement criteria

- Assesses neonatal status through; Observes conditions necessary for neonate adaptation to extra uterine life& Identify factors that influence the neonate's safe adaptation to extra-uterine life.
- Collects information about fetal wellbeing by reviewing pertinent ante partum and intra-partum records.
- Performs the necessary screening and diagnostic tests to be performed on the neonate
- Performs physical examination on the neonate immediately and subsequently after birth to identify deviations from normal/ Apgar score.

5.1.6 Child care

The registered midwife provides prevention and early intervention services for children from birth to six years. These services include: health surveillance and screening, growth and developmental check, hearing assessment and referral, nutritional information, immunization, complete physical exam, child health danger sign assessment, and organized child health visits.

Measurement criteria

- Collect comprehensive child and family health history regarding; pregnancy and delivery complication, after birth problems and family biography and genetic factors.
- Perform complete physical exam and collect data regarding general appearance, reflexes and whole body systems.
- Use appropriate evidence –based assessment techniques, instruments, and tools developed according to WHO clinical guidelines.

- Performs necessary screening in health care centers like; phenyl ketone urea, hypothyroidism and G6PD.
- Assessment of instinctive reflexes for child below one month till 24 months according to developmental stages and identifies deviations from normal.
- Assesses child sensory and motor development according to developmental stage.
- Assesses of the child developmental progress like: height and weight.
- Observes major deviations from the normal developmental stages and make appropriate management.
- Performs hearing assessment and report deviation and make appropriate referral.
- Performs schedule for child immunization start early post-delivery till five years.
- Assesses of the child nutritional status such as: breast feeding and food supplement.

5.2. Identify issues, problems or trends

The registered midwife analyzes the assessment data to define and prioritized the issues or problem based on data assessment and women needs and document health problems in way that facilitate developing strategies and alternatives to achieved expected outcomes.

Identifying issues, health problem in systematic way to support care though out the preconception, antenatal, Intrapartum, and postpartum period, immediate new born care and during child care.

The registered midwife analyzes the assessment data to define the issues or problem.

Measurement Criteria

- Interpret data in accordance to scientific body of knowledge to make decisions and accurate diagnosis for problems, trends or issues.
- Works with women, families and other community members to encourage practical and realistic ideas that will find the best approach to improving a situation that places a woman at risk.
- Compares the clinical findings with normal and abnormal variations in formulating a differential diagnosis.
- Prioritize problems, issues based on data assessment and women needs.
- Documents problems in way that facilitate developing strategies and alternatives to achieved expected outcomes.

In addition, advance midwife will perform the following

- Systematically compares and contrasts clinical findings with normal and abnormal variations and developmental events in formulating a differential diagnosis
- Utilizes complex data and information obtained during interview, examination, and diagnostic processes in identifying diagnoses.

5.2.1 Provision of pre conception care

Measurement Criteria

- Identify, analyze and interpret gathered datum and use it for decision making together with woman and her husband especially with high risk cases.
- Prioritize problems, issues based on data assessment and women needs, mainly problem associated with potential high risk pregnancy need extra effort from midwife.
- Documents problems in way that facilitate developing strategies and alternatives to achieved expected outcomes.

5.2.2 Provision of Antenatal Care

Measurement Criteria

- Interprets data to make decisions and accurate diagnosis for different complains and danger signs in pregnancy.
- Compare the clinical finding with normal and abnormal variations in formulating a differential diagnosis.
- Prioritize problem based on data assessment and women needs, mainly problem associated with high risk pregnancy need extra effort from midwife.
- Document health problems in way that facilitate developing strategies and alternatives to achieved expected outcomes.

5.2.3 Provision childbirth care

Measurement criteria

- Interprets data to make decisions and accurate diagnosis for deviations from normal through stages of labor.
- Compare the clinical finding with normal and abnormal variations in formulating a differential diagnosis.

- Prioritize deviations from normal through stages of labor based on data assessment (data collected from partograph and fetal monitoring in planning of care).
- Document deviations from normal through stages of labor in way that facilitate developing strategies and alternatives to achieved expected outcomes.

5.2. 4 provision of Family–Centered Postpartum Care

5.2.4. A. Immediate postpartum care

Measurement criteria

- Interprets data to make decisions and accurate diagnosis for deviations from normal puerperium.
- Compares the clinical finding with normal and abnormal variations in formulating a differential diagnosis.
- Prioritizes deviations from normal puerperium based on data assessment in planning of care.
- Prioritizes women choices for using modern contraceptive methods according to their child birth plane and health statues.
- Documents deviations from normal puerperium in way that facilitate developing strategies and alternatives to achieved expected outcomes.

5.2.4. B Late Postpartum Care

Midwife should provide family centered postpartum care to the mother, the baby and family after discharge from hospital up to six weeks after birth.

Measurement criteria

- Interprets data to make decision and accurate diagnosis for deviation from normal puerperium in each antenatal visit.
- Compares the clinical findings with normal and abnormal variations in formulating a differential diagnosis.
- Prioritizes deviation from normal puerperium based on data assessment from life threatening situation to mild cases such as: pulmonary embolism, eclampsia, sever postpartum hemorrhage necessitate immediate action.
- Documents deviations from normal puerperium in way that facilitate developing strategies and alternatives to achieve expected outcomes.

5.2.5 Immediate Neonatal care

Measurement criteria

- Interprets data to make decisions and accurate diagnosis for deviations from normal physiological and developmental growth of neonate or infant.
- Compares the clinical finding with normal and abnormal variations in formulating a differential diagnosis.
- Prioritizes deviations from normal physiological and developmental growth of neonate or infant based on data assessment in planning of care.
- Documents deviations from normal physiological and developmental growth of neonate or infant to facilitate developing strategies to achieved expected outcomes.

5.2.6 Child care

Measurement criteria

- Interprets data to make decisions and accurate diagnosis for deviations from normal physiological and developmental growth of the child.
- Compares the clinical finding with normal and abnormal variations in formulating a differential diagnosis.
- Prioritizes deviations from normal physiological and developmental growth child based on data assessment.
- Documents deviations from normal physiological and developmental growth of child to facilitate developing strategies to achieved expected outcomes.

5.3 Outcomes Identification

The registered midwife identifies measurable and time estimated expected out comes by involving health care provider, women, family to facilitate continuity of care though out the preconception, antenatal, Intrapartum, and postpartum period, immediate new born care and during child care.

Measurement Criteria

The registered midwife identifies expected out comes according to women needs.

- Defines the expected outcomes in terms of women culture, attitude, values and ethical consideration.
- Develops expected outcomes that consider the following factors: risks, benefits, costs, human resources and facilitate continuity of care.
- Involves women and her family and health care providers in formulating the expected outcomes.
- Documents the desirable expected outcomes.

In addition, advance midwife will perform the following

- Identifies expected outcomes that incorporate scientific evidence and are achievable through implementation of evidence-based practices.
- Identifies expected outcomes that incorporate cost and clinical effectiveness, healthcare consumer satisfaction, and continuity and consistency among providers.
- Differentiates outcomes that require care process interventions from those that require system-level interventions.

5.3.1 Provision of preconception care

Measurement Criteria

- Defines the expected outcomes in terms of women culture, attitude, values and ethical consideration.
- Develops expected outcomes that consider the following factors: risks, benefits, costs, human resources and facilitate continuity of care.
- Involves women and her family and health care provider in formulating the expected outcomes.
- Consider associated risks, benefits, costs, current scientific evidence when formulating expected outcomes.
- Documents the desirable expected outcomes.

5.3.2 Provision of antenatal care

Measurement Criteria

- Defines the expected outcomes in terms of women culture, attitude, values and ethical consideration.

- Develops expected outcomes that consider the following factors: risks, benefits, costs, human resources and facilitate continuity of care.
- Involves women and her family and health care provider in formulating the expected outcomes.
- Documents the desirable expected outcomes.

5.3.3 Provision childbirth care

Measurement criteria

- Develops expected outcomes that consider the following factors: risks, benefits, costs, human resources and facilitate continuity of care.
- Involve women and her family and health care provider in formulating the expected outcomes.
- Documents the desirable expected outcomes.

5.3.4 Provision of Family–Centered Postpartum Care

5.3.4 A. Immediate postpartum care

Measurement criteria

- Develops expected outcomes that consider the following factors: risks, benefits, costs, human resources and facilitate continuity of care.
- Involves women and her family and health care provider in formulating the expected outcomes for postpartum period.
- Documents the desirable expected outcomes

5.3.4. B. late postpartum care

Measurement criteria

- Develops expected outcomes that consider the following factors: risk, benefits, costs, human recourses and facilitate continuity of care.
- Identifies expected outcomes that incorporate scientific evidence and achievable through implementation of evidence based practice and according to WHO guideline which applicable in health centers in MOH.
- Involves women and family and health care provider in formulating the expected outcomes for postpartum period in each postnatal visit.
- Documents the expected outcomes.

5.3.5 Immediate Neonatal care

Measurement criteria

- Develops expected outcomes that consider the following factors: risks, benefits, costs, human resources and facilitate continuity of care.
- Involves parents and health care provider in formulating the expected outcomes for neonatal care.
- Reviews and update expected outcomes based on continuous change in neonate condition.
- Documents the desirable expected outcomes.

5.3.6 Child care

Measurement criteria

- Develops expected outcomes that consider the following factors: risks, benefits, costs, human resources and facilitate continuity of care.
- Involves parents and health care provider in formulating the expected outcomes for child care.
- Reviews and update expected outcomes based on continuous change in child condition.
- Documents the desirable expected outcomes.

5.4. Planning

The registered midwife determines women goals for care and Formulates objectives for the plan of care that are specific, measurable achievable, outcome oriented and women-centered in collaboration with women, her family and other members of the healthcare team consider women needs, values, believes, preferences, culture and environment. Formulating specific and ongoing plan facilitate continuity of care though out the preconception, antenatal, Intrapartum, and postpartum period, immediate new born care and during child care.

Measurement Criteria

The registered midwife develops shared individualized plan based on assessment to achieve the expected outcomes.

- Determines women goals for care in collaboration with her family and other members of the healthcare team consider women needs, values, believes, preferences, culture and environment.
- Formulates objectives for the plan of care that are specific, measurable achievable, outcome oriented and women-centered
- identifies the areas for collaboration, networking and referral process
- Outlines, select and priorities intervention in providing care according to client's needs.
- Mobilize and organize resources to carry out the planned activities.
- Documents the plan of action to facilitate communication with other healthcare providers for continuity of care

In addition, advance midwife will perform the following

- Identifies assessment strategies, diagnostic strategies, and therapeutic interventions that reflect current evidence, including data, research, literature, and expert clinical knowledge.
- Includes the synthesis of healthcare consumers' values and beliefs regarding midwifery and medical therapies in the plan.
- Actively participates in the development and continuous improvement of systems that support the planning process.

5.4.1 Provision of preconception care

Measurements criteria

- Develop an individualized plane in collaboration with women, husband, family and other health care members consider the women needs, believes, health history and potential high risk pregnancy.
- Defines the plan to reflect current status, rules and regulations and standers.
- Establishes the plan priorities with women, family and other health care providers according as appropriates.
- Includes strategies in the plan that addresses each of the identified problems or issues. These may include strategies for: health promotion and restoration, risk screening that will enable women to enter pregnancy in optimal health.

- Integrates current scientific evidence, trends, research to provide timely preconception evidence-based interventions for certain conditions during the preconception and interconnections period based on which can prevent or minimize health problems.

5.4.2 Provision of Antenatal Care

Measurement Criteria

- Determines women's goals for care in collaboration with women, family and other members of the healthcare team
- Formulates objectives for the plan of care (that are specific, measurable, achievable, women centered, and outcome oriented)
- Identifies strategies of care related to pregnancy including nutritional, physical, psycho-social and emotional needs
- Identifies the strategies to provide counseling, in preparation for childbirth and parenting
- Prioritizes the care according to those needing immediate attention of a midwife and those needing consultation and referral for high risk conditions such as: vaginal bleedings, pregnancy induced hypertension, pre-eclampsia/eclampsia, gestational diabetes, premature LABOR pain, anemia, cardiovascular disorders, renal disorders, respiratory disorders autoimmune disorders, Rh isoimmunisation).
- Documents a comprehensive plan of care

5.4.3 Provision of childbirth care

Measurement criteria

- Identifies the strategy of care to achieve safe delivery and prevent complications for the woman and her baby
- Identifies strategies to meet the women need for physical, psychosocial and emotional comfort
- Determines and prioritizes the strategies of care in collaboration with the woman and other health care provider.
- Develops the care plan based on data and diagnosis using evidence based tools and different technique.

5.4.4 Family–Centered Postpartum Care

5.4.4 A. Immediate postpartum care

Measurement criteria

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

5.4.4. B. late postpartum care

Measurement criteria

- Develops an individualized plan in partner with women, family and others health care providers considering women values, beliefs, preferences, culture, and environment.
- Identifies strategies to meet the mother and neonate needs for rest, activity, nutrition, elimination, hygiene, maternal –neonate bonding, Brest feeding, education, and counseling.
- Prioritizes strategies of care and determines strategies and needs for consultation, collaboration and referral.
- Collaborates with women to determine and initiate a plan for discharge and follow-up
- Documents the plan of postpartum care and communicates to women and the healthcare team.

5.4.5 Immediate Neonatal care

Measurement criteria

- Developed an individualized plan to provide care of the neonate
- Documents and communicates the plan of care to parents and other health care providers
- Identifies areas of care that require consultations, collaboration and referral
- Collaborates with parents to determine and initiate a plan for discharge and follow-up

5.4.6 Child care

Measurement criteria

- Developed an individualized plan to provide care of the child
- Documents and communicates the plan of care to parents and other health care providers
- Identifies areas of care that require consultations, collaboration and referral
- Collaborates with parents to determine and initiate plan for follow-up in each visit.

5.5. Implementation

The registered midwife implements plan in a safe, realistic and timely manner in collaboration with women and her family seeking reproductive health services and health care provider.

Implemented evidence based care in line with national protocols, procedure manuals and institutional policies to facilitate continuity of care though out the preconception, antenatal, Intrapartum, and postpartum period, immediate new born care and during child care.

The registered midwife implements plan in a safe, realistic and timely manner.

Measurement Criteria

- Initiates, and carry out direct care to the women and her family seeking reproductive health services.
- Utilizes the available resources to measure, record women data, implement the nursing process and enhance nursing practice in collaboration with women family and health care provider.
- Provides evidence-based care in line with national protocols, procedure manuals and institutional policies

- Documents interventions and progress of clients' status to facilitate continuity of care
- Provides community-based healthcare with accurate, complete and relevant health information to empower the family in decision making.
- Uses a different communication skills channel to promote relationships with women, family, health care provider and health resources to provide context for open discussion and to improve women health.

In addition, advance midwife will perform the following

- Facilitates utilization of systems, organizations, and community resources to implement the plan.
- Supports collaboration with nursing and other colleagues to implement the plan.
- Incorporates new knowledge and strategies to initiate change in nursing care practices if desired outcomes are not achieved.
- Assumes responsibility for the safe and efficient implementation of the plan.
- Uses advanced communication skills to promote relationships between nurses and healthcare consumers, to provide a context for open discussion of the healthcare consumer's experiences, and to improve healthcare consumer outcomes.

5.5.1 Provision of preconception care

Measurement criteria

- Improves the knowledge and attitudes and behaviors of men and women related to preconception health by providing evidence-based rationale for all preconception care practices
- Integrates reproductive health messages into existing health promotion activities such as (e.g., campaigns to reduce obesity and smoking, risk screening).
- Uses a different communication skills channel to promote relationships with women, family, health care provider and health resources to provide context for open discussion and to improve women health during preconception care.
- Provides timely preconception evidence-based interventions for certain conditions during the inter-conception period based on which can prevent or minimize health problems.

- Collaborates with the woman and her husband for appropriate referral when needed especially potential high risk pregnancy such as chronic disease.
- Provides an educational and health promotion counseling to all women of childbearing age to reduce reproductive risks and improve pregnancy outcomes.
- Monitors improvements through maximize public health surveillance and related research mechanisms so as to monitor preconception health.

5.5.2 Provision of Antenatal care

Measurement criteria

- Provides care according to individual women's, needs or situations.
- Collaborates with the women and other care providers and makes appropriate referrals especially if danger signs of pregnancy occurred.
- Provides health education about normal pregnancy progression, danger sign and symptom to women and family to facilitate self-care and informed decision making
- Documents intervention progress and outcomes of continuity of care
- Provides community-based healthcare providers with accurate, complete and relevant health information to empower the family in decision making

5.5.3 Provision of childbirth care

Measurement criteria

- Performs a complete and accurate pelvic examination for dilatation, effacement, descent, presenting part, position, status of membranes, and adequacy of pelvis for birth of baby vaginally.
- Monitors the progress of labor through use of partograph and other relevant tools
- Identifies and intervene on deviations from the normal through appropriate use of the partograph
- Conducts safe delivery to prevent maternal and fetal complications
- Demonstrates competence in interpreting and responding to the physiological changes during labor
- Demonstrates competence in receiving the neonate and facilitates early postpartum adjustments of the neonate
- Demonstrates competence in the delivery of placenta and membranes to prevent complications

- Examines the birth canal and repairs tears, laceration and/ or an episiotomy
- Monitors the condition of the woman and her baby during the first hour post-delivery and applies interventions where complications occur.
- Provides adequate nutrition, hydration and non-pharmacological comfort measures during labor and birth

5.5.4 Family–Centered Postpartum Care

5.5.4. A. Immediate postpartum care

Measurement criteria

- Provides information, education and support to nursing mothers and her family according to their needs. Such as; education regarding discomfort of the puerperium and advises on strategies to relieve them.
- Recognizes maternal nutritional, physiological and emotional needs and acts accordingly.
- Performs focused physical examinations of the mother & identifies the normal process of involution and healing following childbirth.
- Initiates and supports exclusive breastfeeding and provides supports to women who make an informed decision to breastfeed to establish and maintain bonding with her neonate baby.
- Provides information and support for women and /or their families who are bereaved (maternal death, stillbirth, pregnancy loss, neonatal death, congenital abnormalities).
- Counsels and provides education for the woman and her family on reproductive issues, including sexuality and family planning methods such as: contraceptive pills, LAM, insertion of intrauterine and hormonal contraceptive devices according to the midwifery and institutional regulations.
- Provides community-based healthcare workers with accurate, complete and relevant health information to empower the family in decision making
- Documents and communicates the implemented care to clients and other healthcare professionals as necessary.

5.5.4. B late postpartum care

Measurement criteria

- Provides information, education and support to nursing mothers and her family according to their needs.
- Recognizes maternal nutritional, physiological and emotional needs and acts accordingly.
- Performs focused physical examinations of the mother & identifies the normal process of involution and healing following childbirth.
- Initiates and support exclusive breastfeeding and provides supports to women who make an informed decision to breastfeed to establish and maintain bonding with her neonate baby.
- Provides information and support for women and /or their families who are bereaved (maternal death, stillbirth, neonatal death, congenital abnormalities).
- Counsels and provide education for the woman and her family on reproductive issues, including sexuality and family planning methods such as: contraceptive pills, LAM, insertion of intrauterine and hormonal contraceptive devices according to the midwifery and institutional regulations.
- Provides community-based healthcare workers with accurate, complete and relevant health information to empower the family in decision making
- Documents and communicate the implemented care to clients and other healthcare professionals as necessary.

5.5.5 Immediate Neonatal care

Measurement criteria

- Provides immediate care to neonate, including drying, warming, ensuring that breathing is established, cord clamping and cutting when pulsation ceases
- Assesses the immediate condition of the neonate (e.g., APGAR scoring)
- Promotes and maintains normal neonate body temperature through covering, environment control, and promotion of skin to skin contact
- Provides routine care of the neonate, in accord with local guidelines and protocols
- (e.g., identification band, eye care, administration of vitamin K, birth registration)
- Recognizes signs of neonate adaptation to extra-uterine life
- Performs initial physical and behavioral assessment for term and preterm infants and
- Performs a detailed physical examination of the neonate

- Identifies the signs and indicators of deviations from normal and acts accordingly
- Positions the neonate for effective breastfeeding
- Educates parents about danger signs in the neonate and when to bring infant for care
- Implements health promotion and disease prevention strategies including prophylactic immunizations, treatments and screening tests
- Initiates emergency measures when necessary
- Documents and communicates appropriately the implemented care to parents and other health care providers

5.5.6 Child care

Measurement criteria

- Performs health education for child parents about Breastfeeding - vaccines - personal hygiene of the child - supplementary food - domestic accidents – and the ways for child developmental skills.
- Records child's growth over time by making a plot on their weight and height at different ages and see if they follow a growth curve.
- Educates parents about danger signs in the child and when to bring child for care
- Implements health promotion and disease prevention strategies including prophylactic immunizations, treatments and screening tests.
- Performs complete physical exam and collect data regarding general appearance, reflexes, sensory and motor development.
- Monitors the immunization status of the child, and promotes adherence to the recommended immunization schedule.
- Utilizes validated tools and assessments to optimize the child's health, wellbeing, learning, development and Safety.
- Applies appropriate referrals to support the child's growth and developments are made in consultation with the mother and family.
- Uses a range of strategies to support mothers and families to develop skills and abilities to
- Makes decisions about the child's growth and development and the family's health, safety and wellbeing

5.6 Evaluation

The registered midwife Monitors progress and evaluate the outcome of interventions on the physical, psychosocial and emotional needs in collaboration with the women, family and other health care providers. Midwife conducts a systematic, ongoing, and criterion – based evaluation of the outcomes to facilitate continuity of care though out the preconception, antenatal, Intrapartum, and postpartum period, immediate new born care and during child care.

The registered midwife evaluates the progress to achieve the implemented care.

Measurement Criteria

- Determines the effectiveness of the care given based on intended outcomes
- Reviews the reproductive health services to make the necessary changes
- Monitors progress and evaluate the outcome of interventions on the physical, psychosocial and emotional needs in collaboration with the women, family and other health care providers.
- Evaluates the accuracy of diagnosis of the problem and data collected and the, effectiveness of the implemented care.
- Documents and disseminate the result of evaluation for the other health care providers.

In addition, advance midwife will perform the following

- Evaluates the accuracy of the diagnosis and the effectiveness of the interventions and other variables in relation to the healthcare consumer’s attainment of expected outcomes.
- Synthesizes the results of the evaluation to determine the effect of the plan on healthcare consumers, families, groups, communities, and institutions.
- Uses the results of the evaluation to make or recommend process or structural changes including policy, procedure, or protocol revision, as appropriate.

5.6.1 Provision of preconception care

Measurement criteria

- Conducts a systematic, ongoing evaluation of the outcomes in collaboration with women, family and health care provider.

- Participates in assessing and assuring the responsible and appropriate use of intervention in order to minimize unwanted suffering from health problem.
- Documents the results of the evaluation.
- Synthesizes the results of the evaluation process to determine the effect of the plan on women, families, groups, communities, and institutions.
- Uses the result of the evaluation to make or recommended process or structural changes including policy, procedure, or protocol revision.

5.6.2 Provision of antenatal care

Measurement criteria

- Evaluates the effectiveness of the care given in accordance with antenatal care guidelines and makes necessary changes after reviewing documented plan.
- Conducts high quality evaluation of Midwifery Care of health care users (especially those at high risk) to maximize the health during these periods including of high risks factors and or complications, diagnosis of problems and improving outcomes
- Documents and disseminate the result of evaluation for other health care provider team.
- Uses the result of the evaluation to make or recommended process or structural changes including policy, procedure, or protocol revision.

5.6.3 Provision childbirth care

Measurement criteria

- Evaluates and documents the effectiveness of care given in accordance with Intrapartum guidelines and makes necessary interventions.
- Reviews and adjusts the plan of care as required and in response to the evaluation of women outcomes during the Intrapartum period.
- Synthesis the results of evaluation to determine the effect of plan on laboring women health, families, communities, and institutions'.

5.6.4 Family–Centered Postpartum Care

5.6.4. A immediate postpartum care

Measurement criteria

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

- Collaborates with women, family and other health care provider in the evaluation process.
- Documents the result of the evaluation

5.6.4. B Late Postpartum Care

Measurement criteria

- Collaborates with women and family and other health care provider involved in the care or situation in the evaluation process.
- Evaluates, in partnership with women and their family, the effectiveness of planned strategies in relation to women responses and attainment of the expected outcomes
- Evaluates and documents the effectiveness of care given in accordance with postpartum guidelines and make necessary interventions.
- Documents the result of the evaluation

5.6.5 Immediate Neonatal care

Measurement criteria

- Evaluates and documents the effectiveness of care given in accordance with neonatal guidelines.
- Determine progress of neonate toward planned outcomes.
- Revise the plane of care and determines further outcomes in accordance with evaluation data.

5.6.6 Child care

Measurement criteria

- Determines progress of child development toward planned outcomes
- Revises the plane of care and determines further outcomes in accordance with evaluation data.
- Documents implementation and any modification, including changes of the identified plane.

Section 3: Midwifery Competencies

Since the scope of midwifery practice emphasizes roles and responsibilities of the registered midwife that are broad and complex, the competencies for registered and advanced midwives been organized into Professional Performance, Knowledge Relationships, Professional Leadership & Resource utilization, and provision of midwifery care

Domain 1: Professional performance

Core Competency 1:

Accepts accountability for own actions and decision making and for the related outcomes.

Performance Criteria

- Demonstrates accountability for own professional judgment, actions, outcomes of care and continued competence in accordance with Jordan laws and regulations.
- Recognizes the boundaries of the Scope of Practice¹ and the limits of one's own competence, consulting and referring as necessary, when the woman's needs exceed the competence of the registered midwife.
- Seeks appropriate guidance when encountering situations beyond the scope of practice and the limits of one's own competence.
- Acknowledges and respects the accountability and responsibilities of other healthcare professionals and personnel.
- Assumes accountability for delegation of midwifery care.
- Participates in activities to optimize women's access to the full range of services required for effective midwifery care.
- Assumes accountability for improving the quality and effectiveness of healthcare services provided.

Core competence 2:

Delivers midwifery care within an ethical framework and a socio-cultural context

Performance Criteria

- Practices according to the established Professional Code of Conduct.
- Engages in ethical decision-making with respect to own professional responsibilities or where ethical issues affect the broader healthcare environment.

- Acts as an advocate for women and families to protect their rights in accordance with the Jordan law and the Professional Code of Ethics.
- Maintains confidentiality and security of written, verbal and electronic information pertaining to the woman and her family.
- Respects the woman's right to be fully informed by establishing a context for self-determination and informed consent.
- Respects and maintains the woman's right for privacy and dignity.
- Demonstrates sensitivity to diversity, including such factors as cultural and religious beliefs, race, age, gender, physical and mental state, and other relevant considerations.
- Communicates and collaborates with other healthcare professionals and personnel to ensure ethical practice is maintained.
- Demonstrates professional integrity and ethical conduct in response to industry marketing strategies, when advising about products and care options (as per facility approved policy).

Core Competence 3:

Functions in accordance with legislative, regulatory and policy guidelines relevant to registered midwife practice

Performance Criteria

- Practices in accordance with policies and procedures that guide midwifery practice.
- Practices in accordance with relevant laws and regulations that govern midwifery practice.
- Maintains valid registration and licensure to practice in the Jordan.
- Recognizes and acts upon breaches of law and regulations relating to the professional role and/or professional code of conduct.

Core competence 4:

Assumes responsibilities for own professional development through lifelong learning to ensure continued competence in midwifery practice

Performance Criteria

- Undertakes regular self-assessment and review own practice through reflection, peer review, critical examination and evaluation.
- Identifies the need for updating knowledge and skills for practice.

- Engages actively in ongoing professional development.
- Maintains a record of learning and professional development activities.

Core competence 4.1

Demonstrates commitment to the enhancement of midwifery profession

Performance Criteria

- Promotes and maintains a positive image of midwifery.
- Promotes dissemination, use, monitoring and review of professional standards and best practice guidelines.
- Maintain evidence-based practice as standards.
- Engages in advocacy activities through recognizes professional organizations such as Jordanian Nursing and Midwifery council, ICM, WHO, and other relevant organizations to positively influence health and social policy that promotes quality and access to care for women, families and populations.
- Contributes to midwifery peer review and research and uses findings as a means to improve standards of care.
- Represents the midwifery profession in relevant committees, taskforces, boards and/or forums where applicable.
- Assumes leadership responsibilities, as appropriate, in the delivery of midwifery care.
- Acts as a role model for colleagues, students and those entering the profession.
- Supports others who are less experienced or new to the profession, informally and through preceptor-ship and mentorship programs and in clinical settings.

Core competence 4.2:

Demonstrates commitment to the development of other members in the healthcare team, as well as women, families, community and society

Performance Criteria

- Share professional knowledge and research findings with others.
- Acts as a resource person to others.
- Participates in facilitating and coordinating learning opportunities to other.
- Participates in the formal and informal education of midwifery students and colleagues.

Core competency 5:

Ensures midwifery practice meets organizational quality and safety standards and guidelines and participates in continuous quality improvement.

Performance Criteria

- Practices in accordance with approved quality standards and guidelines reflecting recognized evidence-based best practice.
- Participates in organizational quality management processes and activities.
- Seeks evidence from a wide range of credible or reliable sources to maintain a high quality of midwifery care.

Domain 2: Knowledge

Midwives have the requisite knowledge and skills that form the basis of high quality, culturally relevant, appropriate care for women, neonates, and childbearing families

Performance Criteria: The midwife has the knowledge and/or understands,

- Social determinants of health
- Principles of community-based primary care using health promotion and disease prevention and control strategies
- Direct and indirect causes of maternal and neonatal mortality and morbidity in the local community and strategies for reducing them
- Basic principles of epidemiology and community diagnosis and how to use these in developing appropriate interventions related to maternal and child health
- Methods of infection prevention and control, appropriate to the service being provided
- Principles of research, evidenced-based practice, critical interpretation of professional literature, and the interpretation of vital statistics and research findings
- Indicators of quality health care services
- Principles of health education
- National and local health services and infrastructures supporting the continuum of care (organization and referral systems), how to access needed resources for midwifery care
- Relevant national programs (provision of services or knowledge of how to assist community members to access services)
- The concept of preparedness and emergency response, including readying women for transport who needed to go to higher level facilities
- The legal and regulatory framework governing reproductive health for women of all ages, including laws, policies, protocols and professional guidelines
- Human rights and their effects on health of individuals (includes issues such as domestic partner violence and female genital mutilation [cutting])
- Advocacy and empowerment strategies for women

- local culture and beliefs (including religious beliefs, gender roles)
- Traditional and modern health practices (beneficial and harmful)
- Birth planning

The midwife has the skill and/or ability to,

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

Domain 3: Relationship

The Midwife establishes professional communication, collaboration, and coordination with women, individuals/groups, all levels of nursing and midwifery staff, and interdisciplinary health care team to provide health care services.

Core competency 3.1

Demonstrates professional communication with clients, groups, other students, and health care providers

Performance criteria

- Communicates with other nurses and midwives and health care workers in an effective and respectful manner.
- Recognizes the contribution of others in the health care team.
- Initiates, maintains and terminates women –midwife relationships in a professional manner.
- Assists and supports women /groups to make informed health care decisions.
- Incorporates therapeutic use of self and psychotherapeutic communication skills as a basis for midwifery care.

Core competency 3.2

Collaborates with the women, /groups, all levels of nursing and midwifery staff, and the interdisciplinary health care team to provide comprehensive care

Performance criteria

- Communicates assessments and decisions to the interdisciplinary health care team and other relevant service providers
- Seeks advice from senior nurses and midwives when unsure about clinical judgment.

Core competency 3.3

Coordinate client's care, educational activities, strategies and other associated processes

to achieve agreed professional outcomes

Performance criteria

- Prioritizes interventions with other health team members
- Identifies appropriate governmental, agency and community resources to ensure continuity of care
- Uses educational strategies to meet the needs of other peers and practice environment

Domain 4: Leadership and management

Core competency

Exhibits leadership qualities and manage midwifery care safely, efficiently, and ethically

Performance Criteria

- Applies critical thinking and problem solving skills in the provision and management of midwifery care
- Prioritizes workload and manages time effectively; locates resources to optimize outcomes
- Uses changes process to influence the introduction of innovations and adaptation to midwifery practice and deals effectively with the impact of change on own practice or own organization

- Maintain infection control practice
- Acts with the national and/or facility disaster plan as needed.
- Implements quality assurance and risk management strategies.
- Ensure safe environment by identifying actual and potential risks and takes timely actions to meet workplace health and safety principles and comply with national regulations.
- Acknowledges own limitations in knowledge, judgment and/or skills, and functions with those limitations.
- Delegates activities to team members according to their competence and scope of practice.
- Accepts delegated activities in line with one's own competence and scope of practice.
- Utilizes a multidisciplinary approach in the management and provision of care.
- Advocates for and contributes to the establishment and maintenance of a positive work environment.
- uses effectively a flexible leadership style in different situations
- Resolves conflicts in a professional non-judgmental manner, making effective use of communication skills and existing mechanisms to achieve resolution.
- Leads teams effectively, communicating own responsibilities and supporting other healthcare professionals and personnel to accomplish their duties.
- Contributes to the development, implementation, review and update of organizational policies, guidelines and procedures.
- Contributes as appropriate, to national health policy, development, and implementation and evaluation.

Domain 5: Provision of midwifery care

Core competency

Assesses, identify, plans, implement and evaluates midwifery care in relation to women's health care and advice

Performance Criteria

- Demonstrates an understanding of the physiological and pathological processes associated with women's reproductive health

- Provides high quality, culturally sensitive health and services to the woman and her family in order to promote healthy family life
- Identifies deviations from normal and provides appropriate interventions, including the management of complications
- Recognizes professional boundaries in relation to scope of practice and provides care accordingly
- Documents all care in accordance with legislation and local requirements

5.1 preconception

Core competency

5.1.1 Applies midwifery knowledge, skills, and abilities in the preconception period

5.1.2 Provides high quality, culturally sensitive health education and services to the woman and her family in order to promote healthy family life, planned pregnancies and birth spacing and positive parenting.

Performance Criteria:

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

- growth and development related to sexuality, sexual development and sexual activity
- female and male anatomy and physiology related to conception, reproduction and contraception
- cultural norms and practices surrounding sexuality, sexual practices, marriage and childbearing
- components of a health history, family history and relevant genetic history
- physical examination content and investigative laboratory studies that evaluate potential for a healthy pregnancy
- health education content targeted to sexual and reproductive health
- culturally acceptable and locally available natural family planning methods
- all available modern methods of contraception, mode of action, indications for use, benefits and risks; rumors and myths that affect family planning use
- medical eligibility criteria for all methods of family planning

- methods and strategies for guiding women and/or couples to make decisions about methods of family planning
- signs and symptoms of urinary tract infection and sexually transmitted infections commonly occurring in the country
- indicators of common acute and chronic disease conditions specific to Jordan that present risks to a pregnant woman and the fetus and referral process for further testing and treatment including post-exposure preventive treatment
- indicators and methods for identification, initial counseling and referral for suspected cases of sexual problems, gender-based violence, emotional abuse and physical neglect
- principles of screening methods for cervical cancer, (e.g., visual inspection with acetic acid [VIA], Pap test, and colposcopy).

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

- take a comprehensive health and obstetric, gynecologic and reproductive health history
- engage the woman and her family in preconception counseling, based on the individual situation, needs and interests
- perform a physical examination, including clinical breast examination, focused on the presenting condition of the woman
- recommend and interpret common laboratory tests (e.g., hematocrit, urinalysis dipstick for proteinuria)
- dispense, or administer locally available methods of modern family planning methods including IUD insertion and removal
- advise women about management of side effects and problems with use of family planning methods
- dispenser administer emergency contraception medications, in accord with local policies, protocols, law or regulation

- recommend or refer women for tests used in Jordan to screen for cervical cancer (PAP, HPV cultures)

5.2 Antenatal care

Core Competence

Midwives provide high quality antenatal care to maximize health during pregnancy and that includes early detection and treatment or referral of selected complications

Performance Criteria

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

- anatomy and physiology of the human body
- the biology of human reproduction, the menstrual cycle, and the process of conception
- signs and symptoms of pregnancy
- examinations and tests for confirmation of pregnancy
- signs and symptoms of a possible ectopic pregnancy necessitating referral for further diagnosis
- principles of dating pregnancy by menstrual history, size of uterus, fundal growth patterns and use of ultrasound (if available)
- components of a health history and focused physical examination for antenatal visits
- normal findings [results] of basic screening laboratory tests commonly used in Jordan, (e.g., Hb, Blood group and Rh, iron levels, urine test for sugar, protein, acetone, bacteria)
- normal progression of pregnancy: body changes, common discomforts, expected fundal growth patterns
- implications of deviation from expected fundal growth patterns, including intrauterine growth retardation/restriction, oligo- and polyhydramnios, multiple fetuses
- fetal risk factors requiring transfer of women to higher levels of care prior to labor and birth
- normal psychological changes in pregnancy, indicators of psychosocial stress, and impact of pregnancy on the woman and the family

- safe, locally available non-pharmacological substances for the relief of common discomforts of pregnancy
- how to determine fetal well-being during pregnancy including fetal heart rate and activity patterns
- nutritional requirements of the pregnant woman and fetus
- health education needs in pregnancy (e.g., information about relief of common discomforts, hygiene, sexuality, work inside and outside the home)
- basic principles of pharmacokinetics of drugs prescribed, dispensed or furnished to women during pregnancy
- effects of prescribed medications, street drugs, traditional medicines, and over-the-counter drugs on pregnancy and the fetus
- effects of smoking, second hand smoke, alcohol abuse and illicit drug use on the pregnant woman and fetus
- the essential elements of birth planning (preparation for labor and birth, emergency preparedness)
- the components of preparation of the home/family for the neonate
- signs and symptoms of the onset of labor (including women's perceptions and symptoms)
- techniques for increasing relaxation and pain relief measures available for labor
- signs, symptoms and potential effects of conditions that are life-threatening to the pregnant woman and/or her fetus, (e.g., pre-eclampsia/eclampsia, vaginal bleeding, premature labor, severe anemia, Rh isoimmunisation, syphilis)
- signs, symptoms and indications for referral of selected complications and conditions of pregnancy that affect either mother or fetus
- the physiology of lactation and methods to prepare women for breastfeeding

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

- take an initial and ongoing history each antenatal visit
- perform a physical examination and explain findings to the woman

- take and assess maternal vital signs including temperature, blood pressure, pulse, and respiratory rate.
- assess maternal nutrition and its relationship to fetal growth; give appropriate advice on nutritional requirements of pregnancy and how to achieve them
- perform a complete abdominal assessment including measuring fundal height, lie, position, and presentation
- assess fetal growth using manual measurements
- evaluate fetal growth, placental location, and amniotic fluid volume, using ultrasound visualization and measurement (if equipment is available for use)
- listen to the fetal heart rate; palpate uterus for fetal activity and interpret findings
- monitor fetal heart rate with Doppler (if available)
- perform a pelvic examination, including sizing the uterus, if indicated and when appropriate during the course of pregnancy
- perform clinical pelvimetry [evaluation of bony pelvis] to determine the adequacy of the bony structures
- calculate the estimated date of birth
- provide health education to women and families about normal pregnancy progression, danger signs and symptoms, and when and how to contact the midwife
- teach and/or demonstrate measures to decrease common discomforts of pregnancy
- provide guidance and basic preparation for labor, birth and parenting
- Identify variations from normal during the course of the pregnancy and institute appropriate first-line independent or collaborative management based upon evidence-based guidelines, local standards and available resources for:
 - low and or inadequate maternal nutrition
 - inadequate or excessive uterine growth, including suspected oligo- or polyhydramnios, molar pregnancy
 - elevated blood pressure, proteinuria, presence of significant edema, severe frontal headaches, visual changes, epigastric pain associated with elevated blood pressure

- vaginal bleeding
- multiple gestation, abnormal lie/malpresentation at term
- intrauterine fetal death
- rupture of membranes prior to term
- Upon medical advice, dispense or administer selected, life-saving drugs (e.g., antibiotics, anticonvulsants, , anti-hypertensive, insulin) to women in need because of a presenting condition
- identify deviations from normal during the course of pregnancy and initiate the referral process for conditions that require higher levels of intervention

In addition, the midwife has the abilities to

- Perform the standard U/s for midwives for low risk pregnancies after taking the required specialized courses.
- Perform a pap smear screening test after taking the required specialized courses.
- Administer and perform all family planning methods as indicated according to women health status (insertion of IUD, implant) after taking the required specialized courses.
- Being a counselor for high risk pregnant women (e.g.; cardiac case, PET, hemoglobinopathies and infectious disorder), working based on personal case load providing one to one care through pregnancy, childbirth and post-delivery.

5.3 Labor

Core Competency

Provide high quality, culturally sensitive care during labor, conduct a clean and safe birth and handle selected emergency situations to maximize the health of women and their neonates

Performance Criteria

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

- physiology of first, second and third stages of labor
- anatomy of fetal skull, critical diameters and landmarks
- psychological and cultural aspects of labor and birth
- indicators of the latent phase and the onset of active labor

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

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

- take a specific history and maternal vital signs in labor

- perform a focused physical examination in labor
- perform a complete abdominal assessment for fetal position and descent
- time and assess the effectiveness of uterine contractions
- perform a complete and accurate pelvic examination for dilatation, effacement, descent, presenting part, position, status of membranes, and adequacy of pelvis for birth of baby vaginally
- monitor progress of labor using the partograph or similar tool for recording
- provide physical and psychological support for woman and family and promote normal birth
- facilitate the presence of a support person during labor and birth
- provide adequate hydration, nutrition and non-pharmacological comfort measures during labor and birth
- provide pharmacologic therapies for pain relief during labor and birth (in appropriate birth settings)
- provide for bladder care including performance of urinary catheterization when indicated
- promptly identify abnormal labor patterns or presentations and initiate appropriate and timely intervention and/or referral
- stimulate or augment uterine contractility, using non-pharmacologic agents
- stimulate or augment uterine contractility, using pharmacologic agents (in appropriate birth settings)
- administer local anesthetic to the perineum when episiotomy is anticipated or perineal repair is required
- perform an episiotomy if needed
- perform appropriate hand maneuvers for a vertex birth
- clamp and cut the cord
- institute immediate, life-saving interventions in obstetrical emergencies (e.g., prolapsed cord, malpresentation, shoulder dystocia, and fetal distress) to save the life of the fetus, while requesting medical attention and/or awaiting transfer

- manage a cord around the baby's neck at birth
- support expectant (physiologic) management of the 3rd stage of labor
- conduct active management of the 3rd stage of labor, following most current evidence-based protocol
- inspect the placenta and membranes for completeness
- perform fundal massage to stimulate postpartum uterine contraction and uterine tone
- provide a safe environment for mother and infant to promote attachment (bonding)
- estimate and record maternal blood loss
- inspect the vagina and cervix for lacerations
- repair an episiotomy if needed
- repair 1st and 2nd degree perineal or vaginal lacerations
- manage postpartum bleeding and hemorrhage, using appropriate techniques and uterotonic agents as indicated
- Upon medical advice, dispense or administer selected, life-saving drugs (e.g., antibiotics, anticonvulsants, antihypertensives) to women in need because of a presenting condition
- identify and manage shock
- insert intravenous line, draw blood for laboratory testing
- arrange for and undertake timely referral and transfer of women with serious complications to a higher level health facility, taking appropriate drugs and equipment and arranging for a companion care giver on the journey, in order to continue giving emergency care as required

- perform adult cardio-pulmonary resuscitation

The advance midwife has the skill and/or ability to

- Providing the non-pharmacological pain management during labor (e.g.; armory therapy and complementary medicine) after taking the specialized courses.
- Providing counseling for high risk cases during labor.
- Dealing with highly critical obstetric complication inside a specialized obstetrical unit.

5.4 Postpartum

Core competence

Midwives provide comprehensive, high quality, culturally sensitive postpartum care for women.

Performance Criteria

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

- physical and emotional changes that occur following childbirth, including the normal process of involution
- physiology and process of lactation and common variations including engorgement, lack of milk supply, etc.
- the importance of early breastfeeding for mother and child
- maternal nutrition, rest, activity and physiological needs (e.g., bowel and bladder) in the immediate postpartum period
- principles of parent-infant bonding and attachment (e.g., how to promote positive relationships)
- indicators of subinvolution (e.g., persistent uterine bleeding, infection)
- indicators of maternal breastfeeding problems or complications, including mastitis
- signs and symptoms of life threatening conditions that may first arise during the postpartum period (e.g., persistent vaginal bleeding, embolism, postpartum pre-eclampsia and eclampsia, sepsis, severe mental depression)

- signs and symptoms of selected complications in the postnatal period (e.g., persistent anemia, hematoma, depression, thrombophlebitis; incontinence of feces or urine; urinary retention, obstetric fistula)
- principles of interpersonal communication with and support for women and/or their families who are bereaved (maternal death, stillbirth, pregnancy loss, neonatal death, congenital abnormalities)
- approaches and strategies for providing special support for adolescents, victims of gender-based violence (including rape)
- methods of family planning appropriate for use in the immediate postpartum period (e.g., LAM, progestin-only OCs) and counseling on indications for switching to another family planning method (e.g., no longer exclusively breastfeeding)
- postpartum services available to the woman and her family, and how they can be accessed.

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

- take a selective history, including details of pregnancy, labor and birth
- perform a focused physical examination of the mother
- provide information and support for women and/or their families who are bereaved (maternal death, stillbirth, pregnancy loss, neonatal death, congenital abnormalities)
- assess for uterine involution and healing of lacerations and/or repairs
- initiate and support early breastfeeding (within the first hour)
- teach mothers how to express breast milk, and how to handle and store expressed breast milk
- educate mother on care of self and infant after childbirth including signs and symptoms of impending complications, and community-based resources
- educate a woman and her family on sexuality and family planning following childbirth
- provide family planning services concurrently as an integral component of postpartum care

- provide appropriate and timely first-line management for any complications detected during the postpartum examination (e.g., anemia, hematoma maternal infection), and refer for treatment as necessary

The advance midwife has the skill and/or ability to

- Provide advance obstetric critical care and management skills of postpartum complications
- Provide counseling services for high risk pregnant women post giving birth.

5.5 Neonatal care

Core competency

Midwives provide high quality, comprehensive care for the essentially healthy neonate from birth to 28 days of life

Performance Indicators

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

- elements of assessment of the immediate and subsequent condition of neonate (including APGAR scoring system, or other method of assessment of breathing and heart rate)
- principles of neonate adaptation to extrauterine life (e.g., physiologic changes that occur in pulmonary and cardiac systems)
- basic needs of neonate: established breathing, warmth, nutrition, attachment (bonding)
- advantages of various methods of neonate warming, including skin-to-skin contact
- methods and means of assessing the gestational age of a neonate
- characteristics of low birth weight infants and their special needs
- characteristics of healthy neonate (appearance and behaviors)
- normal growth and development of the preterm infant
- selected variations in the normal neonate (e.g., caput, molding, mongolian spots)
- elements of health promotion and prevention of disease in neonates and infants including essential elements of daily care (e.g., cord care, nutritional needs, patterns of elimination)

- infant immunization needs, risks and benefits
- traditional or cultural practices related to the neonate
- principles of infant nutrition, feeding cues, and infant feeding options for babies
- signs, symptoms and indications for referral or transfer for selected neonate complications (e.g., jaundice, hematoma, adverse molding of the fetal skull, hemangioma, hypoglycemia, hypothermia, dehydration, infection)

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

- provide immediate care to the neonate, including drying, warming, ensuring that breathing is established, cord clamping and cutting when pulsation ceases
- assess the immediate condition of the neonate (e.g., APGAR scoring or other assessment method of breathing and heart rate)
- promote and maintain normal neonate body temperature through covering (e.g., blanket, cap), environmental control, and promotion of skin-to-skin contact
- begin emergency measures for respiratory distress (neonate resuscitation; suctioning in case of airway obstruction), hypothermia, hypoglycemia
- give appropriate care including kangaroo mother care to the low birth weight baby, and arrange for referral if potentially serious complications arise, or very low birth weight
- perform a screening physical examination of the neonate for conditions incompatible with life
- perform a gestational age assessment
- provide routine care of the neonate, in accord with local guidelines and protocols (e.g., identification, eye care, screening tests, administration of Vitamin K, birth registration)
- position infant to initiate breast feeding within one hour after birth and support exclusive breastfeeding
- recognize indications of need, stabilize and transfer the at-risk neonate to emergency care facility
- educate parents about danger signs in the neonate and when to bring infant for care

- assist parents to access community resources available to the family
- support parents during grieving process for loss of pregnancy, stillbirth, congenital birth defects or neonatal death
- support parents during transport/transfer of neonate or during times of separation from infant (e.g., NICU admission)
- support and educate parents who have given birth to multiple babies about special needs and community resources

The advance midwife has the skill and/or ability to

- apply advance life support for high risk neonates
- perform advance immediate critical care for high risk neonates

5.6 Child Care

Core competency

Midwives provide high quality, comprehensive care for the essentially healthy children under 5 years of age

Performance Criteria

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

- elements of assessment of the healthy young child
- methods and means of growth monitoring
- methods and means of developmental monitoring
- normal growth and development of young children under five years □ elements of health promotion and prevention of disease in young children
- immunization needs, risks and benefits from infancy through age 5
- traditional or cultural practices related to the neonate, infant and under 5
- principles of weaning
- principles of under 5 nutrition
- signs, symptoms and indications for referral or transfer for selected young child (under 5) complications (pneumonia, diarrhea, fever, etc.)

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

- educate parents about normal growth and development of the young child

- counsel parents how to provide for day-to-day needs of the normal child
- educate parents about national vaccination schedule and needs, risks and benefits of under 5 immunizations
- counsel parents about normal nutrition and weight gain for young children
- perform basic developmental screening and interpret results
- perform basic growth monitoring and interpret results
- perform a screening physical examination on a young child who presents with complications
- support parents whose children need referral for higher level care
- appropriately refer for higher level care if indicated
- assist parents to access community resources available to the family

Glossary

Accountability: being responsible for your actions and the professional decisions you make in the course of your practice.

Advocate: to empower a person by supporting them to put forward their views and to act as a representative for the other person and negotiate on their behalf.

Autonomy: self-determination; a person's ability to make choices on the basis of their own values.

Collaborate: to work together with women, their families and other healthcare professionals to provide the care necessary to achieve the best outcome.

Competence: the ability of the midwife to practice safely and to fulfill their professional responsibility effectively.

Evidence-based Practice: the use of the best available evidence together with the midwife's expertise and the woman's values and preferences in making healthcare decisions.

Professional: a registered member of an organization who practices their role in line with the professional standards set out by the organization.

Levels of continuity of care: 1. **Informational:** An organized systemic collection, accessing and communicating processes of maternal, women health, medical and social information about each woman to health care professionals caring the women.

Longitudinal: the women receive most health care, which allows the care to occur in an accessible and familiar environment from an organized team of providers. This team assumes responsibility for coordinating the quality of care, including preventive services.

Interpersonal: an ongoing relationship exists between women and a midwife to assume personal responsibility for the women overall health care.

Referral: making arrangements for the woman to see another professional for consultation, review

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