NURSING AND MIDWIFERY COUNCIL OF ZAMBIA

(Nurses and Midwives Act, 2019)

2024

MIDWIFERY CARE STANDARDS

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GLOSSARY OF TERMS

Standard: - An agreed level of performance to achieve a specific outcome standard (WHO 2022)

Midwifery: - Skilled, knowledgeable and compassionate care given to women, newborns, infants and families across the continuum from pre- pregnancy, birth, postnatal and early weeks of life (WHO, 2023).

Midwife: - A person who has successfully completed a midwifery education programme that is duly recognized in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery (ICM, 2011).

Preconception care: - The provision of biomedical, behavioral and social health interventions to women and couples before conception occurs; aimed at improving their health status, and reducing behaviors, individual and environmental factors that could contribute to poor maternal and child health outcomes (WHO, 2014).

Antenatal care (ANC): - The care provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy (WHO, 2016).

Labour: - Defined as a regular, painful uterine contractions that cause progressive dilatation and effacement of the cervix (Funai and Norwitz, 2023)

Normal labour: Is the labor that occurs spontaneously, with low risk / without complication, infant presents with vertex after 37 completed weeks of pregnancy leaving mother and infant in good condition.

Postnatal: - Is the period beginning immediately after the birth of the baby and extending up to six weeks (42 days), is a critical time for women, newborns, partners, parents, caregivers and families (WHO, 2022).

Neonatal Intensive Care Unit (NICU): - This is also known as an intensive care nursery (ICN), a unit specialising in the care of premature or ill-newborn infants who need mechanical ventilation, total parental nutrition, or those who have complex problems requiring further investigation and management.

Kangaroo Mother Care: - is a part of standard in-patient care intervention for caring for low birth weight and preterm babies, who have been stabilised in standard inpatient care NICU or High Care,

and are ready to receive skin-to-skin care in the Kangaroo position with their mothers.

Family planning: - the mechanism by which a woman of child bearing age and her partner are supported by the health care provider in deciding the number of children they want to have and when to have them WHO 2013.

Respectful maternity care: – the care organized for and provided to all women in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labour and childbirth (WHO, 2018)

Health promotion: - The process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.

Continuous Professional Development: -a purposeful process by which members of a profession are committed to maintaining, improving and broadening their knowledge, and competences throughout their careers to ensure that they retain their capacity to practice safely, effectively, competently and legally within their evolving scope of practice

Quality management: - is the act of overseeing all activities and tasks needed to maintain a desired level of excellence at all levels of care (WHO). Quality management looks at a structured system to enhance client satisfaction

ACRONYMS

ANC	Antenatal Care
APH	Ante-Partum Haemorrhage
ARV	Anti-retro Viral
BCG	Bacille Calmette-Guerin
BNF	British National Formulary
BScM	Bachelor of Science in Midwifery
CDA	Controlled Drug Act
CPD	Continuous Professional Development
CPAP	Continuous Positive Airway Pressure
DBS	Dry Blood Spot
DM	Diploma in Midwifery
DNM	Diploma in Nursing and Midwifery
Hb	Haemoglobin
HIV	Human Immunodefiency Virus
ICM	International Confederation of Midwives
IEC	Information Education and Communication
IPC	Infection Prevention and Control
IV	Intravenous
KMC	Kangaroo Mother Care
MgSO4	Magnesium Sulphate
MScM	Masters of Science in Midwifery
MUAC	Mid Upper Arm Circumference
NICU	Neonatal Intensive Care Unit
NMCZ	Nursing and Midwifery Council of Zambia
NVP	Niverapine
OPV	Oral Polio Vaccine
PHC	Primary Health Care
PhDM	PhD in Midwifery
PMTCT	Prevention of Mother to Child Transmission

PPH	Post Partum Haemorrhage
RDT	Rapid Diagnostic Test
REDs	Reach Every District Strategy
RPR	Rapid Plasma Reagin
TB	Tuberculosis
TEO	Tetracycline Eye Ointment
TT	Tetanus Toxoid
WHO	World Health Organisation
ZNF	Zambia National Formulary

FOREWORD

Midwifery has historically evolved from the time when it was mandatory for a midwife to have a nursing background to a level where it is now recognized as an independent profession. Midwives are the primary care givers in maternal and newborn health. Midwives who are educated and regulated to international standards can provide essential care needed by women and the newborn. Improvements in maternal and newborn health care services are critical to reaching global and national health objectives and moving progressively toward Universal Health Coverage (UHC). Universal health coverage of quality midwifery care can prevent maternal and newborn mortality.

Despite the progress made in reducing maternal and child mortality rates, The maternal mortality ratio in Zambia remains significantly high. According to the 2018 Zambia Demographic Health Survey (ZDHS), the maternal mortality ratio stood at 252 per 100,000 live births and neonatal mortality rate was 27 per 1000 live births. The Government of the Republic of Zambia through the Ministry of Health (MoH) targets to reduce maternal mortality ratio to less than 100 per 100,000 live births by 2026, and neonatal mortality rate to 12 per 1000 live births respectively.

With increasing numbers of births in health facilities, attention has shifted to the quality of care, as poor quality of care contributes to morbidity and mortality. The interventions to address quality health services provided during labour, childbirth and early postnatal care need to be strengthened. In view of this, the Nursing and Midwifery Council of Zambia (NMCZ) has developed the midwifery standards for improving quality of maternal and newborn care in health facilities based on the World Health Organisation (WHO) and the International Confederation of Midwives (ICM) standards. This has been done in order to improve the quality of care being offered in maternal and newborn health, thereby reducing morbidity and mortality. These standards will guide midwifery practice, and act as a monitoring tool to ensure quality of midwifery care at all levels of the health care system.

It is my considered view that, with appropriate levels of commitment and support from the Government, Cooperating Partners, health workers and other key stakeholders, these standards, if well applied, will significantly contribute to improving the health status of Zambians and consequently, national development. I therefore recommend that all midwives adhere to these standards.

PROF. PATRICIA KATOWA MUKWATO
BOARD CHAIRPERSON

ACKNOWLEDGEMENT

I wish to start by expressing my gratitude to all the Nursing and Midwifery Council of Zambia (NMCZ) heads of departments, units and regional offices who participated in the development of the Midwifery Standards. On behalf of the NMCZ staff, I also wish to extend special thanks to the team of technical staff from the School of Nursing Sciences - UNZA, MoH, Higher Education Institutions, Défense Force Medical Services - Ministry of Defense, and Nurses and Midwives from Cancer Disease Hospital (CDH), National Heart Hospital (NHH), who provided much needed input into the development of these standards. This process would not have been possible without the financial and logistical support from UNFPA. We shall remain indebted to them.

The NMCZ Management team recognizes the importance of having Midwifery Standards in place to guide midwifery practice. Therefore, I call upon all midwifery practitioners to adhere and promote the use of these standards for sustained quality midwifery practice.

Beauty Siansende Zimba (Mrs.)
ACTING REGISTRAR AND CEO

1.0 BACKGROUND

Maternal mortality and morbidity remain a major public health concern in many countries including Zambia. Globally, approximately 800 women die daily from preventable causes related to pregnancy and childbirth. However, Sustainable Development Goal (SDG) 3.1 targets to reduce maternal mortality to less than 70 maternal deaths per 100 000 live births by 2030 (WHO, 2023).

Despite the increase in deliveries attended to by skilled personnel, in Zambia, women continue dying from preventable complications of pregnancy and childbirth. Improving the quality of midwifery care in health facilities is thus increasingly recognised as an important focus in the quest to end preventable mortality and morbidity among mothers and newborns.

1.1 INTRODUCTION

The standards of Midwifery care are essential guidelines to ensure quality of midwifery services. These standards spell out the level of performance and expected outcomes of midwifery care. Improvements in quality of midwifery practice will only be achieved when these standards are adhered to. High quality midwifery care for women and newborns saves lives, and contributes to health families and more productive communities.

The NMCZ Midwifery care standards are based on prioritised, evidence- based interventions during critical periods of care.

This document is arranged in three (3) domains namely; Professional, Ethical and Legal Practice, Care Provision and Management and Professional Development and Quality Management.

1.2 PURPOSE OF THE STANDARDS

1. To promote, guide and direct professional midwifery practice
2. To establishing norms for community expectations and demands regarding care levels.
3. To guide and monitor the quality of midwifery services.
4. To be utilized for advocacy to improve midwifery practice.

1.3 TARGET AUDIENCE

The midwifery care standards are intended primarily for use by midwives, programme managers, policymakers, health planners (national, provincial, and district level) and professional bodies or technical partners involved in care provision. They can also be used as a resource in midwifery training institutions.

1.4 CORE VALUES FOR MIDWIVES

Core values serve as a foundation for ethical decision-making, professional conduct, and the provision of client-centred care in the field of midwifery. All midwives are responsible for adherence to the prescribed core values which guide them in navigating into the complex healthcare environments while

upholding the principles that define their profession. These core values include, but are not limited to, the following:

1. **Compassion:** Midwives demonstrate empathy, understanding, and a genuine concern for the well-being of their clients. Compassion involves recognizing and alleviating the suffering of others.
2. **Respect:** Respectful maternity care is centred on the inherent dignity, worth, and uniqueness of each individual woman. This includes respecting cultural diversity, personal preferences, and the autonomy of clients.
3. **Integrity**: Integrity in midwifery involves honesty, accountability, and ethical conduct. Midwives adhere to a code of ethics and maintain the trust and confidence of clients and the community.
4. **Advocacy:** Midwives advocate for the rights and well-being of their patients. This includes ensuring that patients are informed about their healthcare options, supporting their choices, and speaking up on their behalf when necessary.
5. **Excellence:** Striving for excellence in midwifery practice involves a commitment to continuous learning, professional development, and the delivery of high-quality, evidence-based care.
6. **Collaboration:** Midwives work collaboratively with other healthcare professionals, patients, and their families to achieve the best possible outcomes. Effective communication and teamwork are essential components of collaboration.
7. **Safety:** Client safety is a top priority in midwifery.
8. **Professionalism:** Professionalism encompasses qualities such as accountability, responsibility, and a commitment to maintaining the standards and values of the midwifery profession.
9. **Empathy**: Beyond compassion, empathy involves the ability to understand and share the feelings of another person. It helps midwives connect with their patients on a deeper level, fostering effective communication and therapeutic relationships.
10. **Cultural Competence**: is the ability of a midwife to recognize and respect the diverse backgrounds, beliefs, and values of their patients. Cultural competence promotes effective communication and improves the overall quality of care.

MIDWIFERY CARE STANDARDS

DOMAIN 1: PROFESSIONAL, ETHICAL AND LEGAL PRACTICE

STANDARD 1: Professional Practice

Areas of competence

1. The midwife shall provide care through professional relationships and respectful partnerships. The midwife as defined by Nursing and Midwifery Act of Zambia No. 10 of 2019 in line with the international confederation of midwives (ICM) is; educated, competent and authorised to provide safe, effective delivery of quality services that promote health and wellbeing for pregnancy, birth, the postnatal period and transition to parenting.
2. The midwife is responsible and accountable for maintaining their capability for midwifery practice that may include:
    a) Providing women's health support, care and advice before conception, during pregnancy, labour, birth and the postnatal period.
    b) Promoting normal physiological childbirth and identifying complications for the woman and her baby.
    c) Consultation with and referral to medical care or other appropriate assistance, and implementing emergency measures (International Confederation of Midwives 2017).
3. The midwife shall apply the principles of midwifery continuity of care, primary health care and cultural safety to provide care to the women and their families.
4. The midwife works with the woman and her baby, partner and family as identified and negotiated by the woman herself. The midwife is also responsible for their practice within the broader health system.
5. The midwife is not restricted to the provision of direct clinical care. The practice includes working in clinical and non-clinical relationships with the woman and other clients as well as working in management, administration, education, research, advisory, regulatory, and policy development roles.
6. The midwife promotes culturally safe care as a fundamental right for all women.

STANDARD 2: Ethical Practice

Areas of competence

1. Be guided by the philosophy of Being "with Woman" that protects and promotes the safety and autonomy of the woman, and respects her experiences, choices, priorities, beliefs and values.
2. Support self-determination and shared decision-making within the context of the family, the community and the health care setting.
3. Maintain confidentiality in all communications related to client care.
4. Uphold professionalism by practicing according to the professional code of conduct.
5. Uphold the importance of relationships, and this is demonstrated through responsiveness, presence, trust, honesty and respect.

STANDARD 3: Legal Aspects of Midwifery Practice

Areas of competence

Practice within the provisions of the Nurses and Midwives Act No10 of 2019

1. Practice in accordance with the Nursing and Midwifery Scope of Practice.
2. Follow the legal requirements of the jurisdiction where the midwifery practice occurs.
3. Midwives are expected to protect human dignity, to provide care with respect, and support women and their families in their decision making.
4. Clearly and correctly document all aspects of care provided
5. Practice in accordance with the national legislation and regulations related to health

DOMAIN 2: CARE PROVISION AND MANAGEMENT

STANDARD 1 Preconception Care

A midwife shall provide high quality, culturally sensitive preconception care services to all in the community in order to promote healthy family life, planned pregnancies and positive parenting.

1.1 REQUIREMENTS

1.1.1 Location: Preconception care services shall be provided in the Maternal and Child Health (MCH) Department and shall have at least one (1) well-ventilated and lit consultation room.

1.1.2 Staffing: Minimum qualification – Diploma in midwifery

Midwife/patient ratio 1:10

1.1.3 Size and layout of rooms: The room shall meet Public Health Act building regulations. The Department shall have a waiting bay/reception, access to toilets, registration bay and storeroom

1.1.4 Ventilation and Lighting: The rooms shall have adequate natural ventilation facilitated by suitable windows and vents and supported by artificial ventilation with air conditioners as desirable while fans being acceptable**.** The room shall also have adequate natural and artificial lighting.

1.1.5 Medical Equipment and supplies: the station shall have a functional BP machine, stethoscope glucometer, glucostix, thermometer, bathroom scale, Height Measuring Scale, examination couch, examination light, tray with stainless steel galipots, receivers and jar, specimen bottles, trolley, swabs, cotton wool, syringes and needles, prophylactic medications

1.1.6 Protocols and patient teaching materials: Nursing and Midwifery protocols, Standard operating procedures, procedure manuals pamphlets, posters, hotline services and models.

1.2 Client Care

The preconception care interventions shall include:

i. Health education and promotion on reproductive health
ii. Vaccination
iii. Nutritional supplementation and food fortification
iv. Provision of contraceptive information and services
v. Screening, counselling and management (medical and social) including substance abuse in pregnancy and avoidance of alcohol

vi. Weight management and testing for diabetes and checking for hypertension

vii. Linkage and referral to other specialized services.

STANDARD 2. ANTENATAL CARE

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

2.1 REQUIREMENT

2.1.1 Location: Maternal and Child Health department

2.1.2 Staffing: Minimum qualification – Diploma in midwifery

Midwife/patient ratio 1: 10

2.1.3 Size and layout of rooms: All rooms shall meet Public Health Act building regulations, and room's walls, fixtures, windows, doors, floors and roof are in good state of repair. The Department shall have a waiting bay/reception, palpation room, counseling room, Access to toilets, registration bay and storeroom.

2.1.4 Ventilation and Lighting: The rooms shall have adequate natural ventilation facilitated by suitable windows and vents and supported by artificial ventilation with air conditioners as desirable while fans being acceptable**.** The rooms shall also have adequate natural and artificial lighting.

2.1.5 Medical equipment and supplies: The Antenatal clinic shall have the following equipment; BP Machine, examination couch, footstep, fetal scope, clinical thermometer, measuring tape, examination light, weighing scale and Doppler ultrasonography, drip stand, wheel chair, stretcher, height measuring scale, tourniquet, trays/receivers, forceps/implant set and the unit shall have access to ultrasound services.

The department shall also be well stocked with adequate examination gloves, gauze swabs, syringes, cotton wool, surgical gloves, blades, antiseptic solutions, catheters, cannulas, needles and specimen bottles

2.1.6 Prophylaxis and supplements: The department should have the following drugs for prophylaxis and supplements: Cotrimoxazole, ARVs (PMTCT package), Sulphadoxine/ Pyrimethamine, folic acid, Mebendazole, Ferrous Sulphate and TT vaccine.

2.1.7 Screening and testing services: The midwife provide the following services; dual testing (Syphilis and HIV), Hb, and blood group and Rhesus factor, TB screening, malaria RDT screening and urinalysis.

Other supplies as provided in the essential medicines and supplies list

2.1.8 Protocols and patient teaching materials: Nursing and Midwifery protocols, Standard operating procedures, procedure manuals, antenatal care schedule chart, Pamphlets, leaflets, Posters and electronic materials.

2.1.9 Emergency Preparedness: The department shall be equipped to manage emergencies and the following shall be readily available, delivery pack, cord clump, oxytocin, tool kits for managing pre-eclampsia, PPH and easily accessed emergency trolley stocked with emergency drugs and equipment. The department shall have a system of monitoring the inventory.

2.1.10 Medicine Fridge: The department shall have a temperature regulated medicine fridge for storage of vaccines and medicines that require refrigeration.

2.2: Client Care

Areas of competence

i. Conduct Rapid assessment for triaging purposes.
ii. Conduct a comprehensive assessment using the assessment chart at each of the eight antenatal care contacts
iii. During first antenatal contacts, prepare a birth and emergency plan and review during following visits. Modify the birth plan if any complications arise.
iv. Obtain health history such medical and surgical history, present and past obstetric history
v. Assess for physiological, non-obstetric and obstetric complications according to protocols, SOP, National Guidelines.
vi. Perform a physical examination and explain findings to the woman
vii. Take and assess maternal vital signs including temperature, blood pressure, pulse.
viii. Assess maternal nutrition and its relationship to foetal growth; give appropriate advice on nutritional requirements of pregnancy and how to achieve them.
ix. Perform a complete abdominal assessment including measuring fundal height, lie, position, and presentation.
x. Assess foetal growth using manual measurements.

xi. Evaluate foetal growth, placental location, and amniotic fluid volume, using ultrasound visualization and measurement before 24 weeks and before delivery.

xii. Monitor the foetal heart rate; palpate uterus for foetal activity and interpret findings.

xiii. Perform clinical pelvimetry [evaluation of bony pelvis] to determine the adequacy of the bony structures at 36 weeks gestational age and beyond.

xiv. Calculate the estimated date of birth

xv. Provide health education to adolescents, women and families about normal pregnancy progression, danger signs and symptoms, and when and how to contact the health facility.

xvi. Teach and/or demonstrate measures to decrease minor disorders of pregnancy.

xvii. Provide guidance and basic preparation for labour, birth and parenting.

xviii. 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.

xix. Prescribe, dispense, or administer prophylactic drugs and (however authorized to do so in the jurisdiction of practice) selected, life-saving drugs (e.g., antibiotics, anticonvulsants, antimalarials, antihypertensives, antiretrovirals) to women in need because of a presenting condition (Refer to scope of practice).

xx. Identify deviations from normal during the course of pregnancy and initiate the referral process for conditions that require higher levels of intervention.

STANDARD 3. LABOUR AND DELIVERY

A midwife shall provide respectful high quality, culturally sensitive care during labour, conduct a clean and safe birth and handle selected emergency situations to maximize the health of women and their newborns.

3.1 REQUIREMENTS

3.1.1 Location: A labour ward shall be situated in obstetrics department or a designated place in the health facility, and where applicable near an operating theatre.

3.1.2 Staffing: Staffing: Minimum qualification – Diploma in midwifery
Midwife/patient ratio 1: 1

3.1.3 Size and Layout of room: The labour ward shall meet Public Health Act building regulations**.**

The labour ward shall be having admission bay/reception, pre-delivery room, delivery room, post-delivery rooms, sluice room, toilets, bathroom, office/Duty room and nursery depending on the level of care. A bay is acceptable for triage, but care must be taken to ensure confidentiality and there must be high dependent units (HDUs) created in all obstetric units of 1st,2nd and tertiary hospitals.

3.1.4 Ventilation and Lighting: The labour ward shall have adequate natural ventilation facilitated by suitable windows and vents and supported by artificial ventilation with air conditioning and room temperature of between 24 to 28 degrees Celsius. It shall also have adequate natural and artificial lighting

3.1.5 Medical Equipment and Supplies

The labour ward admission shall be equipped with but not limited to the following; an examination couch, Chairs, work surfaces, thermometer, birth record, admission forms, phone, medicine fridge, partographs, stapler, BP machine, perforator, admission register, notice board, access to ultrasound service, adult scale, height scale, doppler and fetal scope, wheel chair, stretcher and bed pan.

Labor and delivery room shall have:

Standard delivery beds, chair/Stool, Foot Step, locker and work surfaces; measuring equipment including Neonatal scale, pulse oximeter, doppler, thermometer, measuring tape, BP Machine, fetal scope and adult scale; essential resuscitation equipment: suction unit, oxygen unit and resuscitaire, delivery sets; examination light and vacuum delivery set; surgical instruments, surgical trays, drums, gallipots, needle-holder, assorted bowls, trolleys, receivers and artery forceps; pedal bins, commodore chair Kick bucket, Sharp box and bin Liners (red ,yellow and black);cannulae, foley's catheter, cord clamp, surgical and exams gloves, including gynaecological gloves, syringes, needles, strapping, giving sets Suturing material, cotton wool, methylated spirit and gauze; adequate medicines including; NVP syrup, IV fluids, Oxytocin, Magnesium Sulphate (MgSo4), Vitamin A and vaccines (BCG/OPV), tetracycline eye ointment (TEO), posters and guidelines including guidelines for managing Eclampsia, care of newborn, PMTC guidelines, Guidelines/protocols for giving MgSO4, PPH/APH and BNF/ZNF.

3.2 Management of Labor

3.2.1 Admission: The midwife shall:

i. Admit women in labour in the labour ward.
ii. Take a specific history and maternal vital signs in labour.
iii. Perform a focused physical examination in labour.
iv. Perform a complete abdominal assessment for foetal position and descent.
v. Time and assess the effectiveness of uterine contractions.
vi. 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.
vii. Women in latent phase shall be monitored 2 hourly and findings recorded on the latent phase observation chart.

viii. The Partograph shall be used to monitor the women in active phase of labour.

3.2.2. **Management of First Stage of Labour**

Progress of Labour: The midwife shall monitor the progress of labour which includes: contractions ½ hourly, cervical dilatation, decent of the fetal head 4hrly and record the findings on the partograph. If oxytocin is used to induce or augment labour, the rate of flow and the dosage should be indicated clearly on the partograph. Appropriate action should be instituted if any abnormalities are detected

Fetal wellbeing: The midwife shall monitor the foetal heart rate ½ hourly, moulding 4 hourly, state of membranes and the colour of the liquor, if the membranes have ruptured, check and record colour of liquor ½ hourly on the partograph. Foetal movements shall also be observed for any deviations from normal and appropriate action instituted should any abnormalities be detected.

Maternal wellbeing: the midwife shall monitor maternal pulse ½ hourly, BP and temperature 2 hourly. Provide adequate nutrition and hydration. Allow woman to freely eat and drink in labour if there is no complication. Provide for bladder care including performance of urinary catheterization when indicated and urinalysis whenever the woman passes urine. Promptly identify abnormal labour patterns and initiate appropriate and timely intervention.

Pain Management during labour: The midwife shall provide recommended pharmacological pain relief agents below cervical dilatation of 6cm and other non-pharmacological pain relief interventions during contractions.

Psychological care: Provide necessary information about the labour process and allow the support person be present where applicable.

3.2.3 Management of Second Stage of Labour

Areas of competence

i. Confirm that the woman is in 2nd stage of labour by conducting vaginal examination.
ii. Allow the woman to deliver in the position of her choice.
iii. Perform appropriate hand manoeuvres for a vertex birth.
iv. Routine or liberal performance of an episiotomy shall not be practiced and where an episiotomy is indicated, appropriate local anaesthesia shall be utilized.
v. Conduct the delivery according to the midwifery protocols and national guidelines.
vi. Practice delayed cord clamping of one to three minutes except when newborn resuscitation is anticipated.
vii. Institute immediate, life-saving interventions in obstetrical emergencies (e.g., prolapsed cord,

malpresentation, shoulder dystocia, and foetal distress) to save the life of the foetus, while requesting medical attention and/or awaiting transfer.

viii. Manage a cord around the baby's neck at birth.

ix. Perform vacuum extraction when indicated.

x. Show the baby to the mother for identification and confirmation of sex at birth.

xi. Wipe the baby thoroughly and establish skin-to-skin contact with the mother to keep the baby warm. Practice all the 10 steps of warm chain in labour ward

xii. Label the baby.

xiii. Initiate Breastfeeding within 1 hour of birth.

xiv. The care during delivery shall be provided in line with the 'WHO 6 cleans at birth'

3.2.4 Management of Third Stage of Labour

Areas of competence

i. Implement active management of 3rd stage of labour to shorten duration of 3rd stage and prevent PPH.

ii. Identify and repair tears, laceration and episiotomy using local anaesthesia.

iii. Estimate blood loss and record.

iv. Examine the placenta and membranes for completeness and abnormalities.

v. Ensure the woman empties her bladder**.**

vi. Identify and manage complications

3.2.5 Immediate Post-natal Care of Mother

Areas of competence

i. Provide immediate post-delivery care to the mother. The care shall include checking and recording the following; BP, Temperature, respirations and Pulse, and Blood loss, uterine contractility and urine output every 15 minutes for the first hour, every 30 minutes for 2 hours and hourly for 3 hours.

ii. Promptly identify abnormal findings and initiate appropriate and timely intervention.

3.2.6 Immediate Care of the Newborn:

Areas of competence

i. Estimate Apgar score at 1minute, 5 minutes and 10 minutes and record.
ii. Thorough drying of the baby.
iii. Place the baby on the mother's chest skin-to skin contact.
iv. Initiate breastfeeding within 1 hour of birth.
v. Assess the cord for bleeding and abnormalities.
vi. Monitor temperature respirations and pulse every 15 minutes for the first hour and every 30 minutes for 2 hours, then hourly for 3 hours.
vii. Observe if the baby has passed urine and meconium and record.
viii. Conduct examination of the new born and record.
ix. Give prophylactic medications to the newborn according to national protocols and guidelines.
x. Promptly identify abnormalities and initiate appropriate and timely intervention.

3.2.7. Emergency Trolley: The midwife shall ensure that there is an emergency trolley placed in an accessible place within the room and appropriately stocked with sufficient quantities of emergency drugs such as: phenobarbitone, midazolam, atropine, aminophylline, hydrocortisone, dexamethasone, adrenaline, hydralazine, vitamin K and sodium bicarbonate. Up to date inventory must be maintained

3.2.8. Controlled Medicine: The midwife shall ensure that there is clearly labelled CDA Cupboard lockable and stocked with sufficient quantities of controlled medicines for the scope of service.

STANDARD 4: POST-NATAL CARE

Midwives shall provide comprehensive, high quality, culturally sensitive postpartum care to women Care should be provided at 6 hours, 48 hours, 6 days and 6 weeks for women with normal vaginal delivery.

4.1 REQUIREMENTS

4.1.1 Location – Post-Natal Ward in Obstetric department in proximity with the labour and delivery ward.

4.1.2 Staffing: Minimum qualification – Diploma in midwifery

Midwife/patient ratio 1: 6

4.1.3 Size and Layout of room: The postnatal ward shall meet Public Health Act building regulations with accessibility to clients with disability**.** The postnatal ward shall have the following, but not limited to; admission bay/reception, sluice room, toilets, bathroom, office/Duty room and private rooms or screens to provide privacy and complete patient unit. (Hospital furniture) The ward should allow rooming-in for mothers and babies to remain together 24 hours a day.

4.1.4 Ventilation and Lighting: The ward should have adequate natural ventilation facilitated by suitable windows and vents and supported by artificial ventilation with air conditioning. The ward should have adequate natural and artificial lighting.

4.1.5 Medical Equipment and Supplies

The postnatal ward should be well equipped with the following, including but not limited to**;** an examination couch, speculums, Chairs, work surfaces, thermometer, communication facilities , medicine/vaccine fridge, vaccine carriers and cupboard, stapler and staples, suction machine, oxygen cylinder/concentrator, emergency trolley with emergency drugs, BP machine, perforator, notice board, ultrasound machine, adult scale, wheel chair, stretcher and bed pans, cotton wool, gauze, strapping, infusion giving sets, Foley's catheter, urine bags, antishock garment, Eclampsia, APH and PPH boxes, Assorted forceps. The postnatal ward must also have a CDA cupboard.

4.2 Client Care

4.2.1 The Mother

Core competences

The midwife shall ensure that she provides the following services, including but not limited to:

i. Take a focused history, including details of pregnancy, labour and birth
ii. Perform a focused physical examination of the mother
iii. Utilise management strategies and therapeutics to facilitate a healthy puerperium, including managing discomforts
iv. Provide information and support for women and/or their families who are bereaved (maternal death, stillbirth, pregnancy loss, neonatal death)
v. Manage physical involution following pregnancy ending in spontaneous or induced abortion, preterm birth, or term birth
vi. Assess for uterine involution and healing of lacerations and/or repairs
vii. Facilitate the initiation (within the first hour), establishment, and continuation of lactation where indicated; and/or counseling about safe formula feeding when indicated Educate mother on self-care and infant after childbirth including signs and symptoms of impending complications, and community-based resources
viii. Educate a woman and her family on sexuality following childbirth
ix. Identify postpartum mental health problems and refer for appropriate management
x. Identify and manage psychosocial, emotional, and physical following traumatic birth experience or negative pregnancy outcome
xi. Educate and Provide family planning services concurrently as an integral component of postpartum care
xii. Identify deviations from normal and provide timely appropriate first-line treatment for any complications detected during the postpartum examination, and refer for further management as necessary
xiii. Provide emergency treatment of late post-partum haemorrhage, and refer if necessary
xiv. Encourage the mother takes enough fluid and a healthy diet.
xv. Encourage mother to avoid strenuous activities in the early postpartum period and slowly start with activities such as walking and gradually return to normal activities

4.2.2. The Baby

Areas of competence

i. Collect comprehensive prenatal, fetal history and risk factors on the neonate.

ii. Utilise methods to facilitate physiologic transition to extrauterine life that includes, but is not limited to, the following:
    a) Establishment of respiration.
    b) Cardiac and hematologic stabilization, including cord clamping and cutting.
    c) Thermoregulation.
    d) Establishment of feeding and maintenance of normoglycemia.
    e) Bonding and attachment through prolonged contact with mother.
    f) Identification of deviations from normal and their management
    g) Emergency management, including resuscitation, stabilization, and consultation and referral as needed.

iii. Evaluate the neonate, including:
    a) Initial physical and behavioral assessment of term and preterm neonates.
    b) Gestational age assessment.
    c) Ongoing assessment and management of the neonate, at each postnatal visit.
    d) Identification of deviations from normal and consultation and/or referral to appropriate health services as indicated.

iv. Verify what is written on the label of the baby with the delivery notes.

v. Demonstrate baby bath and cord care to the mother before discharge.

vi. Provide birth record to the mother and give information about obtaining a birth certificate

vii. Educate the mother on danger signs.

viii. Vaccinate the baby with all the vaccines according to immunization schedule and EPI requirements.

ix. Explain to the mother and support person about the importance of growth monitoring and immunization

STANDARD 5: NEONATAL CARE

The midwife provides high quality, comprehensive care for the normal neonate, sick neonate and neonates with special needs.

5.1 REQUIREMENTS

Neonatal Intensive Care Unit (NICU)

5.1.1 Location: Secondary and tertiary hospital

5.1.2 Staffing: Minimum qualification – Diploma in Neonatal Nursing, Paediatric or Critical Care Nursing

Nurse/patient ratio 1: 1

5.1.3 Size and Layout: The room shall meet Public Health Act building regulations. It shall also have adequate natural and artificial lighting, change room for the mothers and access to shower rooms and toilets.

5.1.4 Ventilation and Lighting: NICU shall have adequate natural ventilation facilitated by suitable windows and vents and supported by artificial ventilation with air conditioning and room temperature of between 24 to 28 degrees Celsius.

5.1.5 Medical equipment and supplies

The NICU should be equipped with the following; closed incubator, bassinet (washable), overhead servo incubator, heat shield, wall suction unit, phototherapy units, transcutaneous bilirubin meter, electronic scale, ventilators (complete), nasal CPAP (complete), head boxes, pulse oximeters, oxygen flow meter, oxygen blender, oxygen analyser, chest drain kit, apnoea , transillumination light, accessible mobile x-ray, ultrasound machine, blood gas analyser, intravenous infusion controllers, multi-parameter monitors, portable BP monitor, syringe pumps, self –inflating neonatal bag and masks, advanced resuscitation trolley, neo puff, laryngoscope, straight miller blade, spare batteries and bulb, endotracheal tubes size 2.5 – 4, introducer, McGill's forceps, suction machine and catheters, 200ml and 50ml feeding cup, medicine cupboard, and a clearly labelled CDA Cupboard that is lockable with keys restricted.,

The Unit should also have the following medicines and medical supplies; essential medicines and fluids, fridge for medication, assorted syringes and needles, urine bags, assorted catheters, examination and surgical gloves, naso-gastric tubes, cannulae and needles, cotton and gauze swabs, fluid giving sets,

appropriate specimen bottles, penguin suckers, infusion pumps, consumables oxygen tubings, nasal prongs, Venturi's, CPAP circuit, ventilator circuits, neonatal saturation probes, neonatal incubator probes, infusion sets, dual –a-flow, consumables for bilirubin check and IV fluids, controlled medicines, and an emergency tray with an updated inventory stocked with at least five of the following; atropine, aminophylline, hydrocortisone, adrenaline, hydralazine and 50% dextrose,

5.1.6. Protocols and patient teaching materials: Nursing and Midwifery protocols, Standard operating procedures, procedure manuals, pamphlets, posters, hotline services and models. Shall have a hard copy or electronic treatment protocols including; critical care reference books, STG, ZNF, BNF, Medicine dilution protocol, and National treatment protocols, registers, charts, and Zambia Small and Sick New Born Standards

5..2 Neonatal Care

Each neonate will be managed according to set guidelines.

Areas of competence

i. Pain management
ii. Thermal care
iii. Resuscitation
iv. Support for breast milk feeding
v. Nurturing care
vi. Infection prevention
vii. Assessment of health problems
viii. Recognition and response to danger signs

STANDARD 6: KANGAROO MOTHER CARE (KMC)

KMC is provided as a natural method of caring for the premature and low-birth-weight infants by keeping the mother and baby together skin -to-skin both day and night. This can take place in both health facilities and home and is usually continued until the baby reaches 2500grams in weight.

6.1 Requirements

6.1.1 Location: The Neonatal Department and in proximity to the NICU

6.1.2 Staffing: Minimum qualification – Diploma in Midwifery.

Midwife/patient ratio 1: 6

6.1.3 Size and Layout: Room(s) shall have walls, fixtures, windows, doors, floors and roofs that are in a good condition in accordance to Public Health Act. There should be an emergency resuscitation area, a lounge and dining/kitchen area with television, fridge, microwave and an electric kettle. The room must have access to toilets, washing facilities and drying area.

6.1.4 Ventilation and Lighting: KMC shall have adequate natural ventilation facilitated by suitable windows and vents and supported by artificial ventilation with air conditioning and room temperature of between 24 to 28 degrees Celsius.

6.2 Client Care

The neonatal, paediatric, critical-care nurses and midwife shall provide the following services.

Areas of competence

i. Care and counselling to mothers and/or caregivers and their families.
ii. Monitor infants' breathing pattern, weight, feeding, activity, general wellbeing, and vital signs.
iii. Document care and services provided.
iv. Take a focused history, including details of pregnancy, labour and birth.
v. Perform focused physical examination of the neonate.
vi. Utilize management strategies and therapeutics in provision of care.
vii. Facilitates the initiation (within the first hour), establishment, and continuation of lactation where indicated; and/or counseling about safe formula feeding when indicated
viii. Teach mothers on exclusive breastfeeding and how to express breast milk and store expressed breastmilk.

ix. Identify deviations from normal and provide timely appropriate first-line treatment before referring to appropriate personnel

STANDARD 7: CHILD HEALTH CARE

Paediatric and child health nurses provide high quality, comprehensive care for the essentially healthy infant and a child up to 59 months of age.

7.1 REQUIREMENTS:

7.1.1 Location: Maternal and Child Health department

7.1.2 Staffing: Minimum qualification – Diploma in Paediatric and Child Health Nursing

Nurse/patient ratio 1: 10

7.1.3 Size and layout of rooms: All rooms shall meet Public Health Act building regulations, and room's walls, fixtures, windows, doors, floors and roof are in good state of repair. The Department shall have a waiting bay/reception, counseling room, Access to toilets, registration bay and storeroom. Has one room or space for examination combined with vaccine administration, room for vaccine storage (**The physical space does not have to be separated or a stand-alone unit).**

7.1.4 Ventilation and Lighting: The rooms shall have adequate natural ventilation facilitated by suitable windows and vents and supported by artificial ventilation with air conditioners as desirable while fans being acceptable**.** The rooms shall also have adequate natural and artificial lighting.

7.1.5 Medical equipment and supplies: The child health clinic shall have the following equipment, examination couch, clinical thermometer, MUAC tape, measuring tape, examination light, weighing scale, drip stand, height measuring scale, tourniquet, trays/receivers, DBS collection tray, forceps/implant set and a vaccine fridge, temperature monitoring charts and vaccine carriers.

The department shall also be well stocked with adequate examination gloves, gauze swabs, syringes, cotton wool, surgical gloves, blades, antiseptic solutions, catheters, cannulas, needles and specimen bottles

7.1.6 Prophylaxis and supplements: The department should have the following drugs for prophylaxis and supplements: Cotrimoxazole, ARVs (PMTCT package), BCG, OPV, IPV, DPT Hib Hep B, PCV, Rota Vaccine, MR, deworming tablets, vitamin A.

7.1.7 Screening and testing services: The Paediatric nurse provides the following services; DBS

and HIV testing for early infant diagnosis (EID).

7.1.8 Protocols and patient teaching materials: Nursing and Midwifery protocols, Standard operating procedures, procedure manuals, Under 5 immunisation schedule chart, Pamphlets, leaflets, Posters and electronic materials.

7.1.9 Emergency Preparedness: The department shall be equipped to manage emergencies and the following shall be readily available, cord clump, tool kits for managing for management of AEFI and easily accessed emergency trolley stocked with emergency drugs and equipment phenobarbitone, diazepam, promethazine, lignocaine, furosemide, metoclopramide, atropine, aminophylline, hydrocortisone, adrenaline, hydralazine, potassium chloride and sodium bicarbonate, bag and mask. The department shall have a system of monitoring the inventory.

7.1.10 Cold chain maintenance: The clinic shall ensure availability of a fridge for medicine, fridge thermometer, updated room temperature chart, fridge maintenance log up to date, ice packs available, and cooler boxes available. An alternative plan for maintenance of cold chain during power outage shall be documented and displayed.

7.2 Well Child Care

The Paediatric nurse shall;

i. Conduct physical examination on the child during postnatal reviews and under five clinics according to guidelines.
ii. Weigh and take height/length of the child and document accordingly
iii. Assess and check for immunization status and administer appropriate vaccinations according to the guidelines of the WHO expanded programme on immunization.
iv. Engage in community partnerships and use of social listening platforms to promote equity and access to routine immunisations.
v. Utilise the RED/REC strategy to ensure children obtain the vaccines as required.
vi. Assess children for early childhood development (ECD) as per guidelines.
vii. Provide appropriate support and counselling to mothers or careers according to WHO guidelines

viii. Assess children for breastfeeding and nutritional status.

ix. Be knowledgeable and skilled in the management of normal childhood development.

7.3. Sick Child Care

Areas of competence

i. Conduct physical examination, resuscitate and refer to Paediatric Ward or next level of care.
ii. Triage and promptly assess children for emergency and priority signs to determine whether they require resuscitation and receive pre-referral treatment and refer to Paediatric Ward or next level of care.
iii. Identify danger signs in a sick child, assess and classify using the IMCI guidelines
Ensure that all sick infants (especially small newborns, those at risk for HIV infection, a cough, Tuberculosis, with fever, diarrhoea, risk of malnutrition) are thoroughly assessed for serious infection and receive appropriate care and refer to Paediatric Ward or next level of care.

STANDARD 8: FAMILY PLANNING AND INTEGRATED REPRODUCTIVE HEALTH SERVICES

A midwife shall provide high quality family planning and integrated reproductive health services to maximize reproductive health during all stages of the reproductive cycle and that includes early detection and treatment or referral of selected complications.

8.1 REQUIREMENTS

8.1.1 Location: Maternal and Child Health Department

8.1.2 Staffing: Minimum qualification – Diploma in midwifery
Midwife/patient ratio 1: 10

8.1.3 Size and layout of rooms: All rooms shall meet Public Health Act building regulations, and room's walls, fixtures, windows, doors, floors and roof are in good condition. The Department shall have a waiting bay/reception, palpation room, counseling room, Access to toilets, registration bay and storeroom.

8.1.4 Ventilation and Lighting: The rooms shall have adequate natural ventilation facilitated by suitable windows and vents and supported by artificial ventilation with air conditioners as desirable while fans being acceptable**.** The rooms shall also have adequate natural and artificial lighting.

8.1.5 Medical equipment and supplies

The clinic shall have the following equipment; BP Machine, examination couch, footstep, fetal scope, clinical thermometer, measuring tape, examination light, weighing scale, drip stand, wheel chair, stretcher, height measuring scale, tourniquet, trays/receivers, speculums, forceps/implant set and the unit shall have access to ultrasound services.

The department shall also be well stocked with adequate examination gloves, gauze swabs, syringes, cotton wool, surgical gloves, blades, antiseptic solutions, catheters, cannulas, needles and specimen bottles

8.1.6 Prophylaxis and supplements: The department should have the following drugs; oral contraceptives, injectable contraceptives, implants, IUCDs, condoms, ARVs (Pre and post exposure package), folic acid, Ferrous Sulphate, analgesics, antibiotics and TT vaccine.

8**.1.7 Screening and testing services:** The midwife provides retesting the following services; dual testing (Syphilis and HIV) and gravindex test

8.1.8 Protocols and patient teaching materials: Nursing and Midwifery protocols, Standard operating procedures, procedure manuals, Family planning counseling (GATHER) chart, Pamphlets, leaflets, Posters and electronic materials.

8.1.9 Emergency Preparedness: The department shall be equipped to manage any emergencies and the following shall be readily; available accessed emergency trolley stocked with emergency drugs and equipment. The department shall have a system of monitoring the inventory.

8.2 Client Care

Areas of competence

i. Be knowledgeable on the growth and development related to sexuality, sexual development and sexual activity to aid in professional practice.
ii. Understand the cultural norms and practices surrounding sexuality, sexual practices, marriage and childbearing.

iii. Collect components of a health history, family history and relevant genetic history related to reproductive health.
iv. Conduct a physical examination and collect laboratory specimens to evaluate potential for reproductive health problems
v. Provide health education content targeted to sexual and reproductive health (e.g., sexually transmitted infections, HIV, cervical cancer, breast cancer, uterine prolapse etc.).
vi. Have knowledge on principles of pharmacokinetics of family planning drugs and agents.
vii. Utilize culturally acceptable and locally available natural family planning methods (where applicable), contemporary family planning methods including; barrier, steroidal, mechanical, chemical and surgical methods of contraception,
viii. Educate the client on mode of action, indications for use, benefits and risks; rumours and myths that affect family planning use.
ix. Utilise the medical eligibility criteria for all methods of family planning, including appropriate time frames for method use.
x. Utilise methods and strategies for guiding women and/or couples needing to make decisions about methods of family planning.
xi. Provide counsel, manage and refer dysfunctional interpersonal relationships, including sexual problems, gender-based violence, emotional abuse and physical neglect.
xii. Provide screening for various reproductive health problems such as cervical cancer, breast cancer, pelvic infections using various tests and techniques (e.g., visual inspection with acetic acid (VIA), Pap test, and colposcopy, clinical breast examination, pelvic examinations).
xiii. Provide counsel and manage discomforts of menopause.
xiv. Provide comprehensive abortion care services according to national guidelines.
xv. Inform women who are considering abortion about available services for those keeping the pregnancy and for those proceeding with abortion, methods for obtaining abortion, and to support women in their choice.
xvi. Utilise cultural competence to advocate for men and women against cultural practices that endanger their reproductive health.

STANDARD 9: ADOLESCENT HEALTH CARE SERVICES

The provision of Adolescent health services will be a combination of high-quality services that are relevant, accessible, attractive, affordable, appropriate and acceptable to adolescents and young people. The main goal is to improve the physical and emotional well-being of adolescents which includes their ability to remain free from unwanted pregnancy, unsafe abortion, sexually transmitted infections (including HIV), and all forms of sexual violence and coercion, mental problems and substance abuse.

9.1 REQUIREMENTS

9.1.1 Location: Adolescent Health Space: there shall be a separate health space for Adolescents and young people attached to the Maternal and Child Health Department**.** All facilities providing primary health care services shall have adolescent friendly clinics that are accessible and promote privacy.

9.1.2 Staffing: Minimum qualification –Trained professional health workers of all skill sets, community-based leaders and volunteers

Midwife/patient ratio 1: 10

9.1.3 Size and layout of rooms: All rooms shall meet Public Health Act building regulations, and room's walls, fixtures, windows, doors, floors and roof are in good state of repair. The Department shall have a waiting bay/reception, palpation room, counseling room, Access to toilets, registration bay and storeroom.

9.1.4 Ventilation and Lighting: The rooms shall have adequate natural ventilation facilitated by suitable windows and vents and supported by artificial ventilation with air conditioners as desirable while fans being acceptable**.** The rooms shall also have adequate natural and artificial lighting.

9.1.5 Medical equipment and
supplies

The department shall also be well stocked with adequate examination gloves, gauze swabs, syringes, cotton wool, surgical gloves, blades, antiseptic solutions

IEC materials, TPR tray, testing kits for RPR, HIV, Gravindex, family planning commodities, recreation facilities, library, appropriate referral forms height measuring scale, tourniquet, trays/receivers, gloves, specimen bottles,

9.1.6 Prophylaxis and supplements: The department should have the following drugs; oral

contraceptives, injectable contraceptives, implants, IUCDs, condoms, as well as for prophylaxis and supplements: ARVs (Pre and post exposure package), folic acid, Ferrous Sulphate, analgesics, antibiotics and TT vaccine

9.1.7 Screening and testing services: The midwife provide the following services; dual testing (Syphilis and HIV), Hb, gravindex

9.1.8 Protocols and patient teaching materials: Nursing and Midwifery protocols, Standard operating procedures, procedure manuals, Pamphlets, leaflets, Posters and electronic materials for IEC.

9.1.9 Emergency Preparedness: The department shall be equipped to manage any emergencies and the following shall be readily; available accessed emergency trolley stocked with emergency drugs and equipment. The department shall have a system of monitoring the inventory.

9.2 Client Care

Areas of competence

i. Implement systems to ensure that adolescents and young people are knowledgeable about their own health and know where and when to obtain health services.

ii. Ensure the service delivery point provides a package of information, counselling, diagnostic, treatment and care services that fulfill the needs of adolescents and young.

iii. Provide the following services in the ADH spaces;

a) Physical Examination and screening.

b) HIV testing services that include self-testing service.

c) HIV Treatment and Care including Opportunistic Infections management.

d) STI screening, treatment and care.

e) Family Planning Services.

f) Alcohol and Substance abuse education, treatment and care.

g) TB screening, prophylaxis and treatment.

h) Counselling service (sexual reproductive health, adherence, psychosocial, career and peer education)

i) Linkages to Child Protection Services and Social safety nets.

j) Recreation services.

k) Nutrition Counseling.

l) Sexual and Gender Based Violence services.

m) Mental Health

STANDARD 10: INFECTION PREVENTION AND CONTROL

All MCH and IRH services shall be provided safely with strict adherence to infection prevention and universal precautions which include but not limited to;

Waste management: a pedal bin, clinical and non-clinical colour coded waste bins and/ or with Red, yellow and black liners according to IPC guidelines.

Sanitation: a hand washing facility with running water, liquid soap, paper towel and signage.

Sterilization: access to Central Sterilization Supply Department or facility Sterilization Unit

Decontamination: The midwife shall ensure that there is a system for decontamination (e.g., a bucket of soapy water, Chlorine, and plain water, cheatle forceps, cheatle forceps holder, and decontamination Standard Operative Procedures.

Personal protective Equipment: gumboots, re-usable plastic aprons, face shields, goggles and gloves shall be available in labour ward or delivery rooms at all levels of care.

STANDARD 11: HEALTH PROMOTION IN MIDWIFERY PRACTICE

Midwifery practice embraces clinical and health promotion interventions aimed at improving the health status of the client and sustaining life styles within the context of Primary Health Care. Health promotion is a guiding concept involving activities indentured to enhance individual and community health and well-being to increase involvement and control by the individual and community in their own health. The goal is to improve health and social welfare, and reduce specific determinants of disease and risk factors that adversely affect the health, well-being and productivity capacities of individuals or society.

11.1 REQUIREMENTS

11.1.1 Location: At all levels of midwifery care

11.1.2 Staffing: Minimum qualification: Diploma in Midwifery

11.2 Service Provision

Areas of competence

i. Promote and provide continuity of care.
ii. Work across the continuum from pre-pregnancy, pregnancy, labour and birth, postpartum, and the early weeks of newborn infants' life.
iii. Work in the woman's home, hospitals, the community, midwifery-led units and all other environments where women require care by midwives.
iv. Be responsible for creating an environment that is safe, respectful, kind, nurturing, and empowering, ensuring that the woman's experience of care during her whole maternity journey is seamless.
v. Identify the relationships between the demographic trends, social-cultural trends in relation to adolescent, maternal and neonatal health.
vi. Identify at- risk groups and refers to appropriate levels of care.
vii. Utilize information to meet client's health needs.
viii. Use the information to collaborate with other team members on client management.
ix. Identify and collaborate with community based reproductive health organisations and community-based agents.
x. Apply strategies for prevention and control of contributory factors to maternal and neonatal morbidity and mortality.
xi. Promotes the quality of HIV prevention, care and treatment services for women and children.
xii. Apply clinical skills appropriate in all settings.
xiii. Utilise principles of PHC with individuals, families' groups and communities to response to varies health needs.
xiv. Initiate health promotion activities in accordance with client needs at all levels.
xv. Utilise information, education and communication in health promotion.

xvi. Assess, plan implement and evaluate holistic ANC in collaboration with the woman and her family.

xvii. Apply knowledge and counseling skills with individuals, families, groups and communities.

xviii. Utilise appropriate methods to disseminate information to colleagues and clients

xix. Utilise various approaches to disseminate health promotion messages e.g., popular theatre and drama.

xx. Utilise appropriate methods to conduct community assessment and diagnosis e.g., Participatory Learning Action (PLA), Visualization in Participatory Programmes (VIPP), etc.

xxi. Participate in developing IEC teaching materials.

xxii. Collaborate with stakeholders in health promotion activities and programmes.

xxiii. Support and participate in surveillance activities.

STANDARD 12 LEADERSHIP AND MANAGEMENT

Midwifery leadership must be underpinned by the principles of effective leadership; that is the skills to inspire, influence, advocate, collaborate, communicate, challenge the status-quo, be accountable, and demonstrate compassion (ICM, Professional framework, 2022)

12.1 REQUIREMENTS

12.1.1 Location: At all levels of midwifery care

12.1.2 Staffing: Minimum qualification: Degree in Midwifery/Diploma in Midwifery depending on level of care.

12.2 Midwifery Leadership and Management

Areas of competence

i. Mobilise and manage resources effectively (human, financial, time and material etc., to ensure sustainable and cost-effective quality of midwifery care).

ii. Advocates for continued development of education practice, research, management and leadership for the provision and management of comprehensive quality midwifery and reproductive health care

iii. Effectively participates in health policy development and/or implementation to improve midwifery and other reproductive health services

iv. Planning and target- setting for midwifery services
v. Scheduling all maternal health services in relation to staffing
vi. Coordinate and evaluate all the maternal services according to level of care

DOMAIN 3: PROFESSIONAL DEVELOPMENT AND QUALITY MANAGEMENT

STANDARD 1: Professional Development

Midwifery practice requires a structured CPD which is a lifelong learning in order to maintain, develop, update and increase knowledge, skills, attitudes and competencies of a licensed midwife.

Areas of competence

i. Ensure individual professional responsibility to engage in continuous professional development activities and shall accrue a minimum of 20 CPD points in a year to be eligible for licensure.
ii. Conduct and/ or participate in research to generate evidence to inform midwifery education and practice
iii. Participate in professional organization and association
iv. Use comprehensive professional knowledge and skills to provide safe, competent, compassionate and respectful care

STANDARD 2: Quality Management

Quality management includes the determination of a quality policy, creating and implementing quality planning and assurance, quality control and quality improvement.

Areas of competence

i. Participate in all aspects of quality management including: quality assurance, case review, and quality improvement according to established quality assurance standards and guidelines
ii. Consistently provide quality preconception, antenatal, intrapartum and postpartum care

iii. Participate in data collection, analysis, utilization and reporting to relevant authorities in order to improve patient outcomes and influence policy implementation.
iv. Utilise available evidence for efficient and effective midwifery care and planning
v. Participate in case reviews; Maternal perinatal death surveillance and response (MPDSR) according to guidelines
vi. Conduct quality service assessment and midwifery care audits
vii. Communicate and collaborate effectively with women, women's families and with the multidisciplinary health team

SUMMARY

Midwives are the primary care givers in maternal and newborn health who are educated and regulated to international standards to provide essential maternal and newborn health. Standardised midwifery practice is critical to achieving global and national health objectives and moving progressively toward Universal Health Coverage (UHC).

The effective implementation of the set standards will significantly contribute to improved maternal and newborn health care outcomes.

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