



International  
Confederation  
of Midwives

Strengthening Midwifery Globally

# Essential Competencies

*for Midwifery Practice*

2018 UPDATE

Final version published January 2019

# Contents

2	INTRODUCTION
3	THE REVIEW PROCESS
3	APPROACH TO THE COMPETENCIES
4	COMPETENCY FRAMEWORK
5	FRAMEWORK STRUCTURE
6	EXPLANATION OF COMPETENCY COMPONENTS
7	LANGUAGE
7	ADVANCED, OPTIONAL, CONTEXT-SPECIFIC INDICATORS, AND COMPETENCIES
8	GENERAL COMPETENCIES
13	PRE-PREGNANCY AND ANTENATAL
17	CARE DURING LABOUR AND BIRTH
19	ONGOING CARE OF WOMEN AND NEWBORNS
22	ENDNOTES

## Introduction

The International Confederation of Midwives (ICM) Essential Competencies for Midwifery Practice outline the minimum set of knowledge, skills and professional behaviours required by an individual to use the designation of midwife as defined by ICM<sup>1</sup> when entering midwifery practice. The competencies are presented in a framework of four categories that sets out those competencies considered to be essential and that “represent those that should be an expected outcome of midwifery pre-service education”<sup>2</sup>. These competency statements are “linked to authoritative clinical practice guidance documents used by the World Health Organization”<sup>3,4,5,6,7,8,9</sup> and ICM’s Core documents and Position Statements.<sup>10</sup>

Guidance documents undergo revision based on ever-evolving research. ICM’s essential competency statements are also evaluated and amended as the relevant evidence concerning sexual, reproductive, maternal and newborn health care and midwifery practices emerges. The competencies presented in this document have been updated through such a review process.

# The Review Process

ICM's 'Essential Competencies for Basic Midwifery Practice' were first developed in 2002 and updated in 2010 and 2013. Between 2014 – 2017 the competencies were reviewed through a research study led by a team from the University of British Columbia (UBC)<sup>11</sup> and supported by a core working group of midwifery educators<sup>12</sup> and a taskforce of stakeholders.<sup>13</sup> The research process included a literature review, thematic analysis of policy and other documents related to midwifery competencies, a modified Delphi approach involving three rounds of an online survey and development of a conceptual framework for presentation of the competencies. The three-round Delphi survey was conducted online in French, English and Spanish with an inclusive sample of invited participants drawn from ICM Member Associations (across all ICM regions and language groups and from low, middle and high-income countries), midwifery educators, midwifery regulators, ICM Standing Committees, the ICM Board and stakeholders.<sup>14</sup>

The ICM Board received the final draft report and updated competencies, including a proposed new competency framework, from the research team in April 2017. Council Members asked that the final format of the competencies enhance simplicity, accessibility, usability and measurability of the competencies by multiple audiences including those for whom English is a second language. The incoming Board (2017 – 2020) established a sub-committee to provide oversight to the process of finalising the updated competencies. Two consultants, a learning designer<sup>15</sup> and a midwife educational expert,<sup>16</sup> were contracted to revise the format of the draft framework (2017) and the draft competencies with the aim of increasing the simplicity, accessibility, usability and measurability by multiple audiences. Changes were to be based on the 2017 draft competencies and were to retain their integrative approach. The consultants redesigned the framework, and reworded and reorganised the competencies, drawing on ICM's core documents<sup>17</sup> and position statements to ensure alignment. A team from Laerdal Global Health designed the visual representation of the competencies and the final version was completed in April and accepted by the Board in May 2018.

The updated competencies (2018) were disseminated in mid-October 2018 and ICM received extensive positive feedback from members and partners. ICM also received feedback from a small number of respondents that the labour and birth icon should show the woman in a more upright birthing position and that the midwife's autonomy and role in managing emergencies should be more strongly emphasised. Consequently, minor amendments were made and the updated document (dated January 2019) was disseminated.

## Approach to the Competencies

The updated competencies are organised into a framework of four inter-related categories; general competencies that apply to all aspects of a midwife's practice, and competencies that are specific to care during pre-pregnancy, antenatal, labour, birth and the postnatal period.

The updated competencies are written as holistic statements that reflect the ICM's Philosophy and Model of Midwifery Care in addition to the ICM Definition and Scope of Practice of a Midwife.<sup>18</sup> As such the competencies promote:

- the autonomy of midwives to practise within the full scope of midwifery practice and in all settings
- the role of the midwife to support physiology and promote normal birth
- the role of the midwife to uphold human rights and informed consent and decision making for women
- the role of the midwife to promote evidence-based practice, including reducing unnecessary interventions
- the role of the midwife to assess, diagnose, act, intervene, consult and refer as necessary, including providing emergency interventions.

The competencies are integrated statements and not a list of tasks. Examples are illustrative and not an exhaustive list.

Midwife educators are expected to structure curricula and design learning activities that will enable midwifery students to learn the knowledge and develop the skills and behaviours that are integrated within each competency.

# Competency Framework

The competencies are organised into four inter-related categories as outlined below



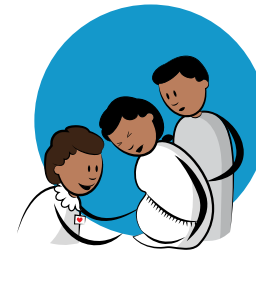
## 1. GENERAL COMPETENCIES

Competencies in this category are about the midwife's autonomy and accountabilities as a health professional, the relationships with women and other care providers and care activities that apply to all aspects of midwifery practice. All General Competencies are intended to be used during any aspect of midwifery care whereas competencies in categories 2, 3, and 4 are each specific to a part of the reproductive process and must be viewed as subsets of the General Competencies, not stand-alone subsets. Educational and/or training providers should ensure that the General competencies are interwoven in any curriculum. Assessment of the competencies in categories 2, 3, and 4 must include assessment of the competencies in category 1.



## 2. COMPETENCIES SPECIFIC TO PRE-PREGNANCY AND ANTENATAL CARE

Competencies in this category are about health assessment of the woman and fetus, promotion of health and well-being, detection of complications during pregnancy and care of women with an unintended pregnancy.



## 3. COMPETENCIES SPECIFIC TO CARE DURING LABOUR AND BIRTH

Competencies in this category are about assessment and care of women during labour that facilitates physiological processes and a safe birth, the immediate care of the newborn infant, and detection and management of complications in mother or infant.

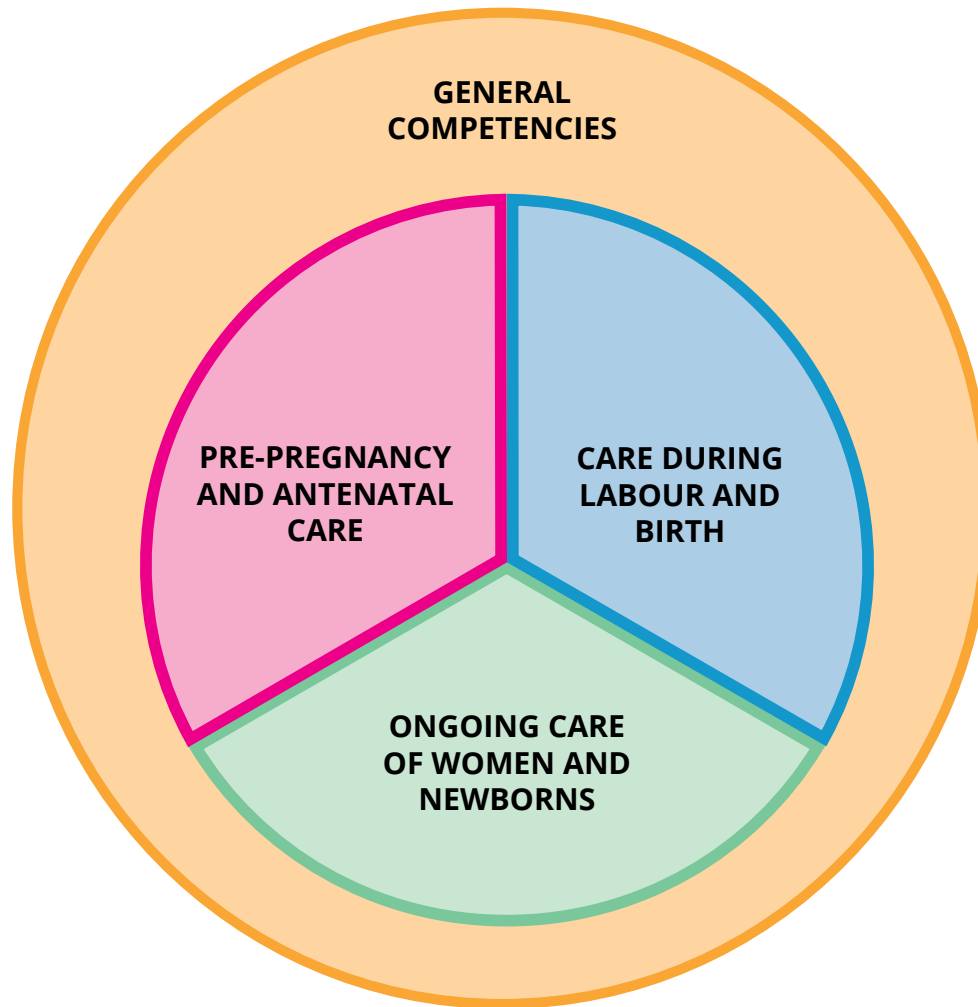


## 4. COMPETENCIES SPECIFIC TO THE ONGOING CARE OF WOMEN AND NEWBORNS

Competencies in this category address the continuing health assessment of mother and infant, health education, support for breast feeding, detection of complications, and provision of family planning services.

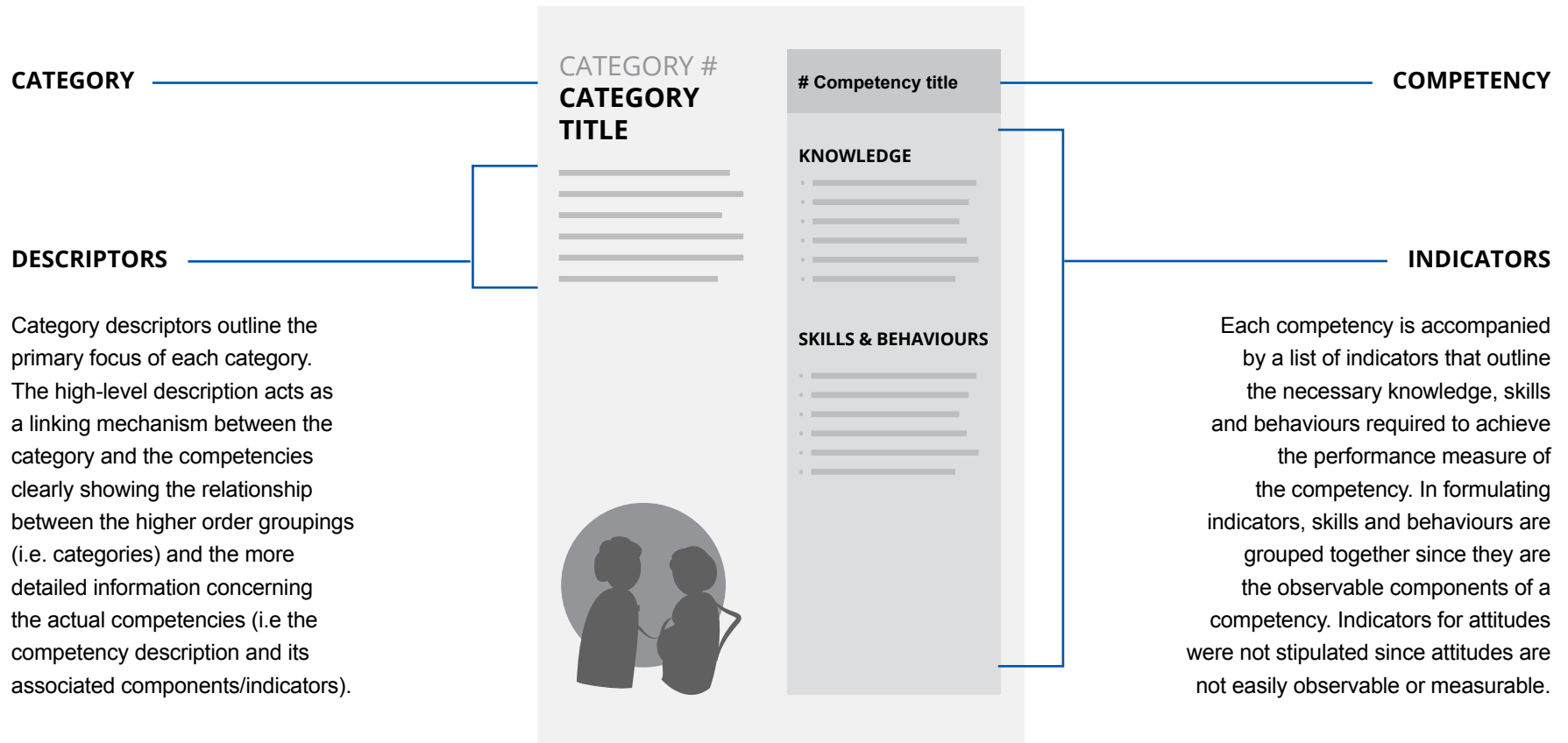
# Framework Structure

The diagram below provides a visual representation of the framework structure.



# Explanation of Competency Components

This graphic outlines the components of the competency framework.



CATEGORY #  
**COMPETENCIES**  
TITLE

---

---

---

---

---

---

# Competency title

**KNOWLEDGE**

- ---
- ---
- ---
- ---
- ---
- ---

**SKILLS & BEHAVIOURS**

- ---
- ---
- ---
- ---
- ---
- ---



## Language

The competencies and indicators were evaluated for clarity of language, measurability, and ease of translation. Concrete verbs were used to facilitate the measurement of the competency and/or indicator. All competencies and indicators are written to:

- Show alignment between the competency and indicators;
- Contain verbs appropriate for the level required and that are measurable;
- Use consistent language that is clear and free of jargon; and
- Provide sufficient detail for comprehension.

## Advanced, optional, context-specific indicators, and competencies

Competencies and indicators previously designated as advanced/optional/context specific are not included as a separate category in the framework for essential competencies. Such statements are conceptually inconsistent with defining the competencies that are expected of all midwives. ICM will consider if it is necessary to develop, in the future, competencies that extend/expand beyond those deemed as essential.

# CATEGORY 1

## GENERAL COMPETENCIES

Competencies in this category are about the midwife's autonomy and accountabilities as a health professional, the relationships with women and other care providers, and care activities that apply to all aspects of midwifery practice. General Competencies apply across each of categories 2, 3 and 4.



### 1.a Assume responsibility for own decisions and actions as an autonomous practitioner

#### KNOWLEDGE

- Principles of accountability and transparency
- Principles and concepts of autonomy
- Principles of self-assessment and reflective practice
- Personal beliefs and their influence on practice
- Knowledge of evidence-based practices

#### SKILLS & BEHAVIOURS

- Demonstrate behaviour that upholds the public trust in the profession
- Participate in self-evaluation, peer review and other quality improvement activities
- Balance the responsibility of the midwife to provide best care with the autonomy of the woman to make her own decisions
- Explain the midwife's role in providing care that is based on relevant law, ethics, and evidence

### 1.b Assume responsibility for self-care and self-development as a midwife

#### KNOWLEDGE

- Strategies for managing personal safety particularly within the facility or community setting

#### SKILLS & BEHAVIOURS

- Display skills in management of self in relation to time management, uncertainty, change and coping with stress
- Assume responsibility for personal safety in various practice settings
- Maintain up-to-date skills and knowledge concerning protocols, guidelines and safe practice
- Remain current in practice by participating in continuing professional education (for example, participating in learning opportunities that apply evidence to practice to improve care such as mortality reviews or policy reviews.)
- Identify and address limitations in personal skill, knowledge, or experience
- Promote the profession of midwifery, including participation in professional organizations at the local and national level



### 1.c Appropriately delegate aspects of care and provide supervision

#### KNOWLEDGE

- Policies and regulation related to delegation
- Supportive strategies to supervise others
- Role of midwives as preceptors, mentors, supervisors, and role models

#### SKILLS & BEHAVIOURS

- Provide supervision to ensure that practice is aligned with evidence-based clinical practice guidelines
- Support the profession's growth through participation in midwifery education in the roles of clinical preceptor, mentor, and role model

### 1.d Use research to inform practice

#### KNOWLEDGE

- Principles of research and evidence-based practice
- Epidemiologic concepts relevant to maternal and infant health
- Global recommendations for practice and their evidence base (e.g. World Health Organisation guidelines)

#### SKILLS & BEHAVIOURS

- Discuss research findings with women and colleagues
- Support research in midwifery by participating in the conduct of research

### 1.e Uphold fundamental human rights of individuals when providing midwifery care

#### KNOWLEDGE

- Laws and/or codes that protect human rights
- Sexual, reproductive health rights of women and girls
- Development of gender identity and sexual orientation
- Principles of ethics and Human Rights within midwifery practice

#### SKILLS & BEHAVIOURS

- Provide information to women about their sexual and reproductive health rights
- Inform women about the scope of midwifery practice and women's rights and responsibilities
- Provide information and support to individuals in complex situations where there are competing ethical principles and rights
- Practice in accordance with philosophy and code of ethics of the ICM and national standards for health professionals
- Provide gender sensitive care



### 1.f Adhere to jurisdictional laws, regulatory requirements, and codes of conduct for midwifery practice

#### KNOWLEDGE

- The laws and regulations of the jurisdiction regarding midwifery
- National/state/local community standards of midwifery practice
- Ethical principles
- ICM and other midwifery philosophies, values, codes of ethics

#### SKILLS & BEHAVIOURS

- Practise according to legal requirements and ethical principles
- Meet requirements for maintenance of midwifery registration
- Protect confidentiality of oral information and written records about care of women and infants
- Maintain records of care in the manner required by the health authority
- Comply with all local reporting regulations for birth and death registration
- Recognize violations of laws, regulations, and ethical codes and take appropriate action
- Report and document incidents and adverse outcomes as required while providing care

### 1.g Facilitate women to make individual choices about care

#### KNOWLEDGE

- Cultural norms and practices surrounding sexuality, sexual practices, marriage, the childbearing continuum, and parenting
- Principles of empowerment
- Methods of conveying health information to individuals, groups, communities

#### SKILLS & BEHAVIOURS

- Advocate for and support women to be the central decision makers in their care
- Assist women to identify their needs, knowledge, skills, feelings, and preferences throughout the course of care
- Provide information and anticipatory guidance about sexual and reproductive health to assist women's decision making
- Collaborate with women in developing a comprehensive plan of care that respects her preferences and decisions

### 1.h Demonstrate effective interpersonal communication with women and families, health care teams, and community groups

#### KNOWLEDGE

- Role and responsibilities of midwives and other maternal – infant health providers
- Principles of effective communication
- Principles of effectively working in health care teams
- Cultural practices and beliefs related to childbearing and reproductive health
- Principles of communication in crisis situations, e.g. grief and loss, emergencies

#### SKILLS & BEHAVIOURS

- Listen to others in an unbiased and empathetic manner
- Respect one others' point of view
- Promote the expression of diverse opinions and perspectives
- Use the preferred language of the woman or an interpreter to maximise communication
- Establish ethical and culturally-appropriate boundaries between professional and non-professional relationships
- Demonstrate cultural sensitivity to women, families, and communities
- Demonstrate sensitivity and empathy for bereaved women and family members
- Facilitate teamwork and inter-professional care with other care providers (including students) and community groups/ agencies
- Establish and maintain collaborative relationships with individuals, agencies, institutions that are part of referral networks
- Convey information accurately and clearly and respond to the needs of individuals



### 1.i Facilitate normal birth processes in institutional and community settings, including women's homes

#### KNOWLEDGE

- Normal biologic, psychologic, social, and cultural aspects of reproduction and early life
- Practices that facilitate and those that interfere with normal processes
- Policies and protocols about care of women in institutional and community settings
- Availability of resources in various settings
- Community views about and utilization of health care facilities and place(s) of birth

#### SKILLS & BEHAVIOURS

- Promote policies and a work culture that values normal birth processes
- Utilize human and clinical care resources to provide personalized care for women and their infants
- Provide continuity of care by midwives known to woman

### 1.j Assess the health status, screen for health risks, and promote general health and well-being of women and infants

#### KNOWLEDGE

- Health needs of women related to reproduction
- Health conditions that pose risks during reproduction
- Health needs of infants and common risks

#### SKILLS & BEHAVIOURS

- Conduct a comprehensive assessment of sexual and reproductive health needs
- Assess risk factors and at-risk behaviour
- Order, perform, and interpret laboratory and/or imaging screening tests
- Exhibit critical thinking and clinical reasoning informed by evidence when promoting health and well being
- Provide health information and advice tailored to individual circumstances of women and their families
- Collaborate with women to develop and implement a plan of care

### 1.k Prevent and treat common health problems related to reproduction and early life

#### KNOWLEDGE

- Common health problems related to sexuality and reproduction
- Common health problems and deviations from normal of newborn infants
- Treatment of common health problems
- Strategies to prevent and control the acquisition and transmission of environmental and communicable diseases

#### SKILLS & BEHAVIOURS

- Maintain/promote safe and hygienic conditions for women and infants
- Use universal precautions consistently
- Provide options to women for coping with and treating common health problems
- Use technology and interventions appropriately to promote health and prevent secondary complications
- Recognize when consultation or referral is indicated for managing identified health problems, including consultation with other midwives
- Include woman in decision-making about referral to other providers and services



### **1.1 Recognize abnormalities and complications and institute appropriate treatment and referral.**

#### **KNOWLEDGE**

- Complications/pathologic conditions related to health status
- Emergency interventions/life-saving therapies
- Limits of midwifery scope of practice and own experience
- Available referral systems to access medical and other personnel to manage complications
- Community/facility plans and protocols for accessing resources in timely manner

#### **SKILLS & BEHAVIOURS**

- Maintain up-to-date knowledge, life-saving skills, and equipment for responding to emergency situations
- Recognize situations requiring expertise beyond midwifery care
- Maintain communication with women about nature of problem, actions taken, and referral if indicated
- Determine the need for immediate intervention and respond appropriately
- Implement timely and appropriate intervention, inter-professional consultation and/or timely referral taking account of local circumstances<sup>19</sup>
- Provide accurate oral and written information to other care providers when referral is made.
- Collaborate with decision-making if possible and appropriate

### **1.m Care for women who experience physical and sexual violence and abuse**

#### **KNOWLEDGE**

- Socio-cultural, behavioural, and economic conditions that often accompany violence and abuse
- Resources in community to assist women and children
- Risks of disclosure

#### **SKILLS & BEHAVIOURS**

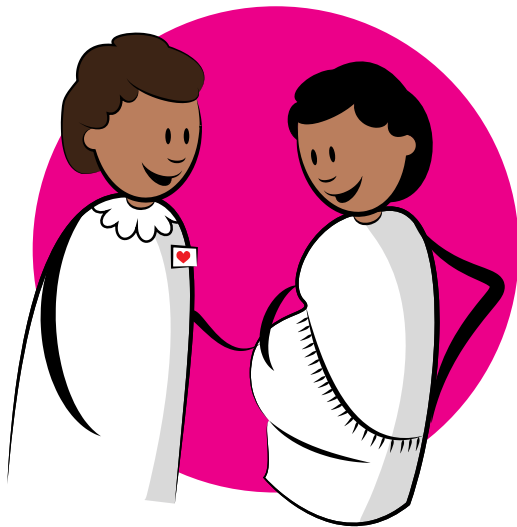
- Protect privacy and confidentiality
- Provide information to all women about sources of help regardless of whether there is disclosure about violence
- Inquire routinely about safety at home, at work
- Recognize potential signs of abuse from physical appearance, emotional affect, related risk behaviours such as substance abuse
- Provide special support for adolescents and victims of gender-based violence including rape
- Refer to community resources, assist in locating safe setting as needed



## CATEGORY 2

# PRE-PREGNANCY AND ANTENATAL

Competencies in this category are about health assessment of the woman and fetus, promotion of health and well-being, detection of complications during pregnancy, and care of women with an unexpected pregnancy.



### 2.a Provide pre-pregnancy care

#### KNOWLEDGE

- Anatomy and physiology of female and male related to reproduction and sexual development
- Socio-cultural aspects of human sexuality
- Evidence based screening for cancer of reproductive organs and other health problems such as diabetes, hypertension, thyroid conditions, and chronic infections that impact pregnancy

#### SKILLS & BEHAVIOURS

- Identify and assist in reducing barriers related to accessing and using sexual and reproductive health services
- Assess nutritional status, current immunization status, health behaviours such as use of substances, existing medical conditions, and exposure to known teratogens
- Carry out screening procedures for sexually transmitted and other infections, HIV, cervical cancer
- Provide counseling about nutritional supplements such as iron and folic acid, dietary intake, exercise, updating immunizations as needed, modifying risk behaviours, and prevention of sexually transmitted infections, family planning, and methods of contraception.

### 2.b Determine health status of woman

#### KNOWLEDGE

- Physiology of menstrual and ovulatory cycle
- Components of a comprehensive health history including psycho-social responses to pregnancy and safety at home
- Components of complete physical exam
- Health conditions including infections and genetic conditions detected by screening blood and biologic samples

#### SKILLS & BEHAVIOURS

- Confirm pregnancy and estimate gestational age from history, physical exam, laboratory test and/or ultrasound
- Obtain comprehensive health history
- Perform a complete physical examination
- Obtain biologic samples for laboratory tests (e.g. venipuncture, finger puncture, urine samples, and vaginal swabs)
- Provide information about conditions that may be detected by screening
- Assess status of immunizations, and update as indicated
- Discuss findings and potential implications with woman and mutually determine plan of care

## 2.c Assess fetal well-being

### KNOWLEDGE

- Placental physiology, embryology, fetal growth and development, and indicators of fetal well-being
- Evidence-based guidelines for use of ultrasound

### SKILLS & BEHAVIOURS

- Assess fetal size, amniotic fluid volume, fetal position, activity, and heart rate from examination of maternal abdomen
- Determine whether there are indications for additional assessment/examination and refer accordingly
- Assess fetal movements and ask woman about fetal activity

## 2.d Monitor the progression of pregnancy

### KNOWLEDGE

- Usual physiological and physical changes with advancing pregnancy
- Nutritional requirements of pregnancy
- Common psychological responses to pregnancy and symptoms of psychological distress
- Evidence informed antenatal care policies and guidelines, including frequency of antenatal visits<sup>20</sup>

### SKILLS & BEHAVIOURS

- Conduct assessments throughout pregnancy of woman's physical and psychological well-being, family relationships, and health education needs
- Provide information regarding normal pregnancy to woman, her partner, family members, or other support persons
- Suggest measures to cope with common discomforts of pregnancy
- Provide information (including written and/or pictorial) about danger signs, (e.g. vaginal bleeding, signs of preterm labour, prelabour, rupture of membranes) emergency preparedness, and when and where to seek help
- Review findings and revise plan of care with woman as pregnancy progresses

## 2.e Promote and support health behaviours that improve well being

### KNOWLEDGE

- Impact of adverse social, environmental, and economic conditions on maternal -fetal health
- Effects of inadequate nutrition and heavy physical work
- Effects of tobacco use and exposure to second-hand smoke, use of alcohol and addictive drugs
- Effects of prescribed medications on fetus
- Community resources for income support, food access, and programs to minimize risks of substance abuse
- Strategies to prevent or reduce risks of mother-to-child disease transmission including infant feeding options for HIV infection
- Effects of gender-based violence, emotional abuse, and physical neglect

### SKILLS & BEHAVIOURS

- Provide emotional support to women to encourage change in health behaviour
- Provide information to woman and family about impact on mother and fetus of risk conditions.
- Counsel women about and offer referral to appropriate persons or agencies for assistance and treatment
- Respect women's decisions about participating in treatments and programs
- Make recommendations and identify resources for smoking reduction/cessation in pregnancy



## 2.f Provide anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood, and change in the family

### KNOWLEDGE

- Needs of individuals and families for different information at different times in their respective life cycles
- Methods of providing information to individuals and groups
- Methods of eliciting maternal feelings and expectations for self, infant, and family

### SKILLS & BEHAVIOURS

- Participate in--and refer women and support persons to--childbirth education programs
- Convey information accurately and clearly and respond to needs of individuals
- Prepare the woman, partner, and family to recognize labour onset, when to seek care, and progress of labour
- Provide information about postpartum needs including contraception, care of newborn infants, and the importance of exclusive breast feeding for infant health
- Identify needs or problems requiring further expertise or referral such as excessive fear, and dysfunctional relationships

## 2.g Detect, stabilise, manage, and refer women with complicated pregnancies

### KNOWLEDGE

- Complications of early pregnancy such as threatened or actual miscarriage, and ectopic pregnancy
- Fetal compromise, growth restriction, malposition, preterm labour
- Signs and symptoms of maternal pathologic conditions such as pre-eclampsia, gestational diabetes, and other systemic illnesses
- Signs of acute emergencies such as hemorrhage, seizures, and sepsis

### SKILLS & BEHAVIOURS

- Stabilise in emergencies and refer for treatment as necessary<sup>21</sup>
- Collaborate in care of complications
- Implement critical care activities to support vital body functions (e.g. intravenous (IV) fluids, magnesium sulphate, antihemorrhagics)<sup>22</sup>
- Mobilize blood donors if necessary
- Transfer to higher level facility if needed

## 2.h Assist the woman and her family to plan for an appropriate place of birth

### KNOWLEDGE

- Evidence about birth outcomes in different birthplace settings
- Availability of options in specific location; limitations of climate, geography, means of transport, and resources available in facilities
- Local policies and guidelines

### SKILLS & BEHAVIOURS

- Discuss options, preferences and contingency plans with woman and support persons and respect their decision
- Provide information about preparing birth site if in community, e.g. travel and admission to facility
- Promote the availability of a full range of birth settings



## 2.i Provide care to women with unintended or mistimed pregnancy

### KNOWLEDGE

- Complexity of decision-making about unintended or mistimed pregnancies
- Emergency contraception
- Legal options for induced abortion; eligibility and availability of medical and surgical abortion services
- Medications used to induce abortion; properties, effects, and side effects
- Risks of unsafe abortion
- Family planning methods appropriate for the post-abortion period.
- Care and support (physical and psychological) needed during and after abortion

### SKILLS & BEHAVIOURS

- Confirm pregnancy and determine gestational age; refer for ultrasound if unknown gestation and/or symptoms of ectopic pregnancy
- Counsel woman about options to maintain or end the pregnancy and respect the ultimate decision.
- Provide supportive antenatal care if pregnancy continued; refer to agencies, and social services for support and assistance when needed
- Identify from obstetric, medical and social history, contraindications to medication or aspiration methods
- Provide information about legal regulations, eligibility, and access to abortion services
- Provide information about abortion procedures, potential complications, management of pain, and when to seek help
- Refer to provider of abortion services upon request
- Provide post-abortion care
  - Confirm expulsion of products of conception from history, ultrasound, or levels of HCG
  - Review options for contraception and initiate immediate use of method
  - Explore psychological response to abortion





# CATEGORY 3

## CARE DURING LABOUR AND BIRTH

Competencies in this category are about assessment and care of women during labour that facilitates physiological processes and a safe birth, the immediate care of the newborn infant, detection of complications in mother or infant, stabilisation of emergencies, and referral as needed.



### 3.a Promote physiologic labour and birth

#### KNOWLEDGE

- Anatomy of maternal pelvis and fetus; mechanisms of labour for different fetal presentations
- Physiologic onset and progression of labour
- Evidence informed intrapartum care policies and guidelines, including avoidance of routine interventions in normal labour and birth<sup>23, 24</sup>
- Cultural and social beliefs and traditions about birth
- Signs and behaviours of labour progress; factors that impede labour progress
- Methods of assessing fetus during labour

#### SKILLS & BEHAVIOURS

- Provide care for a woman in the birth setting of her choice, following policies and protocols
- Obtain relevant obstetric and medical history
- Perform and interpret focused physical examination of the woman and fetus
- Order and interpret laboratory tests if needed
- Assess woman's physical and behavioural responses to labour
- Provide information, support, and encouragement to woman and support persons throughout labour and birth
- Provide respectful one-to-one care
- Encourage freedom of movement and upright positions
- Provide nourishment and fluids
- Offer and support woman to use strategies for coping with labour pain, e.g. controlled breathing, water immersion, relaxation, massage, and pharmacologic modalities when needed
- Assess regularly parameters of maternal-fetal status, and e.g. vital signs, contractions, cervical changes, and fetal descent
- Use labour progress graphic display to record findings and assist in detecting complications, e.g. labour delay, fetal compromise, maternal exhaustion, hypertension, infection
- Augment uterine contractility judiciously using non-pharmacological or pharmacological agents to prevent non-progressive labour
- Prevent unnecessary routine interventions, e.g. amniotomy, electronic fetal monitoring, directed closed glottis pushing, episiotomy

### 3.b Manage a safe spontaneous vaginal birth and prevent complications

#### KNOWLEDGE

- Manage a safe spontaneous vaginal birth; prevent complications, stabilise in emergencies, and refer as necessary
- Evidence about conduct of third stage, including use of uterotonics
- Potential complications and their immediate treatment e.g. shoulder dystocia, and excessive bleeding, fetal compromise, eclampsia, retained placenta
- Management of emergencies as covered in emergency skills training programmes such as BEmONC,<sup>25</sup> HMS<sup>26</sup>
- Signs of placental separation; appearance of normal placenta, membranes, and umbilical cord
- Types of perineal and vaginal trauma requiring repair and suturing techniques

#### SKILLS & BEHAVIOURS

- Support the woman to give birth in her position of choice
- Ensure clean environment, presence of clean necessary supplies and source of warmth
- Coach woman about pushing to control expulsion of presenting part, avoid routine episiotomy
- Undertake appropriate manoeuvres and use maternal position to facilitate vertex, face, or breech birth
- Expedite birth in presence of fetal distress
- Delay cord clamping
- Manage nuchal cord
- Assess immediate condition of newborn
- Provide skin to skin contact and warm environment
- Deliver placenta and membranes and inspect for completeness
- Assess uterine tone, maintain firm contraction, and estimate and record maternal blood loss; manage excessive blood loss including administration of uterotonics
- Inspect vaginal and perineal areas for trauma, and repair as needed, following policies and protocols
- Refer for continuing treatment of any complications as needed

### 3.c Provide care of the newborn immediately after birth

#### KNOWLEDGE

- Normal transition to extra-uterine environment
- Scoring systems to assess newborn status
- Signs indicating need for immediate actions to assist transition
- Interventions to establish breathing and circulation as covered in training programs such as HBS<sup>27</sup>
- Appearance and behaviour of healthy newborn infant
- Method of assessing gestational age of newborn infant
- Needs of small for gestational age and low birth weight infants

#### SKILLS & BEHAVIOURS

- Use standardized method to assess newborn condition in the first minutes of life (Apgar or other); refer if needed
- Institute actions to establish and support breathing and oxygenation, refer for continuing treatment as needed
- Provide a safe warm environment for initiating breastfeeding and attachment (bonding) in the first hour of life
- Conduct a complete physical examination of newborn in presence of mother/family; explain findings and expected changes e.g. colour of extremities, moulding of head. Refer for abnormal findings.
- Institute newborn prophylaxis e.g. ophthalmic infection, and hemorrhagic disease, according to policies and guidelines
- Promote care by mother, frequent feeding and close observation
- Involve partner/support persons in providing newborn care



## CATEGORY 4

# ONGOING CARE OF WOMEN AND NEWBORNS

Competencies in this category address the continuing health assessment of mother and infant, health education, support for breast feeding, detection of complications, stabilisation and referral in emergencies, and provision of family planning services.



### 4.a Provide postnatal care for the healthy woman

#### KNOWLEDGE

- Physiological changes following birth, uterine involution, onset of lactation, healing of perineal-vaginal tissues
- Common discomforts of the postnatal period and comfort measures
- Need for rest, support, and nutrition to support lactation
- Psychological responses to mothering role, addition of infant to family

#### SKILLS & BEHAVIOURS

- Review history of pregnancy, labour, and birth
- Conduct a focused physical exam to assess breast changes and involution. Monitor blood loss and other body functions
- Assess mood and feelings about motherhood and demands of infant care
- Provide pain control strategies if needed for uterine contractions, and perineal trauma
- Provide information about self-care that enables mother to meet needs of newborn, e.g. adequate food, nutritional supplements, usual activities, rest periods, and household help
- Provide information about safe sex, family planning methods appropriate for the immediate postnatal period, and pregnancy spacing

### 4.b Provide care to healthy newborn infant

#### KNOWLEDGE

- Appearance and behaviour of infant in early life; cardio-respiratory changes related to adapting to extra-uterine life
- Growth and development in initial weeks and months of life
- Protocols for screening for metabolic conditions, infectious conditions, and congenital abnormalities
- Protocols/guidelines for immunizations in infancy
- Evidence-based information about infant circumcision; family values, beliefs, and cultural norms

#### SKILLS & BEHAVIOURS

- Examine infant at frequent intervals to monitor growth and developmental behaviour
- Distinguish normal variation in newborn appearance and behaviour from those indicating pathologic conditions
- Administer immunizations, carry out screening tests as indicated
- Provide information to parents about a safe environment for infant, frequent feeding, care of umbilical cord, voiding and stooling, and close physical contact

#### 4.c Promote and support breastfeeding

##### KNOWLEDGE

- Physiology of lactation
- Nutritional needs of newborn infants, including low birth weight infants
- Social, psychological, and cultural aspects of breastfeeding
- Evidence about benefits of breastfeeding
- Indications and contraindications to use of drugs and substances during lactation
- Awareness of lactation aids

##### SKILLS & BEHAVIOURS

- Promote early and exclusive breastfeeding while respecting a woman's choice regarding newborn feeding
- Provide information about infant needs, frequency and duration of feedings, and weight gain
- Provide support and information about breastfeeding for a minimum of six months, including combining with work, maintaining milk supply, and storing breast milk
- Identify and manage breastfeeding problems (e.g. mastitis, low milk supply, engorgement, improper latch)
- Provide information to women breastfeeding multiple newborns
- Refer women to breastfeeding support as indicated
- Advocate for breastfeeding in family and community

#### 4.d Detect, treat, and stabilise postnatal complications in woman and refer as necessary

##### KNOWLEDGE

- Signs and symptoms of:
  - conditions in the postnatal period that may respond to early intervention (e.g. sub-involution, anaemia, urinary retention, and localized infection)
  - complications that need referral to more specialized provider or facility (e.g. hematoma, thrombophlebitis, sepsis, obstetric fistula, and incontinence)
  - life threatening complications requiring immediate response and specialized care (hemorrhage, amniotic fluid embolus, seizure, and stroke)
- Signs and symptoms of postnatal depression, anxiety, and psychosis
- Mourning process following perinatal death

##### SKILLS & BEHAVIOURS

- Provide information to woman and family about potential complications and when to seek help.
- Assess woman during postnatal period to detect signs and symptoms of complications
- Distinguish postnatal depression from transient anxiety about caring for baby, assess availability of help and support at home, and provide emotional support
- Provide counseling and follow-up care for women and family members who experience stillbirth, neonatal death, serious infant illness, and congenital conditions
- Provide first line measures to treat or stabilize identified conditions
- Arrange referral and/or transfer as needed



#### 4.e Detect, stabilise, and manage health problems in newborn infant and refer if necessary

##### KNOWLEDGE

- Congenital anomalies, and genetic conditions
- Needs of pre-term and low birth weight infants
- Symptoms and treatment of withdrawal from maternal drug use
- Prevention of mother-to-child transmission of infections such as HIV, hepatitis B and C
- Signs and symptoms of common health problems and complications; their immediate and ongoing treatment

##### SKILLS & BEHAVIOURS

- Provide information to woman and family about potential complications and when to seek help.
- Assess woman during postnatal period to detect signs and symptoms of complications
- Distinguish postnatal depression from transient anxiety about caring for baby, assess availability of help and support at home, and provide emotional support
- Provide counseling and follow-up care for women and family members who experience stillbirth, neonatal death, serious infant illness, and congenital conditions
- Provide first line measures to treat or stabilize identified conditions
- Arrange referral and/or transfer as needed



#### 4.f Provide family planning services

##### KNOWLEDGE

- Anatomy and physiology of female and male related to reproduction and sexual development
- Socio-cultural aspects of human sexuality
- Family planning methods including natural, barrier, hormonal, implantable; emergency contraception, sterilization; their possible side effects, risk of pregnancy, and contraindications to use<sup>28, 29,30</sup>
- Available written and pictorial resources for teaching about family planning methods<sup>31,32</sup>
- Pregnancy options for HIV positive women or couples

##### SKILLS & BEHAVIOURS

- Provide and protect privacy and confidentiality for discussions about family planning knowledge, goals for limiting and/or spacing of children, and concerns and myths about methods
- Obtain relevant history of use of methods, medical conditions, socio-cultural values, and preferences that influence choice of method
- Provide information about how to use, effectiveness, and cost of various methods to support informed decision-making
- Provide methods according to scope of practice and protocols, or refer to another provider
- Provide follow-up assessment of use, satisfaction, and side-effects
- Refer for woman or partner for sterilization procedure

# Endnotes

- 1 International Confederation of Midwives. (2017). ICM International Definition of the Midwife [online]. Available from: <https://www.internationalmidwives.org/our-work/policy-and-practice/icm-definitions.html> [accessed 20 December 2018].
- 2 Butler et al. (2017). Update of the International Confederation of Midwives' Essential Competencies for Basic Midwifery Practice. Draft Final Report. Internal ICM Report. Unpublished, p. 2.
- 3 World Health Organization. (2016). WHO Recommendations: Antenatal Care for a Positive Pregnancy Experience. Geneva: World Health Organization.
- 4 World Health Organization. (2018). WHO Recommendations: Intrapartum Care for a Positive Childbirth Experience. Geneva: World Health Organization.
- 5 World Health Organization. (2013). WHO Recommendations: Postnatal Care of the Mother and Newborn. Geneva: World Health Organization.
- 6 World Health Organization Department of Reproductive Health and Research (WHO/RHR) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP). (2018). Knowledge for Health Project. Family Planning: A Global Handbook for Providers. Baltimore and Geneva: CCP and WHO.
- 7 World Health Organization. (2015). Medical Eligibility Criteria for Contraceptive Use. 5th ed. Geneva: World Health Organization.
- 8 World Health Organization. (2016). Selected Practice Recommendations for Contraceptive Use. 3rd ed. Geneva: World Health Organization.
- 9 World Health Organization. (2017). Quality of Care in Contraceptive Information and Services, based on Human Rights Standards: A Checklist for Health Care Providers. Geneva: World Health Organization
- 10 International Confederation of Midwives. ICM Position Statements [online]. Available from: <https://www.internationalmidwives.org/our-work/policy-and-practice/icm-position-statements/> [accessed 20 December 2018].
- 11 Michelle M Butler, Judith Fullerton, Cheryl Aman, (with the support of BMW students Melanie Dowler, Tobi Reid, and Caitlin Frame). Update of the International Confederation of Midwives' Essential Competencies for Basic Midwifery Practice: Final (DRAFT) Report. Vancouver: UBC Midwifery Program. April 2017.
- 12 Michelle Butler, Judith Fullerton, Mary Barger, Carol Nelson, Camilla Schneck, Marianne Nieuwenhuijze, Rita Borg-Xuereb (ICM Board Member), Rafat Jan (ICM Board Member), Atf Gherissi, Lorena Binfa, Mizuki Takegata, Caroline Homer. Update of the International Confederation of Midwives' Essential Competencies for Basic Midwifery Practice: Final (DRAFT) Report. Vancouver: UBC Midwifery Program. April 2017.
- 13 Jim Campbell (WHO-Director and Executive Director of the Global Health Workforce Alliance), Fran McConville (WHO – Maternal & Child Health Committee), Gloria Metcalfe (Jhpiego MNH consultant), Gerard Visser (Chair FIGO Safe Motherhood Committee), Petra ten Hoop-Bender (UNFPA), Sarah Williams (Save the Children), Joeri Vermeulen (Secretary European Midwifery Association), Kimberley Pekin (NARM & MANA), Joy Lawn (Paediatrician), Sarah Moxon (Neonatal Nurse). Update of the International Confederation of Midwives' Essential Competencies for Basic Midwifery Practice: Final (DRAFT) Report. Vancouver: UBC Midwifery Program. April 2017.
- 14 Butler et al. (2017), Update of the International Confederation of Midwives' Essential Competencies for Basic Midwifery Practice: Final (DRAFT) Report. Vancouver: UBC Midwifery Program. April 2017
- 15 Carolyn Levy, Blank Design and Project Management, Vancouver, Canada.
- 16 Karyn Kaufman, retired Professor and Head of Midwifery, McMaster University, Hamilton, Canada; Professor Emeritus, McMaster University
- 17 International Confederation of Midwives. ICM Policy and Practice [online]. Available from: <https://www.internationalmidwives.org/our-work/policy-and-practice/> [accessed 20 December 2018].
- 18 International Confederation of Midwives. ICM Definitions [online]. Available from: <https://www.internationalmidwives.org/our-work/policy-and-practice/icm-definitions.html> [accessed 20 December 2018]
- 19 World Health Organization. (2017). Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors. 2nd ed. Geneva: World Health Organization.
- 20 World Health Organization. (2016). WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience.
- 21 World Health Organization. (2017). Managing Complications in Pregnancy and Childbirth.
- 22 Ibid.
- 23 WHO recommendations: intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.
- 24 World Health Organization. (2017). Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors. 2nd ed. Geneva. World Health Organization.
- 25 Basic Emergency Obstetric and Newborn Care.
- 26 Helping Mothers Survive.
- 27 Helping Babies Survive.
- 28 World Health Organization Department of Reproductive Health and Research (WHO/RHR) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP). (2018). Knowledge for Health Project. Family Planning: A Global Handbook for Providers.
- 29 World Health Organization. (2015). Medical Eligibility Criteria for Contraceptive Use. 5th ed. Geneva: World Health Organization.
- 30 World Health Organization. (2016). Selected Practice Recommendations for Contraceptive Use. 3rd ed. Geneva: World Health Organization.
- 31 World Health Organization. (2017). Quality of Care in Contraceptive Information and Services, based on Human Rights Standards: A Checklist for Health Care Providers. Geneva: World Health Organization.
- 32 World Health Organization. (2015). Medical Eligibility Criteria for Contraceptive Use.