



WHO Europe Midwifery Curriculum for Qualified Nurses

WHO European Strategy for Continuing Education for Nurses and
Midwives

2003

Keywords

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Introduction

This midwifery curriculum for qualified nurses has been prepared for WHO Europe as one of several post-qualifying curricula, requested by some Member States, to assist them in their progress towards implementation of the WHO European Region Continuing Education Strategy for Nurses and Midwives (WHO 2002). This document therefore commences with a description of the context for the Continuing Education Strategy.

Context

The WHO European Region Continuing Education Strategy for Nurses and Midwives (WHO 2001a) is set firmly within the context of the Second WHO Ministerial Conference on Nursing and Midwifery in Europe, which addressed the unique roles and contributions of Europe's nurses and midwives in health development and health service delivery. At that Conference of Ministers of Health of Member States in the European Region, the Munich Declaration (WHO 2000a) "Nurses and Midwives: A Force for Health" was signed, and this key document, together with the WHO European Strategy for Nursing and Midwifery Education (WHO 2000b) form the context for the Continuing Education Strategy.

The need for a Continuing Education Strategy

Nurses and midwives together constitute the largest proportion of the health care workforce in all Member States of the WHO European Region, numbering approximately six million at the start of this new century. The service they provide covers 24 hours of every day of the year. It is imperative that they are competent to provide the highest quality of nursing and/or of midwifery care. In order to do this, their initial nursing and midwifery education must be such that the people of their nation can be assured of their competence to practise on entry to their professions of nursing and midwifery, and that the foundation has been laid for them to continue to learn throughout their professional lives. Maintenance and further development of competence is essential to the ongoing provision of high quality nursing and midwifery care. In the rapidly changing health care services of today, with the knowledge explosion and the impact of technology upon health care, many nurses and midwives are increasingly called upon to work in expanded, specialist and/or advanced practice roles. The WHO European Continuing Education Strategy for nurses and midwives has been developed in order to assist Member States to ensure the continuing competence of their nursing and midwifery workforce. In some cases this will be by developing new knowledge for specialist fields of clinical nursing and midwifery practice, in others by deepening their knowledge of an existing field of practice, and in yet others by gaining new competencies in the field of nursing and/or midwifery education, management or research.

The continuing education strategy does not stand alone. Firstly, it builds upon the firm foundation provided by the WHO European Strategy for Nursing and Midwifery Education (WHO 2000b), in which the link between initial and continuing education is clearly stated.

The initial programme of education must prepare nurses and midwives who are not only competent to practise in today's health services, but who value and are committed to maintaining that competence. This they will achieve through continuing to update their knowledge, skills and attitudes, in order that they can continue to meet the changing health priorities and needs of the people of the Member States (WHO 2000).

Secondly, its principles are in harmony with continuing education developments in nursing more generally in Europe and worldwide. These developments support the concept of lifelong learning and for some nurses this will best be achieved by moving into the profession of midwifery. For some of those this may reflect personal choice but for others they will be encouraged by their governments to move into a new field and develop new competencies because their country does not have sufficient midwives or may not be in a position to support both nurses and midwives in all parts of their countries. This is especially problematic in rural or sparsely populated area and those areas which continue to have high maternal and infant mortality rates. One person with both nursing and midwifery qualification may help to address these problems

The aim and purpose of the Continuing Education Strategy

The key aim of the strategy is to ensure fitness for purpose of each Member State's nursing and midwifery workforce. Ongoing competence to practise can only be achieved by a commitment to lifelong learning on the part of all nurses and midwives. However, that personal and professional commitment can only be realized if each Member State accepts its obligation to ensure, or set in place plans to ensure that opportunities for continuing education are provided, and that the requirement for nurses and midwives to maintain their competence is regulated under legislation, in order to support safe, up-to-date and evidence-based practice.

The purpose of the continuing education strategy is therefore twofold; it is both visionary and pragmatic. It provides the vision that will help shape the philosophy of continuing education in nursing and in midwifery, often termed continuing professional development, and it outlines and/or confirms some fundamental guiding principles. If followed, these principles should enable Member States to set up, or further develop existing systems of continuing education. In turn, this will enable nurses and midwives to maintain their competence and so feel confident that their knowledge, skills and attitudes are "fit for purpose" in the multiprofessional team in the health care services of which they are an essential part.

Background to the Continuing Education Strategy

Of crucial importance to Member States being able to maximize their human resources for health is the successful implementation of the of the WHO Europe education strategy for initial nursing and midwifery education as well as the Continuing Education Strategy. Of equal importance is the belief, which underpins both strategies, that education and practice are very closely related. Education and practice must move ahead together, in mutual respect and partnership, with shared values and goals. This is essential to the provision of an appropriate quality of cost-effective and efficient nursing and midwifery care and of health promotion for all the people of the Member States of the WHO European Region. This progress and partnership must be achieved within the changing structures of health care priorities and provision in the different Member States, many of which are undergoing major political, economic, social and demographic change and are in the midst of health care reforms. Although some of these differences can be significant, the shared values were clearly demonstrated at the second WHO Ministerial conference on nursing and midwifery in Europe when, in The Munich Declaration (WHO 2000a), Ministers of Health stated their belief that:

Nurses and midwives have **key and increasingly important roles** to play in society's efforts to tackle the public health challenges of our time, as well as in ensuring the provision of high quality,

accessible, equitable, efficient and sensitive health services which ensure continuity of care and address people's rights and changing needs (WHO 2000a).

In the Munich Declaration which was issued by ministers at the conference (WHO 2000a), all relevant authorities were urged to "step up their action" in order to strengthen nursing and midwifery by:

- ensuring a nursing and midwifery contribution to decision-making at all levels of **policy** development and implementation;
- addressing the **obstacles**, in particular recruitment policies, gender and status issues, and medical dominance;
- providing financial incentives and opportunities for **career advancement**;
- improving initial and continuing **education** and access to higher nursing and midwifery education;
- creating **opportunities for nurses, midwives and physicians to learn together** at undergraduate and postgraduate levels, to ensure more cooperative and interdisciplinary working in the interests of better patient care;
- supporting research and dissemination of information to develop the **knowledge and evidence base** for practice in nursing and midwifery;
- seeking opportunities to establish and support **family-focused community nursing and midwifery** programmes and services, including, where appropriate, the Family Health Nurse;
- enhancing the roles of nurses and midwives in **public health, health promotion and community development** (WHO 2000a).

Of the above actions, those of direct relevance to the continuing education strategy are the need to improve continuing education and access to higher nursing and midwifery education; to create opportunities for nurses, midwives and other health professionals to learn together at both undergraduate and postgraduate levels in order to ensure more cooperative and interdisciplinary working in the interests of better patient care; to support research and dissemination of information in order to develop the knowledge and evidence base for practice; to provide financial incentives and opportunities for career advancement; and to ensure nurses and midwives contribute to decision-making at all levels of policy development and implementation.

On a worldwide basis, at the Fifty-fourth World Health Assembly in May 2001, delegates from the 191 countries present passed a resolution emphasizing the crucial and cost-effective role of nurses and midwives in reducing mortality, morbidity and disability in populations, in caring for those who are ill and in promoting healthier lifestyles (WHO 2001b).

If nurses and midwives are to fulfil these key roles to their maximum potential, if they are to work effectively in partnership with others in the health care team, then it is imperative that they build systematically upon their initial nursing and midwifery education, continuing their professional education in ways which ensure they maintain competence to meet the needs of the people of their nations for health care.

The Health Care context

As the continuing education strategy was being prepared, all governments across Europe continued to face a wide range of complex health problems. Although in each Member State the existence and the severity of these problems varies, they include environmental pollution; the increasing gap between the rich and the poor; unacceptable levels of maternal and child morbidity and mortality; and a resurgence of diseases thought to have been conquered such as, for example, tuberculosis, cholera, typhoid fever and malaria. There are increases in the level of chronic illness, including cancer, cardiovascular diseases and mental health disorders; in lifestyle-related problems such as unhealthy diet, lack of exercise, smoking, alcohol and substance misuse and in sexually transmitted diseases. In some parts of the Region, wars and ethnic conflict continue to cause intense suffering, increasing numbers of refugees and homeless people and disruption to society's essential infrastructures. There are also the major challenges for health care systems which are inherent in the changing demography, i.e. the steady increase in the proportion of elderly people in the population which, in some Member States, is compounded by a gradual decrease in the proportion of those who normally contribute to the gross domestic product through working.

The future is likely to see continuing reforms of the health sector. These include a greater involvement of citizens and the community in decision-making about care; more people cared for at home and therefore a growing demand for community-based health services; a steady increase in the availability of new treatments and therapies; increasing costs of providing care; and more and more ethical challenges. However, whatever the reforms and changes, care which is centred upon the individual will remain the starting point of the health care organization and of the work of all nurses and midwives.

Continuing advances in practice, in the evidence-base and in the quality of care required make it imperative that the capabilities of the nursing and midwifery workforce are regularly updated, and that there is a commitment by Member States to ensure provision of appropriate continuing education. Effective implementation of the role of the nurse and of the midwife as outlined in the strategy for nursing and midwifery education is the essential first step. Effective implementation, or setting in place of plans to achieve implementation of the strategy for continuing education is also essential if the workforce is to be prepared for the necessary specialist and advanced practice roles which the developments outlined above demand. Member States will be required to regularly evaluate and, if necessary, update their existing continuing education provision, to keep pace with the priority of maintaining a nursing and midwifery workforce which is fit for purpose, and which remains fit for purpose.

Just as health care does not take place in isolation from political, economic and cultural realities so nursing and midwifery education and practice do not take place in isolation from the political, social, economic, environmental and cultural realities of the Member States; neither must they be seen in isolation from the various stages of health care reform and the dynamic nature, or otherwise, of progress.

Likewise, nurses and midwives do not practise in isolation from their colleagues in the other health care professions. Although each profession contributes unique knowledge and skills to health promotion, the care of patients and to the health care system as a whole, there is a need for much more multidisciplinary and interdisciplinary work, in a spirit of recognition and respect for each other's authority, responsibility, ability and unique contribution. Thus, nurses and midwives must continue to build upon their initial professional education so as to continue to take their full

part as members of the multiprofessional health care team, sharing both in decision-making and, when appropriate, in taking responsibility for leadership of the team and for the outcomes of the work of the team.

The Member States of the WHO European Region need well prepared, up-to-date, competent nurses and midwives, who participate in lifelong learning and who are able to work confidently, maintaining professional standards of care as the sound basis for multiprofessional collaboration and partnership with patients, healthy individuals, families and communities.

The Midwifery Curriculum

All Member States are reminded that this is a sample curriculum. It should be used as guidance and be adapted as necessary to meet the Member State's specific priorities and needs for midwifery.

1. Midwifery

Throughout the WHO European Region's Member States, the number of births vary greatly. Many Member States in western Europe are witnessing a decline in the number of births while in the post-war states of eastern and central Europe (CCEE) numbers are on the increase. Additionally the outcome of pregnancy and childbirth varies greatly across the Region with some countries experiencing an increase in maternal mortality or morbidity due to the breakdown of their health services. Whatever the variation it remains vital that in each Member State there are sufficient numbers of midwives who can assist women in this important life transition and ensure that their newborns have a healthy start in life. In some situations, the midwife will have access to and be expected to utilize available advanced technologies, while for others they will have very little in the way of equipment. The key and most important elements in assisting women with this life transition and ensuring that all newborns have appropriate care is that midwives have expert knowledge, skill and attitudes and are supported by an enabling environment. In order to gain this expertise, a sound midwifery education is essential. This programme aims to provide such education for qualified, experienced nurses to ensure they can gain these additional competencies.

1.1 Definition of the Midwife

A midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognized in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery. She must be able to give the necessary supervision, care and advice to women during pregnancy, labour and the postpartum period, to conduct deliveries on her own responsibility and to care for the newborn and the infant. This care includes preventative measures, the detection of abnormal conditions in mother and child, the procurement of medical assistance and the execution of emergency measures in the absence of medical help. She has an important task in health counselling and education, not only for the women, but also within the family and the community. The work should involve antenatal education and preparation for parenthood and extends to certain areas of gynaecology, family planning and child care. She may practise in hospitals, clinics, health units, domiciliary conditions or in any other service.

Jointly developed by the International Confederation of Midwives and the International Federation of Gynaecology and Obstetrics.

Adopted by the International Confederation of Midwives Council 1972.

Adopted by the International Federation of Gynaecology and Obstetrics 1973.

Later adopted by the World Health Organization.

Amended by the International Confederation of Midwives Council, Kobe October 1990.

Amendment ratified by the International Federation of Gynaecology and Obstetrics 1991 and the World Health Organization 1992.

2. The Post Nursing Midwifery Programme and Curriculum

2.1 Aims

The aims of the course and of the curriculum are to:

- provide an educational experience which will develop the student's intellectual and imaginative abilities in order to facilitate the development of independent judgement and problem-solving skills;
- provide an educational framework that will encourage the student to develop her/his skills of analysis and critical awareness in order to stimulate an enquiring and creative approach to both the theory and practice of midwifery;
- develop the student's ability to recognize the changing needs of the woman and baby through pregnancy and the postnatal period;
- develop the student's awareness of relevant research findings and facilitate integration of these findings into midwifery practice;
- facilitate the student's ability to prioritize based upon sound decision making.

2.2 Structure, Length and Mode of Delivery

The curriculum is structured in modules or units of study, several of which combine both theory and practice elements. The length of the course must be sufficient to enable the student, on successful completion, to achieve the specified competencies or learning outcomes, the academic award and the clinical midwifery qualification relevant to the course. The preferred mode of delivery is full-time but there should be the flexibility to deliver the programme in a part-time mode or by distance/on-line learning should be open to negotiation, depending upon each Member State's resources. The programme is based on the philosophy of the midwife as a reflective, lifelong learner. It emphasizes the importance of the integration of theory and practice, which wherever possible should be evidence-based.

2.3 Entry Requirements

Course participants will be nurses who have successfully completed an initial nursing education programme, as described in the WHO European Strategy for Nursing and Midwifery Education entitled "Nurses and midwives for health: A WHO European strategy for nursing and midwifery education" (WHO 2000) or its equivalent.

2.4 Competencies or Learning Outcomes

The competencies or learning outcomes of the course have been developed to demonstrate achievement of both theoretical and clinical learning in midwifery. These competencies take into account European Union (EU) legislation, the WHO European Continuing Education Strategy (WHO 2002) and essential midwifery competencies, as approved by the International Confederation of Midwives (ICM 2002). Underpinning theoretical principles will be delivered in

the theoretical component of the course and the students will be expected to integrate and apply this knowledge in midwifery practice settings.

On successful completion of the course, the student will be competent to:

- practise as beginning midwives in the health service of their country;
- work as members of the multidisciplinary team;
- critically evaluate midwifery practice;
- act as change agents within the health service,
- apply knowledge of ethical theories and principles in the consideration of ethical dilemmas and their legal implications in clinical practice;
- apply knowledge of the mother's and the baby's rights in professional midwifery practice;
- practise within the regulatory framework of their own countries;
- accurately and punctually complete midwifery and other relevant health documentation.

2.5 Curriculum Content

The curriculum will be delivered in a series of nine modules. In order to complete the course, the student must successfully complete all modules.

2.6 Teaching/Learning and Assessment Strategies

Problem-based learning underpins the midwifery curriculum. The teaching/learning and assessment strategies employed in the course should be congruent with the principles of andragogy, the rationale for which is that teachers and students will bring to the course existing competencies – relevant knowledge, skills and attitudes – to contribute to a mutually educative process. Overall, emphasis will be placed on interactive approaches. Active student participation, facilitated by midwife teachers (who have a role both in the university setting and in clinical practice) and by mentors (in practice/clinical areas) is considered to be the optimum way of achieving learning outcomes. There will continue to be a place for the didactic lecture and other fixed resources, but it is envisaged that these will constitute a relatively minor proportion of the curriculum. The latest educational technology available in the particular Member State, including where feasible on-line or E-learning and video-conferencing, should be used to enhance teaching and learning.

A key objective will be the use of “reflection” as a means of learning from and developing practice. This will require the student to maintain a reflective diary/journal for the duration of the course. Case studies, critical incidents and care scenarios will form the focus for a reflective, problem-solving approach to learning.

Assessment methods should be supportive of the adult learning approach, should promote the integration of theory and practice, be research/evidence based and include a variety of methods. Assessment will enable the measurement of the student's progress and achievement in relation to the prescribed competencies/learning outcomes of the midwifery programme.

The success of the teaching/learning and assessment strategies will depend on the availability and deployment of appropriately qualified and prepared midwife educators who are committed to the philosophy of adult learning approaches. In addition, such interactive and problem-solving approaches must be supported by an environment which is conducive to learning. This must include attention to the provision of adequate space, library facilities and other technological resources, all of which should be borne in mind at the planning stage.

2.7 Supervision of Students' Clinical Practice

Clinical practice should be undertaken under the auspices of a suitably experienced midwife, who will ensure that the students gain the relevant experience during the period of clinical practice. The clinical practice assessment should be designed to demonstrate achievement of the clinical learning outcomes.

Supervisors are responsible for guiding students through clinical practice periods as well as making an assessment of the student's competence to practise by the end of the clinical experience. The programme leader should retain responsibility for the student throughout this period and should liaise with the student and supervisor as appropriate.

2.8 Optimum Student Intake and Teacher/Student Ratio

As interactive adult teaching/learning and assessment strategies will be used throughout the course, which will include the requirement for clinical supervision, the optimum intake per course is likely to be 30 students. The ideal teacher-student ratio should not exceed 1:10, i.e. one teacher per ten students.

2.9 Accreditation with ECTS Points

Each module is assigned credit points using the European Credit Transfer System (ECTS). The ECTS system has been chosen because the European Community Directives guide nursing and midwifery education for all European Union countries and those accession countries which become members of EU (European Commission 1989). Credits are "a numerical value allocated to course units (modules) to describe the student workload required to complete them" (European Commission 1995). In other words the number of points does not reflect only the direct contact hours, e.g. while the student is attending a lecture, seminar, practical skills demonstration or tutorial and is in direct contact with the teacher, but also includes the number of hours which the student is expected to devote to independent study or practising of skills. Credit points take into account the learning in both the university, i.e. the theory component of a module, and in practice placements. The total number of ECTS credits for an academic year is 60. Their apportionment per module reflects the length of that module, calculated in weeks and number of hours. A week is taken as comprising 30 hours, and 20 hours equates to one ECTS credit point. Thus, a two-week, 60-hour module earns three credit points and a 16-week, 480-hour module earns 24 credit points. The overall length of the course is 40 weeks or 1200 hours which equate to 60 ECTS credit points. Further information on this system and its application to nursing education can be found in Section 8 of the Guidelines prepared to assist Member States with implementation of the initial Education Strategy (WHO 2001b).

2.10 Quality Control and Evaluation

External audit will be essential to evaluate the quality and standards of the course, as evidenced by the curriculum design, the teaching/learning strategies, the marking of student assessments and the results in both academic work and in practice learning outcomes. Curriculum evaluation should be carried out by teachers, students and also by those providing the service, i.e. midwifery managers and practising midwives.

3. Teachers and Mentors

The types of teaching/learning and assessment strategies considered essential for this curriculum are challenging for teachers, mentors and students. It is therefore important, if they are to be effectively delivered, that only qualified midwife teachers are employed as module leaders. The setting up of structures to ensure peer group support and close liaison between teachers and mentors will be particularly important in the early years, as there may be no role models either in education or in practice.

Teachers of the midwifery programme must:

- hold a degree at an academic level equivalent to the requirements for university or equivalent institute teachers in the country;
- hold a teaching qualification in order to apply appropriately the full range of research-based teaching, learning and assessment strategies within the theory and clinical components of the curriculum;
- hold the qualification to which the programme leads, or be able to provide evidence of updating of knowledge, skills and attitudes relevant to midwifery;
- teach and/or work within midwifery;
- take responsibility for the clinical supervision of the midwifery student on practice placement, and share this responsibility with their clinical mentor.

The midwife who is acting as mentor must be experienced in midwifery and must hold the appropriate academic qualification.

4. Location of the Course

The theoretical component of the course should be delivered in a university or equivalent institute. Practice elements will take place in midwifery settings.

5. Qualification on Successful Completion of the Course

On successful completion of the curriculum the student will receive the title and qualification of midwife. The qualification will be formally recorded in accordance with the country's legislative and regulatory system for midwifery.

6. Course Content – Modules One to Nine

An overview of the curriculum, and descriptions of the modules which comprise the curriculum are given in the following pages. It should be noted that a number of concepts and subjects introduced in one module are revisited and further developed in another. As knowledge and experience are gained, students will be able to view these concepts and subjects from different aspects and build upon their earlier learning and experience.

**WHO Regional Office for Europe
Midwifery Curriculum**

MODULE ONE

Title: Childbirth and the Community

Duration: 282 hours

ECTS Credit points: 15 credits

Module Content Summary

This module will explore of social and cultural issues that influence women and midwives' role in society and on childbearing.

60% of this module will take place in the university or equivalent institute setting.

40% of this module will take place in a midwifery outpatient setting.

Syllabus

Concepts of pregnancy and birth in the community
Women, family and culture in the community
Place and value of women
Socialization of motherhood and childbirth
Status of women
Role of the midwife in the community
Social, cultural, political environment affecting childbirth
Fertility control
WHO Safe Motherhood and Making Pregnancy Safer initiatives

Competencies or Learning Outcomes

On completion of this module the student will be able to:

- explain the historical and contemporary role of the midwife in society;
 - demonstrate an understanding of the concepts of pregnancy and birth in their community;
 - describe the importance of the relationship between the status of women in society and their childbirth experiences;
 - outline social cultural and political issues influencing childbirth;
 - discuss methods of family planning
-

Reading List

Relevant books on community care

Literature for pregnant women

Crafter, H. (1997). Health promotion in midwifery. London: Hodder.

Teaching/learning Strategies

Problem-based Learning

Lectures

Clinical supervision by mentor

Seminars

Assessment Methods

Start Clinical Portfolio.

Format of Assignments:

Case Study – The student, together with her mentor, will select one mother and baby seen in the outpatient setting. The student will then describe the case and the associated midwifery care – 40% of whole

Seminar presentation – 40% of whole

Practical examinations X2 – 20% of whole

Case Study: Mark awarded %

Seminar: Mark awarded %

Practical examinations X2: Mark awarded %

Aggregate mark for module (out of 100%)%

**WHO Regional Office for Europe
Midwifery Curriculum**

MODULE TWO

Title: Midwifery Knowledge I

Duration: 282

ECTS Credit points: 15 credits

Module Content Summary

This module will also introduce the student to the normal physiology, psychology, and biology of pregnancy childbirth and the puerperium.

60% of this module will take place in the university or equivalent institute setting.
40% will take place in a midwifery outpatient setting.

Syllabus

Human development through this life span

Normal Birth:

 Biology

 Physiology of birth

 Psychology of birth

 Sociology of pregnancy and childbirth in the post-partum period

Mechanisms of labour and birth (physiological needs for childbirth)

Physiological needs of the newborn

Prevention of infection specific to pregnancy childbirth and the puerperium

UNICEF Baby friendly initiative

Competencies or Learning Outcomes

On completion of this module the student will be able to:

- demonstrate an understanding of physiological, biological, psychological and sociological process related to pregnancy, childbirth and transition to new family dynamics;
 - demonstrate an understanding of the mechanisms of labour and birth;
 - describe the physiology of the newborn;
 - summarize infection prevention strategies in midwifery
-

Reading List

Bennett R & Brown L (1999). Myles Textbook for Midwives 13th edition. Edinburgh: Churchill Livingstone.

Moore, S (1997). Understanding pain and its relief in labour. Edinburgh: Churchill Livingstone.

Tortora, GJ & Grabowski, SR (2000). Principles of anatomy and physiology. Chichester: John Wiley.

Teaching/learning Strategies

Problem-based Learning
Clinical supervision by mentor

Lectures
Seminars

Assessment Methods

Maintain clinical portfolio.

Format of assignments:

Case Study – The student, together with her mentor, will select one mother and baby seen in the midwifery setting and describe physiology of this case and associated midwifery care – 40% of whole

Seminar presentation – 40% of whole

Practical examinations X 2 – 20% of whole

Case Study: Mark awarded %

Seminar: Mark awarded%

Practical exams X 2: Mark awarded%

Aggregate mark for module (out of 100%)%

**WHO Regional Office for Europe
Midwifery Curriculum**

MODULE THREE

Title: Midwifery Knowledge II

Duration: 282 hours

ECTS Credit points: 15 credits

Module Content Summary

This module introduces students to essential concepts and theoretical development in midwifery upon which professional practice is based.

50% of this module will take place in the university or equivalent institute setting.

50% of this module will take place in a midwifery setting.

Syllabus

History of midwives

Development of midwifery

Status of midwives

Role of the midwife:

 In childbirth

 In different countries

Scope of professional practice

Country laws and regulations

Code of Practice

Communication strategies

Competencies or Learning Outcomes

On completion of this module the student will be able to:

- analyse the laws and regulations in own country and their impact on midwifery practice;
- explain the historical and contemporary role of the midwife in childbirth nationally and internationally;
- outline communication strategies used in midwifery practice.

Reading List

Bennett R & Brown L (1999). Myles Textbook for Midwives 13th edition. Edinburgh: Churchill Livingstone.
WHO EURO (2000). Essential antenatal, perinatal and postpartum care.
WHO SEARO (2000). Standards of Midwifery Practice for Safe Motherhood.

Teaching/learning Strategies

Problem-based learning	Lectures
Clinical supervision by mentor	Seminars

Assessment Methods

Maintain Clinical Portfolio

Format of Assignments:

Case Study – The student, together with her mentor, will select one mother and baby seen in the midwifery setting. The student will describe how the midwifery regulations and laws influence the midwifery care given – 40% of whole

Seminar presentation – 40% of whole

Practical examinations X2 – 20% of whole

Case Study: Mark awarded%

Seminar: Mark awarded%

Practical examinations X2: Mark awarded%

Aggregate mark for module (out of 100%)%

**WHO Regional Office for Europe
Midwifery Curriculum**

MODULE FOUR

Title: Models of Midwifery Care

Duration: 282 hours

ECTS Credit points: 15 credits

Module Content Summary

This module introduces students to essential concepts and theoretical development in midwifery upon which professional practice is based. The student will be introduced also to the management of midwifery care.

50% of this module will take place in the university or equivalent institute setting.
50% of this module will take place in a midwifery setting.

Syllabus

Philosophy of midwifery
Midwifery models of care for mothers and newborn
Management of care
Ethical frameworks

Competencies or Learning Outcomes

On completion of this module the student will be able to:

- debate national and international philosophies of midwifery;
- analyse different approaches to provision of care to mothers and newborn babies;
- demonstrate skills required for provision of effective antenatal, intrapartum and postnatal care for women and the newborn;
- discuss ethical issues in midwifery care

Reading List

Kirkham M (2000). The midwife–mother relationship. London: Macmillan.
Royal College of Midwives (1997). Normality in midwifery. London: Davies Communications.
WHO SEARO (2000). Standards of Midwifery Practice for Safe Motherhood.

Teaching/learning Strategies

Problem-based learning	Lectures
Clinical supervision by mentor	Seminars

Assessment methods

Maintain clinical portfolio

Format of assignments:

Case Study – The student, together with her mentor, will select one mother and baby seen in the midwifery setting. The student will describe the model of midwifery care used and compare this with the care given if another model of midwifery care had been used – 40% of whole

Seminar presentation – 40% of whole

Practical examinations X2 – 20% of whole

Case Study: Mark awarded%

Seminar: Mark awarded%

OSCE X2: Mark awarded%

Aggregate mark for module (out of 100%)%

**WHO Regional Office for Europe
Midwifery Curriculum**

MODULE FIVE

Title: Using Evidence in Practice

Duration: 282hours

ECTS Credit points: 15 credits

Module Content Summary

Students are introduced to the basic concepts of the research process. The module is designed to enable students to read research in a critical manner, with a particular emphasis on the application of relevant research to their midwifery practice.

80% of this module will take place in the university or equivalent institute setting.
20% will take place in a midwifery practice setting.

Syllabus

Ways of knowing
Research processes and statistics
Searching databases
Critical appraisal skills
Reviewing literature
Evidence based practice
Reflective practice

Competencies or Learning Outcomes

On completion of this module the student will be able to:

- differentiate between different ways of knowing
- demonstrate ability to critically appraise reports
- explore issues of reflective practice and evidence based practice
- critically examine the use of evidence in daily practice.

Reading List

Cluett ER/Bluff R (2000). Principles and practice of research in midwifery. Edinburgh: Balliere Tindall.
Midwifery an international journal (any or all editions)
Any relevant midwifery research reports.

Teaching/learning Strategies

Problem-based learning	Lectures
Clinical supervision by mentor	Seminars

Assessment methods

Maintain clinical portfolio

Format of assignments:

Review of a given research article – 40% of whole

Clinical situation – The student, together with her mentor, will select one clinical incident the student will then describe the research evidence used for the care of that situation – 20% of whole

Exam – 40% of whole

Review of a research article: Mark awarded%

Clinical situation: Mark awarded%

Exam: Mark awarded%

Aggregate mark for module (out of 100%)%

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MODULE SIX

Title: Childbearing in Special and/or Complex Situations

Duration: 282 hours

ECTS Credit points: 15credits

Module Content Summary

Students will explore pregnancy childbirth and the post-partum period for women with special needs and from marginalized group. They will also develop their skills for prioritizing care in complex situation.

50% of this module will take place in the university or equivalent institute setting.
50% will take place in a midwifery setting.

Syllabus

Childbirth and disaster

Discrimination against minorities

Women in special needs including pre existing medical and social conditions, e.g. cardiac disease, epilepsy, mental health problems infertility, etc.

Hard to reach groups

Services to marginalized women

Prioritization of care in complex situation

Adolescent services

Competencies or Learning Outcomes

On completion of this module the student will be able to:

- plan appropriate midwifery care for women with special needs or in a complex situation;
 - prioritize midwifery care for women and their newborn in a complex situation;
 - critically evaluate the provision of services to women from minority, marginalized and hard to reach groups;
 - analyse pre-existing medical and social factors that impinge on safe pregnancy outcome;
 - discuss service required for adolescents in the community for safe pregnancy and childbirth.
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Reading List

Appropriate environmental health and political journals.

WHO Euro 1994 Midwifery Management in high-risk pregnancy and delivery: an instructional workbook. EUR/ICP/FMLY 94 02/PK9

Any relevant WHO material and journal articles

Teaching/learning Strategies

Problem-based learning
Clinical supervision by mentor

Lectures
Seminars

Assessment methods

Maintain clinical portfolio

Format of assignments:

Case Study – The student, together with her mentor, will select one mother and baby seen in the midwifery setting and describe their case and associated Midwifery case study – 40% of whole

Practical Skills Assessment – 20% of whole

Examination – 40% of whole

Case Study: Mark awarded%

Practical skills assessment X 2: Mark awarded%

Examination: Mark awarded%

Aggregate mark for module (out of 100%)%

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MODULE SEVEN

Title: Unexpected Events in Pregnancy Childbirth and Post-Partum Period

Duration: 282 hours

ECTS Credit points: 15 credits

Module Content Summary

The students will examine the complications which develop in pregnancy and occur in the intrapartum and post-partum period. The students will explore the role of the midwife in situation where unexpected outcomes develop.

50% of this module will take place in the university or equivalent institute setting.

50% will take place in a midwifery setting.

Syllabus

Medical complications of pregnancy and childbirth

Obstetric and neonatal complications and emergencies

Use of appropriate technology

Resuscitation:

Adult

Newborn

Operative births and obstetric anaesthesia

Psychological effects of unexpected events in pregnancy and childbirth

Risk assessment

Prioritization of care

Competencies or Learning Outcomes

On completion of this module the student will be able to:

- recognize and evaluate deviation from normal pregnancy, labour and puerperium;
- assess, prioritize and provide appropriate care in emergency situations
- occurring in the mother and the newborn, including resuscitation;
- explore the value of technology in childbirth;

- discuss the role of the midwife in the provision of care for women requiring obstetric anaesthesia and operative births;
- discuss psychological impact on women, their family and midwives of unexpected events occurring in pregnancy and childbirth.

Reading List

Enkin M, Kierse M, Neilson J, Crowther L, Hodnett E & Hofmeyr J (2000). A guide to effective care in pregnancy and childbirth (third edition). Oxford; Oxford University Press.
Any relevant WHO material and journal articles.
Any up-to-date midwifery textbook.

Teaching/learning Strategies

Problem-based learning	Lectures
Clinical supervision by mentor	Seminars

Assessment methods

Maintain clinical portfolio

Format of assignments:

Case Study – The student, together with her mentor, will select one mother and baby seen in the outpatient setting and describe their case and associated midwifery case study – 40% of whole

Practical examinations X 3 – 30% of whole

Exam – 30% of whole

Case Study: Mark awarded%
Practical exams X3: Mark awarded%
Exam: Mark awarded%

Aggregate mark for module (out of 100%)%

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MODULE EIGHT

Title: The Neonate Requiring Special Care

Duration: 282 hours

ECTS Credit points: 15 Credits

Module Content Summary

In this module the students are introduced to the newborn requiring special care. They will explore the varied care these newborns will require.

50% of this module will take place in the university or equivalent institute setting.

50% of this module will take place in a special neonatal setting.

Syllabus

The sick neonate including infections

The malformed baby

The premature baby

The baby with growth problems

Birth injuries

Baby with psychological problems (early recognition)

SIDS

Developmental assessment

Competencies or Learning Outcomes

On completion of this module the student will be able to:

- analyse the factors that lead to the neonate requiring special care;
 - plan a programme of care for the preterm neonate;
 - debate the issues surrounding prevention and management of Sudden infant death syndrome;
 - discuss the value of child development assessment;
 - discuss the special care required by neonate following birth injury.
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Reading List

Crawford D & Morris M (1994). Neonatal nursing. London: Chapman and Hall.
Johnston DB (1998). The newborn child (eighth ed) Edinburgh: Churchill Livingstone.
Any relevant WHO publications

Teaching/learning Strategies

Problem-based learning	Lectures
Clinical supervision by mentor	Seminars

Assessment Methods

Maintain clinical portfolio

Format of assignments:

Case Study – The student, together with her mentor, will select one mother and baby seen in the neonatal setting and describe and critique their case and associated midwifery care – 30% of whole

Practical examination X2 – 20% of whole

Examination – 20% of whole

Seminar presentation – 30% of whole

Case Study: Mark awarded	%
Practical exams X2: Mark awarded	%
Exam: Mark awarded	%
Seminar: Mark awarded	%
Aggregate mark for module (out of 100%)	%

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MODULES NINE AND TEN

Title: Midwives with Women

Duration: 562.5 hours

ECTS Credit points: 30 credits

Module Content Summary

This module will enable the student to synthesize their learning and experience from previous modules and prepare the student for the role of the qualified midwife.

20% of this module will take place in the university or equivalent institute setting.
80% of this module will take place in a midwifery setting.

Syllabus

Responsibility and accountability
Professionalism and power
Establishing partnerships with:
 women
 other health professionals
Management, leadership, advocacy and entrepreneurship
Developing and enhancing professional practice

Competencies or Learning Outcomes

On completion of this module the student will be able to:

- demonstrate ability to work in a variety of partnerships;
- accept responsibility and accountability in midwifery practice;
- critically analyse issues of power and professionalism in midwifery;
- demonstrate the skills a midwife needs as a manager, leader, advocate and entrepreneur;
- discuss strategies for developing and enhancing professional practice.

Reading List

Relevant research reports
Relevant literature concerning the role of the midwife
Relevant ICM and WHO documents.
WHO EURO (2000) Essential antenatal, perinatal and postpartum care.
Any articles evaluating models of midwifery care

Teaching/learning Strategies

Problem based learning	Lectures
Clinical supervision by mentor	Seminars

Assessment methods

Maintain clinical portfolio

Format of assignments:

Case Studies – The student, will present in a seminar and write a critique of three case studies of mother and baby in the following cases: a normal pregnancy and birth, a special needs mother X3.

Presentation – 30% of whole

Case Study X3 – 60% of whole

Case Study X3: Mark awarded%

Seminar: Mark awarded%

Aggregate mark for module (out of 100%)%

References

European Commission (1989). Directives 77/452/EEC and 89/595/EEC. Official Journal of the European Communities L341, 0030 – 0032.

European Commission (1995). European credit transfer system: a user's guide. Brussels: EC.

World Health Organization (1992). International definition of the midwife. Amendment ratified by the International Federation of Gynaecology and Obstetrics 1991 and the World Health Organization 1992.

World Health Organization (2000a). Nurses and Midwives: A Force for Health. Copenhagen: WHO.

World Health Organization (2000b). European Strategy for Nursing and Midwifery Education. Copenhagen: WHO.

World Health Organization (2001a). European Region Continuing Education Strategy for Nurses and Midwives. Copenhagen: WHO.

World Health Organization (2001b). Resolution: Fifty-fourth World Health Assembly. Geneva: WHO.

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