



NATIONAL DEPARTMENT OF HEALTH
(Human Resource Management – Training & Curriculum Development)

Double Major Graduates 2005 – 2009

Midwifery Competency Assessment

Supervisor's Guide

2013

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Philosophy for Midwives

It is believed that a midwife is a person who has good knowledge, skills and positive attitudes towards working in partnership with the woman and her family as she guides the woman through the process of childbearing and early parenting.

The focus of reproductive health care is the woman herself and her immediate family and recognizes the value of the woman in Papua New Guinea society.

The nature and scope of reproductive health practice is to give quality care to a woman and her baby during pregnancy, labour and puerperium. The midwife can practice safely with a health team or function as an independent practitioner within the parameters of midwifery practice.

The midwife takes pride in her/his profession and is guided by evidence based practice within the parameters of the Papua New Guinea legal and ethical codes of practice (Papua New Guinea Specialist Nursing Competency Standards, 2003).

Introduction

The assessment tool in this document has been derived from the Specialist Midwifery Competency Standards for Papua New Guinea Nursing Council. The purpose of this document is to be used as a one off assessment instrument for double major graduates from 2005 – 2009 from the three universities, University of Papua New Guinea (UPNG), University of Goroka (UOG) and Pacific Adventist University (PAU). Delay in the registration of these graduates has been an outstanding issue due to processes in the regulatory system. The aim is to get the double major graduates who are interested in midwifery practice to be recognized and registered as midwives. The approach taken will assist in increasing the number of midwives in the country in an effort to address the high maternal mortality rate which is a very critical concern for Papua New Guinea.

It is hoped that the graduates will have achieved expected competencies within six (6) months through regular clinical teaching and learning activities based on learning outcomes. The learning activities during clinical attachment will be supervised assessed and documented using the tool provided to justify as evidence of performance by the identified (trained) clinical midwives as assessors/preceptors. The duration of Clinical Placement will depend on the graduates learning need with the minimum period of 4 weeks (28 days), and maximum of 6 months.

For Registration as a midwife, the following seven (7) outcomes through Clinical Areas of Expected Competency Standards as set out per Clinical Assessment Tool must **be achieved**, signed as evidence following required assessment process as stated above, then attached together with a completed final Statement of Competency and must be submitted to the Nursing Council of Papua New Guinea for Registration.

For Registration as a midwife, the following seven (7) domains of specialists' midwifery competencies of PNG Nursing Council as set out in the Clinical Assessment Tool **must be achieved**. They should be signed as evidence following assessment then attached together with a completed final statement of competency and submitted to the PNG Nursing Council for Registration.

The completed document should be sent to:

The Nursing Council of Papua New Guinea
Office of the Registrar
Private Mail Bag
Port Moresby, Papua New Guinea

Contact: Ph: 301 3803/301 3806/301 3799 Fax: 301 3604/323 0753

Instructions: Read carefully and understand the following components of the document.

The Components of the Assessment Tool include:

a) Outline of the Assessment Tool

- Outcome
- Criteria
- Examples or cues
- Evidence of Performance
- Competency Achievement, and
- Assessors Signature and Date

Further included in the document are:

- Outcome of Assessment
- Recommendation for Registration
- A Learning Plan
- Summary of Clinical Skills
- Self Assessment List
- Midwifery Specialist Competency Standards

b) Explanation of the Elements of the Assessment Tool

Outcome

The statements of outcomes are based on the seven (7) domains of Specialist Midwifery Competencies of Papua New Guinea Nursing Council. They describe the behaviour the Graduate Midwife is expected to demonstrate as a result of competency achievement. It includes an indication of the evidence required to show that, that relevant competency has been achieved to justify the graduate is competent. The seven outcomes include:

1. Demonstrates understanding of the importance of the Code of Professional Conduct, and integrates knowledge of ethical principles in the provision of Midwifery care.
2. Displays ability in accountability and responsibility for own actions and outcomes, and acknowledges research as a contributing factor to enhance professional midwifery practice.
3. Demonstrates interpersonal skills in communicating effectively using formal and informal channels of communication to support the woman through her childbearing experiences.
4. Displays leadership skills by planning, organizing and ensuring that relevant materials, equipment and human resources are managed appropriately in providing reproductive health services.
5. Demonstrates understanding on the importance of woman's safety, and carries out comprehensive and accurate assessment to formulate a plan of care in collaboration between midwife, the woman and her family and the members of the health care team in a variety of settings.
6. Demonstrates understanding of the concept of Public Health practices and health promotion perspectives in providing reproductive health care services.
7. Displays understanding of working in partnership with other sectors and disciplines in providing midwifery services and promoting health.

Note key points in the outcomes:

Outcome 1 addresses code of professional conduct and ethical considerations, outcome 2 focuses on critical thinking and analysis where one has to make decisions and be responsible (accountable) for actions taken, outcome 3 talks about effective communication, outcome 4 centres around leadership roles and management skills, outcome 5 is based on patient care management, outcome 6 highlights provision of public health care, and outcome 7 refers to partnership relationships between disciplines- working in partnerships with other stakeholders for the common goal.

Criteria

These are statements of selected actions or behaviours that identify how achievement of competence is demonstrated.

Examples

The actual things (behaviours) seen while the graduate is performing tasks that indicate relevant competencies are achieved (actual things or behaviours seen provide evidence of performance).

Evidence of Performance

Here, the assessor is required to explain the graduates' behaviour of skills work performance. The actual things seen as evidence in performing a task must be stated to justify graduates achievement of competence. The components to capture in this section are Knowledge, Skills and Attitude (KSA). For example; the graduates' level of knowledge about the job, the application of that knowledge demonstrated in performing skills tasks in the clinical setting, and the manner in which the skills tasks are performed or approached is clearly stated.

Competency Achievement

Competency Achievement refers to one's ability in successfully performing a task skilfully. Under competency achievement, **C** stands for '**Competent**' and **NYC** stands for '**Not Yet Competent**'. In this section the assessor is required to write down either **C** (for competent) or **NYC** (for Not yet Competent) depending on the outcome of that competency skills performed.

Assessors Signature and Date

In this section the assessor is to sign his/her signature and write down the date of assessment done.

Outcome of Assessment

The outcome of assessment refers to the result or the end product of the graduates overall performance as to how well they did, whether competent or not yet competent. Here, the assessor/s is to tick the relevant outcome of assessment accordingly as indicated based on the evidence of graduates assessment done and write the summary of overall comments on the space provided.

Recommendation for Registration

Making recommendation for registration means proposing graduates eligibility to the PNG Nursing Council stating whether the graduate has met all requirements to be registered as a midwife, or the graduate needs further support. In this section, approving assessor/preceptor is to fill in the form accordingly and sign the form based on the outcome of the assessment and recommendations made whether the Graduate is for *further competency and clinical skills development* or for *Registration as a Midwife*. In this part, the graduate midwife is also required to write his or her name and sign where appropriate.

A Learning Plan

A learning plan refers to education map or a teaching and learning guide for the assessor to help organise with the graduate to identify graduates learning needs and plan accordingly to achieve competency skills required within given time frame. An example of a learning plan is provided as a guide to help the assessor to plan together with the graduate midwife who has been recommended for *further competency and clinical skills development*. This must be done and achieved within six (months) [given time frame] as stated in the recommendation for Registration which must be made known to the PNG Nursing Council.

Summary of Clinical Skills

Summary of clinical skills is a brief outline of midwifery clinical skills provided as a guide. This is provided as a guide for the graduates to be supervised and assessed against where appropriate. Essential Obstetric Care (EOC) or Obstetric Emergencies for example are essential skills where midwives are required to be competent in when performing these skills.

Self Assessment List

Self Assessment List contains statements of selected actions or behaviour in terms of midwifery skills performance the Graduate Midwife is expected to demonstrate as a result of competency achievement. Self assessment list requires graduate's honest assessment of own ability in areas of Essential Midwifery Skills competencies. This means that the graduate is to evaluate or assess their own level of performance (of KSA) in essential midwifery skills to demonstrate their competence. It is a holistic approach in terms of knowledge component, application of that knowledge demonstrated through performing skills tasks, and the manner in which skills tasks are performed using required resources within given (set) time to demonstrate ones competence.

Individual learning need will be identified by the double major graduate using this checklist as a guide. The graduate together with her/his assessor will then develop a Learning Plan accordingly. The assessor will provide clinical support in guiding and ensure the graduate achieves required competency skills during clinical attachment for registration with the Nursing Council of Papua New Guinea.

Midwifery Specialist Competency Standards

Midwifery Specialist Competencies are for midwives who are already registered nurses and are expected to be competent in the generic competency standards. The specialist competency standards have 7 domains and 10 Competency Units respectively. Each Competency Unit has number of elements and performance criteria (description of standards), statements that describe level of one's performance required to perform in a task to demonstrate competence. The graduates, therefore, are required to demonstrate competence in performing essential midwifery skills where relevant to be recognized and registered as midwives. *The midwifery assessment tool for the graduates is derived from Midwifery Specialist Competency Standards as briefly shown below (7 domains & 10 competency units). Refer to copy attached at the back for detailed information.*

No.	Domain	No.	Competency Units
1	Professional and Ethical Practice.	1	The nurse midwife practices reproductive health in accord with legislative, common and customary law and also in accord with ethical standards and professional code of conduct.
		2	The nurse midwife practices woman's advocacy in all settings.
2	Critical Thinking and Analysis.	3	The nurse midwife is accountable and responsible for own actions and outcomes and acknowledges research as a contributing factor to enhance professional midwifery.
3	Communication.	4	The nurse midwife communicates effectively to support the woman through the child bearing experience.
4	Management and Leadership.	5	The nurse midwife manages resources appropriately
5	Management of Care.	6	The nurse midwife promotes an environment which maximizes woman's safety.
		7	The nurse midwife carries out comprehensive and accurate assessment to formulate a plan of care in collaboration with the woman and her family in a variety of settings.
		8	The nurse midwife implements the woman's care and evaluates the progress towards the expected outcomes.

6	Public Health and Health Promotion.	9	The nurse midwife promotes practice that enhances the health of woman, her family and the public.
7	Partnership with Community and Services.	10	The nurse midwife promotes a reproductive health perspective to work in partnership with other sectors in promoting health.

MIDWIFERY CLINICAL ASSESSMENT TOOL – DOUBLE MAJOR GRADUATE 2005 – 2009

Name: _____ Program: **Midwifery** Date: From _____ to _____ Health Facility: _____

Outcome 1: Demonstrates understanding of the importance of the Code of Professional Conduct, and integrates knowledge of ethical principles in the provision of Midwifery care.					
Criteria	Examples	Evidence OF Performance	Competency Achieved		Assessors Signature & Date
			C	NYC	
Provides duty of care of midwifery practice in accordance with the policies, regulations and guidelines of the employing agency	<ul style="list-style-type: none"> • Follows policies and guidelines of the unit/ employing agency in providing midwifery care; eg: does vaginal examinations 4 hourly when in established labour, otherwise as indicated per clinical guidelines. - completes routine observation on all women as per clinical guidelines 				
Provides duty of care within the legal parameters of midwifery practice.	<ul style="list-style-type: none"> • Recognises instances of unsafe or unprofessional practices and responds appropriately to prevent their recurrence; eg: male health worker arranges for a female colleague to be present when performing including vaginal examination. • Works within the scope of midwifery practice; eg: refers abnormal findings to senior health worker or consults an obstetrician. 				
Demonstrates attitudes and behaviours in accordance with ethical standards and code of professional conduct.	<ul style="list-style-type: none"> • Always informs clients and seeks permission before performing procedure, and provides feedback. • Asks the woman to repeat the information back to the midwife to ensure information received is understood. • Explains information clearly to the woman for informed choices on reproductive health care; eg FP. 				

	<ul style="list-style-type: none"> Respects and supports the rights, beliefs and cultural practices of women and their families but informs of any detrimental effects; eg: food taboo, refusing blood transfusion, etc.... 				
Promotes woman's advocacy - protects the woman's rights to privacy and dignity in all settings where midwifery is practiced.	<ul style="list-style-type: none"> Ensures privacy and dignity is maintained at all times with respect to women and their families. eg: pt screening, information confidentiality, support in abuse/domestic violence, etc..... - provides woman centred care - shows empathy towards the woman and empowers her to feel she is important and is in charge of her health. 				

Outcome 2: Displays ability in accountability and responsibility for own actions and outcomes, and acknowledges research as a contributing factor to enhance professional midwifery practice.

Criteria	Examples	Evidence OF Performance	Competency Achieved		Assessors Signature & Date
			C	NYC	
Reflects on and recognises her own performance , and takes responsibility by seeking additional knowledge through colleague support for personal and ongoing professional development	<ul style="list-style-type: none"> Asks colleagues/tutors for assistance and information, and reads up latest information; ie: National Health Plan, Minimum Standards, Standard Treatment Manuals, Nursing Council Competencies, Code of Ethics and Code of Professional Conduct, etc..... Keeps a reflective journal to recognise own performance for maintenance of competence and for improvement. 				
Seeks avenues to keep up to date with the new developments in the specific area of practice.	<ul style="list-style-type: none"> Reads literature/journals from current research to gain new knowledge and practice from library, internet, workshops, standard manuals, and information from international agencies such as WHO standards and manuals. 				

	<ul style="list-style-type: none"> - produces a journal of readings and/or discusses with the assessors on new findings and new ways of practice in the specific area of midwifery practice, - discusses specific area of practice during ward rounds, tutorials, eg. case presentations, bed side teaching, - joins a professional group for maintenance of competence and professional development, eg. become a member of Midwifery society, South Pacific society for Reproductive Health, etc... 				
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Outcome 3: Demonstrates interpersonal skills in communicating effectively using formal and informal channels of communication to support the woman through her child bearing experiences.

Criteria	Examples	Evidence OF Performance	Competency Achieved		Assessors Signature & Date
			C	NYC	
<p>Creates environment which fosters effective communication between parties - self, women and families, colleagues and with other members of the health care team. ie: uses verbal & written forms of communication clearly and appropriately interacting, and displays acceptable body language towards others.</p>	<ul style="list-style-type: none"> • Speaks and writes clearly and is sensitive to others when communicating; ie: in client assessment, reporting, explaining & clarifying information; eg: <ul style="list-style-type: none"> - places no physical barrier between the midwife and the woman and uses words or language that is appropriate and clearly understood. - engages an interpreter to avoid language barriers whenever necessary. - Asks the woman to repeat what was said to her to ensure information received is understood well. - Displays sensitivity and is conscious of non verbal cues (body language). 				

Ensures accurate retrievable documentation is maintained to monitor reproductive health services delivery.	<ul style="list-style-type: none"> Documents accurately all relevant data necessary to monitor reproductive health services delivery; ie. completes all sections of the woman's records accurately. eg: Health Record Book, AN/FP records, Observation Charts, FBC, Cervicograph, Nursing Notes, Birth Records, Baby Book, Referral Letters, Incidental Reports, etc....				
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Outcome 4: Displays leadership skills by planning, organizing and ensuring that relevant materials, equipment and human resources are managed appropriately in providing reproductive health services.

Criteria	Examples	Evidence of Performance	Competency Achieved		Assessors Signature & Date
			C	NYC	
Interprets and uses appropriate information from current National Health Plan, Minimum standards, Standard Treatment Manuals, Nursing Council Code of Ethics and Code of Professional Conduct and international agencies such as W.H.O to guide midwifery practice.	<ul style="list-style-type: none"> Uses appropriate reproductive health data; ie: country's/province/districts MMR in setting priorities for short, medium and long term goals and objectives; eg: <ul style="list-style-type: none"> identifies indicators of MMR and discusses them during assessment writes and puts up indicators of MMR for everyone to see. Participates in the development of activity plans within the parameters of the current policies; eg: <ul style="list-style-type: none"> daily rostering, prioritizes tasks by allocating staff and ensuring that all areas are covered and there is no overlapping. 				
Uses available resources appropriately to achieve maximum reproductive health using cost effective measures.	<ul style="list-style-type: none"> Allocates and utilises staff appropriately in terms of rostering. Maintains relevant equipment and drugs and ensures that these are safe, adequate and operational; eg. 				

	<ul style="list-style-type: none"> vacuum cups, vacuum pumps, drip stands, oxygen, oxytocins, antibiotics, etc.... Ensures protocols are in place, eg: policies and guidelines, standards, etc... 				
Provide leadership role in reproductive health services.	<ul style="list-style-type: none"> Acts as a role model and takes responsibility for own actions and decisions. Demonstrates ability in solving a variety of problems. Demonstrates positive attitude towards the midwifery profession and is willing to help other health workers to promote reproductive health; <p>eg:- implements midwifery competency standards/standards of midwifery practice.</p> <ul style="list-style-type: none"> - provides in-service training - provides preceptoring assistance to new employees, junior or other staff as required. 				

Outcome 5: Demonstrates understanding on the importance of woman’s safety, and carries out comprehensive and accurate assessment to formulate a plan of care in collaboration with the woman and her family in a variety of settings.

Criteria	Examples	Evidence OF Performance	Competency Achieved		Assessors Signature & Date
			C	NYC	
Promotes safe reproductive health care in all settings.	<ul style="list-style-type: none"> Recognises potential risks to self, the mother and her fetus/baby and takes appropriate steps to promote health safety measures; eg: - puts up notices for wet paint, wet floorboards, leaking roof/ceiling, etc - ensures relevant equipments are in working conditions and are kept safe 				

	<ul style="list-style-type: none"> - prevents nosocomial infections through hand washing, rubbish and sharps disposal - adheres to public visiting hours and ensures security measures - lists drugs that are harmful to pregnant women, etc... 				
Respects the cultural and spiritual values of woman and informs her and her family of unsafe cultural and spiritual practices that could have detrimental effect on her reproductive health	<ul style="list-style-type: none"> • Informs the woman and her family about the importance of good nutrition during pregnancy. • Discusses with the woman the cultural, spiritual beliefs and values and informs her of practices that may be harmful to her and/or her unborn baby, eg. <ul style="list-style-type: none"> - food taboos, refusing Blood Transfusion and Family Planning beliefs and practices. - coitus information and importance of compliance to prophylactic medication in pregnancy, etc.... 				
Provides midwifery care using midwifery standard framework to obtain relevant general and reproductive health history.	<ul style="list-style-type: none"> • Takes accurate personal, social, obstetric and medical history, following standard layout, eg. <ul style="list-style-type: none"> - AN card, FP card, labour admission and observation chart, cerviograph, use of 10 steps AN checklist etc.... to ensure the mother and her fetus/baby are safe. 				
Analyses and interprets a woman's data accurately and carries out plan of midwifery care accordingly in consultation with the woman and her family.	<ul style="list-style-type: none"> • Recognises deviation from normal progress of pregnancy, labour, birthing and puerperium, and revises plan when and where necessary. <ul style="list-style-type: none"> eg: - antenatal care records & reports - labour progress records – labour admission sheet, observation charts, cervicograph, treatment chart - post natal records during puerperium care, etc.... 				

Outcome 6: Demonstrates understanding of the concept of Public Health practices and health promotion perspectives in providing reproductive health care services.

Criteria	Examples	Evidence OF Performance	Competency Achieved		Assessors Signature & Date
			C	NYC	
Provides the woman, her family and the community with appropriate information that enhances their health.	<ul style="list-style-type: none"> Gives health education and information on safe sex, STI, HIV/AIDS, infertility, cancer, infection control measures, immunization program, mosquito nets, etc.... Provide information to both partners about the advantages and disadvantages of FP practices so they make informed choices. Encourages active participation of husband/partner/family/community in support of woman during pregnancy, childbirth and parenting experiences. 				

Outcome 7: Displays understanding of working in partnership with other sectors and disciplines in providing midwifery services and promoting health.

Criteria	Examples	Evidence OF Performance	Competency Achieved		Assessors Signature & Date
			C	NYC	
Promotes reproductive health as a member of the health team to work in partnership with other health care disciplines and the wider community.	<ul style="list-style-type: none"> Advocates midwifery practice to other sectors; ie: acknowledges NGO's, church agency/ies, donor partners, church/women /youth groups, communities, etc..... Is sensitive to woman's needs and acknowledges cultural beliefs and values while providing information on; eg: importance of good nutrition, emergency referral, etc.... 				

	<ul style="list-style-type: none"> • Observes annual Midwifery day (3rd May) as an important event; <ul style="list-style-type: none"> - plan and celebrate Midwifery day to advocate for midwifery services and, - creates awareness about national and international midwifery, White Ribbon Alliance and Pathfinder International, etc.... 				
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RECOMMENDATION FOR REGISTRATION:

(Nursing Council of PNG 2012)

A. RECOMMENDATION FOR REGISTRATION AS A MIDWIFE.

I/We have assessed (*name of graduate*) _____ and declared that she / he is competent in the knowledge, skills and attitude required to become a midwife registered with the Nursing Council of Papua New Guinea. I/We have discussed the importance of continuing professional development in order to maintain competence.

Name of Approved Assessor:

Print Name: _____

Signature: _____

Date: _____

Official Seal

Name of Graduate Midwife:

Print Name: _____

Signature: _____

Date: _____

B. RECOMMENDATION FOR FURTHER KNOWLEDGE AND CLINICAL SKILLS DEVELOPMENT BEFORE RECOMMENDATION FOR REGISTRATION AS A MIDWIFE.

I/We have assessed (*name of graduate*) _____ and have identified the need for further development of competence. I/We have discussed this with (*name of graduate midwife*) _____ and we have made a plan to achieve this within six months. I/We will assess her / his competency again when she / he has completed her / his learning objectives.

Approving Assessor:

Print Name: _____

Signature: _____

Designation / Position: _____

Date: _____

Official Seal

Graduate Midwife:

Print Name: _____

Signature: _____

Date: _____

A LEARNING PLAN

Learning Needs Identified	Learning Outcomes/Objectives	Assessment Criteria	Method of Assessment	Evidence of Performance	Competency Achieved		Assessors Signature and Date
					Y	N	

SUMMARY OF CLINICAL SKILLS

Midwifery Skills	
Skills	Unit Responsible
<p><i>Reproductive Health</i></p> <ul style="list-style-type: none"> • Family Planning Assessment - Counselling, Information/Education • Vaginal Speculum Examination • Self breast Examination 	Family Planning /Gynae Clinic
<p><i>Antenatal Care</i></p> <ul style="list-style-type: none"> • Antenatal Assessment - New Enrolments - Revisits - Antenatal Abdominal Palpation - HIV Counselling and Screening - Management of High Risk Pregnancy - STI's and infections 	Antenatal clinic
<p><i>Intrapartum Care</i></p> <ul style="list-style-type: none"> • Care of woman in labour and birth (supporting women in labour and birth) - Admission - Cervicograph - Abdominal Palpation, - Vaginal examination - Care of woman experiencing complicated labour (Management of high risk woman in labour; eg: PET, induction, augmentation of labour, multiple pregnancy, breech,) - Delivery with episiotomy and repair of episiotomy - Vacuum Extraction - Active management of third stage of labour - Management of woman with PPH - Management of retained placenta/Manual Removal of Placenta - Immediate Care of woman after delivery 	Labour Ward
<p><i>Postnatal Care</i></p> <ul style="list-style-type: none"> • Post Natal Examination - Post natal observation of the woman – TPR & BP, Fundus, Lochia - Management of perineal trauma - Initiation of breast feeding and lactation - Care of woman experiencing post natal complication 	Post Natal Ward
<p><i>Neonate</i></p> <ul style="list-style-type: none"> • Care of Neonate - Immediate care of baby at birth - Examination of the new born - Resuscitation of the neonate - Care of the sick neonate 	Labour Ward/ Special Care Nursery

SELF ASSESSMENT OF LEARNING NEEDS

Graduates of Double Major in Midwifery and Child Health 2005 – 2009

This instruction is for double major graduates who are interested in midwifery and want to be recognised as a midwife, this is for their assessment of competency and registration as a midwife in PNG.

The following competencies as shown in Self Assessment List have been recognized as essential for the safe and competent care of women and their families in their role as a graduate midwife. Some graduates may feel they are confident and competent in some competencies. Others may feel they are still working towards achieving other relevant competencies. These will become their goals for learning. Graduates are encouraged to take time to reflect on their practice and assess their own progress. When they have completed these, they need to contact their assessor/s and discuss with them their learning needs. Strategies will need to be put in place to allow the graduates to further their competence in these areas, for example, Clinical Placement. The graduate, together with their assessor/s will develop a learning plan that meets their requirements given their current location and situation.

This is part of assessing graduates competence to practice as a Registered Midwife. After graduates have assessed themselves, their assessor/s will review their practice against the PNG Specialist Midwifery Competency Standards as per assessment tool. If the graduates are practicing competently within these guidelines, they will be recommended for registration as soon as possible. If they do not meet those guidelines, they will still be given a chance to redo or repeat the competencies by following the learning plan. This means that the graduates will then identify their learning needs together with their assessors and plan accordingly to achieve competency skills required within set time (eg. two weeks, one month, three months) as agreed by both the graduate and assessor/s.

The graduates are required to complete this as soon as possible. The Nursing Council of PNG is committed to ensuring that all graduates who wish to be granted registration as a midwife do so in 2013 and 2014. The final recommendations for registration MUST BE RECEIVED by the PNG Nursing Council

Nursing Council of Papua New Guinea
Office of the Registrar
Private Mail Bag
Port Moresby, Papua New Guinea

Contact: Ph: 301 3803/301 3806/301 3799 Fax: 301 3604/323 0753

NO LATER THAN 30TH NOVEMBER, 2013

Self Assessment List

Individual graduates will make an honest assessment of his/her own ability in the following areas of essential midwifery competencies. The graduate will ask him/herself whether *they are able to perform these skills thoroughly, safely and confidently*. They will then place a **thick** in the **appropriate column on the right where relevant** (as shown below). Each graduate will use this as the basis for his/her review of competence with his/her assessor/s. The assessor/s will then ensure that individual graduate is able to practice safely and competently in all these areas in order to be approved for registration.

AM I ABLE TO DO THIS THOROUGHLY, SAFELY AND CONFIDENTLY?	I can do this independently	I can do this with some assistance	I need more experience
	✓ or	✓ or	✓
REPRODUCTIVE HEALTH			
Provide Family Planning Services; e.g.: <ul style="list-style-type: none"> - Client /couple counselling - Information/education on different methods, advantages and disadvantages, etc. - Vaginal speculum examination - Self breast examination 			
ANTENATAL CARE			
Provide routine antenatal assessment and care; eg: <ul style="list-style-type: none"> • New Enrolments (history taking, physical examination, abdominal palpation, fetal wellbeing, calculating EDD, prescribing routine antenatal medications). • Revisits (physical examination, abdominal palpation, fetal wellbeing, prescribing routine antenatal medications). 			
Provide antenatal awareness, education and counselling for the woman and her family; eg: <ul style="list-style-type: none"> • Family Planning • Nutrition • Danger signs and symptoms • HIV/STI's • Normal Pregnancy • Labour, and Birthing 			
Practice PPTCT principles for all women, including pre and post test counselling and commence necessary care for HIV positive women.			
Recognize and manage abnormal findings and risk factors for mothers and baby during pregnancy; eg: <ul style="list-style-type: none"> • Anaemia, signs and symptoms of pre-eclampsia, vaginal bleeding, PROM, IUGR, poly/oligohydramnios, multiple pregnancy, malpresentations, infection 			
Identify and manage emergency situations appropriately; eg: <ul style="list-style-type: none"> • Eclampsia, APH, severe infection, including administration of life saving drugs as indicated 			
LABOUR AND BIRTH			
Mother			
Assess woman in labour and monitor progress of labour by using the partograph for recording; eg: including history taking, vital signs, abdominal palpation, timing of contraction,			
Provide care and support for a labouring woman; <ul style="list-style-type: none"> • eg: Hydration, suggest alternate position, observations, pain management and relief, bladder care, etc. 			

<p>Assess progress and care for the woman throughout the four stages of labour; eg:</p> <ul style="list-style-type: none"> • Including active management of labour and immediate post natal care. 			
<p>Identify and manage labour when it deviates from normal; eg:</p> <ul style="list-style-type: none"> • ARM, augmentation and induction of labour, vacuum deliveries, vaginal breech, manual removal of placenta, caesarean section. 			
<p>Manage obstetric emergencies; eg:</p> <ul style="list-style-type: none"> • Fetal distress, APH, shoulder dystocia, cord presentation/prolapsed, eclampsia, • PPH, retained placenta. 			
<p>Provide perineal care</p> <ul style="list-style-type: none"> • Care in second stage, restricted indication of episiotomy, assessment of perineal trauma, perineal suturing, and education for perineal care. 			
<p>Assist the woman to initiate breastfeeding; eg: Skin to skin at birth, first breast feed, support for breast feeding difficulties.</p>			
<p>Newborn Provide immediate care and assessment of the newborn at birth and perform neonatal resuscitation as required; eg:</p> <ul style="list-style-type: none"> • Full examination of the new born, resuscitation of the neonate, care of the sick neonate. 			
<p>Perform a full physical examination of the new born and refer appropriately for any abnormalities detected.</p>			
<p>Practice PPTCT principles for a HIV positive mother and commence necessary care for the baby.</p>			
<p>Provide care for the newborn in the first 24 hours and postnatal period.</p> <ul style="list-style-type: none"> • Thermoregulation, hypoglycaemia, breastfeeding, bonding, weight, height and head circumference measurement, vital sign, cord and eye care, immunizations. 			
<p>Complete the required documentation for mother and the baby during labour, birth and postnatal period.</p> <ul style="list-style-type: none"> • eg. labour and birth records, perinatal mortality and morbidity records, registration of birth, health record book, etc... 			
POST NATAL			
<p>Perform routine post natal assessment and care</p> <ul style="list-style-type: none"> • eg. history of labour and birth, physical examination, involution, healing of perineal lacerations, post operative care, etc.... 			
<p>Provide postnatal education and counselling for the woman and her family.</p> <ul style="list-style-type: none"> • normal postnatal care, support for bereaved families, nutrition, family planning 			
<p>Provide support and education for the breast feeding mother.</p> <ul style="list-style-type: none"> • skin to skin contact, attachment, breast feeding problems, expressing, etc... 			
<p>Identify, manage and treat emergency postpartum complications.</p> <ul style="list-style-type: none"> • PPH, sepsis, psychosis, emboli, etc.... 			
<p>Recognise and manage abnormal findings and risks factors in the post natal period.</p> <ul style="list-style-type: none"> • Eg. anaemia, maternal infection, poor involution and wound healing, abnormal healing, etc..... 			

Skills Checklist

Antenatal Care – Assessment Checklist

Performance Criteria
1. Welcomes woman, identifies self and ensures that language used is appropriate and understandable. (Engages an interpreter to avoid language barriers whenever necessary).
2. Respects the rights and dignity of the woman and obtains the woman's consent prior to undertaking care.
3. Uses 10 step checklists as a guide to providing antenatal care.
4. Takes an accurate personal, social, medical and obstetric history following the standard format in the AN Card.
5. Undertakes appropriate laboratory assessments after counselling and obtaining the woman's consent.
6. Provides information and assistance to the woman as necessary during visits, and ensures information received is understood well.
7. Discusses the birth plan with the woman, and the importance of supervised delivery (where to deliver her baby).
8. Documents all care appropriately and accurately including recording information in the AN Card and Helt Buk Bilong Ol Meri.
9. Undertakes appropriate assessment during antenatal visits (eg. Blood pressure, weight, urinalysis for protein and glucose, HgB estimation, Abdominal palpation).
10. Ensures the woman is informed about all results of pregnancy care.
11. Educates woman on: <ul style="list-style-type: none"> - danger signs in pregnancy, - nutrition – well balanced diet - hygiene, exercise and rest - preparation for baby's birth/ needs - family planning
12. Reports any deviations/abnormalities to the doctor and ensures follow up action is attended to.
13. Encourages questions and responds appropriately to both questions and requests from the woman.
14. Ensures the woman is aware of any prescribed treatment or prophylaxis and the need to complete same.
15. Ensures the woman is aware of appointments for follow up care.
16. Completes all sections of the woman's records accurately (AN Card and Helt Buk Bilong Ol Meri).

Abdominal Examination – Assessment Checklist

Performance Criteria
1. Explains the procedure to the pregnant woman (explains to the woman what s/he is going to do) and makes the pregnant woman comfortable and at ease.
2.
3. Respects the rights and dignity of the pregnant woman and obtains consent prior to undertaking care.
4.
5. Asks the pregnant woman to empty her bladder into a specimen jar and check the urine for abnormalities.
6. Inspects the abdomen for: <ul style="list-style-type: none">- scars, shape and size.- any fetal movements
7. Feels the uterine fundus and determines its contents.
8. Feels both sides of the uterus to find the position of the baby's back.
9. Feels the lower pole of the uterus to determine the presenting part.
10. Measures the descent of the presenting part in fifths above the pelvis.
11. Measures the fundal height using the tape measure starting from the pubic bone and measuring up to the fundus in centimetres.
12. Compares the fundal height measurement with the estimated gestation.
13. Asks the pregnant woman about the presence and quality of fetal movements.
14. Advises the pregnant woman about observing fetal movements as a sign of fetal health.
15. Listens to Fetal Hear Sound, (normal fetal hear rate: 120 – 160 beats a minute)
16. Reports any deviations or abnormalities to the doctor and ensures follow up action is attended to.
17. Records the findings in the Helt Buk Bilong ol Meri and the Antenatal Card.

Care of a Woman in Labour – Assessment Checklist

Performance Criteria
1. Welcomes the pregnant woman, identifies self and ensures that language used is appropriate and is understood. (Engages an interpreter to avoid language barriers whenever necessary).
2. Respects the rights and dignity of the woman and ensures that informed consent is given prior to undertaking care.
3. Ensures appropriate observation/assessment is maintained on the woman in labour (eg. Temperature Pulse, Blood Pressure, Fetal Heart Rate, timing of contractions – duration , strength).
4. Ensures that the woman’s hydration status is monitored and that she is actively encouraged to maintain her hydration level (all fluids consumed by the woman are documented on the partogram, and Fluid Balance Chart when required).
5. Provides the woman with options for the management of pain in labour (eg. Positioning, hot pack, massage, Pethidine).
6. Actively supports the woman in her choice of care in labour.
7. Facilitates the involvement of the woman’s husband (if desired) in the birthing process.
8. Ensures that patient is appropriately prepared and positioned for birth (eg. Positions patient in a position that assists the mother to give birth – NOT dorsal position, ensures empty bladder, ensures clean environment, cleanses vulval area if indicated, washes hands, and puts on gloves).
9. Ensures necessary equipment and supplies are prepared and easily accessible.
10. Uses a supportive approach and appropriately encourages the mother with her birthing efforts (eg. Does not scream, shout or slap the mother, does not tell the mother to push unless this is required).
11. Uses appropriate technique(s) for assisting delivery of the infant (eg. Assesses perineum, controls delivery of the head, checks for cord around the neck, waits for restitution and rotation of the head before attempting delivery of the shoulders).
12. Ensures immediate care of the newborn, infant has a clear and patent airway and that appropriate resuscitation is undertaken as indicated by the infant’s condition and Apgar score.
13. Ensures that continuing care is provided to the infant as necessary (eg. Clamps and cuts cord; dries infant, ensures infant is covered and kept warm, ensures observation is maintained of the infant, initiates breast feeding as soon as possible).
14. Recognises the signs of placental separation and manages the third stage appropriately (eg. Checks uterus prior to given Oxytocic drugs, Oxytocic drugs are administered accordingly, delivers placenta by Controlled Cord Traction, ensures completeness of products of conception, monitors and evaluates blood loss and intervenes as appropriate).
15. Examines vulva area to identify damage and implements appropriate care as required (eg. Repair of tears or perineal/vulval trauma).
16. Reports any deviations/abnormalities and ensures follow up action is initiated.
17. Encourages questions and responds appropriately to both questions and requests from the woman.
18. Documents all care appropriately and accurately.

Per Vaginal Examination – Assessment Checklist

Performance Criteria
1. Welcomes the pregnant woman, identifies self and ensures that language used is appropriate and is understood. (Engages an interpreter to avoid language barriers whenever necessary).
2. Respects the rights and dignity of the woman and ensures that informed consent is given prior to undertaking care. (Explains the nature of the procedure and ensures the woman understands).
3. Ensures necessary equipment and supplies for PVE are prepared and easily accessible, and uses a systemic approach to performing examination (eg. performs abdominal palpation first to determine lie and presentation).
4. Ensures that patient is appropriately prepared and positioned for procedure (e.g. empties bladder, covers patient, removes peripad, ensures clean environment, cleanses vulval area if indicated, washes hands, puts on gloves).
5. Uses appropriate technique for performing examination (e.g. Parts labia with non-dominant hand, uses antiseptic cream).
6. Uses a supportive approach and appropriately encourages the woman to relax (eg. Does not scream, shout or get cross to or slap the mother) while the midwife uses a systemic approach to performing PVE in determining effacement and dilatation of the cervical, state of the membranes, presenting part (eg: cord is not felt - prolapsed/presenting), station, moulding , caput, etcand informs the woman the results of vaginal examination.
7. Thanks the woman as the midwife makes the woman comfortable and records findings correctly on the cervicograph.
8. Reports any deviations/abnormalities and ensures follow up action is initiated.
9. Documents all care appropriately and accurately.

Use of Cervicograph in Labour – Assessment Checklist

Performance Criteria
1. Starts the cervicograph when the woman in labour is admitted to the labour ward, and not just when they reach 4 cm dilated.
2. Records all observations on the cervicograph including BP, Pulse, Temp. Contractions – length, strength and duration, Fetal Heart Rate.
3. Puts all general information, history and observation on the cervicograph correctly. History of commencement of labour, high risk factors, state of membranes. Records all information in the right column/place on the cervicograph.
4. Palpates the abdomen to determine lie, presentation and engagement of the head in fifths, including the contractions and records the findings on the cervicograph correctly.
5. Performs a PV examination and records both dilation and descent of the head.
6. Draws Alert and Action lines correctly on the cervicograph.
7. Continues to record particulars on the cervicograph at least every hour during labour.
8. Reports any deviations/abnormalities and ensures follow up action is initiated.

What the graduate midwife should know:

When should the cervicograph start?	Cervicograph should be started when the woman in labour is admitted to the labour ward.
When should Alert and Action Line be drawn?	<p>Draw alert line 2 hours to the right of PV > 4cm and the action line 4 hours to the right of PV > 4cm. Two parallel diagonal lines are drawn on the cervicograph after the cervix is 4 cm or more dilated.</p> <p>The first line is called 'ALERT' line indicating that when the graph crosses this line. The second line is called 'ACTION' line and is made 2 spaces over from the 'ALERT' line. The alert line should be commenced in line with how many cm dilated she was on examination; i.e.: if she was 4 cm, the line should start 2 hours to the right at "4". If she was 7 cm the line should start 2 hours to the right but at "7". The descent of the head is marked with a O and the dilation of the cervix with an X</p>
What would the graduate midwife do if the alert line is crossed?	<p>The graduate midwife should know that labour is not progressing normally. Should consider:</p> <ul style="list-style-type: none"> - assessment of contractions - ensure bladder is empty - listen to fetal heart sound (normal fetal hear rate: 120 – 160 beats a minute). - palpate to determine presenting part - PVE to determine dilatation of cervix if required - notify doctor for augmentation of labour where required
What would the graduate midwife do if the action line is crossed?	<p>Action must be taken right away.</p> <ul style="list-style-type: none"> - Ensure all the above has been assessed. - Notify doctor
Why is it useful to use a cervicograph in labour?	<p>Using a cervicograph is to monitor the progress of labour, and will help the midwife detect early signs of abnormal labour.</p> <p>Action can be taken quickly that could save the life of the mother and baby.</p>

Record Forms

Antenatal Abdominal Palpation - Record Form

No	Date	Patients Name	Gestation	Fundal height	Presentation	Lie	Decent of head	Fetal heart rate	Points of Interests/Action	Competency achievement		Assessors signature & date
										C	NYC	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

Use of 10 Steps Checklist for Antenatal Care – Record Form

No	Date	Patients Name	Points of Interest/Actions	Competency achievement		Assessors signature & date
				C	NYC	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Family Planning – Record Form

No	Date	Patients Name	Points of Interest/Actions	Competency achievement		Assessors signature & date
				C	NYC	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Papua New Guinea

**Specialist Nursing Competency
Standards**

**This package contains competency
standards for Midwifery**

September 2003

PHILOSOPHY FOR MIDWIVES

We believe that a midwife is a person who has good knowledge, skills and positive attitudes towards working in partnership with the woman and her family as she guides the woman through the process of childbearing and early parenting.

The focus of reproductive health care is the women herself and her immediate family and recognises the value of the woman in Papua New Guinea society.

The nature and scope of reproductive health practice is to give quality care to a woman during pregnancy, labour and puerperium. The midwife can practice safely with a health team or function as an independent practitioner within the parameters of midwifery practice.

The midwife takes pride in her profession and is guided by evidence based practice following the Papua New Guinea legal and ethical codes.

The following is the first draft of the midwifery competency standards for Papua New Guinea.

These competencies are for midwives who are already registered general nurses and are competent in the generic competency standards.

MIDWIFERY COMPETENCY STANDARDS

Domain 1 – Professional and ethical practice	
Competency unit 1 – The nurse-midwife practices reproductive health in accord with relevant legislative, common and customary law and also in accord with ethical standards and professional code of conduct.	
Elements	Performance criteria
1. Recognises and upholds laws relating to reproductive health appropriate to the circumstances and resources and in accordance with the policies, rules and regulations of the employing agency	<ul style="list-style-type: none"> ▪ Identifies and interprets laws relevant to reproductive health practice. ▪ Provides care within the legal parameters of midwifery practice. ▪ Adheres to the policies, rules and regulations of the employing agency.
2. Provides duty to reproductive health and recognises unsafe practices and prevents their recurrence.	<ul style="list-style-type: none"> ▪ Performs within the parameters of accepted reproductive health practice and relevant legislation. ▪ Demonstrates a positive attitude and a duty of care towards the woman. ▪ Identifies and reports unsafe midwifery practice and takes corrective action where applicable.
3. Upholds ethical standards and code of professional conduct relating to reproductive health.	<ul style="list-style-type: none"> ▪ Demonstrates attitudes and behaviours in accordance with ethical standards and code of professional conduct.
Competency unit 2 – The nurse-midwife practices woman’s advocacy in all settings.	
Elements	Performance criteria
1. Provides the woman with accurate information to enable her to give informed consent.	<ul style="list-style-type: none"> ▪ Determines the extent of the woman’s knowledge, provides relevant information and supports the woman in the decision making process. ▪ Respect the rights of the woman and her family in making informed choices on reproductive health.
2. Protects the woman’s rights to privacy and dignity in all settings where midwifery is practiced.	<ul style="list-style-type: none"> ▪ Promotes the woman’s self worth, self-confidence and self-abilities, self esteem. ▪ Respects the nature of the relationship between the midwife and the woman. ▪ Recognise potential and actual domestic violence and report to appropriate community and support services. ▪ Support, assist and refer domestic violence victims to appropriate community support services. ▪ Takes an active role in contributing to woman’s health issues including psycho/ social issues.

Domain 2 – Critical thinking and analysis	
Competency unit 3 – The nurse-midwife is accountable and responsible for own actions and outcomes and acknowledges research as a contributing factor to enhance professional midwifery practice.	
Elements	Performance criteria
1. Uses code of ethics and code of professional conduct to guide midwifery practice.	<ul style="list-style-type: none"> ▪ Reflects critically her own midwifery practice performance. ▪ Seeks additional knowledge through colleague support, self and ongoing professional development. ▪ Seek avenues to keep up to date with the new development in the specific area of practice. ▪ Coaches and mentors other health care providers/students to assist their development.
2. Acknowledges the importance and contributes to the process of reproductive health research.	<ul style="list-style-type: none"> ▪ Acknowledges that research is an important factor in the advancement of reproductive health. ▪ Makes a clinical judgment using evidence-based knowledge to improve reproductive health. ▪ Seeks opportunities to become involved in research to improve reproductive health.

Domain 3 – Communication	
Competency unit 4 The nurse-midwife communicates effectively to support the woman through the childbearing experience.	
Elements	Performance criteria
1. Communicates effectively using formal and informal channels of communication.	<ul style="list-style-type: none"> ▪ Creates an environment, which fosters communication between the midwife and the woman. ▪ Engages in effective primary level counseling as required such as family planning. ▪ Acts as a woman's advocate to empower her to express her feelings, thoughts and needs. ▪ Offers support to enable the woman to feel in control during her pregnancy, birthing and early parenting experience. ▪ Facilitates and provides an interpreter when a language barrier exists.
2. Ensures accurate, retrievable documentation to monitor reproductive health services delivery.	<ul style="list-style-type: none"> ▪ Documents accurately and promptly all relevant data necessary to monitor reproductive health services delivery. ▪ Correctly and safely files information in such a way that it is retrievable. ▪ Analyses datas and use it to improve reproductive health practice.

Domain 4 – Management and leadership

Competency unit 5 The nurse-midwife manages resources appropriately.

Elements	Performance criteria
1. Uses information from current National Health Plan, Minimum standards, Standard Treatment Manuals, Nursing Council code of ethics and code of professional conduct and International agencies such as W.H.O.	<ul style="list-style-type: none"> ▪ Uses appropriate reproductive health data in identifying needs and setting priorities for short and long term goals and objectives. ▪ Plans strategies to achieve these objectives and goals. ▪ Participates in the development of activity plans within the parameters of the current policies.
2. Uses available resources to achieve maximum reproductive health using cost effective measures	<ul style="list-style-type: none"> ▪ Demonstrates correct use of human resources by appropriate allocation of staff (staff patient ratio), orientation, mentoring, supervision, evaluation and feedback. ▪ Demonstrates correct use of available resources. ▪ Participates in evaluating reproductive health care goals and objectives for cost containment. ▪ Seeks adequate and appropriate equipment that is safe and functions well.
3. Demonstrate leadership ability.	<ul style="list-style-type: none"> ▪ Act as a role model in healthy living and take responsibility for own actions and decisions. ▪ Demonstrate initiative in problem solving. ▪ Take responsibility for professional development of self and junior colleagues. ▪ Applies reproductive health knowledge and skills competently and has a positive attitude towards the midwifery profession.
4. Provide leadership role in reproductive health services.	<ul style="list-style-type: none"> ▪ Provide clinical supervision (preceptorship) to other health workers to promote reproductive priorities. ▪ Takes responsibility for assessing competency standard of specialist student nurses. ▪ Identifies the needs of other health workers and assists them to develop strategies to address these. ▪ Updates health workers when national reproductive health polices and practices change in PNG. ▪ Inform other health care workers when new initiatives related to reproductive health services are implemented. ▪ Facilitate in-service education of others through a range of activities.

Domain 5 – Management of care	
Competency unit 6 The nurse-midwife promotes an environment which maximizes woman's safety.	
Elements	Performance criteria
1. Promotes a safe environment for reproductive health services	<ul style="list-style-type: none"> ▪ Recognise potential risks to self, the mother and her fetus/baby. ▪ Takes steps to promote a safe environment during reproductive health care in all settings
2. Respects the cultural and spiritual values of the woman.	<ul style="list-style-type: none"> ▪ Supports the needs of the woman and her family in relation to their cultural and spiritual values. ▪ Inform the woman and her family of unsafe cultural and spiritual practices that could have detrimental effect on her reproductive health. ▪ Acts to maintain the dignity, integrity and self-esteem of the woman.

Domain 5 – Management of care (cont.)	
Competency unit 7 The nurse-midwife carries out comprehensive and accurate assessment to formulate a plan of care in collaboration with the woman and her family in a variety of settings.	
Elements	Performance criteria
1. Uses a structured approach in the process of assessment e.g. problem solving approach.	<ul style="list-style-type: none"> ▪ Uses a midwifery standard framework to obtain general and reproductive health history. ▪ Uses appropriate techniques to examine the woman and the fetus/baby in the hospital/health center/village settings. ▪ Correctly and accurately documents findings in appropriate format. • Confirms data and consults with the clients and members of the health care team e.g. Nurse, Doctors, CHW, VBA, VHV etc.
2. Analyses and interprets data accurately.	<ul style="list-style-type: none"> ▪ Recognises the normal progress of pregnancy, labour, birthing and puerperium. ▪ Identifies actual and potential reproductive health problems through accurate interpretation of data.
3. Identifies expected outcomes and develops a plan of care in consultation with the woman and her family.	<ul style="list-style-type: none"> ▪ Promotes understanding that pregnancy and birth is a normal life event. ▪ Develops and prioritises a care plan according to the woman's needs. ▪ Educate the woman and her family on the importance of antenatal care ▪ Demonstrate the capacity to advise the woman and their families on early parenting skills. ▪ Educates the woman and the family members according to their needs.

Competency unit 8 The nurse-midwife implements the woman’s care and evaluates the progress towards the expected outcomes.

Elements	Performance criteria
1. Implements planned care	<ul style="list-style-type: none"> ▪ Demonstrates the ability to provide informed planned care. ▪ Identifies any deviation from normal and revises plan when necessary. ▪ Demonstrates the ability to manage the problem and reports and refers to the authorities as necessary. ▪ Communicates findings to the woman and the appropriate team members and family members. ▪ Directs, supervises, monitors and evaluates the reproductive health care provided by other health workers. ▪ Initiates the immunization process of the newborn child before discharge. ▪ Provides follow up and home visits where necessary.
2. Evaluates planned care	<ul style="list-style-type: none"> ▪ Demonstrates the ability to evaluate the planned outcomes. ▪ Documents findings accurately and correctly. ▪ Ensures accurate and complete birth information form is given to the parents. ▪ Advises the parents to register the baby according to the law.

Domain 6 – Public health and health promotion	
Competency unit 9 The nurse-midwife promotes practice that enhances the health of woman, her family and the public.	
Elements	Performance criteria
1. Encourages and guides the woman, the family and the community to take responsibility for their own health	<ul style="list-style-type: none"> ▪ Demonstrate the ability to use formal and informal approaches to give accurate reproductive health information to the family and community to reduce risk for the woman and her fetus. ▪ Provide for the woman, family and the community appropriate information about safe family planning practices. ▪ Encourage active participation of the husband/partner throughout the pregnancy, childbirth and early parenting. ▪ Provide relevant information on infertility, STI and cancer in women. ▪ Promotes breast-feeding.
2. Assists in management of epidemics.	<ul style="list-style-type: none"> ▪ Takes an active roll in promoting safe sexual health. ▪ Promoting infection control measures. ▪ Promoting immunisation program ▪ Promoting the use of treated mosquito nets. ▪ Promotes positive living with HIV/AIDS in a reproductive health setting. ▪ Coordinates care, refers if necessary and reports to appropriate authorities.

Domain 7 – Partnership with community and services	
Competency unit 10 The nurse-midwife promotes a reproductive health perspective to work in partnership with other sectors in promoting health.	
Elements	Performance criteria
1. Promotes the role of a midwife as a member of the health care team	<ul style="list-style-type: none"> ▪ Promotes the professional image of midwives to other health care disciplines and the wider community. ▪ Seeks opportunity to participate in policy development in relationship to the provision of reproductive health and the health status of the woman in PNG.
2. Promotes the partnership of the midwife with the community.	<ul style="list-style-type: none"> ▪ Respect cultural beliefs and practices in relationship to reproductive health, which are not detrimental to the woman and child's health. ▪ Promotes partnership with the wider community e.g. NGO's, schools, women's groups, men's group.