

Certificate
in
Midwifery
Curriculum
2010

**Six- Month programme for
Registered Nurse-Midwives**



Bangladesh Nursing Council

Contents

Preface	iii
Foreword	1v
Acknowledgements	v
Introduction	1
Title of Programme	2
Duration of training	2
Qualification awarded	2
Philosophy	3
Scope of midwifery practice	6
Curriculum Goal, Objectives and expected outcomes	7
Curriculum Framework	10
Bangladesh National Midwifery competencies for practice	12
Curriculum Structure	13
Administration of Programme	19
Medium of Instruction	19
Admission of student	19
Method of student selection	19
Assessment	19
Certification	23
Course Descriptors	23
Annex 1 Working Group	27

PREFACE

Maternal and newborn health has been a priority in Bangladesh for a long time. While impressive progress has been made in recent years, Bangladesh still records a high maternal mortality ratio estimated at 290 deaths per 100, 000 live births. Neonatal mortality ratio is still high and is estimated at 36 deaths per 1000 live births. (DHS 2007).

The Bangladesh Government and the Ministry of Health and Family Welfare (MoHFW) recognises the urgent need to reduce these figures if it is to reach the targets of the Millennium Development Goals (MDGs) 4 and 5 by 2015.

In 2008, as a response to this need, the Government endorsed the Strategic Directions for enhancing the contribution of nurse-midwives for midwifery services to contribute to the attainment of the MDGs 4 and 5. A key strategy direction is the development and implementation of a six-month post-basic midwifery education programme to up-skill existing nurse-midwives.

The Bangladesh Nursing Council (BNC) took overall responsibility for the development of this six-month midwifery curriculum in collaboration with Directorate of Nursing Services and with technical assistance from the World Health Organization (WHO). The curriculum has been developed with the aim of preparing midwives to practice independently and competently; and to advocate, consult with and make appropriate referrals to obstetricians or other medical doctors. These midwives will become the cornerstone to providing professional care and advice for women during pregnancy, labour and the postpartum period, including newborn care, thus enhancing the efficiency and effectiveness of maternal and newborn care service delivery in the health system .

The development of this 6 month competency-based midwifery curriculum has been possible with the commitment and support the curriculum committee made up of several key partners including the Directorate of Nursing Services(DNS), BNC, College of Nursing, Bangladesh Nurses' association (BNA), Obstetric and Gynaecological Society in Bangladesh (OGSB), Bangladesh Medical Association (BMA), Bangladesh Neonatal Forum, Bangladesh Paediatric Association, Engender Health, UNFPA and WHO and the assistance of an International Midwifery Advisor.

Through the stakeholders meeting of representatives from the MoH&FW, national and divisional level nursing officers from nursing colleges, nursing institutes and hospitals, BNA, OGSB and development partners, this 6 month curriculum was reviewed and finalized.

I extend my sincere appreciation to all those who actively participated and worked so hard to develop this curriculum which will lead to further improvements in maternal and newborn health services in Bangladesh.

Secretary, Ministry of Health and Family Welfare
& Chairman of the Executive Committee

FOREWORD

In Bangladesh, around 15% of all pregnant women develop a potentially life-threatening complication that calls for skilled care and some may require a major obstetrical intervention to survive. With its shortage of health care workers with midwifery skills, there is an urgent need for strengthening human resource development and deployment of midwifery services at all health care levels. This highlights the urgent need to increase the number of midwives and scale up and strengthen national midwifery capacity and services in Bangladesh (WHO/SEARO 2003)

Although progress made towards some of the Millennium Development Goals (MDG) in recent years and the maternal mortality ratio (MMR) declined from 290 deaths per 100,000 live births to 194 per 100,000 live births (BMMS 2010) it is still very high record. International experience suggests that the slow rate of strengthening midwifery services in Bangladesh is one of the major obstacles in achieving the targeted MDG 4 and 5.

Bangladesh needs innovative approaches to overcome the big gap between the number of available midwives and the number required to ensure all women and newborns have skilled care at birth.

The 6 month post-basic midwifery curriculum is such an approach. The curriculum has been designed to prepare existing nurse-midwives to demonstrate competencies (skills and knowledge necessary to practice) for midwifery practice at the level required to meet both national and international standards.

I would like to congratulate and thank all those who were actively involved in developing this curriculum.

Dr Kazi Mustofa Sarwar
Director
Directorate of Nursing Services

ACKNOWLEDGEMENT

The initiative to develop the six month midwifery curriculum for registered nurse-midwives was taken by the Bangladesh Nursing Council with the rationale of preparing certified midwives who will have the necessary skills and knowledge and be capable of providing maternal health services independently wherever they work. As mentioned in the 2008 Strategic Directions, these certified midwives will contribute to the attainment of the targets for the Millennium Developmental Goals 4 & 5 in Bangladesh.

This curriculum has been developed by a group of representatives from various organizations including the government and private sector as well as key development partners. I wish to express my deep appreciation and acknowledge the contributions of all these representatives for their active involvement and valuable inputs.

I am particularly grateful to World Health Organization Bangladesh County Office for providing the technical and financial assistance, constant support and offering very congenial facilities for undertaking this work.

I particularly acknowledge the contribution and technical support of the international midwifery advisor from Auckland University of Technology, New Zealand and whose participation was made possible through the World health Organization.

I firmly believe that the effective implementation of this curriculum will contribute significantly in preparing competent midwives to provide skilled care before, during, and after childbirth and ensure the saving of lives of mothers and their newborns in our country.

Shuriya Begum,
Registrar
Bangladesh Nursing Council

1 Introduction

The Post-Basic Midwifery Education Programme is a response to the shortage of midwifery skills in Bangladesh, along with the high infant and maternal mortality and morbidity rates. It is imperative that if Bangladesh is to meet the Millennium Development Goals (MDGs) 4 and 5 that the country has a skilled, competent midwifery workforce to provide quality maternal, newborn and child health care as and when needed.

Millennium Development Goals 4 and 5 have specific indicators to be met by 2015. MDG 4 has as its focus the reduction of child mortality, while MDG 5 seeks to improve maternal health, and reduce maternal mortality. Bangladesh needs to reduce its maternal mortality ratio from 298 per 100, 000¹ and the infant mortality rate of 52/1000 births ² if it is to reach the targets of the MDGs 4 and 5 by 2015. The Government of Bangladesh has implemented policy in relation to MDGs 4 and 5 by developing human resources for maternal and child health. The Government has endorsed the strategic direction for enhancing the contribution of nurse-midwives for midwifery services to contribute to the attainment of the Millennium Development Goals 4 and 5. This strategic direction includes a six-month post-basic midwifery education programme for existing nurse-midwives. This is in recognition of the fact that midwives and a midwifery service are integral to the achievement of MDG 4 and 5³. This midwifery curriculum was developed by Bangladesh Nursing Council with technical assistance from the World Health Organization (WHO). The names of the members of the working group who developed this curriculum are provided in Annex 1. The curriculum aims to prepare midwives to practice independently, and appropriately advocate, consult with and refer to

¹ General Economic Division Planning Commission, Government of the people's republic of Bangladesh. (2007) Bangladesh Progress report 2007. Retrieved January 4th, 2010, from <http://www.un.org.bd/pub/MDG%20Mid-term%20Progress%20Report2007.pdf>

²National Institute of Population Research and Training (NIPORT) (2007). Bangladesh Demographics and Health Survey 2007. Retrieved January 4th, 2010, from <http://www.measuredhs.com/pubs/pdf/FR207/FR207%5BApril-10-2009%5D.pdf>

³ United Nations News Centre (2008). UN-endorsed initiative to train midwives could save hundreds of thousands of lives. Retrieved January 4th, 2010, from <http://www.un.org/apps/news/story.asp?NewsID=28150&Cr=UNFPA&Cr1=>

obstetricians or other medical doctors. Additionally, these midwives will be competent in a number of skills not in the midwifery scope of practice in which a midwife, either through delegated responsibility or an emergency situation, needs to be competent. These midwives will provide highly skilled midwifery care to women and newborns, and will further enable the attainment of Millennium Goals 4 and 5 for women and their children in Bangladesh.

2 Description of the programme

2.1 Title of the Programme

- **Post-Basic Midwifery Education: Six-Month programme for Registered Nurse-Midwives**

2.3 Duration of Training

- The duration of the Post-Basic Midwifery Education Programme is six months (26 calendar weeks)

2.3 Qualification Awarded

- **Certificate will be awarded by educational institute and Bangladesh Nursing Council jointly**
Certificate in Midwifery

2.4 Licensure

By Bangladesh Nursing Council

Licence to practice as a “Certified Midwife” in Bangladesh

3 Philosophy

The Bangladesh Nursing Council and its members espouse certain beliefs about women, maternity experience, the midwife, midwifery professionalism and leadership, as well as health, and the teaching and learning of midwifery. These beliefs underpin this curriculum.

3.1 The woman

The woman is at the centre of midwifery practice. This places the emphasis on the important person, the woman, and it ensures that midwifery care is carried out in a way in which the woman is a priority and is empowered. The midwife advocates for women. The woman is recognised as a unique being within the context of her family and community, and is respected and treated with dignity.

3.2 The maternity experience.

The maternity experience is a term that refers to the process of pregnancy, labour, birth and the first six weeks after birth. The maternity experience is a normal life event. The woman and the midwife work together to ensure an optimal outcome, and when complications arise medical help is accessed. Factors that impact on the maternity experience for a woman and her family (e.g. environmental, socio-economic and cultural influences) are recognised as integral to the provision of quality midwifery care.

3.3 The midwife

A midwife is someone who completed recognized educational programme in midwifery and is licensed by the Bangladesh Nursing Council as a midwife. The midwife works in partnership with the woman throughout the maternity experience.

The midwife-woman relationship is based on trust, respect and professionalism. The midwife brings her own values, beliefs and cultural background, and develops her personal and professional qualities to give optimal care.

The midwife informs and empowers the woman and her family to ensure they achieve a safe and healthy pregnancy, birth and postnatal period. The midwife understands the ethical, legal and professional standards that inform midwifery practice. This means that while the midwife

must acquire knowledge and skills to give safe effective care, she must do this within a scope of professionalism and woman-centred care.

The midwife must provide safe midwifery clinical service. Midwife engages actively with the woman: watching, anticipating, acting and reflecting. The midwife practices in a way that is respectful of and in accordance with the social and cultural norms of the country.

3.4 Health

Health is complete physical, mental, social and spiritual wellbeing and not merely the absence of disease or infirmity. This definition of health from the World Health Organization also includes reproductive health, processes and functions. Implicit in this understanding of health is the right to be informed and to have access to safe, effective, affordable and acceptable methods of fertility regulation and appropriate health care services. There needs to be a provision of health care services which will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant⁴

3.5 Midwifery Professionalism and Leadership

Professionalism and leadership are imperative for good midwifery practice. The midwife is “with” women throughout the childbirth experience. Women have the right to access a woman-centred midwifery service which is evidence-based, competent, and clinically skilled, regulated, and meets professional standards of clinical practice.

Midwives have a special responsibility to make an impact on maternal and newborn health indicators, and to make motherhood safer for all women. To this end the professionalism of midwives and the leadership they demonstrate will contribute to achieving safer motherhood for all.

3.6 Teaching and learning in midwifery

Principles of the teaching and learning in midwifery are the principles of respect, working

⁴World health Organization (website) Reproductive health. Retrieved January 4th, 2010, from http://www.who.int/topics/reproductive_health/en/

together and support. A supportive, encouraging learning environment is considered the right of every student.

3.6.1 The Student as adult learner

The student is recognised as being an adult learner, and also a nurse-midwife with previous experience relevant to the learning situation. The student is therefore involved in the learning, ensuring that the process is dynamic and interactive rather than didactic. As an adult learner the student:

- Analyses and evaluates the subject matter, engaging with it and utilising skills of critical thinking.
- Reflects on practice, constantly seeking to understand and improve skills, knowledge and communication.
- Identifies learning needs and articulates these to the teacher.
- Is proactive in seeking opportunities to ensure optimal learning.

3.6.2 Role of teacher

The teacher comes with equal adult status, including expertise in the clinical practice of midwifery and teaching. The teacher is responsible for sharing expertise with the student so as to enable the student to learn. Teaching and learning is focused on the development, interpretation and analysis of knowledge - not just the transmission of knowledge and skills.

3.6.3 Teaching methods

Teaching methods which facilitate the student's seeking of evidence, critical thinking, analysis and reflection are essential to this programme. Natural 'story telling' about experiences in clinical practice forms an important part of the curriculum, as this facilitates the link between theory and clinical practice. Teaching methods are primarily participatory and require the involvement and interaction of both student and teacher.

3.6.4 Clinical Practice

Midwifery is learnt primarily by doing; therefore, competency-based teaching and learning is

an essential element of this curriculum. Knowledge and clinical practice can only be integrated when the students explore real practice situations. This facilitates analysis and critical thinking, along with a supportive learning environment that empowers the student to critique not only practice but the evidence for practice. In this way the teaching and learning of midwifery practice is dynamic and interactive, as it engages the student, the woman, the midwife and the lecturer.

4 Scope of Midwifery Practice

Scope of practice refers to the job a midwife does; it describes her work, the nature of her work, the boundaries of her clinical practice and the referral systems which support her practice. The scope of practice for a midwife as defined by the Bangladesh Nursing Council is underpinned by the WHO SEARO Standards of Midwifery Practice for Safe Motherhood and the International Confederation of Midwives scope of practice.

4.1 Scope of practice

The midwife may practice in facilities and the community by applying sound theoretical, scientific and midwifery knowledge, critical thinking, decision-making skills, a wide range of clinical skills, professionalism and leadership.

- The scope of practice of a midwife is the management of the normal physiological processes of pregnancy, labour, birth and postpartum period up to six weeks, including care of the newborn. During this time the midwife works independently with the woman and her family, providing highly skilled midwifery and women-centred care. The midwife as independent practitioner is responsible and accountable for her practice.
- The midwife has a special responsibility to make an impact on the maternal and newborn health indicators, and to make motherhood safer for all women. The midwife identifies complications and where able, she consults with and refers to medical specialists. Where there is no access to medical help the midwife will manage the complications and where necessary implement life-saving emergency measures, as per delegated authority.

- The midwife's scope of practice will include, but is not limited to, skills in relation to complications as per the delegated authority such as: midwifery management and referral of low birth weight and preterm babies, newborn resuscitation, manual removal of placenta, insertion of intravenous cannulars, repair of perineal lacerations, and administration of emergency drugs such as oxytocins, misoprostol, and magnesium sulphate.
- All midwives are teachers, and they have an important professional role within their scope of practice to pass on their knowledge and skills. The teaching of midwifery in both the classroom and clinical areas (including the supervision of midwives) is carried out in a collegial and supportive way to ensure a professional and skilled midwifery workforce.
- Midwives have an important task in education and the promotion of health for the woman, her family and the community. The midwife has a responsibility to inform the woman in relation to all aspects of her care and to advocate for woman. The midwife also provides education in the areas of pre conception, antenatal, postnatal, breastfeeding, infant health, family planning and other relevant areas of women's health.

5 Curriculum goal, objective and expected outcomes

5.1 Curriculum goal

The goal of this programme is to develop a competent and confident midwife who can demonstrate competency by using excellent clinical midwifery skills, and by exercising a high standard of critical thinking, independent decision-making and evidence-based clinical practice within the scope of midwifery practice.

5.2 Curriculum Objectives

At the end of the programme, the graduate will:

5.2.1 Have a comprehensive knowledge base and be able to demonstrate knowledge that:

- underpins midwifery clinical practice which includes research and evidence

- gives rise to sound professional judgement
- informs critical thinking and clinical practice
- facilitates decision-making and anticipatory thinking
- comes from reflection and evaluation of clinical practice

5.2.2 Be able to provide women-centered midwifery care, particularly to:

- Provide safe, competent and independent midwifery care for women during antenatal, intrapartum and postpartum period.
- Screen, monitor and recognise early signs of obstetric complications and manage or take appropriate steps to refer the woman to a medical practitioner.
- Conduct safe normal deliveries on her own, including appropriate monitoring, intervention, referral, and active management of the third stage of labour safely and competently.
- Provide essential newborn care involving the family and manage the newborn appropriately: competently resuscitate if required, care for unwell baby, and refer as needed.
- Competently manage obstetric and neonatal emergencies and enlist medical help where available.

5.2.3 Maintain professionalism in the delivery of midwifery services especially to

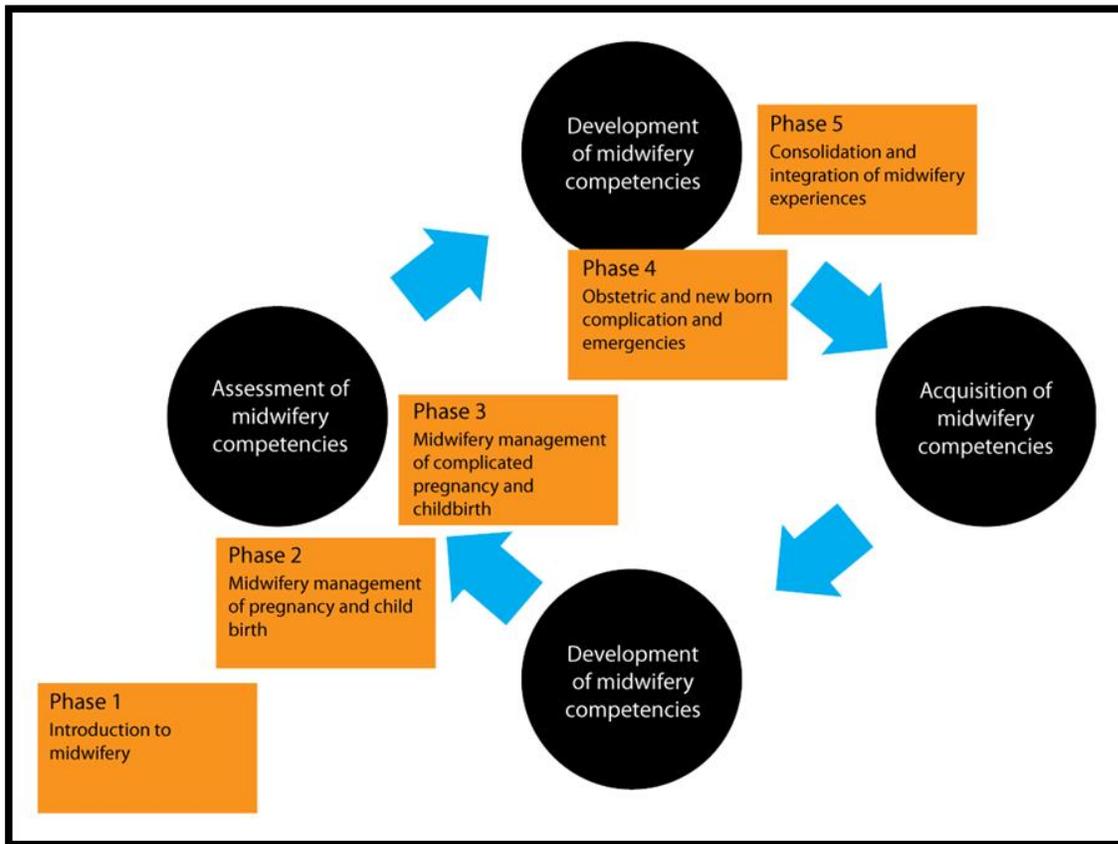
- Demonstrate accountability, and effectively communicate with women, their families and other professionals.
- Provide an accurate, concise professional record of all clinical events the midwife is involved with.
- Practice midwifery collaboratively with other health care workers at all times, and particularly where there are complications of childbirth
- Advocate for women and their needs and rights within the health service

- Promote and maintain ethical, legal and professional midwifery standards.
- Provide midwifery leadership, supervision and education
- Use appropriate strategies to promote and enhance the role of the midwife within the health services and society

6 Curriculum Framework

The curriculum is competency-based and designed to ensure progressive accumulation of knowledge and skills. This involves sequential learning experience and development of competencies for midwifery practice. The learning experience moves progressively from simple to complex, normal to abnormal and uncomplicated to complicated. The nurse-midwives' prior learning (their previous knowledge, skills and experience) is used as the starting point. Their learning in the classroom, their laboratory/practice skills and clinical practice then further develop their midwifery knowledge and skills. This progression of learning leads to the acquisition and demonstration of competencies for practice. The programme ends with consolidation and integration of all that has been learned to ensure the midwife is competent across the scope of midwifery practice.

Figure 1. The curriculum framework



6.1 The curriculum is built around six pillars (broad building blocks) which are essential to develop midwives’ competencies to practice.

These are: knowledge, critical thinking, decision making, clinical skills, professionalism (communication, accountability, advocacy) and leadership

6.1.1 Knowledge: Midwifery has a specific body of knowledge in relation to pregnancy, intra partum and postnatal including the newborn. In this curriculum the midwifery knowledge that is taught covers both the art and science of midwifery and is evidence- and research-based.

6.1.2 Critical Thinking: Critical thinking is the linking of theory to practice, assessment to planning and information to action. Critical thinking involves analysis, anticipatory thinking, and the ability to synthesize information and evidence so as to act appropriately and in a timely way. In this curriculum the “what and why” questioning of clinical practice will initially

facilitate critical thinking. In the later part of the curriculum it is expected that students will readily question and link theory to clinical practice and act accordingly.

6.1.3 Decision Making: Making safe decisions and developing sound professional judgment (about what has been, what is now and what may/could happen next) is at the heart of good midwifery practice. Therefore the process of decision making in this curriculum follows a problem-solving framework (that is similar to the nursing process). The Midwifery Process and Management framework:

1. Assess and identify actual or potential problems
2. Plan of care developed.
3. Implement plan of care within an appropriate time frame, document, and update as necessary
4. Evaluate the effectiveness (at this point, return to first step to gather more information if necessary) ⁵

6.1.4 Clinical Skills. A clinical skill is a task which is performed to a specific level of competency. Midwifery has a set of clinical skills within the midwife's scope of practice and these clinical skills are taught, practiced and assessed in this curriculum.

6.1.5 Professionalism: Legal, ethical, theoretical and clinical standards provide a framework for the midwifery profession and for the practice of each midwife. Midwifery professionalism in this curriculum also includes advocacy, accountability and assertiveness.

6.1.6 Leadership: Midwifery leadership is about influencing, supporting, advocating for, empowering and educating others. It is not about power or coercion, rather it is a leadership model based on partnership and collaboration. A midwifery leader will work to bring about change, as effective leadership is the essential ingredient for positive social change. Midwifery leaders will seek to advance the midwifery care. To be a midwifery leader requires good

⁵ Modified from International Confederation of Midwives (2002). Essential competencies for basic midwifery practice. Retrieved January 4th, 2010, from http://www.ckpa.cz/source/file/zahranicni_okenko/009.pdf

communication skills, vision and courage to advocate for and promote midwifery as essential services for women and their newborn.

The six pillars (building blocks) for midwifery practice are organized in a progressive way throughout the six months (see section 8.6) and will be assessed in clinical practice, laboratory/skill practice and classroom settings. In midwifery practice these pillars are not separate, but to enable the student to cope with the complex nature of midwifery they are addressed separately in the early stages of the programme. As the programme advances, the six pillars blocks are increasingly integrated which will ensure a skilled, competent midwifery workforce. This workforce will meet the National Midwifery Competencies for practice and take into account international standards.

The National Competencies for Midwifery Practice as determined by the Bangladesh Nursing Council are informed by:

- 1) The description of a professional midwife in Bangladesh (BNC 1994)⁶
- 2) SEARO Standards for Midwifery Practice for Safe Motherhood ⁷
- 3) The International Confederation of Midwives' competencies for practice. ⁸

The midwife will:

1. Have the requisite knowledge and skills from the social sciences, public health and ethics so as to provide high quality, culturally relevant, appropriate care for women, newborns and childbearing families
2. Provide high quality, culturally sensitive health education and services to all in the community in order to promote healthy family life, planned pregnancies and positive parenting.
3. Provide high quality antenatal care and monitoring to maximise health during

⁶ Bangladesh Nursing Council (1994) Senior Registered Nurse Curriculum Midwifery,

⁷ World health Organization (1999). Standards of Midwifery practice for Safer Motherhood, Volume 1: Standards document SEARO World health Organization

⁸ International Confederation of Midwives (2002). Essential competencies for basic midwifery practice. Retrieved January 4th, 2010, from http://www.ckpa.cz/source/file/zahranicni_okenko/009.pdf

pregnancy. This involves early detection and treatment or referral of selected complications. This also includes motivation of the woman to attend antenatal care and to ensure plans are made for delivery to occur in a safe environment with a skilled birth attendant

4. Provide high quality, culturally sensitive care during labour. Midwives conduct a clean and safe birth, recognising and taking action if fetal distress happens, and manage the third stage appropriately.
5. Handle selected emergency situations to maximise the health of women and their newborn. The midwife will take life-saving measures when the following occur: bleeding in pregnancy, eclampsia, prolonged and obstructed labour, retained placenta, post-partum haemorrhage, birth asphyxia and other obstetric and new born emergencies.
6. Provide comprehensive, high quality, culturally sensitive postnatal care for women up to 42 days after delivery and promote exclusive breastfeeding including family planning .
7. Provide high quality, comprehensive care for the newborn from birth to six weeks of age. The midwife will assist at birth in initiation of respirations and protection against hypothermia and hypoglycaemia, and will consult and refer appropriately in the care of the newborn.

8 Curriculum

8.1 Curriculum Structure

The curriculum is organized in 5 phases as follows:

- Phase 1: Introduction to midwifery. (one week)
- Phase 2: Midwifery management of normal pregnancy and childbirth. (seven weeks)
- Phase 3: Midwifery management of complicated pregnancy and childbirth. (seven weeks)
- Phase 4: Obstetric and newborn complications and emergencies. (seven weeks)
- Phase 5: Integration and Consolidation of midwifery experiences. (four weeks)

8.2 Courses and hours

Course number / Course		Hours (classroom /laboratory practice / clinical practice)
Phase 1	Introduction to midwifery.	
1.1	Introduction to midwifery.	36/04/0
	Total hours	40
Phase 2	Midwifery management of normal pregnancy and childbirth	
2.1	Antenatal management of normal pregnancy	25/15/28
2.2	Intrapartum management of normal childbirth	31/9/24
2.3	Postnatal assesment and breastfeeding	28/12/28
2.4	Management of newborn at birth	28/12/28
	Total hours	112/48/112 =272
Phase 3	Midwifery management of complicated pregnancy and childbirth.	
3.1	Antenatal management of complicated pregnancy	34/06/24
3.2	Intrapartum management of complicated childbirth	28/12/24
3.3	Postnatal management of complications and postnatal educaton	25/12/24
3.4	Management of unwell baby	28/12/24
	Total hours	139/45/96 = 280
Phase 4	Obstetric and newborn complications and emergencies.	
4.1	Antenatal complexities and medical conditions of pregnancy.	34/6/24
4.2	Intra partum obstetric complications and emergencies.	28/12/24
4.3	Postnatal physical and psychological complexities	28/12/24
4.4	Medical complications of the newborn	28/12/24
	Total hours	142/42/96 =280
Phase 5	Consolidation and Integration of midwifery experiences	
5.1	Comprehensive midwifery practicum	60/20/80
	Total hours	160
	<u>Structure: total hours 1032</u> 489 theory hours 159 laboratory practice hours 384 clinical practice hours	

8.3 Organization of the course

- Theory:

Tuesday through Thursday

Sunday through Thursday weeks 7, 14, 21 and 23 only

- Clinical:

Sunday and Monday

Sunday through Thursday weeks 24 and 25 only

- Days off : Friday and Saturday
- Study / assessment: weeks 15 and 22
- Theory and BNC assessment: week 26

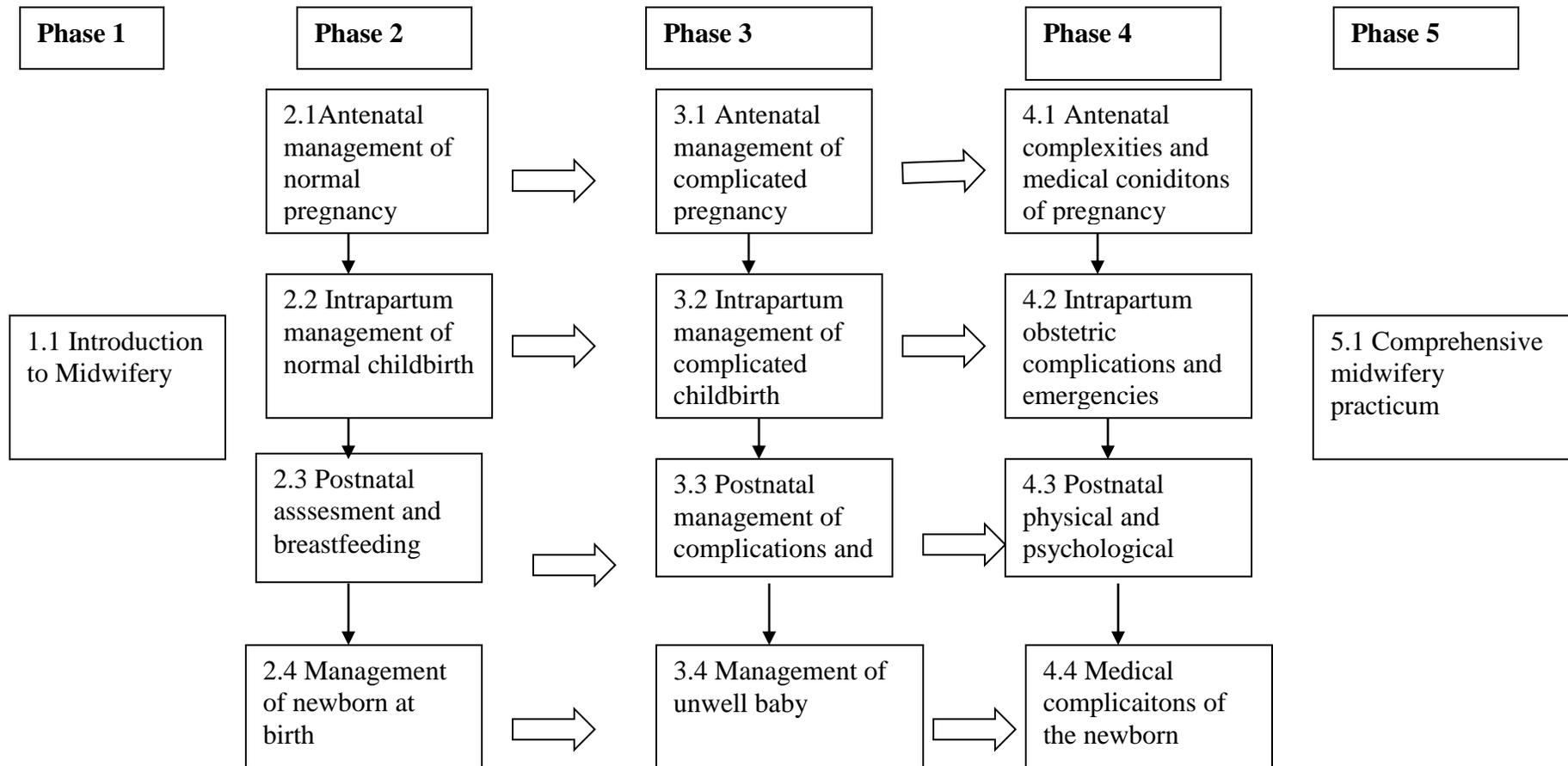
These weeks will also provide time for any students to redo assessments or to improve academic/clinical performance, if necessary.

Time table illustrates the organization of the curriculum.

Overview of the timetable

Week	Sunday	Monday	Tuesday	Wednesday	Thursday
Week 1 Phase 1	Intro to Midwifery				
Week 2 Phase 2	Clinical	Clinical	Antenatal	Intrapartum	Postnatal
Week 3 Phase 2	Clinical	Clinical	Newborn	Antenatal	Intrapartum
Week 4 Phase 2	Clinical	Clinical	Postnatal	Newborn	Antenatal
Week 5 Phase 2	Clinical	Clinical	Intrapartum	Postnatal	Newborn
Week 6 Phase 2	Clinical	Clinical	Antenatal	Intrapartum	Postnatal
Week 7 Phase 2	Newborn	Antenatal	Intrapartum	Postnatal	Newborn
Week 8 Phase 2	Clinical	Clinical	Clinical	Clinical	Clinical
Week 9 Phase 3	Clinical	Clinical	Antenatal	Intrapartum	Postnatal
Week 10 Phase 3	Clinical	Clinical	Newborn	Antenatal	Intrapartum
Week 11 Phase 3	Clinical	Clinical	Postnatal	Newborn	Antenatal
Week 12 Phase 3	Clinical	Clinical	Intrapartum	Postnatal	Newborn
Week 13 Phase 3	Clinical	Clinical	Antenatal	Intrapartum	Postnatal
Week 14 Phase 3	Newborn	Antenatal	Intrapartum	Postnatal	Newborn
Week 15 Phase 3	Study/Assessments	Study/Assessments	Study/Assessments	Clinical	Clinical
Week 16 Phase 4	Clinical	Clinical	Antenatal	Intrapartum	Postnatal
Week 17 Phase 4	Clinical	Clinical	Newborn	Antenatal	Intrapartum
Week 18 Phase 4	Clinical	Clinical	Postnatal	Newborn	Antenatal
Week 19 Phase 4	Clinical	Clinical	Intrapartum	Postnatal	Newborn
Week 20 Phase 4	Clinical	Clinical	Antenatal	Intrapartum	Postnatal
Week 21 Phase 4	Newborn	Antenatal	Intrapartum	Postnatal	Newborn
Week 22 Phase 4	Study/Assessments	Study/Assessments	Study/Assessments	Clinical	Clinical
Week 23 Phase 5	Theory	Theory	Theory	Theory	Theory
Week 24 Phase 5	Clinical	Clinical	Clinical	Clinical	Clinical
Week 25 Phase 5	Clinical	Clinical	Clinical	Clinical	Clinical
Week 26 Phase 5	Revision	Revision	Revision	Revision	BNC Exam

8.4 Structure of Courses



Progression and integration of competencies for practice across the programme

	Week 1 -8	Week 9-15	Week 16-22	Week 23-26
Knowledge	Applies midwifery knowledge to clinical practice	Applies philosophical, theoretical and scientific midwifery knowledge to competently and safely care for a woman and baby	Applies philosophical, theoretical and scientific midwifery knowledge to provide effective and safe midwifery care across the scope of midwifery practice	The midwife integrates theoretical, scientific and midwifery knowledge into her clinical practice.
Critical thinking	Develops ability to assess the clinical picture within the childbirth experience.	Develops ability to assess and respond to changing clinical picture within the childbirth experience.	Develops ability to assess, anticipate and respond to changing clinical picture within the childbirth experience.	The midwife thinks critically and responds appropriately and in a timely manner to changing clinical picture
Decision making	Develops an understanding of how decisions are made in midwifery practice.	Demonstrates safe decision-making in midwifery practice	Demonstrates complex decision-making skills	The midwife makes safe and timely complex decisions
Clinical Skills	Demonstrates competence in named practice skills	Demonstrates competence in named practice skills and ability to competently assist in management of emergencies	Competently demonstrates all named midwifery skills in caring safely for a mother and newborn	The midwife is competent and confident in midwifery skills across the maternity continuum
Professionalism	Demonstrates ability to practice professionally by communicating, working and interacting in a professional manner with women, family and other health professionals.	Demonstrates accountability in midwifery practice through documentation and promotes and enhances the role of the midwife in health services and society.	Demonstrates an ability to act professionally and communicate effectively to provide safe midwifery care in difficult and complex situations	The professional midwife is practising in an accountable manner and communicating effectively across the midwifery spectrum of care
Leadership	Develops ability to advocate and provide midwifery leadership at a beginning phase	Develops ability to lead in a clinical situation and act when the situation requires midwife to advocate for the woman	Demonstrates an ability to critically analyse and act on issues related to health and well-being of the woman	The midwife is a leader supporting, advocating, empowering and educating others.

9 Administration of Programme

9.1 Medium of Instruction

Bengali language is used as the medium of instruction. However, a high level of understanding of written English is required, as much of the material that the students will need to read is in academic English.

9.2 Admission of Students

Applicants who meet the following criteria will be eligible to enter the programme

1. Bangladesh citizenship
2. Registered as a nurse-midwife
3. Two years post-registration experience
4. Up to 45 years of age (includes 45 but not above 45).
5. Ability to understand written English
6. Medical certificate indicates health and physical fitness

9.3 Condition of the Training:

Students work in field of midwifery after licensing

9.4 Method of selection of students

1. Written - English Comprehension Test
2. Oral examination

10 Assessments

Overview

This curriculum is a competency-based curriculum; therefore the students need to be able to demonstrate that they are competent to practice midwifery. The student is assessed in Phases 1 to 4 against the six pillars (building block) of knowledge, critical thinking, decision-making, clinical skills, leadership and professionalism for midwifery curriculum. The student must achieve these for midwifery practice in each assessment. In the Consolidation and Integration (Phase5) the criteria the student will need to meet National Competencies for Midwifery Practice (See section 7)

10.1 The Assessments

- The clinical assessments are “achieved” or “non achieved” as the student either meets the standard and is competent to practice or is not
- There are two assessments that are graded. One assessment is at the end of phase three and the other is in phase five. There is a two-hour exam at end of Phase 3. There is a graded case study at the end of Consolidation and Integration (Phase Five).

The assessment matrix is as follows:

Grade	Description	
A	Excellent	80.00-100%
B	Merit	70.00-79.99%
C	Fair	60.00-69.99%
D	Weak	50.00-59.99%
F	Fail	<49.99

Students will have two opportunities at Phases 1, 2 and 3 to re-sit assessments. At Phase 4 there will be one opportunity for re-sit. If the student at Phase 4 has had an opportunity for resit and fails again she cannot have a resit unless there are extenuating circumstances. If they re-sit, the grade should not go beyond C.

10.2 Assessment schedule

Courses Phase One	Assessment	Time
Introduction to Midwifery	Poster presentation	A1: Week 1
Courses Phase Two	Assessment	Time
Antenatal management of normal pregnancy	Antenatal Assessment OSCA (formative)	A2: Week 6
Intrapartum management of normal childbirth	Assessment in Labour. Case Summary Viva	A3 :Week 7
Postnatal assessment and breastfeeding	Holistic Assessment of Woman and Postnatal Examination Clinical Assessment in Practice	A4 :Week 6 or 8
Management of the newborn at birth	Assessment of Competence in Examination of Newborn Clinical Assessment in Practice (formative)	A5 :Signed off by Week 8
Courses Phase 3	Assessment	Time
Antenatal management of complicated pregnancy	Antenatal Assessment complicated (Viva)	A6: Week 15
Intrapartum management of complicated childbirth	Assessment in Labour Clinical Assessment in Practice	A7: To be signed off by Week 14
Postnatal management of complications and postnatal education	Postnatal Education Teaching Session	A8: Week 14
Management of the unwell baby.	Resuscitation of Newborn (OSCA)	A9:Week 12
Written Examination (2 hours)		A10: Week 15

Courses Phase 4	Assessment	Time
Antenatal complexities and medical conditions of pregnancy.	Full Physical Assessment of Woman with Complications Clinically based Viva Voca	A11: Week 22
Intrapartum obstetric complications and emergencies.	Obstetric Emergencies (OSCA)	A12: Week 22
Postnatal physical and psychological complexities	Postnatal assessment of woman with complications Scenario based Viva Voca	A13: Week 21
Medical complications of the newborn	Examination of Newborn with Complication Scenario based Viva Voca	A14: Week 21
Written Examination 2 hours	Formative Pre- registration Written Examination	A15: Week 22
Course Phase Five	Assessments	Time
Course Consolidation and Integration Comprehensive Midwifery Practicum	Case Study Communication Assessment Portfolio Examination (Bangladesh Nursing Council)	A16 : Week 24 A17: Week 25 A18. Week 26 A 19 Week 26

10.3 Methods of Assessment

Assessment in this programme will be carried out as per course schedule for classroom, laboratory practice skill and clinical:

Classroom

- Written Examination

Laboratory practice skills

- Objective Simulated Clinical Assessments (OSCA)
- Scenario-based practice Assessments
- Viva Voca Assessments

Clinical

- Clinical Assessments
- Case Studies
- Communication Assessment

10.4 Certification/Registration

At the end of the six month programme the students, having passed all the assessments in the programme of the educational institution, must then pass the BNC licensing examination in order to be certified as a midwife in Bangladesh.

11 Course Descriptions

The Course descriptions that follow are all written with the understanding that the content that is taught is evidence - and research - based. The content will also be underpinned by physiology and pathophysiology where appropriate. At all stages of the programme documentation of clinical events will be assessed. Referral and consultation in relation to complications and midwifery scope of practice is an integral part of the programme.

Course 1.1 Introduction to Midwifery (36/04/0)

Introduction to the midwifery model of care, midwifery standards of practice, and the theoretical frameworks that inform the midwifery profession nationally and internationally. The course will also provide knowledge and provide foundation for the development of skills of midwifery leadership, advocacy and assertiveness. .

Course 2.1 Antenatal management of normal pregnancy (25/15/28)

Antenatal theory and clinical practice with main focus on the assessment of the woman and the fetus at all stages of pregnancy. The decision points, the tests and investigations carried out during the antenatal period, and antenatal counselling and education are all intrinsic parts of this course.

Course 2.2 Intra partum management of normal childbirth (31/09/28)

Intra partum theory and clinical practice with the main focus on the normal physiology of labour and childbirth, and midwifery clinical assessment and management to facilitate normal birth. This course includes the partograph, pain in labour, and active management of the third stage of labour.

Course 2.3 Postnatal Assessment and Breastfeeding (28/12/28)

Midwifery assessment (using a holistic framework) of the woman's general health and well-being after childbirth and normal postnatal clinical assessment are the main focuses of this course. The course will also cover family planning, breastfeeding, policies related to breastfeeding and issues, and common difficulties around breastfeeding.

Course 2.4 Management of the Newborn at Birth (28/12/28)

The theory and practice of this course are focused on midwifery assessment and management of the newborn at and immediately after birth. The course includes resuscitation of the newborn and the initial newborn examination. The course will also cover the special requirements and care needed for pre-term and low birth weight babies.

Course 3.1 Antenatal management of complicated pregnancy (34/06/24)

This course will provide further theory and clinical practice in the antenatal area. The main focus of this course is the complications of pregnancy (eclampsia, gestational diabetes, bleeding in pregnancy, anaemia) during the antenatal period, and midwifery assessment, management, education and referral of these complications.

Course 3.2 Intra partum management of complicated childbirth (28/12/24)

This course will provide further theory and clinical practice in the intra partum area. The main focus of the course is midwifery management of complications of labour (obstructed labour, mal presentation, fetal distress) and the obstetric emergency of post partum haemorrhage. The course teaches the skills of intravenous cannulation, and common pharmacological preparations used during labour and births are also included.

**Course 3.3 Postnatal management of complications and postnatal education
(25/15/24)**

This course will provide further theory and clinical practice in the postnatal area. The main focus of the course is the management of complication of infection postnatally. The course also has a significant component of postnatal education in regard to topics such as perineal care, HIV, nutrition and malaria. The course includes breastfeeding complications such as mastitis.

Course 3.4 Management of the unwell baby. (28/12/24)

This course will provide further theory and practice in the newborn area. The main focus of the course is on the assessment and management of the unwell baby and clinical issues associated with an unwell baby. The course will cover common complications of the newborn and will focus on ongoing management of preterm, low birth weight, small and large for gestational age newborns. The course also includes the practical skills required for caring for the unwell newborn.

Course 4.1 Antenatal complexities and medical conditions of pregnancy.

(34/06/24)

This course will provide additional theory and practice in the antenatal area. The main focus of this course is the assessment, management and referral of women with medical conditions/complications, as well as the complex socio-economic and environmental factors which impact on pregnancy and general health. The course will also have a component of antenatal education in regard to complications of pregnancy

Course 4.2 Intra partum obstetric complications and emergencies 28/12/24

This course will provide additional theory and practice in the intrapartum area and further develop midwifery skills where there are complications of labour and birth. The obstetric emergencies of cord prolapse, shoulder dystocia, uterine rupture and uterine inversion are taught in this course. It will also include skills such as suturing and manual removal of placenta.

Course 4.3 Postnatal physical and psychological complexities. (28/12/24)

This course will provide additional theory and clinical practice in the postnatal area. The main focus of the course is recognising deviations from the normal in the postnatal period. A number of postnatal clinical issues are covered, including postnatal psychological and emotional health of the woman. There is further exploration of the impact that the socio-economic and environmental context has on the health of a woman and her baby.

Course 4.4 Medical complications of the newborn (28/12/24)

This course will provide additional theory and practice in the newborn area. The main focus of the course is medical conditions of the newborn, including management, referral, counselling and support for parents. The conditions covered include sepsis, hypothyroidism, jaundice, and convulsions of the newborn. Drug calculations will also be taught in the course.

Course 5.1 Comprehensive midwifery practicum (60/20/80)

This course will consolidate and integrate the learning from the antenatal, intrapartum, postnatal and newborn courses. It will do this in order to ensure that the midwife's practice is safe and competent, and that she can practice independently across the scope of midwifery practice. The midwife will demonstrate the six building blocks of midwives' for midwifery practice at the level required to meet the National Standards for Midwifery practice.

Working Group

This curriculum, including the syllabus and associated documents, were produced by the following group representing Government and Professional organisations.

1. Shuriya Begum, Registrar(In Charge), Bangladesh Nursing Council
2. Gitasree Ghosh, Deputy Registrar, Bangladesh Nursing Council
3. Chabi Rani Dhar, Deputy Director, Directorate of Nursing Services
4. Mosammat Inun Nahar, Nursing Supervisor, Working at Directorate of Nursing Services
5. Shamsun Nahar, Ex Registrar, Bangladesh Nursing Council
6. Professor A. B. Bhuiyan, Obstetrical and Gynaecological Society of Bangladesh (OGSB)
7. Dr Saria Tasnim, Associate Professor, Obstetric and Gynaecology, Institute of Child and Mother Health
8. Dr Dilder, Ahmed Khan, Senior Consultant Paediatrics, Maternal and Child Health Training Institute and Secretary General, Bangladesh Neonatal Forum
9. Dr Rafiqul Islam, Assistant Professor Paediatrics Department, Shaheed Suhrawardi Medical College and Hospital
10. Professor Md Maniruzman Bhuyian, Principal, Holy Family Red Crescent Medical College, Bangladesh Medical Association
11. Azizun Nahar, Principal (Acting), College of Nursing , Mohakhali, Dhaka
12. Sufia Khatun, Nursing Supervisor, Dhaka Medical College and Hospital
13. Mukti Rita Gomes, Nursing Instructor, Dhaka Nursing College and Joint Secretary, Bangladesh Nurses Association
14. Dolly Maria Gonsalves, National Consultant, WHO Bangladesh
15. Farida Begum, National Consultant, WHO Bangladesh
16. Malin Bogren, Programme Officer, UNFPA
17. Dr. Roushon Ara Begum, UNFPA
18. Donna Vivio, Nurse Administrator, WHO Bangladesh
19. Dr. Judith McAra-Couper, Midwifery Advisor, WHO Bangladesh