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<td>79</td>
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</table>
1 Overview of the course

1.1 Name of award
Bachelor of Midwifery (BMid)

1.2 Classification of award
Bachelor of Midwifery UG1

1.3 Bachelor of Midwifery
The Bachelor of Midwifery provides three entry pathways with two leading to registration as a midwife. The pathways are presented in Tables 1–3

1.3.1 Entry pathways

Bachelor of Midwifery (Pre-registration)
The three-year program comprises six semesters of full-time study. Clinical experience is an integral component of the curriculum and students will be preceptored by registered midwives (RMs) in venues that offer midwifery services. The clinical is managed in partnership with clinical agencies and the School of Nursing & Midwifery. Students who successfully complete 108 units of study will be granted the award of Bachelor of Midwifery and be eligible for registration as a midwife with the Nursing and Midwifery Board of Australia.

Bachelor of Midwifery (Registered Nurse Entry)
The eighteen-month program comprises three semesters of full-time study. Students are granted 54 units of credit for prior learning. Clinical experience is an integral component of the curriculum and students will be preceptored by registered midwives in venues that offer midwifery services. The clinical is managed in partnership with clinical agencies and the School of Nursing & Midwifery. Students who successfully complete 54 units of study will be granted the award of Bachelor of Midwifery and be eligible for registration as a midwife with the Nursing and Midwifery Board of Australia.

Bachelor of Midwifery (Registered Midwife Entry)
This one-year program comprises two semesters of full-time study. Students who successfully complete this pathway of study will be eligible for the award of Bachelor of Midwifery.

1.4 Date of commencement
Semester 1, 2012.

1.5 Course structure
This program of study utilises a philosophy of woman-centred care. There are three organising streams of teaching and learning activities:

- midwifery
- biophysical science
- psychosocial science

These streams allow for the development of the knowledge, skills and attitudes required for midwifery practice.
1.5.1 Bachelor of Midwifery

The program of study for the three-year six-semester (Pre-registration) degree is presented in Table 1. It comprises 19 topics of 4.5 or 9 unit weighting. Full-time students complete 36 units of study in each year.

The program of study for the eighteen-month three-semester (Registered Nurse Entry) degree is presented in Table 2. It comprises 7 topics of 4.5 or 9 unit weighting. Full-time students complete 36 units of study in each year. Part time students complete 18 units of study in each year equivalent.

The program of study for the twelve-month two-semester (Registered Midwife Entry) degree is presented in Table 3. It comprises 7 topics of 4.5 or 9 unit weighting. Full-time students complete 36 units of study in one year. Part time students complete 36 units of study in two years.

The standard student workload is based on approximately two hours of time commitment per week per unit of study for a notional fifteen week ‘teaching period’. (Flinders University 2010)

Student learning activities include the following:

- face-to-face contact in lectures, tutorials, seminars and practical laboratory work
- studying online through Flinders Learning Online (FLO, the University’s learning management system)
- preparation of assignments and other written work
- preparation for examinations
- study time and preparation for classes
- reading time
- simulated clinical learning.

Clinical experience in placements is in addition to the workload described above, but is taken into account in planning for student work across semesters. There is no clinical component in Pathway 3.
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<thead>
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<tr>
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<td><strong>Semester 1</strong></td>
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<tr>
<td>HLTH1004</td>
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<td>MIDW1002</td>
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<td>MIDW1004A</td>
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<td>MIDW1003</td>
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<td>Maternal and Infant Assessment Skills</td>
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<td>MIDW2204</td>
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<td>Babies at Risk</td>
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<tr>
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<td>NURS2724</td>
<td>Indigenous Health Issues for Nurses and Midwives</td>
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<td>MIDW3301</td>
<td>Working in Communities</td>
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<tr>
<td><strong>Semester 6</strong></td>
<td></td>
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<tr>
<td>MIDW3305</td>
<td>Evidence for Midwifery Practice</td>
<td>9.0</td>
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<tr>
<td>MIDW3306</td>
<td>Midwifery Practicum</td>
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### TABLE 2: Bachelor of Midwifery (Registered Nurse Entry)

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<td>Anatomy and Physiology of Reproduction</td>
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<tr>
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<td>Midwifery Skills</td>
<td>9.0</td>
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<tr>
<td>MIDW2203</td>
<td>Maternal and Infant Nutrition</td>
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<tr>
<td><strong>Semester 2</strong></td>
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<td>MIDW3303</td>
<td>Professional Practice of Midwifery</td>
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<tr>
<td>MIDW3304</td>
<td>Clinical Knowledge for Midwifery Practice</td>
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<td><strong>Semester 3</strong></td>
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<td>MIDW3305</td>
<td>Evidence for Midwifery Practice</td>
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TABLE 3: Bachelor of Midwifery (Registered Midwife Entry)

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<td>MIDW3307</td>
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<td>MIDW2206</td>
<td>Clinical Pharmacology</td>
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<td>Midwives as Agents of Change</td>
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2 Flinders University and the School of Nursing & Midwifery

2.1 Flinders University

Flinders University is one of Australia’s leading teaching and research institutions. It combines traditional values with a progressive outlook and a flair for innovation.

Flinders University was established in 1966 and takes its name from British navigator Matthew Flinders, who explored and surveyed the South Australian coastline in 1802. The University is committed to providing relevant and flexible programs that reflect the needs of today’s students, their future employers and the wider community. This includes undergraduate degrees and diplomas and postgraduate programs through to doctoral level.

The University offers more than 160 undergraduate and postgraduate courses, as well as higher degree research supervision across all disciplines. Many courses use new information and communication technologies to supplement face-to-face teaching and provide flexible options.

On a per capita basis Flinders University consistently ranks among Australia’s top universities for spending on research and experimental development and for the citation of work in professional journals. There is a strong emphasis on collaboration between disciplines. Flinders is a member of Innovative Research Universities (IRU) Australia.

Flinders University’s Mission is expressed in two words: Inspiring Achievement. These inform teaching, research and community engagement and focus the University’s commitment to innovation.

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1 IRU is a network of seven comprehensive universities conducting research of national and international standing and applying collective expert knowledge, capabilities and resources to enhance the outcomes of higher education. The IRU network has national reach, with an institutional presence in every mainland State of Australia and the Northern Territory. The member universities collectively operate in over 35 different locations reflecting the rich diversity of the nation: capital cities; outer-metropolitan areas; regional cities and towns; and, remote locations. Our members also operate campuses and centres in a number of global locations. (IRU 2011)
2.2 The Faculty of Health Sciences

The Faculty of Health Sciences was formed in 1992 from the schools of Nursing (now Nursing & Midwifery) and Medicine. The heads of the two schools are designated Deans, and are also Deputy Heads of Faculty. The Faculty has approximately 3500 students, 150 academic staff and 300 research and general staff.

The Faculty aims for the highest standards of academic excellence and has a reputation for achievement and innovation in teaching, research and professional practice. The Faculty offers a comprehensive range of undergraduate and postgraduate courses in medicine, nursing, midwifery and a variety of allied health disciplines. The Faculty also offers higher degrees by research (MSc, MD, PhD, DSc) across the full range of disciplines represented within the Faculty.

The Faculty has a strong research profile and is recognised nationally and internationally for its research in the areas of medical and clinical sciences, nursing and midwifery, and aboriginal health. These strengths are characterised by strong partnerships with affiliated health care institutions and industry, research outcomes of direct benefit to clinical practice or with industry value and commercialisation outcomes, and a high level of participation in national mechanisms for peer review of research and development of research policy and practice. In line with the founding ethos of Flinders University, the Faculty has a strong research profile in addressing the social determinants of health.

The Faculty places a particularly strong emphasis on rural and remote health in its teaching programs and research activity and is acknowledged as an international leader in this field. It has an important academic presence in the Northern Territory and has established clinical schools and departments of rural health in several locations including Darwin and Alice Springs in the Northern Territory, the Riverland and South-East regions of South Australia, and the South-Western region of Victoria. It is a major distance education provider in health-related programs, particularly in nursing and public health, and is innovative in its use of modern technologies to enhance its teaching through flexible delivery.

The Faculty welcomes students from across Australia and around the world. It has strong partnerships with a number of leading international academic institutions.

The Faculty is characterised by:

- its commitment to excellence
- the predominantly professional nature of its course offerings in the health sciences
- the emphasis given to clinical and/or field experience as an integral part of the learning experience in its programs
- its national and international leadership in delivery of clinically relevant curricula in health
- excellence in rural and remote health education and research, including indigenous health
- strong linkages with several teaching hospitals and health authorities, resulting in enhancement of its teaching and research programs
- its commitment to the value of distance education and flexible learning as a means of making education programs available to a wider national and international audience
- the diversity of its postgraduate coursework programs, especially those offered in response to demand from industry and professions
- its long-established strength in research
• its commitment to postgraduate education by research as a major contribution to education and research vitality
• the existence within its ranks of a number of relatively new or emerging disciplines with burgeoning academic achievement.

2.3 The School of Nursing & Midwifery

The School of Nursing & Midwifery at Flinders University was established in 1975. It was one of three schools in Australia to first offer nursing education in the tertiary sector. The School is an academic unit within the Faculty of Health Sciences.

The School offers:
• undergraduate programs (at bachelor and honours levels) in Nursing and Midwifery, and two combined degrees in Health Sciences and Nursing, and Nursing and Mental Health Nursing
• postgraduate programs in Nursing and Midwifery (at graduate certificate, graduate diploma, master and doctoral levels)
• continuing education courses which enable professionals to keep up to date with new developments in health care and meet their continuing professional development requirements.

The School has an excellent reputation for innovation in education, research and practice. The research profile of the School in nursing, nursing education, midwifery, midwifery education, women’s health, aged care, mental health, continence nursing, diabetes education, Indigenous health, and new interdisciplinary health care has attracted significant research funds and teaching-based project funds. The School is innovative in its use of flexible modes of delivery such as distance education, online learning and video-streaming.

An essential feature of teaching practice in the School is the placement of students in a variety of clinical practice settings, including rural and remote settings. The School has a large number of affiliations with hospitals and health agencies in South Australia and other Australian states.

The Flinders University School of Nursing & Midwifery is internationally recognised:
• for its high-quality undergraduate and postgraduate programs in nursing and midwifery
• for research and practice development that addresses health issues and contributes to improving midwifery and nursing practice across the lifespan and within home, community and institutional settings.

Our Bachelor of Nursing and Bachelor of Midwifery programs prepare students for careers in professional nursing and midwifery and provide currently registered nurses and midwives with the opportunity to obtain degrees in these disciplines.

We have extensive postgraduate programs that produce highly skilled nurse specialists and advanced nurse practitioners and we offer opportunities for research at honours, masters and PhD levels.

The School’s teaching staff have diverse health and nursing professional backgrounds and academic expertise in a range of clinical specialties and in physical sciences, social sciences and the humanities.

Academic and administrative staff are committed to providing excellent educational opportunities and to improving the professions and practice of nurses and midwives. We are committed to providing access to high-quality undergraduate and postgraduate programs and research with our international partners across the globe.
We ensure that the philosophy, art and science of nursing and midwifery are reflected throughout our programs by:

- promoting the integration of scholarship and innovative research, teaching and practice
- influencing health policy
- using an integrated and multidisciplinary approach to program delivery
- ensuring that curriculum content and processes are evidence-based, supported by research outcomes
- maintaining close links with the national and international professional nursing and midwifery communities
- ensuring that recognition of cultural diversity and cultural safety principles are actively supported, with the profile of the staff, students and programs aiming to reflect the multicultural and Indigenous nature of Australian society
- enhancing the School’s international reputation, attracting international students and academics, and providing international programs.

2.3.1 Quality

Flinders University and the School of Nursing & Midwifery are committed to providing quality learning experiences for their students and to educating competent graduates.

A commitment to excellence in education and clear goals and objectives are set for our teaching and learning environment in the *Inspiring Flinders Future Strategic Plan 2010–2014*. There are nine key strategies that the School is required to demonstrate to the University:

- Building supportive committees
- Enhancing educational opportunities
- Enhancing the student experience
- Valuing quality in teaching
- Focusing research
- Strengthening internationalisation
- Valuing our people
- Committing to environmental excellence
- Improving our financial capacity.

The teaching and learning environment is central to student success. Flinders University seeks to foster excellence, innovation and flexibility in teaching in order to enrich the learning environment and enhance effective learning by its students. It accepts that all learning must involve a complex interplay of active and receptive processes, but teaching at Flinders is underpinned by the assumption that students should, as much as possible, be engaged as active participants in the learning process.

It follows that ideas and views expressed as part of that active engagement ought to be appreciated and respected by others involved in the teaching and learning process.

Through its teaching, Flinders aims for its students to:

- be challenged to master a coherent body of knowledge and engage with the intellectual foundations of one or more academic disciplines
- develop intellectual and cultural curiosity
• acquire a capacity and willingness to challenge assumptions and embrace new thinking
• understand the ethical, social and moral implications of knowledge and responsible citizenship
• develop transferable learning skills and a commitment to lifelong learning
• experience, particularly at undergraduate level, campus-based teaching and learning, and have the benefit of meeting and interacting on a regular basis with students and staff within a collegial academic environment
• develop a better overall understanding of social, cultural, technological, scientific and economic issues as they affect the wider community, and a deeper level of understanding of these issues as they relate to a student? area of study
• gain opportunities to interact, work and communicate with others effectively to achieve both collective and individual goals and
• embrace a diverse range of perspectives on learning and an awareness of global, national, regional and local contexts, and develop a commitment to make contributions to all levels of society.

The School is also bound by:

• World Health Organization 2009 Global standards for the initial education of professional nurses and midwives
• International Confederation of Midwives Essential competencies for basic midwifery practice 2002
• Australian Nursing and Midwifery Council 2009 Standards and criteria for the accreditation of nursing & midwifery courses leading to registration, enrolment, endorsement and authorisation in Australia
• Australian Nursing and Midwifery Council 2006 National competency standards for the midwife
• Australian Nursing and Midwifery Council 2008 Code of ethics for midwives
• Australian Nursing and Midwifery Council 2008 Code of professional conduct for midwives
• Australian Nursing and Midwifery Council 2010 A midwife’s guide to professional boundaries
• Nursing and Midwifery Board of Australia 2010 Registration standard for eligible midwives
• South Australian Nursing and Midwifery Act 2008
• South Australian Nursing and Midwifery Practice Regulations 2009.

The University has a cycle of external review for all its courses on a five-yearly basis. The Bachelor of Midwifery is due for review in 2014. Topics are reviewed twice in 5 years. Teaching is reviewed annually.

Within the School, the Board of Studies for undergraduate programs is responsible for the evaluation of the programs and for responding to feedback on a variety of key accountability measures (KAMs) such as the course evaluation questionnaire, student completions and student attrition data.

The School is also accountable to the health agencies that work in partnership to provide clinical learning experiences for students. These stakeholders need to be assured that the School is providing vocational and professional education which is relevant and up-to-date.
Frequent consultation with advisory committees and clinical advisers ensures appropriate industry and/or community involvement. Clinicians are involved in the assessment of student achievement of clinical learning outcomes and teach in the program as part-time instructors.

Separate processes have been developed in the University for ensuring the quality of programs and of staff and management. The former is carried out through the Academic Senate, Faculty Boards, Teaching and Learning Committees, School Boards and their sub-committees and the latter through review processes accountable to the Vice Chancellor. An internal audit process ensures that the system is adhered to and that aspects of ‘best practice’ are disseminated throughout the organisation.

2.3.2 International students

Since the 1990s the School of Nursing & Midwifery (SoNM) has been a leader among Australian nursing and midwifery schools in its offering of international programs. In 2010 the SoNM international student cohort represented 33 different countries. International students represent 20.7% of the student body.

The School endeavours to ensure that its nursing and midwifery curricula are globally relevant and that the School offers courses which prepare nurses and midwives to work in these contexts.

2.3.3 School structure

An overview of the structure of the School is provided in Figure 1. The day-to-day management of the Bachelor of Midwifery is the responsibility of the Course Coordinator (Midwifery) in collaboration with the midwifery teaching team. This includes matters such as enrolment, student course counselling and academic progress. The Course Coordinator (Midwifery) works closely with the Associate Dean (Teaching & Learning), who reports to the School Executive Committee.

2.3.4 School committees

The following are the committees of the School of Nursing & Midwifery. A full description of each of the committees is at Appendix 1.

- Executive Committee School of Nursing & Midwifery
- School Board
- Board of Studies, with curriculum subcommittees for:
  - Nursing
  - Midwifery
  - Postgraduate nursing
- Clinical Education Committee
- Examination Board (Undergraduate and Graduate Programs)
- Research Committee
- Midwifery Course Advisory Committee
- International Programs Advisory Committee
FIGURE 1: Structure of the School of Nursing & Midwifery
3 Bachelor of Midwifery curriculum: philosophy and aims

3.1 Background

Flinders University School of Nursing & Midwifery has been proactive in managing challenges and opportunities in relation to the development of the Bachelor of Midwifery. Over the past five years we have consulted widely, noted international and national standards and trends, noted policy and legislative changes, further developed partnerships with clinical agencies, used a learning management system and increased our commitment to evidence-based practice.

3.2 Process guiding the curriculum

This curriculum has been developed from changes that were required by the University in its Course and Curriculum Restructure and Renewal Project 2009. The two key dimensions of the project were:

- curriculum renewal. This process involved consideration of the educational aims and learning outcomes of the course. Incorporated in this was the need to consider:
  a) graduate qualities
  b) work integrated learning opportunities for undergraduate students
  c) foundation/preparatory/bridging studies in undergraduate courses
  d) internationalisation of the curriculum
  e) inclusion of Indigenous knowledge and perspectives.

- course restructure. This was to adopt a standard four topics per semester structure in every course at entry level.

The curriculum is further based on the ANMC Standards and criteria for the accreditation of nursing and midwifery courses leading to registration, enrolment, endorsement and authorisation in Australia (2010).

3.2.1 Woman-centred midwifery

The principles of woman-centred midwifery are identified in the Australian College of Midwives Philosophy Statement.

Midwife means ‘with woman’. This meaning shapes midwifery’s philosophy, work and relationships. Midwifery is founded on respect for women and on a strong belief in the value of women’s work of bearing and rearing each generation. Midwifery considers women in pregnancy, during childbirth and early parenting to be undertaking healthy processes that are profound and precious events in each woman’s life. These events are also seen as inherently important to society as a whole. Midwifery is emancipatory because it protects and enhances the health and social status of women, which in turn protects and enhances the health and wellbeing of society.

Midwifery is a woman-centred, political, primary health care discipline founded on the relationships between women and their midwives. Midwifery:

- focuses on a woman’s health needs, her expectations and aspirations
- encompasses the needs of the woman’s baby, and includes the woman’s family, her other important relationships and community as identified and negotiated by the woman herself
- is holistic in its approach and recognises each woman’s social, emotional, physical, spiritual and cultural needs, expectations and context as defined by the woman herself
recognises every woman’s right to self-determination in attaining choice, control and continuity of care from one or more known caregivers

recognises every woman’s responsibility to make informed decisions for herself, her baby and her family with assistance, when requested, from health professionals

is informed by scientific evidence, by collective and individual experience and by intuition

aims to follow each woman across the interface between institutions and the community, through pregnancy, labour and birth and the postnatal period so that all women remain connected to their social support systems; the focus is on the woman, not on the institutions or the professionals involved

includes collaboration and consultation between health professionals.

3.2.2 Midwifery inquiry

Midwifery inquiry entails Page’s five steps of evidence-based midwifery (Page & McCandlish 2006, p. 205):

• finding out what is important to the woman and her family
• using information from the clinical examination
• seeking and assessing evidence to inform decisions
• talking it through
• reflecting on outcomes, feelings and consequences.

3.2.3 Practice

Practice is any midwifery role which a graduate, having become a licensed or endorsed practitioner, undertakes. Practice is not restricted to the provision of direct care only. Being ‘in practice’ includes using midwifery knowledge in a direct relationship with women where it encompasses the social, emotional, cultural, spiritual, physical and psychological aspects of the woman’s childbearing experience (Page & McCandlish 2006). It also includes working in other roles which impact on midwifery service delivery, including midwifery management, administration, education, research, professional advice and regulatory or policy development.

3.2.4 Primary health care philosophy

Midwifery education should prepare graduates to work within a primary health care philosophy. Since the Declaration of Alma-Ata in 1978, primary health care principles have influenced all World Health Organization policies. As stated in the ANMC National competency standards for the midwife:

The graduate midwife practises within a woman centred, primary health care framework and is committed to seeing midwifery as a public health strategy that encompasses a broad social context. The graduate midwife understands that health is a dynamic state, influenced by particular socio-cultural, spiritual and politico-economic environments.

The graduate midwife has an important advocacy role in protecting the rights of women, families and communities whilst respecting and supporting their right to self determination. A graduate midwife has a commitment to cultural safety within all aspects of her practice and acts in ways that enhance the dignity and integrity of others.

Midwifery practice involves informing and preparing the woman and her family for pregnancy, birth, breastfeeding and parenthood and includes certain aspects of
women’s health, family planning and infant well-being. The graduate midwife has a role in public health that includes wellness promotion for the woman, her family and the community.

Whilst the graduate midwife has the skills ‘to do’ they also have an ability to develop relationships with the women for whom they care as well as others with whom they interact in their professional lives. The graduate midwife works collaboratively with health care providers and other professionals referring women to appropriate community agencies and support network. (ANMC 2006)

3.3 Graduate qualities

Graduate qualities were identified by Flinders University in 2008. Flinders University’s Bachelor degree programs aim to produce graduates:

- who are knowledgeable
- who can apply their knowledge
- who communicate effectively
- who can work independently
- who are collaborative
- who value ethical behaviour
- who connect across boundaries.

Flinders University aims to inspire its students to achieve at the highest possible level. Our degrees are recognised and highly regarded internationally. We provide a learning environment which is innovative, supportive and of high quality. We expect our students to develop an intellectual and cultural curiosity, both within academic and professional disciplines and across discipline boundaries. We expect them to develop the problem-solving work-ready skills required in our dynamic and changing world. We expect them to demonstrate cultural awareness, to develop a global perspective and to cultivate a respect and tolerance for others. We are proud that so many Flinders graduates identify with, and can be distinguished by, these distinctive academic, professional and cultural characteristics. (Flinders University Graduate qualities web page, http://www.flinders.edu.au/graduate-qualities/)

3.3.1 Descriptions of graduate qualities

who are knowledgeable

We expect our students to develop an extensive and well-founded knowledge in their field of study. This includes the ability to acquire and understand, using current technologies and effective learning strategies, information and ideas that underpin this knowledge.

who can apply their knowledge

We expect our students to develop the ability to use their knowledge to plan, to analyse, to think critically, logically and creatively, to reflect upon and evaluate ideas, options, and potential solutions to problems, and to make and implement decisions.

who communicate effectively

We expect our students to learn to convey clearly and fluently their knowledge, understanding, reasoning and decisions. We expect them to be able to do this in written and
spoken form, as appropriate to the particular audience and setting. We also expect them to listen well and to respond constructively.

who can work independently

We expect our students to take responsibility for, and become self-reliant in, their learning and their work. This includes organising their activities, prioritising their tasks and managing their time productively. It also includes recognising that the world is dynamic and changing, and therefore being prepared to take responsibility in the years ahead to review, update and adapt their knowledge and skills.

who are collaborative

We expect our students to interact effectively and properly with others in a variety of settings. This includes, where appropriate, working cooperatively and productively within a group or team towards a common outcome. It also includes showing respect to others and to their ideas and perspectives, and learning to negotiate and resolve conflict or difficulties constructively.

who value ethical behaviour

We expect our students to act with integrity in all matters. We also expect them to become aware of the ethical complexities and implications of various issues that can arise within their field of study, and to appreciate the need for themselves and others to act ethically and to learn how to arrive at ethical solutions to problems.

who connect across boundaries

We expect our students to engage positively with people and ideas beyond the limits of their own geographical, disciplinary, social, cultural or other boundaries, and to span the boundary between the world of study and the world of work.

3.4 Aim of the Bachelor of Midwifery

The aim of the Bachelor of Midwifery is to provide students with the learning opportunities they need to meet the ANMC (2006) National competency standards for the midwife and be eligible for registration as a midwife with the Nursing and Midwifery Board of Australia.

3.5 Teaching and learning strategies

Teaching and learning for the Bachelor of Midwifery is based on the principles of adult learning, problem-based learning, midwifery inquiry and reflection. The teaching and learning strategies maximise opportunities for participatory action and interaction. The indicators of achievement of the competencies and graduate qualities have been translated into the educational aims and learning outcomes of topics and assessment of the achievement of these. There is coherence across the curriculum and the development of student learning across topics, semesters and years has been carefully considered.

Student learning activities include the following:

- written assignments such as essays, journals, quizzes, case studies, portfolios, reports
- project activities such as health teaching sessions, website learning activities, poster presentations, clinical projects, audiovisual projects
- class presentations such as case studies, debates, student conference papers, creative art work
• self-directed learning packages
• computer-assisted learning packages: Flinders Learning Online and video streaming
• practice experiences such as long- and short-term agency placement
• practice evaluation based on the ANMC National competency standards for the midwife (2006).

The aims of these strategies are to promote independent learning, build on students’ previous knowledge and life skills, lay the foundation for the development of new knowledge, attitude and skills and encourage teamwork.

### 3.6 Educational and academic outcomes

The Bachelor of Midwifery graduate will embrace the following professional and academic outcomes.

#### 3.6.1 Professional outcomes

Students will graduate from the Bachelor of Midwifery with the ability to:

• practise as safe, competent midwives
• draw on appropriate knowledge, skills and attitudes in all areas of midwifery practice
• care for women through the normal childbearing experience from preconception care through to six weeks postpartum including care of the neonate
• develop a relationship with the pregnant woman built on trust and respect
• demonstrate sound clinical judgement and effective clinical skills
• reflect on ways of knowing about midwifery that draws from the literature, culture, science, research, midwives, women and personal intuition
• provide care that is mindful of racial, cultural and social differences in the Indigenous and other Australian communities
• recognise deviations from the normal and initiate appropriate midwifery action, consultation and referral processes
• work collaboratively with other health and human service professionals
• provide effective care in emergency situations
• work within a primary health care framework
• work within the scope of professional midwifery practice.

#### 3.6.2 Academic outcomes

Students will graduate from the Bachelor of Midwifery with the ability to:

• critically analyse their ability to achieve an effective partnership with women, their families and communities
• reflect on their ways of knowing and articulate the knowledge upon which their clinical decisions are made
• articulate a sound knowledge of the science and art of midwifery practice
• use critical thinking abilities to interpret, develop, refine, enhance and validate the range of knowledge embodied in midwifery practice
• identify and solve problems and make decisions using clinical reasoning when faced with conflicting information
• critically analyse the social and political determinants of health and the impacts they have on maternal and infant outcomes
• recognise the responsibilities of health professionals in the implementation of culturally safe practice
• demonstrate complex decision-making skills that show recognition of the integrity of partnership relationships
• demonstrate understanding of legal frameworks involved in professional midwifery practice
• explore ethical dilemmas in practice and the processes of resolution
• validate their communicative behaviour with an understanding of theories and practice application
• critically appraise and utilise research-based evidence to inform the conduct of best practice in midwifery
• identify research questions and participate in research activities to progress midwifery knowledge and practice
• be a lifelong learner who is responsible and accountable for professional knowledge, practice and ongoing development.

3.7 Evaluation of the curriculum

Evaluation of the Bachelor of Midwifery will occur through the established University processes. The Bachelor of Midwifery is due to be reviewed in 2014 as part of the University’s five-yearly review process. Student Evaluation of Topics (SETs) occurs at least twice in five years. Student Evaluation of Teaching occurs annually. The Bachelor of Midwifery is evaluated by graduate surveys such as course experience questionnaires (CEQs) which inform staff about the quality of the program.

4 Clinical practice

4.1 Philosophy of clinical practice

Midwifery is a practice-based profession and clinical placements provide the opportunity for students to acquire the midwifery knowledge and skills to meet the requirements necessary for registration. The clinical component is designed so that the theory topics are integrated with practice elements to enable students to directly apply theory to practice. Clinical skills laboratory sessions provide initial learning opportunities. The clinical component of the course consists of a wide range of field placements including public and private hospitals and community settings. Students therefore experience a variety of placements to ensure that they gain comprehensive knowledge of the areas where midwifery is practised. The use of a midwifery practice portfolio, reflective learning exercises and ‘in-class’ debriefing time provides students with opportunities to reflect on practice in a supportive environment.

Clinical practice is designed to ensure the program meets the ANMC Standards and criteria for the accreditation of Bachelor of Midwifery education programs leading to initial registration as a midwife in Australia (2010). The following is an extract from this document. It outlines the minimum midwifery practice requirements.

**Standard 8: Professional Experience**

*Using a woman-centred approach, minimum requirements for midwifery practice experience are compatible with international standards for midwifery education in comparable programs.*
Evidence that supports the measurement of this Standard is demonstrated where students experience the following experiences:

1. Twenty (20) continuity of care experiences. Specific requirements of these experiences include:
   a) enabling students to experience continuity with individual women through pregnancy, labour and birth and the postnatal period, irrespective of the availability of midwifery continuity of care models
   b) participation in continuity of care models involving contact with women that commences in early pregnancy and continues up to four to six weeks after birth
   c) supervision by a midwife (or in particular circumstances a medical practitioner qualified in obstetrics)
   d) consistent, regular and ongoing evaluation of each student’s continuity of care experiences
   e) a minimum of eight (8) continuity of care experiences towards the end of the course and with the student fully involved in providing midwifery care with appropriate supervision
   f) engagement with women during pregnancy and at antenatal visits, labour and birth as well as postnatal visits according to individual circumstances. Overall, it is recommended that students spend an average of 20 hours with each woman across her maternity care episode.
   g) provision by the student of evidence of their engagement with each woman

2. attendance at 100 antenatal visits with women, which may include women being followed as part of continuity of care experiences

3. attendance at 100 postnatal visits with women and their healthy newborn babies, which may include women being followed as part of continuity of care experiences

4. ‘being with’ 40 women giving birth, which may include women being followed as part of continuity of care experiences

5. experience of caring for 40 women with complex needs across pregnancy, labour and birth, and the postnatal period, which may include women the student is following through as part of their continuity of care experiences

6. experience in the care of babies with special needs

7. experience in women’s health and sexual health

8. experience in medical and surgical care for women and babies

9. experience in:
   a) antenatal screening investigations and associated counselling
   b) referring, requesting and interpreting results of relevant laboratory tests
   c) administering and/or prescribing medicines for midwifery practice*
   d) actual or simulated midwifery emergencies, including maternal and neonatal resuscitation
   e) actual or simulated episiotomy and perineal suturing
   f) examination of the newborn baby
g) provision of care in the postnatal period up to four to six weeks following birth, including breastfeeding support

h) perinatal mental health issues including recognition, response and referral.

* understanding that midwives cannot prescribe in all jurisdictions.

4.2 Developmental stages of students’ clinical expertise

The clinical experience has been designed to provide a range of opportunities across the program and demonstrate the development of clinical learning.

4.2.1 First-year: awareness of practice

The focus of clinical learning in first-year is on the student developing an awareness of the needs that women and their families may have during the childbearing period, developing knowledge of the availability and accessibility of community resources, and developing beginning level skills in midwifery models of care.

4.2.2 Second-year: developing practice

Clinical learning for students in second-year is focused on developing the midwifery clinical skills necessary to assess and meet the needs of women and their families during the childbearing period. Opportunities are provided to enable students to apply their learning in relation to normal pregnancy, childbirth and the postnatal period, including care of the normal neonate. Further knowledge and skill acquisition ensures that students participate in the care of the complex pregnancy, childbirth and postnatal period and the baby at risk. Students will observe the work of midwives and medical practitioners in the provision of maternity and obstetric services.

4.2.3 Third-year: consolidating practice

Clinical learning for students in third-year is focused on developing competence by consolidating the midwifery clinical skills necessary to assess and meet the needs of women and their families during the childbearing period, including competent management of emergency situations for both mother and baby. Students are expected to achieve the ANMC (2006) National competency standards for the midwife by the completion of the program.

4.3 Clinical venues

Clinical placements are organised in collaboration with SA Health. Memorandum of understanding agreements are in place with hospitals and organisations to ensure appropriate and relevant placement for students. The following are examples of agencies currently being used for clinical placement:

- Child, Youth and Women’s Health Service, Women’s and Children’s Hospital
- Flinders Medical Centre
- Lyell McEwin Hospital
- South Coast District Hospital
- Ashford Private Hospital
- Flinders Private Hospital
- Calvary Hospital
- Burnside War Memorial Hospital
- Mount Barker District Soldiers’ Memorial Hospital
- North Eastern Community Hospital
- Northern Women’s Community Midwifery Service.
Rural and placement venues include:

- Riverland Regional Health Service, Berri Hospital
- Port Pirie Hospital
- Mount Gambier and Districts Health Service
- Whyalla Hospital
- Port Lincoln Hospital
- Port Augusta Hospital.

### 4.4 Clinical placement by semester

Tables 4 and 5 illustrate the number of hours during which students are placed in clinical each semester.

Throughout their clinical placements students experience morning, afternoon and night shifts so they can appreciate the diversity of midwifery work including differences in staffing levels and impact of shift work inherent in their midwifery practice.

**TABLE 4: Hours per semester in clinical practice for Bachelor of Midwifery (Pre-registration) 2012–2016**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Placement</th>
<th>Shifts</th>
<th>Clinical hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Semester 1</strong></td>
<td>MIDW1004A Contexts of Midwifery Practice</td>
<td>4</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>MIDW1002 Midwifery 1</td>
<td>6</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>MIDW1007 Maternal and Infant Assessment Skills</td>
<td>6</td>
<td>48</td>
</tr>
<tr>
<td><strong>Semester 2</strong></td>
<td>MIDW2201 Midwifery Skills (previously MIDW2001)</td>
<td>6</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>MIDW2204 Complexities of Pregnancy and Birth (previously MIDW2004)</td>
<td>10</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td>MIDW3302 Midwifery Practice (previously MIDW3005)</td>
<td>5</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>MIDW3306 Midwifery Practicum (previously MIDW3004)</td>
<td>25</td>
<td>200</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>1696</td>
</tr>
</tbody>
</table>
TABLE 5: Hours per semester in clinical practice for Bachelor of Midwifery (Registered Nurse Entry) 2012–2016

<table>
<thead>
<tr>
<th>Topic</th>
<th>Clinical placement</th>
<th>Clinical hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognition of prior clinical learning credit (RPL)</td>
<td>152</td>
<td></td>
</tr>
<tr>
<td><strong>Semester 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MIDW2201 Midwifery Skills (previously MIDW2001)</td>
<td>• Antenatal clinics, antenatal high risk, birthing centre, labour ward, high dependency postnatal, domiciliary, neonatal unit, mental health services, Midwifery Group Practice 352 180</td>
<td></td>
</tr>
<tr>
<td><strong>Semester 2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MIDW3304 Clinical Knowledge for Midwifery Practice (previously MIDW3002)</td>
<td>• Antenatal clinics, antenatal high risk, birthing centre, labour ward, high dependency postnatal, domiciliary, neonatal unit, mental health services, Midwifery Group Practice 352 180</td>
<td></td>
</tr>
<tr>
<td><strong>Semester 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MIDW3306 Midwifery Practicum (previously MIDW3004A)</td>
<td>• Consolidation in any area of midwifery 240</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Continuity of care experience 240</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>1696</td>
</tr>
</tbody>
</table>

TABLE 6: Summary of theory and clinical hours

<table>
<thead>
<tr>
<th>Year</th>
<th>Theory</th>
<th>Clinical</th>
<th>Continuity of care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-registration</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First-year</td>
<td>772</td>
<td>128</td>
<td>180</td>
</tr>
<tr>
<td>Second-year</td>
<td>452</td>
<td>448</td>
<td>180</td>
</tr>
<tr>
<td>Third-year</td>
<td>320</td>
<td>520</td>
<td>240</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1544</td>
<td>1096</td>
<td>600</td>
</tr>
<tr>
<td><strong>Registered nurse entry</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognition of prior learning</td>
<td>972</td>
<td>152</td>
<td></td>
</tr>
<tr>
<td>First-year</td>
<td>392</td>
<td>704</td>
<td>360</td>
</tr>
<tr>
<td>Second-year</td>
<td>180</td>
<td>240</td>
<td>240</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1544</td>
<td>1096</td>
<td>600</td>
</tr>
</tbody>
</table>

4.5 Staffing at clinical placements

School of Nursing & Midwifery employs midwifery clinicians with appropriate experience and skills. In some locations the clinical venue nominates a preceptor for student support: this occurs especially in rural and remote locations. The student in consultation with the academic staff and clinical facilitators develops specific clinical objectives for each clinical placement.

The University offers clinicians workshops each year to support them in their role as clinical facilitators of students in the Bachelor of Midwifery. These workshops outline the program and expectations of students at each year level and provide strategies for effective clinical teaching and learning, feedback, coaching and assessment. Clinicians are also presented with strategies for working with international students for whom English is a second language. A copy of the midwifery practice portfolio (guidelines and templates) is provided to each clinical unit that provides clinical placement to students.
4.6 Midwifery skill development

Midwifery skills are initially taught in clinical laboratory classes and then applied in the clinical settings. The skills and year of learning are outlined in Table 7. Students are expected to seek opportunities to practise skills in the laboratory as part of their preparation for clinical practice.

By the end of each year of the program students have been provided with a range of tasks and activities which support the achievement of their clinical proficiency and competence.

**TABLE 7: Midwifery skill development in the Bachelor of Midwifery**

<table>
<thead>
<tr>
<th>Skill/competence</th>
<th>Subcategory</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>• Interviewing</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>• Report client data</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>• Therapeutic communication</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>• Health teaching</td>
<td>2/3</td>
</tr>
<tr>
<td></td>
<td>• Documentation</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>• Managing computer systems and data information</td>
<td>2</td>
</tr>
<tr>
<td>Assessment</td>
<td>• History/interviewing, mini-mental state assessment, pregnancy assessment</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>• Vital signs</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>• Oximetry</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>• Doppler</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>• Maternal and foetal assessment</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>• Assessment and interpretation of CVP, CTG</td>
<td>2/3</td>
</tr>
<tr>
<td></td>
<td>• Vaginal examination</td>
<td>2/3</td>
</tr>
<tr>
<td></td>
<td>• Specimen collection</td>
<td>2/3</td>
</tr>
<tr>
<td></td>
<td>• Neonatal screening test</td>
<td>2/3</td>
</tr>
<tr>
<td>Infection control</td>
<td>• Standard precautions</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>• Hand hygiene</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>• Principles of asepsis</td>
<td>2/3</td>
</tr>
<tr>
<td></td>
<td>• Swab collection</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>• Infection principles linked to pathophysiology</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>• Wound care: dressings, drains</td>
<td>2</td>
</tr>
<tr>
<td>Hygiene</td>
<td>• Maternal: bed making, shower, bed bath, oral care, nail care, hair care,</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>perineal care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Neonate: bathing, cord care, skin care</td>
<td>1/2</td>
</tr>
<tr>
<td>Elimination</td>
<td>• Principles of normal elimination</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>• Urinalysis</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>• Catheterisation</td>
<td>2/3</td>
</tr>
<tr>
<td></td>
<td>• Bowel care: suppositories, enema</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>• Obtaining urinary and stool specimens</td>
<td>1/2/3</td>
</tr>
<tr>
<td>Principles of drug</td>
<td>• Oral administration</td>
<td>2/3</td>
</tr>
<tr>
<td>administration</td>
<td>• Injection technique: IM, IV, SC, intrathecal</td>
<td>2/3</td>
</tr>
<tr>
<td></td>
<td>• Vaginal administration</td>
<td>2/3</td>
</tr>
<tr>
<td></td>
<td>• Rectal administration</td>
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<td></td>
<td>• IV therapy</td>
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</tr>
<tr>
<td></td>
<td>• Inhalation: analgesia, medication</td>
<td>2/3</td>
</tr>
<tr>
<td></td>
<td>• Epidural</td>
<td>2/3</td>
</tr>
<tr>
<td></td>
<td>• Pumps, patient controlled analgesia</td>
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</tr>
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<td></td>
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### Skill /competence Subcategory

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<th>Skill /competence</th>
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<td>• Oral feeding</td>
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<tr>
<td></td>
<td>• Breast feeding</td>
<td>2/3</td>
</tr>
<tr>
<td></td>
<td>• Special dietary regimes</td>
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<td>• Nasogastric tube</td>
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<tr>
<td></td>
<td>• Transfusion</td>
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</tr>
<tr>
<td></td>
<td>• Principles of a balanced diet, oral feeding</td>
<td>2/3</td>
</tr>
<tr>
<td></td>
<td>• Special dietary regimes</td>
<td>2/3</td>
</tr>
<tr>
<td></td>
<td>• Intravenous therapy</td>
<td>2/3</td>
</tr>
<tr>
<td></td>
<td>• Total parenteral nutrition</td>
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</tr>
<tr>
<td></td>
<td>• Central venous catheter</td>
<td>2/3</td>
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<td>Oxygenation</td>
<td>• Breathing and coughing exercises</td>
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</tr>
<tr>
<td></td>
<td>• Positioning</td>
<td>1</td>
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<td></td>
<td>• CPR</td>
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<tr>
<td></td>
<td>• Suctioning</td>
<td>2/3</td>
</tr>
<tr>
<td></td>
<td>• Oxygen administration</td>
<td>2/3</td>
</tr>
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<td>• Body mechanics, mobilisation, ambulation, positioning, lifting, moving devices</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>• Range of motion</td>
<td>1</td>
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<td>• Anti-embolic care</td>
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<td>Comfort</td>
<td>• Massage, positioning, sitz baths, hot and cold packs, deep bathing, baby massage</td>
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<td>Safety</td>
<td>• Skin care</td>
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<td>• Occupational health and safety</td>
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<td>• Preoperative care, operating theatre care, immediate postoperative care</td>
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<td>Mental health</td>
<td>• Counselling skills</td>
<td>1/2/3</td>
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<td></td>
<td>• Managing stress and aggression</td>
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</table>

### 4.7 Midwifery competency development

The ANMC (2006) *National competency standards for the midwife* underpin the development of the topics and the curriculum. Topic educational aims and learning outcomes ensure that students will meet all the competencies by the completion of the course.

A matrix to demonstrate which of the competencies are addressed in individual topics is presented in Appendix 2.

### 4.8 Midwifery practice portfolio

The student is required to keep an account of the midwifery practice they undertake throughout the Bachelor of Midwifery program. Midwifery practice is an integral part of the program and provides the opportunity to link theory to practice in a variety of settings. Students will have the opportunity to apply evidence-based midwifery in the practice setting, using decision-making skills and clinical judgement to provide care for women and their families.

The Bachelor of Midwifery is underpinned by the ANMC *National competency standards for the midwife* (2006) and the ANMC *Standards and criteria for the accreditation of nursing and midwifery courses leading to registration, enrolment, endorsement and authorisation in Australia* (2010). The midwifery practice placements are an essential part of preparation to meet the requirements of the Nursing and Midwifery Board of Australia.
The midwifery practice record is one component of the midwifery practice portfolio for each midwifery topic with clinical practice. In order to achieve a pass for the following topics the student must satisfactorily complete the portfolio requirements that are stated in the Topic details booklet.

- MIDW1004 Contexts of Midwifery Practice
- MIDW1007 Maternal and Infant Assessment Skills
- MIDW2201 Midwifery Skills (pre- and post-registration students)
- MIDW2204 Complexities of Pregnancy and Birth
- MIDW3302 Midwifery Practice
- MIDW3304 Clinical Knowledge for Professional Practice
- MIDW3306 Midwifery Practicum

The student will keep a record of their learning using the templates provided in the midwifery practice portfolio.

**Completion of templates**

Completion of the templates provides evidence of:

- summary of clinical practices and procedures achieved on a daily basis
- record of daily attendance
- record of feedback received
- completion of midwifery practice.

In completing the portfolio templates the following points need to be considered:

- Students should base their learning needs on a consideration of the strengths and limitations in their knowledge, skills and attitudes.
- Before commencing each shift they must identify and prioritise their individual learning needs through self-evaluation and consultation; that is, identify their learning objectives.
- Students should identify strategies and appropriate resources for meeting their identified learning objectives.
- Students should monitor and evaluate the achievement of learning objectives through personal reflection and by eliciting feedback from women/clients, colleagues, lecturers, clinicians, facilitators and preceptors.
- The portfolio template records must be sighted and signed by the University clinical facilitator on a weekly basis.

**Daily record of practice attendance**

Students are required to complete a record of each day of attendance at midwifery practice placement. This record must be signed and dated by the supervising midwife. The purpose of this record is to track the student’s placement experiences throughout the course. This should ensure that the University’s lecturer/facilitator is aware of each student’s placement rotation and may be able to facilitate a change in allocation if necessary.

**Formative assessment**

Students are expected to have formative assessment throughout the midwifery practice placement. The primary purpose of formative assessment is to support high-quality learning.
It occurs in clinical practice settings when facilitators feed information back to students in ways that enable them to learn better and engage in self-reflection. It is intended that formative assessment will lead to successful summative assessment.

**Summative assessment: midwifery practice record**

The midwifery practice record must be completed for each midwifery practice area. The midwifery practice record is completed by the clinical midwife facilitator or clinical services coordinator and must be signed by them and the student and submitted to the University lecturer at the completion of the clinical placement. The template for this summative assessment is included in the midwifery practice portfolio.

Students are expected to comment on this assessment in the space provided. It is the student's responsibility to ensure that all sections of the assessment forms are completed and signed.

**Continuity of care experiences**

The ANMC *Standards and criteria for the accreditation of nursing and midwifery courses leading to registration, enrolment, endorsement and authorisation in Australia* (2010) state that midwifery students must have a minimum of twenty (20) continuity of care experiences in the three-year program.

Specific requirements for the 20 continuity of care experiences are listed in Section 4.1, 'Philosophy of clinical practice'.

**Aim**

The aim of the continuity of care experience is for midwifery students to focus their learning on the meaning of pregnancy, birth and postnatal experience for women and the options available to them in maternity services.

The focus in first-year is for the midwifery student to:

- take an observational role of women and their families during the childbearing experience
- develop an awareness of the needs that women and their families have during the childbearing year
- develop knowledge about the availability and accessibility of community resources available for childbearing women
- develop a beginning knowledge about midwifery-led continuity models of maternity care.

The focus in second- and third-year is for the midwifery student to:

- undertake assessment of the woman during the stages of pregnancy, birth and the postnatal period
- provide care for the woman and her family during pregnancy, birth and the postnatal period in a variety of settings
- evaluate the care given during pregnancy, birth and the postnatal period
- participate in midwifery-led continuity models of maternity care.

**Professional responsibility**

A student’s relationship with the woman and her family must be professional and within the role and scope of their professional practice. This means that the relationship will be for the
duration of the continuity of care experience; that is, from the first antenatal visit until the six-week postnatal visit. The nature of the student's professional role must be declared to the woman and her family. Students must ensure their own safety at all times, including ensuring that they are directly supervised by a registered midwife or medical officer during each visit.

In the first year, midwifery students are required to provide continuity of care for no more than six women. They are required to take an observational and supportive role under the direct supervision of a registered midwife.

In the second and third years, midwifery students are required to provide continuity of care for six and eight women respectively each year. They will have a more active role in the care of the woman and her family. Under the direct supervision of a registered midwife they will be encouraged to undertake antenatal assessment, provide care during labour and birth and follow the woman’s progress in the postnatal period.

What students are required to do

Students are required to:

- recruit women for the continuity of care experience. This will be done at a variety of venues through formal times.
- register each woman in a database on the School of Nursing & Midwifery website. A formal letter is produced from the database and mailed to the placement hospital/venue.
- gain permission from the woman to meet with her a minimum of twice during pregnancy, attend the labour and birth and visit her twice postnatally. We strongly encourage students to undertake a postnatal visit with the domiciliary midwife. If the woman and her baby are booked for a six-week postnatal visit in the hospital, students are strongly encouraged to attend this visit to complete the continuity of care experience.
- provide continuity of care under the supervision of a registered midwife
- write up each continuity of care experience following instructions provided
- submit each continuity of care write-up as part of the summative assessment for the topic. The continuity of care experiences will become part of the midwifery practice portfolio.

It is the responsibility of the midwifery student to contact the University before attending a birth and again when leaving the hospital. This is done using an online birth attendance log. Students must do this for every birth they attend that is not part of a rostered clinical placement.

Midwifery continuity of care experience write-up

Students are required to present a short (200 word) written summary of each continuity of care experience that reflects the experience of both the student and the woman.

The following is one way that the write-up could be done.

1. Introduction (50 words approximately):
   Brief introduction of the woman and her family.

   Example: This is Susan’s third pregnancy. The baby was due on 10 September 2005. Susan lives with her partner and two other children a girl 5 and boy 3. Susan gave birth on 6 September to a girl (weight 3.2 kg). She was discharged on the fifth day postnatal...
(she had a LUSCS). I attended three (3) antenatal visits, and two (2) postnatal visits. I was with her for her birth [state type].

2 Reflection (150 words):
Brief reflection on the student’s understandings of the experience of pregnancy and childbirth for the woman, and what meaning this has for their learning about midwifery.
5 Topic details

On the following pages the topics in the Bachelor of Midwifery are described. A summary appears in Table 8.

**TABLE 8: Bachelor of Midwifery 2011–2016: summary of topics**

<table>
<thead>
<tr>
<th>Topic code</th>
<th>Topic title</th>
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<td>Human Bioscience</td>
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<td>MIDW1002</td>
<td>Midwifery 1</td>
<td>4.5</td>
</tr>
<tr>
<td>MIDW1003</td>
<td>Sociology for Midwives <em>(previously Contexts of Birth)</em></td>
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</tr>
<tr>
<td>MIDW1004A</td>
<td>Contexts of Midwifery Practice</td>
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</tr>
<tr>
<td>MIDW1007</td>
<td>Maternal and Infant Assessment Skills</td>
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<tr>
<td>MIDW1008</td>
<td>Anatomy and Physiology of Reproduction</td>
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<td>NURS1104</td>
<td>Effective Communication for Practice</td>
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</tr>
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<td>MIDW2003</td>
<td>Building Research Skills for Midwives</td>
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<td>MIDW2201</td>
<td>Midwifery Skills</td>
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<td>Family Dynamics</td>
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<td>MIDW2203</td>
<td>Maternal and Infant Nutrition</td>
<td>4.5</td>
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<td>Complexities of Pregnancy and Birth</td>
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<td>Babies at Risk</td>
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<td>MIDW2206</td>
<td>Clinical Pharmacology</td>
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<td>NURS2724</td>
<td>Indigenous Health Issues for Nurses and Midwives</td>
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<tr>
<td>MIDW3301</td>
<td>Working in Communities</td>
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<td>MIDW3302</td>
<td>Midwifery Practice <em>(previously Managing Midwifery Practice 2)</em></td>
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<td>Evidence for Midwifery Practice <em>(previously Managing Midwifery Practice 1)</em></td>
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<td>MIDW3306</td>
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**Post-registration**

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<td>Professional Practice of Midwifery</td>
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<tr>
<td>MIDW3304</td>
<td>Clinical Knowledge for Midwifery Practice</td>
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</table>
HLTH1004 Human Bioscience

Unit value: 4.5

Learning activities
2 x 1 hour lectures weekly
1 X 3-hour practical weekly

Prerequisites
Nil

Educational aims
The aim of this topic is to introduce students to the basic anatomy and physiology of the healthy human body.

Expected learning outcomes
On completion of this topic, students should be able to:
• identify structures in the anatomical systems covered
• have some understanding of the normal physiology of body systems
• have some appreciation of the physical science applicable to body systems
• provide written answers to specific questions posed about anatomy and physiology
• record accurately the course and outcomes of laboratory exercises
• use the author–date referencing system correctly.

Assessment

Assignment 1: Assessment of the laboratory log book
Non-graded: The log book entries for selected laboratory sessions will be marked out of 10
Weighting: 25% of the aggregate mark for the topic
Length: The length will vary depending on the requirements of each practical
Due date: Two log books per group must be handed up by the end of the practical session

Assignment 2: Essay
Non-graded: The assignment will be scored out of 60
Weighting: 25% of aggregate mark for the topic
Length: 1200 words
Due date: weeks 9/10 and week 14

Assignment 3: Examination
Graded:
Weighting: 50% of aggregate mark for the topic
Length: 3 hours
Due date: University examination period

An aggregate mark (comprising the three assessment exercises) will be determined for each student and they will be graded on this aggregate mark.
MIDW1002 Midwifery 1

Unit value: 4.5

Learning activities
1 x 1 hour lecture weekly
1 X 3-hour workshop weekly
48 hours’ clinical placement

Prerequisites
Nil

Educational aims
The student will have the opportunity to develop:

- a beginning understanding of their professional role
- a beginning understanding of health and activities of daily living in everyday life
- a beginning understanding of reflective practice
- an understanding of functional health patterns
- an understanding of standard precautions and safe practice
- the ability to articulate the role of the nurse and the midwife in the multidisciplinary team
- an understanding of nursing and midwifery within a range of nursing and midwifery frameworks, such as continuity of care and holism
- a beginning understanding of medical, midwifery, and nursing and midwifery terminology
- an understanding of somological midwifery practice
- the ability to apply an understanding of bioscience, health across the lifespan, and communication to their assessment and documentation of a person’s functional health patterns and performance of a selected set of ADLs.

The aim of this topic is to enable the student to understand the current and potential roles of the midwife in Australia.

Expected learning outcomes
On completion of this topic, students will be expected to:

- apply the process of reflective practice to an evaluation of their learning style, the contexts within which their learning will occur, and goals for personal learning
- think critically about their own pre-understandings of midwifery
- demonstrate a sensitivity to individual understandings of health and illness and the implications for relating to a person
- list the functional health patterns and describe the significant issues within each pattern for a person, recognising that this is one model of health
- demonstrate a beginning understanding of the skills required in a health assessment; for example, observation and history taking
- correctly describe observations of a person in an ‘everyday’ life setting in relation to human functional health patterns
• compare an individual’s understanding of health and illness to the model of functional health patterns
• apply the eight elements of thought and universal standards in thinking about the logic of functional health patterns
• accurately report on the assessment of functional health patterns
• demonstrate competence in supporting a person’s activities of daily living
• explain the significance of standard precautions
• demonstrate the ability to implement standard precautions in a range of situations
• demonstrate an awareness of potential safety risks in clinical venues and their responsibility in relation to themselves and others
• demonstrate the ability to read a significant piece of midwifery literature related to functional health patterns and be able to:
  – identify the essential point
  – paraphrase the essential point in their own words
  – provide real-world examples that illustrate the essential point
  – construct a metaphor or analogy which demonstrates an understanding of the essential point.
• demonstrate an ability to use professional language relevant to practice and academic writing which is significant and relevant to the context of its use
• demonstrate the ability to use academic skills of reading, writing, numeracy, referencing, and library and database searching
• apply understanding of bioscience, health across the lifespan, and communication to their ability to assess and document a person’s functional health patterns and performance of a selected set of ADLs.

Assessment

Assignment 1: Reflective learning log & clinical experience record

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<th>Length</th>
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<td>45%</td>
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Assignment 2: Essay

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<td></td>
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MIDW1003 Sociology for Midwives

Unit value: 4.5

Learning activities
1 X 3-hour tutorial weekly

Prerequisites
Nil

Educational aims
The topic aims to introduce you to sociology and the sociology of health and illness, with particular reference to understanding the changing social relations of childbirth and midwifery.

Expected learning outcomes
On completion of this topic students should be able to:

• describe the changing structure of society and the consequences for work and health
• describe how midwives identify the changing social needs of women, their partners and support groups during pregnancy, childbirth and the postnatal period
• explain the dynamics of social interaction in the field of midwifery practice
• interpret the cultural meanings given to both institutionalised and natural processes of being with child, giving birth and caring for an infant in contemporary Australia
• compare the organisation and funding of Australia’s midwifery/obstetrics services with those of comparable nations
• critically appraise current movements for social change
• identify processes whereby women may define and interpret their own experiences of childbirth.

Assessment

Assignment 1: Essay

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Assignment 2: Essay

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<td>Week 13</td>
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MIDW1004A Contexts of Midwifery Practice

Unit value: 4.5

Learning activities
1 X 3-hour tutorial weekly
1 X 1-day workshop once monthly
32 hours’ midwifery group practice
90 hours’ continuity of care experience

Prerequisites
Admission into BMid(PreReg)

Educational aims
This topic is designed to help students reflect on the historical background of midwifery, to gain an understanding of midwifery practice in modern Australian society in the context of national and international trends. Contemporary Australian midwifery practice, politics and health systems will be examined using a primary health care framework. Legal and ethical issues underpinning midwifery practice will be explored. The student has the opportunity to evaluate the concepts and critically analyse the provision of midwifery services. There will be a practice component linked to the women they are following through the year.

Expected learning outcomes
On completion of this topic, students should be able to:
- critically examine and analyse the history of midwifery
- identify the assumptions and concepts in history that have influenced the role of the midwife
- explore the relationship of historical and current events to midwifery practice today
- examine current international midwifery practice and its relationship to Australian midwifery practice
- explore the politics and health systems that impact on midwifery practice
- critically analyse primary health care concepts related to midwifery
- explore the legal and ethical issues that impact on midwifery practice
- engage in midwifery practice by developing and continuing midwifery relationships with women they are supporting during their pregnancy, birth and postnatal experience.

Assessment
Assignment 1: Group class presentation and peer evaluation paper

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<tr>
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Assignment 2: Essay

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<tr>
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Assignment 3: Completion of clinical experience in MGP

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<tr>
<td>Weighting:</td>
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<td>Length:</td>
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| Due date:   | Week 12 for Group 1; Week 15 for Group 2
MGP objectives/brief description due 2 weeks after placement |

Assignment 4: Midwifery practice portfolio

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<tr>
<td>Length:</td>
</tr>
<tr>
<td>Due date:</td>
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</table>

During first-year, students are expected to provide continuity of care for six women through their pregnancy, childbirth and the postnatal experience.
MIDW1007 Maternal and Infant Assessment Skills

Unit value: 4.5

Learning activities
1 X 3-hour workshop weekly
48 hours’ clinical placement per semester

Prerequisites
Nil

Educational aims
The aim of this topic is to introduce students to the health assessment and physical examination skills that they will require to care for the mother and the newborn infant. The topic will include the concepts of health education, health promotion and ways in which health can be achieved and maintained. Students will build on their knowledge of physical science and apply it to practice.

Expected learning outcomes
On completion of this topic, students should be able to:

• demonstrate ANMC competency standard 5: ‘Utilises midwifery knowledge and skills to facilitate an optimal experience for the woman’

• successfully apply an understanding of anatomy and physiology to assessment of the health status of the individual woman during pregnancy, labour, birth and the postpartum period

• successfully perform a comprehensive and accurate maternal and newborn assessment

• communicate effectively with a variety of health care professionals to plan effective care for the woman and her family

• demonstrate the skills required to successfully complete a physical examination of the mother and the baby

• demonstrate an understanding of family dynamics and sexuality in relation to the childbearing process

• apply principles of health education and health promotion to care.

Assessment

Assignment 1 Essay
Graded
Weighting: 50%
Length: 2000 words
Due date: Week 8

Assignment 2: Objective simulated clinical examination (OSCE)
Graded
Weighting: 50%
Length: Equivalent to 2000 words
Due date: Week 12 or 13
**Assignment 3: Clinical experience record**

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<thead>
<tr>
<th>Non-graded</th>
<th>Completion exercise</th>
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</thead>
<tbody>
<tr>
<td>Weighting:</td>
<td>48 hours’ clinical placement per semester</td>
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<tr>
<td>Length:</td>
<td>Monday following completion of clinical experience</td>
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</table>
MIDW1008 Anatomy and Physiology of Reproduction

Unit value: 4.5

Learning activities
1 X 3-hour lecture weekly

Prerequisites
Nil

Educational aims
The aim of this topic is to provide students with an understanding of the scientific principles underlying maternal and neonatal health issues. In addition, the topic aims to develop the skills of problem-solving and critical analysis through the use of case studies and published materials.

Expected learning outcomes
On completion of this topic, students should be able to:

• describe the anatomy of the female pelvis and pelvic organs
• discuss how the maternal body systems adapt to accommodate the pregnancy
• demonstrate and apply knowledge of the hormones of pregnancy
• explain the physiology of labour and the effects of labour on the maternal body and the foetus
• describe the changes that occur in the foetus that enable the transition to a healthy infant
• explain the physiology of breastfeeding
• relate the return of physiological function to the maternal body after birth of the foetus.

Assessment

Assignment 1: Weekly study questions
Graded
Weighting: 20%
Length: Equivalent to 750 words
Due date: Each week

Assignment 2: Essay
Graded
Weighting: 40%
Length: 500–750 words
Due date: Week 12

Assignment 3: Examination
Graded
Weighting: 40%
Length: 3 hours, equivalent to 1500–2000 words
Due date: University examination period
NURS1104 Effective Communication for Practice

Unit value: 4.5

Learning activities
1 lecture once-only
1 X 3-hour workshop weekly

Prerequisites
1  Admission into BNg(PreReg)
1a Admission into BMid(PreReg)
Must satisfy 1 or 1a

Educational aims
This topic aims to introduce students to the basic theory of interpersonal communication, develop beginning level skills for interpersonal communication, and apply theory and skills of interpersonal communication to beginning nursing and midwifery care.

Expected learning outcomes
On completion of this topic, students should understand:
• that communication is an essential skill that will affect the quality of nursing and midwifery care they will provide
• that communication is a complex, multifaceted process of negotiated meaning
• that effective communication requires careful reflection on one’s personal communication style and how it relates to that of others who may have a different style
• the way in which illness influences communication.

On completion of this topic, students should know:
• common models of communication
• the role of emotions in communication
• theory of conflict resolution
• theory of group dynamics
• concepts of adult learning
• the influence of lifespan issues on communication
• the influence of culture, gender and age on communication
• the role humour plays in communication
• the role of technology in supporting communication
• the relationship between verbal and nonverbal communication
• issues related to workplace communication.

On completion of this topic, students should be able to:
• listen effectively
• demonstrate the ability to empathise, develop rapport and attend
• carry out a health assessment of a person’s functional health pattern of communication
• perform a simple interview
• accurately report an incident and/or the health status of an individual
• respond appropriately to a range of emotions and behaviours including aggression, crying, anxiety, grief and non-compliance
• successfully teach another person a skill or ‘piece’ of knowledge
• effectively facilitate a group
• perform a close reading of textual material
• write substantively
• describe the nursing care in response to a range of alterations to a person’s communication abilities
• use a selection of information and communication technology (ICT) to support communication.

**Assessment**

Formative: regular evaluation of communication skills during intensive workshops including, but not limited to:

• role playing in class
• group activities in class
• facilitation of group activities in class
• quizzes of theoretical understanding
• small reading and writing tasks.

**Assignment 1: Dialogue analysis**

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**Assignment 2: Poster presentation**

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<td>Due date: Week 13</td>
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All assessment tasks involve an aspect or skill of communication.
MIDW2003 Building Research Skills for Midwives

Unit value: 4.5

Learning activities
1 X 1-hour lecture weekly
1 X 2-hour tutorial weekly

Prerequisites
1 Admission into BMid (PostReg)
1a Admission into BMid (PreReg)
Must Satisfy 1 or 1a

Educational aims
This topic concentrates on the nature of inquiry and the various approaches to research which are consistent with midwifery as an area of knowledge. The topic helps to establish the context for thinking about research, which emphasises that research is never a neutral activity, but one that reflects human interests and values. The topic critically explores the characteristics of careful inquiry, the relationship between interests and methods, and the epistemological and ontological assumptions that have shaped various approaches to inquiry. Students will gain knowledge about the practice of formal research, and the various tasks associated with each phase of the research process. Opportunity is provided for students to explore the issues of the topic in relation to their practice interests.

Expected learning outcomes
On completion of this topic, students should be able to:

- reflect on the nature of inquiry in the natural and human sciences
- examine a number of difficulties inherent in the application of methods of inquiry that are insensitive to context
- experience the challenge of the discovery of ‘other worlds’ in the research context
- examine the various research methodologies available for the generation of midwifery knowledge
- consider the relationship between research, theory and practice in their relevant discipline
- debate major issues surrounding midwifery research
- become critical consumers of the research literature and projects.

Assessment
Assignment 1: Weekly online quiz

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<td>Due date:</td>
<td>Weekly, based on the work for weeks 3 to 12 inclusive</td>
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Assignment: 2 Summary and critique of a research article

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<td>1500–2000 words</td>
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<td>Due date:</td>
<td>Week 14</td>
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Students must summarise and critique either a qualitative or a quantitative research article, using Langford’s (2001) SECREV model as a guide, and the topic text as an additional resource.

Students must pass both components to pass the topic.
MIDW2201 Midwifery Skills

Unit value: 9

Learning activities
3-day intensive workshop, Week 1
1 X 3-hour tutorial/workshop weekly
208 hours’ clinical placement
90 hours’ continuity of care experience

Prerequisites
Nil

Educational aims
This topic will prepare students with a beginning level of knowledge, skills and attitudes (competence) required to care for women and their families experiencing a normal pregnancy, birth and puerperium.

Expected learning outcomes
On completion of this topic, students should be able to:

- recognise the psychological, physical, social and spiritual aspects of the childbearing experience
- conduct a comprehensive assessment of the pregnant woman from the initial confirmation of pregnancy through to completion of the puerperium
- assess, plan and implement care of the woman during the antenatal, intrapartum and postpartum periods
- conduct a comprehensive assessment of the newborn
- plan and implement care of the newborn
- select strategies to assist the woman to develop parenting skills
- plan for discharge of the woman and her baby and identify available community resources
- demonstrate a beginning level of competence required for midwifery practice.

Assessment

Assignment 1: Essay

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This essay is based on reflective learning as a tool to enhance students’ learning.

Assignment 2 (option 1): Professional journal

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The professional journal records responses to activities in the Study plan. Students are required to present twelve responses—six compulsory and six of the students’ choice.

**OR**

**Assignment 2 (option 2): Case studies**

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<td>Due date:</td>
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Students present three case studies that cover antenatal care, labour and birth and postnatal care.

**Assignment 3: Midwifery practice portfolio**

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<tr>
<td>Due date:</td>
<td>Week 15</td>
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Students are required to submit completed documentation from their clinical practice setting along with completed clinical experience records. This portfolio will also include write ups from the students’ continuity of care experiences and completion of two of the ANMC National competency standards for the midwife (2006).
MIDW2202 Family Dynamics

Unit value: 4.5

Learning activities
1 X 3-hour tutorial weekly

Prerequisites
Admission to BMid(PreReg)

Educational aims
The topic aims to give midwifery students an applied psychological framework for better understanding the motives, thoughts and behaviour of their clients or patients and their families. This framework is used to examine the dynamics of midwifery strategies in terms of care, management and counselling. It strives to reconcile the demands of hi-tech procedures and organisational routines with the central role of the midwife as caregiver, counsellor and mediator of ways to enable the client to maintain control of their health and wellbeing as much as circumstances permit.

Expected learning outcomes
On completion of this topic, students should be able to:
- critically examine their roles and interactions with women and their families as well as with a range of health professionals
- describe psychological theories
- understand the nature of relationships in families
- articulate the framework for developmental psychology
- describe the roles of fathering, mothering and grandparenting and being a sibling
- understand the psychology of breastfeeding
- describe stressors and ways to recognise these and moderate them
- understand loss and bereavement and how they relate during pregnancy, intrapartum and postnatally.

Assessment
Assignment 1: Case study
Graded
Weighting: 40%
Length: 1500–2000 words
Due date: Week 6

Assignment 2: Essay
Graded
Weighting: 60%
Length: 2500–3000 words
Due date: Week 13
MIDW2203 Maternal and Infant Nutrition

Unit value: 4.5

Learning activities
1 X 3-hour tutorial (on campus and online) weekly, weeks 1–14

Prerequisites
Nil

Educational aims
The topic will introduce the science of human nutrition and nutritional biochemistry, building on the knowledge gained in the science topics in first-year. The topic will examine guidelines for nutritional requirements, counselling and management. Students will explore the nutritional needs of the newborn and infant. Breastfeeding will be examined and the role of the midwife in promoting and protecting breastfeeding, will be addressed.

Expected learning outcomes
At the end of this topic students should be able to:
- demonstrate their knowledge of the science of human nutrition and nutritional biochemistry for women and babies in the childbearing year
- recognise the issues related to nutrition for women in specific populations
- discuss methods of infant feeding
- explain the WHO/UNICEF ‘Ten steps to successful breastfeeding’
- relate the complexities of breastfeeding and the influences that affect breastfeeding
- provide midwifery counselling and management of infant feeding.

Assessment
Assignment 1: Case study
Graded
Weighting 50%
Length 1500–2000 words
Due Date Week 8

The case study will be selected from the clinical area and will focus on a breastfeeding complexity. The complexity will be described and management of the breastfeeding duo will be presented and then analysed according to the latest literature, hospital protocols or policies. It is expected that students will address the physiology, pathophysiology, pharmacology, legal, ethical, physical, social, cultural or emotional issues that relate to the woman or her baby.

Assignment 2: Examination
Graded
Weighting 50%
Length Equivalent to 2000 words
Due date University examination period
MIDW2204 Complexities of Pregnancy and Birth

Unit value: 9

Learning activities
1 X 2-hour lecture weekly
1 X 2-hour workshop weekly
240 hours’ clinical placement

Prerequisites
MIDW2201 Midwifery Skills

Educational aims
The aim of this topic is to prepare midwifery students with the knowledge, skills and attitudes (competence) required to care for women and their families experiencing a complex pregnancy and birth.

Expected learning outcomes
At the completion of this topic, students should be able to:

• identify the complexities of pregnancy and childbirth and initiate appropriate care
• apply knowledge of pathophysiology, microbiology and immunology to the development of midwifery care plans for women
• apply the latest evidence to midwifery practice
• identify available resources for the delivery of safe and satisfactory woman-centred midwifery care
• identify and interpret legislation in relation to midwifery practice
• demonstrate a beginner-level competence for midwifery practice.

Assessment
Assignment 1: Examination: electronic foetal monitoring

| Graded | 10% |
| Weighting: | |
| Length: | Equivalent to 2000 words |
| Due date: | Week 7 |

Assignment 2: Examination

| Graded |
| Weighting: | 70% |
| Length: | Equivalent to 3000 words |
| Due date: | University examination period |
**Assignment 3: Midwifery practice portfolio**

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<td><strong>Graded</strong></td>
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<tr>
<td><strong>Weighting:</strong></td>
<td>20%</td>
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<tr>
<td><strong>Length:</strong></td>
<td>2000 words</td>
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<tr>
<td><strong>Due date:</strong></td>
<td>Week 16</td>
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</table>

Students will be required to submit completed documentation from their clinical practice setting along with completed clinical experience records. This portfolio will also include write-ups of follow-through experiences and completion of two of the ANMC *National competency standards for the midwife*. 
MIDW2205 Babies at risk

Unit value: 4.5

Learning activities
1 X 3-hour tutorial weekly

Prerequisites
Nil

Educational aims
The aim of this topic is to prepare midwifery students to provide evidence-based care for babies who are at risk. Students will develop sound clinical reasoning skills and be able to reflect on their practice.

Expected learning outcomes
On completion of this topic, students should be able to:

• describe prenatal influences on the baby
• explain the pathophysiology of common conditions that place babies at risk
• identify babies at risk for physical, psychological, social and pathological reasons
• describe appropriate care for babies at risk
• explain the legal and ethical dimensions of caring for babies at risk
• describe the pharmacology of selected drugs commonly administered to babies at risk.

Assessment

Assignment 1: Case study

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<th>Graded</th>
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<tbody>
<tr>
<td>Length:</td>
<td>1500–2000 words</td>
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<tr>
<td>Due date:</td>
<td>Friday of week 14</td>
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Assignment 2: Written and oral presentation

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<tr>
<th>Graded</th>
<th>Weighting: 50% (60% written, 30% oral presentation, 10% peer assessment)</th>
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<tbody>
<tr>
<td>Length:</td>
<td>Equivalent to 2000 words</td>
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<tr>
<td>Due date:</td>
<td>Weeks 6–12, following presentation</td>
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MIDW2206 Clinical Pharmacology

Unit value: 4.5

Learning activities
1 X 3-hour tutorial (on campus and online) weekly

Prerequisites
Nil

Educational aims
Women who are pregnant may take drugs, both prescribed and non-prescribed. It is important that midwives have a detailed knowledge of pharmacology to enable them to care for the woman, the developing foetus and the neonate. Students will gain an understanding of how drugs move through and act within the body. In particular, students will gain an appreciation of how pregnancy impacts on medication management and the body’s response to medications. This topic will provide a foundation for students to begin to understand drugs and thereby enhance their knowledge of midwifery practice.

Expected learning outcomes
At the completion of this topic, students should be able to:

- recognise and discuss the types drugs available to the woman, including prescribed and non-prescribed drugs such as complimentary therapies, over-the-counter drugs and recreational drugs
- explain how drugs move through the body (pharmacokinetics)
- indicate how pregnancy affects pharmacokinetics
- describe drug action (pharmacodynamics)
- demonstrate and apply knowledge of commonly prescribed drug groups in midwifery practice (pharmacotherapy)
- examine the use and efficacy of non-prescription drugs in pregnancy
- discuss the basis of drug interactions and polypharmacy issues
- explain how drugs might affect the developing foetus
- predict the safety of drugs passed to the infant in breastmilk
- appraise medication management of the pregnant woman using the principles of quality use of medicines as described by the national prescribing services
- analyse ethical and legal issues in medication management.

Assessment
OSCE (40%), examination (60%). Each assessment must be passed to pass the topic.

Assignment: 1 Objective simulated clinical examination (OSCE)

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<td>Length:</td>
<td>Equivalent to 1500 words</td>
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<td>Due date:</td>
<td>Week 14</td>
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Students will be required to demonstrate competency of medication knowledge applied to various issues encountered by the pregnant or postpartum woman. Students will progress through at least four stations allowing five minutes at each station.

**Assignment 2: Examination**

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<td>Weighting:</td>
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<td>Length:</td>
<td>Equivalent to 3000 words</td>
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<td>Due date:</td>
<td>University examination period</td>
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Students will be required to demonstrate a detailed knowledge of pharmacology of commonly used drugs in pregnancy and lactation.
NURS2724 Indigenous Health Issues for Nurses and Midwives

Unit value: 4.5

Learning activities
1 X 2-hour tutorial weekly

Prerequisites
1  Admission into BNg (PreReg)
1a Admission into BMid (PreReg)
1b Admission into BHlthSc
Must satisfy 1 or 1a or 1b

Educational aims
This topic aims to enhance students’ understanding and awareness of the issues related to the health of Aboriginal people in Australia.

Expected learning outcomes
On completion of this topic, students should:
• explain the links between Aboriginal identity, history and health
• have critically analysed the cultural and historical context of health and care concepts in relation to both their personal and professional identity as nurses and midwives
• have developed a basis for understanding the role of nurses and midwives working with Aboriginal people in a range of health care settings and communities, through the examples of best practice in primary health care, and by exploring and reflecting on the inter-relationships between the three levels of health care
• appreciate Aboriginal perspectives on health and begin to incorporate these into a framework of nursing or midwifery practice
• understand the importance of family and country to the development of Aboriginal identity and society
• appreciate and articulate some of the differences between metropolitan, rural and remote areas in public health infrastructure in Australia
• understand the personal, professional and structural elements of cultural safety and develop a framework that addresses cultural safety in their nursing or midwifery practice.

Assessment
Assignment 1: Journal responses
Graded
Weighting: 30%
Length: 2000 words
Due date: Week 6

Assignment 2: Essay
Graded
Weighting: 70%
Length: 2000 words
Due date: Week 11
MIDW3301 Working in Communities

Unit value: 4.5

Learning activities
1 X 4-day intensive in week 1
1 X 2-day intensive in week 14

Prerequisites
Nil

Educational aims
The aim of this topic is to prepare midwifery students in the theory and practices of community development and health promotion. It will focus on developing applied knowledge and skills which support working for change in communities and organisations. The topic provides students with practical examples of innovative community projects, and the opportunity to analyse the strategies used in these projects including consumer participation, inter-disciplinary and inter-agency collaboration, needs assessment, program development and sustainability.

Expected learning outcomes
On completion of this topic, students should be able to:

- define primary health care
- analyse change processes at the community level
- demonstrate beginning-level skills in community development
- describe the sociocultural, economic, political and ethical constraints on decisions involved in social change processes
- interpret policies of public health and their effects on health promotion
- analyse and critique initiatives undertaken by community groups or organisations
- demonstrate the ability to work collaboratively and productively as a member of a team.

Assessment

Assignment 1: Essay

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<td>Friday Week 10</td>
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This is a group assessment. One written report from each group will be produced using a public health framework together with community work strategies and processes. Students will work in small groups to produce a report.
**Assignment 2: Essay**

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<tr>
<td>Due date:</td>
<td>Group presentation: the second part of the group project, week 14 Written paper (executive summary), week 15, one week following presentation</td>
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Students will use their analysis for assignment 1 to plan an intervention strategy using public health and community work strategies.
MIDW3302 Midwifery Practice

Unit value: 9

Learning activities
1 X 4-hour tutorial weekly
320 hours’ clinical placement

Prerequisites
Nil

Educational aims
The aim of the topic is to enable midwifery students to incorporate evidence into their midwifery practice.

Expected learning outcomes
On completion of this topic, students should be able to:

- identify disorders of pregnancy and childbirth and initiate appropriate midwifery care
- demonstrate further developed critical and analytical skills when examining midwifery/gynaecology practice
- demonstrate an understanding of women’s health issues
- identify the implications for the care of the pregnant woman in intensive care
- understand the pathology related to midwifery and the tests that are ordered for both the mother and her baby
- demonstrate the ability to evaluate health promotion programs
- demonstrate further developed knowledge of the law related to midwifery
- use evidence-based midwifery care and be able to critically analyse the research literature with a view to incorporating appropriate recommendations into practice
- consolidate clinical skills in various midwifery settings
- identify personal learning objectives in the clinical setting and meet these objectives
- continue to develop the midwifery practice portfolio.

Assessment

Assignment 1: Pharmacology examination

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Assignment 2: Essay for publication

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<td>Week 14</td>
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Assignment 3: Midwifery practice portfolio

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<td>Due date:</td>
<td>Week 16</td>
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MIDW3303 Professional Practice of Midwifery

Unit value: 9

Learning activities

**External mode**
External package
1 X 1-hour tutorial (FLO Live) weekly

**Internal mode**
1 X 1-hour lecture weekly
1 X 2-hour tutorial weekly

**Prerequisites**
Nil

**Educational aims**
The aims of this topic are to introduce midwifery students to the current and future role of the midwife in Australia in the context of the wider health care system. Midwifery practice will be examined from psychological, sociological and mental health perspectives.

**Expected learning outcomes**
On completion of this topic, students should be able to:

- critically examine the history of midwifery
- examine current midwifery practice overseas and compare this to current Australian practice
- consider future possibilities and effect change in midwifery practice in Australia
- critically examine the role of the midwife in relation to women, their families and a range of health professionals
- relate current psychological theories to pregnancy and childbirth
- explore the roles of the father, mother, grandparents and siblings in relation to the childbearing experience
- recognise and moderate the stressors related to the childbearing experience
- examine loss and bereavement related to childbearing
- review the changing structure of Australian society and the consequences for the work of midwives and the social needs of women and their families
- interpret the cultural meanings of institutionalised and natural processes related to childbearing
- critically appraise the organisation and funding of Australia’s maternity services

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2 FLO Live is the University’s synchronous, web-based communication software that allows collaboration using voice-over-internet (VoIP) audio, shared software applications, presentation slides and free-form whiteboards, and a text chat area.
• explore the advocacy role of the midwife in relation to the interpretation of women’s experiences of childbearing
• identify and manage mental health issues related to the childbearing experience.

Assessment

Assignment 1: Weekly response questions

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Assignment 2: Tutorial presentation (FLO Live or in class)

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<td>Due date:</td>
<td>Weeks 12–13</td>
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Assignment 3: Case study

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<td>Length:</td>
<td>3000 words</td>
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<td>Week 15</td>
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</table>
MIDW3305 Evidence for Midwifery Practice

Unit value: 9

Learning activities
1 X 3-hour tutorial weekly

Prerequisites
Nil

Educational aims
The aim of this topic is to enable midwifery students to incorporate evidence into their midwifery practice.

Expected learning outcomes
On completion of this topic, students should be able to:

- re-examine the relevance of the five steps of evidence-based midwifery to midwifery practice
- recognise the strengths and limitations in their ability to use the five steps of evidence-based midwifery
- identify the relationship between a literature review and how to write a research proposal
- write a research proposal
- discuss and appraise clinical guidelines commonly used in midwifery practice
- identify issues in maternity care that lend themselves to research.

Assessment
Students will choose one of the following options for their assessment for this topic.

Assignment 1 (option 1): Literature review

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This is a comprehensive critical review of the literature that provides a background for a research proposal.

Assignment 2 (option 1): Written research proposal

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Assignment 3 (option 1): Class presentation

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<td>Due date: Weeks 13 and 14</td>
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OR

**Assignment 1 (option 2): Literature review for potential publication**

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<tr>
<td>Length:</td>
<td>4000 words (or to specific journal requirements)</td>
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<td>Due date:</td>
<td>Week 10</td>
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This is a comprehensive critical review of the literature that provides a background for a conference standard poster.

**Assignment 2 (option 2): Conference-standard poster**

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**Assignment 3 (option 2): Class presentation**

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<td>2000 words</td>
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<tr>
<td>Due date:</td>
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</table>
MIDW3306 Midwifery Practicum

Unit value: 9

Learning activities
1 X 4-day intensive workshop in week 1
1 X 2-day intensive workshop in week 14
200 hours’ clinical practice
120 hours’ continuity of care experience

Co-requisites
MIDW3305 Evidence for Midwifery Practice

Prerequisites
Bachelor of Midwifery (Pre-registration): all Year 1, Year 2 and Semester 1, Year 3 topics
Bachelor of Midwifery (Post-registration): all Year 1 topics

Educational aims
The aim of this topic is to allow students to demonstrate competent and safe midwifery practice that is informed by a sound knowledge base and evidence. Students are expected to use the learning resources in their clinical learning environment to ensure their practice is consistent with that of a beginning-level midwife.

Expected learning outcomes
On completion of this topic, students should be able to:

• organise their own practice
• provide safe and competent care to women and their families
• demonstrate clinical reasoning for their midwifery care
• prioritise midwifery care to ensure that it is timely and effective
• effectively manage a caseload of clients
• establish and maintain constructive relationships with all members of the health care team
• collaborate in decision-making that affects care of the women and her family
• explore the difference between the student role and the registered midwife role and be prepared to make the transition
• demonstrate the ANMC competency standards for midwives.

Clinical practice
Students are required to undertake a clinical placement of six weeks of five days a week over the seven-day roster, working all shifts as allocated. They are required to complete their continuity of care experiences. The areas will cover antenatal clinics (both midwives and obstetricians), the delivery suite (and where possible a birthing centre), the postnatal ward (including domiciliary midwifery), and community midwifery. The midwifery setting will be allocated.
**Assessment**

**Assignment 1: Examination**

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<td>University examination period</td>
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**Assignment 2: Midwifery practice portfolio**

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<td>Due date:</td>
<td>Week 16</td>
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Students are required to submit the following completed documentation in their midwifery practice portfolio:

- placement objectives: evidence of achievement
- skills documentation: 100 antenatal visits, 100 postnatal visits, 40 births as primary carer, and other specific skills as stated in the midwifery practice portfolio
- commentary on the National competency standards for the midwife (ANMC 2006).

These are requirements for registration as a midwife with the Nursing and Midwifery Board of Australia.
MIDW3304 Clinical Knowledge for Midwifery Practice

Unit value: 9

Learning activities
1 X 3-hour tutorial (online) weekly
352 hours’ clinical placement
120 hours’ continuity of care experience

Prerequisites
MIDW2201 Midwifery Skills

Educational aims
The aim of this topic is to prepare midwifery students for disorders of pregnancy, complications of birth and the puerperium as well as complications that may occur for the newborn.

Expected learning outcomes
On completion of this topic, students should be able to:
• identify disorders of pregnancy and childbirth
• demonstrate knowledge of the pathophysiology of disorders of pregnancy and childbirth
• implement appropriate care of a woman and her family when a disorder or complication arises
• consolidate critical, analytical and clinical skills in midwifery practice
• identify legal and ethical events when pregnancy, labour and the postnatal period deviate from normal
• describe prenatal influences on the baby
• explain the pathophysiology of common conditions that place a baby at risk
• identify babies at risk for physical, social and pathological reasons
• plan and implement appropriate care for babies at risk
• demonstrate knowledge of pharmacology related to disorders of pregnancy, childbirth and the newborn at risk.

Assessment
Assignment 1: Two case studies

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One case study will be of a woman who has a disorder of pregnancy or birth and the second will be of a newborn who is at risk.
**Assignment 2: Examination**

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**Assignment 3: Midwifery practice portfolio**

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<tr>
<td>Due date:</td>
<td>Week 16</td>
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Students are required to submit completed documentation from their clinical practice setting along with completed clinical experience records. The portfolio will also include write-ups from students’ continuity of care experiences and completion of two of the ANMC *National competency standards for the midwife*. 
6 References


ANMC 2010, Standards and criteria for the accreditation of nursing and midwifery courses leading to registration, enrolment, endorsement and authorisation in Australia, Australian Nursing and Midwifery Council, Canberra.


National Health and Medical Research Committee 1998 *Report of Services Offered by Midwives in Australia*, NHMRC Canberra


7 Appendix 1: Committees of the School of Nursing & Midwifery

School Executive

The School Executive reports to the School Board and is charged with the day-to-day decision-making of the School. In the event of the absence of School policy the Executive has the power to act and to inform the School Board.

Membership

Dean (Chair)
Associate Dean: Teaching and Learning
Associate Dean: Practice Development
Associate Dean: Higher Degree Programs
Associate Dean: International
Associate Dean: Research
School Manager
International Programs Manager

School Board

The School Board advises the Dean on the affairs of the School, particularly with respect to course management and delivery. The School Board is a subcommittee of the Faculty of Health Sciences Board.

Board of Studies

Establishment

The Board of Studies is a subcommittee of the School Board and is responsible for monitoring the administration of all academic programs in all modes of delivery in the School of Nursing & Midwifery.

Functions and responsibilities

- Supervise the development, delivery and evaluation of the School’s academic programs including curricula, syllabuses, and topics.
- Ensure that programs meet the nursing and midwifery competency and accreditation standards.
- Advise the School Board regarding the strategic directions for nursing and midwifery programs in the School.
- Consider the implications of the intake levels and requirements of students into the programs and make recommendations to the School Board as required.
- Supervise the implementation of policy matters relating to admission and credit transfer.
- Review relevant University and School policies and recommend changes to the School Board.
- Liaise with the relevant School and/or University committees in promoting the School’s academic programs.
- Monitor assessment practices in collaboration with the University Examinations Board.
• Review changes to existing nursing and midwifery course pathways and new course proposals and make recommendations to the School Board.

• Provide advice to Faculty Board and the Teaching and Learning Committee, through the School Board, on all matters affecting policy on programs offered by the School of Nursing & Midwifery.

**Membership**

Associate Dean (Teaching & Learning) (Chair)
Course Coordinator (Undergraduate Programs)
Course Coordinator (Midwifery)
Course Coordinator (Combined BN/BHSc Degree)
Course Coordinator (Honours)
Course Coordinator (Postgraduate Programs)
International Programs Manager
Clinical coordinators
One academic staff member elected from staff who teach in the undergraduate nursing programs
One academic staff member elected from staff who teach in the postgraduate nursing programs
One academic staff member elected from staff who teach in the midwifery programs
Representative from the Flexible Education Unit
Senior Administrative Coordinator (Academic Programs)
Student representative (undergraduate nursing)
Student representative (postgraduate nursing)
Student representative (midwifery)
Manager: Student Services
The committee will consult with others as required
SoNM administrative support (non-voting)

* Elected members will serve for a period of two years and may be re-elected for one further term

**Administrative support**

Administrative support will be provided by the School of Nursing & Midwifery Office.

**Quorum**

Five members

**Meetings**

This Committee will meet at least monthly.

**Agendas**

An action list will be distributed to members no later than one week following the meeting.

Items for the agenda will be invited from the members at least 10 days before the next scheduled meeting.

The agenda and minutes for each meeting will be distributed to members at least three days before the meeting.

**Reporting**

Provide relevant agenda items for the next scheduled meeting of the School Board.
Evaluation and review
The terms of reference will be reviewed every two years.

Curriculum subcommittees

Nursing subcommittee

Establishment
The Nursing subcommittee is a subcommittee of the Board of Studies responsible for advising the Board of Studies on matters related to the undergraduate nursing programs.

Functions and responsibilities
• Supervise the development and implementation of the undergraduate curricula.
• Supervise the development and implementation of topics in undergraduate courses.
• Facilitate transition of the curricula when necessary.
• Undertake a regular programmed systematic review of the curricula when directed by the Board of Studies.
• Advise the Board of Studies regarding the strategic directions for nursing undergraduate programs in the School.
• Review changes to existing undergraduate nursing pathways and new course proposals and make recommendations to the Board of Studies.

Membership
Course Coordinator (Undergraduate Programs) (Chair)
Course Coordinator (Bachelor of Health Sciences/Bachelor of Nursing)
Coordinator (Honours)
All Undergraduate program topic coordinators
The Committee will consult with others as required
SoNM administrative support (non-voting)

Administrative support
Administrative support will be provided by the School of Nursing & Midwifery Office.

Quorum
Three members

Meetings
This subcommittee will meet at least monthly.

Agendas
Items will be invited from the Board of Studies members at least 10 days before the next scheduled Board of Studies meeting. These items will be forwarded to the Board of Studies secretary for allocation first.
Allocated agenda items for each meeting will be distributed to members at least three days before the meeting.
An action list will be distributed to members no later than one week following the meeting.
**Reporting**
Provide a written report to the next scheduled Board of Studies meeting.

**Evaluation and review**
The terms of reference will be reviewed every two years.

**Midwifery subcommittee**

**Establishment**
The Midwifery subcommittee is a subcommittee of the Board of Studies responsible for advising the Board of Studies on matters related to the midwifery programs.

**Functions and responsibilities**
Supervise the development and implementation of the midwifery curricula.
Supervise the development and implementation of topics in midwifery courses.
Facilitate transition of the curricula when necessary.
Undertake a regular programmed systematic review of the curricula when directed by the Board of Studies.
Advise the Board of Studies regarding the strategic directions for midwifery programs in the School.
Review changes to existing midwifery pathways and new course proposals and make recommendations to the Board of Studies.

**Membership**
Course Coordinator (Midwifery) (Chair)
All Midwifery program topic coordinators
The Committee will consult with others as required
SoNM administrative support (non-voting)

**Administrative support**
Administrative support will be provided by the School of Nursing & Midwifery Office.

**Quorum**
Three members

**Meetings**
This subcommittee will meet at least monthly.

**Agendas**
Items will be invited from the Board of Studies members at least 10 days before the next scheduled Board of Studies meeting. These items will be forwarded to the Board of Studies secretary for allocation first.
Allocated agenda items for each meeting will be distributed to members at least three days before the meeting.
An action list will be distributed to members no later than one week following the meeting.
**Reporting**
Provide a written report to the next scheduled Board of Studies meeting.

**Evaluation and review**
The terms of reference will be reviewed every two years.

**Postgraduate nursing subcommittee**

**Establishment**
The Postgraduate nursing subcommittee is a subcommittee of the Board of Studies responsible for advising the Board of Studies on matters related to the postgraduate programs.

**Functions and responsibilities**
- Supervise the development and implementation of the postgraduate curricula.
- Supervise the development and implementation of topics in postgraduate courses.
- Facilitate transition of the curricula when necessary.
- Undertake a regular programmed systematic review of the curricula when directed by the Board of Studies.
- Advise the Board of Studies regarding the strategic directions for postgraduate programs in the School.
- Review changes to existing postgraduate nursing pathways and new course proposals and make recommendations to the Board of Studies.

**Membership**
Course Coordinator (Postgraduate Programs) (Chair)
All postgraduate program topic coordinators
The Committee will consult with others as required.
SoNM administrative support (non-voting).

**Administrative support**
Administrative support will be provided by the School of Nursing & Midwifery Office.

**Quorum**
Three members

**Meetings**
This subcommittee will meet at least monthly.

**Agendas**
Items will be invited from the Board of Studies members at least 10 days before the next scheduled Board of Studies meeting. These items will be forwarded to the Board of Studies secretary for allocation first.

Allocated agenda items for each meeting will be distributed to members at least three days before the meeting.

An action list will be distributed to members no later than one week following the meeting.
**Reporting**

Provide a written report to the next scheduled Board of Studies meeting.

**Evaluation and review**

The terms of reference will be reviewed every two years.

**Clinical Education Committee**

**Establishment**

The Clinical Education Committee is a subcommittee of the School of Nursing & Midwifery Board of Studies. It was established in March 2009 following approval by Faculty Board of a new teaching & learning committee structure for the School.

**Functions and responsibilities**

The Clinical Education Committee is responsible for management of the School’s student clinical education across all of its courses. It provides advice and recommendations to the Associate Dean (Teaching & Learning) and Board of Studies as required. Its role and responsibilities include:

- Evaluate the implementation of all curricula in relation to clinical education.
- Providing advice and recommendations to support the management of clinical experience and placement.
- Make recommendations to the Board of Studies about the School’s curriculum.
- Committees regarding the clinical experience and placement required of students.
- Explore contemporary models of clinical learning.
- Raise issues related to staffing needs to support clinical experience and placement.
- Provide advice and recommendations on risk management of clinical experience and placement.
- Make recommendations concerning planning, implementing and evaluating human and other resources related to clinical placement and experience.
- Engage in strategic planning related to clinical teaching.
- Learning laboratories; simulation; dedicated education units; research; an annual clinical summit; and any other aspects of clinical experience and placement.
- Facilitate staff development in relation to clinical education.
- Provide representation of the CEC on the Board of Studies.

**Membership**

Associate Dean (Teaching & Learning) (chair)
Associate Dean (Practice Development)
All topic coordinators of topics which include a clinical experience/placement component
All course coordinators
Laboratory Manager
Clinical Placement Administrator
All clinical coordinators
Clinical Coach
one clinical facilitator representative – *appointed by Committee*
one representative from Course Advisory Committee
one academic representative from the Riverland
Secretary provided from administration staff

Secretary's responsibilities:
- Produce agendas.
- Record and produce minutes of meeting.
- Action items as negotiated with Chair.

Terms of office
Chair: for the term of office of Associate Dean (Teaching & Learning) or as otherwise determined by School Executive.
Secretary: as determined by Manager Corporate Services or delegated officer.
Elected/appointed members: 12 months.

Quorum
Three committee members other than the Chair.

Meetings
Held monthly or as determined by the Chair.

Agendas
To be distributed no later than five working days before each meeting.
Action sheet to be distributed within five days of the last meeting.

Reporting
Monthly report of actions and recommendations to Board of Studies.

Evaluation and review
Performance of the committee is reviewed by Board of Studies annually in February including a review of the terms of reference.

Examination Board
Membership
Associate Dean (Teaching & Learning)
Course Coordinator (Midwifery)
Course Coordinator (Undergraduate Programs)
Course Coordinator (Postgraduate Programs)
Course Coordinator (Bachelor of Nursing/ Bachelor of Health Sciences)
Undergraduate program topic coordinators
Postgraduate program topic coordinators

Research Committee
The Research Committee is a subcommittee of School Board, and is chaired by the Associate Dean (Research). It aims to provide links with the Faculty of Health Sciences Research Committee to enable the views of the School and wider Faculty to be considered.
Terms of reference
The School of Nursing & Midwifery’s strategic direction is to pursue internationally
recognised and research-led learning and teaching, and clinical practice, of the highest
quality, and to seek research opportunities through leadership.

The goal is therefore to enhance research activities and opportunities for scholarship in the
School of Nursing & Midwifery by:

• contributing to research leadership and enabling the School to set strategic directions in
  conjunction with the wider University, the profession and key bodies
• interpreting research performance data relevant to the development of the School
• giving high priority to initiating and maintaining links with designated areas of research
  activity within the University, and University research units
• promoting a research culture that supports the activities of the School
• identifying ways in which School resources might be directed towards, and used to
  develop, maintain and support, research
• identifying, establishing and maintaining infrastructure and resources to support
  research development, implementation and translation by the School
• facilitating the dissemination of information between staff and students of the School,
  Faculty, designated areas of research activity and University research units
• identifying and responding to research opportunities with research agencies, industry,
  institutions and communities
• advising, supporting and informing the role of the Associate Dean (Research).

Membership
Associate Dean (Research) (Chair)
Associate Dean (Higher Degree Programs)
Coordinator (Honours Programs)
Coordinator (Postgraduate Programs)
Research Development Officer (SoNM)
Elected academic staff representatives, all actively involved in research and at least one to
be at the professorial level and one from the Midwifery teaching team
one elected honours student (to be elected by Honours students)
one elected research higher degree student (to be elected by RHD students)
Dean (ex-officio)
one nominated representative of the Faculty Research Office (ex officio)
Research fellow (SoNM) (ex officio)
Administrative support is given by Hub staff

Terms of office
The term of Committee membership is two years with the option of further two-year terms
at the discretion of the Chair. Members who have completed two consecutive terms are not
eligible for election for a further term without a break in their membership.

Co-option of other members may be made by the Associate Dean (Research) following a
majority consensus of the elected members of the Committee.

Minutes
The minutes of the Committee will be accessible to all members of the School community.
Midwifery Course Advisory Committee

Establishment
The Midwifery Course Advisory Committee functions as an advisory body to the School of Nursing & Midwifery Board of Studies for all midwifery programs. Responses from the Course Advisory Committee are sought in times of development, review and evaluation of awards.

Functions and responsibilities
- To advise the School of Nursing & Midwifery Board of Studies on community and professional needs, to inform midwifery education and research for the future.
- To advise the School of Nursing & Midwifery Board of Studies on course directions in response to professional and community needs in context to the social, political and economic climate.
- To enable the development of a dynamic interactive relationship between the Faculty and the broader community and health care professions.

Membership
Dean
Associate Dean (Teaching & Learning)
Associate Dean (Practice Development)
Course Coordinator (Midwifery Programs)
Course Coordinator (Honours Programs)
Student Representatives – 4 undergraduate (1 from each year and one from post registration), 1 postgraduate
Representatives from Health Care Agencies
Representatives from Professional Organisations
Representatives from Consumers
Representatives from Regulatory Authority
The committee will consult with others as required
SoNM administrative support (non-voting)

Administrative support
Administrative support will be provided by the School of Nursing & Midwifery Office.

Quorum
Not applicable.

Meetings
This Committee will meet at least at least once a year.

Reporting
Provide relevant items to the next scheduled meeting of Board of the School of Nursing & Midwifery.

Evaluation and review
The terms of reference will be reviewed every two years.
International Programs Advisory Committee

Membership
International Programs Manager (Chair)
Associate Dean (Teaching & Learning)
Coordinator (UG Nursing)
Coordinator (Midwifery)
Coordinator (PG Nursing)
Two School of Nursing & Midwifery academic staff
Representative of the International Student Services Unit (ISSU)
Representative of the International Office (I.O)
Two student representative (one of whom must be an international student)
External member (by invitation by the Chair)

Terms of reference
The role of the International Programs Advisory Committee is to:

- advise and assist the International Programs Manager and the School in the internationalisation* of the School of Nursing & Midwifery
- contribute to, and participate in policy development on international students & activity affairs
- work to develop, monitor and evaluate international student’s (of the School) experience
- identify opportunities to enhance clinical partnerships for international students
- report on international activities to the Board of Studies.

* Definition of internationalisation:

Flinders has defined internationalisation as engaging students, staff and the University community in an array of international activities both on campus and abroad, forming partnerships and expanding the international activities and profile of the University, developing the knowledge and skills required for living in an interdependent world, and contributing to global understanding (Flinders University Performance Portfolio 2006).
### 8 Appendix 2: ANMC (2006) National competency standards for the midwife as addressed in topics of the Bachelor of Midwifery

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<th>HLTH1004</th>
<th>MIDW2003</th>
<th>MIDW1003</th>
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<th>MIDW2203</th>
<th>MIDW2206</th>
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<th>MIDW2205</th>
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<td>1 Functions in accordance with legislation and common law affecting midwifery practice</td>
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<td>Practises midwifery within the requirements of legislation and common law.</td>
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<td>Identifies and interprets laws in relation to midwifery practice, including the administration of drugs; negligence; consent; report writing; confidentiality; and vicarious liability.</td>
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<td>1.2 Complies with policies and guidelines that have legal and professional implications for practice</td>
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<td>Complies with legal policies and guidelines, for example, occupational health and safety, child protection, family violence.</td>
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<td>1.3 Formulates documentation according to legal and professional guidelines</td>
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<td>Adheres to legal requirements in all aspects of documentation.</td>
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<td>Documentation is contemporaneous, comprehensive, logical, legible, clear, concise and accurate.</td>
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<td>Documentation identifies the author and designation.</td>
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<td>1.4 Fulfils the duty of care in the course of midwifery practice.</td>
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<td><strong>2 Accepts accountability and responsibility for own actions within midwifery practice.</strong></td>
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<td><strong>2.1 Recognises and acts within own knowledge base and scope of practice.</strong></td>
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<td>Recognises the midwife’s role and responsibility for understanding, supporting and facilitation pregnancy, labour, birth and the postnatal period.</td>
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<td>Analyses strengths and limitations in own skill, knowledge and experience and addresses limitations.</td>
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<td>Accepts professional responsibility and personal accountability for own practice.</td>
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<td>Collaborates with other health care providers when care is outside the scope of practice.</td>
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<td><strong>2.2 Identifies unsafe practice and takes appropriate action.</strong></td>
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<td>Identifies practices that compromise safe and effective care, or contravene legislation and takes appropriate action.</td>
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<td>Utilises risk management and/or open disclosure policies in the follow-up of unsafe practice.</td>
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<td>Promotes and engages in ongoing development of the safety and quality improvement agenda to optimise health outcomes of women and their families.</td>
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<td>Supports other midwives or health care providers who report unsafe practice.</td>
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<td><strong>2.3 Consults with and refers to another midwife or appropriate health care provider when the needs of the woman and her baby fall outside own scope of practice or competence.</strong></td>
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<td>Applies relevant guidelines or policies to ensure timely consultation and referral.</td>
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<tr>
<td>Develops and maintains collegial networks with midwifery colleagues and others to optimise outcomes for the woman.</td>
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## Competency

### 2.4 Delegates, when necessary, activities matching abilities and scope of practice and provides appropriate supervision.

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<tr>
<td>Underpins delegation and supervision with knowledge of legal requirements and organisational policies.</td>
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<td>Is accountable for actions in relation to the decision to educate, delegate and supervise other health care workers.</td>
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<tr>
<td>Uses a range of supportive strategies when supervising aspects of care delegated to others.</td>
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<td>Ensures delegation does not compromise safety.</td>
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### 2.5 Assumes responsibility for professional midwifery leadership functions.

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<td>Integrates leadership skills into practice.</td>
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<td>Acts as a role model for other colleagues by exemplifying best practice in midwifery.</td>
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<td>Provides advice and guidance in problem solving and decision-making to midwifery colleagues and others as appropriate</td>
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## Domain: Midwifery knowledge and practice

### 3 Communicates information to facilitate decision-making by the woman.

#### 3.1 Communicates effectively with the woman, her family and friends.

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<th>Competency</th>
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<tr>
<td>Actively listens to the woman and responds appropriately.</td>
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<td>Assists the woman to identify her knowledge, feelings and thoughts about her pregnancy, labour, birth and the postnatal period.</td>
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<td>Uses language that is readily understood.</td>
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<td>Allows adequate time to meet the needs of the woman for information, advice and support.</td>
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<td>Engages the assistance of a professional interpreter where appropriate.</td>
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<td>3.2 Provides learning opportunities appropriate to the woman’s needs.</td>
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<td>Uses adult learning principles in the provision of information.</td>
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<td>Incorporates learning opportunities into every facet of midwifery practice.</td>
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<td>3.3 Plans and evaluates care in partnership with the woman.</td>
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<td>Listens to the woman to identify her needs, involves the woman in decision-making.</td>
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<td>Obtains informed consent for midwifery interventions</td>
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<td>Documents decisions, actions and outcomes including the woman’s response to care.</td>
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<td>4 Promotes safe and effective midwifery care.</td>
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<td>4.1 Applies knowledge, skills and attitudes to enable woman centred care.</td>
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<td>Participates in respectful partnerships with the woman and other members of the health care team.</td>
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<td>Practises in ways that respects each woman’s emotional, social, cultural and lifestyle needs.</td>
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<td>Facilitates the involvement of family and friends as defined by the woman.</td>
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<td>4.2 Provides or supports midwifery continuity of care.</td>
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<td>Demonstrates an understanding of continuity of care and carer.</td>
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<td>Supports models that provide continuity of carer.</td>
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<td>4.3 Manages the midwifery care of women and their babies.</td>
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<td>Organises workload to facilitate midwifery care for women and their babies.</td>
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<td>Demonstrates appropriate time management and priority setting skills.</td>
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<td>Ensures the effective use of resources including personnel.</td>
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<td>5 Assesses, plans, provides and evaluates safe and effective midwifery care.</td>
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<td>5.1 Utilises midwifery knowledge and skills to facilitate an optimal experience for the woman.</td>
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<td>Promotes the understanding that childbirth is a normal, physiological process and a significant life event for most women.</td>
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<td>5.2 Assesses the health and well being of the woman and her baby.</td>
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<td>Carries out a comprehensive assessment of the woman and her baby.</td>
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<td>Interprets and acts upon information from the assessment.</td>
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<td>5.3 Plans, provides and is responsible for, safe and effective midwifery care.</td>
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<td>Assists the woman to identify and plan her preferred pathway of care.</td>
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<td>Orders (within relevant legislation) and interprets relevant investigative and diagnostic tests and screening procedures.</td>
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<td>Attends and supports the woman and her baby and ensures appropriate, timely midwifery interventions are undertaken.</td>
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<td>Assists with the transition to parenthood.</td>
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<td>5.4 Protects, promotes and supports breastfeeding.</td>
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<td>Proactively protects, promotes and supports breastfeeding, reflecting the WHO/UNICEF Ten Steps to Successful Breastfeeding.</td>
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<td>Provides information to the woman, colleagues and community regarding breast feeding.</td>
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<td>Respects and facilitates the woman’s choice regarding infant feeding.</td>
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<td>Assists the woman with her mode of infant feeding.</td>
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5.5 Demonstrates the ability to initiate, supply and administer relevant pharmacological substances in a safe and effective manner within relevant state or territory legislation.

- Maintains up to date knowledge about pharmacological substances commonly used in midwifery practice.
  | * | * | * | * | * | * |
- Provides information to the woman.
  | * | * | * | * | * | * |
- Demonstrates safe administration including drug calculations, correct route of administration, side effects and documentation.
  | * | * | * | * | * | * |

5.6 Evaluates the midwifery care provided to the woman and her baby.

- Invites and acts upon constructive feedback on midwifery practice from the woman.
  | * | * | * | * | * | * | * |
- Demonstrates knowledge of the different ways in which midwifery practice can be evaluated.
  | * | * | * | * | * | * |

6 Assesses, plans, provides and evaluates safe and effective midwifery care for the woman and/or baby with complex needs.

6.1 Utilises a range of midwifery knowledge and skills to provide midwifery care for the woman and/or her baby with complex needs as part of a collaborative team.

- Demonstrates a sound knowledge base of relevant disease processes and health complexities.
  | * | * | * | * | * | * |
- Demonstrates an understanding of the particular psychosocial needs of the woman and her family where there are complexities.
  | * | * | * | * | * |
- Continues to provide midwifery care when collaboration with a medical practitioner or other health care provider is required.
  | * | * | * | * | * | * |
- Uses, justifies and interprets appropriate technology to achieve best health outcomes for the woman and her baby.
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<td>6.2 Recognises and responds effectively in emergencies or urgent situations.</td>
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<td>Recognises and responds to any urgent or emergency situations with timely and appropriate intervention, consultation and/or referral.</td>
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<td>Maintains up to date skills and knowledge concerning emergency plans and protocols.</td>
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<td><strong>Domain: Midwifery as primary health care</strong></td>
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<td>7 Advocates to protect the rights of women, families and communities in relation to maternity care.</td>
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<td>7.1 Respects and supports women and their families to be self-determining in promoting their own health and well-being.</td>
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<td>Articulates primary health care principles and acts accordingly.</td>
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<td>Works with the woman to identify and develop appropriate sources of social and community support and health care.</td>
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<td>Concludes the midwifery relationship in a timely and appropriate manner.</td>
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<td>Involves women and communities in maternity service development, improvement and evaluation.</td>
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<td>7.2 Acts to ensure that the rights of women receiving maternity care are respected.</td>
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<td>Acknowledges, respects and advocates for the rights of the woman to be involved as an active participant in her care including her right to make informed decisions and maintain dignity and privacy.</td>
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<td>Takes into account the woman’s individual preferences and cultural needs.</td>
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<td>8 Develops effective strategies to implement and support collaborative midwifery practice.</td>
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<td>8.1 Demonstrates effective communication with midwives, health care providers and other professionals.</td>
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<td>Adapts styles and methods of communication to maximise effectiveness.</td>
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<td>Uses a range of communication methods including written and oral.</td>
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<td>Liaises and negotiates with colleagues at all levels to build systems and</td>
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<td>optimise outcomes for the woman.</td>
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<td>Discusses and clarifies with relevant health care providers interventions</td>
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<td>Demonstrates effective communication during consultation, referral and</td>
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| 8.2 Establishes, maintains and evaluates professional relationships with     |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| other health care providers.                                               |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |

| Recognises the role of other members of the health care team in the        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        |
| provision of maternity care.                                              |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| Identifies and responds to factors that facilitate or hinder professional  | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        |
| relationships.                                                            |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| Invites, acts upon and offers constructive feedback on midwifery practice  | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        |
| from peers and colleagues.                                                |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |

| 9 Actively supports midwifery as a public health strategy.                 |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| 9.1 Advocates for, and promotes midwifery practice, within the context of |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| public health policy.                                                     |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |

<p>| Acknowledges the impact of social, economic and psychological factors on  | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        |
| women's lives.                                                            |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| Acts to address public health issues, including the promotion of breastfeeding, smoking cessation, and responding appropriately in situations where there is domestic violence, drugs or alcohol use. | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        |
| Plans, provides and evaluates care to ensure equity of access to women from marginalised communities. | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        | *        |</p>
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<td>9.2 Collaborates with, and refers women to, appropriate community agencies and support networks.</td>
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<td>Collaborates with, and refers to, other health care providers, community groups and agencies.</td>
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<td>Provides women with clear information about accessing community support agencies during pregnancy and following birth.</td>
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<td>10.1 Plans, implements and evaluates strategies for providing culturally safe practice for women, their families and colleagues.</td>
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<td>Incorporates knowledge of cross cultural and historical factors into practice.</td>
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<td>Demonstrates respect for differences in cultural meanings and responses to health and maternity care.</td>
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<td>Recognises the specific needs of Aboriginal and Torres Strait Islander women and their communities.</td>
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<td>Recognises and respects customary law.</td>
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<td>Domain: Reflective and ethical practice</td>
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<td>11 Bases midwifery practice on ethical decision making.</td>
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<td>11.1 Practises in accordance with the endorsed Code of Ethics and relevant state/territories and federal privacy obligations under law.</td>
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<td>Demonstrates knowledge of contemporary ethical issues in midwifery.</td>
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<td>Demonstrates ethical behaviour towards women, colleagues and communities.</td>
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<td>Develops and assesses strategies to address ethical issues and breaches of confidentiality and privacy in collaboration with others.</td>
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<td>12 Identifies personal beliefs and develops these in ways that enhance midwifery practice.</td>
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<td>12.1 Addresses the impact of personal beliefs and experiences on the provision of midwifery care.</td>
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<td>Recognises own attitudes, biases and values and their potential impact on practice.</td>
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<td>Evaluates own practice and its effect on women and others.</td>
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<td><strong>12.2</strong> Appraises and addresses the impact of power relations on midwifery practice.</td>
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<td>Demonstrates an awareness of the impact of gender, race and social policies on women and maternity services.</td>
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<td>Works towards addressing power imbalances between health care providers, childbearing women and others in the community.</td>
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<td>Acts to eliminate harassment, victimisation and bullying in the work place.</td>
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<td>Demonstrates a commitment to, and respect for, co-workers.</td>
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<td><strong>13</strong> Acts to enhance the professional development of self and others.</td>
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<td><strong>13.1</strong> Assesses and acts upon own professional development needs.</td>
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<td>Identifies own learning needs through reflective practice and self evaluation.</td>
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<td>Contributes to self appraisal and peer review activities as appropriate.</td>
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<td>Prepares and actions annual professional development plans using continuing professional development frameworks.</td>
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<td>Seeks and engages in opportunities to maintain or update skills, knowledge, attitudes and experience.</td>
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<td>Demonstrates and documents own professional development.</td>
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<td><strong>13.2</strong> Contributes to, and evaluates, the learning experiences and professional development of others.</td>
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<td>Supports students to meet their learning needs and objectives.</td>
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<td>Contributes to orientation and ongoing education programs.</td>
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<td>Undertakes and critiques mutual sharing of experiences and knowledge with multidisciplinary colleagues.</td>
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<td>Contributes to mentoring, peer support and/or clinical supervision.</td>
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14 **Uses research to inform midwifery practice.**

14.1 **Ensures research evidence is incorporated into practice.**

Values and acknowledges the importance of research and evidence. | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |

Maintains current knowledge about relevant research. | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |

Demonstrates skills in retrieving and understanding research evidence including levels of enquiry and forms of evidence. | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |

Discusses the implications of evidence with the woman and colleagues. | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |

Participates in reviews of practice and policies. | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |

Supports research in midwifery and maternity care. | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |

14.2 **Interprets evidence as a basis to inform practice and decision making.**

Underpins midwifery practice with current knowledge and best evidence. | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |

Accesses evidence, shares and utilises [it] to inform policy and practice. | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |

Explains options while recognising the woman’s right to choose. | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |