

# Requirements and Standards for the Post-RGN Midwife Registration Education Programme

Addendum to the Requirements and Standards for the Midwife  
Registration Education Programme, Third Edition (Dec 2005)



An tOird Altranais

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# Section 2 Addendum: Requirements for the Post-RGN Midwife Registration Education Programme (18 months duration)

## 2.5.1 Syllabus/Indicative content.

Midwifery students enter this programme with a knowledge base that needs to be applied to midwifery. It is important that previous knowledge, skills and experience is acknowledged and developed.

The indicative content of the programme should be viewed as a guide. The ever changing nature of the environment in which midwifery care is provided means that the programme content needs to be flexible in order to be responsive to these changes so that midwives are prepared for contemporary practice. The sections into which the indicative content is organised does not mean that the programme must be organised in a particular way or that any particular topic must be given a particular weighting within the programme.

### Knowledge base for midwifery practice:

#### BIOLOGICAL SCIENCES:

- Biological, anatomical and physiological adaptations during pregnancy, labour, birth, lactation and the postnatal period.
- Genetics. Fertilisation. Embryology. Factors supporting and influencing normal growth and development. Adaptation to extra-uterine life.
- Assisted reproduction.

#### PSYCHOLOGY:

- Psychological adaptation during pregnancy, labour, birth and the postnatal period.
- Sexuality, sexual development and reproductive health.
- Pregnancy, childbirth and parenthood as significant life events.
- Parent/baby attachment and interaction.

#### PHARMACOLOGY:

- Pharmacology – pharmaceuticals, pharmacodynamics, pharmacokinetics and pharmacotherapeutics as applied to midwifery practice.
- Legislative framework underpinning medication management.
- Medication management as applied to midwifery practice.
- The use and effects of medicinal products on women pre-conceptually, during pregnancy, labour and birth, in the postnatal period, during lactation and on neonates.

### Non-pharmacological approaches to symptom relief:

- Use of complementary therapies in midwifery practice.
- Non-pharmacological methods of pain relief.

## **Research.**

- Evidence based midwifery knowledge.
- Critical analysis of research findings and their application to midwifery practice.
- Ethical considerations in research in maternity care settings.

## **Midwifery practice – knowledge and skills.**

- Key concepts in midwifery care including supporting, holism, normality, individualisation, partnership, informed choice, advocacy and woman-centred care.
- The midwife's role, responsibility and practice to develop and maintain environments that promotes the health, safety and wellbeing of women and their babies, colleagues and self.
- The midwife's role, responsibility and practice in relation to diagnostic investigations to confirm pregnancy.
- Theory, concepts and methods necessary to provide safe, effective and evidence-based pre-conceptual health care.
- Theory, concepts and methods necessary to assess, plan, provide and evaluate evidence-based midwifery care for women experiencing a normal pregnancy, labour, birth and postnatal period in hospital, community and home care settings.
- Theory, concepts and methods necessary to assess, plan, provide and evaluate collaborative evidence-based care for women who have pre-existing medical or psychological conditions or where complications arise during pregnancy, labour, birth and the postnatal period.
- Informed, evidence-based, safe and holistic midwifery practice to prevent, detect and manage obstetric and neonatal emergencies.
- Application of the principles used to determine scope of midwifery practice and the need for consultation with other member of the health and social care team.
- Theory, concepts and methods necessary to educate women on the importance of breastfeeding and to support and assist women in successfully breastfeeding their babies.
- The role, responsibility and practice to provide evidence-based midwifery care for healthy and sick or small new-born babies in partnership with their mother/parents.
- Identification and provision of midwifery care, where appropriate in collaboration with other healthcare professionals, for women with particular social, physical, emotional, intellectual, educational and healthcare needs.
- Teaching skills to educate women, their families and society about pregnancy, childbirth and parenting.
- Theory, concepts and methods necessary to assess, plan, provide and evaluate evidence-based midwifery care for women and their families who experience grief and loss during pregnancy, childbirth or the postnatal period. This should include the care of women whose baby is likely to have a physical or intellectual disability and women choosing adoption as an option for motherhood.
- The application of culturally competent midwifery care which respects, promotes and supports individuals' rights, interests, preferences, beliefs and cultures.
- Development of midwifery knowledge through review and reflection.

## **Health promotion:**

- Maternal and child health from a national and international perspective.
- Health promotion applied to midwifery practice.
- Promoting maternal, child and community health – current issues, to include nutrition, breastfeeding promotion, metabolic screening, immunisations, sudden infant death syndrome, smoking cessation, alcohol and drug awareness, mental health, sexual health, HIV and hepatitis screening, continence, breast and cervical cancer screening.

### **The individual and society:**

- Pregnancy, childbirth, breastfeeding and parenthood – a sociological perspective.
- Explore models of childbirth.
- The socialisation of midwives.
- Domestic and sexual violence.

### **Communication and interpersonal skills:**

- Establishing effective partnerships with women and their families.
- Communicating and supporting families where pregnancy expectations are not being met.
- Establishing effective inter-professional working relationships.
- Communicating across cultures. The possible effects of ethnocentrism.
- Self-awareness, exploration of the impact of personal feelings, value and culture on interactions.
- Communicating and recording clinical practice.

### **The provision of maternal and social care services in Ireland:**

- Structure and provision of maternity care in Ireland – past and present.
- Structure and provision of maternity care – international perspective.
- Child protection.
- The politics of maternity care.
- The politics of breastfeeding.
- The development of maternity services in Ireland – issues of woman-centred care, quality, equity, accessibility, accountability, and safety.
- Models of midwifery-led care.
- Inter-professional collaboration in maternity care.

### **Professional, personal, ethical and legal issues:**

#### PROFESSIONAL AND PERSONAL ISSUES:

- The development of midwifery as a profession including historical, political, social, economic and international influences.
- Professional identity as a midwife.
- Role and functions of An Bord Altranais.
- Role and functions of other statutory and professional bodies.
- Professional conduct and accountability.
- Scope of midwifery practice.
- Teaching and assessing skills required to facilitate student learning.
- Quality assurance/initiatives in maternity care.
- Clinical risk management in maternity care.
- Managerial and organisational skills required for midwifery practice.
- Current issues in international midwifery practice.

- Supporting and developing midwifery practice.
- Self-awareness in relation to attitude development, response/ reaction to events and the development of personal coping mechanisms.

**Ethical issues:**

- Ethical and moral issues in professional midwifery practice.

**Legal issues:**

- The duty of care.
- Specific legal issues – informed consent, informed choice, right of refusal, confidentiality and accountability.
- Legislation governing/under-pinning the provision of maternity services and midwifery registration and practice.

## 2.5.2 Theoretical and clinical requirements

The programme shall be of seventy eight weeks<sup>1</sup> duration, including annual leave<sup>2</sup> and public holidays. The students are salaried employees of the healthcare institution for the duration of the programme. Following any interruption<sup>3</sup> in the educational programme, the third level institution/healthcare institution must ensure that the student meets the theoretical and clinical requirements of the programme. Rules and procedures in relation to interruptions in the programme must be set out in the curriculum document and the student handbook for the programme and must be made clear to all students at the commencement of the programme.

### Theoretical content.

- The programme must comprise of 26 weeks of planned theoretical content, including directed study, self-directed study and examinations.
- This can be organised as study blocks, individual study days or a combination of both.
- Hours of directed study, self-directed study and examinations must be accounted for in the curriculum document.

### Clinical Practice Allocation.

The following is the minimum number of weeks to be spent in different practice settings.

Clinical Practice Allocation:	Minimum No. of Weeks (or equivalent hours)
Antenatal care, including clinics, antenatal wards and antenatal/parenthood education	10 weeks
Intra-natal care	14 weeks
Postnatal care	10 weeks
Neonatal care (SCBU/NICU/Neonatal clinic)	2 weeks
Community midwifery*	2 weeks*
Operating theatre (Obstetrical/Gynaecological)	1 week
Gynaecology area (clinics and/or wards)**	1 week**
<b>Total</b>	<b>39/40** weeks</b>

\*This may include out-reach clinics, antenatal/parenthood education classes, home birth services, DOMINO services, early transfer home services, postnatal care provided by midwives in the community.

\*\*Students who have not had prior clinical experience in the care of women with gynaecological conditions must complete this placement.

- Students must obtain experience in the clinical area where women experiencing early pregnancy problems or pregnancy loss are cared for in that particular healthcare facility.
- Students must obtain experience in the care of women requiring a high-dependency level of antenatal, intranatal or postnatal care.
- Students must obtain experience in the care of women who have been bereaved through miscarriage, stillbirth, neonatal death or neonatal disability.

### The allocation of the balance of the 78 weeks should be in accordance with individual student's learning needs.

- It is recommended that students obtain experience of midwifery-led care. Midwifery-led care is a model of maternity care provision where midwives, in partnership with the woman and her family, are the primary healthcare professionals with responsibility for identifying and meeting the woman's needs throughout pregnancy, labour, birth and the postnatal period, and for referral to other healthcare professionals if indicated.

Clinical placements should be arranged to allow for maximising the learning potential for each student and it is recommended that -

- Placements to different areas should be arranged in a balanced way throughout the eighteen month programme.
- Night duty should not exceed nine weeks during the programme. Students must not be assigned to night duty in the two weeks prior to written examinations.
- The latter weeks of the student's clinical placement should be conducive to the student making the transition to the role of registered midwife and should include opportunities to utilise her/his management and clinical decision-making skills.
- One week of the programme may be utilised to facilitate self-directed learning in the form of a visit by the student to a healthcare or allied institution that she would not otherwise get the opportunity to visit and which will assist the student to achieve the learning outcomes of the programme. The responsibility for monitoring the quality of this learning experience rests with the educational institution.

1 "week" means the standard working week in hours, being applied to students of midwifery by their approved healthcare institution at any given time during the students' education programme.

2 Annual leave means statutory annual leave entitlement. The entitlement of students to the benefit of any public holidays is determined by the provisions of the Organisation of Working Time Act, 1997 and the arrangements that already apply to nurses and midwives working in the public health service.

3 Interruption: Any leave, other than annual leave and public holidays, including sick leave, maternity leave, paternity leave, parental leave, compassionate leave, 'force majeure' leave and special leave.

# Section 3 Addendum: Standards for the Approval of Educational Programmes leading to Registration as a Midwife and for the Approval of Educational Institutions and Healthcare Institutions

In addition to the standards set out in the *Requirements and Standards for the Midwife Registration Education Programme, 3rd Edition* (December 2005), the following standards must be met:

## **3.2.1 The Third Level Institution and Healthcare Institution(s):**

3.2.1.22 Students undertaking the 18 month post-RGN midwife registration education programme are informed in writing, prior to commencement of the programme, that upon completion of the programme they will be eligible for registration as a midwife with An Bord Altranais. However, under the terms of EU Directive 2005/36/EC, they will not be entitled to register in any other EU Member State until they have undertaken one year of clinical midwifery practice during which they must undertake "all the activities of a midwife". This one year of clinical practice has to be verified to An Bord Altranais prior to An Bord Altranais issuing verification to the regulatory authority in the other Member State.

## **3.2.3 Clinical practice Experience and the Clinical Learning Environment:**

3.2.3.15 The student status of post-RGN midwifery students is respected.

