



NATIONAL GUIDELINES FOR MIDWIVES 2017

Directorate General of Nursing and Midwifery



Canada



প্রশিক্ষিত মিডওয়াইফ নিরাপদ মাতৃত্ব ও সুস্থ শিশুর জন্য

সম্পাদনায়

তত্ত্বাবধানে

সমন্বয়ক

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স্বত্ব :

Preface

Midwifery services are key to a safe pregnancy and childbirth as well as healthy newborns and family planning. Worldwide, approximately 287,000 women die every year due to pregnancy and childbirth related complications, 2.9 million newborns die in the first month of life and there are 2.6 million stillbirths. Most of these largely preventable deaths occur in low-income countries and in poor and rural areas.

UNFPA supports countries' efforts to make sure that every women and every newborn receive the best possible health care by the midwives. Many maternal and newborn deaths can be prevented if competent midwives assist women before, during and after childbirth. Midwives are able to identify and refer women and newborns with complications to emergency obstetric or pediatric care when severe complications arise.

Job Description: Standard Operating Procedure (SOP) and Midwifery led care model at Upazilla Health Complexes (UHC) and Union Sub-centers (USC) for Midwifery services in Bangladesh developed with the purpose to provide guidelines for the midwives and managers who work at different level of health care settings for improving quality reproductive health care. It is to be mentioned that the midwives can use the SOP and midwifery led care model in planning, organizing, and providing the quality services to girls, women, mothers and newborns. These guidelines will not only benefitted for the midwives, but also will support the policy makers and managers for planning, implementation, monitoring and evaluation of midwifery services.

Sincere appreciation and gratitude goes to the members of the working committee consisting of experts from Ministry of Health and Family Welfare, Directorate General of Nursing and Midwifery, Directorate General of Health Services, Directorate General of Family Planning, Bangladesh Nursing and Midwifery Council, Obstetrical and Gynecological Society of Bangladesh, Bangladesh Midwifery Society, Bangladesh Neonatology Forum, Save the Children, Midwifery Faculty, BRAC University, UNFPA, WHO and other relevant stakeholders including midwives.

Special thanks also go to UNFPA for providing technical and financial support required for the development process and printing of the document. These guidelines will help as a guiding document for the midwives to build capacity as a service providers on maternal and newborn health services and contribute to further prevention of maternal and neonatal mortality and morbidity.



Ms. Tandra Sikder

(Additional Secretary)

Director General

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Midwifery Care Model

Accronyms

ANC	Antenatal Care
BMS	Bangladesh Midwifery Society
BNMC	Bangladesh Nursing and Midwifery Council
BNF	Bangladesh Neonatal Forum
BRACU	BRAC University
DGNM	Directorate General of Nursing and Midwifery
DGHS	Directorate General of Health Services
DGFP	Directorate General of Family Planning
ICM	International Confederation of Midwives
M& NHSOP	Maternal & Neonatal Health Standard Operating Procedure
MDG	Millennium Development Goal
MoH&FW	Ministry of Health and Family Welfare
NIPORT	National Institute of Population Research and Training
OGSB	Obstetrics & Gynecology Society of Bangladesh
SEARO	South-East Asia Regional Office
SNL	Saving Newborn Lives
SOP	Standard Operating Procedure
UN	United Nation
UNFPA	United Nation Population Fund
WHO	World Health Organization



মিডওয়াইফ পদের কার্যপরিধি

(জেলা হাসপাতাল, উপজেলা হেল্থ কমপ্লেক্স ও তদনিন্ম পর্যায়ের জন্য)

পদের উদ্দেশ্য

মানসম্মত ও নিরাপদ মাতৃত্ব, নবজাতক, প্রজনন, বয়ঃসন্ধিকালীন স্বাস্থ্য, পুষ্টি এবং পরিবার পরিকল্পনা বিষয়ক সেবা ও পরামর্শ প্রদান।

প্রাতিষ্ঠানিক সম্পর্ক

ক) জবাবদিহিতা-

- ১। প্রশাসনিক ক্ষেত্রে- হাসপাতাল তত্ত্বাবধায়ক/সহকারী পরিচালক/উপজেলা স্বাস্থ্য ও পরিবার পরিকল্পনা কর্মকর্তা।
- ২। কার্যনির্বাহের ক্ষেত্রে- কনসাল্টেন্ট গাইনী এন্ড অবস্, কনসাল্টেন্ট শিশু, আবাসিক মেডিকেল অফিসার, মেডিকেল অফিসার, সেবা তত্ত্বাবধায়ক/উপ-সেবা তত্ত্বাবধায়ক, ডিস্ট্রিক্ট পাবলিক হেলথ নার্স, নাসিং সুপারভাইজার।

খ) তত্ত্বাবধায়নাধীন কর্মচারী-

হাসপাতালে কর্মরত সংশ্লিষ্ট বিভাগের অফিস সহায়ক ও পরিচ্ছন্নতা কর্মী।

গ) ছুটি বিকল্প-

মিডওয়াইফ/সিনিয়র ষ্টাফ নার্স/উর্ধ্বতন কর্তৃপক্ষ কর্তৃক নির্দেশিত।

মূল দায়িত্ব

১. হাসপাতালের বহিঃবিভাগে গর্ভপূর্ব, গর্ভকালীন ও প্রসব পরবর্তী সেবা এবং নবজাতক, প্রজনন ও বয়ঃসন্ধিকালীন স্বাস্থ্যসেবা প্রদান করা।
২. হাসপাতালের অন্তঃবিভাগে সাধারণ জরুরী প্রসূতি সেবাসহ নিরাপদ ও স্বাভাবিক প্রসব দায়িত্বপূর্ণভাবে সম্পাদন করা।
৩. ঝুঁকিপূর্ণ গর্ভ ও প্রসব চিহ্নিত করে যথাস্থানে রেফার করা।
৪. আদর্শ মান অনুযায়ী মা ও নবজাতকের স্বাস্থ্য সেবা (অত্যাবশ্যকীয়) প্রদানসহ চিকিৎসা সংক্রান্ত নির্দেশনা বাস্তবায়ন করা।
৫. পরিবার পরিকল্পনা সেবা ও পরামর্শ প্রদান করা।
৬. সেবা গ্রহিতা ও পরিবারের সাথে সম্বন্ধিষ্ঠিপূর্ণ ও আস্থানীল সম্পর্ক স্থাপন করা।
৭. অনুমোদিত ঔষধের সর্বোত্তম ব্যবহার নিশ্চিত করা।
৮. সংশ্লিষ্ট বিভাগের প্রয়োজনীয় ঔষধপত্র, সরঞ্জামাদি এবং যন্ত্রপাতির ব্যবহার ও রক্ষণাবেক্ষণ নিশ্চিত করা সহ স্টক লেজার হালনাগাদ রাখা।
৯. মানসম্মত প্রসূতি ও নবজাতক সেবা প্রদান সম্পর্কিত সকল তথ্যাদি লিপিবদ্ধ ও সংরক্ষণের ব্যবস্থা নিশ্চিত করা এবং সংশ্লিষ্ট কর্তৃপক্ষকে অবহিত করা।
১০. হাসপাতালের সংশ্লিষ্ট বিভাগে মানসম্মত বর্জ্য ব্যবস্থাপনা/পরিষ্কার পরিচ্ছন্নতাসহ রোগ সংক্রমন প্রতিরোধ ব্যবস্থাপনা নিশ্চিত করা।
১১. নবদম্পতি, প্রসূতি (গর্ভপূর্ব, গর্ভকালীন, প্রসবকালীন ও প্রসবপরবর্তী)-কে যৌনরোগ, বাল্য বিবাহের অপকারিতা, প্রজনন ও বয়ঃসন্ধিকালীন স্বাস্থ্য, মাতৃদুগ্ধ, পরিবার পরিকল্পনা, মাসিক নিয়মিত করণ, গর্ভপাত পরবর্তী সেবা, লিঙ্গ বৈষম্য এবং নারীর বিরুদ্ধে সহিংসতা সম্পর্কে স্বাস্থ্য শিক্ষা প্রদান করা।
১২. হাসপাতালের বহিঃবিভাগ ও অন্তঃবিভাগে সকল সেবা প্রদানকারীর সাথে সমন্বয় পূর্বক নির্ধারিত কর্ম সম্পাদন করা।
১৩. উর্ধ্বতন কর্তৃপক্ষ কর্তৃক অর্পিত অন্যান্য দায়িত্ব পালন করা।



Standard Operating Procedures for the Practice of Midwives in Bangladesh



Directorate General of Nursing and Midwifery



Introduction

In Bangladesh the maternal mortality ratio has been dropping 5.5% per year for the past 20 years. Bangladesh is moving toward the target of 143 deaths per 100,000 live births under the Millennium Development Goals (MDG-2015). According to a 2013 survey by United Nations (UN) organizations, the estimated maternal mortality ratio in Bangladesh stood at 170 per 100,000 live births. Even with this drop a 2010 study by the National Institute of Population Research and Training (NIPORT) found that 6,848 women died during childbirth each year, mostly from preventable complications.

The Bangladeshi government and the ministry of Health and Welfare recognized that there was an urgent need to continue to reduce maternal and newborn morbidity and mortality in order to achieve the MDG development goals. In 2008, the government endorsed the strategic directions creating 3,000 midwifery posts. The midwives have been prepared by enhancing some of the existing nurse midwives with a six-month post-basic program, and initiating a three years Diploma in Midwifery.

This new profession of midwifery is guided by the International Confederation of Midwives (ICM). The ICM has a set criterion for education and core competencies for a basic global standard of midwifery. Below is the ICM definition of a midwife:

A midwife is a person who has successfully completed a midwifery education programme that is recognized in the country where it is located and that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery.

Maternal and newborn health has been a priority in Bangladesh. The introduction of an ICM standard of midwife who will be autonomous for the care of healthy woman and newborns, and consult and refer as needed for the care of complications, is an important step in increasing the health of mothers and newborns.

Midwifery care is underpinned by the principles of respect for women and families, informed choice and autonomous practice. This document is the first of its kind that outlines the broad Standard Operating Procedures that every Bangladeshi midwife should operate under whether she is in facility based, small group or independent practice. This is a living document that will be reviewed and revised as midwifery practice in the country grows and expands. This SOP is not designed to be an exhaustive “how-to-do list for practice” but is designed to serve as a guide. The individual midwife is encouraged to pursue life-long learning and to actively engage with continuing education and self-improvement efforts, alongside use of Maternal & Neonatal Health Standard Operating Procedures (M&NHSOP, 2015) and Obstetrics & Gynecology Society of Bangladesh (OGSB) approved guidelines.

This document is written with the full knowledge of the basic set of skills that every midwife, regardless of her country of origin, is bound to by virtue of her education and registration with her local Nursing and Midwifery Council. The document recognizes that midwives are experts in normal women's reproductive health care and anticipates active collaboration and referral for cases that fall outside of the normal parameters. Midwifery models of care and education such as those being developed in Bangladesh will support autonomous independent practice within an interdisciplinary team.

The demand of midwives' professional responsibilities is increasing and this will lead to them taking a more advanced and proactive role in improving the delivery of health care services. In this regard, there was a need to prepare a standard operating procedure (SOP). This document can be used in combination with the M&NHSOP, 2015 and OGSB guideline, standard operating procedure documents in order to understand current midwifery best practice.

It is to be mentioned that the SOP will cover those areas of evidence based respectful maternity care that are appropriate for independent practice; as well as identifying those areas when she needs to consult or refer. Its intended objective is to improve the effective management of the health sector in a coordinated, organized and standardized. At the heart of the document, lies, however, the core principles and minimum standards which need to be followed and applied by all midwives in managing maternal and newborn health services efficiently.

It is expected that the midwives can use the document in planning, organizing and providing services to girls, women, mothers and newborns. By applying this SOP, the concerned providers would conform to certain ground rules which would be organizationally rewarding and professionally satisfying. It is to be emphasized that applying evidence based knowledge and technical resources in a standardized way hold the ultimate key to the reduction of maternal and neonatal mortality and morbidity in Bangladesh.

Scope of Midwifery Practice in Bangladesh adopted in 2012 by Bangladesh Nursing Council

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

- The midwife may practice in facilities and the community by applying sound theoretical, scientific and midwifery knowledge, critical thinking, decision-making skills, a wide range of clinical skills, professionalism and leadership.
- The scope of practice of a midwife is the management of the normal physiological processes of pregnancy, labour, birth and postpartum period up to six weeks, including care of the newborn. During this time the midwife works independently with the woman and her family, providing highly skilled midwifery and women-centered care. The midwife as independent practitioner is responsible and accountable for her practice.
- The midwife has a special responsibility to make an impact on the maternal and newborn health indicators, and to make motherhood safer for all women. The midwife identifies complications and, where able, she consults with and refers to medical specialists. Where there is no access to medical help, the midwife will manage the complications and where necessary implement life-saving emergency measures, as per delegated authority.
- The midwife's scope of practice will include, but is not limited to, skills and prescription of drugs in relation to complications as per the delegated authority such as: midwifery management and referral of low birth weight and preterm babies, newborn resuscitation, manual removal of placenta, insertion of intravenous cannulas, repair of perineal lacerations, and administration of emergency drugs such as oxytocin, misoprostol, and magnesium sulphate.
- All midwives are teachers, and they have an important professional role within their scope of practice to pass on their knowledge and skills. The teaching of midwifery in both the classroom and clinical areas (including the supervision of midwives) is carried out in a collegial and supportive way to ensure a professional and skilled midwifery workforce.
- Midwives have an important task in education and the promotion of health for the woman, her family and the community. The midwife has a responsibility to inform the woman in relation to all aspects of her care, and to advocate for women. The midwife also has skills and provides education in the areas of sexual reproductive health, pre-conception, antenatal, postnatal, breastfeeding, family planning, infant health, and other relevant areas of women's health.

Midwifery Competencies for Practice

The Competencies for Midwifery Practice as agreed to by the Bangladesh Nursing Council are informed by:

- The description of a professional midwife in Bangladesh (BNC 1994)
- SEARO Standards for Midwifery Practice for Safe Motherhood and the competencies of the International Confederation of Midwives

According to the ICM Essential Competencies for Midwifery Practice 2011, the midwife will:

1. Have the requisite knowledge and skills from obstetrics, neonatology, the social sciences, public health and ethics that form the basis of high quality, culturally relevant, appropriate care for women, newborns, and childbearing families.
2. Provide high quality, culturally sensitive health education and services to all in the community in order to promote healthy family life, planned pregnancies and positive parenting.
3. Provide high quality antenatal care and monitoring to maximise health during pregnancy. This involves early detection and treatment or referral of selected complications.
4. Provide high quality, culturally sensitive care during labour. Midwives conduct a clean and safe birth, and handle selected emergency situations to maximize the health of the women and their newborns.
5. Provide comprehensive, high quality, culturally sensitive postnatal care for women.
6. Provide high quality, comprehensive care for the essentially healthy infant from birth to two months.
7. Provide a range of individualized, culturally sensitive menstrual regulation services for women requiring or experiencing pregnancy termination or loss that are congruent with applicable laws and regulations and in accord with national protocols.

General Principles Supported by Standard Operating Procedures for Midwifery Practice in Bangladesh

The midwife shall refer to the OGSB Protocols 2012 for general flow charts and procedures. There is an overlap in midwifery and obstetrical care which builds upon patient safety and supports collaborative relationships

At every encounter with health care providers or the health care system, the midwife shall provide:

Evidenced Based Maternal and New-born Care

Evidenced based care is defined as care that reflects the latest research that is relevant to the context in which the care is being given. The latest guidelines from the MOH&FW, as well as from professional organizations, will often reflect the current best care standards. If this is not the case, the midwife should do what she can to advocate for change.

Respectful Maternity Care

Respectful maternity care is defined as care that focuses on the interpersonal aspect of maternity care that emphasizes the fundamental rights of mothers, newborns and families, and protects the mother–baby pair. With respectful maternity care, all childbearing women would have the right to respect, choice and preference, when being cared for. In every country and community worldwide, pregnancy and childbirth are momentous events in the lives of women and families and represent a time of intense vulnerability.

Respectful maternity care is a universal human right that is due to every childbearing woman in every health system. Women’s experiences with maternity caregivers can empower and comfort them, or inflict lasting damage and emotional trauma. The concept of “respectful maternity care” is the prevention of morbidity or mortality and encompasses respect for women’s basic human

rights. This includes respect for women's autonomy, dignity, feelings, choices, and preferences, as well as choice of companionship with deep personal and cultural significance for a woman and her family. Because motherhood is specific to women, issues of gender equity and gender violence are also at the core of maternity care.

Health Education

Health education is defined as teaching the client and their families about what behaviors will promote health. In addition, health education can be focused on helping woman identify and access services. Midwives must be vigilant and comprehensive when addressing the health education needs of women, families and communities.

Support for Eradication of Harmful Practices

Harmful practices are defined as practices shown by evidence to be detrimental to any aspect of optimal health. Midwives must prioritize evidence based best practices. Both traditional and medical models of health care have historically included practices that are now, through evidence, found to be harmful. Examples of this include supine position for labouring women, and immediate separation of mothers and newborns. As we move in to a future of increased concern for health and rights, midwives must advocate for respectful evidence based practices. The OGSB guidelines delineate the global wisdom with regard to common harmful practices in maternity care.

Screening for Gender Based Violence

Gender based violence is defined as violence that is directed against a woman because she is a woman, or violence that affects women disproportionately. Gender based violence includes partner violence. Violence is a major public health problem associated with adverse health consequences for victims. It can occur during both pregnancy and the perinatal period, and is increasingly being recognized as an important risk factor for adverse health outcomes for both mother and newborn. Healthcare settings represent important sites for screening for partner violence and intervention. Violence against women is a universal reality which cuts across cultural, religious, economic and geographical boundaries. Various forms of traditional beliefs are upheld by the human society as social ethics for controlling the sexuality and status of women. As a result, women are subjected to violence across their life cycle.

Informed Consent with Risk/Benefit Ratio Addressed

Informed consent is defined as a thorough explanation to the client of the benefits and risk of all care being given to a client in the community or facility setting. Setting a standard of good communication with clients and their families will enable women to make good choices about their health care. The rights of the patient are receiving more and more deserved attention as all countries move toward universal respectful care. Part of this is a right for people to be informed and involved in the decision making about their own health care. Health care providers in general and midwives specifically need to be sure that patients are informed and agree to all procedures and treatments being performed; as part of that they must be informed of all risks and benefits. Midwives must uphold all suggested written consent forms for procedures where the facility deems necessary.

Universal Access to Care

Universal access to health care is defined as a system by which all women, regardless of their

socioeconomic or social status, will be able to access maternity services. All women are to be cared for regardless of religion, culture, class and financial resources.

Patient Safety/Quality of Care and Risk Management

Patient safety is defined as ensuring that all steps are taken to preclude any harm to the patient while in a health care facility or under the care of a health care provider. The establishment of systems that monitor harmful incidents and make plans to change systems is called quality of care and risk management. Midwives will support the administration to establish quality improvement programs within the facilities where they are employed.

Ethical Considerations

Ethical issues are defined as those issues where people must make decisions around what is right and what is wrong. Ethical issues are increasing in frequency in health care today. Some of the most difficult decisions in health care setting are those that involve children and their families. Midwives will contribute to on-going conversations that address ethics and human rights and how society can best respond to these issues. Midwives follow the ICM code of ethics.

Documentation and Record Keeping

High quality documentation is essential to best health care practices. Midwives must keep clear accurate and timely records. These records will support communication, continuity of care, decision making and data collection. All facility forms, log books and register books must be respected.

Integrated Care & Referral System

Integrated care is defined as the management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system. Midwives will give the best care when they are part of a team of health care providers. This team includes doctors, nurses, and other ancillary health care staff. The best care will be given when all providers are working with in their area of expertise and supporting each other as needed. Midwives must maintain a quick emergency referral system in the advent of life threatening complications.

Antenatal Care

Objectives of ANC:

- Promote and maintain the physical mental and social health of mother and newborn by providing education on nutrition, personal hygiene, rest and exercise, safer sex and family planning.
- Detect and manage complication during pregnancy, whether medical, surgical or obstetrical.
- Develop birth preparedness and complication readiness.
- Help prepare mother to breastfeed successfully, experience normal puerperium and take good care of newborn physically, psychologically and socially.
- Establish partnership, women centered care to build mutual trust and relationship.

AT A GLANCE THE MIDWIFE ROLE/FUNCTION IN ANTENATAL CARE

Midwife Can Do Independently	Midwife Can Do in Collaboration with Doctor	Midwife Should Refer
“The midwife according to competencies she can manage all normal antenatal care” (see ICM competencies)		
Normal growth pattern	Pregnancy that is small or large for dates as per doctor	Polyhydromnious Oligohydromnious
Singleton pregnancies	Twin gestation as determined by doctor	Twin gestation
Normotensive	Blood pressure of >130/90 mm of Hg Mild pre-eclampsia as determined by the doctor	Blood pressure of >150/100 mm of Hg Elevated blood pressure Severe preeclampsia and eclampsia
Common discomforts of pregnancy including headache relieved by hydration, frequent meals and paracetamol, and mild nausea and vomiting		Severe headache and blurring of vision Hyper-emesis gravidarium
No bleeding and if bleeding, emergency stabilization and care until referral or doctor available	Threatened, inevitable, incomplete, complete abortion as determined by doctor or by protocol	In severe cases (heavy bleeding) midwife will refer
Urinary tract infection without fever		Febrile urinary tract infection
Vaginal discharge/discomfort using syndromatic management per WHO/ country guidelines		If does not respond to treatment
	HIV, syphilis as determined by doctor	HIV, syphilis
Normal fetal movement Normal fetal heart sounds	Decreased fetal movement as determined by doctor	Decreased fetal movement, loss of fetal heart sound
Vertex presentation	Mal-presentation as directed by doctor	Mal-presentation

Midwife Can Do Independently	Midwife Can Do in Collaboration with Doctor	Midwife Should Refer
Mild anemia	Moderate anemia	Severe anemia
Afebrile and if febrile, emergency stabilization and care until referral or doctor available		Fever over 100.2°
No medical complication If emergency stabilization and referral	Minor complication can be manage by collaboration	Maternal cardiac disease, maternal pulmonary disease, diabetes mellitus, thyroid dysfunction, gastrointestinal/ /hepatic system diseases, renal disease / urinary tract disease, malaria.
Previous cesarean section for antenatal care, referto doctor for in third trimester for ultrasound and delivery		Previous caesarian section after third trimester
No bleeding and emergency stabilization if bleeding and care until referral or doctor available	APH, (abruption placenta, placenta previa) emergency care only	APH, (abruption placenta, placenta previa,)
Healthy fetus		Malformations,
Term labor 37-42 weeks	Preterm labor management as directed by doctor	Preterm labor management
	Post term pregnancy and labor management as directed by doctor	Post term pregnancy management
Intact membranes and emergency stabilization and care until referral or doctor available	Preterm rupture of membranes (PROM) as determined by national or facility guidelines or case discretion of the doctor	Preterm PROM

Special consideration for midwifery care

Socio-economic Factors	Demographic Factors
<p>Socioeconomic Status– Overcrowding, poor standards of housing and hygiene, and poor nutrition, parental occupation, social environment</p> <p>Psychological High Risk Factors – anxiety, stress, low family support.</p>	<p>Maternal Factors – age, education, height, weight/ weight gain.</p> <p>Previous Obstetric Problems – H/O infertility</p>

Screening & Lab Test

Midwives are trained to know what types of investigation are needed in women's health care, what tests are available in country, and how to interpret the results of those results.

Laboratory tests and investigations –midwife can advise in the context of antenatal and well woman care:

1. Vital signs – Blood pressure, pulse, temperature and respiration
2. Laboratory tests – Complete blood count, Blood grouping and Rh factor, red cell antibody screen, HepatitisB, HIV, VDRL, RBS/FBS, GTT and urine test etc.
3. USG for early detection of pregnancy and dating, if available, CTGcheck fetus condition for certain high risk conditions

Intra-partum and Emergency Obstetric Care

Intra-partum Care – It starts on the period from the onset of labor to the end of the fourth stage of labor. Please refer to ICM competencies, M&NHSOP, 2015 and OGSB guidelines for standards of best care.

Objective of intra-partum Care:

- To provide care and support that can optimize the wellbeing of the women and her fetus during the course of labor.
- Explore the factors that contribute to a positive birth experience for the women including communication, environment, support, assessment and monitoring.
- To facilitate the progress of labor.
- To identify risk factors that may influence the ongoing management of the woman and her infant.
- To recognize and support normal labor patterns.
- To make a timely diagnosis of delay or increasing risk in the all stages of labor and recommend management that will increase the likelihood of a safe vaginal birth.

AT A GLANCE THE MIDWIFE ROLE/FUNCTION IN INTRAPARTAL CARE

Midwife Can Do Independently	Midwife Can Do in Collaboration with Doctor	Midwife Should Refer
“The midwife according to competencies may manage all normal labor period” (see ICM competencies)		-
Vertex presentation Breech delivery, if imminent and no doctor available	Breech delivery depending on doctor's decision	Breech delivery Transverse lie

Midwife Can Do Independently	Midwife Can Do in Collaboration with Doctor	Midwife Should Refer
Term pregnancy with intact membranes, and ruptured membranes less than 24 hours	Ruptured membranes more than 24 hours	
Normotensive and emergency stabilisation and care of preeclampsia, eclampsia and hypertensive crises, until referral or doctor available	Elevated blood pressure Preeclampsia in consultation with doctor as determined by doctor	Preeclampsia Eclampsia High blood pressure
Normal fetal heart sounds, Emergency management of fetal distress including intrauterine resuscitation	Fetal distress not needing surgery as determined by doctor	Fetal distress needing surgery
Febrile Emergency response, stabilization and treatment to sepsis until referral or doctor available	As directed by doctor	As directed by doctor
No medical conditions and emergency treatment stabilization and care until referral or doctor are available	Some medical conditions as determined by doctor	Medical conditions as determined by doctors
Normal progression of labor as per partograph and emergency stabilization and care of prolonged labor until referral or doctor available	Obstructed or prolonged labor in consultation with doctor	Obstructed or prolonged labor
Preterm delivery, if imminent	Preterm delivery as per doctor PPROM as per doctor	PPROM
Normal spontaneous vaginal delivery MVE, if trained	MVE	Cesarian section MVE, if not trained
Shoulder dystocia if no doctor available		Cord prolapsed, hand prolapsed, Shoulder dystocia
Episiotomy if needed for fetal distress (no routine episiotomy)		

Midwife Can Do Independently	Midwife Can Do in Collaboration with Doctor	Midwife Should Refer
Delayed cord clamping and immediate cord clamping if newborn resuscitation is needed		
Active management of third stage of labor		
Normal delivery of placenta and in the case of PPH with retained placenta manual removal of placenta if no doctor available		Manual removal of placenta
Repair of perineal laceration first and second degree		Repair of third and fourth degree laceration and cervical laceration
PPH treatment and emergency stabilization		PPH that does not respond to treatment

Postpartum and Neonatal Care

Definition of Postpartum Care

Definition: Care of mother and newborn from two hours after delivery, up to 6 weeks post-delivery. (reference of 4th stage of labour)

Objectives of Postpartum Care

- Identify and manage medical, surgical or obstetric complications arising during postpartum period.
- Promote and monitor the woman's and newborns personal, physical, psychological and social wellbeing.
- Support mother and her family in transition to a new family.
- Counsel and health education on danger signs, nutrition, rest, and personal hygiene, etc.
- Inform about major and minor problems of postnatal period and their management.
- Immunize both mother and newborn.
- Work with mother, her family and community to prepare a plan in case of complication
- Informed choice on family planning methods to be adopted by the mother.

AT A GLANCE THE MIDWIFE ROLE/FUNCTION IN POSTNATALCARE

Midwife Can Do Independently	Midwife Can Do in Collaboration with Doctor	Midwife Should Refer
“The midwife according to competencies may manage all normal Postnatal” (see Annex ICM competencies)		
Afebrile		Febrile
PPH treatment		If not responding to treatment
Normotensive	High blood pressure Mild preeclampsia as determined by doctor	High blood pressure mild to severe preclampsia Eclampsia
PP depression initial counseling		If not resolving with initial counseling
Normal breastfeeding concerns Flat nipples		Mastitis
Mild anemia	Moderate anemia	Severe anemia
Care of well healing perineal trauma, episiotomy and abdominal wounds		Infected wound
	Post-operative and post abortion care	
Normal involution	Sub-involution	Sub-involution
Post partum family planning		

AT A GLANCE THE MIDWIFE ROLE/FUNCTION IN NEWBORN CARE

Midwife Can Do Independently	Midwife Can Do in Collaboration with Doctor	Midwife Should Refer
“The midwife according to competencies may manage all normal newborn including initial assessment” (see Annex ICM competencies)		

Midwife Can Do Independently	Midwife Can Do in Collaboration with Doctor	Midwife Should Refer
Skin to skin care for first two hours for term infants	Kangaroo mother care for preterm baby	Preterm babies/IUGR/Macrosomic
Initiate and support Breastfeeding including correct position and attachment		If baby is not sucking normally
Breastfeeding problems initial intervention		If baby is not sucking normally
Afebrile newborns and stabilize febrile newborns until doctor is available		Febrile newborns Signs of infection
Resuscitate newborn as per Helping Babies Breathe (HBB) protocol		If not responding to drying/ stimulation/ B&M ventilation then refer
Evidence based cord care <ul style="list-style-type: none"> • Delayed Cord Clamping • Application of 7.1% CHX 		Infected umbilical cord
		Pathological jaundice
Referral support for clinically identified congenital anomalies		Congenital anomalies
Immunization as per EPI schedule		

Referral System

A coordinated system adopted for transferring a patient when necessary to a higher level of healthcare in order to reduce morbidity and mortality. Referral may be one way (from bottom to top) or two ways (bottom to top and top to bottom). UHCs are identified as first referral centers, district hospitals are the second referral centers and medical colleges are the tertiary referral centers.

Steps taken in referral

1. Proper assessment: A complete history and general examination of the patient is essential for the decision making.
2. Counseling the patient and her family, explaining the situation to them and the need and importance of referral

3. Assurance to the patient and her family
4. Selection of the appropriate accessible and acceptable facility for referral
5. Fill up the referral card with referral note
6. Communicating with the referral center via phone
7. Transportation (for newborn by keeping newborn in skin to skin contact and ensuring feeding during transportation)

In cases of referral, the midwife is encouraged, where able, to follow the patient to the referral facility and to remain an integral part of the patient care and to continue to provide family support.

Family Planning/Pre-pregnancy

Definition of Family Planning/ Pre-pregnancy care

The World Health Organization (WHO) definition: “Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman’s ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.” Pre-pregnancy care may include health education as well as screening for common reproductive health concerns. Treatment of common woman’s health problems may also be needed.

Objective of Family Planning

- To support women in their choice around family planning and give information and education
- Education about pregnancy planning and spacing and prevention of unwanted pregnancy
- Improve the health of women and their newborns
- Protect against STI/HIV

AT A GLANCE THE MIDWIFE ROLE/FUNCTION IN FAMILY PLANNING

Midwife Can Do Independently	Midwife Can Do in Collaboration with Doctor	Midwife Should Refer
“The midwife according to competencies may manage all reversible family planning” (see Annex ICM competencies and national guideline)		Permanent methods complications of family planning
Breast and cervical cancer screening, if additional training		
Manual vacuum aspiration, if trained for menstrual regulation		
Management of vaginal discharge and discomfort per WHO guidelines		

Drugs, Equipment and Supplies:

Midwives must practice within their scope of practice and prescribe all drugs, supplies, equipment, and treatments needed to follow the most recent evidenced based care standards, as outlined in the OGSB and MOH guidelines/protocols that are within the midwives' scope of practice and standard operating procedure, and as agreed upon at the facility or community level where she is practicing.

The midwife will use the most updated record keeping forms being used in the facility where she is practicing. She will fill the partograph for all women in active labor and the immediate post-partum.

Essential Equipment and Supplies for Routine Childbirth Care

Records and Forms	Registration logbook including Obstetric and newborn register Partographs Birth certificates Discharge forms Identity bracelets for mother and baby Referral forms Reporting Form
For Mother and Newborn	Adult and fetal stethoscopes Adult blood pressure apparatus Baby weighing scale Clean clothes or sanitary pads Clean clothes or towels to dry mother Clean, dry cloths to dry baby and to wrap after drying Collection tubes appropriate for samples (e.g., blood, urine) Container for placenta Delivery kit containing the following: Kidney dish, Kelly forceps, Scissors, Umbilical cord clamp(s) and/or tie(s), Clean cloth Clean gauze, swab, or cloth for wiping baby's eyes Clean perineal pad Diagrams/flow charts or wall charts (for explaining labor and childbirth) Diapers/napkins Drape or blanket to cover mother Gestational age calculator or calendar Gown Hat or covering for baby's head Laboratory equipment/supplies for conducting hemoglobin, Blood Sugar, blood group (ABO, Rh) , Urine Albumin, VDRL, Serum Bilirubin, HBsAg

Syringes and needles
Chlorhexidine
Thermometer
Sucker Machine/ Penguin sucker
Plain or rubber Catheter
Sterilization Machine
Baby musk verities of (0/1 size)

Documentation and Charting Norms/Expectations (i.e., consent)

Comprehensive legible charting is essential for midwifery care. It is expected that each midwife maintain clear records of patient encounters. Patient information should be recorded at the time that care is given. Patients who risk out-of-midwifery-led care must have clear documentation of risk factors and recommendation in their charts and should be given a copy of their folders as applicable. Written consent is recognized as a standard of care for all invasive procedures and should be obtained. In small group or independent practice it is expected that the midwife will maintain her records for a minimum of five years after the patient care.

Operational Definitions

INDEPENDENT PRACTICE

Midwives can practice independently for normal, low risk women and newborns, with common reproductive health care concerns including: Family planning, STI, UTI, pregnancy, delivery, post-partum and normal newborn care. They will follow the ICM core competencies, and the midwives scope of practice and standard operating procedures.

COLLABORATION

Midwives will consult with doctors if they are taking care of patients with medical or pregnancy related complications. There will be situations where the care can be shared between the doctor and the midwife after this consultation has been made. This sharing of care is called collaboration. In collaborative care the doctor is the leader in making the plan, but the midwife can also contribute her expertise and opinion. Both the doctor and the midwife should strive to give evidence based care.

REFERRAL

A referral is a transfer of care by the midwife either from the midwife to a doctor or from one health care facility to another health care facility with better emergency response capabilities. Midwives need to refer a patient to a doctor and or better facilities, if the care that is needed is outside her scope of practice, or the facility that she is in is not able to give the best care for the client.

STANDARD OPERATING PROCEDURE (SOP)

Standard operating procedure delineates what practices are and are not appropriate for midwifery care.

GUIDELINES/PROTOCOLS

Guidelines and protocols outline the latest best care evidence based practices used by all health care providers for a given health care issues. For our purposes we will use the OGSB guidelines and the MOH SOPs.

References

OGSB Standard Clinical Management Protocols and Flow Charts on Emergency Obstetric and Neonatal Care (2012). Directorate General of Health Services Mohakhali, Dhaka, Bangladesh.

Maternal Mortality Affects Development of a Country (2015). <http://www.thedailystar.net/maternal-mortality-affects-development>.

Maternal & Neonatal Health Standard Operating Procedures (SOP) (2015). Ministry of Health & Family Welfare Government of People's Republic of Bangladesh

National Strategic Directions for Midwifery in Bangladesh (2014). Bangladesh Nursing Council, WHO, UNFPA.

ICM Essential Competencies for Basic Midwifery Practices (2010).

Marshall, J.E., Raynor, D. M. (2014). *Myles Textbook for Midwives*. 16th edition, Elsevier, USA.

Sanall, J., Devane, D., Soltani, H., Hatem, M. & Gates, S. (2010). Improving Quality and Safety in Maternity Care: The Contribution of Midwife-Led Care. *The Journal of Midwifery & Women's Health*, 55, 255-261.

Jolivet, R.R. 2012. The role of midwives; obstetricians in delivering respectful maternity care. *International Journal of Gynecology & Obstetrics*, 119, Supplement 3, S203.

Gröne, O., Garcia-Barbero, M. (2001). Integrated care: A position paper of the WHO European office for integrated health care services. *International Journal of Integrated Care*, 1, e21.

Payne, P.A. & King, V.J. (1998). A model of nurse-midwife and family physician collaborative care in a combined academic and community setting. *Journal of Nurse-Midwifery*, 43, 19-26.

National Neonatal Health Strategy & Guidelines for Bangladesh (2009), MoH&FW.



Midwifery Care Model

Midwifery care Model at UH&FWC/SC level

Type of Care	Outdoor Setting	Referral/Collaboration	Labor Room and Care
Pre pregnancy care in outdoor setting	<ul style="list-style-type: none"> ● Health education/ counseling on Right based approach to SRH care, Nutrition, FP, Healthy life style, adolescent health ● Screening of STD, RTI, UTI, HIV-AIDs, Non communicable diseases (according to SOP and scope of work and on the basis of available facility) ● TT Immunization, Blood grouping (on the basis of available facility), Response to gender based violence (Primary treatment with stabilization, Psychological support, providing information and referral) 	<ul style="list-style-type: none"> ● The Midwives will do the referral to MO (If posted) according to need and scope of their practice if necessary ● The client will be managed in collaborative way with MO and in absence of MO if it is needed, the Midwives will do the referral to UHC ● Midwives will continue pre pregnancy care at H&FWC/SC level after returning from UHC 	
Pregnancy-ANC	<ul style="list-style-type: none"> ● Registration of pregnancy, Full package of ANC –minimum 04 visit (according to SOP), including available investigation, Medication and management of minor complication within their scope of practice ● Screening of STD, RTI, UTI (if facility available) and counseling on Nutrition, FP, Breast feeding, Birth plan and healthy life style 	<ul style="list-style-type: none"> ● Screening and triage for early detection of complication and initial stabilization ● Referral/consultation to MO (if available) by Midwives if she identify major complication and high-risk situation. The MO will do the management of patient in collaborative way with Midwives and again refer to Midwives to continue ANC according to SOP 	

Type of Care	Outdoor Setting	Referral/Collaboration	Labor Room and Care
		<ul style="list-style-type: none"> ● If the patient is needed referral to UHC, the MO will refer in collaborative way with Midwives and in absence of MO the Midwives will do the referral ● After receiving treatment from UHC, the ANC care will continue by the Midwives at H&FWC/SC level 	
Labor	<ul style="list-style-type: none"> ● The Midwives is responsible to handle the labor patient in low risk situation ● The Midwives will do necessary arrangement for the conduction of normal labor after assessing the patient ● If the patient is in high risk situation consultation is needed with MO of HFWC/SC (if available) ● The Midwives may do initial stabilization and treatment of minor complications and emergencies according to their scope of work and SOP 	<ul style="list-style-type: none"> ● The midwives will lead the assessment and triage for labor patient. ● In low risk situation the pregnant women will be transferred to labor room and the midwives will conduct the delivery. ● The Midwives will assess the patient in the labor room and if any major complication develops then she will do the consultation with MO (if available) and refer the patient to UHC in collaborative way with MO. In absence of MO the Midwives can refer the patient to UHC in accordance with their scope of work (if available) 	<ul style="list-style-type: none"> ● Conduction of Normal delivery (according to SOP), medication & management of minor complication within their scope of practice. ● In respect of major complication and high risk situation referral to MO and management in collaborative way.

Type of Care	Outdoor Setting	Referral/Collaboration	Labor Room and Care
Postpartum care-PNC	<ul style="list-style-type: none"> ● Full package of PNC – Minimum 04visit (according to SOP) and when necessary including available investigation, Medication and management of minor complication within their scope of work and low risk situation ● Counseling on FP, Breast feeding, Nutrition Neonatal care, personal hygiene ● Service delivery on Postpartum FP 	<ul style="list-style-type: none"> ● Screening and early detection of complication (in high risk situation) with initial stabilization and referral to MO by Midwives. ● After management in collaboration with Midwives again refer the client to the Midwives to continue PNC according to SOP. ● In absence of MO at UHF&WC the Midwives will do the referral to UHC according to need. If any patient needs indoor treatment as a part of Post Partum care then the patient needs to refer to UHC and will be provided treatment by doctor in collaborative way with the midwives at UHC level . ● After completion of the treatment in the UHC the midwives will continue Post-natal care at H&FWC/SC level. 	
Basic EOC	<ul style="list-style-type: none"> ● Conduction of 07 signal function of Basic EOC (Parental antibiotics, Parental oxytocic's, Parental anticonvulsant, Assisted vaginal delivery, Manual removal of placenta, Removal of retained product, Neonatal resuscitation) when the MO is not available. In presence of MO the Basic EOC will be given by doctor in collaborative way with the Midwives 	<ul style="list-style-type: none"> ● The Midwives will examine the patient in the outdoor setting and after stabilization (if necessary) refer to labor room for further management ● In respect of major complication and also in the high risk situation the Midwives needs consultation with MO (if available) for management in collaborative way. 	

Type of Care	Outdoor Setting	Referral/Collaboration	Labor Room and Care
	<ul style="list-style-type: none"> Identified services according to available facility and developed skill 	<ul style="list-style-type: none"> The Midwives may do initial stabilization and treatment of minor complications and emergencies management according to their scope of work and SOP. If no doctor is available the Midwives will do the referral to UHC according to need and to their scope of work. 	<ul style="list-style-type: none"> The Midwives will provide services in respect of signal functions of Basic EOC and other identified services
FP service, Post abortion care and MR	<ul style="list-style-type: none"> The Midwives will provide FP services especially Post-Partum FP according to their scope of practice , Post abortion care by MVA and MR up to 10 weeks (after receiving training) in a coordinated way with FWV. 	<ul style="list-style-type: none"> Complicated PAC with high-risk situation–referral to MO and management in collaboration with Midwives. 	
	<ul style="list-style-type: none"> If no FWV is available then they will provide FP services independently 	<ul style="list-style-type: none"> In absence of MO the Midwives will refer the client to UHC according to their scope of work. The Midwives will continue the care/treatment after returning from UHC. 	
Heath sector response to gender based violence	<ul style="list-style-type: none"> Reception of the victim, recording, providing support for examination and sample collection, Psychological support, providing information for empowerment and treatment in collaboration with attending doctor Helping the victim for getting medico legal certificate (if MO available) 	<ul style="list-style-type: none"> The Midwives will refer the patient to MO (if available) in case of highertreatment or to UHC in consultation with the MO. The Midwives will also do the referral to UHC in absence of MO according to their scope of work if it is needed 	
Cervical and breast cancer screening	<ul style="list-style-type: none"> Cervical and breast cancer screening by Midwives independently if trained and facility existand if not trained in collaborative way with the trained MO and referral for suspected cases for further management 	<ul style="list-style-type: none"> Referral of suspected cases to UHC in consultation with MO (if it is needed). In absence of MO the Midwives will do the referral according to their scope of work 	

Type of Care	Outdoor Setting	Referral/Collaboration	Labor Room and Care
Essential newborn care	<ul style="list-style-type: none"> Midwives led essential newborn package care in labor room 	<ul style="list-style-type: none"> Screening and early detection of high-risk newborn referral to MO for further management and also referral to UHC if necessary. In absence of MO the Midwives will do the referral. After returning from UHC the Midwives will continue care according to their scope of work and SOP 	

- The midwives will provide complete package of Pre-pregnancy care, Maternal and newborn care, FP, health sector response to gender based violence, Adolescent health according to approved SOP, Job description, scope of work and approved model
- The Midwives will provide expected services in collaborative way with FWV, MA and Medical officer and also needs to develop partnership especially with FWV for providing maternal, newborn and FP services.
- Necessary arrangement in the labor room for providing newborn resuscitation by the Midwives according to SOP. Healthy newborn should remain with their mothers skin to skin. The HFWC/SC can serve center for kangaroo mother care and deployed Midwives can play as focal person of the program
- The supervision, monitoring and mentoring will be done by different level of existing supervisor (Health and FP) related with the Midwifery services. The supervisor will look after to minimize any kind of conflict of interest among the deployed staff and also looking quality of services
- The deployed Midwives and other stakeholders will prepare Monthly/weekly duty roster in consultation with the supervisors to provide 24/7 delivery services and Basic EOC services in absence of MO
- The Midwives will prepare monthly report on performances under DHIS2
- The approved SOP, Job description, scope of work, existing rules, acts and regulation, time to time Govt. directives will be applicable in respect of providing care
- The Midwives will participate and advocate for functional referral system according to their approved SOP
- The Upazilla authority from Health and Family planning department will be responsible for creating conducive environment in the working place, coordination between Health and FP personnel and joint reporting
- Inventory management will be done by Midwives
- The Midwives will take especial initiative for community engagement and social mobilization for growing awareness on safe delivery including full range of continuum of Maternal and newborn care by Midwives
- The Midwives will be engaged in the health system strengthening and also developing partnership with client and family

Midwifery care model for maternal and newborn care (At UHC)

Type of care	Outpatient	Referral	Inpatient and Labor Room
Pre pregnancy care	<p>Outdoor setting :</p> <ul style="list-style-type: none"> Health education/counseling on Right based approach to SRH care, Maternal Nutrition, FP, Healthy life style, adolescent health Screening of STD, RTI, UTI, HIV-AIDs, non communicable diseases (according to SOP, scope of work and on the basis of available facility) TT Immunization, Blood grouping, Response to gender based violence 	<ul style="list-style-type: none"> After screening of STD, RTI, UTI, HIV-AIDS, non communicable diseases referral to outdoor MO by Midwives for treatment if necessary and treatment by MO in collaborative way with Midwives Midwives will refer to MO if necessary for the management of gender based violence victims. The doctor will do the management in collaborative way with Midwives 	<ul style="list-style-type: none"> If any patient needs indoor treatment as a part of pre pregnancy care then the patient will be provided treatment by doctor of the indoor in collaborative way with the midwives. After treatment completion the midwives will continue pre pregnancy care
Pregnancy-ANC	<p>Outdoor setting</p> <ul style="list-style-type: none"> Registration of pregnancy, Full package of ANC –minimum 04 visits (according to SOP), including available investigation, Medication and management of minor complication within their scope of work and in low risk situation. Screening of STD, RTI, UTI, HIV-AIDs, non communicable diseases (according to SOP, scope of work and on the basis of available facility)and Blood grouping counseling on Maternal Nutrition, FP, Breast feeding, Birth plan and Healthy life style 	<ul style="list-style-type: none"> Screening and triage for early detection of complication and initial stabilization. Referral/consultation to Gynae & Obs Consultant/RMO/MO by Midwives for identified major complication and high-risk situation. The Consultant/RMO/MO will do the management in collaborative way with Midwives Refer to Midwives to continue ANC according to SOP 	<ul style="list-style-type: none"> In respect of admitted patient (High risk situation & major complication) managed by Gynae & Obs Consultant/ RMO/MO in collaboration with Midwives Send back to Midwives to continue ANC according to SOP after completion of treatment

Type of care	Outpatient	Referral	Inpatient and Labor Room
Labor	<ul style="list-style-type: none"> ● During office hour the Midwives is responsible to handle the normal labor patients and after screening necessary arrangement for admission in the indoor in low risk situation ● If the patient is in high risk situation consultation with doctor before admission in the ward. ● After office hour and in holidays the labor patient will be received by emergency staff and will call the Midwives from the indoor for necessary action. ● The Midwives attending the patient in the emergency from indoor will follow the same modalities as like outdoor setting i.e. referral to in the Indoor/labor room for management if low risk, if high risk refer to consultant /RMO /MO ● Midwives may do initial stabilization and treatment of minor complications(according to scope of practice) in emergencies situation 	<ul style="list-style-type: none"> ● After admission in the ward the midwives will lead the screening and triage for labor patient ● All low risk women will be transferred to labor ward/room and the midwife will autonomously care for the woman in childbirth. ● Midwives will refer to consultant/RMO/MO in respect of complication and also in high risk situation 	<ul style="list-style-type: none"> ● Conduction of Normal labor (according to SOP), medication & management of minor complication within their scope of work and in low risk situation. ● In respect of major complication and high risk situation referral to Gynae & Obs consultant /RMO/MO and management in collaborative way
Postpartum care-PNC	<ul style="list-style-type: none"> ● Full package of PNC – Minimum 04 visit (according to SOP) and when necessary including available investigation, Medication and management of minor complication within their scope of work and in low risk situation ● Counseling on FP, Breast feeding, Nutrition, Neonatal care, personal hygiene, ● Postpartum FP 	<ul style="list-style-type: none"> ● Screening and early detection of complication in high risk situation with initial stabilization and referral to Gynae & Obs Consultant/RMO/MO by Midwives ● After management in collaboration with Midwives again refer to Midwives to continue PNC according to SOP 	<ul style="list-style-type: none"> ● In respect of admitted patient(High risk situation)-managed by Consultant Gynae & Obs /RMO/MO in collaboration with Midwives ● Send back to Midwives after completion of treatment to continue PNC according to SOP

Type of care	Outpatient	Referral	Inpatient and Labor Room
Basic EOC	<ul style="list-style-type: none"> ● The Midwives will examine the patient in the outdoor setting and after stabilization the patient (if necessary) refer to indoor/labor room for further management. ● In respect of major complication and also in the high risk situation the Midwives needs consultation with the Gynae &Obs consultant/ RMO for management. ● After office hour and in holidays the patient will be received in the Emergency by emergency staff and will call the Midwives from the indoor for necessary action. The Midwives attending the patient in the emergency from indoor will follow the same modalities as like outdoor setting. ● The Midwives may do initial stabilization and treatment of minor complications in emergency situation 	<ul style="list-style-type: none"> ● The Midwives will do the referral according to their scope of work and also in high-risk situation 	<ul style="list-style-type: none"> ● C o n d u c t i o n of 07 signals function of Basic EOC. (Parental antibiotics, Parental oxytocic's, Parental anticonvulsant, Assisted vaginal delivery, Manual removal of placenta, Removal of retained product, Newborn resuscitation) in Consultation with doctor if needed and on the basis of availability of doctor ● In respect of major complication and in high-risk situation referral to Gynae &Obs consultant/ RMO/MO for management in collaboration with Midwives
FP service, Post abortion care and MR	<ul style="list-style-type: none"> ● FP services especially Post-Partum FP in coordinated with FP department , Post abortion care by MVA and MR up to 10 weeks (after receiving training) 	<ul style="list-style-type: none"> ● Complicated PAC with high-risk situation– referral to RMO/ Gynae & Obs consultant and management in collaboration with Midwives 	<ul style="list-style-type: none"> ● After management in the indoor in collaborative way with the midwives the consultant/RMO will refer again to Midwives for continuing of care
Heath sector response to gender based violence	<ul style="list-style-type: none"> ● Reception of the victim, recording, providing support for examination and sample collection, Psychological support, ● Providing information for empowerment ● Treatment in collaboration with attending doctor and also helping the victim for getting medico legal certificate 	<ul style="list-style-type: none"> ● Transfer/referral to indoor for doctor consultation and management If the patient needs treatment in the indoor 	<ul style="list-style-type: none"> ● Management of the victims by doctor in collaborative way with Midwives in the indoor

Type of care	Outpatient	Referral	Inpatient and Labor Room
Cervical and breast cancer screening	<ul style="list-style-type: none"> The Midwives (Trained) will do the cervical and breast cancer screening and consultation with the trained MO if needed and referral for the suspected cases to higher level for further management The midwives will be engaged in the management process especially in counseling and providing health education to suspected cases 	<ul style="list-style-type: none"> The Midwives will be involved in the referral process of suspected cases to higher level and also in downward referral 	
Essential newborn care	<ul style="list-style-type: none"> Providing Essential Newborn care 	<ul style="list-style-type: none"> Screening and early detection of high-risk newborn, referral to RMO/consultant or any trained MO for further management 	<ul style="list-style-type: none"> Management of high risk and complicated newborn by doctor in collaborative way with Midwives

- In the outdoor setting one room needs to allocate with proper facility for providing maternal care by the Midwives. The Midwives will be placed in the outdoor and indoor to provide complete package of Maternal and newborn care according to approved SOP, Job description, scope of work and model.
- The labor room needs to be equipped properly for providing newborn care by the Midwives according to SOP and scope of work
- The supervision will be done by different level of existing supervisor related with the Midwifery care
- The deployed Midwives will prepare Monthly/weekly duty roster in consultation with the supervisors and relevant stakeholders to provide 24/7 services
- The Midwives will prepare monthly report on performances under DHIS2
- Service delivery on maternal & Newborn care in the outdoor, indoor, emergency and labor room by the Midwives needs to establish in a coordinated way that the engagement of the other relevant stakeholders ensured with accountability framework
- The approved SOP, Job description, scope of work, existing rules, acts and regulation, time to time Govt. directives will be applicable in respect of providing care

- The Midwives will participate and advocate for functional referral system according to their approved SOP and scope of work
- The Midwives will receive technical support from Supervisors and mentors for improvement of service quality
- The midwives will be involved actively in the Inventory management, Infection prevention practices, Medical waste management, hospital based/community based local level planning
- The Midwives will be engaged in the health system strengthening like quality improvement, Implementing of respectful evidence based care, leadership in Midwifery led maternal & Newborn care, community engagement, performance reporting, addressing gender equity, health sector response to gender violence

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