ICM Standard Equipment List for Competency-Based Skills Training in Midwifery Schools

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### Acronyms/Abbreviations

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<th>Description</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ARVs</td>
<td>Anti Retroviral Drugs</td>
</tr>
<tr>
<td>BP</td>
<td>Blood Pressure</td>
</tr>
<tr>
<td>CAC</td>
<td>Comprehensive Abortion Care</td>
</tr>
<tr>
<td>CG</td>
<td>Childbirth Graphics</td>
</tr>
<tr>
<td>CMA</td>
<td>Country Midwife Advisor</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>ICM</td>
<td>International Confederation of Midwives</td>
</tr>
<tr>
<td>ICMA</td>
<td>International Country Midwife Advisor</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
</tr>
<tr>
<td>IMA</td>
<td>International Midwife Advisor</td>
</tr>
<tr>
<td>IMP</td>
<td>Investing in Midwives Programme</td>
</tr>
<tr>
<td>IUD</td>
<td>Intrauterine Contraceptive Device</td>
</tr>
<tr>
<td>LAM</td>
<td>Lactational Amenorrhoea Method</td>
</tr>
<tr>
<td>LMP</td>
<td>Last Menstrual Period</td>
</tr>
<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>MNCH</td>
<td>Maternal, Newborn and Child Health</td>
</tr>
<tr>
<td>MTHF</td>
<td>Maternal Health Thematic Fund</td>
</tr>
<tr>
<td>MVA</td>
<td>Manual Vacuum Aspirator (aspiration)</td>
</tr>
<tr>
<td>PAC</td>
<td>Post Abortion Care</td>
</tr>
<tr>
<td>RMA</td>
<td>Regional Midwife Advisor</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>TLMs</td>
<td>Teaching and Learning Materials</td>
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<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>W-CAC</td>
<td>Woman Centered Abortion Care</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>W-PAC</td>
<td>Woman Centered Post Abortion Care</td>
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</table>
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Suggested Citation:

Foreword

I am delighted to introduce the ICM Standard Competency-Based Equipment List for Basic Skills Training in Midwifery Schools. This standardised list of equipment, teaching, and learning materials has been developed by a team of regulators, educators, midwife practitioners, and development partners within the Africa region, as part of the ICM/UNFPA joint programme “Investing in Midwives and others with midwifery skills to accelerate progress towards MDG 5”.

The goal was to develop the document as a reference for ‘programme’ countries in their efforts to upgrade and/or equip the skills laboratories in midwifery schools. I believe they have succeeded and urge all midwifery training institutions and other maternal, newborn and child health (MNCH)-related organisations to use this reference in the development of midwifery faculty and improvements in clinical sites.

The document is yet another contribution to ICM’s vision, “...a world where every childbearing woman has access to a midwife’s care for herself and her newborn”. I sincerely thank all those who have given generously of their time, knowledge and experience, so that, together, we can improve the lives of childbearing women, their babies and their families.

Frances Day-Stirk
President
International Confederation of Midwives
ICM Standard ICM Competency-Based Equipment List for Basic Skills Training in Midwifery Schools

Background

The Investing in Midwives (IMP) and others with Midwifery Skills Initiative was formally launched in March 2009 with a mandate to strengthen midwifery education, regulation and associations towards improvements in maternal and newborn health. IMP works through national health systems in under-resourced settings in Africa, Asia, Latin America and the Caribbean to increase midwifery capacity to integrate the full continuum of maternal health care in national health systems. The focus of the programme is on planning and scaling up midwifery and other mid-level providers in response to the World Health Assembly call for a decade of action for Human Resources for Health in 2006 to improve on health indices especially MDG 5. Currently the IMP is being implemented in 12 African and 6 Asian countries including Benin, Burkina Faso, Burundi, Chad, Cote d’Ivoire, Ethiopia, Ghana, Madagascar, Uganda, Zambia, Djibouti, North Sudan, South Sudan, Afghanistan, Bangladesh, Nepal, India and Pakistan. There are expressions of interest for expansion to include other countries in Africa and Asia such as Liberia, Malawi, Nigeria, Sierra Leone, Cameroon and the Democratic Republic of Congo due to their poor maternal health indices.

The envisaged outcome of the IMP is an improved working environment within countries where an increased number of appropriately educated midwives and others with midwifery skills function at all levels including policy making to accelerate progress towards MDGs 4 & 5 at country and regional levels. It is in pursuance of this outcome and also to contribute towards ICM’s vision of a world where every childbearing woman has access to a midwife’s care for herself and her newborn that the IMP set out to conduct country needs assessment of midwifery to inform strategic planning in over 12 countries. Lack of teaching-learning materials was one major finding of the assessments and this necessitated that the ICM generate a standardised compendium of models, equipment and teaching aides to inform UNFPA offices in the programme countries in their bid to purchase teaching-learning materials to improve on the teaching of practical skills among student midwives.

Note to the User

This document has been developed as a standard reference guide to inform programme countries and midwifery-related programmes on the basic set of models, equipment, consumables, reference books and learning materials (TLMs) for midwifery education and training. These resources are required for building the competencies of student midwives to the level of proficiency needed to graduate from country–accredited educational institutions for licensure and registration to practice midwifery.

The contents of this document have been set out in four parts: 1) a composite list of all models, equipment, logistics, consumables and TLMs needed to set up a Skills Laboratory for midwifery practical training; 2) a resource and specification list for selected resources, and 3) a composite set of materials organised into teaching/learning packages. The content of these three lists is then reflected in 4) a final comparison of the seven ICM (2010) approved essential competencies for
basic midwifery practice, with the resources that would be necessary within competency-based midwifery education programmes that cite the ICM competencies as expected learning outcomes.

According to the ICM (2011) definition, a midwife is: “A person who has successfully completed a midwifery education programme that is duly 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.” It is therefore important and facilitative that the TLMs are presented by competencies to aid the assembling of materials for students’ practical training. ICM is confident that users will find this document very useful to midwifery pre-service improvements. One area of possible need to the user which has not been provided in detail is the actual specification per each item. Where possible we have indicated the product manufacturers or distributor to enable you link up for current specifications.
2.0 Standard ICM Competency-Based List for Basic Skills Training in Midwifery Schools

2.1 Composite Essential Teaching-Learning Materials

LIST ONE: Anatomical Models
1. Zoe or Mama Natalie Models
   - Non-Pregnant
   - Pregnant – simulator for 1st, 2nd and 3rd trimesters
   - Pelvic model
2. Childbirth simulator / NOELLE Maternal and neonatal birthing simulator
3. Condom model on base
4. IUD hand held model
5. Anatomic models for injections in arm, buttock and thigh (May use soft doll or small piece of fruit)
6. Pregnant abdomen model (for palpation – if Zoe model is not available)
7. Breast (and breastfeeding) model
8. Bony pelvis (hard: landmarks identified)
9. Foetal skull (landmarks identified)
10. Foetal baby, umbilical cord and placenta for vacuum delivery
11. Uterus and placenta models
12. Cervical replicas (for IUD insertion)
13. Cervical dilation model (plastic)
14. Adult resuscitation doll/model
15. Newborn resuscitation doll/model
16. Foetus
17. Perineum cutting and suturing training simulator (or 6 inch sponge blocks)
18. Small ball (cricket, baseball, tennis) & socks for assessing dilatation of cervix

LIST TWO: Equipment
19. Implant insertion/removal kit
   - a) Trocar and cannulae
   - b) Scalpel and holder
   - c) Blade
   - d) Mosquito artery forceps (curved and straight)
   - e) Tweezers
   Alternatively: Kit purchased from order@mariestopes.org.uk (contains small Rampley sponge holding forceps, cup/bowl (Gallipot), 2 curved mosquito forceps, scalpel handle #3)
20. IUD insertion kit
   - a) Tenaculum (atraumatic and/or single tooth)
   - b) Uterine Sound
   - c) Bi-valve vaginal speculum
   - d) Ring forceps
   - e) IUD drive tube
21. Light source (examination light or well lit room)
22. Adult weighing scale
23. Infant weighing scale
24. Adult blood pressure apparatus (including stethoscope)
25. Newborn blood pressure apparatus (optional)/stethoscope
26. Wall clock to reflect seconds
27. Reflex hammer
28. Pen light/small flashlight
29. Measuring tape
30. Tongue depressors
31. Thermometer
32. Vaginal speculums – various sizes
33. Receiving bowls (various sizes, for solutions and for collection of specimens)
34. Graduated measuring jug
35. IV administration stand/pole
36. Tourniquet
37. Foetoscope (foetal stethoscope)
38. Doptone (if available)
39. Cord scissors
40. Curved mayo scissors (5.5 in. or 14 cm.)
41. Large straight scissors
42. Ring forceps 9.5 in. or 24.2 cm. (sponge holding forceps-straight)
43. Kocher 140 mm. straight (for amniotomy) and/or amniotomy hook
44. Long dressing forceps
45. Needle holding forceps
46. Needle extender
47. Dissecting forceps/pickups (plain and rat-toothed)
48. Large haemostat (7 inch artery forceps)
49. Episiotomy kit (stainless steel container with some of the items on this list)
50. Delivery Kit (box/bag containing some of the items on this list)
51. Transport incubator (or box fitted as simulation)
52. Ambu bag (adult and paediatric) with masks
53. Suturing set (box/bag containing some of the items on this list)
54. Manual Vacuum Aspirator (MVA Plus)
55. Set of dilators (tapered dilators, such as Pratt or Denniston, are best)
56. Strainer for tissue inspection
57. Clear containers or basin/plastic buckets (for decontamination)
58. Bedpan with cover
59. Delivery bed (patient bed, or delivery table, with privacy screens)
60. Examination table with stirrups
61. Examination stool (adjustable height)
62. Equipment cart with wheels
63. Two chairs and tables
64. Running water and sink
65. Sterilization kit or autoclave  
66. Dustbin  
67. Microscope and supplies *(optional)*  
68. Haemoglobinometer *(optional)*  
69. Vacuum extractor *(optional)*  

### LIST THREE: Consumables

70. Family Planning Samples  
   a) Male and female condoms  
   b) Implant (e.g., Jadelle and Implanon; others as available in country)  
   c) Injectables (Hormonal: e.g., Depo Provera, Noristerat, Norgynon)  
   d) IUD (e.g., Copper T 380A, Mirena)  
   e) Pills (e.g., combined, progestin only – *may be simulated*)  

71. Hand sanitizer  
   a) alcohol rub (may be prepared using glycerine-2mls and methylated spirit-100mls of 70-80%)  
   b) soap (liquid or cake)  

72. Iodine/Aqueous solution of iodine (diluted) or other antiseptic solution  

73. Lubricant – water soluble (e.g., silicone)  

74. Swabs and/or wipes (various)  
   a) cotton wool swabs  
   b) gauze swabs  
   c) alcohol wipes  

75. Tissue paper (facial/nasal/toilet)  

76. Examination gloves (clean, sterile and HLD; both disposable and reusable)  

77. Urine test kit for protein & glucose (or reagents for laboratory testing)  

78. Test materials for haemoglobin  

79. Cytology kits (per country specification for Pap smears)  

80. Acetic acid reagent (for VIA)  

81. Urethral catheter  

82. Suction tube (adult and pediatric sizes)  

83. Intravenous supplies  
   a) infusions (various volumes and types – *may be simulated*)  
   b) giving set  
   c) cannulae/catheters (various sizes)  
   d) adhesive tape/elastoplast  

84. Identification bands (mother and baby)  

85. Newborn supplies (e.g., clothing, caps, diaper)  

86. Towels and bed linens  

87. Examination gowns  

88. Waterproof sheet (mackintosh)  

89. Disposable towels/drapes (for sterile field)
90. Cord clamps (disposable)
91. Safety box for sharps
92. Cotton or woollen blankets/sheets – for mother and baby
93. Expired sutures selected for demonstration (NOTE: should be the correct size and type (absorbable) e.g. chromic 2-0)
94. Syringes (various sizes)
95. Needles (various sizes)
96. Mucus extractor
97. Personal protection equipment
   a) goggles
   b) aprons/gowns – plastic
   c) rubber or paper boots (optional)
98. Blood sample bottles
99. Wound dressings
100. Decontaminant (chlorine based) solution (0.5% chlorine)

LIST FOUR: MEDICINES/INJECTABLES
(As allowed per country-based Essential Drug List)
For teaching purposes only an empty package or vial is needed, labelled in the dosages in which the drug is supplied in country (for purpose of dosage calculations rather than drug administration)

101. Anti-anxiety medication or other light sedation
102. Analgesia medication (e.g., acetaminophen, ibuprofen, pethidine)
103. Uterotonics (i.e., oxytocin, ergometrine, syntometrine, misoprostol)
104. Mifepristone (optional)
105. Broad-spectrum antibiotics
106. Tetanus toxoid
107. Antimalarials
108. Haematimics
109. Antihypertensives and anticonvulsants (e.g., MgSO4, diazepam)
110. Local anaesthetics (e.g. xylocaine, lignocaine)
111. Infant eye medications (e.g., silver nitrate, tetracycline)
112. Infant medications (e.g., vaccines, Vitamin K)

LIST FIVE: LEARNING MATERIALS

Charts/Visual Depictions/Country Based Forms
113. Female reproductive anatomy
114. Male reproductive anatomy
115. Normal changes of pregnancy
116. Prenatal discomforts
117. Foetal development
118. Stages of labour
119. Cervical dilation and foetal descent
120. Mechanisms of birth (vertex & breech)
121. Malpresentations
122. Episiotomy
   a) How to perform an episiotomy
   b) How to anaesthetise the perineum for episiotomy and repair of tears
   c) Different types of episiotomy
123. Perineal and cervical tears (technique for repair)
124. Adolescent growth and development (e.g., Tanner stages)
125. Newborn resuscitation protocol
126. Adult resuscitation protocol
127. Charts or video on infection prevention procedures
128. Charts/posters on national referral systems and appropriate referral form (local)
129. Midwives code of conduct
130. Women’s rights (society and health care system responsibilities)
131. Contraceptive methods (e.g., FP Global Handbook for Providers-USAID/WHO/Johns Hopkins University)
132. Family planning flip chart
133. Lactational Amenorrhoea Method (LAM)
134. Standard days method beads
135. Gestational age calculator (pregnancy wheel)
136. Maternal health records book/antenatal card/file (consistent with local practice)
137. Partograph (WHO: Need for country decision on version of partograph to use)
138. Country based client records/forms
   a) antenatal records
   b) intra-partum care records
   c) family planning client forms/ folder/cards
   d) resuscitation record forms

Books/Manuals/Videos

139. National FP protocol (local production)
140. Global Handbook on FP
141. Balanced Counselling Strategy Cue cards (Population Council/Frontiers)
142. CDs or documentary on local cultures and tradition (WHO/World Education)
143. Job aides on alarm and transport for emergency care
144. Country-based algorithm depicting how to access emergency transport
145. Country-based algorithm on direct and indirect causes of maternal and neonatal mortality and morbidity
146. WHO IMPAC materials
147. Manual removal of placenta
148. Management of shoulder dystocia
149. Bimanual compression of the uterus
150. Aortic compression
151. Breastfeeding/latching on
152. Woman Centered Abortion Care (W-CAC) and/or Woman Centered Post Abortion Care (W-PAC) manual (Contact Ipas)
153. Medical Abortion Training Curricula and IEC resources for providers and women (Contact Ipas) (optional/additional)
## 2.2 Selected Items with Suggested Specifications for Your Information

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Company Models</th>
<th>Item number</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intramuscular injection arm strap-on</td>
<td>Nasco</td>
<td>SB38728U</td>
<td>There are much simpler models without lights available for less <a href="http://www.labdepotinc.com">labdepotinc.com</a> <a href="http://www.nextag.com">nextag.com</a> <a href="http://www.global-technologies.net">global-technologies.net</a></td>
</tr>
<tr>
<td>Newborn doll</td>
<td>Childbirth graphics (CG)</td>
<td>TP53715 (male brown) TP53718 (male African) TP53716 (female brown) TP53717 (female African)</td>
<td><a href="http://www.childbirthgraphics.com">childbirthgraphics.com</a></td>
</tr>
<tr>
<td>Fetal model with placenta</td>
<td>CG</td>
<td>TP79814 soft fetal model TP79897: soft placenta Alternatively: TP53955 – cloth pelvic model set which includes soft pelvis, soft doll with fontanels and soft placenta</td>
<td>The soft model that comes with placenta, is lightweight and has fontanels Nasco has the doll and placenta that normally comes with the childbirth simulator</td>
</tr>
<tr>
<td>Resuscitation Manikin, Baby</td>
<td>CG</td>
<td>TP84369: resuscitation doll TP:84368 (replacement shields)</td>
<td>Advanced high-tech model may not be suited to Africa</td>
</tr>
<tr>
<td>Resuscitation Manikin, Baby</td>
<td>Laerdal</td>
<td>050002: Baby Anne resuscitation doll 050100: Airways 050202: faces</td>
<td></td>
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<tr>
<td>Item Description</td>
<td>Company Models</td>
<td>Item number</td>
<td>Comments</td>
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<tr>
<td>-------------------------------------------------------</td>
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<td>--------------------------------------------------------------------------</td>
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<tr>
<td>Mama Natalie pregnant and non pregnant models</td>
<td>Laerdal</td>
<td>Or 050012: 4-pack resuscitation dolls</td>
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<tr>
<td></td>
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<td>Basic Model Cat. No. LGH – 340-00033</td>
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<td></td>
<td></td>
<td>LGH – 340 – 00133</td>
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<td>Complete Model Cat No. LGH 340 – 0023</td>
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<tr>
<td>Charts</td>
<td></td>
<td>SB25037U: Anatomical systems chart set</td>
<td>Sets of 10 charts containing each of the systems could be purchased for</td>
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<tr>
<td></td>
<td></td>
<td>SB25038U: Anatomical organs/structures set</td>
<td>Training Institutions. Check Adam Rouilly Company as well</td>
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<tr>
<td>Digestive system</td>
<td>Nasco</td>
<td>TP90718: Birth anatomy chart set</td>
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<td>Reproductive system</td>
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<td>TP90673: positions for labour and birth</td>
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<td>TP90811: squatting</td>
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<td>Renal system</td>
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<td>TP90648: growing uterus set</td>
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<td>Musculoskeletal</td>
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<td>TP90819: menstrual cycle</td>
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<td>Anatomy of the breast</td>
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<td>Stages of childbirth</td>
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<tr>
<td>Labour/birthing positions</td>
<td>CG</td>
<td>TP90673: positions for labour and birth</td>
<td>Recommend both poster for squatting position as well as positions for</td>
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<td></td>
<td></td>
<td>TP90811: squatting</td>
<td>labouring out of bed</td>
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<td>States of pregnancy</td>
<td>CG</td>
<td>TP90648: growing uterus set</td>
<td></td>
</tr>
<tr>
<td>Menstrual Cycle</td>
<td>CG</td>
<td>TP90819: menstrual cycle</td>
<td></td>
</tr>
<tr>
<td>Documentaries (DVD/video)</td>
<td></td>
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<tr>
<td>IM injections for vaccinations</td>
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<tr>
<td>CPR</td>
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<tr>
<td>Processes of pregnancy</td>
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<tr>
<td>Delivery process</td>
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<tr>
<td>Essential newborn care</td>
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</tbody>
</table>

*ICM Standard Competency-Based Equipment List for Basic Skills Training in Midwifery Schools*
<table>
<thead>
<tr>
<th>Item Description</th>
<th>Company Models</th>
<th>Item number</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection control</td>
<td>JHPIEGO</td>
<td>SKU 277</td>
<td>EngenderHealth and JHPIEGO have videos on these. Contact them for discussion and possible supply as development partners</td>
</tr>
<tr>
<td></td>
<td>Engender Health</td>
<td>CD/DVDs free of charge</td>
<td></td>
</tr>
</tbody>
</table>

*Credit: Community-based Health Planning and Services Technical Assistance Project (CHPS-TA), Ghana*
3.0. Composite Teaching/Learning Packages

*This list is exemplary. Resources should be added or amended as relevant to the country situation.*

3.1. History taking and client communication

Records (as relevant to the focus of client/patient care needs)
Table and chairs
Register
Patient’s folder with requisite forms

3.2. Physical examination

Gloves
Examination table/bed (with footstool stool or steps)
Stool (wooden/plastic /steel adjustable on castors)
Dressing gown and cover sheets
Screen
BP apparatus (sphygmomanometer and stethoscope)
Thermometer
Reflex hammer
Disposable tongue depressor
Light source/examination light or flash light
Weighing scale
Cotton swabs
Gauze
Wall clock with seconds hand
Speculum (for some applications)
Sharps containers
0.5% chlorine solution and receptacle for decontamination
Dust bin

3.3. Laboratory investigations *(optional)*

Microscope
Reagents
Tourniquet
Cuvette
Microscope slides
Laboratory forms
Cotton wool swab
Hand sanitizers/disinfektants
Slide containers
Cold storage (or simulation - to preserve specimens)
Gloves
Adhesive tape
Haemoglobin measurement device (e.g., Haemacue)

3.4. **Health education and counselling**

Table and chairs
Wall charts – relevant to the topic: *for example:*
- Normal changes of pregnancy
- Prenatal discomforts
- Nutritional requirements (mother, newborn, infant)
- Foetal growth and development

3.5 **Family Planning**

3.5.1. **General Resources**

Wall Charts
- Female reproductive anatomy
- Male reproductive anatomy
- Contraceptive methods

Flip Chart & Markers

3.5.2. **Methods/Options Counselling**

Package 3.1.
- Family planning samples
  - Condoms
  - Implant
  - Injectables/Hormonal
  - IUD
  - OC pills (variety of packaging)

3.5.3. **Condom Demonstration**

Penis model on base
- Condoms
- Tissue
- Waste bin
- Hand washing facilities or hand rub (May be locally produced by midwife) or soap

3.5.4. **Implant Insertion**

Anatomic model – female arm
- Implants
Equipment for insertion (can be ordered as a kit from: orders@mariestopes.org.uk)
Contains:
   - Small Rampley sponge holding forceps
   - Bowl/basis
   - 2x curved mosquito forceps
   - Scalpel handle #4
Waste disposal bin
Hand washing facilities or hand rub or soap
Gloves: clean (for simulation) or sterile (for use with clients)

3.5.5. **IUD Insertion**
Anatomic Models
   - Pelvis (Zoe or similar)
   - Cervix & Uterus
Equipment for insertion
   - Tenaculum
   - Ring Forceps
   - Uterine Sound
   - IUD in Drive Tube
Cotton swabs
Waste bin
Hand washing facilities or hand rub
Gloves: clean (for simulation) or sterile (for use with clients)

3.5.6. **Injectables**
Anatomic model (e.g., arm, orange or grapefruit)
Depo Provera (simulated)
18-20 gauge needles
3cc syringe

3.6. **Antenatal Care**

3.6.1. **Models and Resources**
   - Pelvic model (Zoe with Landmarks)
   - Bony pelvis
   - Small ball with socks
   - Breast model
   - Non-Pregnant Abdomen (Alternatively students can demonstrate on each other)
   - Wall Charts & Job Aids on:
     - Normal changes of pregnancy
     - Prenatal Discomforts
     - Foetal growth and development
     - Danger signs (High risk conditions and when to contact the midwife)
Chart on comfort measures during labour
Basic food groups
Chart with positioning of the placenta in the uterus

3.6.2. **History taking**
Package 3.1
Antenatal care records (Consistent with local clinical practice)
Gestational Age Calculator (Gestational Wheel)

3.6.3. **Physical examination**
Package 3.2.
Measuring tape
Vagina Speculums – Various sizes
Lubricant – water soluble
Sterile vaginal swabs
Fetoscope or doppler (if available)
Wall clock with second hand
Cotton swabs in bowl/basis
Examination gloves
Urine testing kit for protein and sugar
Urine specimen bottles
HIV testing kit (*per country protocol*)
Personal protection equipment (waterproof apron)
Operating/examination/disposal towels
Syringes and needles
Ultrasound (optional: *if available*)
Referral forms for laboratory tests

3.6.4. **Nutrition education**
Demonstration bottles/trays filled with a variety of nutritious foods for client education on foods to eat during pregnancy

3.6.5. **Medications used in the antepartum period (simulations)**
Haematenics
Tetanus Toxoid
Vitamins
Life saving medications: (e.g. antimalarials, antibiotics, anticonvulsants, anti-hypertensives and anti-retrovirals)

3.7. **Intrapartum Care**

3.7.1. **Models and resources**
Pregnant abdomen (Zoe or Similar)
Cervical dilatation
Third trimester fetal model
Bony pelvis (Landmarks Identified)
Foetal skull (Landmarks Identified)
Adult resuscitation model
Wall Charts/Job Aids on:
  Stages of labour
  Cervical dilation and foetal descent
  Mechanisms of birth (vertex & breech)
  Malpresentations
  Uterine Involution
  Chart on descent of foetal head
  Chart on positioning for delivery
  Bimanual compression of the uterus
  Shoulder dystocia
  Aortic compression
  Newborn resuscitation protocol
  Episiotomy repair
  Repair of perineal and cervical tears
  Types of common stitches/knot tying sequence

3.7.2. History taking
   Package 3.1.

3.7.3. Physical examination
   Package 3.2.
   Pregnant Anatomic model
   Foetal stethoscope

3.7.4 Pelvic examination
   Selected resources from Package 3.2
   Pelvic model
   Vagina speculums – various sizes
   Lubricant – water soluble
   Sterile examination gloves (May simulate with non-sterile gloves)

3.7.5 Laboratory investigations
   Package 3.3.

3.7.6. Monitoring of labour and conduct of delivery
   Forms and records
   Partograph (consistent with locally adopted WHO version)
   Nationally Approved standardised referral forms
Personal protection equipment
  Goggles
  Aprons/gowns - plastic

Equipment and supplies for intrapartum and immediate postpartum care of the mother
  Intravenous supplies
  Swabs/Alcohol wipes
  Selection of syringes and needles
  Cannula fixing dressings and tapes
  Mayo scissors
  Ring forceps (3)
  Artery forceps (7⅛ in.) /Large hemostats (3)
  Kochers forceps or amniotomy hook
  Tourniquet
  Catheter (Foleys) size 14-16cm
  Sharps container
  Plastic graduated measuring jug
  Episiotomy, perineal laceration & repair set
  (Ideally one set each per student)
  Absorbable suture commonly available locally, e.g., chromic catgut 2-0
  Semi curved surgical scissors
  Adhesive bandages
  Needle driver/holder
  10cc Syringe
  18 gauge needle
  Pick-Ups (plain dissecting Forceps)
  Sterile sanitary pad

3.7.7. Medications used in the intrapartum period (simulations)
  Local anaesthetic (e.g., xylocaine/ lidocaine 1%)
  Analgesic (e.g., Pethidine)
  Oxytocin or alternative uterotonic, according to country protocol
  Misoprostol
  Dextrose 5%
  Normal saline 0.9%
  Ringer’s Lactate solution

3.7.8. Equipment and supplies for immediate care of the newborn
  Plastic cord clamp/string
  Mucus extractor
  Paediatric ID band
  Infant weighing scale
  Table with flat and accessible working surface
Infant blanket (thermoregulation)
Infant warmer, heating pads, hot water bottles (thermoregulation)
Towels (for warming and stimulation)

3.8. Postpartum Care

3.8.1. Models and resources
Charts on health education
  Family planning method
  Attachment of baby to breast
  Nutrition
  Hand washing

3.8.2. History taking
Selected resources from Package 3.1.

3.8.3. Physical examination
Selected resources from Package 3.2.

3.8.4 Counseling and health education
Selected resources from Package 3.3 and 3.4.

3.8.5. Medications used in the postpartum period (simulations)
  Haematinics (for anaemia)
  Antibiotics
  Anti Retrovirals drugs (ARVs for HIV positive mothers)
  Analgesics
  Antipyretics

3.8.6. Provision of MVA Services
MVA kit (see competency 7 list)

3.9 Immediate Newborn and Infant Care

3.9.1. Models and resources
Full term baby doll with sutures
Resuscitation doll
Doll (for teaching baby bath)
Wall charts
  APGAR score
  Gestational Age
  Examination of the baby
  Immunization schedule
  Resuscitation
How to position baby to breastfeed

3.9.2. Infant Resuscitation
Newborn resuscitation model
Cloth or baby blanket to wrap model
Suction apparatus
Self-inflating bag (newborn)
Resuscitation bag and mask (term and premature sizes)
Oxygen source with flow meter (may simulate)
Clock
Transport incubator and hot water bottle

3.9.3. Assessment of the Newborn
Newborn doll
Cloth or baby blanket to wrap doll
Baby weigh scale
Thermometer
Infant stethoscope
Newborn record

3.9.4. Eye Care
Cotton swabs
Medication (simulation)
Silver nitrate 1%
Polyvidone iodine 2.5% solution
Tetracycline eye ointment

3.9.5. Infant Immunization
Needles
Syringes
Cotton balls
Antiseptic solution
Simulated tissue (e.g., firm foam rubber) for injection
Vials of vaccine (simulated)
Immunization record

3.9.6. Well Baby Care
Baby weighing scale
Rectal thermometer
Measuring tape or other calibrated measuring device
Infant stethoscope
Wall clock with second’s hand
Clothing/cap/diaper
Baby Immunization record book

3.10 Abortion-Related Care

3.10.1 Models and Resources
Selected resources from Package 3.6.1

3.10.2 Equipment and supplies
Vaginal speculum
22 or 23 gauze needle and 10mls syringe for paracervical block
Intravenous equipment and supplies
MVA kit (can obtain from IPAS as MVA Plus (reusable)
Silicone for lubricating the syringe
Set of dilators (tapered dilator, such as Pratt or Denniston, are the best)
Sponge holding forceps-straight
Ring Forceps 9.5 in or 24.2 cm
Long dressing forceps
Tenaculum (atraumatic and/ or single tooth)
Uterine sound
Mosquito artery forceps (curved and straight)
Large curved haemostat-7in (artery forceps)
Strong light source or big flash light
Bowls (various sizes)
Container and strainer for tissue inspection
4.0. Skills Laboratory Equipment List per each ICM Essential Competency for Midwifery Schools

4.1. Skills Laboratory Equipment List per each ICM Essential Competency for Midwifery Schools

<table>
<thead>
<tr>
<th>ESSENTIAL COMPETENCIES FOR BASIC MIDWIFERY PRACTICE (2010)</th>
<th>COMPETENCY STATEMENT AND REQUIRED SKILLS</th>
<th>REQUIRED TEACHING AND LEARNING MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPETENCY # 1: COMPETENCY IN SOCIAL, EPIDEMIOLOGIC AND CULTURAL CONTEXT OF MATERNAL AND NEWBORN CARE</td>
<td>Midwives 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.</td>
<td>Teaching and Learning Packages</td>
</tr>
</tbody>
</table>

**Skills and/or abilities**

**Basic**
- engage in health education discussions with and for women and their families
- use appropriate communication and listening skills across all domains of competency
- assemble, use and maintain equipment and supplies appropriate to setting of practice
- record and interpret relevant findings for services provided across all domains of competency, including what was done and what needs follow-up
- comply with all local reporting regulations for birth and death registration
- take a leadership role in the practice arena based on professional beliefs and values

**Additional**
- The midwife has the skills and/or ability to....

Variety of health education materials (from Section 2.1, List 5)
Such materials may be accessible from the Directorate in charge of MNCH, Population related organisations, Health Education or Promotion Units of the Ministry of Health
<table>
<thead>
<tr>
<th>ESSENTIAL COMPETENCIES FOR BASIC MIDWIFERY PRACTICE (2010)</th>
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</tr>
</thead>
</table>
|                                                         | • assume administration and management tasks and activities, including quality and human resource management, appropriate for level of health facility and midwifery scope of practice  
• take a leadership role in policy arenas                 | Teaching and Learning Packages            |
| **COMPETENCY # 2: COMPETENCY IN PRE-PREGNANCY CARE AND FAMILY PLANNING** | Midwives 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. | |
| **Skills and/or abilities**                              | **Basic**                                | History taking and client communications (3.1)  
• take a comprehensive health and obstetric, gynaecologic and reproductive health history  
• engage the woman and her family in preconception counselling, based on the individual situation, needs and interests  
• perform a physical examination, including clinical breast examination, focused on the presenting condition of the woman  
• order and/or perform and interpret common laboratory tests (e.g., haematocrit, urinalysis dip-stick for proteinuria)  
• request and/or perform and interpret selected screening tests such as screening for TB, HIV, STIs  
• provide care, support and referral or treatment for the HIV positive woman and HIV counselling and testing for women who do not | Health education and counselling (3.4)  
Physical examination (3.2)  
Laboratory investigations (3.2)  
Health education and counselling (3.4) |
<table>
<thead>
<tr>
<th>ESSENTIAL COMPETENCIES FOR BASIC MIDWIFERY PRACTICE (2010)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>know their status</td>
<td></td>
<td>Teaching and Learning Packages</td>
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<tr>
<td></td>
<td>• prescribe, dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) locally available and culturally acceptable methods of family planning</td>
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<td></td>
<td>• advise women about management of side effects and problems with use of family planning methods</td>
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<td></td>
<td>• prescribe, dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) emergency contraception medications, in accord with local policies, protocols, law or regulation</td>
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<td></td>
<td>• provide commonly available methods of barrier, steroidal, mechanical, and chemical methods of family planning</td>
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<tr>
<td></td>
<td>• take or order cervical cytology (Pap) test</td>
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<td></td>
<td><strong>Additional</strong></td>
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<tr>
<td></td>
<td>• use the microscope to perform simple screening tests</td>
<td>Family Planning (3.5.1; 3.5.2; 3.5.3; 3.5.6)</td>
</tr>
<tr>
<td></td>
<td>• insert and remove intrauterine contraceptive devices</td>
<td>Laboratory investigations (3.3.)</td>
</tr>
<tr>
<td></td>
<td>• insert and remove contraceptive implants</td>
<td>Family Planning (3.5.5)</td>
</tr>
<tr>
<td></td>
<td>• perform acetic acid visualization of the cervix and interpret the need for referral and treatment</td>
<td>Family Planning (3.5.4)</td>
</tr>
<tr>
<td></td>
<td>• perform colposcopy for cervical cancer screening and interpret the need for referral and treatment</td>
<td>Laboratory investigations (3.3.)</td>
</tr>
<tr>
<td>ESSENTIAL COMPETENCIES FOR BASIC MIDWIFERY PRACTICE (2010)</td>
<td>COMPETENCY STATEMENT AND REQUIRED SKILLS</td>
<td>REQUIRED TEACHING AND LEARNING MATERIALS</td>
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<tr>
<td>COMPETENCY # 3: COMPETENCY IN PROVISION OF CARE DURING PREGNANCY</td>
<td>Midwives provide high quality antenatal care to maximize the health during pregnancy and that includes early detection and treatment or referral of selected complications</td>
<td>Teaching and Learning Packages</td>
</tr>
</tbody>
</table>

Skills and/or abilities

**Basic**

- take an initial and ongoing history each antenatal visit
- perform a physical examination and explain findings to the woman
- take and assess maternal vital signs including temperature, blood pressure, pulse
- assess maternal nutrition and its relationship to fetal growth; give appropriate advice on nutritional requirements of pregnancy and how to achieve them
- perform a complete abdominal assessment including measuring fundal height, lie, position, and presentation
- assess fetal growth using manual measurements
- evaluate fetal growth, placental location, and amniotic fluid volume, using ultrasound visualization and measurement (if equipment is available for use)
- listen to the foetal heart rate; palpate uterus for foetal activity and interpret findings
- monitor foetal heart rate with Doppler (if available)
- perform a pelvic examination, including sizing the uterus, if indicated and when appropriate, during the course of pregnancy

- History taking (3.6.2)
- Physical examination (3.6.3)
- Nutrition education (3.6.4)
- Antenatal care (3.6.1)
- Physical examination (3.6.3)
- Pelvic examination (3.7.4)
<table>
<thead>
<tr>
<th>ESSENTIAL COMPETENCIES FOR BASIC MIDWIFERY PRACTICE (2010)</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>perform clinical pelvimetry [evaluation of bony pelvis] to determine the adequacy of the bony structures</td>
<td>Antenatal care (3.6.1) Models and resources (3.6.1)</td>
</tr>
<tr>
<td></td>
<td>calculate the estimated date of birth</td>
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<td></td>
<td>Provide health education to adolescents, women and families about normal pregnancy progression, danger signs and symptoms, and when and how to contact the midwife</td>
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<td>teach and/or demonstrate measures to decrease common discomforts of pregnancy</td>
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<td></td>
<td>Provide guidance and basic preparation for labour, birth and parenting</td>
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<td></td>
<td>identify variations from normal during the course of the pregnancy and institute appropriate first-line independent or collaborative management based upon evidence-based guidelines, local standards and available resources for:</td>
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<tr>
<td></td>
<td>o low and or inadequate maternal nutrition</td>
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<td></td>
<td>o inadequate or excessive uterine growth, including suspected oligo- or polyhydramnios, molar pregnancy</td>
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<td>o elevated blood pressure, proteinuria, presence of significant oedema, severe frontal headaches, visual changes, epigastric pain associated with elevated blood pressure</td>
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<td>o vaginal bleeding</td>
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</table>
### ESSENTIAL COMPETENCIES FOR BASIC MIDWIFERY PRACTICE (2010)

<table>
<thead>
<tr>
<th>COMPETENCY STATEMENT AND REQUIRED SKILLS</th>
<th>REQUIRED TEACHING AND LEARNING MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>o multiple gestation, abnormal lie/malpresentation at term</td>
<td>Teaching and Learning Packages</td>
</tr>
<tr>
<td>o intrauterine fetal death</td>
<td></td>
</tr>
<tr>
<td>o rupture of membranes prior to term</td>
<td></td>
</tr>
<tr>
<td>o HIV positive status and/or AIDS</td>
<td></td>
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<tr>
<td>o hepatitis B and C positive</td>
<td></td>
</tr>
<tr>
<td>• prescribe, dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) selected, life-saving drugs (e.g., antibiotics, anticonvulsants, anti-malarials, anti hypertensives, anti retrovirals) to women in need because of a presenting condition</td>
<td>Medications used in the antepartum period (3.6.5)</td>
</tr>
<tr>
<td>• identify deviations from normal during the course of pregnancy and initiate the referral process for conditions that require higher levels of intervention</td>
<td>Resources from 2.1, List 5</td>
</tr>
</tbody>
</table>

### COMPETENCY #4: COMPETENCY IN PROVISION OF CARE DURING LABOUR AND BIRTH

Midwives provide high quality, culturally sensitive care during labour, conduct a clean and safe birth and handle selected emergency situations to maximize the health of women and their newborns

<table>
<thead>
<tr>
<th>Skills and/or abilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic</strong></td>
</tr>
<tr>
<td>• take a specific history and maternal vital signs in labour</td>
</tr>
<tr>
<td>• perform a focused physical examination in labour</td>
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<tr>
<td>• perform a complete abdominal assessment for foetal position and descent</td>
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<table>
<thead>
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<tbody>
<tr>
<td>History taking (3.7.2)</td>
<td></td>
</tr>
<tr>
<td>Physical examination (3.8.3)</td>
<td></td>
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<tr>
<td>ESSENTIAL COMPETENCIES FOR BASIC MIDWIFERY PRACTICE (2010)</td>
<td>COMPETENCY STATEMENT AND REQUIRED SKILLS</td>
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</tr>
<tr>
<td></td>
<td>• time and assess the effectiveness of uterine contractions</td>
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<tr>
<td></td>
<td>• perform a complete and accurate pelvic examination for dilation, descent, presenting part, position, status of membranes, and adequacy of pelvis for birth of baby vaginally</td>
</tr>
<tr>
<td></td>
<td>• monitor progress of labour using the Partograph or similar tool for recording</td>
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<td></td>
<td>• provide physical and psychological support for woman and family and promote normal birth</td>
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<td></td>
<td>• facilitate the presence of a support person during labour and birth</td>
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<tr>
<td></td>
<td>• provide adequate hydration, nutrition and non-pharmacological comfort measures during labour and birth</td>
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<td></td>
<td>• provide pharmacologic therapies for pain relief during labour and birth</td>
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<tr>
<td></td>
<td>• provide for bladder care including performance of urinary catheterization when indicated</td>
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<tr>
<td></td>
<td>• promptly identify abnormal labour patterns and initiate appropriate and timely intervention and/or referral</td>
</tr>
<tr>
<td></td>
<td>• stimulate or augment uterine contractility, using non-pharmacologic agents</td>
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<tr>
<td></td>
<td>• administer local anaesthetic to the perineum when episiotomy is anticipated or perineal repair is required</td>
</tr>
<tr>
<td></td>
<td>• perform an episiotomy if needed</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>ESSENTIAL COMPETENCIES FOR BASIC MIDWIFERY PRACTICE (2010)</th>
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<th>REQUIRED TEACHING AND LEARNING MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• perform appropriate hand manoeuvres for a vertex birth</td>
<td>Monitoring of labour and conduct of delivery (3.7.6)</td>
</tr>
<tr>
<td></td>
<td>• perform appropriate hand manoeuvres for face and breech deliveries</td>
<td></td>
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<tr>
<td></td>
<td>• clamp and cut the cord</td>
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<td></td>
<td>• institute immediate, life-saving interventions in obstetrical emergencies (e.g., prolapsed cord, malpresentation, shoulder dystocia, and fetal distress) to save the life of the fetus, while requesting medical attention and/or awaiting transfer</td>
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<td></td>
<td>• manage a cord around the baby’s neck at birth</td>
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<td></td>
<td>• support expectant (physiologic) management of the 3rd stage of labour</td>
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<td></td>
<td>• conduct active management of the 3rd stage of labour</td>
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<td></td>
<td>o administer uterotonic drug within one minute of birth of infant</td>
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<td></td>
<td>o perform controlled cord traction</td>
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<td></td>
<td>o perform uterine massage after delivery of placenta</td>
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<td></td>
<td>• inspect the placenta and membranes for completeness</td>
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<td></td>
<td>• perform fundal massage to stimulate postpartum uterine contraction and uterine tone</td>
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<td></td>
<td>• provide a safe environment for mother and infant to promote attachment (bonding)</td>
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<td></td>
<td>• estimate and record maternal blood loss</td>
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<td></td>
<td>• inspect the vagina and cervix for lacerations</td>
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<td></td>
<td>• repair an episiotomy if needed</td>
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</tbody>
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<table>
<thead>
<tr>
<th>ESSENTIAL COMPETENCIES FOR BASIC MIDWIFERY PRACTICE (2010)</th>
<th>COMPETENCY STATEMENT AND REQUIRED SKILLS</th>
<th>REQUIRED TEACHING AND LEARNING MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>· repair 1\textsuperscript{st} and 2\textsuperscript{nd} degree perineal or vaginal lacerations</td>
<td>· manage postpartum bleeding and haemorrhage, using appropriate techniques and uterotonic agents as indicated · prescribe, dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) selected, life-saving drugs (e.g., antibiotics, anticonvulsants, antimalarials, antihypertensive, antiretroviral) to women in need because of a presenting condition · perform manual removal of placenta · perform internal bimanual compression of the uterus to control bleeding · perform aortic compression · identify and manage shock · insert intravenous line, draw blood for laboratory testing · arrange for and undertake timely referral and transfer of women with serious complications to a higher level health facility, taking appropriate drugs and equipment and arranging for a companion care giver on the journey, in order to continue giving emergency care as required · perform adult cardio-pulmonary resuscitation <strong>Additional</strong> · perform vacuum extraction · repair 3\textsuperscript{rd} and 4\textsuperscript{th} degree perineal and vaginal lacerations</td>
<td>Medications used in the intrapartum period (3.7.7) Resources from Section 2.1., List 5 Models from Section 2.1, List 1</td>
</tr>
<tr>
<td>ESSENTIAL COMPETENCIES FOR BASIC MIDWIFERY PRACTICE (2010)</td>
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<td></td>
<td><strong>COMPETENCY #5: COMPETENCY IN PROVISION OF CARE FOR WOMEN DURING THE POSPARTUM PERIOD</strong></td>
<td>Teaching and Learning Packages</td>
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<tr>
<td></td>
<td>Midwives provide comprehensive, high quality, culturally sensitive postpartum care for women</td>
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<tr>
<td></td>
<td><strong>Skills and/or abilities</strong></td>
<td></td>
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<td></td>
<td><strong>Basic</strong></td>
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<tr>
<td></td>
<td>- identify and repair cervical lacerations</td>
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<td></td>
<td>- Midwives provide comprehensive, high quality, culturally sensitive postpartum care for women</td>
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<td></td>
<td>- Take a selective history, including details of pregnancy, labour and birth</td>
<td>History taking (3.8.2)</td>
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<td>- Perform a focused physical examination of the mother</td>
<td>Physical examination (3.8.3)</td>
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<td></td>
<td>- Provide information and support for women and/or their families who are bereaved (maternal death, stillbirth, pregnancy loss, neonatal death, congenital abnormalities)</td>
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<td></td>
<td>- Assess for uterine involution and healing of lacerations and/or repairs</td>
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<tr>
<td></td>
<td>- Initiate and support uninterrupted [immediate and exclusive] breastfeeding</td>
<td>Counselling and health education (3.8.4) Models and resources (3.8.1)</td>
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<td></td>
<td>- Teach mothers how to express breast milk, and how to handle and store expressed breast milk</td>
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<td></td>
<td>- Educate mother on care of self and infant after childbirth including signs and symptoms of impending complications, and community-based resources</td>
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<td>• Educate a woman and her family on sexuality and family planning following childbirth. Provide appropriate and timely first-line treatment for any complications detected during the postpartum examination (e.g., anaemia, haematoma, maternal infection), and refer for further management as necessary. • Provide emergency treatment of late post-partum haemorrhage, and refer if necessary. <strong>Additional</strong> • Perform manual vacuum aspiration of the uterus for emergency treatment of late post-partum haemorrhage.</td>
<td><strong>Teaching and Learning Packages</strong></td>
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<tr>
<td></td>
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<td>Family planning (3.5.2)</td>
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<td>Medications used in the postpartum period (3.8.5)</td>
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<td>Provision of MVA services (3.10.2)</td>
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<tr>
<td>COMPETENCY# 6: COMPETENCY IN POSTNATAL CARE OF THE NEWBORN</td>
<td><strong>Midwives provide high quality, comprehensive care for the essentially healthy infant from birth to two months of age.</strong></td>
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</tr>
<tr>
<td>Skills and/or abilities</td>
<td>• <strong>Basic</strong> • Provide immediate care to the newborn, including cord clamping and cutting, drying, clearing airways, and ensuring that breathing is established. • Assess the immediate condition of the newborn (e.g., APGAR scoring or other assessment method.</td>
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<td>• Promote and maintain normal newborn body temperature through covering (blanket, cap), environmental control, and promotion of skin-to-skin contact</td>
<td>Teaching and Learning Packages</td>
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<td>Models and resources (3.9.1)</td>
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<td></td>
<td>• Begin emergency measures for respiratory distress (newborn resuscitation), hypothermia, hypoglycaemia</td>
<td>Infant resuscitation (3.9.2)</td>
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<td></td>
<td>• Give appropriate care including kangaroo mother care to the low birth weight baby, and arrange for referral if potentially serious complications arise, or very low birth weight</td>
<td>Assessment of the newborn (3.9.3)</td>
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<tr>
<td></td>
<td>• Perform a screening physical examination of the newborn for conditions incompatible with life</td>
<td>Models and resources (3.9.1)</td>
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<td></td>
<td>• Perform a gestational age assessment</td>
<td>Well baby care (3.9.6)</td>
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<td>• Provide routine care of the newborn, in accord with local guidelines and protocols (e.g., identification, eye care, screening tests, administration of vitamin k, birth registration)</td>
<td>Eye care (3.9.4)</td>
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<td></td>
<td>• Position infant to initiate breast feeding as soon as possible after birth and support exclusive breastfeeding</td>
<td>Infant immunization (3.9.5)</td>
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<td>• Transfer the at-risk newborn to emergency care facility when available</td>
<td>Resources from Section 2.1, List 5</td>
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<td>• Educate parents about danger signs in the newborn and when to bring infant for care</td>
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<td>• Educate parents about normal growth and development of the infant and young child, and how to provide for day-to-day needs of the normal child</td>
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<td>• Assist parents to access community resources available</td>
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<td></td>
<td>to the family</td>
<td>Teaching and Learning Packages</td>
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<td></td>
<td>• Support parents during grieving</td>
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<td></td>
<td>process for loss of pregnancy,</td>
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<tr>
<td></td>
<td>stillbirth, congenital birth</td>
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<td></td>
<td>defects or neonatal death</td>
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<td>• Support parents during transport/transfer of newborn or during times of separation from infant (e.g., NICU admission)</td>
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<td>• Support and educate parents who have given birth to multiple babies (e.g., twins, triplets) about special needs and community resources</td>
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<td>• Provide appropriate care for baby born to an HIV positive mother (e.g. Administration of ARV and appropriate feeding)</td>
<td>Models and resources (3.9.1)</td>
</tr>
<tr>
<td>COMPETENCY #7: COMPETENCY IN FACILITATION OF ABORTION-RELATED CARE</td>
<td>Midwives provide a range of individualised, culturally sensitive abortion-related care services for women requiring or experiencing pregnancy termination or loss that are congruent with applicable laws and regulations and in accord with national protocols</td>
<td></td>
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<tr>
<td>Skills and/or abilities</td>
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<tr>
<td>Basic</td>
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<td>• Assess gestational period through query about LMP,</td>
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<td>bimanual examination and/or urine pregnancy testing</td>
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<td>• Inform women who are considering abortion about</td>
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<td>available services for those keeping the pregnancy and</td>
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<td>for those proceeding with abortion, methods for</td>
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<td>obtaining abortion, and to support women in their</td>
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<tr>
<td>choice</td>
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<td>• Take a clinical and social history to identify</td>
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<td>contraindications to medication or aspiration abortion</td>
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<td>Models and resources (3.10.1)</td>
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</tbody>
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<tbody>
<tr>
<td></td>
<td>• Educate and advise women (and family members, where appropriate), on sexuality and family planning post abortion</td>
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<td>• Provide family planning services concurrently as an integral component of abortion-related services</td>
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<td>• Assess for uterine involution; treat or refer as appropriate</td>
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<td>• Educate mother on care of self, including rest and nutrition and on how to identify complications such as haemorrhage</td>
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<td></td>
<td>• Identify indicators of abortion-related complications (including uterine perforation); treat or refer for treatment as appropriate</td>
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<td><strong>Additional</strong></td>
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<td></td>
<td>• prescribe, dispense, furnish or administer drugs (however authorised to do so in the jurisdiction of practice) in dosages appropriate to induce medication abortion</td>
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<td></td>
<td>• perform manual vacuum aspiration of the uterus up to 12 completed weeks of pregnancy</td>
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