



The aim of this course is to enable students to demonstrate appropriate midwifery knowledge and skills in a clinical practice environment and to achieve the course objectives in alignment with the Nursing and Midwifery Board of Australia (NMBA) Midwife Standards for Practice. Midwifery Development Practicum ELA2 provides opportunity for second year midwifery students to engage in a mix of intrapartum, antenatal and/or postnatal care.

Courses undertaken to support their clinical learning include: Evidence Based Midwifery, Primary Midwifery Practice, Human Body 1 & 2, Healthy Mothers and Babies, Complex Care of the Woman, Fetal and Maternal Pathophysiology and Midwifery Foundation Practicum ELA1.

Students should be encouraged to **actively** participate in care as soon as appropriate under either direct or indirect supervision of a midwife or doctor. Direct supervision is when the supervisor/clinician takes direct and principal responsibility for the midwifery care provided and must be physically present to observe the student when they are providing care. Indirect supervision is when the supervisor is easily contactable and available to observe and discuss the midwifery care the student is delivering. When students are undertaking any intimate examinations or care, they should **always** be under the direct supervision of a health professional.

The following is a **guide only** to the theory and skills practiced on-campus for this course at beginner level.

Theory and Skills

Professional communication: Effective communication with the woman, woman centred care, informed consent, active decision making, written documentation and clinical handover, advocacy, and conflict resolution

Management of medical/obstetric conditions: Such as pre-eclampsia, gestational diabetes, asthma, epilepsy, cholestasis, and placenta previa

Management of obstetric complications: Bleeding in pregnancy, malpresentation, cord prolapse, multiple birth, preterm labour, amniotic fluid embolism, breech birth and shoulder dystocia

Management of induction/augmentation of labour: Indications sweeping the fetal membranes, balloon catheter, prostaglandin E2 (PGE2), amniotomy and intravenous oxytocin

Management of postnatal complications: Postpartum haemorrhage, retained placenta

Use of technology during complex management of care: CTG monitoring, IntelliLearn EFM package, application of fetal scalp electrode, introduction to fetal ultrasound assessment for midwives

Pharmacology in midwifery practice: Oral, IV, IM, SC, epidural

Medicine calculation/administration: Oral medication, IM neonatal injections; IM and SC maternal injection, IV therapy and injections, syringe pumps and infusions.

Midwifery skills: Insertion and management of indwelling catheters, estimating blood loss, peak flow monitoring, BGL monitoring, pelvic examination, speculum examination, donning sterile gloves and gown, performing episiotomy and commencement and maintenance of blood transfusions and wound care.

COCE: Engagement in the care of 8 women for their Continuity of Care Experience (CoCE) over the course of the program.

Students are required to have these 5 Clinical Assessment Tools (CATs) assessed by their supervising midwives:

- **CAT 2:** Ongoing pregnancy care
- **CAT 6:** Care of the woman on admission to the birth environment
- **CAT 8:** Care of the woman progressing in labour
- **CAT 9:** Working with pain in labour
- **CAT 25:** Administering an injection to the newborn

It is expected that students will attain a **minimum** rating of **Proficient (P)** level (please see 'Quick Guides: Clinical Assessment Tool for the Midwifery Student').

CAT 5: Performing and interpreting an antenatal cardiotocograph has already been assessed and passed in the pre-clinical workshop.

Students are required to collect daily feedback from their supervising midwives. Each student has a Clinical Facilitator allocated by the University; please provide feedback as requested or contact as needed if the student requires.

Thank you for participating in educating the next generation of midwives