



# Midwest Maternal Child Institute

Education Catalog

Certified Professional Midwifery Associate Degree Program

Maternal Child Health Specialist Associate Degree and Diploma Programs

Perinatal Educator Certificate Program

Volume VIII, 2023



**Midwest Maternal Child Institute**

[www.mmcinst.com](http://www.mmcinst.com)

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## Introduction



Midwest Maternal Child Institute (MMCI) offers an Associate Degree that prepares students to become Certified Professional Midwives (CPM). Depending on the legal status of CPMs in the states in which students reside, they may qualify for licensure. MMCI also offers a Diploma and an Associate Degree in Maternal Child Health that prepares students to become Maternal Child Health Specialists (MCHS). Because we recognize that many communities are underserved in the area of maternal child health, MMCI especially seeks students who want to serve the well-being of the people and the communities to which they belong.

### **Fulltime/Parttime Attendance**

MMCI's birth programs are full-time programs with no path for students wishing to attend part-time. These programs are specifically designed to meet the needs of adult learners.

### **MMCI Programs**

The CPM program consists of 47 courses taught by experienced educators and providers who specialize in the course's content. Each month, the courses are taught at a weekend intensive that provides an immersion experience into the fundamental theories, science, ethical considerations, and wisdom students need to practice professionally. Clinical opportunities are provided throughout the programs. MMCI's curriculum is designed to promote leadership skills and independence so students can acquire the skills and confidence that will prepare them for the next phase in their birth careers.

MMCI also offers a certificate in Perinatal Education.

### **Student Success**

MMCI CPM graduates have a 100% pass rate on the NARM exam, with only one graduate needing to take the exam a second time, and more than 80% of CPM graduates are currently working in their field.

### **Accreditation**

MMCI's academic programs are approved by the Wisconsin Educational Approval Program.

### **Delivery of MMCI Classes**

Classes will be conducted in person at Harambee Village, 2423 American Lane in Madison, Wisconsin, as is feasible. There will be clinical sites in both the Madison, Wisconsin and Chicago, Illinois areas. At the time this catalog was issued, we continued to face uncertain times as Covid-19 and its new variants continue to be an issue. MMCI classes are traditionally held in person, but we have had to pivot to real-time virtual classes due to the pandemic. We will monitor this situation closely to determine the best

way to deliver classes, following CDC guidelines, so that students and faculty are as safe as possible. Please refer to: Covid-19 Health and Safety in the Classroom requirements in this catalog.

## Contact Information and Classroom Location

**General Information** | Laura Ehmann

[MidwestMaternalChild@gmail.com](mailto:MidwestMaternalChild@gmail.com)

920.350.5856

**Academic Program Information** | Mary Sommers

[masmmrsmidwife@gmail.com](mailto:masmmrsmidwife@gmail.com)

**MMCI Web Site** | [www.mmciinst.com](http://www.mmciinst.com)

**MMCI Mailing Address:**

Midwest Maternal Child Institute-Attn: Laura Ehmann  
422 W. Madison St  
Waterloo WI 53594



**Main Classroom Location:**

Harambee Village  
2423 American Ln  
Madison, WI

## Philosophy, Mission and Goals

### MMCI's Philosophy

We believe it is a great honor and responsibility to serve birthing families. Certified Professional Midwives and Maternal Child Health Specialists are leaders who must act with integrity and purpose when providing care to their clients and their families. This includes being aware of and engaging with the larger context in which midwifery care and general health care are provided in our communities, while taking into account each person's unique circumstances and needs.

Midwives and Maternal Child Health Specialists must cultivate a mutually respectful relationship with their clients, so they may develop the skill of discernment to know when and how to advocate for their clients. MMCI promotes the philosophy of life-long learning for birth workers, and our curriculum is regularly evaluated and updated to reflect the evolving health care needs of our communities.



### MMCI's Mission and Goals

#### Mission

The Midwest Maternal Child Institute's mission is to train Certified Professional Midwives and Maternal Child Health Specialists as leaders who are engaged in the larger context in which maternal child health care is provided, and who will act with the integrity and purpose necessary to provide quality care to their clients and their communities.

#### Goals

MMCI honors its mission by providing high-quality, cost-effective birth education through didactics, clinical practicum, self-study, and group discussion. MMCI prepares midwifery students to qualify for the National Credential Certified Professional Midwife exam through the North American Registry of Midwives (NARM). MMCI trains students to:

- Practice critical thinking while providing informed guidance following the Midwives Model of Care to clients and their families during the childbearing year.
- Act with integrity and purpose in their profession, which includes providing equitable and culturally competent care to clients and their families.
- Practice leadership by serving the well-being of the people and the communities to which they belong
- Be proficient in core competencies of midwifery practice

## Administration and Faculty

### Administration

#### Mary Sommers, MPS, CPM, IBCLC



Mary Sommers is the Academic Affairs Director of the Midwest Maternal Child Institute. She is a Certified Professional Midwife licensed in Wisconsin and holds a Master's Degree in Public Service from DePaul University. Sommers has many years of experience and the wisdom that comes from witnessing more than 1,800 deliveries over the past 35 years. Early in her career, she co-founded Chicago Community Midwives, a not-for-profit homebirth service. Sommers has since worked as a midwife, doula, and lactation consultant for various private practices in the Chicago area and has co-directed several nurse-midwifery practices. Sommers was a World Health Organization fellow, studying maternal health in Netherlands and England. She has worked with midwives from Malawi and Grand Valley State to create a midwifery guidebook and APP and was an advisory board member of CASA professional midwifery program in San Miguel de Allende, GTO, Mexico. Sommers has worked for more than thirty years in community health as an administrator and director of maternal child health programs and has supervised more than 40 midwifery students and trained more than 100 doulas in her various administrative roles. She is the author of *More Than a Midwife: Stories of Grace, Glory, and Motherhood* and *The Doula Handbook*. She is featured in the book, *Bright Lights of the Second City: 50 Prominent Chicagoans on Living with Passion and Purpose* by Betsy Storm.

#### Laura Ehmann, MA



Laura Ehmann is the Chief Executive Officer and Student Affairs Director of the Midwest Maternal Child Institute. She holds Master's Degrees in both Transformative Studies and in Business Communication. She has vast experience in both the public and private sectors, including positions as Online Student Success Coach at a community college, Development Director at a public radio station, Program Director of an arts and cultural center and Research Specialist for a market research firm. Her experience in the health care field includes working as a Clinic Liaison with a mobile medical team serving persons without a home on the streets of Chicago, Mental Health Worker at a large psychiatric hospital, and Community Liaison with the Barbados Cancer Society as a Peace Corps volunteer.

#### Katy Collins, BFA, AAS



Katy Collins is the Classroom & Administrative Assistant at MMCI. She has been part of the Chicago Birthing community since 2012. Collins trained with and was certified with To Labor as a birth and postpartum doula. She has supported more than 100 families as a labor support doula, and more than 50 families as a postpartum doula. She was certified by the Association of Placenta Preparation Arts in 2018 and has encapsulated more than 40 placentas. Collins joined Birthways, Inc. as their Labor Support Coordinator & Administrator. In 2020, she graduated with an Associate Degree from MMCI's Maternal Child Health Specialist Program.



## Faculty: Core Instructors, Guest Lecturers, Clinical Support

### Lead Core Instructor

*Mary Sommers, MPS, CPM, IBCLC & Academic Affairs Director of the Midwest Maternal Child Institute*

### Core Instructors

*Kaboni W. Gondwe, PhD, RN*



Dr. Kaboni W. Gondwe holds a PhD in Nursing and a Doctoral Certificate in Global Health from Duke University. She received her BSN and Certificate in Midwifery from University of Malawi, Kamuzu College of Nursing and her Master's Degree in Nursing Education and Nursing Administration from Ohio University. Her research is focused on maternal and child health. Dr. Gondwe is currently working on maternal mental health and mother-infant relationship in Malawi and the United States.

*Jeanine Valrie Logan, CNM, MSN, MPH, CLC*



Jeanine Valrie Logan is a Certified Nurse Midwife and a certified lactation specialist. She is a birth justice activist, working collectively with birth workers of color to address birth inequities, and is a public speaker on the topics of breastfeeding, birth justice, and midwifery in the Black community. She and other activists are working to open a birth center on Chicago's south side. Logan is the co-editor of the book, *Free to Breastfeed: Voices of Black Mothers*. She is also an artist, plant forager and creator of herbal medicines.

*Tera Martin, CNM*



Tera Martin is a CNM in community health, attending births at the Birth Center at PCC in the Chicago area. She also provides clients and families with prenatal, postpartum, gynecological, and family planning care, as well as early postpartum and newborn care during home visits. Previously, Martin spent five years working at Gentle Birth Care, Inc., a home birth practice where she attended home births across the greater Chicagoland area. What she enjoys most about being a midwife is working in partnership with women and their families and finds it rewarding to be able to build a relationship of trust and respect with her clients during this very important time in their lives. When not busy catching babies,

Martin enjoys cooking healthy meals and long walks with her two dogs.

***Betsy Merbitz, CPM, BA***



Betsy Merbitz has been attending births since 2006, and has supported hundreds of families during pregnancy, birth, and postpartum. In 2019 she completed her training as a Certified Professional Midwife and opened her midwifery practice, Violet Circle Midwifery offering childbirth education, home birth, and doula care, with a special focus on serving the LGBTQ community. Merbitz is also employed as a health worker and alternative insemination specialist at Chicago Women's Health Center. She has trained medical students in best practices in performing gynecological exams and also is a student of herbal medicine. Merbitz is a volunteer doula at Chicago Volunteer Doulas and a volunteer rape crisis counselor with Resilience. She also provides first aid to activists as a street medic with Chicago Action Medical and is a certified Emergency Medical Technician.

**Guest Lecturers**

***Tara Gallagher, MS, CD, CLC***



Tara Gallagher is a Birth Outcomes Made Better (BOMB) Doula Program city Doula at the Milwaukee Health Department. She was trained as a Maternal Child Health Specialist at the Midwest Maternal Child Institute and is a certified lactation counselor, a certified doula, and a certified abortion companion. Her Master's thesis is titled, Practical Problems and Moral Discourses: An Ethnography of Breastfeeding. As a Teaching Assistant she taught Anatomy and Physiology courses, and as a high school teacher she taught courses in the sciences.

***Susan Greene, MSN, WHNP-BC, APNP***



Susan J. Greene has been in the healthcare field for 28 years. She worked in Labor and Delivery as a Registered Nurse, lactation consultant, and childbirth educator in a county hospital which solidified her decision to become a midwife and nurse practitioner. Greene currently volunteers her knowledge and care of women's health and education at free clinics around southern Wisconsin. She is an OB Clinical Instructor at Edgewood College School of Nursing where she supervises and guides undergraduate nursing students in labor, delivery, ante- and postpartum, triage, surgery, and normal newborn care; and graduate level family nurse practitioner students in the care and treatment of women's health services. She loves supporting and empowering women through all walks of life and sees herself as a partner in their health care.

***Andrea Lee, MD, OB***



Dr. Andrea Lee is a practicing physician in Obstetrics and Gynecology. She majored in psychology at Northwestern University before graduating from medical school at Southern Illinois University with honors in Obstetrics/Gynecology, Pediatrics, Family Practice, and Psychiatry. Dr. Lee's OB-GYN residency was at Georgetown University in Washington, DC, where she served as chief resident and received awards for outstanding resident and best resident teacher. She also worked as a volunteer in OB-GYN medicine at a on St. Lucia in the West Indies. Dr. Lee has a special interest in community medicine and in working with people who are medically underserved.

### **Gertrude Lyons, PhD**



Dr. Gertrude Lyons is Director of the Family Program at the Wright Foundation and faculty at the Wright Graduate University. Dr. Lyons is the Founder of the Rewrite the Mot(HER) Code® coaching platform and holds an EdD and MA in transformational leadership and coaching (with a focus on mothering) and a second MA in psychology from Antioch University. Her work in this area began nearly 30 years ago when she and her husband decided to work with a couples' coach at the Wright Foundation. She decided to pivot her career and pursue a masters and ultimately doctorate in Transformational Leadership and Coaching. During her doctoral studies Dr. Lyons focused on mothering as a vehicle for transformation and met with mothers around the world. She has been featured on TV, in articles, and on podcasts for her work.

### **AnnMarie Rian Wanzeck, CPM LM**



AnnMarie Rian Wanzeck is a CPM, licensed in Wisconsin and working in community birth. She has been providing care to pregnant people and newborns since 2003 and has practiced as a CPM since 2007 in a variety of locations and settings. Rian Wanzeck is passionate about birth sovereignty and reproductive justice. She enjoys teaching both didactic and hands-on skills and brings a unique perspective from practice in many locations, with many other midwives in a manner that focuses on complementary and alternative medicines combined with modern techniques and treatments. She is currently studying neoclassical homeopathy and is excited to introduce homeopathic medicine to the wider community of midwives.

### **Daphne Singingtree, Retired CPM, LM**



Daphne Singingtree began as an apprentice midwife in 1973. She was a Licensed Midwife and a Certified Professional Midwife when she retired in 2003. Singingtree is the author of the *Birthsong Midwifery Workbook*, *The Emergency Guide to Obstetric Complications* and other midwifery publications. She was a founding member of the Midwifery Education Accreditation Council (MEAC) and was active in writing the law licensing midwifery in Oregon. Singingtree was the founder and Director of the Oregon School of Midwifery and Aviva Institute. She currently focuses on herbal medicine and gardening and is an indigenous activist promoting food sovereignty.

### **Ericka Wallace, MS, CNS**



Ericka Wallace is the founder of Moon Catching, an integrative nutrition and health coaching service that provides counseling to women to realign their reproductive health using supportive diet and lifestyle changes. Wallace is a graduate of Maryland University of Integrative Health and of the Institute of Integrative Nutrition, as well as a classically French-trained chef. Besides a passion for food and health, she enjoys photography and backyard gardening.

***Stephanie Williams, LM, CPM, MSM***



Stephanie Williams started her midwifery journey in 2007 and completed a Masters in Midwifery (MSM) at Midwives College of Utah. She has served families and delivered babies all over the world, including in the Philippines, Haiti, South Sudan and Mozambique where she helped set up medical and midwifery clinics in underserved communities. After moving to California, Williams started a birth center and home birth practice. She has been a preceptor to students who now have practices of their own and is passionate about education and empowering the next generation of midwives both in the United States and abroad.

**Clinical Support**

***Sasha Bariffe, LM, CPM***



Sasha Bariffe is an Afro-Latina mother, partner, midwife, and lover of her indoor plant garden. She became a Perinatal Educator and Peer Lactation Educator at Midwest Maternal Child Institute. Then, through a 5-year apprenticeship and completing coursework and the North American Registry of Midwives requirements, Bariffe became Wisconsin's first AfroLatinx Licensed and Certified Professional Midwife. Inspired by Milwaukee's community doulas, she has made it her mission to do her part in making community midwifery accessible to folks of color, of any gender, folks of size, and any citizenship status.

***Nora Kropp, CPM MPH***



Nora Kropp is a Certified Professional Midwife and a maternal health researcher with a Master's in Public Health and a Bachelor's Degree in Global Studies. Kropp has worked in the fields of women's reproductive health and global health for 30 years, including as an apprentice midwife in Nepal and as a CPM in a home birth practice in the US. She received her midwifery training at Maternidad La Luz in El Paso, Texas and worked in family planning and abortion services at Planned Parenthood in Chicago, IL. She has experience with all aspects of research and program implementation in maternal health, including working with the Global Network for Women and Children's Health Research on projects in India, Tibet, Argentina and Uruguay. Kropp lived in India for ten years during which time she co-founded the Bangalore Birth Network where she and her colleagues incubated a freestanding birth center. Kropp currently lives in the Chicago area where she enjoys life with her partner and two daughters.

## Admission and Enrollment Information

### Admission

The Academic Affairs/Midwifery Program Director and the Student Affairs Director meet to review each applicant's qualifications and background to ensure a transparent recruitment and selection process. The criteria for ensuring that we are admitting applicants who are capable of completing the program are carefully reviewed. It is recommended that applicants have childbirth and/or postpartum care experience.

### Diversity in student admissions

MMCI is particularly dedicated to recruiting and admitting students from diverse communities and backgrounds in order to create a diverse birth workforce to serve in areas whose residents have few maternal health options. We have solicited tuition grants for these students from foundations and individuals to minimize the financial barriers to competing the CPM Program.

### Preparation for and prerequisites to admission to CPM and MCHS Programs

#### *Recommended preparation*

- Childbirth and/or postpartum care experience, especially as a labor support doula with documented attendance at births
- Knowledge of birth through research and reading about midwifery and childbirth
- Volunteer experience with birth organizations

#### *Prerequisites*

- Completion of the MMCI Perinatal Educator Program (Part 1) & Program Orientation. All applicants must attend MMCI's Perinatal Educator Program to be considered for MMCI's Certified Professional Midwifery (CPM) and Maternal Child Health Specialist (MCHS) Programs.

The purpose of the Perinatal Educator Program & Orientation is to offer birth instruction in labor support, explore students' calling to the birth professions, particularly their calling to midwifery, and to acquire an awareness of the transformative process of birth. Students have the opportunity to ask questions and be inspired by innovative approaches and understandings of the birth process. Attendance does not guarantee acceptance to MMCI programs.

- An understanding of and competency in general writing and mathematics skills is essential in the practice of midwifery. MMCI requires that students have successfully completed an English Composition course and General Mathematics course at an accredited post-secondary educational institution. Students have the option of completing these courses while matriculating in MMCI's CPM Program and will need to submit transcripts before an Associate Degree is awarded.

## **Admission requirements**

The school application deadline is 30 days prior to the month the program begins. All application materials must be submitted by the deadline. An applicant to the Midwest Maternal Child Institute CPM Program must:

- Be at least 18 years of age
- Have a high school diploma or secondary school equivalency diploma\*
- Complete and submit the application form and other application materials in their entirety
- Submit official high school or college transcripts
- Submit two professional/academic references
- Be physically and otherwise able to perform the duties required for labor support and midwifery\*\*
- Have satisfactorily completed post-secondary classes in General Math and English Composition, or will complete these classes prior to graduating from the CPM Program
- Complete a satisfactory admissions interview at the discretion of the Academic Affairs Director
- Complete the MMCI Perinatal Educator class

\*We do not have a process to accept students who do not have a high school diploma or secondary equivalency diploma.

\*\*Midwest Maternal Child Institute does not have "ability to benefit" students.

### *Class meetings*

Classes are held one weekend each month for the duration of the program (CPM Program is 36 months of didactics plus clinicals and MCHS Program is approximately 24 months plus clinicals). Students will receive a schedule that lists the dates of each class on an annual basis. Clinical/lab sessions will also be scheduled.

NOTE: Class meeting dates are subject to change at the discretion of the Academic Affairs Director.

## **Application process**

### *Application*

Request and complete an MMCI program application. Supporting materials must be submitted with the application. Applications are valid for up to six months from the date they are received. Application does not guarantee acceptance.

### *Interview*

At the discretion of the Academic Affairs Director, applicants will be interviewed by a member(s) of the MMCI administration.

**Transfer of credits/advanced placement**

Students who have successfully completed non-midwifery core courses such as Anatomy and Physiology, Applied Microbiology, Statistics, General Math, and English Composition do not have to repeat these courses if taken at an accredited higher education institution or with a MEAC accredited program. MMCI does not offer advanced placement in the CPM Program. Students wishing to transfer MMCI CPM Program credits to other institutions or programs should contact those institutions and programs regarding their transfer of credits policies.

*Prior learning assessment*

Prior learning for MMCI's CPM Program is not accepted, with the exception of documented birth observations for Phase 1 clinical requirements.

**Licensing and certification**

The CPM Program is designed to fulfill the requirements for the North American Registry of Midwives (NARM), which offers a credentialing and certification process to become a Certified Professional Midwife.

**Enrollment Process**

After a student is accepted into the CPM Program, beginning when the student receives notification of acceptance, the student is required to read the most current MMCI Education Catalog and sign an enrollment agreement stating the student agrees to and will abide by all its provisions. The enrollment agreement must be signed before the program begins, and the student may not attend classes until the enrollment agreement is signed. Students must also submit an initial tuition payment to be considered enrolled as a student at MMCI. The enrollment start date for students is the date of the program's first class (for example, the start date of the current Certified Professional Midwifery Program was January 15, 2022).

**Timeframe for completing the CPM Program**

The average timeframe for students to complete all requirements of MMCI's CPM Program is 3-4 years. The maximum time for completion of the CPM Program is five years.

## Requirements of Students

### **Physical and Mental Requirements**

The work of a midwife is physically and mentally demanding. Standing, walking, stooping, balancing, kneeling, lifting and carrying are all part of the job. Other skills include but are not limited to reading, oral and written fluency, basic computer skills, problem-solving, practicing discernment, multi-tasking, handling stress and being composed under pressure.

### **Policy for reasonable educational accommodation**

MMCI will make every effort to assist a student with disabilities in making reasonable accommodations. Educational accommodations are defined as any reasonable adjustment required for a student to participate fully in the academic program and preceptorship. It is MMCI's policy to also follow similar accommodations that the North American Registry of Midwives (NARM) provides for taking the NARM exam. Examples of such reasonable accommodations include, but are not limited to, additional time for quizzes/testing, or permission to exit/return to live classes. Costs associated with accommodations outside the classroom are not the responsibility of MMCI.

Students requiring academic tutoring will be given the opportunity to meet with the Academic Affairs Director to form a learning plan. Students may then have the option to hire tutors at their own expense from a list of tutors provided by MMCI.

We require that students are able to submit written exams online. Because the North American Registry Midwives (NARM) does not offer a verbal examination to earn the designation of Certified Professional Midwife, we want to prepare our students to meet that standard and be successful in achieving certification. All accommodations made must give the student equal opportunity to participate in program learning, while also preparing them for eventually sitting for the NARM exam and for practicing as a CPM.

NOTE: Accommodations apply to academic learning within MMCI only; any accommodations within the clinical setting must be arranged between the student and preceptor.

### *Requesting accommodations*

Requests for accommodation must be submitted to the Academic Affairs Director by the student in writing with an accompanying signed statement of diagnosis from the student's primary care provider. The statement must be dated within the past two years, and must include a description of the diagnosis, how the related impairment(s) affect the student's ability to participate in the educational program, and a list of the specific accommodations that are being recommended to allow the student to participate fully and equally in the program. Please note that the following disabilities will require additional documentation from a specialist: hearing loss or impairment, psychological or psychiatric diagnoses, and physical disability or impairment. MMCI will maintain student confidentiality. Requests must be made a minimum of 15 days prior to the start of a class for an existing diagnosis. For a disability that is diagnosed after the start of class, accommodation requests must be submitted as soon as possible.

The Academic Affairs Director will review the documentation and request any additional clarification or documentation needed to process the request for accommodation. Within 14 business days of receiving



the request for accommodation, the Academic Affairs Director and faculty will review the request and discuss which requested accommodations MMCI will offer. The Academic Affairs Director will then provide a written list of authorized accommodations to the student and schedule a follow-up meeting to clarify any questions as needed.

Please note that submitting a request for accommodation does not automatically qualify the student for accommodations. All required documentation must clearly indicate the presence of a disabling condition and justify the need for reasonable accommodation. Requests for accommodations are evaluated on a case-by-case basis, with the ultimate goal of providing the student with an education which will prepare them for eventually taking the NARM exam and becoming a CPM. The final decision of whether or not reasonable accommodations are needed and can be provided is made by MMCI.

### **Technology**

A cell phone is required so students can be readily available to their clinical preceptors. A laptop or desktop computer, tablet or device with a webcam and microphone is required to create and submit assignments, and access to high-speed internet is required. Students must also have an email account and must respond to emails from MMCI in a timely fashion. A Zoom account is required for classes and for face-to-face individual meetings with faculty.

Students must have access to Google Classroom and will need a word processing program, such as Microsoft Word installed on their device. It is the student's responsibility to back up all student data, including assignments. It is not the responsibility of MMCI to backup academic assignments submitted by the student.

### **Medical Equipment**

Students are expected to own a stethoscope and blood pressure cuff.

## Facilities and Learning Resources

### **Classroom Facilities and Library**

MMCI CPM Program classes are held at Harambee Village in Madison, Wisconsin. Facilities include a dedicated classroom, private skill practice stations, and a clinical simulation (exam room) area.

The on-site MMCI library consists of required books and many recommended books associated with MMCI's CPM Program. Some books are available to students electronically and from the MMCI Academic Affairs Director's collection upon request. Online articles and videos are shared in Google Classroom and are available for download.

### **Health and safety in the classroom: COVID-19**

Since the onset of the COVID-19 pandemic, MMCI has continually taken into account the health and safety of each student and faculty member. We promote vaccinations, boosters and masking as the most effective and safe path forward to move past the pandemic.

At the time of this writing, it had been two years since vaccines have been available and COVID-19 variants are not going away. The vast majority of serious COVID-19 cases (those leading to hospitalization and death) are among the unvaccinated. Evidence based research strongly supports the assertion that vaccines are effective and safe, and we know COVID-19 can cause devastating harm. Also, more and more research is available regarding the negative long-term health consequences of contracting COVID-19, especially more than once.

Our commitment as healthcare providers and educators is to do our utmost to ensure the health and safety of our students, faculty, patients and community members. We also care deeply about doing as much as we can to safeguard the health of our colleagues, families, and friends.

At a minimum, MMCI will follow the most recent CDC recommendations and we reserve the right to require additional compliance should we deem the situation requires it, including in the MMCI classroom and other facilities at Harambee Village. This may mean that when attending in-person classes/clinicals, students, faculty, providers and other persons may need to show they have been vaccinated or show proof of a negative Covid test three days prior to attending an in-person class. Other measures such as masking and social distancing may also be required, depending on the state of the Covid pandemic and the most current CDC guidelines and the requirements of the learning facilities and clinical sites MMCI utilizes. Students who can show proof of a medical contraindication, as verified by MMCI administration, or have a sincere religious prohibition pertaining to vaccinations may need to provide proof of a negative Covid test three days before attending an in-person class/clinical. Masking and social distancing may also be required.

## Finances

### Scholarships\*

MMCI offers tuition scholarships based on available funds and on students' financial need and commitment to improving maternal child health in their communities, as demonstrated by a willingness to volunteer for community maternal-child organizations. While all students are welcome to apply for a tuition scholarship, due to the profound racial disparities in maternal child health in the US, we are committed to prioritizing scholarships for students of color who wish to become midwives and improve maternal child outcomes in their communities.

\*NOTE: Scholarships are applied to tuition fees only. Students are responsible for additional fees and expenses.

### How to apply

Students may request a scholarship application upon acceptance to the program.

### Federal Financial Aid (Title IV Funds)

MMCI is not authorized to offer Federal Student Aid.

### Tuition, Fees and Expenses

#### CPM Associate Degree Program

#### Fees paid directly to MMCI:

- Program tuition: \$12,600  
*(students may make 3 annual payments of \$4,200 or 12 quarterly payments of \$1,050)*
- Accreditation sustaining fee \$ 360 (covers years 2 & 3 [fee waived in year 1])  
*(students may make 2 annual payments of \$180 or 8 quarterly payments of \$15, which will be invoiced with tuition fees)*
- Teaching assistant support fee \$ 828  
*(students may make 3 annual payments of \$276 or 12 quarterly payments of \$69, which will be invoiced with tuition fees)*
- Student clinical insurance\* \$ 2,520 (covers 3 years only)  
*(students may make 3 annual payments of \$840 or 12 quarterly payments of \$210, which will be invoiced with tuition fees)*

\*NOTE: Students who have not completed clinical hours will be invoiced \$640/year for insurance until clinicals have been completed.

\*NOTE: Student clinical insurance does not cover any legal or medical costs related to attending unassisted births.

\*NOTE: If the annual insurance rate increases, students will be assessed the additional cost.

**Students are responsible for:**

- Textbooks, other readings: \$ 600 (\$800-\$1,000+ if student wishes to build a library)
- Miscellaneous supplies \$ 200

**Total: \$16,508**

**Additional expenses**

Students are responsible for all costs associated with room and board while attending the CPM Program. Additionally, students are responsible for costs associated with travel to class and clinical sites, including any international sites.

**MCHS Associate Degree and Diploma Programs**

Program tuition: \$ 5,400

*(students may make 2 annual payments of \$2,700 or 8 quarterly payments of \$675)*

Textbooks, other readings: \$ 600 (\$800-\$1,000+ if student wishes to build a library)  
Doula insurance \$ 96 (if needed)  
Miscellaneous supplies \$ 200  
Teaching assistant support fee \$ 552

(students may make 3 annual payments of \$276 or 12 quarterly payments of \$69, which will be invoiced with tuition fees)

**Total: \$ 6,852**

**Perinatal Educator Certificate Program**

Program tuition: \$ 450  
Textbooks, other reading: \$ 200

**Total: \$ 600**

**Additional expenses**

Students should expect to incur some expense for internet, phone, photocopying and mailing associated with program participation.

**Incidental administration charges**

Transcript requests \$ 15  
NSF check return \$ 25

## **Payment and Terms**

Students are expected to pay tuition fees and other fees on an annual or quarterly basis over the course of the program. The initial quarterly or annual tuition payment is due upon acceptance to the CPM or MCHS Program.

### **Payment**

All fees may be paid through PayPal or with a money order or personal check.

#### *Checks and money orders*

Students may make out checks or money orders to MMCI and mail to: MMCI c/o Laura Ehmann, 422 W. Madison St., Waterloo, WI 53594.

#### *PayPal*

MMCI accepts tuition payments via PayPal. Students must forward a copy of each PayPal payment confirmation via email to [MidwestMaternalChild@gmail.com](mailto:MidwestMaternalChild@gmail.com). This is required to ensure correct application of tuition payments to the correct student.

NOTE: PayPal may impose its own restrictions on payments made through their system. Student transactions with MMCI processed via PayPal are subject to PayPal's privacy policy and practices. If issues should arise while using PayPal, please contact PayPal directly, as MMCI will not be able to assist with those issues.

### **Good financial standing**

A student is considered to be in good financial standing if all fees are paid on time. If a student is not in good financial standing, that student may be granted a short grace period in which the student can submit payment before the next monthly class. Failing to do so will result in the student not being able to continue to attend MMCI classes.

## **Cancellation and Refund Policies**

### **Cancellation**

The MMCI enrollment agreement is a legally binding contract unless the student cancels within the allowed timeframe. The student has the right to cancel the enrollment agreement until midnight of the third business day after the student receives written final notice of acceptance from MMCI (this does not apply if the program fee is less than \$150 and offered for less than six class days). The student receives a copy of a notice of cancellation privilege at the time of acceptance.

### **Refunds**

The student will receive a full refund of all money paid if the student cancels within a three-business-day cancellation period.

A student who withdraws or is dismissed after attending at least one monthly class, but before completing 60% of the instruction in the current enrollment period, is entitled to a pro rata refund as follows:

<u>After completion of at least:</u>	<u>but prior to completion of:</u>	<u>the refund will be:</u>
----	the first day of class	100%
1 unit/class	10% of the program	90%
10%	20% of the program	80%
20%	30% of the program	70%
30%	40% of the program	60%
40%	50% of the program	50%
50%	60% of the program	40%
60%	----	no refund

NOTE: MMCI will only refund fees and expenses paid directly to MMCI, such as tuition and application fees. MMCI will not refund those fees and expenses paid to other parties.

As part of this policy, the MMCI will retain a one-time application fee of \$100. A student will receive the refund within 40 days of the termination date. If a student withdraws after completing 60% of the instruction, and the withdrawal is due to mitigating circumstances beyond the student’s control, the school will refund a pro rata amount. A written notice of withdrawal is not required. MMCI will make a “good faith” effort to make a refund, if necessary, by sending certified mail to student’s permanent address.

MMCI follows the State of Wisconsin’s Educational Approval Program (EAP) policies:

- Wis. Adm. Code § EAP 8.04 (no refund – fixed class schedule for program shorter than six class days and costing less than \$150)
- Wis. Adm. Code § EAP 8.05 (partial refund); three-business-day cancellation period; Prior to the start of classes; First week or 10% of program. After first week or 10%, but prior to full charge. The school follows appropriate provisions regarding constructive notice of withdrawal
- Wis. Adm. Code § EAP 8.07(3). The school will make refunds due to withdrawal or dismissal within 40 calendar days after school dismisses student or receives notification of withdrawal.

Students who utilize the cancellation privilege will receive a full refund within 10 business days.

Students who are dismissed from the program will not be responsible for any further payments. They will not be refunded for any coursework completed. Students who have paid in installments will be refunded for coursework as stated above under Wisconsin’s Educational Approval Program policies refunded in increments of 10%, if student only completes 10% of class, will be refunded 90%, 30% will be refunded 70%.

## Certified Professional Midwifery Program Competency-Based Learning Outcomes

### Program Learning Outcomes:

#### Year One

##### Midwifery knowledge:

- Earn 80% or higher on examinations

##### Practice-based learning:

- Gain sufficient practice-based experience by attending a minimum of 20 prenatal visits and 20 births
- Complete didactic portion of coursework
- Appropriately prioritize assignments and role as assistant on a birth
- Develop appropriate understanding of labor process and patterns
- Present a provisional report of cases
- Recognize psychosocial issues that arise during clinical
- Develop understanding of clinical guidelines for ante- partum, intrapartum, and postpartum care.
- Be able to engage in substantive discussion with faculty regarding specific academic issues
- Convey an attitude of teamwork, respect, and ethical behavior when working with faculty, staff, and fellow students



#### Program Learning Outcomes: Year Two

##### Midwifery knowledge:

- Organize and present midwifery-related materials for case reviews
- Earn 80% or higher on examinations

##### Practice-based training:

- Gain practice-based experience as assistant and in primary role as midwife with preceptor
- Incorporate the principles and practices from didactics into clinical practice
- Review cases with faculty
- By the end of the second year, have performed 20 deliveries as an assistant, 55 prenatal visits, and 20 postpartum exams
- Gain proficiency in conducting interviews that recognize patients' needs and plan care accordingly.

- Know how to arrange referrals when indicated
- Develop clinical guidelines and informed choice documents

**Emergency skills:**

- Complete courses in IV skills, ALSO, CPR, and Neonatal Resuscitation
- Convey an attitude of teamwork, respect, and ethical behavior when working with faculty, staff, and fellow students

**Program Learning Outcomes: Year Three**

- Organize and present midwifery-related materials at case reviews and in written assignments.
- Earn 80% or higher on examinations
- Complete clinical or have a plan to complete clinical by end of year four
- Routinely apply appropriate clinical guidelines for patients
- Perform 20 births as primary midwife, 10 of which are out-of-hospital and 3 of which are continuity-of-care; 20 initial exams; 20 newborn exams; and 20 postpartum visits
- Engage in activities that foster personal and professional growth as a midwife
- Convey an attitude of teamwork and respect, and practice ethical behavior while working with faculty, staff, and students
- Work with advisor on development and completion of required MCH project
- Meet with faculty advisor to discuss career development and prospects for continuing a career in maternal child health

**NOTE: Students have 5 years from enrollment in the CPM Program to complete their clinicals.**

**Length of CPM Program**

Classroom didactics are completed in a minimum of 3 years (36 months) and clinicals are completed throughout the program up to, and not more than, five years.

Minimum timeframe for program completion: 3 years

Average timeframe for program completion: 3.5-4 years

Maximum timeframe for program completion: 5 years

**Expiration of credits**

If a CPM Associate Degree is not earned within five years of the date a student begins the program, course credits will expire (unless prior approval to extend the time period is granted by the Academic Affairs Director). NOTE: Students wishing to transfer MMCI CPM Program credits to other institutions or programs should contact those institutions and programs regarding their transfer of credits policy.



# Certified Professional Midwifery Program Prerequisites and Curriculum

## Prerequisites

### Perinatal Educator Orientation

Students are required to satisfactorily complete MMCI's Perinatal Educator Program Part 1 prior to the beginning of the CPM program. This program is held over the course of one weekend and includes Cultural Competency for Birth Workers.

### CPM Program Orientation and Annual Meeting

Students and faculty will attend MMCI's CPM Orientation/Annual Meeting, which will include Cultural Competency for Birth Workers.

## Orientation to Practicum

During the course of the CPM Program, an Orientation to Practicum will be scheduled and will orient students to the following tenets.

A CPM student:

- is responsible and accountable for clinical decisions and actions acts consistently in accordance with professional ethics, values, and human rights as defined by national and local professional midwifery organizations
- acts consistently in accordance with standards of practice as defined by national and local professional midwifery organizations
- maintains and updates knowledge and skills, in order to remain current in practice
- uses standard/universal precautions, infection prevention and control strategies, and clean technique.
- behaves in a courteous, non-judgmental, non-discriminatory, and culturally appropriate manner with all clients.
- is respectful of individuals and of their culture and customs, regardless of socioeconomic status, race, ethnic origin, sexual orientation, gender, physical ability, cognitive ability, or religious belief.
- maintains the confidentiality of all information shared by the woman; communicates essential information among other health providers or family members only with explicit permission from the woman and in situations of compelling need.
- uses shared decision-making in partnership with women and their families; enables and supports them in making informed choices about their health.

## CPM Program Curriculum and 3-year Class Schedule\*

Students meet one weekend each month for didactics and quarterly for skills training. Over the course of the CPM Program, students are expected to progress from the role of observer to assistant to the primary midwife. Each year, the expectation is that students will apply their previous learning to the current year's didactics and clinical skills curriculum. Throughout the program, students are introduced to midwifery skills and labs and are required to apply theoretical learning to hands on skills. This fosters an increasing ability to think critically, preparing students for the practice of midwifery. Students are evaluated on their skills by faculty and preceptors.

*\*Class schedule is subject to change by the Academic Affairs Director*

**YEAR 1: January-December, 2022**

<u>Course</u>	<u>Credits</u>
1: History of Midwifery; Midwifery Literature & Ethics	1
2: Medical Terminology	0.5
3: Genetics & Fetal Development	1
4: Reproductive Anatomy and Physiology	1
5: Antepartum Care	1
6: Antepartum Discomfort and Remedies	1
7: Perinatal Nutrition	1
8: Antepartum Risk Assessment and Screening	1
9: Lab Work for the Childbearing Year	1
10: <u>Lab</u> : Antepartum Basic Skills/Practicum Orientation	2
11: Observational & Charting Skills	0.5
12: Preventing Infection	0.5
13: Maternal Diseases in pregnancy	1
14: Advanced Doula/ Labor Support	1
15-17: Practicum: Antepartum in a Clinical Setting	9

**YEAR 2: January-December, 2023**

<u>Course</u>	<u>Credits</u>
18-19: Intrapartum Management 1 & 2	2
20: Intrapartum Complication Risk: Assessments and Protocols	1
21: <u>Lab</u> : Intrapartum and Emergency Skills and Hemorrhage Seminar	2
22: Newborn Management and Risk Assessment	1
23-24: Postpartum Physical Assessment 1 & Postpartum Management 1 & 2	2
25: Lactation Education, Risk Assessment and Counseling	1
26: <u>Lab</u> : Newborn Skills (NRP/IV skills work), Postpartum & Lactation Assessment	2
27: Reproductive Wellness Care and Family Planning & Human Sexuality	1
28-30: Practicum: Intrapartum in a Clinical Setting	9

**YEAR 3: January-December, 2024**

<u>Course</u>	<u>Credits</u>
31: Midwifery Guidelines Development and Informed Consent	0.5
32: Legal Issues in Midwifery	0.5
33: Counseling for the Childbearing Year	0.5
34: <u>Lab</u> : Postpartum Skills-Perineal healing/Assessing for Tears & Suturing	2
35: Emergency Plans for OOH Births	0.5
36: Herbs for the Childbearing Year	0.5
37: Midwifery Care: Advanced Intrapartum Skills	0.5
38: Statistics for Midwives; Interpreting and Evaluating Health Research	0.5
39: Case Studies for Antenatal Care	0.5
40: Yoga and Massage for Childbearing Year	0.5
41: Case Studies for Intrapartum Care	0.5
42: Management of Dysfunctional Labor Patterns and Promotion of Vaginal Birth	0.5
43: Case Studies: Newborn Care	0.5
44: Health Disparities in Community, Public & Global Health	0.5
45-47: Practicum: Postpartum a Clinical Setting	9
48-49: Anatomy & Physiology/Microbiology for Midwives	p/f
Program Review and Final Exam	

# Maternal Child Health Specialist Program Competency-Based Goals

## Program Goals for Years One and Two

### Childbirth knowledge:

- Organize and present birth-related materials for case reviews
- Organize and present birth assistance and postpartum doula -related materials at case reviews and in written assignments
- Earn 80% or higher on examinations

### Practice-based learning:

- Complete didactic portion of coursework
- Appropriately prioritize assignments and role as an assistant on a birth
- Develop appropriate understanding of labor process and patterns
- Present a provisional report of cases
- Recognize psychosocial issues that can arise during clinicals
- Engage in substantive discussion with faculty regarding specific academic issues focusing on the role of a Maternal Child Health Specialist
- Convey an attitude of teamwork, respect, and ethical behavior when working with faculty, staff, and fellow students
- Incorporate the principles and practices from didactics courses into clinical practice



### Clinicals:

- Gain experience with a preceptor as birth assistant to primary midwife or as an advanced doula with hospital practice oversight
- Gain sufficient practice-based experience by completing a minimum of 500 clinical hours
- Routinely apply appropriate clinical guidelines for patients: observe newborn postpartum lactation visits
- Engage in activities that foster personal and professional growth as a birth assistant or doula
- Convey an attitude of teamwork and respect, and practice ethical behavior while working with faculty, staff, and students

**NOTE: Students have 5 years from enrollment in the MCHS Program to complete their clinicals.**

## Maternal Child Health Specialist Program Prerequisites and Classes

### **Prerequisites**

#### **Perinatal Educator Orientation**

Students are required to satisfactorily complete MMCI's Perinatal Educator Program-Part 1 prior to the beginning of the MCHS program. This program is held over the course of one weekend and includes Cultural Competency for Birth Workers.

#### **MCHS Program Class Schedule\***

Students meet one weekend each month for didactics and quarterly for skills training.

MCHS students will complete most of the Year 1 and Year 2 CPM classes listed above. An annual class schedule will be made available to students prior to the beginning of the program.

#### **Diploma Program**

Students will complete 31 credits and a designated number of clinical hours.

#### **Associate Degree**

Students will transfer 30 credits, approved by MMCI, from accredited higher learning institutions and complete 31 credits and in the MCHS Program.

**\*Class schedule is subject to change**

## Perinatal Educator Certificate Program

MMCI's Perinatal Educator Program is held over the course of two weekends, and is comprised of three modules: Childbirth Educator, Advanced Labor Support/Postpartum Doula, and Peer Lactation Educator—each with a clinical component. Students must complete all three modules and associated clinicals, including an orientation with Chicago Volunteer Doulas to receive the Perinatal Educator Certificate.

After receiving your Perinatal Educator Certificate, you will be qualified to:

- Educate your clients about childbirth during pregnancy
- Provide labor support at the time of birth and postpartum
- Offer breastfeeding support postpartum

NOTE: The Perinatal Educator Program Part 1 is a prerequisite for enrolling in the Maternal Health Specialist Program and the Certified Professional Midwifery Program.



## Rights and Responsibilities

### Student Rights and Responsibilities

Students have the right to a quality education from MMCI that includes learning opportunities that accommodate adult learners. They have the right to be fairly assessed in their skills, knowledge, and attitude, and to be given timely feedback on both strengths and areas needing improvement at regular intervals in the program. Students are expected to demonstrate academic and personal integrity at all times. Students agree to this by signing the MMCI Student Enrollment Agreement.



Students have the responsibility to complete academic assignments to the best of their ability as outlined in the Course Curriculum detailed in this catalog. Students have the responsibility of mastering and demonstrating clinical skills, which takes many hours of practice. Students have the right and responsibility of choosing their own clinical preceptor and negotiating a working relationship with that practitioner to complete the required clinical experiences in order to graduate.

Students are expected to make academic progress, with 80% as the minimum passing grade on academic work. Mastery is the passing requirement for clinical skills.

Students are expected to give their best effort at all times in their classes, homework, clinic days and during births. Students have a right to be involved in program planning, evaluation and policymaking, through input on regular evaluations.

### Instructor Rights and Responsibilities

Instructors have the right to expect assignments to be turned in completed and on time. Clinical Preceptors have the right to place their needs, preferences, and well-being first to protect their clients, which could mean that at times, a student has to step back. Clinical Preceptors also have a right to be informed of the academic and performance status of their student and be informed of the suspension or expulsion of their student for any reason.

Instructors have the responsibility to help the student succeed. Instructors are responsible for being flexible in their teaching to help all students learn. Instructors have the responsibility to give the student honest feedback about their progress throughout the program and guide them as needed in meeting the requirements to graduate and pass the NARM exam.

## **School Rights and Responsibilities**

Midwest Maternal Child Institute has a right to expect students to comply with the conditions of their enrollment agreement, which includes all information covered in the most recent MMCI Education Catalog. The program has the right to dismiss a student who does not achieve minimum requirements or grades, does not pay tuition or fees in a timely fashion, or who disregards the spirit of the program or repeatedly violates the Student Requirements and Conduct Policies.

MMCI is responsible for meeting all the requirements of the Wisconsin Educational Approval Board and to help the student achieve success throughout the program by meeting all graduation requirements to become a Certified Professional Midwife or a Maternal Child Health Specialist.

## Student Services

### **Student Orientation & Annual Meeting**

Admitted students are required to attend MMCI's student orientation at the beginning of each CPM Program and annual meetings at the end of each academic year. The orientation covers MMCI's philosophy, mission and goals, administration and faculty qualifications, requirements of students, health and safety in the classroom, CPM Program competency-based goals, CPM course curriculum, HIPAA requirements, student rights and responsibilities, student conduct policies, didactic and clinical training policies and requirements, NARM certification and state licensure requirements, and connections to possible employment opportunities once the student graduates and passes the NARM exam. As part of the orientation to MMCI's CPM Program, and throughout the program, diversity, inclusion and personal bias is explored. In addition, readings throughout the program integrate these topics on an ongoing basis.

### **Academic Advising**

Each student meets with MMCI's Academic Affairs Director quarterly to evaluate student's academic progress and develop a learning plan for the next quarter. The Academic Affairs Director is also available to address student questions and concerns individually by appointment.

As part of the orientation to MMCI's CPM Program, and through coursework, personal bias is explored. The orientation will include a session on understanding personal bias. In addition, readings throughout the program integrate this concept on an ongoing basis. Also, students and faculty are expected to be aware of and involved with the Illinois Quality Collaborative Initiatives on Birth Justice.

### **Tutoring**

Students are offered tutoring sessions upon request.

### **Financial Aid Advisement**

Students are offered scholarships based on need and our available funds. We also offer payment plans to students on a case-by-case basis.

### **Clinical Placement Support**

Students have the right and responsibility of choosing their own clinical preceptor and negotiating a working relationship with that practitioner to complete the required clinical experiences in order to graduate. MMCI's CPM Program provides clinical support to act as liaisons between the student and preceptor. They have expertise in CPM education and are available for additional student support, along with the Academic Affairs Director. They are available for additional student onboarding support and throughout their clinicals to provide guidance to students in completing their clinicals. They also meet with preceptors to assist with students' progress in meeting their learning objectives and goals.

### **Personal Counseling**

MMCI's Academic Affairs Director is available for ongoing one on one discussion by appointment. MMCI does not offer professional therapy services.



## **Technical Support**

Each MMCI platform, including Google Classroom, Zoom, and Gmail have many online resources with excellent help options. Our administrator is available to provide technical support to students and instructors. They are always able to email our administrator at any time to schedule a time to meet virtually to go over any questions they might have.

## Student Conduct Policies

Students are required to follow all school rules and procedures and are expected to behave in a professional manner at all times. Standards of conduct policies include, but are not limited to:

- Sexual or physical harassment of any type or form is strictly prohibited.
- Email/Texting/Social media harassment of students or faculty is strictly prohibited.
- Breach of confidentiality is strictly prohibited.

Failure to comply with these standards of conduct will result in progressive discipline: verbal warning, written warning, probation, and dismissal.

MMCI does not offer an appeal process for students dismissed for violating conduct policies. Students dismissed for reasons having to do with leave of absence or other attendance issues may appeal their dismissal as follows:

- The student will write a letter to MMCI's CEO and Academic Affairs Director detailing the grievance pertaining to the dismissal.
- If the administration deems it appropriate, a meeting will be arranged with appropriate parties to discuss the merits of the appeal.
- If the appeal is granted, an Attendance Improvement Plan will be made with the student, Academic Affairs Director, and the CEO.
- Failure to comply with the Attendance Improvement Plan will result in dismissal with no possibility of further appeals.

### **Liability Insurance Policy**

Students may be required to show proof of insurance for midwifery and labor support to clinical sites and community programs.

### **Health Insurance Portability Act**

Students must comply with the provisions of the federal Health Insurance Portability Act (HIPAA) regarding the security and confidentiality of patient/client health care information.

### **Nondiscrimination Policy**

In the recruiting, selecting, enrolling and advancing students in MMCI's programs, in accordance with state and federal regulations, MMCI does not discriminate on the basis of race; color; national or ethnic origin or ancestry; religion or creed; sex, gender, gender identity or expression, including transgender identity; sexual orientation; marital status; familial status; age; disability; genetic information; or any other protected category.

## **Drug and Alcohol Policy**

Smoking of any substance, possession or use of alcohol, and unlawful possession or distribution of illegal drugs are prohibited on or near any MMCI teaching or clinical locations. Students are prohibited from being under the influence of drugs or alcohol while in class, at clinical sites, or while on-call for births. Any violation of this policy will initiate disciplinary action by the Academic Affairs Director.

## **Social Media Policy**

- Students may not post confidential or proprietary information about the school, staff, faculty, preceptors, clinical facilities, clients, students, or others with whom one has contact in their role at MMCI.
- Students must respect copyright and fair use. When posting, be mindful of the copyright and intellectual property rights of others.
- Students must consider that they are associated with MMCI and should take care when using online social media networks to represent views as their own. Students should not claim nor imply that they are speaking on behalf of MMCI unless specifically authorized by MMCI in writing to do so.
- HIPPA guidelines must be followed at all times. Identifiable information regarding patients/clients, clinical facilities, and Preceptors must not be posted on any social media site.
- Birth-related postings should be avoided at all times as even vague references may accidentally identify clients or preceptors, particularly in small communities.
- Students may not use ethnic slurs, personal insults, obscenity, and pornographic images or engage in any conduct that could be deemed defamatory or libelous in nature.

## **Leave of Absence Policy**

I. PURPOSE: The purpose of MMCI's Leave of Absence Policy is to offer eligible students the opportunity to take a leave of absence for: childbirth and to care for the child; adoption or placement of a foster child; to care for a child, spouse, or parent with a serious health condition; or when the student is unable to meet the requirements of the program due to his or her own serious health condition.

II. SCOPE: This policy applies to all eligible students.

III. POLICY: It is the policy of the MMCI to provide family and medical leave.

IV. ELIGIBILITY: Students are eligible for leave of absence if they have been enrolled in the program for more than three months.

V. GENERAL PROVISIONS AND DEFINITIONS:

A. Basic provisions: Leave of Absence requires that covered students be offered up to three months of time off. MMCI requires that the time on leave be made up in order to complete the

program.

B. The conditions under which eligible students may take Leave are:

- The birth of a child and in order to care for the newborn child. \*
- The placement of a child for adoption or foster care. \*
- To care for an immediate family member (spouse, child, or parent) with a serious health condition.
- When the employee is unable to perform the functions of his or her position because of a serious health condition.

\*Leave for birth or placement for adoption or foster care must conclude within three months of the birth or placement.

C. Serious health condition: A serious health condition is defined as an illness.

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## **Policies Regarding Harassment (Including Sexual Harassment)**

I. PURPOSE: The purpose of these policies is to establish MMCI's position on the subject of harassment, to set forth guidelines for handling violations of the policy, and to specify the related complaint-handling procedure.

II. SCOPE: This policy applies to students at all clinical locations. Furthermore, senior management will establish appropriate procedures to ensure that all faculty are made aware of these policies and their intent.

III. POLICY: Harassment, including sexual harassment, is contrary to basic standards of conduct between individuals and is prohibited. If any of the acts or behavior defined below are committed, such misconduct will subject a student to corrective action up to, and including, immediate dismissal from the program.

Students who feel that they have been harassed should immediately report such incidents following the procedure described below without fear of reprisal. Confidentiality will be maintained to the extent permitted by the circumstances.

IV. DEFINITIONS:

A. HARASSMENT. This includes unwelcome verbal, physical, or visual conduct of a racial, ethnic,

religious, or gender nature, which is based upon a person's legally protected group status that affects tangible program benefits; interferes with the individual's academic performance; or creates an intimidating, hostile, or offensive learning environment.

B. SEXUAL HARASSMENT. This includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- submission to such conduct is made explicitly or implicitly a term or condition of remaining a student in the school, or
- submission to, or rejection of, the conduct is used as a basis for academic decisions, or
- the conduct has the purpose or effect of unreasonably interfering with performance or creating an otherwise offensive learning environment.

C. PROHIBITED CONDUCT:

1. SEXUAL HARASSMENT. Prohibited acts of sexual harassment can take a variety of forms. Examples of such conduct include:

- Unwelcome requests for, or suggestions of, sexual contact; sexual flirtations, advances or propositions; or unnecessary touching of an individual.
- Graphic or verbal comments of a sexual nature including commentaries about a person's body; sexually explicit or offensive jokes; sexually suggestive objects or pictures placed in the work area that may be embarrassing or offensive; or using sexually degrading words to refer to or describe an individual.

2. OTHER FORMS OF HARASSMENT. These include, but are not limited to:

- Epithets, slurs, negative stereotyping, or intimidating acts based on a person's protected status.
- Written or graphic material circulated or posted online that shows hostility toward a person or persons because of their protected status.
- Any action or willful failure to act that tends to harm, frighten, or endanger the safety of a patient, faculty member, or fellow student.
- Threatening, intimidating, or coercing anyone associated with MMCI, which includes the use of abusive or provocative language, fighting, agitating a fight, or attempting bodily injury on any MMCI premises.
- Destroying or defacing the property of a fellow student or faculty.
- Malicious gossip.

V. PROCEDURE:

A. COMPLAINT PROCESS FOR ALL FORMS OF HARASSMENT: If the student believes that he or she has been the victim of, or witnessed, harassment, the following steps should be taken promptly:

The student or faculty member should immediately report the harassment to a school official.

MMCI will conduct an investigation of any harassment complaint. To the extent possible, the nature of the complaint, the identity of the complaining person, and the investigation will be kept confidential. Retaliation for good faith reports of harassment or for providing information in the course of an investigation of a harassment complaint is strictly prohibited.

MMCI will take appropriate corrective actions, including discipline for violations of this policy based upon the results of its investigation.

### **Cancellation of Enrollment Agreement Policy**

The MMCI Enrollment Agreement is a legally binding contract unless the student cancels. The student has the right to cancel the enrollment agreement until midnight of the third business day after the student receives written and final notice of acceptance.

### **Student Dismissal Policy**

I. PURPOSE: This policy ensures timely, accurate processing of students who are asked to leave the program.

II. SCOPE: This policy applies to students in the program participating in the academic setting and at clinical sites.

III. POLICY: The categories of dismissal and their definitions are:

A. RESIGNATION. This is defined as a voluntary separation. We recommend that students choosing voluntary separation give written notice one month prior to their date of departure. This is recommended, but not required. Voluntary separation also occurs upon a student's failure to return from a leave of absence as arranged with MMCI.

B. DISMISSAL. This is defined as a separation in which the student is removed at the request of MMCI.

C. CONSTRUCTIVE WITHDRAWAL. This is defined as a dismissal due to a student's absence for two consecutive scheduled classes. Students will be notified by email after first absence without notification; after two consecutive "no shows," students will be sent a letter informing them that they are no longer in the program.

D. TERMINATION GRIEVANCE. In the case of a grievance arising from a determination, see the Complaint and Grievance Policy in this catalog.

IV. PROCEDURE:

- A. VOLUNTARY SEPARATION. The procedure is as follows: 1) the student notifies the school administration of intention to resign; 2) the student is asked to submit the intention in writing to the school administrator at least two weeks prior to the next class (we recommend, but do not require written notification); 3) the school administrator confirms with the student the last class the student plans on attending; 4) an exit interview will be scheduled in which an administrator discusses the reason for separation, exiting procedures, eligibility for tuition reimbursement, replacement for student clinical site, notification of clinical preceptor, and other applicable issues; 5) the school administrator will file all notes and recommended letter of withdrawal in the student's file and update the school roster.

## **Dress and Appearance Policy**

I. PURPOSE: This policy establishes guidelines for dress and appearance during normal school and clinical site hours.

II. SCOPE: This policy applies to all students.

III. POLICY:

A. GENERAL: The school firmly believes that neat dress and good grooming habits contribute much to the student's morale and a positive image of the midwifery profession. Students are expected to exercise good judgment in choosing their apparel for work at a clinical site. The primary criteria for proper school dress are that it must be neat and modest. Acceptable standards for dress and appearance include, but are not limited, to the following:

- Clothing must be neat, clean, and in good repair.
- Clothing may fit into the "casual wear" or "sportswear" categories but should also be neat in its appearance (for example, this clothing should be significantly different from, and more formal than, that which is worn during a typical weekend cleaning the garage).
- Good personal grooming and hygiene habits (regular bathing, clean nails, clean teeth, and neat hairstyles) must be maintained.
- Jewelry must be kept to a minimum at clinical sites.
- Shoes are to be worn at all times.

B. EXAMPLES OF INNAPPROPRIATE DRESS:

- Worn, torn, dirty, ill-fitting, or "cut-off" jeans
- T-shirts that would normally be worn as underwear
- Sweatpants
- Shorts and excessively short skirts
- Tank tops
- Any clothing that reveals bare backs, midriffs, or shoulders
- Thong sandals (flip flops)
- House slippers

This list does not include every inappropriate clothing item and will be amended as determined necessary by school officials.

- C. HAIR: Hair should be clean, combed, and neatly trimmed or arranged as not to spread pathogens during clinical rotations. This also pertains to sideburns, moustaches, and beards. Shaggy, unkempt hair is not permissible.
- D. PERSONAL HYGIENE: Good personal hygiene habits must be maintained.

IV. PROCEDURE: The supervisor is responsible for evaluating the dress and appearance of students under his or her supervision. If a student is not dressed appropriately, the following steps should be taken by the supervisor:

- A. On the first occasion, counseling will be given to the student by the supervisor and a decision made on whether to send the student home to change clothes immediately.
- B. On the second occasion, a verbal warning will be given to the student, and the student will be sent home to change clothes.
- C. On the third occasion, the student should be sent home to change clothes immediately and given a written warning.
- D. Any further violations will result in continued disciplinary action per MMCI's Discipline and Dismissal policy.

### **Student Clinical Availability Policy**

Students must be available to their clinical preceptors by cell phone. Students are expected to be available at the agreed upon times for continuity deliveries. Every attempt will be made to notify the student via home phone number and cell phones. Students are expected to communicate with preceptors and academic advisors regarding vacation and sick leave.

### **Attending Unassisted Births Policy**

MMCI does not condone students attending unassisted births. When working as a student midwife, it is the student's responsibility to practice within the scope of the role of a student. A student must not assume any additional responsibilities that are not sanctioned by MMCI. Clinical birth experiences except for "birth as an observer" must be credentialed as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), Certified Midwife (CM); or s/he must be a licensed practitioner legally recognized by a state/jurisdiction to provide maternity care.

There is a very real and substantial medical and legal risk of liability for students and for MMCI in attending an unassisted birth. Therefore, any student choosing to attend an unassisted birth will be



immediately dismissed from MMCI's CPM Program and no credit will be given for unassisted births. MMCI's Academic Director should be consulted if there are any questions about this policy.

### **Attendance and Tardiness Policy**

MMCI requires 100% attendance at classes and practicums. Classes meet one weekend each month (an annual class schedule will be provided). NOTE: Clinicals may require working up to 40 hours a week and may include working on weekdays. Any missed work must be completed before graduation. All hours must be documented accurately. If students are unable to attend classes due to an emergency or illness, they must contact the Academic Affairs Director to report their situation.

Students may miss classes due to illness. They must contact the Academic Affairs Director and clinical preceptor as soon as they know they will be absent. A plan will then need to be made to make up work prior to the next class. If a student is absent for more than two classes per program year due to illness or leave of absence, the student is required to repeat that year.

### **Leave of absence request**

Students in good standing may request a leave of absence for non-emergency reasons for up to three months during the program. This time is added to the total duration of training and has to be approved by the clinical preceptor and Academic Affairs Director prior to taking the leave of absence. A plan to return to the course must be made prior to the granting of a leave of absence. Failure to communicate leave or create a return plan may result in termination of the student. If this should occur, students will not be refunded the tuition fees for prior coursework already completed.

### **Tardiness and punctuality**

If a student is going to be late for class or a clinical, the Academic Affairs Director and/or the clinical preceptor, if appropriate, must be notified. Both punctuality and tardiness are noted in students' performance evaluations and kept as part of our permanent record. Repeated occurrences of tardiness and disregard for scheduled hours are indicated on any future recommendations made by MMCI. Excessive tardiness is defined as more than 15 minutes late for a lecture or lab. More than two instances of tardiness in a semester result in a performance improvement plan. Failure to comply with the performance improvement plan may result in dismissal from the program.

### **Vacation and holiday policy**

Vacation should be taken between monthly scheduled didactic portions of class. The procedure is as follows: if a student is intending to take a vacation during scheduled classes, the student must notify the Academic Affairs Director two months in advance and determine, in advance, a plan to make up missed work. A student should not make any plans until receiving written confirmation of approval of vacation. A student must inform clinical preceptors, in writing, of who will cover the student's clinical responsibilities. Students are expected to make up coursework. Any time that is unaccounted for due to lack of both verbal and written communication to the Academic Affairs Director is reflected in

evaluations on professionalism and may result in disciplinary action if recurrent or deemed unacceptable.

Class is in session during the weekend timeframe. If the weekend falls on a major holiday, the class will meet on an alternate weekend.

### **Children in the Classroom Policy**

Students are expected to have childcare arrangements. Breastfeeding babies, up to six months of age, are allowed in class. Crawling children are not appropriate in a classroom setting. Sick infants are to remain at home. Babies who are crying or restless are the responsibility of the student/parent and they are expected to leave the classroom with the infant until the child is calm as a courtesy to fellow students and faculty.

### **Student Complaint and Grievance Policy**

Complaints are considered less serious in nature and may include, for example, a suggestion on changes to class content, or feedback on an academic course instructor. Grievances are very serious and therefore much rarer. Incidents of inappropriate conduct, discrimination, and/or harassment should be promptly reported to MMCI school officials.

#### **Submitting a complaint**

Students can email suggestions and complaints to the MMCI administration. If the suggestion or complaint specifically concerns an instructor or preceptor, the matter should be taken directly to the faculty member/instructor first. If this is not possible, it should be taken to the Academic Affairs Director. If the matter cannot be resolved, it should be brought to the attention of MMCI's Chief Executive Officer, who may suggest moving to the formal grievance stage.

#### **Grievance procedure**

To submit a grievance is to engage in a formal process where the concern must be made in writing, with details on dates, individuals involved and other pertinent information. Formal grievances must be submitted using a form that can be requested from and submitted to the Academic Affairs Director. If the grievance cannot be resolved to the satisfaction of all parties involved, the matter should be directed to MMCI's Chief Executive Officer.

In the event that a student is not satisfied with the resolution of the grievance process through MMCI, the student may file a complaint with the Wisconsin Educational Approval Program, P.O. Box 8366, Madison, WI 53708-8366. The student must simultaneously give notice to MMCI of any actions taken. The student may also file a complaint with MEAC (Midwifery Education Accreditation Council), 1935 Pauline Blvd Ste 100B, Ann Arbor. MI 48103.

MMCI faculty, instructors, administrative staff and school officials may not discuss the grievance, before and after it has been resolved, with any other MMCI student, faculty member, instructor, or administrative staff member, including school officials who may be implicated in a grievance filing.

Every effort will be made to protect the confidentiality of the person or persons filing a grievance. MMCI faculty, instructors, administrative staff and school officials are asked not to discuss the grievance, before

and after it has been resolved, with any other MMCI student, faculty member, instructor, administrative staff member, or school official. Breach of confidentiality by any party to the grievance is considered unethical conduct and may be subject to disciplinary action.

All grievances will be dealt with by MMCI in a timely manner not to exceed 60 days.

Records of complaints and grievances, along with their resolutions, will be kept on file for a minimum of seven years.

## Didactic and Clinical Training Policies and Requirements

### Integrating Academic and Clinical Experiences

The knowledge and skills gained in the didactic/course work portion of the program prepare students for active participation during the apprenticeship/clinical experience. MMCI supports the preceptor as educator by working with preceptors to ensure didactics correspond to clinical work. Preceptors will meet with MMCI faculty annually to develop curriculum. MMCI will also liaise between preceptors and students regarding feedback about clinical experiences and training.

### Clinicals

#### Clinical placement support

Clinical sites have been identified and MMCI's Academic Affairs Director works with students to secure clinical opportunities. The costs to students associated with clinicals are travel to births and clinical sites and purchasing a blood pressure cuff and stethoscope. Although we do our best to assist students in finding local preceptorships, students should be prepared to find housing when attending clinical sites.

MMCI offers clinical support person who act as liaisons between the student and preceptor. They have expertise in CPM education and are available for additional student support, along with the Academic Affairs Director. And, they are available to students for onboarding support and throughout their clinicals. They also meet with preceptors to assist with students' progress in meeting their learning objectives and goals.

#### Documentation of clinicals

MMCI will assist students with obtaining the proper forms and documentation for coursework and clinical work. It is the student's responsibility to ensure that documentation from clinical preceptors is filed with the Academic Affairs Director in a timely manner as required by the Academic Affairs Director. Preceptors who are recruited by students must submit the following documents:

- Written goals and objectives for the clinical preceptorship
- Signed letter of agreement with the preceptor (arranged by one month prior to beginning the preceptorship)
- Curriculum Vitae



- Copy of license and highest degree of preceptor
- Program forms on oversight, equipment, and fire safety

NOTE: Students may not submit clinical work towards graduation requirements if the above documentation is not completed prior to beginning the clinical rotation.

### **Student role with preceptor**

Students are to perform all clinical work under the direct supervision of precepting faculty. Students are required to introduce themselves as students and/or labor support, depending on their role at initial birth experiences. Students are not to assume the role of independent midwife during their training.

### **Preceptor responsibilities**

The role of clinical faculty is to arrange appropriate supervision of students during clinic hours, be responsive to and coordinate student clinical needs, provide instruction and input to students as appropriate, and write detailed performance improvement plans and reviews. All precepting faculty must:

- Attend an MMCI orientation prior to beginning work as a preceptor
- Read the MMCI Education Catalog and MMCI Handbook for Faculty, Instructors, Preceptors and Administrative Staff and sign a document stating they understand MMCI policies and procedures and their associated duties and requirements
- Agree to uphold MMCI program goals, philosophy, and mission statement
- Demonstrate an effective teaching style, incorporating student input and feedback
- Work cooperatively with other faculty
- Maintain updated clinical skills meeting current program goals
- Complete cultural sensitivity/diversity training or course work
- Evaluate student progress according to the required schedule
- Complete and document 30 hours of continuing education every three years (consistent with NARM CEU policy)
- Maintain a professional ethic (as defined by the MANA Statement of Values and Ethics), upholding student confidentiality at all times
- Agree to participate in conflict resolution, utilizing the program's Grievance Mechanism as necessary
- Be certified/licensed/registered by a mechanism recognized in their jurisdiction, or maintain the CPM/CNM credential where midwifery is not regulated and not prohibited by enforcement of existing law
- Periodically attend peer review. Preceptors are encouraged to include students in routine peer review, if acceptable within the local midwifery community

In addition, when precepting midwives observe and document increasing skill levels in their students, they are expected to make additional responsibilities and practice opportunities available to students in

a timely fashion.

### **Preceptor paperwork**

Students are responsible for keeping track of all clinical experience in the Observe, Assist, and Primary Phases and for documenting experience properly. Original signatures on forms will still be required per MEAC and NARM requirements.

### **Clinical birth experience**

#### *Unassisted birth*

Clinical birth experiences except for “birth as an observer” must be credentialed as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), Certified Midwife (CM); or s/he must be a licensed practitioner legally recognized by a state/jurisdiction to provide maternity care. No credit will be given for unassisted births and participating in such births is strictly forbidden for student midwives. Students who participate in unassisted births in a role as a doula and/or student midwife/unlicensed midwife will be dismissed from MMCI’s CPM Program. MMCI’s Academic Director should be consulted if there are any questions about this policy. When working as a student midwife it is the student’s responsibility to practice within the scope of the role of a student. A student must not assume any additional responsibilities that are not sanctioned by MMCI.

#### *Birth as an observer*

Students must document attendance at ten births in any setting in any capacity (observer, doula, family member, friend, beginning student). These births may be verified by any witness who was present at the birth.

#### *Clinicals as an assistant under supervision*

Students must document at least 20 births, 25 prenatal (including 3 initial exams), 20 newborn exams, and 10 postpartum visits as an assistant under the supervision of a qualified preceptor. Eighteen births in this category must be completed before beginning Primary under Supervision births. Determination of readiness for serving as Primary under Supervision is at the discretion of the supervising preceptor and may require more births as an assistant before moving to the next step.

#### *Clinicals as primary under supervision*

Students must document 25 births, 75 prenatal (including 20 initial prenatal), 20 newborn exams, and 40 postpartum exams as a Primary Midwife under Supervision. Three intrapartum transports are allowed if labor began in an OOH setting.

#### *Continuity of care*

Of the 20 Primary births required under Supervision in Phase 3, five require full Continuity of Care and ten more require at least one prenatal under supervision.

### *Full continuity for five primary births*

Students must have five Continuity of Care as a primary Midwife under Supervision will include 5 prenatal spanning two trimesters, the birth, newborn exam and two postpartums. Multiple preceptors can verify the continuity of care. The newborn exam must be done within 12 hours of the birth; maternal postpartum exams must be done between 24 hours and 6 weeks following the birth.

### *Prenatals for 1en additional primary under supervision births*

Students must have attended at least one prenatal (in a primary or assisting role) with the mother prior to her labor and birth for 10 of the 20 primary births under supervision (in addition to the 5 with full COC).

### *Experience in specific settings*

A minimum of five home births must be attended in any role. A minimum of two planned hospital births must be attended in any role. These cannot be intrapartum transports but may be antepartum referrals.

All students must have a minimum of ten out-of-hospital births as a Primary under Supervision midwife in the US or Canada regardless of route of entry.

### *Timeframes*

Ten out-of-hospital primary births must have occurred within the last three years. All clinicals must occur within ten years.

### *Duration of clinical experience*

Minimal time frames for clinical education must span at least two years.

## **Didactics**

### **Academic faculty responsibilities**

Academic faculty must prepare learning objectives and an updated literature review for the course being taught. PowerPoint and written course outlines must be submitted no later than one week prior to the lecture. Teaching responsibilities also include providing academic input. Faculty are instructed in MMCI's policies and procedures as part of their orientation, including cultural competence, whole language pedagogy, competence-based training, and birth justice. Faculty are expected to review student feedback and supervisor feedback on the courses they teach and use them as a basis for updating course outlines. Faculty participate in quarterly reviews of MMCI's CPM academic program and an annual review of MMCI policy and procedures.

### *Advising, tutoring, and support*

Students meet with MMCI's Academic Affairs Director quarterly to evaluate academic progress and develop a learning plan for the next quarter. The Academic Affairs Director is also available to address student questions and concerns during class or individually by scheduling an appointment. Career advising, including information about NARM certification and state licensure requirements and

employment opportunities are offered by MMCI's Academic Director. Students are offered individual tutoring sessions upon request. MMCI's Academic Affairs Director is available for one-to-one meetings with students to address any concerns, however, MMCI does not offer professional therapy services.

## **Student Educational Requirements**

MMCI mandates that upon graduation, a midwifery student is competent in prenatal care and in the care of low-risk patients and their families in labor through delivery and the postpartum period.

### **Attendance at births**

Each student midwife must accomplish the following as a doula, birth assistant, and/or primary midwife: Attend a minimum of 60 deliveries during the three years of training. Ten of those deliveries will be out-of-hospital and three will be Care of Continuity patients. Note: Care of Continuity patients take precedence over all other academic and clinical duties.

### *Definition of Care of Continuity patient*

A Care of Continuity patient is any patient seen by a student for the majority of prenatal visits (four or more). This includes the initial visit, the newborn exam, and the postpartum visit. In such cases, the student assumes the role of primary attendant.

### **Requirements: Labor support**

Midwifery students are expected, as are doulas, to provide emotional and physical support to 20 women in labor prior to assisting supervising clinical preceptors with deliveries. The student midwife should be present during the active phase of labor, supporting the women and their families during the process of labor and immediate postpartum.

### **Requirements: Labor assists with primary midwife**

The student midwife should be present to assist the primary midwife in performing tasks directed by the primary midwife. The student must be present during the active phase of labor, during the process of labor, and through delivery.

### **Requirements: Primary midwifery student under supervision**

The student midwife should be present to manage the active phase of labor, the process of labor, and the immediate postpartum and breastfeeding phase. This includes performing any procedures which may be indicated under the preceptor's supervision. The supervisor will observe the student on how the student responds to the client's questions, and if the student effectively communicates information, including informed consent, to the client. The student is also evaluated on communication skills, teamwork, and labor support skills, as well as the ability to integrate knowledge from the curriculum into practice. The clinical preceptor will inform the program director if there are areas that require improvement. If this is the case, students will receive a written notice indicating performance needs



improvement and the program director will then initiate a formal plan of development for performance improvement. There is the potential for further remediation if performance does not improve. Students who do not comply with the performance improvement plan may be dropped from the clinical site, and if skills are not improved under another clinical preceptor, the student will be dismissed from the program.

## **Required Materials and Resources for Students**

### **Readings and other resources\***

Students are required to purchase and read the following material as core books, as well as additional selected books for each course:

- *Anatomy and Physiology for Midwives* 3<sup>rd</sup> edition. by Jane Coad
- *Midwifery Emergencies at a Glance*, 1<sup>st</sup> Edition by Susan M. Carr and Denise Campbell
- *The Midwives Guide to Key Medical Conditions, Pregnancy and Childbirth*, Linda Wylie and Helen Bryce
- *The Natural Pregnancy Book, 3<sup>rd</sup> edition: Your complete guide to a Safe, Organic Pregnancy and Childbirth with Herbs, Nutrition and Other Holistic Choices*, by Aviva Jill Room and Ina May Gaskin
- *Nutrition Made Clear* by Roberta H. Anding and The Great Courses
- *Undivided Rights: Women of Color Organizing for Reproductive Justice* by Jael Silliman, Marlene Gerber Fried, et al.
- *Myles Textbook for Midwives* 17th Edition by Jayne E. Marshall (Editor), Maureen D. Raynor (Editor)
- *Myles Midwifery Anatomy and Physiology Workbook, 2<sup>nd</sup> edition*, Jean Rankin
- *Heart and Hands* by Elizabeth Davis
- *Guidelines for Perinatal Care* by AAP Committee on Fetus & Newborn, ACOG Committee on Obstetric Practice, et al.
- *Varney's Midwifery* by Helen Varney
- *Physical Assessment of the Newborn: A Comprehensive Approach to the Art of Physical Examination* by Ellen P. Tappero and Mary Ellen Honeyfield | Aug 1, 2003
- *Counseling the Nursing Mother: A Lactation Consultant's Guide*, Lauwers, Judith and Swisher, Anna
- Download articles recommended by faculty
- Download WHO Skilled Birth Attendants Learning Courses
- BEST-Emergency Skills for Out of Hospital Births
- MMCI will provide various handbooks to students, including *Birthing's Midwifery Workbook* by Daphne Singingtree, CPM

*\*NOTE: Reading requirements are subject to change*

### **Midwifery organizations and maternal child health conferences**

Students are expected to be a member of at least one midwifery organization. Students are encouraged to attend conferences on maternal child health.

## **Class Attendance and Work Policy**

Students may continue to work as doulas while attending the MMCI program, however, doula activities may not compromise academic performance, and it is a violation of program policy to miss classroom time due to doula functions. It is also a violation of program policy to work as a midwife while attending the program, unless the student already has a permanent Wisconsin license as a CPM and is enrolled in a dual program seeking a degree or MEAC accreditation.

### **Clinical student hours**

- Clinical preceptors cannot require students to work more than 40 hours per week
- One day in seven is free from all academic and clinical responsibilities
- Students will have a minimum of 10 hours of rest following a 24-hour call
- Back-up coverage is provided if a student is in a situation of unusual stress and/or fatigue

## **Program Orientation**

The MMCI Orientation for Students, Faculty and Staff addresses the concerns and interests of incoming students and provides guidance in understanding both the academic and clinical aspects of the program.

## **Evaluation Meetings**

MMCI faculty and staff meet quarterly. This ensures that all midwifery students are systematically evaluated regarding their knowledge, skills, performance, professional growth, and self-care on an ongoing basis throughout their training. MMCI collects and assesses the same information for each student.

Faculty and clinical preceptors also meet quarterly regarding student performance, which facilitates written and verbal feedback being given to students in a timely manner. This information, along with grades, recommendations for improvement, documentation identifying areas of strength and weakness, and target areas needing improvement, are stored in each student's file.

The Academic Affairs Director issues final grades after soliciting feedback from clinical preceptors and faculty during their quarterly meetings. It is the Academic Affairs Director's responsibility to provide feedback to students regarding their performance, assist students in appropriately completing curricula and midwifery requirements, complete formal student evaluations each quarter, mentor students in areas of personal concern, serve as a resource for career direction, and assist students in completing documents for graduation.

## **Testing and Academic Progress**

Students participate in skills testing and take written tests throughout the course of the program. Students are expected to make academic progress, with 80% as the minimum passing grade on academic work. Mastery is the passing requirement for clinical skills. The results of these tests are used

to assess students' knowledge base and to inform the Self-Improvement Reviews. Grades and reviews are communicated in 1:1 meetings between the student and academic advisor on an ongoing basis. All written summaries, plans, grades, and follow-up documentation are placed in students' permanent files.

### **Grading policy for testing for calculating GPA (Grade Point Average)**

Grade of 'A': 92-100

Grade of 'B': 84-92

Grade of 'C': 76-84

Grade of 'D': 68-76

Grade of 'F': 67 and below

NOTE: Mastery is the passing requirement for clinical skills.

### **Appeal process**

Students can request to retake tests one month after developing a study plan for mastering the required skills and increasing their knowledge. Students are allowed three attempts to take the test. Students who fail the test after three attempts must repeat the course. Students can appeal this process in a written request. Appeals are reviewed at the quarterly meeting of faculty and staff.

### **Academic Integrity Policy**

Midwest Maternal Child Institute requires that students and faculty adhere to the following principles and rules and pursue academic work in a truthful and straightforward manner, free from deception or fraud.

#### **Definitions of academic dishonesty**

- Copying or attempting to copy from others during an exam
- Using unauthorized materials, prepared answers, written notes, or concealed information during an exam.
- Taking an exam for another person or having someone take an exam for them.
- Plagiarism: Plagiarism is defined as the use of intellectual material produced by another person without acknowledging its source, for example, false information and representation and fabrication or alteration of Information:
  - Fabricating or altering information or data (such as clinical experiences) and presenting it as legitimate.
  - Providing false or misleading information to an instructor or preceptor.

In order to complete their enrollment at MMCI students must sign an agreement that they have read the policy and agreed to the MMCI policy. The Academic Integrity Agreement includes a commitment not to engage in or tolerate acts of falsification, misrepresentation, or deception. Below is a list of specific actions that MMCI considers academic dishonesty. MMCI procedures for addressing violations

are also specified.

MMCI approach to learning encourages sharing of resources and answers including homework, however; during closed book exams the following rules are to be observed.

### **Procedure for addressing academic dishonesty**

Individual cases will be handled initially by the instructor of the course in question, as required by the instructor's professional responsibility to assess the performance of their students. The student will be allowed an opportunity to rebut the allegation within a month's period. The penalty imposed by the instructor may not exceed mandatory resubmission of all course work submissions in violation of this policy, in which case the student will be informed in writing of the specific assignments/tests requiring resubmission due to academic misconduct. In cases of falsification of clinical work, the infraction is documented, and penalties may include suspension or removal from program.

### **Graduation Requirements: Associate Degree in Certified Professional Midwifery**

A final written evaluation and certification is given to each student by the Academic Affairs Director after the student has successfully completed both the academic and clinical portions of the program. Students have up to five years to complete the program, including all clinical requirements. Failure to meet any of the graduation criteria by the end of year five results in a faculty review and possible probationary or disciplinary action. Students must pass a final exam with a grade of 80% or higher and a skill test with a positive rating in order to complete the program. A student is allowed to take the test three times, with a two-month time frame between each test. Tutoring may be offered to students who receive a failing score.

MMCI utilizes the PEP process and documents for the CPM program. See NARM:  
<https://narm.org/pdffiles/CIB.pdf>

### **Minimum requirements for students to complete the CPM Program and graduate**

- 75 prenatal exams, including 20 initial exams, 20 newborn exams and 40 postpartum exams
- A minimum of 20 primary births: Of the 20 primary births, five require full Continuity of Care (COC), and ten more require at least one prenatal under supervision
- Five Continuity of Care births to include five prenatal cases, the birth, newborn exam, and two postpartum exams. Students must have attended at least one prenatal (in a primary or assisting role) with the client prior to client's labor and birth for 10 of the 20 Phase 3 births, in addition to the five with full Continuity of Care
- A minimum of 10 of the 20 Phase 3 births must be in homes or other out-of-hospital settings and must have occurred within three years of Phase 3 application submission
- Experience in specific settings: A minimum of five home births must be attended in any role
- A minimum of two planned hospital births must be attended in any role. These cannot be

intrapartum transports, but may be antepartum referrals

- Complete required paperwork
- Successfully complete CPR/NRP and IV skills drill
- Successfully complete all labs/skills drills.

Minimum requirements for students to complete the MCHS Program and graduate is 500 clinical hours in maternal child health that may include but is not limited to labor and postpartum support and breastfeeding peer counseling. Clinicals need to be approved by the Academic Affairs Director and they must be submitted prior to graduation.

## **NARM Certification**

MMCI discusses NARM certification requirements during the student orientation. MMCI follows NARM preceptor and clinical requirements and utilizes NARM forms. For more information, visit the NARM website:

<https://narm.org/preceptors/preceptor-student-policies/guidelines-for-documentation-of-clinical-experience/>

<https://narm.org/certification-recertification/cpm-application/meac/>

<https://narm.org/preceptors/preceptor-resources/>

<https://narm.org/certification-recertification/cpm-application/pep/application/>

By signing the MMCI Enrollment Agreement, students are giving their consent to release their NARM certification test results to MMCI so that MMCI can compile student achievement data in accordance with and in compliance with MEAC standards.

## **Professional Opportunities for Midwives & Employment Assistance**

Professional opportunities for midwives and other birth workers include Certified Professional Midwife in private practices and community clinics, birth assistant, labor support/postpartum doula, and maternal child case manager. Further opportunities are to be found in working in public health policy, social work, gender studies, human milk bank administration, and birth justice programs.

MMCI does not have an Employment Assistance Service. Students will have opportunities to meet with representatives of various midwifery practices and other birth organizations and attend conferences for the purpose of networking.

## **Student Records Access, Confidentiality & Security**

Students have the right to the privacy of their educational records as stated by FERPA (Family Educational Rights and Privacy Act). Student records are kept in a secure digital filing system and some records are kept in a secure paper filing system. All student records are confidential. Students have

access to their academic/clinical records upon request to MMCI administration, and requests will be fulfilled within ten working days.

**Retention of records**

Per the Wisconsin Educational Approval Program, MMCI maintains student records for a minimum of six years from graduation or last date of attendance.

## Course Curriculum

### Advanced Doula /Labor Support Skills

Students observe a series of childbirth education classes and attend a three-day course covering labor support measures.

#### Learning objectives

- Gain understanding of childbirth basics
- Understand types of interventions during labor and delivery
- Understand the importance of providing the woman comfort and support with non-pharmacologic pain relief
- Know how to increase the comfort and reduce the risk of infection
- Demonstrate techniques for increasing relaxation and pain relief measures available for labor
- Understand concepts and science of Empathy Distress and Compassion and how to apply to birth work
- Understand the psychological and cultural aspects of labor and birth



#### Readings

- *Doula Guide Book*, Mary Sommers, CPM
- *Nurture*, Chidi Cohen
- *The Birth Conspiracy*, Rivka Cymbalist
- *The Science of Compassion: A Modern Approach for Cultivating Empathy, Love, and Connection*, Kelly McGonigal (Sounds True)
- *The Compassionate Connection: The Healing Power of Empathy and Mindful Listening* by David Rakel
- *Birthsong Midwifery Workbook*, Singingtree

#### Teaching aids, videos, slides

View videos by Injoy demonstrating labor support.

#### Practical skills

- Students are supervised on five births and must attend 20 births as a doula to complete this section of the course
- Write case study based on videos shown and births attended as a doula using de-identified information

### Antepartum Care

#### Learning objectives

- Know the definitions of pregnancy
- Describe how to determine the length of gestation and how to determine a due date
- Know the principles of dating pregnancy by menstrual history, size of uterus, fundal growth patterns, and use of ultrasound

- Identify the signs and symptoms of pregnancy
- Describe the physiological changes during pregnancy
- State the usual timing of various signs and symptoms of pregnancy.
- Demonstrate basic antepartum skills:
- Understand the female reproductive anatomy
- List the components of a health history and focused physical examination for antenatal visits
- Describe the normal progression of pregnancy: body changes, common discomforts, expected fundal growth patterns, weight gain
- Describe the normal psychological changes in pregnancy, indicators of psychosocial stress, and impact of pregnancy
- Know safe, locally available non-pharmacological methods for the relief of common discomforts of pregnancy
- Know how to assemble, use, and maintain equipment and supplies appropriate to setting of practice
- Know how to document and interpret relevant findings for services provided across all domains of competency, including what was done and what needs follow-up according to current best practices

### **Readings**

Read assigned midwifery and obstetric texts. No fewer than 30 hours of readings is expected for this course.

- *Heart and Hands*, Davis (p. 11-66, Chapter 2)
- *Varney's Midwifery*, Varney (p. 633, Ch. 19)
- *Myles Midwifery* (p.144-173, Ch. 9)
- *Birthsong Midwifery Workbook*, Singingtree (p.118-154, Ch. 6)
- *Practical Skills Guide to Midwifery*
- Guidelines for Perinatal Care, AAP Committee on Fetus and Newborn, ACOG Committee on Obstetric Practice, et al.; Oct 1, 2017 (P. 149-244, Ch. 6 Antenatal Care - Routine Antenatal Care)

### **Teaching aids, videos, DVDs, slides**

Fetal models, lab equipment, fetoscope, Doppler, and basic medical equipment.

### **Speakers/Demonstrations**

Preceptors demonstrate skills in labs and on volunteers.

### **Clinical practice sessions and role-playing**

Students are shown how to perform skills and practice them on each other and on the instructor. In clinic, practice skills such as taking blood pressure, temperature, fundal height and weights, how to count fetal heart tones, palpation of the fetus, and urine test by chemstrip.

### **Writing projects**

Students are given case studies on skills to present to the class.

### **Skills evaluations**

Students are evaluated through observation at student clinic.

### **Discussions**

Discussion and evaluation take place during monthly seminars.



## Quizzes & tests

Students take graded quizzes covering the learning objectives. Students take a written exam on learning objectives and must earn a grade of 80% or higher.

## Antepartum Discomfort and Remedies

### Learning objectives

- State the usual timing of various signs and symptoms of pregnancy
- Explain the causes of, and describe treatment for, common discomforts during pregnancy, and understand differential diagnosis
- Identify when each symptom typically occurs
- Know the physical changes that predispose pregnant women to various common discomforts
- Know the difference between common discomforts of pregnancy and possible complications
- Explain strategies for preventing, alleviating, or minimizing common conditions in pregnancy
- Traditional and modern health practices (beneficial, neutral and harmful)
- Understand health education needs in pregnancy (e.g., information about relief of common discomforts, hygiene, sexuality, work inside and outside the home)
- Know pregnancy discomforts, changes, and concerns, including:
  - Warning in Pregnancy
  - Bleeding in Pregnancy
  - DVT Blood Clots in Pregnancy
  - Cervical insufficiency & preterm labor
  - Chicken Pox/Covid Virus /Torch Diseases/Flu/Rubella/Zika
  - Vaccinations in Pregnancy
  - Nausea, Vomiting, and Hyperemesis
  - Anemia
  - Bacterial-Vaginosis
  - GBS
  - Heartburn in Pregnancy
  - Hemorrhoids, Varicose Veins, DVT, and Constipation
  - Pelvic, ligament, and back pain in pregnancy, UTI, and early labor
  - Urinary System and Discomforts/concerns
  - Shortness of Breath/Dizziness
  - Asthma in Pregnancy
  - Edema & Pitting Edema
  - Leukorrhea & Skin Changes
  - Travel & Exercise in Pregnancy
  - Hot Tubs & Lying on Back
  - Cravings and Pica
  - Nagale's Rule & G/P & Signs of Pregnancy
  - Fetal Movement & Fetal Dreaming
  - Thyroid/Pregnancy
  - Food Poisoning
  - Sex in Pregnancy
  - Pregnancy at Work/Seat Belts

## **Readings**

Read midwifery, obstetric, and nursing texts. No fewer than 20 hours of readings and 10 hours of assignments are expected for this course.

- *Heart and Hands*, Davis (p. 46-54)
- *Birthsong Midwifery Workbook* (p. 123-162, Ch. 6)
- *Myles Midwifery* (p.109-119, Ch. 4 & p.197-245, Ch. 10)
- *Myles Midwifery Anatomy & Physiology Workbook* (p. 31-39, Ch.3 & p. 79-92 Ch.8)
- *Holistic Midwifery*, Frye

## **Teaching aids, videos, slides**

Become familiar with bony pelvis model, dilation charts, fetal models, lab equipment, fetoscope, Doppler, and basic medical equipment.

## **Speakers/Demonstrations**

Preceptors demonstrate in labs and on clients.

## **Clinical practice sessions and role-playing**

Students will work with volunteer models.

## **Writing projects**

- Complete workbook assignments

## **Skills evaluations**

Students are evaluated according to the PSGM standards in lab until they can perform the skill correctly. They are then evaluated in ongoing clinical interactions with clients.

## **Project completion**

Knowledge of 80% or more of the learning objectives is demonstrated in a written assignment.

## **Quizzes & tests**

Students take a written exam on learning objectives and must earn a grade of 80% or higher.

## **Antepartum Risk Assessment and Screening**

### **Learning objectives**

- Understand Standards for Prenatal Care and Screening
- Explain the benefits of prenatal care
- Describe what the first prenatal visit involves
- Demonstrate prenatal exam skills including:
  - measuring fundal height
  - taking vital signs and knowing the normal ranges
  - listening to Fetal Heart tones
  - palpation using the steps of Leopold's maneuver
- Describe the rationale for pelvic assessment and how to perform it
- Describe how RH and other blood incompatibilities can affect pregnancy outcomes

- List purposes for antenatal tests and procedures
- Know normal findings [results] of basic screening laboratory tests including, but not limited to:
  - routine pregnancy bloodwork
  - urine dipstick
  - fetal screening (i.e., genetic testing, biophysical profile, 1st and 2nd trimester screen,
  - NST, U/S)
  - glucose tolerance screen
  - pre-eclampsia screening tests
  - GBS vaginal/rectal culture
- Be able to determine fetal well-being during pregnancy including fetal heart rate and activity patterns, amniocentesis and ultrasound technology
- Understand indicators of common acute and chronic disease conditions specific to a geographic area of the world that present risks in pregnancy (e.g., HIV; TB; malaria) and referral process for further testing and treatment including post-exposure preventive treatment
- Understand human rights and their effects on health of individuals, including but not limited to health disparities, domestic partner violence and female genital mutilation [cutting]
- List the components of a health history, family history and relevant genetic history
- Understand physical examination content and investigative laboratory studies that evaluate potential for a healthy pregnancy
- Be familiar with health education content targeted to sexual and reproductive health (e.g., sexually transmitted infections, HIV, newborn and child health)
- Understand how to determine fetal well-being during pregnancy including fetal heart rate and activity patterns, amniocentesis and ultrasound technology
- Know the basic principles of pharmacokinetics of drugs prescribed, dispensed or furnished to women during pregnancy, including:
  - effects of prescribed medications, ultrasound, street drugs, traditional medicines, and over-the-counter drugs on pregnancy and the fetus
  - effects of smoking, alcohol abuse and illicit drug use on the pregnant woman and fetus
  - effects of environmental exposures, food-borne illnesses, or certain activities on the pregnant woman and fetus, (e.g., heavy metals, listeriosis, pesticides, food additives, saunas, toxoplasmosis)
- Know the signs, symptoms and potential effects of conditions that are life-threatening to the pregnant woman and/or her fetus, including but not limited to:
  - pre-eclampsia/eclampsia
  - vaginal bleeding
  - premature labor
  - Rh isoimmunisation
  - syphilis
- Know the signs, symptoms and indications for referral of selected complications and conditions of pregnancy that affect either mother or fetus, including but not limited to:
  - anemia
  - asthma
  - HIV infection
  - thyroid disorders
  - diabetes
  - cardiac conditions
  - malpresentations/abnormal lie
  - placental disorders

- pre-term labor
- post-dates pregnancy
- Hydatidiform mole
- Understand the prenatal methods for encouraging optimal positioning at term, including external manual version
- Identify variations 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:
  - low and or inadequate maternal nutrition, including eating disorders and pica
  - anemia
  - ectopic pregnancy
  - hyperemesis
  - genital herpes
  - inadequate or excessive uterine growth, including suspected oligo- or polyhydramnios, molar pregnancy
  - gestational diabetes
  - insufficient cervix
  - elevated blood pressure, proteinuria, presence of significant edema, severe frontal headaches, visual changes, epigastric pain associated with elevated blood pressure
  - vaginal bleeding (with or without cramping)
  - multiple gestation, abnormal lie/malpresentation at term
  - intrauterine fetal death
  - elevated blood pressure
  - proteinuria presence of significant edema
  - severe frontal headaches
  - visual changes
  - epigastric pain associated with elevated blood pressure

### **Readings**

Read midwifery, obstetric, and nursing texts and articles. No Fewer than 20 hours of readings and 10 hours of assignments are expected for this course.

- *Varney's Midwifery*, Varney (p.695, Ch. 21)
- *Holistic Midwifery*, Frye
- *Myles Midwifery* (p.204- 219, Ch.11)
- *Obstetric Myths vs. Research Realities*, Goer
- Guidelines for Perinatal Care, AAP Committee on Fetus and Newborn, ACOG Committee on Obstetric Practice, et al.; Oct 1, 2017 (p. 154, routine antepartum care)
- *When to Screen in Obstetrics and Gynecology*, Wildschut, Weiner and Peters

### **Teaching aids, videos, slides**

View PowerPoint class and videos of cases involving risk.

### **Speakers/Demonstrations**

A specialist in perinatal care presents.

### **Role-playing and clinical interactions**

Role play with fellow students and preceptor and attend clinical practice sessions under preceptor supervision.

### **Skills evaluations**

Preceptor evaluates risk-screening skills. Homework is assigned.

### **Quizzes & tests**

Students take a written exam on learning objectives and must earn a grade of 80% or higher.

## **Case Studies in Maternal Child Health**

### **Learning Objectives**

- Understand how to review cases
- Understand how to prepare for peer reviews
- Understand chart reviews
- Be able to discuss case studies for antenatal, intrapartum and newborn care
- Is able to maintain and update knowledge and skills, in order to remain current in practice
- Is able to document and interpret relevant findings for services provided across all domains of competency, including what was done and what needs follow-up according to current best practices

### **Skills**

Role playing and feedback from clinicals

## **Counseling for the Childbearing Year**

### **Learning objectives**

- Be able to identify and explore appropriate topics for counseling pregnant clients, including in the areas of smoking cessation, eating disorders, domestic violence, and sexual abuse
- Know indicators and methods for advising and referral of dysfunctional interpersonal relationships, including sexual problems, domestic violence, emotional abuse and physical neglect
- Describe the principles of interpersonal communication with and support for clients who are bereaved such as maternal death, stillbirth, pregnancy loss, neonatal death, congenital abnormalities, transport
- Relate approaches and strategies for providing special support for adolescents, including sexual assault
- Know the principles of manual vacuum aspiration of the uterine cavity to remove retained products of conception
- Describe the care, information and support that is needed during and after SAB or TAB (physical and psychological) and services available in the community
- List community-based postpartum services available to the client, and how they can be accessed
- Be able to provides opportunity for client feedback
- Can use appropriate communication and listening skills across all domains of competency  
Be able to engage the woman and her family in preconception counseling, based on the individual situation, needs and interests
- Know the legal and regulatory framework governing reproductive health for women of all ages, including laws, policies, protocols and professional guidelines
- Be familiar with human rights and their effects on health of individuals, including but not limited to health disparities, domestic partner violence and female genital mutilation [cutting]
- Describe the purpose and role of national and local midwifery organization
- Understand the midwife acts consistently in accordance with professional ethics, values and human rights as defined by national and local professional midwifery organizations

- Understand the midwife acts consistently in accordance with standards of practice as defined by national and local professional midwifery organizations
- Can engage the woman and her family in preconception counseling, based on the individual situation, needs and interests

### **Readings**

No fewer than 20 hours of readings and 10 hours of assignments are expected for this course.

- AWHONN learning courses on smoking cessation, eating disorders, domestic violence, and sexual abuse
- *The Wisdom of Listening*, by Mark Brady
- Textbook on Counseling for Health Care Workers
- Non-bias communication literature

### **Teaching aids, videos, slides**

View DVDs on above topics.

### **Speakers/Demonstrations**

An expert counselor on women's issues presents on relevant topics.

### **Quizzes & tests**

Successfully complete quiz from AWHONN courses.

## **Genetics and Embryology**

### **Learning objectives**

- Identify parts of the cell
- Describe the functions of parts of the cell
- Define terms relevant to genetics
- Describe the steps involved in mitosis
- State the sequence and functions of meiosis
- Explain the entire process of conception including where, how and when fertilization takes place
- Explain how a fertilized ovum develops from conception to the 14th day of life
- Define the decidua and locate its areas
- Describe how the fetus derives its nutrition
- Identify the factors that influence fetal lung maturity
- Understand how the fetal circulation differs from an infant's circulation
- Describe fetal development week to week
- Describe test for fetal well-being
- Describe the tissues that the endoderm, mesoderm and ectoderm each give rise to in the fetus
- Describe spontaneous abortion and bleeding in pregnancy
- Factors involved in decisions relating to unintended or mistimed pregnancies
- Conduct examinations and tests for confirmation of pregnancy
- Understand normal process of involution and physical and emotional healing following SAB or TAB
- Know signs and symptoms of sub-involution and/or incomplete SAB or TAB (e.g., persistent uterine bleeding)
- Know signs and symptoms of SAB or TAB complications and life-threatening conditions (e.g., persistent vaginal bleeding, infection)

- Know signs and symptoms and methods for diagnosis of an ectopic pregnancy
- Relate factors involved in decisions relating to unintended or mistimed pregnancies
- Know all currently available methods of therapeutic abortion (TAB) and their medical eligibility criteria
- State pharmacotherapeutic basics of drugs recommended for use in medical abortion
- Relate principles of uterine evacuation via manual vacuum aspiration (MVA)
- Know all currently available methods of therapeutic abortion (TAB) and their medical eligibility criteria
- Understand the care, information and support that is needed during and after SAB or TAB (physical and psychological) and services available in the community
- Be familiar with the legal and regulatory framework governing reproductive health for women of all ages, including laws, policies, protocols and professional guidelines
- Be able to provide information and support for women and/or their families who are bereaved (maternal death, stillbirth, pregnancy loss, neonatal death, congenital abnormalities)

### **Readings**

Read texts and articles on fetal development. No fewer than 30 hours of readings and 10 hours of assignments are expected for this course.

- *A Child is Born*, Nilsson
- *Varney's Midwifery*, Varney (p. 663, Ch.20 Genetics)
- *Myles Midwifery* (p. 101-123, Ch.6-7)
- *Myles Midwifery Anatomy & Physiology Workbook* (p. 49-69, Chapters 5&6)
- *Birthsong Midwifery Workbook*, Singingtree (p. 94-116, Chapter 5)
- *Anatomy and Physiology for Midwives* by Coad, Pedley, Phil, et al, 2019 (p. 69-97, Chapter 4)
- *The Fifth Vital Sign: Master Your Cycles & Optimize Your Fertility*, Lisa Henderickson-Jack and Lara Briden, 2019

### **Teaching aids, videos, slides,**

View DVDs on fetal development.

### **Speakers/Demonstrations**

A specialist in early pregnancy and pregnancy loss

### **Presentations**

Students have a group presentation and complete visual fetal development projects.

### **Skills evaluations**

Describe fetal development, to client, at any point of gestation. Assignments from workbook and homework.

### **Quizzes & tests**

Students take a written exam on learning objectives and must earn a grade of 80% or higher.

## **Health Disparities and Community, Public, and Global Health**

### **Learning objectives**

- Become familiar with vital statistics on this topic
- Become familiar with websites on midwifery-related topics
- Explore maternal health topics for community, public, and global health

- Understand risk screening, preterm labor, and low birth rate babies as they relate to community and public health
- Know the community and social determinants of health (e.g., income, literacy and education, water supply and sanitation, housing, environmental hazards, food security, disease patterns, common threats to health)
- Relate the principles of community-based primary care using health promotion and disease prevention and control strategies
- Know the direct and indirect causes of maternal and neonatal mortality and morbidity and strategies for reducing them
- Know the methodology for conducting maternal morbidity and death review and near miss audits
- Describe the principles of epidemiology, community diagnosis (including water and sanitation), and how to use these in care provision
- Summarize the principles of research, evidenced-based practice, critical interpretation of professional literature, and the interpretation of vital statistics and research findings
- List the indicators of quality health care services
- Understand the principles of health education
- Know the national and local health services and infrastructures supporting the continuum of care
- Know the organizations and referral systems and how to access their resources for midwifery care
- Know the relevant national or local programs or initiatives (provision of services or knowledge of how to assist community members to access services, such as immunization and prevention or treatment of health conditions prevalent in the country or locality)
- Understand the concept of alarm (preparedness), the protocol for referral to higher health facility levels, and appropriate communication during transport [emergency care]
- Understand the legal and regulatory framework governing reproductive health for women of all ages, including laws, policies, protocols and professional guidelines
- Be familiar with human rights and their effect on health of individuals, including but not limited to health disparities, domestic partner violence, and female genital mutilation
- Follows appropriate protocol and etiquette for transport/ transfer of care of the mother or newborn from home or birth center to the hospital during pregnancy, in labor, or postpartum
- Be able to document and interpret relevant findings for services provided across all domains of competency, including what was done and what needs follow-up according to current best practices
- Relate measures for prevention and control of malaria in pregnancy, according to country disease pattern, including intermittent preventive treatment (IPT) and promotion of insecticide treated bed nets (ITN)
- Understand pharmacologic basis of de-worming in pregnancy (if relevant to the country of practice)

### **Readings**

Read about various topics on global and local health and view maternal health websites. No fewer than 20 hours of readings and 10 hours of assignments are expected for this course.

- Read local and state articles, books, and journals and view health-oriented websites on public, community, and global health.
- <https://ilpqc.org/> Birth Justice initiative
- Articles as assigned

### **Teaching aids, videos, slides**

View and use local videos and slides from County, City, and State Offices and NGOs.



### **Speakers/Demonstrations**

A public health expert, maternal child health specialist, and midwives with international health expertise lecture on their topics.

### **Writing projects**

Choose a topic on health in the community. Research local health outcomes and create a written needs-assessment for midwifery care using local health statistics.

### **Role-playing and clinical interactions**

Role play talking to City Council to improve an aspect of community health. Inquire about community health accessibility during intakes. Gain an understanding of issues surrounding risk screening, preterm labor, and low birth rate babies as they pertain to community and public health.

### **Skills evaluations**

Demonstrate ability to access relevant county and state statistics.

### **Project completion**

Complete poster project for library illustrating midwifery contribution to local health statistics and to global health improvements.

## **Herbs for the Childbearing Year**

### **Learning objectives**

- Describe several benefits of using herbs during pregnancy
- Explain why certain types of herbs are not recommended in pregnancy
- List specific herbs contraindicated in pregnancy

### **Readings**

No fewer than 20 hours of readings and 10 hours of assignments are expected for this course.

- *Herb Workbook*
- *The Natural Pregnancy Book, Third Edition: Your complete guide to a Safe, Organic Pregnancy and Childbirth with Herbs, Nutrition and Other Holistic Choices*, by Aviva Jill Room and Ina May Gaskin

### **Quizzes & tests**

Students take a written exam on learning objectives and must earn a grade of 80% or higher.

## **History of Midwifery**

### **Learning objectives**

- Identify historical contributions of midwives and others to practices in labor and delivery
- Describe birth in various cultures and identify similarities and patterns among diverse cultures
- Describe how midwives have been viewed during different periods in history
- Name organizations that have influenced the public's view of midwives
- Identify key events and people in midwifery history that affect how we practice today
- Define the Midwives Model of Care

- Relate the history of MANA, NACPM, ACNM and other midwifery groups and their role in midwifery practice in the US
- Describe traditional and modern health practices (beneficial, neutral and harmful)
- Know the benefits and risks of available birth settings
- Relate strategies for advocating with women for a variety of safe birth settings
- Be responsible and accountable for clinical decisions and actions

### Readings

No fewer than 60 hours of readings and 10 hours of preparation for written assignment is expected for this course. Read 5 of the following books:

- *Birth Justice: Black Women, Pregnancy and Childbirth* by Julia Cinyere Oparah and Alicia Bonaparte
- *History of Midwifery* by Judith Rooks
- *Wide neighborhoods*, Breckenridge
- *Why Not Me*, Milton
- *Nurse-Midwives*, Ettinger
- *Midwifery Workbook*, Singingtree (P.1-52, Chapters 1&2)
- *La Partera: Story of a Midwife*, Leeper Buss
- *The Story of Jane: The Legendary Underground Feminist Abortion Service*, Laura Kaplan
- *Coming Home: How Midwives Changed Birth*, Wendy Kline
- *The Midwife Matrix: Reclaiming Our Bodies, Our Births, Our Lives*, by Geraldine Simkins
- *A Midwife's Tale*, Ulrich
- *More than a Midwife*, Mary Sommers
- *Call the Midwife*, Jennifer Worth
- *Listen to Me Good: The Story of an Alabama Midwife*, Margaret Smith
- *Granny Midwives and Black Women Writers: Double Dutched Readings*, Valerie Lee
- *Touching Bellies, Touching Lives: Midwives of Southern Mexico tell their stories*, Judy Gabriel

### Writing projects

Submit a paper on each book read. Analyze each book using critical inquiry to understand how the manner in which the history of midwifery is portrayed affects the practice and the culture of obstetrics today in the US. Address how the successes and challenges continue to affect midwifery, birth justice and health disparities.

## Interpreting and Evaluating Health Research

### Introduction

There is an abundance of research reports in contemporary, health-related academic journals. Not only does their quality vary, but the complexity of study designs and statistical methods creates a host of problems for evaluating and judging the significance of results and conclusions. In this course, we will discuss ways in which researchers can minimize error to enhance confidence in their conclusions. To facilitate the process, we use two examples of research reports and identify ways in which errors were minimized and the sources of potential errors that still remain in the report. In addition, the course introduces fundamental concepts in statistical theory. We apply these to the example reports to understand the meaning and significance of statistical results. We examine the meaning and significance of: Areas of inquiry; definition of research; research with human participants and protection of privacy and data; content of research reports; minimizing error; and statistical concepts.

### **Learning objectives**

- Be able to define research
- Identify major elements of signed informed consent
- Know at least one way that researcher error can be minimized for each of the following points: time frame, study group selection, validity and reliability, analytical methods, and conclusions
- Be able to discuss the role of probability in statistical theory
- Can explain the meaning of p value, and apply it to results reported in example articles
- Understands the principles of research, evidenced-based practice, critical interpretation of professional literature, and the interpretation of vital statistics and research findings

### **Readings**

No fewer than 20 hours of readings and 10 hours of assignments are expected for this course.

- Selected articles

## **Intrapartum Complication Risk: Assessments and Protocols**

### **Learning Objectives**

- Be able to identify complications and risk during intrapartum
- Be able to identify types of fetal heart rate patterns and demonstrate skills for intrapartum resuscitation
- Describe and define meconium aspirations
- Understand intrauterine resuscitation, post-dates, and obstructed births
- Understand GBS/infection and its implications
- Know indicators of need for emergency management, referral or transfer for obstetric emergencies, including but not limited to: cord prolapse, shoulder dystocia, placental abruption, uterine rupture, uterine bleeding, retained placenta
- Understand the benefits, risks, criteria for risk assessment, and midwifery management of vaginal birth after a cesarean
- Know indicators, risk factors, special needs and prenatal management of the client with a multiple gestation
- Relate the principles of prevention of pelvic floor damage and perineal tears
- Know the indications for performing an episiotomy
- Know the principles of expectant (physiologic) management of the 3rd stage of labor
- Know the principles of active management of 3rd stage of labor
- Know the principles underpinning the technique for repair of perineal tears and episiotomy
- List the indicators of need for operative deliveries, vacuum extraction, use of forceps, including but not limited to fetal distress and cephalo-pelvic disproportion
- Describe the indicators of need for and appropriate administration of the following pharmacologic agents: lidocaine/xylocaine for suturing, oxygen, methergine, Pitocin for postpartum hemorrhage, Rhogam, vitamin K, antibiotics for group B strep prophylaxis, IV fluids, newborn eye prophylaxis

### **Readings**

No fewer than 30 hours of readings and 10 hours of assignments are expected for this course.

- Read Frye and other articles on risk assessment and complications.
- Read sections of Myles, BEST, and Varney
- *Intrapartum Management Courses* Fifth Edition by Betsy Kennedy and Suzanne Baird DNP RN

- *Midwifery Emergencies at a Glance*, 1<sup>st</sup> Edition by Susan M. Carr and Denise Campbell

### **Writing projects**

Complete written clinical guidelines for intrapartum care.

### **Skills evaluations**

Preceptor conducts skills evaluation.

### **Quizzes & tests**

Students take a written exam on learning objectives and must earn a grade of 80% or higher.

## **Intrapartum Management 1 &2**

### **Learning objectives**

- List the “4 P’s of labor” and explain how they influence the outcome of labor
- Identify and describe the four main pelvic types and their relevance
- Define the fetopelvic relationship, including the bones of the fetal skull, station, engagement, synclitism-posterior and anterior
- Describe the stages of labor and mechanism of labor
- Describe the maternal and fetal physiological changes that occur during labor, including onset of labor and ways to distinguish true from false labor
- Identify the types of fetal heart rate patterns and their significance
- Know the physiology of first, second and third stages of labor
- Know how to manage a normal delivery and third stage
- Understand the essential elements of birth planning (preparation for labor and birth, emergency preparedness)
- Be familiar with the physical preparation for labor
- Know the components of preparation of the home/family for the newborn
- Describe the anatomy of fetal skull, critical diameters and landmarks
- Know the indicators of the latent phase and the onset of active labor
- Know the collaboratives to promote vaginal birth
- List the indications for stimulation of the onset of labor, and augmentation of uterine contractility
- Define the normal progression of labor and know how to prepare patient for labor
- Demonstrate how to use the partograph (i.e., complete the record; interpret information to determine timely and appropriate labor management)
- Describe the measures to assess fetal well-being in labor
- Describe the measures to assess maternal well-being in labor
- Know the process of fetal passage [descent] through the pelvis during labor and birth; mechanisms of labor in various fetal presentations and positions
- State the comfort measures in first and second stages of labor (e.g., family presence/assistance, positioning for labor and birth, hydration, emotional support, non-pharmacological methods of pain relief)
- Know the pharmacological measures for management and control of labor pain, including the relative risks, disadvantages, safety of specific methods of pain management, and their effect on the normal physiology of labor
- Assemble, use, and maintain equipment and supplies appropriate to setting of practice

- Document and interpret relevant findings for services provided across all domains of competency, including what was done and what needs follow-up according to current best practices
- Principles of manual vacuum aspiration of the uterine cavity to remove retained products of conception

### Readings

Read texts on intrapartum basics. No fewer than 30 hours of readings and 10 hours of assignments are expected for this course.

- *Myles Midwifery*
- *Varney's Midwifery*, Varney
- *Heart and Hands*, Davis
- *Midwifery Workbook*, Singingtree
- *The Labor Progress Handbook: Early Interventions to Prevent and Treat Dystocia* by Penny Simkin and Lisa Hanson, May 1, 2017
- *Intrapartum Management Courses* Fifth Edition by Betsy Kennedy and Suzanne Baird DNP RN

### Teaching aids, videos, slides

View *Stages of Labor* and DVDs demonstrating relevant topics.

### Resources

Research model cervical dilation and fetal pelvic models.

### Quizzes & tests

Students take a written exam on learning objectives and must earn a grade of 80% or higher.

## Lab: Antepartum Skills

### Overview of lab antepartum skills

Be able to:

- Take an initial history and perform ongoing history each antenatal visit
- Perform a complete physical examination and explain findings to the woman
- Take and assess maternal vital signs including temperature, blood pressure, pulse
- Draw blood and collect urine and vaginal culture specimens for laboratory testing
- 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 by using manual measurements or techniques and by referring for ultrasound visualization and measurement
- Listen to the fetal heart rate, palpate the uterus for fetal activity, and interpret findings
- Monitor fetal heart rate with Doppler
- Perform a pelvic examination, including sizing the uterus, if indicated and when appropriate during the course of pregnancy
- Perform clinical pelvimetry [evaluation of bony pelvis] to determine the adequacy of the bony structures
- Calculate the estimated date of birth and assess gestational period through query about LMP, bimanual

examination, and/or urine pregnancy testing.

- Provide health education to adolescents, women and families about normal pregnancy progression, danger signs and symptoms, and when and how to contact the midwife
- Teach and/or demonstrate measures to decrease common discomforts of pregnancy
- Provide guidance and basic preparation for labor, birth, and parenting
- Provide education regarding avoidance of potentially harmful environmental exposures, food-borne illnesses, or activities
- Identify variations 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:
  - low and or inadequate maternal nutrition, including eating disorders and pica
  - anemia
  - ectopic pregnancy
  - hyperemesis
  - genital herpes
  - inadequate or excessive uterine growth, including suspected oligo- or polyhydramnios, molar pregnancy
  - gestational diabetes
  - insufficient cervix
  - elevated blood pressure, proteinuria, presence of significant edema, severe frontal headaches, visual changes, epigastric pain associated with elevated blood pressure
  - vaginal bleeding (with or without cramping)
  - multiple gestation, abnormal lie/mal-presentation at term
  - intrauterine fetal death
  - rupture of membranes prior to term
  - post term pregnancy
  - exposure to or contraction of infectious disease (e.g., HIV, Hep B & C, Varicella, Rubella, cytomegalovirus)
  - GBS positive vaginal rectal culture
  - Toxoplasmosis
  - Depression
- Identify deviations from normal during the course of pregnancy and initiate the referral process for conditions that require higher levels of intervention
- Inform women who are considering therapeutic abortion about available services for those keeping the pregnancy and for those proceeding with abortion, methods for obtaining therapeutic abortion, and to support women in their choice
- Dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) selected, life-saving drugs (e.g., antibiotics, anticonvulsants, antimalarials, antihypertensives, antiretrovirals) to women in need because of a presenting condition

## **Lab: Intrapartum Skills**

### **Overview of lab intrapartum skills**

- Take a specific history and maternal vital signs in labor
- Perform a focused physical examination in labor

- Perform a complete abdominal assessment for fetal position and descent
- Time and assess the effectiveness of uterine contractions
- Perform a complete and accurate pelvic examination for dilatation, effacement, descent, presenting part, position, status of membranes, and adequacy of pelvis for birth of baby vaginally
- Monitor and chart progress of labor
- Provide physical and psychological support for woman and family and promote normal birth, including encouragement of adequate rest and sleep
- Facilitate the presence of a support person during labor and birth
- Provide adequate hydration, nutrition and non-pharmacological comfort measures during labor and birth
- Provide for bladder care including performance of urinary catheterization when indicated
- Promptly identify abnormal labor patterns or progress and initiate appropriate and timely intervention and/or referral, including but not limited to: OP position, asynclitism, pendulous abdomen, maternal exhaustion/ dehydration)
- Stimulate or augment uterine contractility, using non-pharmacologic agents
- Administer local anesthetic to the perineum when episiotomy is anticipated, or perineal repair is required
- Perform an episiotomy if needed
- Perform appropriate hand maneuvers for a vertex birth
- Perform appropriate hand maneuvers for face and breech deliveries
- Manage the birth of multiples
- Recognize the various severities of meconium-stained amniotic fluid and perform suctioning of the airway as appropriate
- Clamp and cut the cord
- Institute immediate, life-saving interventions in obstetrical emergencies to save the life of the fetus while requesting medical attention and/or awaiting transfer, including but not limited to:
  - prolapsed cord
  - placental abruption
  - uterine rupture
  - malpresentation
  - shoulder dystocia
  - fetal distress
- Manage a nuchal cord or arm at birth.
- Support expectant (physiologic) management of the 3rd stage of labor
- Assess the need for, and conduct, active management of the third stage of labor, following the most current evidence-based protocol
- Inspect the placenta and membranes for completeness
- Perform fundal massage to stimulate postpartum uterine contraction and uterine tone
- Provide a safe environment for mother and infant to promote attachment (bonding)
- Estimate and record maternal blood loss
- Inspect the vagina and cervix for lacerations.
- Repair an episiotomy if needed
- Repair 1st and 2nd degree perineal or vaginal lacerations
- Dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) selected, life-saving drugs, including antibiotics and antihemorrhagics, to women in need because of a presenting condition
- Perform manual removal of placenta

- Arrange for and undertake timely referral and transfer of client 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

## Lab: Newborn Skills

### Overview of lab intrapartum skills

Be able to:

- Successfully complete the CPR course and present a current card demonstrating a passing score.
- Regarding Neonatal Resuscitation, successfully complete course in NRP and present current card demonstrating passing of course given at MMCI
- Demonstrate IV Therapy and Skills
- Complete course with CPR Associates on IV Therapy and Skills.  
NOTE: NRP instructor to certify students in Neonatal Resuscitation Program
- Insert intravenous line and administer fluids, draw blood for laboratory testing
- CPR: Student need to show proof of attendance of an approved CPR course
- Perform adult cardio-pulmonary resuscitation
- Provide immediate care to the newborn, including drying, warming, ensuring that breathing is established, and cord clamping and cutting when pulsing ceases
- Assess the immediate condition of the newborn (e.g., APGAR scoring; other method for assessing breathing and heart rate)
- Promote and maintain normal newborn body temperature through covering (e.g., blanket; cap), environmental control, and promotion of skin- to-skin contact
- Begin emergency measures for:
  - respiratory distress (e.g., newborn resuscitation; suctioning in case of obstruction)
  - hypothermia
  - hypoglycemia
- Give appropriate care to the low-birthweight baby, and arrange for referral if potentially serious complications arise, or very low birth weight
- Perform a routine full-body newborn exam and refer for medical care with any abnormal findings
- Perform a gestational age assessment
- Provide routine care of the newborn, in accord with local guidelines and protocols including:
  - birth registration
  - administration of Vitamin K
  - screening tests
- Position infant to initiate breast feeding as soon as possible (within one hour) after birth and support exclusive breastfeeding
- Recognize indications of need, stabilize, and transfer the at-risk newborn to emergency care facility
- Educate parents about danger signs in the newborn and when to bring infant for care
- 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
- Assist parents to access community resources available to the family
- Support parents during grieving process for loss of pregnancy, stillbirth, congenital birth defects or neonatal death
- Support parents during transport/transfer of newborn or during times of separation from infant (e.g., NICU admission)



- Support and educate parents who have given birth to multiple babies (e.g., twins, triplets) about special needs and community resources
- Provide well-baby care up for a minimum of 6 weeks of age
- Follows appropriate protocol and etiquette for transport/ transfer of care of the mother or newborn from home or birth center to the hospital during pregnancy, in labor, or postpartum
- Assemble, use, and maintain equipment and supplies appropriate to setting of practice

## **Lab: Postpartum Skills**

### **Overview of lab intrapartum skills**

Is able to:

- Take a selective history, including details of pregnancy, labor and birth
- Perform a focused physical examination of the postpartum client
- Assess for uterine involution and healing of lacerations and/or repairs and educate on ways to promote healing
- Provide postpartum care for the mother who gave birth by cesarean
- Initiate and support uninterrupted [immediate and exclusive] breastfeeding
- Teach mothers how to express breast milk, and how to handle and store expressed breast milk
- Educate mother on care of self and infant after childbirth including signs and symptoms of impending complications, and community- based resources
- 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., anemia, hematoma, maternal infection), and refer for further management as necessary
- The concept of alarm (preparedness), the protocol for referral to higher health facility levels, and appropriate communication during transport [emergency care]
- Hemorrhage Seminar
- Manage postpartum bleeding and hemorrhage, using appropriate techniques and uterotonic agents as indicated
- Provide emergency treatment of late post-partum hemorrhage, and refer if necessary
- Provide education and guidance on exercise in the postpartum period, including Kegel exercises and abdominal muscle strengthening
- Educate and advise on sexuality and family planning post SAB and TAB
- Assess for uterine involution following a SAB or TAB; treat or refer as appropriate
- Educate on the following a SAB or TAB, including rest and nutrition and how to identify complications such as hemorrhage
- Perform internal and external bimanual compression of the uterus to control hemorrhage
- Perform aortic compression
- Identify and manage shock
- Take a selective history, including details of pregnancy, labor and birth
- Perform a focused physical examination of the postpartum client
- Assess for uterine involution and healing of lacerations and/or repairs and educate on ways to promote healing
- Provide postpartum care for the mother who gave birth by cesarean
- Initiate and support uninterrupted [immediate and exclusive] breastfeeding
- Teach mothers how to express breast milk, and how to handle and store expressed breast milk

- Educate mother on care of self and infant after childbirth including signs and symptoms of impending complications, and community- based resources
- 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., anemia, hematoma, maternal infection), and refer for further management as necessary

### **Hemorrhage Seminar**

Is able to:

- Manage postpartum bleeding and hemorrhage, using appropriate techniques and uterotonic agents as indicated
- Provide emergency treatment of late post-partum hemorrhage, and refer if necessary
- Provide education and guidance on exercise in the postpartum period, including Kegel exercises and abdominal muscle strengthening
- Educate and advise on sexuality and family planning post SAB and TAB
- Assess for uterine involution following a SAB or TAB; treat or refer as appropriate
- Educate on the following a SAB or TAB, including rest and nutrition and how to identify complications such as hemorrhage
- Perform internal and external bimanual compression of the uterus to control hemorrhage
- Perform aortic compression
- Identify and manage shock

**NOTE: Additional requirements for students who have not completed an anatomy & physiology course outside of MMCI**

Anatomy and Physiology for Midwives: Basic overview with DVDs and lectures on subject

### **Lab Work for the Childbearing Year**

#### **Learning objectives**

- Identify prenatal lab test including blood work, cervical/vaginal tests, and urinalysis, as well as normal ranges and purposes of tests.
- Identify lab tests needed to screen anemia, gestational diabetes, urinary tract infections, pre-eclampsia (HELLP), past rubella exposure, fetal neural tube defects, herpes, syphilis, gonorrhea, hepatitis exposure, Rh incompatibility, GBS vaginal/rectal cultures and liver problems.
- Order and/or perform and interpret laboratory tests used in providing well woman care including, but not limited to: CBC, thyroid function tests, urinalysis, chemistry panels
- Request and/or perform and interpret selected screening tests including, but not limited to screening for HIV, STIs, and PAP tests
- Provide collaborative care, support and referral for treatment for the HIV positive woman and HIV counseling and testing for women who do not know their status (however authorized to do so in the jurisdiction of practice)
- Dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) locally available and culturally acceptable methods of family planning
- Advise women about management of side effects and problems with use of family planning methods
- Take and order cervical cytology (Pap) test

- Know signs, symptoms and potential effects of conditions that are life-threatening to the pregnant woman and/or her fetus, including but not limited to:
  - pre-eclampsia/eclampsia
  - vaginal bleeding
  - premature labor
  - Rh isoimmunisation
  - syphilis
  - Signs, symptoms and indications for referral of selected complications and conditions of pregnancy that affect either mother or fetus, including but not limited to:
    - anemia
    - asthma
    - HIV infection
    - thyroid disorders
    - diabetes
    - cardiac conditions
    - malpresentations/abnormal lie
    - placental disorders
    - pre-term labor
    - post-dates pregnancy
    - Hydatidiform mole
- Describe the prenatal methods for encouraging optimal positioning at term, including external manual version
- Identify variations 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:
  - low and or inadequate maternal nutrition, including eating disorders and pica
  - anemia
  - ectopic pregnancy
  - hyperemesis
  - genital herpes
  - inadequate or excessive uterine growth, including suspected oligo- or polyhydramnios, molar pregnancy
  - gestational diabetes
  - insufficient cervix
  - elevated blood pressure, proteinuria, presence of significant edema, severe frontal headaches, visual changes, epigastric pain associated with elevated blood pressure
  - vaginal bleeding (with or without cramping)
  - multiple gestation, abnormal lie/malpresentation at term
  - intrauterine fetal death

### Readings

Read lab report evaluations No fewer than 20 hours of readings and 10 hours of assignments are expected for this course.

- Lab reports
- *Varney's Midwifery*, Varney (Appendix 21-22)
- Guidelines for Perinatal Care, AAP Committee on Fetus and Newborn, ACOG Committee on Obstetric Practice,

et al.; Oct 1, 2017 (p. 211 Patient Education)

- *Understanding Diagnostic Tests in the Childbearing Year: A Holistic Approach* by Anne Frye and Rhonda Baker

### **Teaching aids, videos, slides**

Become familiar with lab equipment: centrifuge, microscope, blood draw equipment, urine dipsticks, and blood glucometer. View Case Reviews/Chart Reviews of Labs.

### **Writing projects**

Interpret texts and articles on lab values.

### **Clinical interaction**

Obtain samples, learn about microscopy, fill out lab requisitions, and read/interpret results.

### **Role-playing**

Role play how to explain to client what the sample will entail and the significance of the result.

### **Skills evaluations**

- Students are evaluated on their ability to obtain and handle specimens and interpret significance of results
- Complete workbook and other homework assignments

### **Quizzes & tests**

Students take a written exam on learning objectives and must earn a grade of 80% or higher.

## **Lactation Education & Risk Assessment**

### **Learning objectives**

- Identify sore nipples, poor latch, and sucking problems
- Know the physiology of lactation and methods to prepare for breastfeeding

### **Reading**

No fewer than 20 hrs. of readings & 10 hrs. of assignments are expected for this course.

- *Breastfeeding Human Lactation*, Riordan;
- *Breastfeeding Atlas*.
- *Counseling the Nursing Mother: A Lactation Consultants' Guide*, Anna Swisher and Judith Lauwers
- Additional texts/ case studies on lactation education & risk assessment

### **Quizzes & tests**

Students take a written exam on learning objectives and must earn a grade of 80% or higher.

## **Legal Issues in Midwifery**

### **Learning objectives**

- Understand the role and function of the CPM in state of practice
- Understand state's rules and regulations
- Understand legal process for midwifery legislation

- Understand the legal and regulatory framework governing reproductive health for women of all ages, including laws, policies, protocols and professional guidelines
- Be able to comply with all local regulations for birth and death registration, mandatory reporting for physical abuse, and infectious disease reporting
- Describe the purpose and role of national and local midwifery organization
- Understand the midwife acts consistently in accordance with professional ethics, values and human rights as defined by national and local professional midwifery organizations
- Understand the midwife acts consistently in accordance with standards of practice as defined by national and local professional midwifery organizations

### **Readings**

Read various state regulations, especially those of student's resident state and texts on consumer protection law. No fewer than 20 hours of readings and 10 hours of assignments are expected for this course.

- View NARM and NACPM Web sites.
- Wisconsin Rules and Regulations
- Illinois legislation of CPM, Nurse Practice Act and Birth Centers

### **Speakers/Demonstrations**

State Midwifery Organization leaders present on the topic on understanding the legal aspects of midwifery.

### **Writing projects**

Create an Informed Consent form.

### **Role-playing**

Role play explaining to consumers the laws regarding the local practice of midwifery.

### **Project completion**

Proof of participation in local midwifery advocacy group or organization

### **Quizzes & tests**

Students take a written exam on learning objectives and must earn a grade of 80% or higher.

## **Management of Dysfunctional Labor Patterns and Promotion of Vaginal Birth**

### **Learning Objective**

- Understand the research on dysfunctional labor patterns
- Is able to follow appropriate protocol and etiquette for transport/ transfer of care of the mother or newborn from home or birth center to the hospital during pregnancy, in labor, or postpartum
- Is able to document and interpret relevant findings for services provided across all domains of competency, including what was done and what needs follow-up according to current best practices
- Understands principles of manual vacuum aspiration of the uterine cavity to remove retained products of conception

## Readings

Selective readings from Illinois Perinatal Quality Collaborative on Promotion of Vaginal Births

## Quizzes & tests

Students complete a take home test and answer open-ended questions on readings.

## Massage for the Childbearing Year

### Learning objectives

- Can explain the physical and psychological benefits of massage during the childbearing year
- Is able to relate the history of massage in midwifery care
- Identify conditions with contraindications for massage
- Identify conditions that would benefit from massage and those that necessitate modifying of massage in the childbearing year

### Speakers/Demonstrations

A massage therapist with expertise in massage for the childbearing year presents. Students demonstrate techniques with other students.

## Quizzes & tests

Complete quiz on benefits and contraindications.

## Maternal Diseases in Pregnancy

### Learning objectives

- Understand screening and risk for various maternal diseases such as gestational diabetes and pre-eclampsia
- Understand issues of IGBS
- State protocols for risking patients out of care and transferring care to appropriate providers
- Understand monitoring of fetal status such as chronic villi sampling, amniotic fluid analysis, biophysical profiles, and non-stress tests
- Understand the implications of deviation from expected fundal growth patterns, including intrauterine growth retardation/restriction, oligo- and polyhydramnios, multiple fetuses
- Know the fetal risk factors requiring transfer of women to higher levels of care prior to labor and birth
- Describe the normal psychological changes in pregnancy, indicators of psychosocial stress, and impact of pregnancy on the woman and the family
- Know the safe, locally available non-pharmacological methods for the relief of common discomforts of pregnancy
- Know how to determine fetal well-being during pregnancy including fetal heart rate and activity patterns, amniocentesis and ultrasound technology
- List the signs, symptoms and potential effects of conditions that are life- threatening to the pregnant client and/or fetus, including but not limited to:
  - pre-eclampsia/eclampsia:
  - vaginal bleeding
  - premature labor
  - Rh isoimmunisation

- syphilis
- Know the means and methods of advising about care, treatment and support for the HIV positive pregnant clients including measures to prevent maternal-to-child transmission (PMTCT) (including feeding options)
- Know the signs, symptoms and indications for referral of selected complications and conditions of pregnancy that affect either mother or fetus, including but not limited to:
  - anemia
  - asthma
  - HIV infection
  - thyroid disorders
  - diabetes
  - cardiac conditions
  - malpresentations/abnormal lie
  - placental disorders
  - pre-term labor
  - post-dates pregnancy
  - hydatidiform mole
- Describe the prenatal methods for encouraging optimal positioning at term, including external manual version
- Understand the implications of deviation from expected fundal growth patterns, including intrauterine growth retardation/restriction, oligo- and polyhydramnios, multiple fetuses
- Know the fetal risk factors requiring transfer of client to higher levels of care prior to labor and birth
- State the principles of prevention of maternal to child transmission of HIV, tuberculosis, hepatitis B and C in the postpartum period
- Know the indicators of common acute and chronic disease conditions specific to a geographic area of the world that present risks to a pregnant woman and the fetus (e.g., HIV, TB, malaria) and referral process for further testing and treatment including post-exposure preventive treatment

### Readings

Assigned sections from Varney, Myles, Frye, and Williams. No fewer than 30 hours of readings and 10 hours of assignments are expected for this course.

- *The Midwives Guide to Key Medical Conditions, Pregnancy and Childbirth*, Linda Wylie and Helen Bryce
- *Varney's Midwifery*, Varney (p. 819, Ch. 23)
- *Myles Midwifery* (p.243 - 286, Ch. 13)
- Current articles on gestational diabetes, pre-eclampsia, Intrauterine Retardation Growth, and other maternal diseases.
- <https://ilpqc.org/ILPQC%202020%2B/I-Promote/BMO%20Reducing%20Harm%20from%20Hypertension%202-Pager.pdf>

### Teaching aids, videos, slides

View videos and PowerPoint presentations showing birth complications. View Injoy video and DVD from Obstetrics Education Packet-Brookfield Co.

### Speakers/Demonstrations

Speakers with experience in maternal child complications demonstrate with models.

**Writing projects**

Review articles on relevant topics and submit papers demonstrating understanding of articles as applied to specific cases.

**Role-playing**

Role play problem-based clinical interactions followed by real-life clinical interactions.

**Skills evaluations**

Observation of skills for handling specific complications, which will be practiced using role play and case studies.

**Project completions**

Complete 80% or more of learning objectives.

**Discussions**

Chart review provides an arena for management discussions.

**Quizzes & tests**

Students take a written exam on learning objectives and must earn a grade of 80% or higher.

**Medical Terminology****Learning objectives**

- Articulate why knowing medical terminology is useful for midwives
- Know the meaning of common prefixes, suffixes and roots used in medical terminology
- Be able to translate common medical or midwifery abbreviations into ordinary language
- Demonstrate an ability to read and comprehend medical language

**Readings**

*Birthsong Midwifery Workbook*, Singingtree (p. 53-68, Chapter 3)

**Quizzes & tests**

Students take a written exam on learning objectives and must earn a grade of 80% or higher.

**Midwifery Care: Advanced Intrapartum Skills****Learning objectives**

- Gain a more in-depth understanding of List the “4 P’s of labor”, and explain how they influence the outcome of labor
- Identify the types of fetal heart rate patterns and their significance
- Know how to manage a normal delivery and third stage and deviations of normal, when to refer
- Be able to conduct case reviews

**Readings**

No fewer than 20 hours of readings and 10 hours of assignments are expected for this course.



- <https://ilpgc.org/initiatives/promoting-vaginal-birth-initiative>
- *Birth Emergency Skills Training for Out of Hospital Providers (BEST)*
- *A Midwives Guide/eBook*, Mary Sommers
- Protocols on Intrapartum Care

### **Teaching aids, videos, slides**

View videos of common complications: hemorrhage, breech, shoulder dystocia.

### **Speakers/Demonstrations**

Experts on complications lecture on the topic.

### **Skills evaluations**

Demonstrate IP complications handling.

### **Project completion**

Students are encouraged to complete one of the following ALSO or BEST or Birth Center's Birth Assistant course.

### **Quizzes & tests**

Students take a written exam on learning objectives and must earn a grade of 80% or higher.

## **Midwifery Guidelines Development and Informed Consent**

This course is designed for students to know state rules and regulations and apply them to practice guidelines. The midwife-student is charged with researching, analyzing and distilling clinical information relevant to their practice.

### **Learning objectives**

- Understand current research affecting midwifery practice and be able to apply midwifery research to clinical practice
- Be familiar with current standards of practice in the field of midwifery and related health fields
- Understand standard of care and scope of practice for midwives
- Know state rules and regulations and apply these to practice guidelines, policies, protocols, laws and regulations related to therapeutic abortion (TAB) care services
- Be able to document and interpret relevant findings for services provided across all domains of competency, including what was done and what needs follow-up according to current best practices
- Can assume administration and management tasks and activities, including but not limited to compliance with privacy and protected health information regulations (i.e., HIPAA compliance) & compliance with workplace safety regulations (i.e., OSHA compliance)
- Understand the concept of alarm (preparedness), the protocol for referral to higher health facility levels, and appropriate communication during transport [emergency care]
- Identify deviations from normal during the course of pregnancy and initiate the referral process for conditions that require higher levels of intervention
- Know the legal and regulatory framework governing reproductive health for women of all ages, including laws, policies, protocols and professional guidelines
- Understand midwife is responsible and accountable for clinical decisions and actions

- Understand midwife acts consistently in accordance with professional ethics, values and human rights as defined by national and local professional midwifery organization
- Understand midwife acts consistently in accordance with standards of practice as defined by national and local professional midwifery organizations
- Be able to comply with all local regulations for birth and death registration, mandatory reporting for physical abuse, and infectious disease reporting
- Can assume administration and management tasks and activities, including but not limited to:
  - quality control
  - human resource management
  - third party billing
  - business practices appropriate for level of health facility and midwifery scope of practice
  - fetal risk factors requiring transfer of women to higher levels of care prior to labor and birth
- Identify variations 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:
  - rupture of membranes prior to term
  - post term pregnancy
  - exposure to or contraction of infectious disease (e.g., HIV, Hep B & C, Varicella, Rubella, cytomegalovirus)
  - GBS positive vaginal rectal culture
  - toxoplasmosis
  - depression

### **Readings**

- State regulations for midwifery and birth center practices' sample guidelines

### **Activities**

- Review sample policy and procedures and discuss rationale for each
- Review and interpret current research on procedures and screening commonly used in midwifery and obstetrics
- Develop a glossary of terminology and Guidelines appropriate for midwifery care and CABC practice guidelines
- Apply learning to case studies

### **Project**

Submit student copy of developed policy and procedure manual with Informed consents, oral discussion of reasons for advocating for policies

## **Midwifery Literature and Ethics**

### **Learning objectives**

- Understand the context in which midwifery is practiced through midwifery literature and birth art
- Is able to take hypothetical situations in literature and visual media to create a framework for understanding ethical issues involved in midwifery/health care
- Articulate a process of discernment and be able to identify issues of integrity
- Develop advocacy and empowerment strategies for women
- Acts consistently in accordance with professional ethics, values and human rights as defined by national and



local professional midwifery organizations

- Acts consistently in accordance with standards of practice as defined by national and local professional midwifery organizations
- Behaves in a courteous, non-judgmental, non-discriminatory, and culturally appropriate manner with all clients
- Is respectful of individuals and of their culture and customs, regardless of socioeconomic status, race, ethnic origin, sexual orientation, gender, physical ability, cognitive ability, or religious belief

### Readings

Texts, novels and movies that let students explore the life of midwifery and the ethical issues involved in the practice of midwifery are assigned. No fewer than 60 hours of readings are expected for this course. Select 5 from list below:

- *Midwives*, Bohjalian
- *The Midwife Matrix: Reclaiming Our Bodies, Our Births, Our Lives* by Geraldine Simkins/March 21, 2020
- *Medical Apartheid*, Harriet Washington
- *Reproductive Justice: An Introduction* by Loretta Ross, Rickie Solinger
- *Pushed*, Block
- Articles on Midwifery Ethics
- *Counseling the Nursing Mother: Chapters on interdisciplinary and Social Behavior*
- Articles on Moral Injury

### Teaching aids, videos, slides

View movies about midwives: *Pieces of a Woman* and *Vera Drake*. View videos presenting an ethical conflict.

### Speakers/Demonstrations

Presentations on articles on ethics in healthcare and communication.

### Writing projects

Each novel/movie is followed by an assigned paper that explores the rules of integrity and the process of discernment used by the main characters, as well as their values and how they act on them. These written papers should demonstrate an understanding of the ethical and/or moral injury in question.

### Art projects

Photography, painting, sculpture, clay, collage, jewelry, theater, writing, poetry, and song are used to explore the history of fertility and sexuality through the ages and a framework of how midwifery is marginalized and how power differentials can impact clients' choices and create moral injury for provider and clients alike.

### Role-playing and clinical interactions

Communication in ethically challenging case studies is explored.

### **Skills evaluations**

Identify an ethical conflict and identify steps to address and attempt to resolve the conflict. Identify signs of moral injury. Articulate decisions made using proper discernment and action.

### **Project completion**

Analyze ethical case studies re: midwifery and ethical resolution.

## **Newborn Management and Risk Screening**

### **Learning objectives**

- Know the elements of assessment of the immediate and subsequent condition of newborn (e.g., APGAR scoring system for breathing, heart rate, reflexes, muscle tone and color)
- Understand the principles of newborn adaptation to extrauterine life (e.g., physiologic changes that occur in pulmonary and cardiac systems)
- Understand the basic needs of newborn: established breathing, warmth, nutrition, attachment (bonding)
- Be able to relate the advantages of various methods of newborn warming, including skin- to-skin contact
- Know the methods and means of assessing the gestational age of a newborn
- Detail the characteristics of low-birthweight infants and their special needs
- Describe characteristics of healthy newborn (appearance and behaviors)
- Describe the normal growth and development of the preterm infant
- Describe the normal newborn and infant growth and development
- Explain selected variations in the normal newborn (e.g., caput, molding, Mongolian spots)
- Know the elements of health promotion and prevention of disease in newborns and infants (HIV, Hepatitis B & C), including essential elements of daily care (e.g., cord care, nutritional needs, patterns of elimination, care of the uncircumcised penis)
- Understand the immunization needs, risks and benefits from infancy through young childhood
- Understand traditional or cultural practices related to the newborn
- Know the signs, symptoms, and indications for referral or transfer, for selected newborn complications, including but not limited to:
  - respiratory distress
  - meconium aspiration syndrome
  - hypoxia
  - jaundice
  - hematoma
  - adverse molding of the fetal skull
  - cerebral irritation (seizures)
  - non-accidental injuries
  - hemangioma
  - hypoglycemia
  - hypothermia
  - hyperthermia
  - dehydration
  - infection
  - congenital syphilis
  - alcohol and drug withdrawal

- thrush
- colic
- birth anomalies
- failure to thrive
- vitamin K deficiency bleeding
- polycythemia
- Provide routine care of the newborn, in accord with local guidelines and protocols
- including: Eye prophylaxis

### **Readings**

Read texts and articles on newborn basic skills (NOTE: the majority of texts should be no more than five years old).

No fewer than 30 hours of readings and 10 hours of assignments are expected for this course.

- *Varney's Midwifery*, Varney
- *Holistic Midwifery*, Frye
- *Heart and Hands*, Davis
- *Myles Midwifery*
- *Physical Assessment of the Newborn: A Comprehensive Approach to the Art of Physical Examination*, Ellen Tappero and Mary Honefield

### **Quizzes & tests**

Students take a written exam on learning objectives and must earn a grade of 80% or higher.

## **Observational & Charting Skills**

### **Learning objectives**

- Write a SOAP note using critical thinking and the 4 Ps
- Be familiar with EMRs and PDRs
- Understand security issues relating to medical records
- Define and understand HIPAA and how it applies to the practice of midwifery
- Know how to maintain the confidentiality of all information shared by the woman; communicates essential information between/among other health providers or family members only with explicit permission from the woman and in situations of compelling need
- Be able to document and interpret relevant findings for services provided across all domains of competency, including what was done and what needs follow-up according to current best practices
- Understand compliance with privacy and protected health information regulations (i.e., HIPAA compliance)
- Understand compliance with workplace safety regulations (i.e., OSHA compliance)
- Identify variations 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:
  - low and or inadequate maternal nutrition, including eating disorders and pica
  - anemia
  - ectopic pregnancy
  - hyperemesis
  - genital herpes
  - inadequate or excessive uterine growth, including suspected oligo- or polyhydramnios, molar

- pregnancy
- gestational diabetes
- insufficient cervix
- elevated blood pressure, proteinuria, presence of significant edema, severe frontal headaches, visual changes, epigastric pain associated with elevated blood pressure
- vaginal bleeding (with or without cramping)
- multiple gestation, abnormal lie/malpresentation at term
- intrauterine fetal death

### **Readings**

- *Birthsong Midwifery Workbook*, Singingtree (p.207-252, Ch. 9)

### **Quizzes & tests**

- Students take a written exam on learning objectives and must earn a grade of 80% or higher

## **Out of Hospital (OOH) Emergency Birth Skills**

### **Learning objectives**

- Completes Birth Emergency Skills Training for Out of Hospital Providers (BEST)
- Can use shared decision-making in partnership with women and their families; enables and supports them in making informed choices about their health, including the need or desire for referral or transfer to other health care providers or facilities for continued care when health care needs exceed the abilities of the midwife provider and their right to refuse testing or intervention
- Is able to work collaboratively with other health care workers to improve the delivery of services to women and families
- Is able to follow appropriate protocol and etiquette for transport/ transfer of care of the mother or newborn from home or birth center to the hospital during pregnancy, in labor, or postpartum
- Understands the concept of alarm (preparedness), the protocol for referral to higher health facility levels, and appropriate communication during transport [emergency care]
- Knows how to assemble, use, and maintain equipment and supplies appropriate to setting of practice

### **Readings**

Read about emergency birth skills. No fewer than 20 hours of readings and 10 hours of assignments are expected for this course.

- *Birth Emergency Skills Training for Out of Hospital Providers* (BEST)

### **Teaching aids, videos, slides**

Become familiar with fetal and pelvic models, read OB-Care Education packet, and view DVDs on shoulder dystocia.

### **Skills and written test**

Students take a written exam on learning objectives and must earn a grade of 80% or higher.

## **Perinatal Nutrition**

### **Learning objectives**

- Understand the midwife's role in prenatal nutrition, education, and counseling
- Understand the role nutrition plays in the outcome of pregnancy, birth and lactation
- Identify nutritional risk factors in pregnancy
- Review the nutritional requirements during the childbearing year
- Identify the components of a healthy diet and the nutritional requirements of the pregnant woman and fetus, including the appropriate use of vitamin and mineral supplements
- Relate traditional and modern health practices (beneficial, neutral and harmful)

### **Readings**

Read midwifery and parenting texts and articles. No fewer than 30 hours of reading and 20 hours of assignments are expected for this course.

- *Healing with Whole Foods*, Pritchford
- *The Natural Pregnancy Book, Third Edition: Your complete guide to a Safe, Organic Pregnancy and Childbirth with Herbs, Nutrition and Other Holistic Choices*, by Aviva Jill Room and Ina May Gaskin
- *Nutrition made Clear*, Anding and Course videos (this is an online course you purchase directly from the website)
- *Eating Right for Healthy Pregnancy*, Sears
- *Midwifery Workbook*, Singingtree (p. 156-189, Ch.7)
- *Varney's Midwifery 6th Edition* (Chapter 7)

### **Teaching aids, videos, slides**

Understand nutritional counting aids and food preparation and tasting. View videos on nutrition. Become familiar with WIC, March of Dimes Prenatal Guidelines, and the Brewer Diet for Pregnancy. View *Great Courses on Nutrition*.

### **Writing projects**

Practice in case management is assigned.

### **Role-playing and clinical interaction**

Role play with fellow students/preceptor then experience real clinical interaction.

### **Skills evaluations**

Observe student with model client. Student develops health plan for model clients.

### **Project completion and discussions**

Complete 80% or more of learning objectives.

### **Quizzes & tests**

Students take a written exam on learning objectives and must earn a grade of 80% or higher.

## Perineal Healing and Assessing for Tears & Suturing Workshop

### Learning objectives

- Know how to assess perineum for tears
- Identify the degree of perineal laceration
- Be able to suture tears proficiently
- Understand episiotomies and repairs for episiotomies
- Understand manifestations of various degrees of female genital mutilation (cutting) and their potential risk
- Is familiar with suture models.

### Readings

*Midwifery Guide Book*, Sommers, Frye and Varney books. No fewer than 20 hrs. of readings and 10 hrs. of assignments are expected for this course. Also, Articles and PowerPoint presentation on suturing

### Teaching aids, videos, slides

- View ACOG: Fourth degree tears-discussion on risking patient out & view DVDs on repairing 1st & 2nd degree tears; read OB-Ed Packet
- Suture kits to practice suturing

### Quizzes & tests

Students must satisfactorily complete a hands-on skills test.

## Postpartum Management

### Learning objectives

- Define postpartum vocabulary
- Identify normal third and fourth stage of labor
- Describe active management of the third stage
- Understand postpartum physiology
- Demonstrate skill for assessing involution and blood loss
- Evaluate postpartum hemorrhage and sepsis
- Demonstrate understanding of maternal postpartum assessment and care

### Readings

Read texts and articles on screening for postpartum risks. No fewer than 30 hours of readings and 10 hours of assignments are expected for this course.

- *Varney's Midwifery*, Varney
- *Holistic Midwifery*, Frye
- *Heart and Hands*, Davis
- *Myles Midwifery*
- Safe Motherhood Courses on Hemorrhage and Sepsis
- <https://ilpqc.org/improving-postpartum-access-to-care-ipac/>
- CME Review Articles on Massive Blood Loss and Transfusion in Obstetrics and Gynecology

### Teaching aids, videos, slides

View PowerPoint on postpartum risk assessment and DVD on issues.



### **Speakers/Demonstrations**

Illinois Postpartum Task Force Trainer, Anne Gallagher, CNM presents on the topic.

### **Skills evaluations**

Demonstrate proper risk assessment techniques re: blood loss and identify a normal placenta.

### **Quizzes & tests**

Students take a written exam on learning objectives and must earn a grade of 80% or higher.

## **Postpartum Physical Assessment**

### **Learning objectives**

- Demonstrate ability to perform postpartum assessment skills, such as massaging the fundus and evaluating vital signs
- Understand newborn procedures
- State physical and emotional changes that occur following childbirth, including the normal process of involution
- List and describe the physiology and process of lactation and common variations including engorgement, lack of milk supply, etc.
- Know the importance of immediate/early/exclusive breastfeeding for mother and child
- Understand the role of maternal nutrition, rest, activity and physiological needs (e.g., bowel and bladder) in the immediate postpartum period
- Relate the principles of parent-infant bonding and attachment (e.g., how to promote positive relationships)
- List the indicators of subinvolution (e.g., persistent uterine bleeding, infection)
- Know the indicators of maternal breastfeeding problems or complications, including mastitis
- Know the signs and symptoms of life-threatening conditions that may first arise during the postpartum period, including but not limited to: a. persistent vaginal bleeding
- Explain endometritis/sepsis
- Understand postpartum pre-eclampsia and eclampsia
- Describe an embolism
  
- List the signs and symptoms of selected complications in the postnatal period including but not limited to:
  - persistent anemia
  - hematoma
  - depression and other postpartum emotional disorders
  - thrombophlebitis
  - incontinence of feces or urine, cystocele/rectocele
  - urinary retention
  - obstetric fistula
  
- Know the unique postpartum course of recovery and care needs for the woman who gave birth by cesarean
- Know the principles of prevention of maternal to child transmission of HIV, tuberculosis, hepatitis B and C in the postpartum period

## Readings

Read sections of Myles, Davis, and Varney. No fewer than 20 hours of readings and 10 hours of assignments are expected for this course.

## Written assignments

Complete protocol/clinical guidelines for Postpartum Care. Homework assignment in workbook.

## Skills evaluations

Observe skills tests on models.

## Quizzes & tests

Students take a written exam on learning objectives and must earn a grade of 80% or higher.

# Preventing Infection

## Learning objectives

- Explain the midwife's role in infection control
- List techniques to prevent the spread of infection
- Demonstrate proper hand washing techniques
- Discuss Standard and Transmission-Based Precautions
- Demonstrate how to correctly put on and remove sterile gloves
- Identify ways to prevent infections spread through body fluids
- Identify how to prevent infection spread through other methods
- Discuss uses of protective barriers in midwifery practice
- Identify local regulations and agencies affecting midwives regarding infection control
- Know methods of infection prevention and control, appropriate to the service being provided
- Understand the principles of prevention of maternal to child transmission of HIV, tuberculosis, Covid, hepatitis B and C in the postpartum period
- Knows how to uses standard/universal precautions, infection prevention and control strategies, and clean technique
- Identify variations 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:
  - low and or inadequate maternal nutrition, including eating disorders and pica
  - anemia
  - ectopic pregnancy
  - hyperemesis
  - genital herpes
  - inadequate or excessive uterine growth, including suspected oligo- or polyhydramnios, molar pregnancy
  - gestational diabetes
  - insufficient cervix
  - elevated blood pressure, proteinuria, presence of significant edema, severe frontal headaches, visual changes, epigastric pain associated with elevated blood pressure
  - vaginal bleeding (with or without cramping)

- multiple gestation, abnormal lie/malpresentation at term
- intrauterine fetal death

### **Readings**

*Midwifery Workbook* (Singtree Ch.8 p. 190) & articles on infection control. No fewer than 20 hrs. of readings and 10 hrs. of assignments are expected for this course.

### **Skills evaluations**

Preceptor observes skills related to learning objectives.

### **Quizzes & tests**

Students take a written exam on learning objectives and must earn a grade of 80% or higher.

## **Reproductive Anatomy and Physiology**

### **Learning Objectives**

- Explain the biology of human reproduction, the menstrual cycle, and the process of conception
- Identify all the parts of the pelvic girdle
- Locate all the ligaments of the pelvis
- Describe the four classic pelvic types
- Locate the structures of, and explain the functions of, the parts of the reproductive systems, including a) organs; b) musculature; c) ligaments; d) nerves; and e) blood supply
- Define and explain the functions hormones
- Describe how ovulation and menstruation work.
- List the sources of all the hormones involved in the menstrual cycle. 8. Describe the four phases of the menstrual cycle
- Explain the changes that occur in the uterus throughout the four phases of the menstrual cycle
- Define terms relevant to genetics
- Describe the steps involved in mitosis
- State the sequence and functions of meiosis
- Explain the entire process of conception including where, how and when fertilization takes place
- Female and male anatomy and physiology related to conception and reproduction

### **Readings**

- *Midwifery Workbook*, Singtree (p.69-92, Chapter 4)
- *Myles Midwifery* (p.55-80, Chapter 3 & p.91- 100, Chapter 5)
- *Myles Midwifery Anatomy and Physiology Workbook* (p. 2-30 & p.40-48, Chapters 1,2 & 4)
- *Anatomy and Physiology for Midwives*, Coad (p. 29-54, Chapter 2)

### **Teaching aids, videos, slides**

Models, DVDs, somatic movements/performance

### **Presentation**

Clay models and graphs designed by students

### **Skills evaluations**

Relevant homework assignments.

### **Quizzes & tests**

Students take a written exam on learning objectives and must earn a grade of 80% or higher.

## **Reproductive Wellness, Family Planning and Human Sexuality**

### **Learning objectives**

- Understand growth and development related to sexuality, sexual development, and sexual activity
- Understand anatomy and physiology related to conception and reproduction
- List the components of a health history, family history, and relevant genetic history
- Know physical examination content and investigative laboratory studies
- Know health education content targeted to sexual and reproductive health (e.g., sexually transmitted infections; HIV; newborn and child health)
- Describe the basic principles of pharmacokinetics of family planning drugs and agents
- Know natural family planning methods
- Know all currently available methods of family planning, including medical eligibility criteria and appropriate timeframes for method use
- State the methods and strategies for making informed choice about methods of family planning
- Know the signs and symptoms of urinary tract infection and sexually transmitted infections
- Know the principles of screening methods for cervical cancer, (e.g., Pap test; colposcopy) and interpretation of test results
- Understand the methods of family planning appropriate for use in the immediate postpartum, post SAB and post TAB periods, including but not limited to progestin-only oral contraceptives
- Explore connection to sexuality and values vis somatic exercise
- Identify individual areas of sexuality views and values interest for further self-education
- Identify professional concerns/area of interest re: Human Sexuality aspects of maternal child promotion
- Understand the unique healthcare needs of women from distinct ethnic or cultural backgrounds, or a variety of family structures and sexual orientations
- Be able to practice culturally sensitive care
- Be able to perform a physical examination, including clinical breast examination, focused on the presenting condition of the woman
- Understand manifestations of various degrees of female genital mutilation (cutting) and their potential effects on women's health, including the birth process
- Be able to order and/or perform and interpret laboratory tests used in providing well woman care including, but not limited to: CBC, thyroid function tests, urinalysis, chemistry panels
- Understand how to request and/or perform and interpret selected screening tests including, but not limited to screening for HIV, STIs, and PAP tests
- Be able to provide collaborative care, support and referral for treatment for the HIV positive woman and HIV counseling and testing for women who do not know their status (however authorized to do so in the jurisdiction of practice)
- Understand how to dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) locally available and culturally acceptable methods of family planning

- Be able to advise women about management of side effects and problems with use of family planning methods
- Know how to take and order cervical cytology (Pap) test

### **Readings**

- *Varney's Midwifery*
- Planned Parenthood website
- *Our Bodies, Ourselves*, Boston Women's Health Book Collective
- *Guidelines for Nurse Practitioners in Gynecologic Settings, 11th Edition-A Comprehensive Gynecology Textbook*, Updated
- *Assessment and Management of Women's Gynecologic Health 11 Edition*, by Joellen W. Hawkins, RN PhD
- *S.E.X.*, Heather Corrina
- *Undivided Rights: Women of Color Organize for Reproductive Justice*, Sillman/Ross/Fried/Gutierrez
- *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending our Hearts & Bodies*, Resama Menakem
- *Survivors Moms: Women's Stories of Birthing, Mothering, and Healing after Sexual Abuse*, Mickey Sperlich
- *When Survivors Give Birth*, Penny Simkin

### **Presentations**

Presentations include lifelong learning, visualization exercises and journaling on early learning about sex and sexuality, as well as body mapping and scanning, somatic exercise for identifying "Green light, Yellow Light, Red Light" feelings, and talking with clients about sexuality issues/concerns.

## **Statistics for Midwives**

### **Learning objectives**

- Understand basic statistical information and concepts
- Understand the language of statistics and be able to apply health statistics to the practice of midwifery
- Relate the principles of research, evidenced-based practice, critical interpretation of professional literature, and the interpretation of vital statistics and research findings

### **Readings**

Read statistics texts and articles. No fewer than 30 hours of readings and 15 hours of assignments are expected for this course.

### **Teaching aids, videos, slides**

Read local and state statistical studies and view MANA and/or Birth Center's PDR data entry forms.

### **Speakers/Demonstrations**

A Public Health Specialist speaks on the relevant topics. Understand PDR for birth centers, MANA statistics.

### **Role-playing and clinical interactions**

Role play explaining the validity of a statistical outcome to a client.

## **Paper**

Write a paper applying health statistics to a relevant topic.

## **Yoga for the Childbearing Year**

### **Learning objectives**

- Explain physical & psychological. benefits of prenatal exercise and yoga
- Gain understanding of various types of yoga
- Know guidelines for exercising safely during pregnancy
- Identify conditions and contraindications for exercise during pregnancy that would 1) be of benefit, and 2) would necessitate modifying or limiting exercise
- Is able to follow appropriate protocol and etiquette for transport/ transfer of care of the mother or newborn from home or birth center to the hospital during pregnancy, in labor, or postpartum
- Is able to document and interpret relevant findings for services provided across all domains of competency, including what was done and what needs follow-up according to
- Knows current best practices

### **Speakers/Demonstrations**

Yoga instructors will present on the topic.

### **Quizzes & tests**

Complete quiz on benefits and contraindications

### **ADDITIONAL CLASS REQUIREMENTS:**

#### ***Anatomy & Physiology 1 & 2 Seminar and Microbiology for Midwives Seminar\****

*Those students who have not previously completed an Anatomy and Physiology class and/or a Microbiology class must complete a seminar in Anatomy & Physiology covering terminology, structure, and function of the human body system and/or a seminar in Microbiology for Midwives covering microscopic organisms, such as bacteria, viruses, archaea, fungi and protozoa, as well as using a microscope to detect yeast and bacteria.*

**\*An additional fee of \$250 for each seminar will be assessed.**

## **Clinical Practicums (450 hours minimum)**

### **YEAR 1: January-December, 2022**

#### **Antenatal Practicums 1, 2 & 3**

Student attends labors and deliveries and associated prenatal visits, conducts postpartum visits, and performs newborn examinations at approved clinical site.

### **YEAR 2: January-December, 2023**

#### **Intrapartum Practicums 4, 5, & 6**

Student continues to attend labors and deliveries and associated prenatal visits, conduct postpartum visits, and perform newborn examinations at an approved clinical site.

### **YEAR 3: January-December, 2024**

#### **Postpartum Practicums 7, 8, & 9**

Student continues to attend labors and deliveries and associated prenatal visits, conduct postpartum visits, and perform newborn examinations at an approved site.