



You are a midwife; you are assisting at someone else's birth.  
Do good without show or fuss. Facilitate what is happening rather than what you think ought to be happening. You must take the leap, leap so that the mother is helped yet still free and in charge. When the baby is born, the mother will rightly say: we did it ourselves!  
The Tao Te Ching, 2500 Years Ago

**University of Michigan  
Nurse-Midwifery Student Handbook  
2016-2017**

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School of Nursing  
Nurse-Midwifery Student Handbook  
2016/2017**

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## INTRODUCTION

Welcome to the University of Michigan School of Nursing, Nurse-Midwifery Program. The faculty is very delighted to have you join us and look forward to a productive and rewarding experience.

The purpose of this handbook is to provide information related to the nurse-midwifery program and about nurse-midwifery in general. ***The handbook should be used in conjunction with the University of Michigan School of Nursing Graduate Handbook***. It is available on the School of Nursing webpage at: <http://www.nursing.umich.edu/info/current-students/handbooks-policies>. It is important for your successful progress through the program that you become thoroughly familiar with the policies and information contained in this and the other handbooks. This handbook is reviewed and/or revised annually at the suggestion of current and former students and faculty, and supersedes any previous ones.

### **THE PHILOSOPHY OF THE NURSE-MIDWIFERY PROGRAM**

The faculty affirms the philosophy of the American College of Nurse-Midwives (ACNM) and is dedicated to providing an educational setting reflective of that philosophy. The nurse-midwives are nurses with advanced skills and formal education who are prepared to provide safe and satisfying care to women and their newborns. They facilitate health promotion through a collaborative model of evidence-based care that is equitable, ethical, and accessible, and is based upon clinical competence, respect for cultural diversity, human dignity, and client self-determination within a framework of social justice and basic human rights. Nurse-midwives provide care that honors the normalcy of women's lifecycle events and includes watchful waiting and non-intervention, as well as individualized and appropriate use of interventions. They use interpersonal communication skills to foster client self-determination. Nurse-midwives provide care to women and their infants, in the context of their families and communities.

Adult learning is a life-long process that is largely self-directed and requires critical thinking and the ability to utilize conceptual knowledge and research. The educational setting should provide reinforcement of theoretical, ethical, and philosophical principles through regular repeated clinical experiences. Faculty welcome the responsibility to foster adult learning skills while supporting each student's need to maintain a personal life and a sense of humor. It is also our goal to foster students' potential for leadership and expansion of the knowledge evidence base to support midwifery practice. Preparing highly qualified nurse midwives ultimately promotes optimum health for mother and babies.

*Based on current ACNM Philosophy 8/04 (attached)*

Revised and affirmed by NMW Faculty 8/16 and approved via Curriculum Committee 3/26/14.

### **Statement of Purpose of the Nurse-Midwifery Program**

The purpose of the Nurse-Midwifery Education Program is:

- To prepare safe, beginning level nurse-midwives whose knowledge and skills reflect the ACNM core competencies.

- To prepare graduate nurse-midwives whose evidence-based practice, provided within a collaborative health care system, encompasses the primary care of women and newborns.
- To prepare graduate nurse-midwives with the potential for leadership in the disciplines of nursing, midwifery, and systems of health care.
- To provide an educational setting which is based on sound principles of adult learning and excellent clinical experience, which encourages innovation, creativity, and cultural humility sensitivity.
- To provide an opportunity for global engagement through clinical, service, and research experiences.
- To prepare graduates who are eligible for certification by the American Midwifery Certification Board (AMCB)

*(Revised 3/14)*

*(Reaffirmed 8/16)*

***The University of Michigan Nurse-Midwifery Program successfully completed the reaccreditation process in Fall 2015 and is accredited by the ACNM Accreditation Commission for Midwifery Education (ACME) through January 2026.***

**The Following is the Most Recently ACNM approved Definition of Midwifery Practice and Scope of Midwifery Practice:**

Midwifery, as practiced by certified nurse-midwives (CNMs®) and certified midwives (CMs®), encompasses a full range of primary health care services for women, from adolescence beyond menopause. These services include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis, and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods; admit, manage and discharge patients; order and interpret laboratory and diagnostic tests, and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling. These services are provided in partnership with women and families in diverse settings, such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals, and birth centers.

CNMs are educated in two disciplines: midwifery and nursing. They earn graduate degrees, complete a midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME), and pass a national certification examination administered by the American Midwifery Certification Board (AMCB) to receive the professional designation of CNM. CMs are educated in the discipline of midwifery. They earn graduate degrees, meet health and science education requirements, complete a midwifery education program accredited by ACME, and pass the same national certification examination as CNMs to receive the professional designation of CM.

CNMs and CMs must demonstrate that they meet the *Core Competencies for Basic Midwifery Practice* of the American College of Nurse-Midwives (ACNM) upon completion of their midwifery education programs and must practice in accordance with ACNM *Standards for the Practice of Midwifery*. ACNM competencies and standards are consistent with or exceed the global competencies and standards for the practice of midwifery as defined by the International Confederation of Midwives.<sup>1</sup> To maintain the designation of CNM or CM, midwives must be recertified every 5 years through AMCB and must meet specific continuing education requirements.

## REFERENCES

1. International Confederation of Midwives. Essential competencies for basic midwifery practice 2010.

[http://www.unfpa.org/sowmy/resources/docs/standards/en/R430\\_ICM\\_2011\\_Essential\\_Competerencies\\_2010\\_ENG.pdf](http://www.unfpa.org/sowmy/resources/docs/standards/en/R430_ICM_2011_Essential_Competerencies_2010_ENG.pdf). Published 2011. Accessed October 10, 2011.

Approved: ACNM Board of Directors, Dec. 2011

## GENERAL INFORMATION

### Academic Advisor

As of Fall 2014, students are no longer assigned an individual academic advisor. Now the advising process occurs as group meetings each semester for all the students within the midwifery program. Advising sessions can occur with all the students in the program or may be held by class once you enter the clinical sequence of the program. The program lead will host these sessions and other faculty participate depending on the topic or the time of the year. If an individual advising session is desired, students can contact the program lead and appointments will be set up with the appropriate faculty member by the program lead. If there are any changes or desire for a change to your program plan, you must be in contact with your advisor first to confirm that the change will not create any difficulty in clinical sequencing or program progression. Additionally, students are strongly encouraged to be in contact with the program lead every Spring to outline their goals for clinical experiences and program progression for the upcoming year.

It is the student's responsibility to be in contact with the program lead if they have any concerns about their progression in a course. If your exam scores are low, you are having difficulty keeping up with the content, or find that you are having difficulty with the materials, please reach out both to the course faculty and to the program lead so they can assist you in identifying resources and offer additional support as needed. The program lead may not be aware of your status in a particular course, especially in the non-clinical courses. Consistent with our commitment to adult learning, we ask that you seek support as needed in a manner that is proactive as much as possible to avoid delays in your progression within the program. Please refer to the Master's Student Handbook for specific policies for passing courses.

### Absences

Attendance is critical throughout the program, especially in the clinical courses. Students are expected to attend all scheduled seminars and clinical experiences, as well as actively

participate in web courses. An expected absence from class should be communicated to the course coordinator as soon as possible. **Any** changes in the clinical schedule, including absences, must be reviewed by the clinical coordinator and arranged between the student and preceptor BEFORE they occur. It is the student's responsibility to make sure that all involved have been notified well in advance of the absence and to take the initiative in arranging to make up any time missed. Students must plan on making up any absences in the clinical experiences by the end of that semester, or receive an "Incomplete". Extended absences, more than one week in N566, N546, N676 and more than 2 days in N677, are **not** permitted. As a general practice, if you have changes to your clinical schedule or there is a need for variance from what was initially planned for your clinical placement, you should contact the clinical coordinator for the course to discuss the change and any implications of the change, before it takes place.

### **Parking**

We know parking can be a challenge. You are advised to attend the School of Nursing orientation for "tips" on options, such as the free AATA bus usage when you show your UM ID. During the academic year, to assure yourself a metered spot, it is best to arrive well before 8:00 am. On street parking around the School of Nursing is limited to two hours only if you don't have a resident parking sticker and violators are frequently ticketed.

Student parking stickers and bus passes are available at:

Parking Customer Service, 777 North University, Ann Arbor, MI 734-764-8291

Orange and yellow parking is available at Chrysler Arena from which you are then transported by shuttle bus into the main campus.

Regardless of the option you choose for parking, you must plan ahead and include the necessary time so that you can arrive in class at the regularly scheduled start time.

### **Information Technology**

Most of the master's core courses at the University of Michigan School of Nursing have been web based or supported for several years, and some of the nurse-midwifery courses have class sessions that are web-based as well. Generally web based courses are offered in a 'blended' format combining on campus classes and web based assignments and discussions.

Graduate students will use computers for accessing course web pages, word processing, statistical analyses, literature searching, reference management, maintaining a database of clinical experiences and most importantly, communicating with students and faculty through email and discussion areas.

Email is widely used to disseminate information; students are urged to check their umich.edu email **daily** so as not to miss any important communications, such as scholarship opportunities and important events or deadlines. It is also important to note that all official communication with the offices in the School of Nursing must be sent from your official email account, even if you route all your email to a central account, such as Gmail. The address that all official email

will come to is the umich.edu account as well. Most courses use a student “email list” to facilitate communication between students and faculty that is run through the Canvas site. Within the nurse-midwifery program, important announcements are posted to the “umsn-allmidwifery@umich.edu” email list, such as scholarship and employment opportunities. Anyone on the email list may send a message to all nurse-midwifery students, but please be respectful of each other’s “email” boxes and only send school or midwifery specific information.

Registered students can obtain a computer ID number to access the University of Michigan Computing Environment (UMCE). The following describes the process for getting connected: Your computing ID at U-M is called a uniquest. Your uniquest and its accompanying UMICH password provide proof of identity to log in to many computing systems and services on campus, including the computers at Campus Computing Sites. New students receive their uniquests and passwords at orientation and/or when you are admitted to the University of Michigan as a student.

A computer center for student use is available on the fourth floor of the School of Nursing, as well as in Taubman Library and many other areas on campus.

### **Texts, Videos, Tapes**

Buy textbooks with your future courses in mind. Increasingly, students are buying textbooks using internet based resources for convenience and to avoid long lines; Text book listings are provided on the Canvas sites for the courses you enroll in and there is a link to the local book stores to secure them. It is wise to consult with the course coordinator **before** purchasing textbooks in case changes have been made.

### **Fetoscopes**

In some clinical sites (particularly internationally) having a fetoscope (stethoscope designed for listening to the fetal heart beat) is beneficial. If you are planning to purchase a fetoscope, it is a good idea to group order them with other students. There are catalogs available, i.e., Moonflower Birth Supply, and they are available on amazon.com.

### **Employment while in the Midwifery Program**

Depending on your status as a full time or part time student, your ability to continue to work in a regular nursing position varies. We all recognize the need to support yourself and possibly your family, as well as accommodate the costs of your education or to maintain health benefits. We will work with you as much as is possible to support your need to work while also being a student. That said, we also have the responsibility of assisting you to get the best educational experiences possible. Additionally, there are factors, such as preceptor’s schedules and class days/times, that can’t be adjusted accommodate student’s work schedules. The greater flexibility you have in your work schedule the better opportunity to tailor your schedule to accomplish the educational and clinical needs of the program.

Students who work several days a week will have very limited options for clinical placements, as the site or preceptors may not be able to accommodate a particular day of the week. If your availability is very limited, it can also limit the options you have for a clinical placement and/or can increase drive times to get the day you need over the site that might be the optimal location or population. There is also drive time involved in the placements which require you to account for that in your schedule The UM Nurse-Midwifery program is fortunate to have a number CNMs



that are exceptionally experienced and dedicated as preceptors. Because Michigan is a big state, you will be commuting for at least one or more of your clinical experiences. Commute is defined as traveling over an hour to reach the site. For some of these sites this may require students to find accommodations near those sites. Finally, during the integration experience, it is expected that you are in clinical full time (mirroring the schedule of a full time CNM), thus holding a regular position outside of school is strongly discouraged. It is also noted that the rich clinical experiences that can be gained in some sites require you to be on call more than the actual hours required for that clinical course. Outside work commitments can alter your ability to be in some of the lower volume clinical sites, such a birth center setting or small midwifery practices. It is also expected that work commitments will not interfere with your ability to be in the classroom and the additional labs prior to the start of that clinical portion of your classes. This includes not working the night before and then coming into class. Being fatigued interferes with your ability to fully retain information and to participate in classroom discussions to assure you are clinically ready for the necessary experiences you will have in your clinical placements.

We ask that you be in close communication with the program lead at the outset of the program and with the clinical coordinator for the clinical course you are enrolled in to assist in proactive planning to try to blend what we hope will not be two competing needs for employment and quality educational experiences.

### **Financial Aid**

The School of Nursing and University in general have multiple financial aid resources and services. During your admission process to the program you will have gotten materials from the Office of Student, Academic and Multicultural Affairs. Your first step is to complete the FAPSA each year to then be considered for financial aid options. There is both need based support and scholarship and targeted recruitment support. There is also the Terri L. Murtland Scholarship offered each year to a midwifery student. The faculty will also provide you with links and emails about scholarship options and loan forgiveness opportunities as they become available. While the faculty works hard to stay on top of the many options that are available, we strongly encourage you to be in contact with OSAMS and their financial aid individual.

### **Written Work**

The expectation is that students will be able to write at a graduate level. If writing is challenging for you we strongly recommend you utilize the Sweetland Writing Center resources <https://lsa.umich.edu/sweetland>. The writing style for student papers, case studies and other assignments follows the guidelines of the latest edition of the Publication Manual of the American Psychological Association (APA) [http://csus.libguides.com/APA\\_Style\\_Guide](http://csus.libguides.com/APA_Style_Guide). These additional links include helpful information about using the APA style for course and / or research papers.

<http://www.apastyle.org/electref.html>

Each student is expected to use the latest edition of this manual (Currently the 6<sup>th</sup> Edition released in July 2009) as a reference for written assignments unless otherwise indicated by the course instructor.

### **Student Code of Conduct**

Students are expected to abide by the code of academic conduct as written in the **Graduate Student Handbook**. This includes, but is not limited to, exams, written work, and use of

computers, hospital information system and patient records, as well as nurse-patient relationships.

### **Student Check-Out**

Before graduation, all students are required to “check-out” with the program lead. This may take varied forms, including a block of appointment times set aside in April, phone conferences after the exam period, and written program evaluations. *It is wise to check your nurse-midwifery student file periodically throughout the program to insure that the completed statistics summary sheets and evaluations are in your file (Faculty will be happy to assist you with this).*

#### **In order to be successfully “checked-out” students will:**

- 1) Have a short exit interview with program director.
- 2) Turn in any books or equipment checked out from the nurse-midwifery office.
- 3) Make sure all other completed evaluations are in your file.
- 4) Have on file a completed final Summary Statistics Sheet (submitted to Canvas).

***Students will not be endorsed by the program lead to take the American Midwifery Certification Board (AMCB) certification exam until the requirements are fulfilled.***

## **DIDACTIC**

### **Classes/Seminars**

It is expected that students will attend all on-site lectures and seminars. It is extremely important that students arrive **ON TIME** for lectures and seminars in avoid disruptions to the class, faculty, and guest speakers who have come to support the program but may be on a very tight timeline. This means planning ahead for parking difficulties. Nurse-midwifery specialty courses follow the seminar format. Students are expected to come to class prepared having accomplished all the required reading. Although each objective may not be covered during the seminar, the student is responsible for all content covered in seminars and all objectives detailed in the syllabus/module.

Students are expected to be prepared to participate in the discussion of all on-campus seminars and web discussions.

The purpose of the seminars and web discussions are:

1. Clarification of topics and emphasis of key concepts.
2. Organization of subject matter.
3. Discussion of readings.
4. Sharing clinical experiences relating to topic.

Seminar topics are:

1. Selected to increase readiness for clinical experience.
2. Arranged to progress from the normal to the complicated and/or high-risk situations.
3. If changes seem desirable, please discuss with the course coordinator as early in the semester as possible.

Guest speakers may be asked to present certain topics and are chosen for their expertise. Guidelines for web participation are available from the course coordinator.

**Cell phones and pagers are to be placed on ‘vibrate’ during classes/seminars. You should not take calls/answer texts unless there is an emergency. Policies vary regarding use of computers during classes. Some professors request that you do not use them during guest speaker presentations or in general, while others allow their use for focused note taking. In either case, please be respectful of the course policies, and if using a computer in class, it should be for class purposes.**

### **Grading**

In order to pass the course, you must pass *both* the clinical and didactic components. You must obtain a grade of B or better in each nurse-midwifery course to progress to the next clinical course and to successfully complete the program of study. You must also satisfy the academic requirement of maintaining a B (3.0) cumulative GPA to stay in the master’s program. While there are standardized grading scales, each course may use some variation of this scale. Refer to the course syllabus for specific information about the scales used. In addition, students must pass both the clinical and the didactic component of the course in order to progress into the next clinical sequence course. Students who do not receive a passing grade, course or clinical, will not be allowed to continue on to the next nurse-midwifery clinical course and will have to repeat the course by returning the following year, space permitting, and continuing on then following the clinical sequence from there. Both the clinical and didactic component must be repeated. An individualized learning plan will be developed with the graduate academic advisor and the course faculty, indicating where a failure occurred, in order to outline options for progress and opportunities to augment your learning in the interval before returning to the clinical course sequence.

### **Testing**

All testing is confidential. Do not share test questions or answers. Students are expected to know and follow the University of Michigan and School of Nursing Code of Honor. Tests may be reviewed in the nurse-midwifery office but may not be taken outside the office or duplicated in any way.

**Students must pass all of the nurse midwifery courses with at least an 80% on exams. If a student scores less than 80% they may, at the discretion of the course coordinator, have the ability for a test re-take or have another alternative knowledge assessment to support the student’s continued progress in the course. Successful retake of the exam will only increase the score to 80% (regardless of how high the student scores on the retake) when it is factored into the final grade. The retake process confirms appropriate knowledge base and is not meant to allow students to improve their grade. This applies to each exam; midterm, final, and any interval examinations within the courses.**

### **Course Units**

Course syllabi and units of instruction are set up for mastery learning based on adult learning theory. The principles are as follows:

*Principles Governing Adult Learning*

- ◆ Adults respond better in a non-threatening learning environment.
- ◆ Adults want to assess their progress against a relevant standard.
- ◆ Adults prefer to select their own learning experiences.
- ◆ Adults prefer a problem-oriented, patient-centered approach to learning, with an opportunity to apply their new-found knowledge to real situations.

**Students are strongly encouraged to contact the course coordinator to clarify questions and concerns as they arise and in a timely manner.**

### **Comprehensive Exam**

In the last semester of the program, all students are required to take the nurse-midwifery comprehensive exam. The exam covers course content from the previous semesters in the midwifery clinical sequence of courses. This includes primary care, well woman family planning, antepartum, intrapartum, post-partum, newborn care, and professional issues. Pharmacology content specific to each of these areas is also included, as well as physical assessment evaluation of health conditions in each of these areas.

Students must pass all portions of the exam with a grade of 80% or greater. Successful completion of the exam is one of the criteria for completing the nurse-midwifery education program. Students may retake another version of the exam (or a particular section) up to two times at an interval determined with the N677 faculty and Program Coordinator.

## **CLINICAL EXPERIENCE**

### **General Information**

- Compliance requirements for each year for any student in the School of Nursing are detailed in the Graduate Student Handbook. Students must be in compliance with the necessary immunizations and documentation requirements by the noted deadline each year or there are resulting fines. Students who have not met these requirements, will not be able to participate in clinical until they are completed. More information about compliance requirements is available from the Office of Practice and Professional Graduate Programs. Email [UMSN-graduateclinicalplacement@med.umich.edu](mailto:UMSN-graduateclinicalplacement@med.umich.edu) with questions or for more information. The notice for compliance requirements and deadlines are emailed to all students with multiple reminders as the deadline approaches each year. Clinical participation will be delayed if you are not in compliance and students are disenrolled from their clinical courses if they do not meet the compliance deadline. Please watch for this information and follow up in a timely fashion to assure compliance and to not disrupt the process of being placed clinically.
- There are some clinical sites that require additional testing or screening in order to be placed in their health system or setting. This may include drug testing, or added vaccination documentation. The clinical placement coordinator will inform students about any of these requirements prior to being placed in a particular site. This information will come to your umich.edu email so please assure you check this often.
- In addition to health compliance requirement most sites also require completion of training courses for use of medical records and to assure knowledge of privacy

requirements. Training sessions are established by the clinical sites and students are expected to work with the clinical placement office to complete these requirements in a timely fashion to allow for an on time start for their clinical courses.

- Clinical experiences obtained while functioning as an employee (i.e. RN on Labor and Delivery etc.) cannot be counted toward your nurse-midwifery clinical experience statistics. Only those experiences obtained while being precepted and functioning as a nurse-midwifery student at your clinical site. Any change in times and place of clinical experiences must be discussed with the clinical faculty and approved by course/clinical coordinator **before** the change is made.
- All statistics and evaluation forms must be kept up to date, entered into the data log, and turned in to the course coordinator in a timely manner. A copy must be kept by the student.
- Compliance with universal precautions is **mandatory**.
- Clinical sites are located in a variety of locations such as Ann Arbor, Jackson, Detroit, Flint, Battle Creek, Kalamazoo, Benton Harbor, Saginaw and Grand Rapids. Site locations and availability vary from semester to semester.
- The majority of clinical preceptors are CNMs, although our preceptors for N566 and N546 include some NPs and physicians.
- Respect for the uniqueness of settings and individual service protocols/guidelines are part of professional behavior and a component of collaborative practice.
- It is expected that students will respect the privacy of clients and their families. **All information about clients is considered privileged and confidential. Compliance with HIPPA standards is mandatory. This includes NOT removing any materials that have protected patient information.**

In the clinical setting, it is expected that students will work under the supervision and guidance of a preceptor who has been selected for you at that site. Your preceptor should be readily and directly available to support you when you are completing any clinical care with clients. This means on site with you when you are providing client care, whether in the office, hospital, home, or birth center setting.

When students are in the clinical setting, they must abide by the clinical guidelines and standards that govern that particular practice, as well as the Nurse Midwifery Program guidelines for working with a preceptor and providing care consistent with the clinical course and experience you have had thus far in your courses. During your clinical rotations, you may have experiences which do not go as desired or planned. We ask that you alert your clinical coordinator or the program coordinator if you have concerns or there is an unexpected outcome in the process of your clinical experiences. Timely contact is desired and a process of discussion and debriefing is a usual step that the preceptor, student, and clinical faculty will use to review clinical cases and outcomes as a system of peer review. The general rule should be that if you have any questions, it is better to ask and seek guidance than to make assumptions. Your faculty and preceptors are here to support your learning and to guide your experiences as much as possible. To do this effectively, it requires timely, open communication as a key part of that process.

### **Special Note to Students without Labor and Delivery Experience**

A solid background of Labor and Delivery nursing experience can be helpful to midwifery students in the Intrapartum course which is taken at the beginning of the second (last) clinical

year. As experienced nurse-midwifery educators, we have found that if a student is comfortable working with women in labor, interpreting fetal heart rate monitoring patterns, has knowledge of neonatal resuscitation techniques, s/he can be free to concentrate on the new skills that a beginning midwife must learn. Therefore in order to prepare you to have the best experience possible in the Intrapartum course, those with minimal or no Labor and Delivery nursing experience will have the opportunity to complete a shadowing experience with a nurse in a labor and birth environment as part of N678. In addition, there are some experiences students can gain throughout the program that will better support their transition to caring for women during childbirth. We ask that all students review this list and complete those experiences that they have not had prior to N676.

**Requirements:**

1. Fetal heart rate monitoring course, including a final test/evaluation. AWHONN offers and online course which meets this requirement.
2. Neonatal resuscitation course which can be completed in the first week of the N676 course.
3. A Doula training course (certification not required) or labor support workshops or conference. There are several opportunities to do this in the Ann Arbor area.

**Other recommended experiences are of high value:**

1. Attend a series of childbirth education classes.
2. Attend “strip rounds” on the Obstetric unit.
3. Attend 3-5 births as a volunteer doula or work as a doula to gain similar experience.
4. Participate in research projects related to pregnancy and childbirth.
5. Volunteer to participate or observe a Centering Pregnancy Group Prenatal Care program.

**Clinical Placements**

Decisions about clinical placements are based on individual student’s strengths, experiences needed, and clinical site availability. The faculty will place students in settings where they believe you can best meet your learning objectives. Student preferences are taken into consideration, but are not guaranteed. Expect to commute for at least one or more semesters for your clinical experiences. This commute could be more than 100 miles from your home and may require overnight accommodations. These accommodations are the responsibility of the student. For the safety of you and the patients, you must maintain adequate rest both before and after clinical experiences. Factor rest as well as weather into your planning.

For the final semester, clinical placements for Integration, N677, may be at out of state or international sites. If a site is desired that has not previously been offered, the clinical coordinator must be notified by the winter term of the previous year in order to negotiate a possible placement. Students going out-of-state for Integration sites may be required to obtain an RN license for that state. The faculty tries to have student integration site plans confirmed before Thanksgiving, however this varies depending on locations desired and types of student

placements being requested. Students are encouraged to begin the process of securing any additional licensure as soon as they know their integration site.

### **Clinical Hours**

The following clinical hours are the **minimum** required and in some cases students may need (or wish) to spend additional time in order to meet course objectives and ACNM guidelines for clinical experiences. The clinical hours follow:

#### **N566 (Primary Care I) =112 hours**

This may be 8- hours in one day or split between two days and/or additional learning experiences, including the community experience.

#### **N546 (Antepartum) =158 hours**

This will be an average of 12 hours per week and will include some L & D triage experience.

#### **N676 (Intrapartum/Postpartum/Newborn) = 224 hours**

This may be in two blocks of time or on an “on call” of 24 to 48 hours call time per week and may include 8 hours of clinic (outpatient care – AP, or PP follow-up) time / week depending on the site. Days, nights, and/or weekends is nearly always a component of this time.

#### **N677 (Integration) = 32-40 hours/week**

Integration is a full time clinical commitment of equivalent 40 hours clinical time per week. Clinical will include weekends, on-call, and/or off shifts as schedules dictate.

### **Clinical Performance**

Although we take into account the ACNM guidelines for number of clinical management experiences, we recognize that these are the **minimum** requirements and do not indicate skill mastery. Using a mastery approach, we do not count hours of clinical experience or assume that being part of particular care events accomplish mastery, but instead rely on the ongoing evaluations of the preceptors and course faculty during site visits to verify the competency of the students in the clinical environment. Students are encouraged to acquire experiences beyond the minimum requirements, but may need fewer if they already have some practice competencies, such as a post-master’s WHNP who wants to become a CNM or an individual who has been educated and practiced as a midwife in another country. Overall we use a competency based approach, so while the clinical hours and experiences are guidelines, we use evaluation of your skills as the primary determination for completion of a particular course and the program overall.

### **Clinical Experiences**

***This is the minimum recommended number to Be Completed by the End of the Nurse-Midwifery Program (ACNM guidelines):***

- 10 Preconception Visits
- 15 New Antepartum Visits
- 70 Return Antepartum Visits
- 20 Labor Management Experiences
- 20 Deliveries (Births)
- 20 Postpartum Visits (0-3 days)
- 20 Newborn Visits
- 15 Postpartum (4-8 weeks) visits

**Primary Care Visits:**

- 40 Common Health Problem Visits
- 20 Family Planning Visits
- 20 Gynecologic Visits
- 20 Perimenopausal and Postmenopausal Visits

We expect achievement of course objectives, which may require more than the *minimum* required clinical management experiences and hours. These will be arranged at the discretion of the clinical coordinator or the course coordinator. Students must receive a “Pass” in the clinical component of a course to pass the course and progress in the clinical sequence.

**If, for any reason, student progression in the sequence of nurse-midwifery clinical courses is delayed/interrupted, there is no guarantee that you will have a position in the clinical course when it is offered next. Students whose clinical sequence is interrupted must put in writing their desire to be re-admitted into the subsequent clinical courses by March 1 before a fall term re-entry or by Nov. 1 for a Winter Term re-entry and the faculty will review the request.**

**Student Clinical Responsibilities**

Students will be responsible for his/her own learning by:

1. **Being prepared** via reading, reviewing course material, reflecting on learning needs, setting goals.
2. Being able to define learning needs and being able to discuss them with clinical faculty at beginning of session. **Prior to each clinical practicum, the student’s CV/resume, a photo and updated summary of clinical experience, current competencies and learning needs focused on the current semester, will be given to the course clinical coordinator and to the clinical preceptor. This summary of competencies and learning needs will be updated for each subsequent clinical placement.**
3. Seeking direction from clinical faculty in choosing experiences to meet objectives.
4. Sharing knowledge deficits and special skills.
5. Evaluating progress daily and seeking validation
6. Maintaining an up to date evaluation tool. Students are responsible for filling out clinical evaluations and submitting them to the clinical faculty in a timely manner.
7. Being sensitive to personnel and institutional policies. Recognize that the clinical faculty brings their own life experiences, expertise, unique perspectives, and intuitive abilities to the clinical experience.
8. Knowing and practicing within written nurse-midwifery policies, protocols, or clinical guidelines.
9. Providing care in a professional manner.
10. Notifying clinical and program faculty in advance if need to be absent and accept responsibility for loss of clinical time.
11. Being responsible for making all student entries in client’s charts.
12. Being responsible for coming on time and prepared to the clinical site.
13. Dressing modestly and following the dress code of the clinical site.



## **Clinical Faculty Responsibilities**

The Clinical Faculty will:

1. Facilitate student learning with knowledge of site resources, personal expertise and educational opportunities. Have awareness that students need time to learn.
2. Be sensitive to the fact that the student brings life experiences, expertise, unique perspectives and intuitive abilities to the learning experience.
3. Know and practice within nurse-midwifery policies/guidelines/protocols.
4. Role model a professional manner in providing nurse-midwifery care and in giving feedback to students.
5. Notify students in advance if need to be absent and accept responsibility for loss of clinical time.
6. Have time available for evaluation of clinical tool(s) and for student conferences.
7. Provide and take feedback with minimal defensiveness.

## **PROFESSIONAL ACTIVITIES**

Professional activism is an expectation within the midwifery profession.

## **The American College of Nurse-Midwives**

Students are required to join the American College of Nurse-Midwives (ACNM) and are strongly encouraged to become involved. Student membership in ACNM is available at a much reduced fee and includes subscriptions to the *Journal of Midwifery and Women's Health* and *Quickening*. In addition, *Obstetrics & Gynecology* subscriptions are offered at a reduced rate to ACNM members. This also includes your membership in the State of Michigan Affiliate of ACNM.

Students should become acquainted with ACNM and all official documents that define, guide, and direct nurse-midwives and nurse-midwifery practice. The ACNM web site is an excellent resource and full of information that is helpful to students. It can be found at <http://www.acnm.org>.

The national ACNM office may be contacted directly at:

ACNM

8403 Colesville Road Suite 1550

Silver Spring, MD 20910-6374

240-485-1800

Home page: <http://www.acnm.org/>

## **The American Midwifery Certification Board (AMCB) Certification Exam**

The Nurse-Midwifery Coordinator must recommend each student, without reservation, to the American Midwifery Certification Board to write the examination. This recommendation is made based upon 1) satisfactory completion of the nurse-midwifery program of study, 2) passing the comprehensive examination, and 3) check-out. Students will not be eligible to sit for the certification exam until all three of the previous components are completed successfully. Students may access the AMCB booklet, Information for Candidates, and an application on the web at <http://www.amcbmidwife.org>. The exam is usually offered via computers in all states.

The cost of the exam is currently **\$500.00 (this can change so please refer to the AMCB website at [www.amcbmidwife.org](http://www.amcbmidwife.org))**. This fee must be paid in full at the time of application by cashier's check, certified check, or money order.

The national AMCB Office address is:

American Midwifery Certification Board  
849 International Drive  
Suite 205  
Linthicum, MD 21090410-694-9424  
410-694-9425 (fax)

### **ACNM State Affiliate**

The ACNM state affiliate group meets at varying locations three times a year. Information about upcoming meetings will be sent via email and on the Facebook group. If you are a member of the ACNM and have a Michigan address you will be on the Listserve to get emails from the Michigan Affiliate. You may also ask to join the Facebook Group: "Michigan Affiliate of the ACNM". The leadership includes two students on its board. The state affiliate also has an annual winter retreat where it awards Nurse-Midwifery Student Scholarships to attend the ACNM national meeting. These scholarships are chosen at random – the eligibility requirements are that you are a member and you must be present to win. Students are strongly urged to attend, as is it a great way to meet other students, CNMs around the state, and have some time to relax while also getting CEUs.

### **ACNM Annual Meeting**

The faculty strongly recommends and encourages students to attend the ACNM Annual Meeting, which is held each year in the spring. In 2017 the Annual Meeting will be in Chicago II, May 20 – 24. No nurse-midwifery classes are held during the week of the Annual Meeting. The total cost usually amounts to about \$1,000, including airfare and meals, and depends on whether you share a room, how far away from Michigan the meeting is, and how long you decide to stay. Most students share accommodations, which is part of the fun of attending the Annual Meeting. Arrangements can be made to act as a page or assist with the meeting to receive a reduced registration fee or the ability to attend a workshop for free.

A student representative is selected from each Midwifery Education program by the program director. S/he participates in developing a report with the students from the other program that one of the student representatives reads to the entire Annual Meeting attendees. The student representative brings concerns/issues from the students in each program to student meetings at the Annual Meeting for inclusion in the report. This report is taken very seriously and carries weight with both the Board of Directors, and membership.

An additional student leadership opportunity is as the School student member of the ACNM Government Affairs Committee. This student participates in disseminating information about legislative activity and advocacy work to promote midwifery practice and the health care of women and their families. The student who is in this role the prior year will ask for volunteers for this position as they graduate or you can ask your advisor for more information.

## UNIVERSITY OF MICHIGAN NURSE-MIDWIFERY FACULTY

The University of Michigan Nurse-Midwifery Faculty is committed to assisting students in their development as a nurse-midwife. While many faculty from within the School of Nursing participate in your education, the nurse midwifery faculty is comprised of those individuals who work specifically within the midwifery clinical courses. Nurse-midwifery faculty can all be reached by e-mail, phone, and fax or, of course in person. The members of the nurse midwifery faculty include:

Faculty	Email	Office and Phone
Ruth Zielinski PhD CNM Clinical Associate Professor Program Lead	<a href="mailto:ruthcnm@umich.edu">ruthcnm@umich.edu</a>	647-0324 Office # 3336
Megan Deibel DNP CNM Clinical Assistant Professor	<a href="mailto:medeibel@umich.edu">medeibel@umich.edu</a>	647-0148 Office # 3342
Lee Roosevelt PhD, MPH CNM Clinical Assistant Professor	<a href="mailto:morgaine@umich.edu">morgaine@umich.edu</a>	(734) 764-0732 Office # 3343
Jody Lori PhD CNM Associate Professor Associate Dean for Global Affairs	<a href="mailto:jlori@med.umich.edu">jlori@med.umich.edu</a>	615-4494 Office #suite 3220
Lisa Kane Low PhD CNM Associate Professor Associate Dean for Clinical Affairs and Professional Graduate Programs	<a href="mailto:kanelow@umich.edu">kanelow@umich.edu</a>	647-0136 Office #Suite 3160

Department Administrative Office room 3160 FAX number 647-0351

### **Meeting with Faculty**

Since many of the faculty have commitments outside the School of Nursing, it is best to make an appointment if you would like to meet with them in person. The program lead is your first point of contact for general information, while your course faculty is your first point of contact or questions about courses. There are also the group advising sessions that will be held each semester. Appointments may be scheduled with faculty by contacting them preferably by e-mail.

The faculty and department staff are delighted to assist you in applying for scholarships, jobs, etc. by writing references. However we require **two weeks'** notice for fulfilling requests for references, scholarship applications, and/or other documentation

## **Appendix A-ACNM Philosophy**

We, the midwives of the American College of Nurse-Midwives, affirm the power and strength of women and the importance of their health in the well-being of families, communities and nations. We believe in the basic human rights of all persons, recognizing that women often incur an undue burden of risk when these rights are violated.

We believe every person has a right to:

- Equitable, ethical, accessible quality health care that promotes healing and health
- Health care that respects human dignity, individuality and diversity among groups
- Complete and accurate information to make informed health care decisions
- Self-determination and active participation in health care decisions
- Involvement of a woman's designated family members, to the extent desired, in all health care experiences

We believe the best model of health care for a woman and her family:

- Promotes a continuous and compassionate partnership

- Acknowledges a person's life experiences and knowledge
- Includes individualized methods of care and healing guided by the best evidence available
- Involves therapeutic use of human presence and skillful communication

We honor the normalcy of women's lifecycle events. We believe in:

- Watchful waiting and non-intervention in normal processes
- Appropriate use of interventions and technology for current or potential health problems
- Consultation, collaboration and referral with other members of the health care team as needed to provide optimal health care

We affirm that midwifery care incorporates these qualities and that women's health care needs are well-served through midwifery care.

Finally, we value formal education, lifelong individual learning, and the development and application of research to guide ethical and competent midwifery practice. These beliefs and values provide the foundation for commitment to individual and collective leadership at the community, state, national and international level to improve the health of women and their families worldwide.

Revised last: September, 2004

(Replaces version updated October, 1989)

**8403 Colesville Rd, Suite 1550, Silver Spring MD 20910 240-485-1800 Fax: 240-485-1818**

**Web: [www.midwife.org](http://www.midwife.org)**

## **Appendix B—ACNM Core Competencies**

The *Core Competencies for Basic Midwifery Practice* include the fundamental knowledge, skills, and behaviors expected of a new practitioner. Accordingly, they serve as guidelines for educators, students, health care professionals, consumers, employers, and policy makers and constitute the basic requisites for graduates of all nurse-midwifery and midwifery education programs accredited/preaccredited by the Accreditation Commission for Midwifery Education (ACME), formerly the American College of Nurse-Midwives (ACNM) Division of Accreditation (DOA).

Midwifery practice is based on the *Core Competencies for Basic Midwifery Practice*, the *Standards for the Practice of Midwifery*, the *Philosophy of the ACNM*, and the *Code of Ethics* promulgated by the ACNM. Certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the ACNM or the American Midwifery Certification Board (AMCB), formerly the ACNM Certification Council, Inc. (ACC), assume responsibility and accountability for their practice as primary health care providers for women and newborns.

The scope of midwifery practice may be expanded beyond the core competencies to incorporate additional skills and procedures that improve care for women and their families. Following basic midwifery education, midwives may choose to expand their practice following the guidelines outlined in Standard VIII of the *Standards for the Practice of Midwifery*.

Midwifery education is based on an understanding of health sciences theory and clinical preparation that shapes knowledge, judgment, and skills deemed necessary to provide primary health care management to women and newborns. Midwives provide health care that incorporates appropriate medical consultation, collaborative management, or referral. Each education program is encouraged to develop its own method of addressing health care issues beyond the scope of the current core competencies, and each graduate is responsible for complying with the laws of the jurisdiction where midwifery is practiced and the ACNM *Standards for the Practice of Midwifery*.

ACNM defines the midwife's role in primary health care based on the Institute of Medicine's report, *Primary Care: America's Health Care in a New Era*, the *Philosophy of the ACNM*, and the ACNM position statement, "Midwives are Primary Care Providers and Leaders of Maternity Care Homes." Primary health care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing the majority of health care needs, developing a sustained partnership with patients, and practicing within the context of family and community. As primary health care providers, CNMs and CMs assume responsibility for the provision of and referral to appropriate health care services, including prescribing, administering and dispensing of pharmacologic agents. The concepts, skills, and midwifery management processes identified below form the foundation upon which practice guidelines and educational curricula are built. The core competencies are reviewed and revised regularly to incorporate changing trends in midwifery practice. This document must be adhered to in its entirety and applies to all settings for midwifery care, including hospitals, ambulatory care settings, birth centers, and homes.

## **I. Hallmarks of Midwifery**

The art and science of midwifery are characterized by the following hallmarks:

- A. Recognition of menarche, pregnancy, birth, and menopause as normal physiologic and developmental processes
- B. Advocacy of non-intervention in normal processes in the absence of complications
- C. Incorporation of scientific evidence into clinical practice
- D. Promotion of woman- and family-centered care
- E. Empowerment of women as partners in health care
- F. Facilitation of healthy family and interpersonal relationships
- G. Promotion of continuity of care
- H. Health promotion, disease prevention, and health education
- I. Promotion of a public health care perspective
- J. Care to vulnerable populations
- K. Advocacy for informed choice, shared decision making, and the right to self-determination

- L. Integration of cultural humility
- M. Incorporation of evidence-based complementary and alternative therapies in education and practice
- N. Skillful communication, guidance, and counseling
- O. Therapeutic value of human presence
- P. Collaboration with other members of the interprofessional health care team

## **II. Components of Midwifery Care: Professional Responsibilities of CNMs and CMs**

The professional responsibilities of CNMs and CMs include but are not limited to the following components:

- A. Promotion of the hallmarks of midwifery
- B. Knowledge of the history of midwifery
- C. Knowledge of the legal basis for practice
- D. Knowledge of national and international issues and trends in women's health and maternal/newborn care
- E. Support of legislation and policy initiatives that promote quality health care
- F. Knowledge of issues and trends in health care policy and systems
- G. Knowledge of information systems and other technologies to improve the quality and safety of health care
- H. Broad understanding of the bioethics related to the care of women, newborns, and families
- I. Practice in accordance with the ACNM Philosophy, Standards, and Code of Ethics
- J. Ability to evaluate, apply, interpret, and collaborate in research
- K. Participation in self-evaluation, peer review, lifelong learning, and other activities that ensure and validate quality practice
- L. Development of leadership skills
- M. Knowledge of licensure, clinical privileges, and credentialing
  
- N. Knowledge of practice management and finances
- O. Promotion of the profession of midwifery, including participation in the professional organization at the local and national level
- P. Support of the profession's growth through participation in midwifery education
- Q. Knowledge of the structure and function of ACNM

## **III. Components of Midwifery Care: Midwifery Management Process**

The midwifery management process is used for all areas of clinical care and consists of the following steps:

- A. Investigate by obtaining all necessary data for the complete evaluation of the woman or newborn.
- B. Identify problems or diagnoses and health care needs based on correct interpretation of the subjective and objective data.

- C. Anticipate potential problems or diagnoses that may be expected based on the identified problems or diagnoses.
- D. Evaluate the need for immediate intervention and/or consultation, collaborative management, or referral with other health care team members as dictated by the condition of the woman, fetus, or newborn.
- E. In partnership with the woman, develop a comprehensive plan of care that is supported by a valid rationale, is based on the preceding steps, and includes therapeutics as indicated.
- F. Assume responsibility for the safe and efficient implementation of a plan of care that includes the provision of treatments and interventions as indicated.
- G. Evaluate the effectiveness of the care given, recycling appropriately through the management process for any aspect of care that has been ineffective.

#### **IV. Components of Midwifery Care: Fundamentals**

- A. Anatomy and physiology, including pathophysiology
- B. Normal growth and development
- C. Psychosocial, sexual, and behavioral development
- D. Basic epidemiology
- E. Nutrition
- F. Pharmacokinetics and pharmacotherapeutics
- G. Principles of individual and group health education
- H. Bioethics related to the care of women, newborns, and families
- I. Clinical genetics and genomics

#### **V. Components of Midwifery Care of Women**

Independently manages primary health screening, health promotion, and care of women from the peri-menarcheal period through the lifespan using the midwifery management process. While the woman's life is a continuum, midwifery care of women can be divided into primary, preconception, gynecologic, antepartum, intrapartum, and post-pregnancy care.

- A. Applies knowledge, skills, and abilities in primary care that include but are not limited to the following:
  1. Nationally defined goals and objectives for health promotion and disease prevention
  2. Parameters for assessment of physical, mental, and social health
  3. Nationally defined screening and immunization recommendations to promote health and to detect and prevent disease
  4. Management strategies and therapeutics to facilitate health and promote healthy behaviors
  5. Identification of normal and deviations from normal in the following areas:



- a. Cardiovascular and hematologic
  - b. Dermatologic
  - c. Endocrine
  - d. Eye, ear, nose, and throat
  - e. Gastrointestinal
  - f. Mental health
  - g. Musculoskeletal
  - h. Neurologic
  - i. Respiratory
  - j. Renal
6. Management strategies and therapeutics for the treatment of common health problems and deviations from normal of women, including infections, self-limited conditions, and mild and/or stable presentations of chronic conditions, utilizing consultation, collaboration, and/or referral to appropriate health care services as indicated.
- B. Applies knowledge, skills, and abilities in the preconception period that include but are not limited to the following:
- 1. Individual and family readiness for pregnancy, including physical, emotional, psychosocial, and sexual factors including
    - a. Non-modifiable factors such as family and genetic/genomic risk
    - b. Modifiable factors such as environmental and occupational factors, nutrition, medications, and maternal lifestyle
  - 2. Health and laboratory screening
  - 3. Fertility awareness, cycle charting, signs and symptoms of pregnancy, and pregnancy spacing
- C. Applies knowledge, skills, and abilities in gynecologic care that include but are not limited to the following:
- 1. Human sexuality, including biological sex, gender identities and roles, sexual orientation, eroticism, intimacy, and reproduction
  - 2. Common screening tools and diagnostic tests
  - 3. Common gynecologic and urogynecologic problems
  - 4. All available contraceptive methods
  - 5. Sexually transmitted infections including indicated partner evaluation, treatment, or referral
  - 6. Counseling for sexual behaviors that promote health and prevent disease
  - 7. Counseling, clinical interventions, and/or referral for unplanned or undesired pregnancies, sexual and gender concerns, and infertility
  - 8. Identification of deviations from normal and appropriate interventions, including management of complications and emergencies utilizing consultation, collaboration, and/or referral as indicated

- D. Applies knowledge, skills, and abilities in the perimenopausal and postmenopausal periods that include but are not limited to the following:
1. Effects of menopause on physical, mental, and sexual health
  2. Identification of deviations from normal
  3. Counseling and education for health maintenance and promotion
  4. Initiation or referral for age/risk appropriate periodic health screening
  5. Management and therapeutics for alleviation of common discomforts
- E. Applies knowledge, skills and abilities in the antepartum period that include but are not limited to the following:
1. Epidemiology of maternal and perinatal morbidity and mortality
  2. Confirmation and dating of pregnancy
  3. Promotion of normal pregnancy using management strategies and therapeutics as indicated
  4. Common discomforts of pregnancy
  5. Influence of environmental, cultural and occupational factors, health habits, and maternal behaviors on pregnancy outcomes
  6. Health risks, including but not limited to domestic violence, infections, and substance use/abuse
  7. Emotional, psychosocial, and sexual changes during pregnancy
  8. Anticipatory guidance related to birth, breastfeeding, parenthood, and change in the family constellation
  9. Deviations from normal and appropriate interventions, including management of complications and emergencies
  10. Placental physiology, embryology, fetal development, and indicators of fetal well-being
- F. Applies knowledge, skills, and abilities in the intrapartum period that include but are not limited to the following:
1. Confirmation and assessment of labor and its progress
  2. Maternal and fetal status
  3. Deviations from normal and appropriate interventions, including management of complications, abnormal intrapartum events, and emergencies
  4. Facilitation of physiologic labor progress
  5. Measures to support psychosocial needs during labor and birth
  6. Labor pain and coping
  7. Pharmacologic and non-pharmacologic strategies to facilitate maternal coping
  8. Techniques for
    - a. administration of local anesthesia
    - b. spontaneous vaginal birth
    - c. third stage management
    - d. performance of episiotomy repair of episiotomy and 1st and 2nd degree lacerations

G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following:

1. Physical involution following pregnancy ending in spontaneous or induced abortion, preterm birth, or term birth
2. Management strategies and therapeutics to facilitate a healthy puerperium
3. Discomforts of the puerperium
4. Self-care
5. Psychosocial coping and healing following pregnancy
6. Readjustment of significant relationships and roles
7. Facilitation of the initiation, establishment, and continuation of lactation where indicated
8. Resumption of sexual activity, contraception, and pregnancy spacing
9. Deviations from normal and appropriate interventions including management of complications and emergencies

## **VI. Components of Midwifery Care of the Newborn**

Independently manages the care of the newborn immediately after birth and continues to provide care to well newborns up to 28 days of life utilizing the midwifery management process and consultation, collaboration, and/or referral to appropriate health care services as indicated.

A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following:

1. Effect of maternal and fetal history and risk factors on the newborn
2. Preparation and planning for birth based on ongoing assessment of maternal and fetal status
3. Methods to facilitate physiologic transition to extrauterine life that includes but is not limited to the following:
  - a. Establishment of respiration
  - b. Cardiac and hematologic stabilization including cord clamping and cutting
  - c. Thermoregulation
  - d. Establishment of feeding and maintenance of normoglycemia
  - e. Bonding and attachment through prolonged contact with neonate.
  - f. Identification of deviations from normal and their management.
  - g. Emergency management including resuscitation, stabilization, and consultation and referral as needed
4. Evaluation of the newborn:
  - a. Initial physical and behavioral assessment for term and preterm infants
  - b. Gestational age assessment
  - c. Ongoing assessment and management for term, well newborns during first 28 days

- d. Identification of deviations from normal and consultation, and/or referral to appropriate health services as indicated
- 5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention:
  - a. Teaching regarding normal behaviors and development to promote attachment
  - b. Feeding and weight gain including management of common breastfeeding problems
  - c. Normal daily care, interaction, and activity including sleep practice and creating a safe environment
  - d. Provision of preventative care that includes but is not limited to
    - 1) Therapeutics including eye ointment, vitamin K, and others as appropriate by local or national guidelines
    - 2) Testing and screening according to local and national guidelines
    - 3) Need for ongoing preventative health care with pediatric care providers
  - e. Safe integration of the newborn into the family and cultural unit
  - f. Appropriate interventions and referrals for abnormal conditions:
    - 1) Minor and severe congenital malformations
    - 2) Poor transition to extrauterine life
    - 3) Symptoms of infection
    - 4) Infants born to mothers with infections
    - 5) Postpartum depression and its effect on the newborn
    - 6) End-of-life care for stillbirth and conditions incompatible with life
  - g. Health education specific to the infant and woman's needs:
    - 1) Care of multiple children including siblings and multiple births
    - 2) Available community resources

## REFERENCES

1. Donaldson MS, Yordy KD, Lohr KN, Vanselow NA, eds. *Primary Care: America's Health Care in a New Era*. Washington, DC: National Academy Press; 1996.
2. American College of Nurse-Midwives. Our philosophy of care. <http://www.midwife.org/Child-Page-3>. Accessed December 17, 2012.
3. American College of Nurse-Midwives. Midwives are primary care providers and leaders of maternity care homes. Position statement. <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/00000000273/Primary%20Care%20Position%20Statement%20June%202012.pdf>. Published June 2012. Accessed December 17, 2012.

## **Appendix C- ACNM Standards of Practice**

Midwifery practice as conducted by certified nurse-midwives (CNMs) and certified midwives (CMs) is the independent management of women's health care, focusing particularly on pregnancy, childbirth, the post-partum period, care of the newborn, and the family planning and gynecologic needs of women. The CNM and CM practice within a health care system that provides for consultation, collaborative management, or referral, as indicated by the health status of the client. CNMs and CMs practice in accord with the Standards for the Practice of Midwifery, as defined by the American College of Nurse-Midwives (ACNM).

### **STANDARD I**

#### *MIDWIFERY CARE IS PROVIDED BY QUALIFIED PRACTITIONERS*

The midwife:

1. Is certified by the ACNM designated certifying agent.
2. Shows evidence of continuing competency as required by the ACNM designated certifying agent.
3. Is in compliance with the legal requirements of the jurisdiction where the midwifery practice occurs.

### **STANDARD II**

#### *MIDWIFERY CARE OCCURS IN A SAFE ENVIRONMENT WITHIN THE CONTEXT OF THE FAMILY, COMMUNITY, AND A SYSTEM OF HEALTH CARE.*

The midwife:

1. Demonstrates knowledge of and utilizes federal and state regulations that apply to the practice environment and infection control.
2. Demonstrates a safe mechanism for obtaining medical consultation, collaboration, and referral.
3. Uses community services as needed.
4. Demonstrates knowledge of the medical, psychosocial, economic, cultural, and family factors that affect care.
5. Demonstrates appropriate techniques for emergency management including arrangements for emergency transportation.
6. Promotes involvement of support persons in the practice setting.

### **STANDARD III**

#### *MIDWIFERY CARE SUPPORTS INDIVIDUAL RIGHTS AND SELF-DETERMINATION WITHIN BOUNDARIES OF SAFETY*

The midwife:

1. Practices in accord with the Philosophy and the Code of Ethics of the American College of Nurse-Midwives.

2. Provides clients with a description of the scope of midwifery services and information regarding the client's rights and responsibilities.
3. Provides clients with information regarding, and/or referral to, other providers and services when requested or when care required is not within the midwife's scope of practice.
4. Provides clients with information regarding health care decisions and the state of the science regarding these choices to allow for informed decision-making.

#### **STANDARD IV**

*MIDWIFERY CARE IS COMPRISED OF KNOWLEDGE, SKILLS, AND JUDGMENTS THAT FOSTER THE DELIVERY OF SAFE, SATISFYING, AND CULTURALLY COMPETENT CARE.*

The midwife:

1. Collects and assesses client care data, develops and implements an individualized plan of management, and evaluates outcome of care.
2. Demonstrates the clinical skills and judgments described in the ACNM Core Competencies for Basic Midwifery Practice.
3. Practices in accord with the ACNM Standards for the Practice of Midwifery.

#### **STANDARD V**

*MIDWIFERY CARE IS BASED UPON KNOWLEDGE, SKILLS, AND JUDGMENTS WHICH ARE REFLECTED IN WRITTEN PRACTICE GUIDELINES AND ARE USED TO GUIDE THE SCOPE OF MIDWIFERY CARE AND SERVICES PROVIDED TO CLIENTS.*

The midwife:

1. Maintains written documentation of the parameters of service for independent and collaborative midwifery management and transfer of care when needed.
2. Has accessible resources to provide evidence based clinical practice for each specialty area which may include, but is not limited to, primary health care of women, care of the childbearing family, and newborn care.

#### **STANDARD VI**

*MIDWIFERY CARE IS DOCUMENTED IN A FORMAT THAT IS ACCESSIBLE AND COMPLETE.* The midwife:

1. Uses records that facilitate communication of information to clients, consultants, and institutions.
2. Provides prompt and complete documentation of evaluation, course of management, and outcome of care.
3. Promotes a documentation system that provides for confidentiality and transmissibility of health records.
4. Maintains confidentiality in verbal and written communications.

## **STANDARD VII**

*MIDWIFERY CARE IS EVALUATED ACCORDING TO AN ESTABLISHED PROGRAM FOR QUALITY MANAGEMENT THAT INCLUDES A PLAN TO IDENTIFY AND RESOLVE PROBLEMS.*

The midwife:

1. Participates in a program of quality management for the evaluation of practice within the setting in which it occurs.
2. Provides for a systematic collection of practice data as part of a program of quality management.
3. Seeks consultation to review problems, including peer review of care.
4. Acts to resolve problems identified.

## **STANDARD VIII**

*MIDWIFERY PRACTICE MAY BE EXPANDED BEYOND THE ACNM CORE COMPETENCIES TO INCORPORATE NEW PROCEDURES THAT IMPROVE CARE FOR WOMEN AND THEIR FAMILIES.*

The midwife:

1. Identifies the need for a new procedure taking into consideration consumer demand, standards for safe practice, and availability of other qualified personnel.
2. Ensures that there are no institutional, state, or federal statutes, regulations, or bylaws that would constrain the midwife from incorporation of the procedure into practice.
3. Demonstrates knowledge and competency, including:
  - a. Knowledge of risks, benefits, and client selection criteria.
  - b. Process for acquisition of required skills.
  - c. Identification and management of complications.
  - d. Process to evaluate outcomes and maintain competency.
4. Identifies a mechanism for obtaining medical consultation, collaboration, and referral related to this procedure.
5. Maintains documentation of the process used to achieve the necessary knowledge, skills and ongoing competency of the expanded or new procedures.

Source: Division of Standards and Practice

Approved: ACNM Board of Directors, March 8, 2003;

Revised and Approved: ACNM Board of Directors, December 4, 2009

Revised and Approved: ACNM Board of Directors, September 24, 2011

(Supersedes the ACNM's Functions, Standards and Qualifications, 1983 and Standards for the Practice of Nurse-Midwifery 1987, 1993. Standard VIII has been adapted from the ACNM's Guidelines for the Incorporation of New Procedures into Nurse-Midwifery Practice)

## **Appendix D- Objectives for IP experiences for Midwifery Students without prior labor and delivery experience**

University of Michigan – Nurse Midwifery Program

**Pre-midwifery practicum clinical experience:** This clinical experience is intended to enable the RN who does not have experience in labor and delivery care to acquire the following objectives:

The outcomes an RN arranging for a clinical experience in labor and delivery will achieve are:

1. Be able to recognize the behavioral cues that reflect a woman's status in labor and differentiate early labor, advanced labor and the expulsive phase of labor (2nd stage).
2. Be able to identify (as documented in the medical record or by observation) and explain the significance of the following features of a woman's status in labor:
  - a. Gestational age/EDC – and criteria for this assessment (i.e. LNMP or ultrasound report)
  - b. Age and parity
    - i. Be able to explain the significance of low or high maternal age and parity on the course of labor
  - a. Vital signs – BP and TPR as well as FHR
  - b. State of hydration
  - c. Cervical dilatation/effacement/station
  - d. Status of the BOW
  - e. Recognize when the amniotic fluid is meconium-stained and explain the significance of this occurrence
  - f. Nature of vaginal discharge/fluid, bleeding or bloody “show”
3. Explain the significance of the following prenatal and admission lab tests in the care of a woman during labor:
  - a. Blood type and Rh
  - b. RPR/VDRL
  - c. Hct/Hgb
  - d. Hepatitis screen
  - e. Rubella screen
  - f. HIV
  - g. GBS
  - h. Fetal screening (triple/quad/integrative/etc.)
4. Explain the significance of the EFW of the fetus and identify the basis for this estimate (i.e. ultrasound report or examiner or mother's estimate)
5. Fetal status:
  - a. Fetal heart tones by auscultation with a Doppler and the electronic fetal monitor (EFM). This assumes that the RN has completed an approved EFM course.
  - b. Be able to recognize the basic features of the FHR on an fem., baseline rate, variability, accelerations and decelerations



- c. Differentiate between the features of the FHR that can be assessed with the external versus the internal FM
- d. Explain when direct versus indirect fetal monitoring would be indicated.
- e. Explain the significance of fetal movement during labor
- 6. Desirable clinical skills:
  - a. Abdominal palpation
    - i. Leopold's for fetal presentation and position
    - ii. Uterine contractions
  - b. Vaginal/cervical exam (if appropriate in clinical setting)
  - c. IV insertion (if appropriate in clinical setting)
  - d. Non-automated VS (i.e. BP with cuff, palpation of Pulse)
- 7. Explain what actions (by RN or provider) should be taken when there are "nonreassuring" features on a FHR tracing
- 8. Be able to coach and support a labor woman with relaxation and other strategies to cope with contractions and pain
  - a. Be able to include other family members in supportive care
  - b. Explain the merit of mobility and position change during labor and appropriate precautions for a woman's safety
  - c. Be able to recognize a woman's or her family's need for information or practical assistance
- 9. Identify the responsibilities of the RN along with the CNM or Physician provider in the care of women during labor
- 10. Identify the circumstance when the following medications might be given to a woman in labor and the major considerations regarding their effects and safe administration:
  - a. Pitocin infusion or other oxytocic
    - i. Differentiate between the use of Pitocin or an oxytocic during labor and after labor
  - b. MgSO<sub>4</sub> infusion
  - c. Terbutaline or other tocolytic
  - d. Narcotic analgesia – and major types used
  - e. Epidural anesthesia – and major care implications
  - f. Antibiotic
- 11. Identify the main concerns associated with the following situations:
  - a. Premature rupture of membranes (PROM)
  - b. Preterm labor or PPROM
  - c. Vaginal birth after a previous C-section attempt (VBAC)
  - d. Fetal malpresentation, especially occiput posterior and breech
  - e. Hypertension/preeclampsia
  - f. Positive GBS culture
- 12. Identify what provisions need to be made by the RN or CNM when a woman in labor needs a C-section
- 13. Identify the major needs of a woman during the 2nd stage of labor and birth and the roles of the RN and provider (CNM or physician)
- 14. Know how to help a new mother with the initiation of breastfeeding

15. Identify the key indicators of a woman's status during the period immediately following birth (e.g. interpretation of vital signs, hydration status, bleeding, pain and response to the newborn)

This is to verify that the following student had an opportunity to address these L & D competencies and skills and has a beginning knowledge of their application in the care of women during labor

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_

Preceptor Name/Title \_\_\_\_\_

Preceptor Signature \_\_\_\_\_

Comments:

