



Faculty of Health and Behavioural Sciences  
Department of Nursing

# Master of Science (Midwifery)

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## 1. PREAMBLE

The University of Wollongong offers a Master of Science (Midwifery) degree. This degree was established in 1993. Originally the clinical component of the course was completely supernumerary however, this has changed over the years to reflect changing circumstances in the workforce, the community, clinical facilities and student needs. The course was developed and continues to be developed in concert with the key stakeholders: the University of Wollongong, Illawarra Health, South-Western Area Health Service, Illawarra Private Hospital, and South-Eastern Area Health Service, students, as well as community groups. The New South Wales Health Department and the National Health and Medical Research Council recognised the need to provide midwifery services that reflect options for effective care in childbirth. The scope of midwifery practice has broadened over recent years as a direct result of the need to offer alternative birth options supported by professionals skilled in the diversity of needs expressed by women experiencing childbirth. The development of diverse models of midwifery care has necessitated a change in midwifery education, which is reflected in the curriculum.

Students who are eligible to apply for certification as a midwife with the Nurses Registration Board of NSW will have satisfied the requirements of the theoretical and clinical components of the degree. Students will have had clinical experience that enables them to operate as safe beginning practitioners. The midwifery students are provided with learning opportunities to develop communication, counselling, cross cultural sensitivity, and technical skills relevant to normal and complicated pregnancy, childbirth, postpartum care and family health promotion. A mentoring program, developed by the University of Wollongong, and the clinical facilities, matches students to experienced midwives. Mentors provide support to the students and aid in disseminating knowledge, sharing practical experience and promoting professionalism. Students are also provided with preceptors and assessors in the clinical setting and the University of Wollongong conducts a preceptor and assessor workshop each year.

The Master of Science (Midwifery) degree recognises that today's midwives work within multi-disciplinary teams that require collaboration with other health professionals. Furthermore, midwives are required to be able to manage midwifery care in an autonomous and accountable manner. A Master's degree in Science provides a theoretical background upon which the student midwife learns to analyse, synthesise and evaluate midwifery practice and research. Critical thinking, reflection and research skills are fostered to encourage a graduate that will continue to learn and contribute to the development of the midwifery profession.

Recent reports such as *The Midwifery Workforce in Australia 2002-2012* (2002), the *Australian Maternity Action Plan* (2003), and the *National Maternity Action Plan* (2002) indicate a need for midwifery education that reflects community and consumer focused needs. Students are encouraged to evaluate different models of midwifery care and how these models can be applied to the current Australian socio-political situation. Also highlighted by these reports is the desperate need to recruit and retain midwives. The University of Wollongong Master of Science (Midwifery) degree is aimed at attracting students who wish to develop professionally and gain recognition for previous study and/or education by obtaining a Masters degree.

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### 1.1 Philosophical Considerations

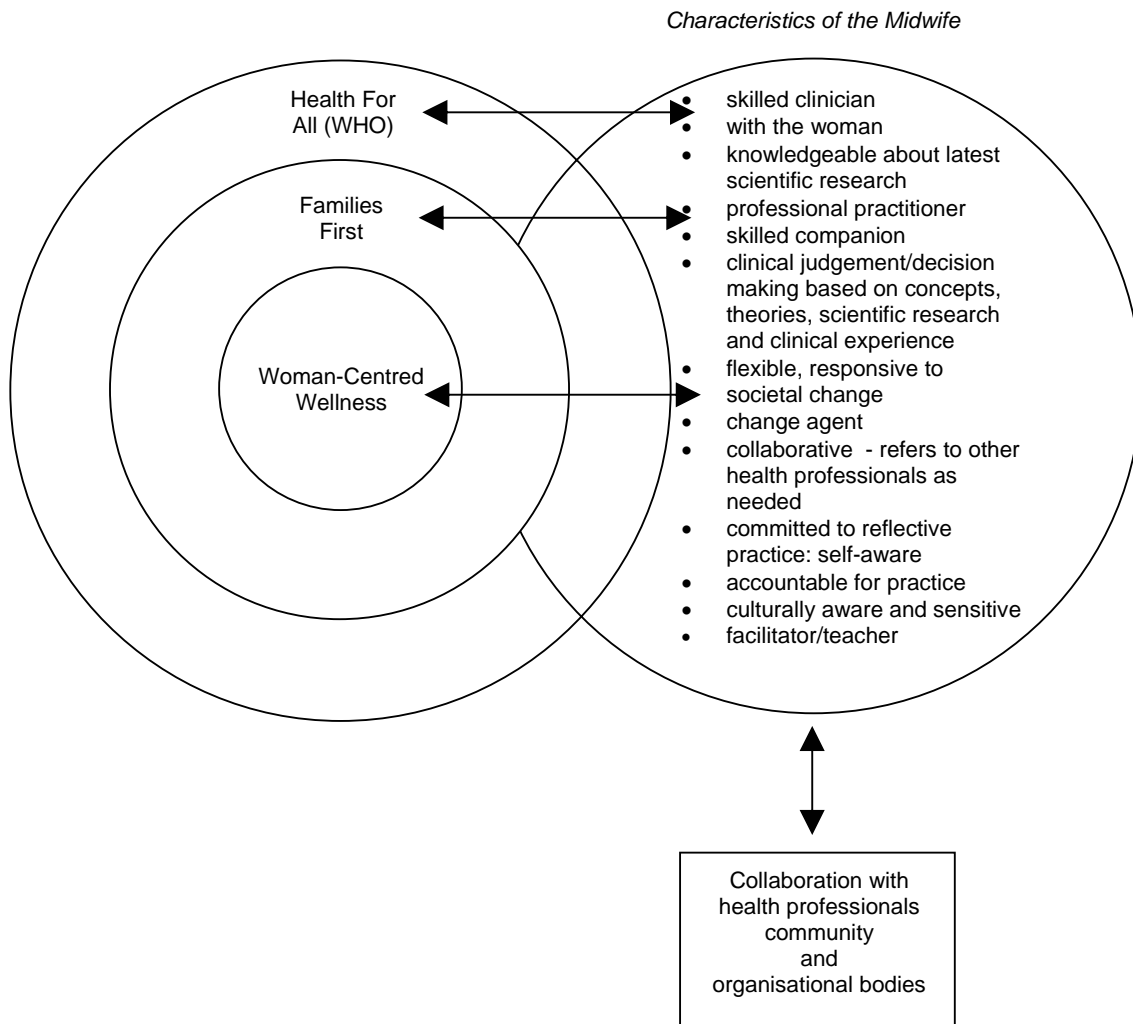
The beginning midwife must practice in an evolving social and clinical setting. To enable midwives to navigate these challenges they must have a clear understanding of the

theories, models of care and evidence based research that underpins midwifery practice. This knowledge will enable the midwife to understand the models of care available within Australia and throughout the world. The midwife is then armed to advocate for those models that will enhance midwifery practice and the holistic experience for the woman and her family from conception to postpartum.

The student midwife is expected to attain a high level of skill in relation to critiquing, analysing and synthesising research. A sound knowledge of qualitative and quantitative research will enable the student midwife to analyse evidence-based practice, both as an individual and in the clinical setting. The midwifery students are expected to be inquisitive self-directed learners. All of these attributes are designed to produce a Midwife who is able to make appropriate clinical judgements based on sound research based evidence.

Bryar (1995, p. 76) in her book 'Theory for Midwifery Practice' defines the purpose of a model as 'to provide a framework for understanding and action.' The philosophy that underpins the Master of Science (Midwifery) is based on a number of models. These models are congruent with each other, incorporating similar concepts. They include the World Health Organisation's (1988) 'Health for All', 'Families First' (NSW Govt 1999), a primary health care strategy; the 'Women-Centred' (Department of Health UK 1993); and the 'Wellness' models (cited National Maternity Action Plan 2002, p. 21).

**Figure 1. Relationship between models of care and the characteristics of the midwife**



*Designed by Sheree Mills*

## Rationale for Relationship Between Models of Care and the Characteristics of the Midwife

### Health for All

The World Health Organisation has been expounding the model of 'Health for All' for some 25 years. The 'Health for All' model can be seen as the blueprint for organisational and societal change. Whilst it has a social and global focus, one of the key elements is maternal and child welfare, including family planning. Central to this model is the concept of primary health care. To paraphrase the five main concepts outlined in the 'Health for All' model (WHO 1988, cited in Bryar 1995), primary healthcare must provide:

- equity of provision of health care, according to need;
- services should be promotive, preventive, curative and rehabilitative and provided in an integrated way;
- services should be effective, culturally acceptable, affordable and manageable;
- communities should be involved in the development, provision, monitoring of services and take responsibility for same;
- inter-sectoral collaboration; health is seen to be affected by economic and social factors.

### Families First

The above concepts have been utilised by the 'Families First' initiative, instigated by the New South Wales Government (1999).

Strategies employed by 'Families First' include:

- supporting parents who are expecting or caring for a new baby
- supporting parents who are caring for infants and young children
- assisting families who need extra support; and
- strengthening the connections between communities and families.

(Calver 2003, p. 17)

Pat Brodie (2003, p. 5) provides a useful application of these concepts in applying them to midwifery models and practice:

- equity of access for all women and their families
- woman's participation and self determination (woman's right to choose) and the development of individual skills and confidence
- socially acceptable and affordable technology (evidence based care)
- timely health promotion and minimisation of risk to women and their infants
- co-operation and collaboration between key service providers
- building of healthy public policy (such as continuity of care) and sustainable projects
- supportive environments for women and communities to learn from each other
- a strengthening of community action and consumer participation

Brodie (2003, p. 5) underscores the importance of the primary health care model by stating:

midwives themselves must be able to appreciate 'primary health care' as the underpinning theory of the midwife model. It is the key to our future. We must fully understand the potential of midwifery as primary health care if we are to embrace these important developments that have the potential not only to improve outcomes but also to contribute to a greater appreciation of the role of the midwife.

## **'Woman-Centred' and 'Wellness' model**

At the core of this curriculum philosophy is the model of 'Women-Centred' and that birth is a normal life event.

The Australian College of Midwives Inc (2002) defines 'Woman-Centered' care as:

In midwifery, 'woman-centred' is a concept that implies the following: Midwifery focuses on a woman's individual, unique needs, expectations and aspirations, within the recognition of her particular social milieu, rather than the needs of the institutions or the professions involved. Implicit is the notion that 'woman-centred' encompasses the needs of the baby, and the woman's family, her significant others and community, as identified and negotiated by the woman herself. Midwifery recognises the woman's right to self-determination in terms of choice, control and continuity of care from a known or known caregivers. Midwifery follows the woman across the interface between institutions and the community, through all phases of pregnancy, birth and the postnatal period. It therefore involves collaboration with other health professionals when necessary. Midwifery is 'holistic' in terms of addressing the woman's social, emotional, physical, psychological, spiritual and cultural needs and expectations.

The National Maternity Action Plan (2002), quoting the 'Standards of Care and Protocols for Preceptorship' (2001), states that a 'Wellness' model of maternity care assumes, that:

- pregnancy and childbirth is, in the majority of cases, a normal life event that will proceed to an uncomplicated outcome;
- women make informed choices when factual, unbiased information is readily available;
- women take responsibility for their health and antenatal education;
- women have ease of access to their choice of preferred carer and birth place;
- birth is viewed as normal, with complications able to be readily identified and planned for, or responded to, effectively;
- midwives are educated and experienced in providing primary care and diagnosing complications that require consultation with, or referral to, specialist care;
- specialist obstetric care is readily accessible secondary, rather than primary, level of care, and
- specialist hospital care is maintained for those women who most need it.

### **Characteristics of the Midwife**

Intersecting these models and concepts are the attributes/characteristics the midwife brings to clinical practice, professionalism and self-development. These include:

- being 'with the woman'
- a skilled clinician
- knowledgeable about the latest scientific research
- a professional practitioner
- a skilled companion
- in using clinical judgement and clinical decisions the midwife needs a foundation of clear concepts, theories, scientific evidence and clinical experience.

(Page 1993, cited in Bryar 1995)

Additional to the characteristics mentioned above, the following attributes are included:

- flexible, responsive to societal change;
- change agent;
- collaborative and able to refer to other health professionals as needed;
- committed to reflective practice; self aware;
- accountable for practice;
- facilitator/teacher;
- culturally aware and sensitive;

The 'Health For All' model provides the all-encompassing vision of health provision. 'Families First', a primary health care strategy, provides the practical guidelines for instituting that vision. The 'Woman-Centred' and 'Wellness' models are at the core of midwifery in practice.

Relating to and intersecting with these models is the midwife. The characteristics as outlined in Figure.1, along with the unique life experience and values of the midwife, enable the midwife to provide appropriate quality care, maintain professional relationships and facilitate the development of midwifery care. In this way the midwife is able to positively affect the woman and her family, the community and social and organisational bodies.

### 3.1 GHMB911 Midwifery Practice 1

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Session/s Offered	Autumn
Credit Points	4
Co-Requisites	GHMB914 Midwifery Management 1 (Full-time students) GHMB916 Human Reproduction (Full-time students) GHMB923 Legal and Professional Issues (Full-time students)
Pre-Requisites	GHMB916 Human Reproduction (Part-time students)
Contact Hours	40 hrs face-to-face midwifery introduction prior to session commencing, clinical practice for remainder of the session

#### Content

This subject is the first of three subjects that allows the student to acquire the necessary clinical experiences as designated by the Nurses Registration Board of NSW. Midwifery Practice 1 is designed to introduce the student to the provision of care of the woman and her family throughout pregnancy, birth and the postnatal period. Special emphasis is on the well woman, pregnancy, fetus, birth, postnatal period and the neonate. Potential complications during childbearing and management of high-risk women are examined. There will be an emphasis on evidence-based practice, critical appraisal and professional issues for midwives. The practical application of different models of care is also explored. Clinical practice will consist of the experiences suggested by the Nurses Registration Board of NSW.

#### Objectives

On successful completion of the subject, it is anticipated the student at a learner, beginner level will be able to:

- provide safe and effective application of scientific principles to the provision of midwifery care;
- employ interpersonal and communication skills to meet the individual needs of the childbearing family through effective education and counselling;
- incorporate theoretical knowledge of midwifery practice into clinical midwifery practice;
- relate research evidence to clinical midwifery practice;
- integrate and promote a consumer focus in the practice of midwifery;
- exercise a health promoting midwifery role;
- incorporate principles of Primary Health Care into midwifery practice;
- employ sound problem solving skills in decision making;
- work effectively as a beginning collaborative member of an interdisciplinary and multidisciplinary team;
- accept responsibilities and obligations;
- advocate rights of self and women in his/her care;
- assess and monitor within the context of the family unit, the physiological, psychosocial and spiritual needs of the woman during pregnancy, labour and the postnatal period;
- assess and monitor the well being of the fetus/neonate during pregnancy, labour and the neonatal period;
- organise and modify appropriate care as required in partnership with the woman in his/her care;



- acknowledge the multicultural nature of society and respect the woman's and her family's cultural beliefs and values;
- apply legal and ethical parameters to the practice of midwifery;
- initiate referrals to appropriate social agencies concerned with the needs of the child bearing family;
- evaluate and apply principles of management to the planning and provision of midwifery practice.

#### Core Clinical Placements

The student rotates through two to four of the designated areas below in this 12 week period depending on the clinical rotation plan:

Antenatal clinic  
 Antenatal ward  
 Birthing unit  
 Postnatal ward  
 Level IV Special Care area for neonates  
 Community midwives program  
 Selected community services

#### Clinical Experience

At the end of the clinical practicum the experience gained will enable the student to progress to Midwifery Practice 2.

#### Assessment

Assessment is reviewed annually as discussed in point 1.8 Assessment Summary. Year 2004 assessment will be as follows:

Longitudinal Case Study: Models of Care (This assessment is permanent as it is a requirement of the Nurses Registration Board of NSW) The student will follow the same woman during her pregnancy, birth and postnatal period. Therefore the longitudinal case study will be a continuum through Midwifery Practice 1, 2 & 3.	75%
Mastery of Viva appropriate to area of clinical practice	25%

A pass must be achieved in both assessments.  
 Satisfactory clinical appraisal from the designated clinical facility.  
 Satisfactory progress of clinical experience documented in the Clinical Assessment Profile.  
 It is expected that a minimum of 30% of the clinical requirements for the designated clinical areas will be successfully completed.

### 3.2 GHMB912 Midwifery Practice 2

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Session/s Offered	Spring
Credit Points	4
Pre-Requisites	GHMB911 Midwifery Practice 1 (Full-time students) GHMB916 Human Reproduction GHMB914 Midwifery Management 1
Co-Requisite	GHMB915 Midwifery Management 2
Contact Hours	32 hrs face-to-face midwifery workshops during or prior to session, clinical practice for remainder of the session

#### Content

This subject is the second of three subjects that allows the student to acquire the necessary clinical experiences as designated by the Nurses Registration Board of NSW. The student progresses along a continuum, developing and consolidating skills and knowledge in the provision of care of the woman and her family learnt in the first clinical rotation.

#### Objectives

On successful completion of the subject, it is anticipated the student at an intermediate level will be able to:

- provide safe and effective application of scientific principles to the provision of midwifery care;
- employ interpersonal and communication skills to meet the individual needs of the childbearing family through effective education and counselling;
- incorporate theoretical knowledge of midwifery practice into clinical midwifery practice;
- relate research evidence to clinical midwifery practice;
- integrate and promote a consumer focus in the practice of midwifery;
- exercise a health promoting midwifery role;
- incorporate principles of Primary Health Care into midwifery practice;
- employ sound problem solving skills in decision making;
- work effectively as a beginning collaborative member of an interdisciplinary and multidisciplinary team;
- accept responsibilities and obligations;
- advocate rights of self and women in his/her care;
- assess and monitor within the context of the family unit, the physiological, psychosocial and spiritual needs of the woman during pregnancy, labour and the postnatal period;
- assess and monitor the well being of the fetus/neonate during pregnancy, labour and the neonatal period;
- organise and modify appropriate care as required in partnership with the woman in his/her care;
- distinguish the multicultural nature of society and respect the woman's and her family's cultural beliefs and values;
- apply legal and ethical parameters to the practice of midwifery;
- initiate referrals to appropriate social agencies concerned with the needs of the child bearing family;
- evaluate and apply principles of management to the planning and provision of midwifery practice.

## Core Clinical Placements

The student rotates through two to four of the designated areas below in this 12 week period depending on the clinical rotation plan:

- Antenatal clinic
- Antenatal ward
- Birth unit
- Postnatal ward
- Level IV Special Care area for neonates
- Community midwives program
- Selected community services

## Clinical Experience

At the end of the clinical practicum the experience gained will enable the student to progress to Midwifery Practice 3.

## Assessment

Assessment is reviewed annually as discussed in point 1.8 Assessment Summary. Year 2004 assessment will be as follows:

Longitudinal Case Study: (This assessment is permanent as it is a requirement of the Nurses Registration Board of NSW) Discussion based on current evidence of an Antenatal Procedure/Investigation related to the case study This is a continuation of the care of the same woman as identified in Midwifery Practice 1.	50%
Mastery of two Vivas appropriate to area of clinical practice	50%

A pass must be achieved in both assessments.  
This assessment is a continuation from Midwifery Practice 1.  
Satisfactory clinical appraisal from the designated clinical facility.  
Satisfactory progress of clinical experience documented in the Clinical Assessment Profile.  
It is expected that a minimum of 70% of the clinical requirements for the designated clinical areas will be successfully completed.

### 3.3 GHMB913 Midwifery Practice 3

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Session/s Offered	Summer
Credit Points	4
Pre-Requisites	GHMB911 Midwifery Practice 1 GHMB912 Midwifery Practice 2
Co-Requisite	Nil
Contact Hours	24 face-to-face midwifery workshops during session, clinical practice for the remainder of the session

#### Content

This subject is the third of three subjects that allows the student to acquire the necessary clinical experiences as designated by the Nurses Registration Board of NSW. Midwifery Practice 3 is designed for the student to continue, and finally complete, the necessary clinical requirements of the Nurses Registration Board of NSW. It is anticipated that the student will be functioning clinically at the level of a safe beginner midwifery practitioner on the successful completion of this subject.

#### Objectives

On successful completion of the subject, it is anticipated the student will be able to:

- provide safe and effective application of scientific principles to the provision of midwifery care;
- employ interpersonal and communication skills to meet the individual needs of the childbearing family through effective education and counselling;
- function as a safe beginning midwife;
- incorporate theoretical knowledge of midwifery practice into clinical midwifery practice;
- relate research evidence to clinical midwifery practice;
- integrate and promote a consumer focus in the practice of midwifery;
- exercise a health promoting midwifery role;
- incorporate principles of Primary Health Care into midwifery practice;
- employ sound problem solving skills in decision making;
- work effectively as a collaborative member of an interdisciplinary and multidisciplinary team;
- disseminate information and be capable of participating in change;
- accept responsibilities and obligations;
- advocate rights of self and women in his/her care;
- assess and monitor within the context of the family unit, the physiological, psychosocial and spiritual needs of the woman during pregnancy, labour and the postnatal period;
- assess and monitor the well being of the fetus/neonate during pregnancy, labour and the neonatal period;
- organise and refer appropriate care as required in partnership with the woman in her/his care;
- distinguish the multicultural nature of society and respect the woman's and her family's cultural beliefs and values;
- apply legal and ethical parameters to the practice of midwifery;
- develop and provide health education and health promotion in relation to pregnancy, birth, postnatal and neonatal period, for the woman, family and the community;
- initiate referrals to appropriate social agencies concerned with the needs of the child bearing family;

- evaluate and apply principles of management to the planning and provision of midwifery practice;
- participate in research, interpret and evaluate new knowledge and apply that knowledge to the clinical setting.

#### Core Clinical Placements

The student rotates through two to four of the designated areas below in this 12 week period depending on the clinical rotation plan:

Antenatal clinic  
 Antenatal ward  
 Birthing unit  
 Postnatal ward  
 Level IV Special Care area for neonates  
 Community midwives program  
 Selected community services

#### Clinical Experience

At the end of the clinical practicum the experience gained will enable the student to complete the required clinical experience as designated by the Nurses Registration Board of NSW.

#### Assessment

Reviewed annually as discussed in point 1.8 Assessment Summary (p.6). Assessment may vary to reflect changes in the midwifery profession. Year 2004 assessment will be as follows:

Longitudinal Case Study: 30 minute presentation (this assessment is permanent as it is a requirement of Nurses Registration Board of NSW)	25%
Reflection on Continuity of Care This is a continuation of the care of the same woman as identified in Midwifery Practice 1&2	50%
Mastery of Viva appropriate to area of clinical practice	25%

A pass must be achieved in all assessments.  
 This assessment is a continuation from Midwifery Practice 2.  
 Satisfactory clinical appraisal from the designated clinical facility.  
 Satisfactory completion of clinical experience documented in the Clinical Assessment Profile.  
 Mastery of designated competencies of the Midwife.  
 Satisfactory global assessment.  
 It is expected that 100% of the clinical requirements for the designated clinical areas will be successfully completed.

### 3.4 GHMB916 Human Reproduction

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Session/s Offered	Autumn
Credit Points	6
Pre-Requisite	Nil
Co-Requisite	Nil
Contact Hours	3 hours per week x 14 weeks

#### Content

This subject is designed to provide students with advanced knowledge of anatomy and physiology related to conception, pregnancy and birth. Biochemical, nutritional, and genetic influences on conception and embryonic, fetal, neonatal development and maternal responses will be addressed. Technology used in assessment, diagnosis and intervention at all stages of the reproductive process will be explained in terms of scientific principles.

The knowledge gained from this course provides midwives with an important component of a scientific knowledge base from which to plan and provide midwifery practice for their clients.

#### Objectives

On successful completion of the subject, it is anticipated the student will be able to:

- describe and identify the human anatomical structures associated with the reproductive process;
- describe the physiological processes associated with human reproduction;
- explain the fundamental principles of heredity;
- evaluate the usefulness and applicability of current reproductive biological knowledge to midwifery practice.

#### Subject Content

<i>Pre-Conception:</i>	The male reproductive organs The female reproductive organs Hormonal control of reproduction Mitosis and meiosis DNA and inheritance Sexual function
<i>Prenatal:</i>	Conception and implantation  Growth and development of the fetus: Stages of development  Maternal changes and adaptations: Anatomical effects of pregnancy Physiological changes of pregnancy
<i>Labour:</i>	Stages of normal labour and birth Presentations Uterine function

*Postnatal Period:* Lactation  
Involution

*Neonate:* Adaption to the extra-uterine environment  
The first breath  
Cardiovascular changes

#### Assessment

Assessment is reviewed annually as discussed in point 1.8 Assessment Summary. Year 2004 assessment will be as follows:

Minor Essay	25%
Major Essay	30%
Examination	45%

### 3.5 GHMB917 Midwifery in the Social Context

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Session/S Offered	Spring Session
Credit Points	6
Pre-Requisite	Nil.
Co-Requisite	Nil.
Contact Hours	3 hours seminar per week x 14 weeks.

#### Content

This subject will provide the student with an in depth knowledge of theory and research, on psychological, sociological and cultural influences throughout the period of pregnancy, childbirth, and parenting. Evidenced based research, and knowledge of national guidelines and community resources are utilised to equip the student to assist the contemporary family throughout this transition to parenthood. Students are challenged to explore their own values and belief systems. They are encouraged to develop an appreciation for cultural and social diversity and differing perspectives they encounter in the clinical setting. This subject enables the students to be advocates for womens' choices and for fostering development of the midwifery professional. The implication of the content of this subject is to reiterate the primary health care role of the midwife.

#### Objectives

On successful completion of the subject, it is anticipated the student will be able to:

- relate an understanding of psychosocial and emotional experience of families and individuals during the childbearing period to midwifery practice;
- demonstrate extensive knowledge of the factors impacting on the relationship between the caregiver and the infant;
- demonstrate knowledge of appropriate community resources and support systems for childbearing families;
- evaluate and synthesise relevant research relating to the psychological, sociological and cultural influences that impact in childbearing individuals and families;
- appreciate the dynamic interactional system between infants, parents, families and the wider community and how this impacts on midwifery care.

#### Subject Content

Abortion  
Adjustment to Birth Experience  
Adolescent Pregnancy  
Adoption  
Artificial Insemination  
Chemical Use  
Child Abuse and Neglect  
Domestic Violence  
Early Discharge  
Father's Role in Pregnancy and Childbirth  
Infertility  
Labour – Women's Choices/Decision-Making Processes  
Midwifery Professional Issues  
Miscarriage  
Mother/Family Experiences of Special Care Nurseries



Multiple Births  
Postnatal Depression  
Postpartum Adjustment  
Pregnancy over 36 years of age  
Premature Birth  
Preparing for Childbirth – Women’s Choices  
Separation and Divorce  
Sexuality Following Childbirth  
Sibling Rivalry  
Single Parenting  
Social Support in Pregnancy and Childbirth  
Society’s Views of Motherhood  
Specific issues in regards to childbearing Indigenous Women  
Specific issues in regards to childbearing women from culturally and linguistically diverse backgrounds  
Stillbirth and Neonatal Loss  
Sudden Infant Death Syndrome  
Transition to Parenthood  
Public Policy and Initiatives eg Families First

#### Assessment

Assessment is reviewed annually as discussed in point 1.8 Assessment Summary. Year 2004 assessment will be as follows:

Tutorial Presentation	30%
Minor Essay	30%
Major Essay	40%

### 3.6 GHMB923 Legal and Professional Issues

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Session/s Offered	Autumn Session
Credit Points	6
Pre-Requisite	Nil
Co-Requisite	Nil
Contact Hours	3 hours per week x 14 weeks

#### Content

This subject is designed to assist students to deal with legal, ethical and professional issues in relation to their area of clinical practice. Relevant Australian legislation, appropriate case law, principles of conflict management, and examples of ethical and moral reasoning will be used to provide a framework for clinical decision-making.

Advances in technology and scientific knowledge and escalating demands on health care resources mean that health care professionals such as nurses and midwives participate in decisions of legal, moral and professional significance. In order to be accountable to their clients and their profession, health professionals need the opportunity to study legal, moral and professional issues so that they are capable of engaging in clinical decision-making processes which take into account the inherent legal, ethical and professional concerns.

#### Objectives

On successful completion of the subject, it is anticipated the student will be able to:

- apply knowledge of Australian law to clinical issues;
- recognise and support the pivotal role of documentation in clinical practice;
- recognise and analyse legal, ethical, political and professional issues;
- defend personal stance on legal, ethical, political and professional issues, using logical argument, clinical examples and reference to appropriate authority and precedent;
- implement strategies to resolve legal and professional issues arising in clinical practice;
- be accountable for their clinical practice in terms of the legal, ethical and professional implications of that practice.

#### Subject Content

Ethics and professional practice  
Codes of professional practice  
Statutory law and health services  
Rights and claims to rights in health care  
Decisional incapacity  
Ethics in health care research  
Strategies for the resolution of personal dilemmas  
Civil and criminal law related to clinical practice and documentation  
Professional documentation related to assessment, implementation and evaluation  
Resource management of clinical practice  
Consumer perspectives and the consumer movement  
Evidence-based practice and the role of research in shaping practice  
Conflict resolution

## Assessment

Assessment is reviewed annually as discussed in point 1.8 Assessment Summary. Year 2004 assessment will be as follows:

Library Research	20%
Minor Assignment	30%
Major Assignment	50%

### 3.7 GHMB914 Midwifery Management 1

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Session/s Offered	Autumn
Credit Points	6 each subject
Co-Requisites	GHMB911 Midwifery Practice 1 GHMB916 Human Reproduction GHMB923 Legal and Professional Issues
Pre-Requisites	GHMB916 Human Reproduction (Part-time students)
Contact Hours	3 hours per week x 14 weeks per semester

#### Content

This subject is designed to be taken in conjunction with the clinical subject, GHMB9XX Midwifery Practice 1. The subject provides the theoretical framework for the student to function as a safe beginning practitioner caring for women, babies and the family throughout pregnancy, birth and the postnatal period. Initially, midwifery management of the well mother and healthy baby will be emphasised. Potential complications during childbearing and management of high-risk pregnancies will then be examined. An ability to review literature is an essential component of this subject. Students are expected to facilitate their own learning by utilising the Library Database Workshops and the IT services available at the University. They are expected to achieve a high level of learning that is evidenced by the quality of analysis, synthesis and evaluation of evidence based research and its application to midwifery practice.

#### Objectives

On successful completion of the subject, it is anticipated the student will be able to:

- show awareness of the changing role of the midwife in caring for the childbearing woman and her family;
- analyse and critique the different models of maternity care available for women;
- distinguish different cultural perspectives and birthing options;
- critically analyse the literature in light of its contribution and application to midwifery practice;
- display an adequate depth and breadth of knowledge to support safe and effective midwifery management of the well mother and healthy baby;
- describe and recognise some of the common pathophysiological conditions associated with high-risk pregnancies;
- organise continued learning, intellectual development and creativity in relation to ongoing education;
- communicate clearly and fluently in writing;
- display self-confidence and oral articulation;
- apply computer technology to the midwifery discipline;
- demonstrate ethical standards in professional life.

#### Subject Content

##### *Normal Pregnancy and Labour*

Pre-conception:	Human sexuality Planned healthy conception Nutrition Fitness
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Immunity status  
Decision making

Antenatal: Confirmation of pregnancy  
Models of pregnancy care  
Preparation for parenthood  
Minor stressors/disorders of pregnancy  
Fetal assessment and surveillance  
Maternal assessment and surveillance  
Mother with disability

Labour: Intrapartum maternal and fetal assessment/management  
Management of normal labour and birth

*Deviations from the Normal Pregnancy and Labour*

Prenatal: Complications of pregnancy  
Infections

Labour: Complications of labour and the management of same  
Complications of birth and its management  
Complications of the third and fourth stages and management  
Fetal surveillance  
Operative procedures  
Obstetric analgesia and anaesthesia

Research

On completion of Midwifery Management 1 the student is expected to be able to critically appraise perinatal research and to relate research-based evidence to clinical midwifery practice.

Assessment

Assessment is reviewed annually as discussed in point 1.8 Assessment Summary. Year 2004 assessment will be as follows:

Critical Analysis of Papers	20%
Essay	40%
Examination	40%

### 3.8 GHMB915 Midwifery Management 2

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Session/s Offered	Spring
Credit Points	6
Co-Requisites	GHMB912 Midwifery Practice 2 GHMB917 Midwifery in the Social Context GHMB950 Reflective Practice 1
Pre-Requisites	GHMB914 Midwifery Management 1 GHMB911 Midwifery Practice 1 GHMB916 Human Reproduction GHMB923 Legal and Professional Issues
Contact Hours	3 hours per week x 14 weeks per semester

#### Content

This subject is designed to be taken in conjunction with the clinical subject, GHMB9XX Midwifery Practice 2. Midwifery Management 2 is designed for the student to continue to learn and understand the theoretical midwifery framework underpinning midwifery practice. This subject continues the theoretical component relating to intrapartum, postnatal and neonatal care for the well mother and healthy baby. Potential complications will then be examined. An ability to review literature remains an integral component of this subject. Students are expected to continue to facilitate their own learning by utilising the Library Database Workshops and the IT services available at the University. They are expected to demonstrate a high level of learning that is evidenced by the quality of analysis, synthesis and evaluation of evidence based research and its application to midwifery practice.

#### Objectives

On successful completion of the subject, it is anticipated the student will be able to:

- show awareness of the changing role of the midwife in caring for the childbearing woman and her family;
- analyse and critique the different models of maternity care available for women;
- distinguish different cultural perspectives and birthing options;
- critically analyse the literature in light of its contribution and application to midwifery practice;
- display an adequate depth and breadth of knowledge to support safe and effective intrapartum and postpartum midwifery management of the well mother and healthy baby;
- describe and recognise some of the common pathophysiological conditions that complicate labour, birth and the postnatal period;
- organise continued learning, intellectual development and creativity in relation to ongoing education;
- communicate clearly and fluently in writing;
- display self-confidence and oral articulation;
- apply computer technology to the midwifery discipline;
- demonstrate ethical standards in professional life.

## Subject Content

### *Labour, Birth and the Postnatal Period*

Labour:	Intrapartum maternal and fetal assessment/management Facilitation of normal labour and birth
Postnatal Period:	Normal adaptation Breastfeeding Contraception / family planning Parenting skills
Neonate:	Assessment of the newborn Nutrition and feeding Care of the newborn Active resuscitation of the newborn Immunisation

### *Deviations from Normal Labour, Birth and the Postnatal Period*

Labour:	Complications of labour and the management of same Complications of birth and its management Complications of the third and fourth stages and management Fetal surveillance Operative procedures Obstetric analgesia and anaesthesia
Postnatal Period:	Secondary postpartum haemorrhage Thromboembolism Puerperal sepsis Disorders of the postnatal period
Neonate:	Pre-term High risk Post-term Large for gestational age Small for gestational age Perinatal mortality

## Research

On completion of Midwifery Management 2 the student is expected to be able to critically appraise perinatal research and to relate research-based evidence to clinical midwifery practice.

## Assessment

Assessment is reviewed annually as discussed in point 1.8 Assessment Summary. Year 2004 assessment will be as follows:

Tutorial Presentation	20%
Essay	40%
Examination	40%

### 3.6 GHMB950 Reflective Practice 1

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Session/s Offered	Spring
Credit Points	6
Pre-Requisite	Nil
Co-Requisite	Nil
Contact Hours	3 hours per week x 14 weeks

#### Content

This Reflective Practice subject develops (or enhances existing) personal conceptual frameworks and skills of reflectivity applicable to practice, to enable participants to 'stand back' from situations, to see the 'whole of the moon' rather than just 'the crescent'. Participants are encouraged to analyse, synthesise and evaluate research and experience to develop critical thinking skills. The subject promotes reflection upon theory and research which underpins practice, to enable participants to identify potential areas for practice development and meaningful research.

#### Objectives

On successful completion of the subject, it is anticipated the student will be able to:

- evaluate clinical situations and develop the processes that enable researchers to 'step back' or 're-view' situations and thus identify researchable problems that will answer questions that practitioners actually need answers to;
- undertake an advanced and sophisticated search of the literature;
- critically analyse the literature in light of its contribution to clinical practice;
- sustain reasoned analysis and argument throughout a substantial piece of referenced work, whilst acknowledging and applying its relevance to their clinical practice.

#### Assessment

Assessment is reviewed annually as discussed in point 1.8 Assessment Summary. Year 2004 assessment will be as follows:

Three critical analyses of research papers	40%
One Practitioner Incident Analysis	60%